



Results

The Five clients of this study have been offered an individual transactional Analysis Psychotherapy, on weekly basis. The collected data, assessment, diagnosis and the study forms' results of each of the five clients will be presented as follows:

1. First part: of the therapist completed 'Therapy Assessment Form' (CORE-A).
2. The researcher's assessment, diagnosis, and contract through out the first four sessions.
3. Pre and post results of the self-report 'Outcome Measure' (COR-OM).
4. Pre and post results of the Cognitive triad inventory (CTI).
5. The second part of 'The End of Therapy Form'(CORE-A).
6. The result of psychotherapy as concluded with the client.



The first client Susan's results:

1-The first part of the therapist completed 'Therapy Assessment Form' (CORE-A):

Susan is a thirty-nine year old British white female. She is the younger of two daughters to British parents. Susan is a single mother with a three year old boy. After school Susan went to college and wanted to go to university but there was not enough money for her to go to university as her sister who was already there. She went to work at eighteen. Susan is an employee in a British company where she works with customers. She liked her job and felt confident regarding her job and her relationship with her colleagues.

FAMILY BACKGROUND AND PERSONAL HISTORY:

According to Susan's referral therapy assessment form, her father had been diagnosed with paranoid schizophrenia when she was four year old. He had died suddenly in 1999 from a heart condition. Susan said that she never felt that she knew her father as he was a person of few words. She added her eldest sister was her father's favorite and that she has always felt resentful of this Susan described how she had always been criticized by her mother about her weight, her behaviors and manners. Susan's mother held her elder sister as her ideal daughter and always pushed Susan to copy her. Susan did not have a good relationship with her sister who always criticized her for her weight. They had aggressive fights that mostly ended with physical violence. Susan was verbally bullied at school for being over weight. When Susan was twenty-one year old she had her first significant sexual relationship with her boy friend that continued for one and a half year before she broke up with him. She did not have another relationship until she was thirty two which she described as mentally abusive. Her partner would leave the relationship and return with



no explanation for his absence. Susan found out that she was pregnant when she was due to end the relationship, they tried to continue the relationship but the relationship failed. Susan broke up from her partner two years ago. Susan went to her GP who diagnosed her with depression and referred her for counselling. Susan coped with her depression by binge eating and drinking alcohol, being tearful, sleeping poorly, having limited contacts with people in her life, and feeling overwhelmed as a single mother. Susan struggled financially; she didn't get any financial support from her ex-partner although his father is helping her out without the knowledge of her ex-partner

Brief description of the reasons of referral:

- The Client would like to use the counselling space to explore her negative thoughts and her depression.
- Find way to lose weight.
- Stop bingeing eat and drinking

Identified problems / concerns:

- Depression
- Anxiety/stress
- Personality problems
- Disturbed Self esteem
- Interpersonal / relationship disturbance.

Risks:

Although the Core sheet Risk result was Zero (non clinical/ within normal range). During counseling Susan reported jeopardizing her own safety and that of her son.



2-the researcher's initial assessment, diagnosis, and contract through the first four sessions:

Here, a little bit detailed example of how the researcher developed her assessment of the client, (*Case Study; Appendix V*). Susan said she decided now to come to therapy since she was about to be thirty nine year old and close to her forties without having her dream of the ideal family she was supposed to have. She felt she was running out of time. She believed the only reason she never had that, and consequently the family she dreamed of, was due to being over weight. Susan came to therapy with goals that represent adapting to her mother's desires for her which were in the first place the core of her narcissistic injury (*Johnson, 1994*). The main message that kept repeating to Susan all her life is "be what I want you to be, don't be yourself".

During counselling Susan showed how she always *discounted* her safety and that of her son, how she always needed to get others' approval especially her best friend Maria. Finally she presented a dramatic situation during which she felt so overwhelmed and said she had no option other than offering her ovarian eggs to her infertile sister although her sister didn't ask for them.

TA diagnosis:

Injunctions : *Don't be you, Don't be close, Don't belong, Don't be important, and don't enjoy. Don't make it.*

Drivers: *Please others, Try Hard, Be Perfect, be strong, and Hurry up.*



Susan's Script Matrix:

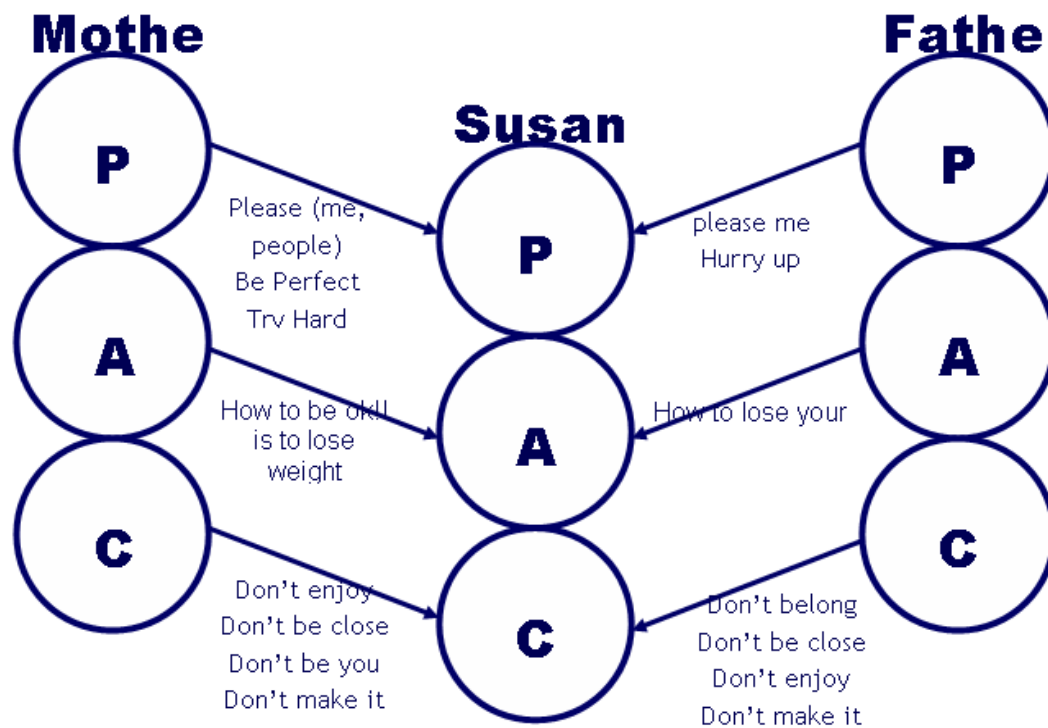


Figure 1: Script Matrix (Steiner, 1966)

**Process Script:**

Susan seemed to adopt at least three Script processes; *Until*, *Never* and *almost 1 processes* scripts (**Kahler, 1978**). Susan described how she used to postpone everything in her life until her weight decrease from size eighteen to size twelve. Susan said she used to promise herself she would get her favorite dresses, get more friends especially from men, attend more parties, enjoy special holidays etc. According to Susan, size twelve was a magical turning point that Susan was looking for to have everything she dreamed of having or enjoying all her life. The list that Susan connected with her turning point went through different levels; starting with wearing nice clothes and culminates in obtaining her ideal family. Based on that Susan seemed to have an *Until process script*. The *Never Process Script* was evidenced in Susan grieving she never got her ideal family. The *Almost 1 process Script* (**Berne, 1970 and 1972**) was evidenced in Susan's description of how much she tried to stop bingeing drinking alcohol and eating and losing weight (the thing Susan believed she need do before getting what she wants) and how she always ended with slipping up and repeating the same thing again and again.

Games: Under stress Susan showed vulnerability to get caught in hamartic games, i.e, *Wooden Leg, Kick Me, Poor Me and Why does this Always Happen to Me?..*

Racket: Anger / confusion covering sadness / grief.

Where Susan used to take a Victim position first then when criticized specially by her sister turns to Persecutor then to Rescue when she feels guilty.

Personality adaptation: the primary adaptation is *Paranoid* and the secondary adaptation is the *Hysterical* adaptation.

Contract: Exploratory contract.



3 -Pre and post results of the self-report 'Outcome Measure' (COR-OM).

Table (1) the 1st client core sheet results.

COR-OM items	Before	Score	After	Score
F. Items				
1- I have felt terribly alone and isolated	Sometimes	2	Not at All	0
3- I have felt I have someone to turn to for support when needed	Sometimes	2	Most or all the time	0
7- I have felt able to cope when things go wrong	Sometimes	2	Most or all the time	0
10- talking to people has felt too much for me	Not at All	0	Not at All	0
12- I have been happy with the things I have done	Sometimes	2	Most or all the time	0
19- I have felt warmth or affection for someone	Most or all the time	0	Most or all the time	0
21- I have been able to do most things I needed to	Often	1	Most or all the time	0
25- I have felt criticized by other people	Sometimes	2	Not at All	0
26- I have thought I have no friends	Not at All	0	Not at All	0
29- I have been irritable when with other people	Not at All	0	Not at All	0
32- I have achieved the things I wanted to	Sometimes	2	Most or all the time	0
33- I have felt humiliated or ashamed by other people	Not at All	0	Not at All	0
Total		13		0
Mean Score		1.08 Non		0 Non
P items				
2- I have felt tense, anxious or nervous	Sometimes	2	Only occasionally	1
5- I have felt totally lacking in energy and enthusiasm	Often	3	Only occasionally	1
8- I have been troubled by aches, pains or other physical problems	Not at All	0	Not at All	0



11- tension and anxiety have prevented me doing important things	Not at All	0	Not at All	0
13- I have been disturbed by unwanted thoughts and feelings	Sometimes	2	Not at All	0
15- I have felt panic or terror	Not at All	0	Not at All	0
18- I have had difficulty getting to sleep or staying asleep	Sometimes	2	Sometimes	2
20- my problems have been impossible to put to one side	Often	3	Not at All	0
23- I have felt despairing or hopeless	Often	3	Not at All	0
27- I have felt unhappy	Often	3	Not at All	0
28- unwanted images or memories have been distressing me	Not at All	0	Not at All	0
30- I have thought I'm to blame for my problems and difficulties	Often	3	Only occasionally	1
Total		21		3
Mean Score		1.75 C		0.25 Non
W items				
4- I have felt ok about myself	Only occasionally	3	Most or all the time	0
14- I have felt like crying	Sometimes	2	Not at All	0
17- I have felt overwhelmed by my problems	Sometimes	2	Not at All	0
31- I have felt optimistic about my future	Only occasionally	3	Most or all the time	0
Total		10		0
Mean Score		2.5 C		0 Non
R items				
6- I have been physically violent to others	Not at all	0	Not at all	0
9- I have thought of hurting myself	Not at all	0	Not at all	0
16- I made plans to end my life	Not at all	0	Not at all	0



22- I have threatened or intimidated another person	Not at all	0	Not at all	0
24- I have thought it would be better if I were dead	Not at all	0	Not at all	0
34- I have hurt myself physically or taken dangerous risks with my health	Not at all	0	Not at all	0
Total		0		0
Mean Score		0 Non		0 Non
All items		44		3
Mean Score		1.29 Non		0.09 Non
All items minus R		44		3
Mean Score		1.57 C		0.11 Non

F: Functional items P: Problem items W: wellbeing items R: Risk items



Table (1) presents the first client's responses to the core sheet. In general the table shows general improvement nearly in all items, as well as in its sub-scales .

As regards to the first item that represent the functioning level of the client, It is obvious from this table that the client showed dramatic general improvement from a total of 13 and mean score of 1.08 before counseling to a total and mean score of 0 at the end of counselling

Regarding the Problem items, there was a dramatic change from a total of 21 and mean score of 1.75 which are clinical/pathological categories to a total of 3 and mean score of 0.25 which are Non clinical / within normal range .

Speaking about the wellbeing items the client showed again a dramatic improvement from an overall total scores of 10 and a mean scores of 2.5 (clinical) before counseling to scoring 0 for both the total and mean score (Non clinical) at the end of counselling.

In conclusion, although the client over all total score and mean score of all items before counseling is categorized as non clinical, the client showed a remarkable improvement from a total of 44, and a mean score of 1.29 before counseling to a total score of 3 and a mean score of 0.11 (Non clinical) after counseling.

For the total score and mean score of all items minus risk ones, the client was categorized as suffering clinical manifestations before counseling (44 & 1.57) and a Non clinical, (3 & 0.11) after counseling.



4-Pre and post results of the Cognitive triad inventory (CTI) .

Table (2): The 1st client's CTI result

CTI responses				
Positively/ negatively formulated questions				
World				
A. Positively formulated questions related to world	Begin	Score	End	Score
3- Most People are friendly and helpful	MA	6	MA	6
8- the people I know help me when I need it	SA	5	MA	6
12- My daily activities are fun and rewarding	MD	2	MA	6
20- The important people in my life are helpful and supportive	SA	5	MA	6
24- I have a spousal/ friend who is warm/ supportive	MA	6	TA	7
B. Negatively formulated questions related to world				
18- The world is a very hostile place	N	4	MD	6
23- Bad things happen to me a lot	SA	3	MD	6
27- My family doesn't care what happens to me	TD	7	TD	7
30- No matter what I do, others make things difficult for me	N	4	TD	7
34- I'm faced with many difficulties	SA	3	MD	6
		45 Moderate		63 Normal
Future				
C. Positively formulated questions related to Future				
6- I like to think about the good things that lie ahead for me	MD	2	MA	6
9- I expect that things will be going very well for me a few years from now	MD	2	MA	6
11- The future holds a lot of excitement for me	MD	2	MA	6



28- Things will work out well for me in the future	N	4	MA	6
36- I expect to be content and satisfied as the years go by	MD	2	MA	6
D. Negatively formulated questions related to Future				
15- There is nothing left in my life to look forward to	MD	6	TD	7
16- My current problems or concerns will always be there in one way or another	TA	1	SA	3
19- There is no reason for me to be hopeful about my future	SD	5	TD	7
26- My future is simply too awful to think about	SD	5	TD	7
32- There is nothing to look forward to in the years ahead	SD	5	TD	7
		34 Severe		61 Normal
Self				
E. Positively formulated questions related to Self				
17- I'm as adequate as other people I know	MD	2	MA	6
25- I can do many things well	MA	6	TA	7
31- I'm a worthwhile human being	SD	3	MA	6
33- I like myself	MD	2	MA	6
F. Negatively formulated questions related to Future				
5- I'm a failure	SA	3	TD	7
10- I have messed up almost all important relationships I have ever had	MA	2	MD	7
13- I can't do anything right	SD	5	TD	7
21- I hate myself	SA	3	MD	7
29- I'm guilty of a great many things	MA	2	MD	7
35- I have serious flaws in my character	MA	2	MD	7
		30 Severe		67 Normal
Total		109 Severe		191 Normal



Table (2) displays the first client's views about the world (others around her), her future and herself.

Parts A & B explore the client's views about the world (others around her). The client shows improvement from score 45 (moderately depressed) before counselling to score 63 (Normal) after counselling.

In parts C & D the client reflects on her views of the Future. A remarkable change can be seen in the client responses from 34 which is categorized as severe depression before counselling and 61 which is categorized as Normal after counselling. Interestingly, the positively formulated statements got the lowest scores that made it responsible for the severely depressed category of this part.

In parts E & F the client reflects on her views of herself. The client shows remarkable improvement from score 30 (severely depressed category) before counselling to score 67 (Normal category) after counselling.

In conclusion, before counselling the client was categorized as severely depressed, while after counselling is categorized as Normal

In terms of the client's existential positions;

-Before counselling, the client's views about the world is *moderately not ok*, the future is *severely not ok* and about herself *severely not ok*.

-After counselling the client's views about the world, future, and herself became *all ok*.

5-End of therapy form result (CORE-A):

The researcher offered Susan fifty -four sessions. The end of therapy was agreed upon and planned.

Review of identified problems / concerns:



All the previously identified problems and concerns were addressed and improved. The work was centered on the sadness / grief feelings and the masochistic self harming pattern.

Risk items: no risk items were identified.

Benefits of therapy in brief:

- Susan managed put words to her problems.
- Susan managed realize and identify the masochistic pattern of harming herself.
- Susan realized and put words to how she used jeopardize her own safety and that of her son.
- Susan managed control her drinking, eating and enjoy her nights with her friends.
- Susan managed to make her own needs her priority which helped her break the cycle of uncontrolled pleasing of others.
- Susan reported improving her relationship with her ex-boy friend and her son's father.
- Susan reported having new relationship with a man that she described as fulfill her needs at the time.



The second client Hanna's results:

1-The first part of the therapist completed 'Therapy Assessment Form' (CORE-A):

Hanna is a 52 year old Asian woman, who has been living in the UK for 23 years. She has been married for 28 years, and currently lives with her husband and their 2 children (1 son, 1 daughter), both are in their 20's. Hanna works full time in a responsible job, requiring a high level of concentration and accuracy. In February 2007 Hanna's youngest brother died unexpectedly from cancer, 9 months previous to this her mother died. Hanna also suffered bullying at work during this time. Following her brother's death, Hanna began to experience heart palpitations which resulted in her being admitted to Hospital for investigations. The hospital found no physical cause for her symptoms and she was discharged. Hanna was frightened by her hospital experience and felt that the staff were not very understanding or caring.

Hanna has been suffering regularly from panic attacks, and finds it particularly distressing to see / hear bad news. Hanna's symptoms of heart palpitations, problems sleeping, anxiety and feeling desperate have persisted; her General Practitioner (GP) offered her anti-depressants but she has refused them since she is worried about side effects. She wishes to avoid medication if at all possible. Hanna received short term counselling after both her mother's and brother's death and the bullying she suffered at work. She reported having suicidal ideations four months ago before coming to counselling.

FAMILY BACKGROUND AND PERSONAL HISTORY:

According to Hanna's referral therapy assessment form, she grew up in an Asian country with her mother, father and 2 older brothers. Her father married late and was significantly older than his wife – he died in 1979. Hanna loved her father more than her mother – her mother knew this and Hanna



believes her mother held it against her. She says that she did love her mother but that they never really saw eye to eye on anything. Hanna was sent to boarding school which she hated and asked her mother if she could leave but was told that she had to stay. Hanna would pray to God that she be allowed to return home rather than stay at the boarding school. Hanna believes her youngest brother to have led a very unhappy life and that he had felt very alone – she finds this thought particularly distressing.

Brief description of the reasons of referral:

- Wants find ways to deal with her panic attacks.
- Deals with her anxiety, helplessness, hopelessness and depressed feelings.
- Copes with life crises in a healthy way.

Identified problems / concerns:

- Depression
- Anxiety/stress
- Personality problems
- trauma / abuse
- Disturbed Self esteem
- Interpersonal / relationship disturbance.

Risks:

Suicide ideations.

2-the researcher's initial assessment, diagnosis, and contract through out the first four sessions:

The client has “*a please others driver*” that was enforced through being badly humiliated by her mother every time she dared to confront her. She adopted a conditioned “*I’m ok position*” as much as “*I please others*” which is



based on pleasing her original family. So, when they died it was like she lost her way of “*being ok*” and as a way of not letting them go she kept reading all the letters she got from them. She also kept asking everyone she can contact certain questions about them in a way to prove to herself that they suffered so badly and to blame herself for not being there for them. The researcher thinks that the client used her guilty feelings as a way of continuing pleasing them “double contamination” (*Stewart& Joines, 1996*).

The client used to play a “yes-but, Kick me, wooden leg, ...” games (*Berne, 1964*). The researcher confronted most of the discrepancies received from the client while she tried to redefine each of them to protect her *frame of reference*. After her mother’s death Hanna *felt guilty* for seeing her mother all her life as a *Persecutor* of her own family. In response she tried to defend her mother and *redefine* all what she previously collected against her. For example, out of a *Rescuer position* Hanna tried to question and *Discount* her mother’s ability to make reasonable decisions and sometimes she presented her as a *Victim* of the circumstances, or of her elder brother selfishness and so on. Even when Hanna wanted to address how badly her mother treated her when she was young she always harried to mention that she (Hanna) has no hard feelings toward her mother or to show that she forgave her.

TA diagnosis:

Injunctions: Don’t be a child, Don’t be close, Don’t feel angry or excited, Don’t think, Don’t be important, Don’t trust, Don’t be sane and don’t enjoy. Don’t confront / argue with me.

Drivers: Please others, Try Hard.

Games: See how Hard I’m trying, if it were not for you. Yes- but, Kick me, wooden leg, Why does this Always Happen to Me?” (*Berne, 1964*)



Process Script: Until (no time to rest, until to fulfill her jobs, Almost Type 11 (she always had something to do, she kept herself always busy with lots of things to do).

Rackets: Anxiety, depression, and guilt (covering anger and hurt feeling).

Personality adaptation: the primary adaptation is Schizoid and the secondary adaptation is the Hysterical adaptation (*Joines, 1986*).

Contract: Exploratory contract



3-Pre and post results of the self-report 'Outcome Measure' (COR-OM).

Table (3) the 2nd client core sheet results.

COR-OM items	Before	Score	After	Score
F. Items				
1_ I have felt terribly alone and isolated	Sometimes	2	Not at All	0
3-I have felt I have someone to turn to for support when needed	Only occasionally	3	Most or all the time	0
7-I have felt able to cope when things go wrong	Sometimes	2	Most or all the time	0
10- talking to people has felt too much for me	Only occasionally	1	Not at All	0
12- I have been happy with the things I have done	Only occasionally	3	Most or all the time	0
19- I have felt warmth or affection for someone	Not at All	4	Only occasionally	3
21- I have been able to do most things I needed to	Only occasionally	3	Most or all the time	0
25- I have felt criticized by other people	Sometimes	2	Not at All	0
26- I have thought I have no friends	Sometimes	2	Not at All	0
29- I have been irritable when with other people	Only occasionally	1	Not at All	0
32- I have achieved the things I wanted to	Sometimes	2	Most or all the time	0



33- I have felt humiliated or ashamed by other people	Not at All	0	Not at All	0
Total		25		3
Mean Score		2.1		0.25
P items				
2- I have felt tense, anxious or nervous	Often	3	Only occasionally	1
5- I have felt totally lacking in energy and enthusiasm	Sometimes	2	Not at All	0
8- I have been troubled by aches, pains or other physical problems	Only occasionally	1	Not at All	0
11- tension and anxiety have prevented me doing important things	Sometimes	2	Not at All	0
13- I have been disturbed by unwanted thoughts and feelings	Often	3	Only occasionally	1
15- I have felt panic or terror	Sometimes	2	Not at All	0
18- I have had difficulty getting to sleep or staying asleep	Sometimes	2	Not at All	0
20- my problems have been impossible to put to one side	Most or all the time	4	Only occasionally	1
23- I have felt despairing or hopeless	Sometimes	2	Only occasionally	1
27- I have felt unhappy	Most or all the time	4	Only occasionally	1
28- unwanted images or memories have been distressing me	Most or all the time	4	Not at All	0



30- I have thought I'm to blame for my problems and difficulties	Only occasionally	1	Not at All	0
Total		30		5
Mean score		2.5		0.42
W items				
4- I have felt ok about myself	Not at All	4	Most or all the time	0
14- I have felt like crying	Often	3	Not at All	0
17- I have felt overwhelmed by my problems	Most or all the time	4	Only occasionally	1
31- I have felt optimistic about my future	Not at All	4	Most or all the time	0
Total		15		1
Mean Score		3.75		0.25
R items				
6- I have been physically violent to others	Not at All	0	Not at All	0
9- I have thought of hurting myself	Not at All	0	Not at All	0
16- I made plans to end my life	Not at All	0	Not at All	0
22- I have threatened or intimidated another person	Not at All	0	Not at All	0
24- I have thought it would be better if I were dead	Sometimes	2	Not at All	0
34- I have hurt myself physically or taken dangerous risks with my health	Not at All	0	Not at All	0



Total		2		0
mean Score		0.3		0
All items		72		9
Mean Score		2.12		0.26
		C		Non
All items minus R		70		9
Mean Score		2.5 C		0.32
				Non

Table (3) presents the second client's responses to the core sheet. The table shows general improvement of client's overall as well as subscales items.

Regards the first item that represent the functioning level of the client, It is seen in the table that the client showed general markable improvement from a total of 25 and a mean score of 2.1 (both are categorized non clinical) before counseling to a total of 3 and a mean score of 0.25 (Non clinical) after counseling.

Regarding the Problem items, there was a dramatic change from a total of 30 and a mean score of 2.5 (both are clinical) before counseling to a total of 5 and a mean score of 0.42 (Non clinical) after counselling .

For the wellbeing items the client showed a great improvement from a total score of 15 and a mean score of 3.75 (clinical) before counseling to 1 and 0.25 for the total and mean score respectively, (Non clinical) after counseling.

As regards the Risk items, the client reported before counseling that she sometimes has thought "*it would be better if she were dead*" while her answer was "*not at all*" after counseling.



In conclusion, before counseling the client's scores were clinical as the total score, and mean score were 72 and 2.12. As well, the total score minus R and its mean score were 70 and 2.5 respectively, all categorized as clinical. On the other hand, the client showed a remarkable non clinical improvement in the same items, 9, 0.26, 9, and 0.32 respectively, after counseling.



4-Pre and post results of the Cognitive triad inventory (CTI) .

Table (4): The second client's CTI result

CTI responses				
Positively/ negatively formulated questions				
World				
A. Positively formulated questions related to world	begin	Score	End	Score
3- Most People are friendly and helpful	N	4	MA	6
8- the people I know help me when I need it	N	4	MA	6
12- My daily activities are fun and rewarding	SA	5	MA	6
20- The important people in my life are helpful and supportive	TA	7	TA	7
24- I have a spousal/ friend who is warm/ supportive	SA	5	MA	6
B. Negatively formulated questions related to world				
18- The world is a very hostile place	MA	2	MD	6
23- Bad things happen to me a lot	TA	1	MD	6
27- My family doesn't care what happens to me	TD	7	TD	7
30- No matter what I do, others make things difficult for me	MA	2	MD	6
34- I'm faced with many difficulties	TA	1	MD	6
		38 Severe		62 Normal



Future				
C. Positively formulated questions related to Future				
6- I like to think about the good things that lie ahead for me	SD	3	MA	6
9- I expect that things will be going very well for me a few years from now	N	4	TA	7
11- The future holds a lot of excitement for me	N	4	MA	6
28- Things will work out well for me in the future	N	4	TA	7
36- I expect to be content and satisfied as the years go by	SD	3	TA	7
D. Negatively formulated questions related to Future				
15- There is nothing left in my life to look forward to	SA	3	TD	7
16- My current problems or concerns will always be there in one way or another	SA	3	SA	3
19- There is no reason for me to be hopeful about my future	SA	3	TD	7
26- My future is simply too awful to think about	N	4	TD	7
32- There is nothing to look forward to in the years ahead	N	4	TD	7
		35 Severe		64Normal



Self				
E. Positively formulated questions related to Self				
17- I'm as adequate as other people I know	TA	7	TA	7
25- I can do many things well	TA	7	TA	7
31- I'm a worthwhile human being	TA	7	TA	7
33- I like myself	TA	7	TA	7
F. Negatively formulated questions related to Future				
5- I'm a failure	MD	6	TD	7
10- I have messed up almost all important relationships I have ever had	TD	7	TD	7
13- I can't do anything right	MD	6	TD	7
21- I hate myself	TD	7	TD	7
29- I'm guilty of a great many things	SA	3	TD	7
35- I have serious flaws in my character	SA	3	TD	7
		60 Normal		70 Normal
Total		133 moderate		196 Normal



Table (4) reflects the client's views about the world (others around her), her future and herself.

Parts A & B explore the client's views about the world (others around her). The client shows dramatic improvement from scoring thirty eight (severe depression) before counseling to scoring sixty-two (Normal) after counseling. Although the client showed improvement in both the positively and negatively formulated items, the dramatic change can be seen quite well in the negatively formulated statements.

In parts C & D the client reflects on her views of the Future. A remarkable change can be seen in the client responses (35 which is categorized as severe depression before and 64 which is categorized as Normal) after counselling.

In parts E & F the client reflects on her views of herself. Although the client showed slight improvement after counseling (70) than before (60) counselling, both are considered Normal.

In conclusion, before counselling the total score of all items is 133 and the client is categorized as moderately depressed, while after counselling, the total score, 196 and the client is considered Normal.

In terms of the Existential position:

-Before counselling and in accordance with the therapist assessment and diagnosis, the client's views about both the world and the future were severely *not ok*, while about herself was conditioned as *I'm ok* as long as I keep feeling guilty and see flaws in my character.

- After counselling, the client's views about the world, future and self were all ok without conditions.

***5-End of therapy form result (CORE-A):***

The researcher upon this time , has offered Hanna sixty-two weekly individual sessions. The end of therapy was agreed and planned.

Review of identified problems / concerns:

All the previously identified problems and concerns were therapy issues and improved. The work focused on the anger and the guilt feelings. At the beginning of therapy the client said she can't be angry. However, it was revealed later that sadness / despair were the racket feelings that were allowed in the family and that substituted Hanna's authentic one.

As for Risk items: there was no risk identified

Benefits of therapy in brief:

- Hanna managed to explore her feelings .
- Hanna managed to put words to her current problems with her husband and her children.
- The client managed to reconnect with some of her family members and old friends.
- The client managed to deal with her problems at work and to ask for help.
- The client managed to discuss things with her husband and her children and to negotiate things with them.
- The client managed for the first time to dream about the future and to have plans about what she wishes to do .



The third client “Lucie”’s results:

1-The first part of the therapist completed ‘Therapy Assessment Form’ (CORE-A):

Lucie was a 61 year-old Eastern European female. Her 28th years old daughter had encouraged her forcefully to come to counseling, saying she needs to divorce father. Lucie felt her daughter is often angry with her. Daughter used to attend the same service. Lucie added, her husband had many affairs and Lucie used to get very angry and had fights with him, that most of the time ended with Lucie's husband hitting her.

FAMILY BACKGROUND AND PERSONAL HISTORY:

Lucie was the only daughter to a poor Eastern European family. Mother had been captured in the war but never spoke about it. Father used to hit mother. Once Lucie saw him hitting her and hid under a cushion. Lucie said she was loved by all her neighbours. School was easy for her; she did very well and was good at sports, studies and gymnastics. She said that she was the last of the girls to be kissed. Lucie married an English man in her country of origin. Marrying a foreigner in her country at that time entailed giving up ones work permit. At first this was ok as they were very busy going to diplomatic dinners and events of the foreigners. But in her country of origin there was a stigma about those who do not work, and she found it hard. She eventually decided to move away and took daughter to England in '91.

Brief description of the reasons of referral :

At the beginning Lucie said she came to therapy because of her daughter insist but she is not sure exactly what she wants from counselling, she mentioned some possible desires:

To live again (she said I stopped living a long time ago).



To have the courage to get divorce.

To trust myself.

To be slimmer.

To feel happy.

However when I commented but your daughter is not her it is you who is here in therapy so it is you who should discuss with me what do you want from counselling, she talked about her feelings and her relationship with her daughter, her husband and relatives.

Identified problems / concerns:

- Depression
- Anxiety/stress
- Personality problems
- Trauma / abuse
- Disturbed Self esteem
- Interpersonal / relationship disturbance.

2-the practitioner's initial assessment, diagnosis, and contract through the first four sessions.

TA diagnosis:

Injunctions : Don't be a child, Don't be close, Don't feel, Don't trust, and Don't make it.

Drivers: Be Perfect, and Be strong

Games : Now I've Got You-You Son Of a Bitch, yes- but, Blemish"
(Berne, 1964)

Process Script: Until and Almost Type 11

Rackets: anger (covering sad / grief and hurt feeling).



Mainly in this study the researcher didn't tend to come to mental/psychiatric diagnosis of the clients and based my diagnosis on TA concepts and personality adaptation. However, in supervision (both clinical and course ones) Lucie was suggested to suffer Narcissistic Personality disorder.

Lucie presented herself to therapy as someone who is gifted with psychic energetic power that she believed is a gift from God who chooses when, how and with whom to activate it. She believed that some professional persons in psychic field could help her learn how to control it herself. *Taking Lucie's presentation supervisors, two possible explanations were agreed:*

First; that her believes represent pathological delusions.

Second; considering her cultural background, that support the psychic abilities and even perform tests and give licenses for practicing it, so what Lucie was presenting could be interpreted as contamination and / or confusion in TA terms or might be viewed as presentation of an integrated Adult that happened to incorporate different source of data may be seen by others as just unfamiliar but still scientific field (***Hargaden & Sills, 2002***). ***Peach, 2008*** wrote” Mikhail Fadkin claims he can cure a long list of disorders — pancreatitis, bronchitis, digestive problems, even infertility — by using his hands to manipulate what he describes as a person's “bio-energy field.”” He added categorizing Lucie country as among a small number of nations where traditional healers are licensed at any level.

Paranoia as a Depressive Coping Mechanism:

Edward, & Marion, 1988 stated that paranoia represents another mechanism by which individuals ward off the pain of depression. A number of theorists have advanced the view that paranoia represents a



defense against loss of the sense of self-worth and accompanying shame and guilt. As Oliver Sacks (1987) noted, Freud himself viewed paranoid delusions “not as primary but as attempts (however misguided) at restitution”. Consistent with this position is evidence presented both by Colby (1976) and by *Heilbrun and Bronson (1975)* that paranoid mechanisms are triggered by feelings of inadequacy and are associated with low self-esteem. (*Edward, & Marion, 1988*). Thus Lucie’s personality adaptations were suggested as:

Personality adaptation: the primary adaptation, is Paranoid and the secondary adaptation is Passive-Aggressive adaptation

Contract:

In turn, I took all what I developed regarding Lucie and the conclusion of my academic supervision session to my clinical one who suggested inviting Lucie to an applicable contract and mutual agreement to exclude all what seems to be untherapeutic issues especially we reached the 5th session. Thus, we avoided categorizing her believes as psychotic especially in that early stage and invited her to share as a mutual partner in the therapeutic plane. The researcher met Lucie the following session the 6th one and the researcher plan was either to come to an applicable contract and/or to make it clear to her that the kind of counselling she offers can’t meet her needs. The researcher stopped lucie’s flow several times pushing her to formulate what could be suitable for contract till Lucie’s ego get wounded in somehow, the thing that the researcher didn’t realize till Lucie announced angrily that she thinks therapy is not suitable for her. Ithe researcher wondered how I wounded her, was it by pushing her to think or to do something or by not being ready to witness her performance. On the same line *Joines & Stewart, 2002* explained one of the biggest problems for therapists in treating narcissists is their own



counter- transference reactions. Being praised or devalued can provoke difficult feelings in therapists. When the therapist fails to be empathetic she must acknowledge that and be aware how wounding that feels to the narcissist. The narcissist will devalue and attack when offended. Their rage is cold and divorced from relationship .

The researcher took her uncertainty, worries, and to some extent relieve of Lucie sudden aggression and decision to end therapy to her supervisor who invited her to the empty chair (*Lister-Ford, 2008*) through which I adopted what I internalized about Lucie and explored how I felt and thought about my own process and hers and what would sessions with me as a practitioner might probably mean to her.

For my surprise Lucie attended the following session I started asking her if she is angry with me she denied. Anyway I made sure to tell her that I'm sorry pushing her to make a decision while she was not ready to give one. She looked impressed and after a while she admitted she never liked to be pushed to do anything and elaborated how that always made her angry. Then she added that obviously counselling is not sufficient for her and asked me if I can do meet her needs (it didn't seem like inquiry but demand) the researcher confirmed what she is asking for is not a counselling issue. However, she offered to attend following session to end sessions properly, the researcher agreed then the same happened through the following two sessions Lucie asked to attend. Actually ending sessions was so warm she hugged the researcher two times and thanked her which made the researcher wonder if she wanted to continue sessions but her previous announcement to leave stopped her. However according to *Joines & Stewart, 2002* they assumed as soon as clients begin to feel better, they will typically want to leave therapy. To stay in



therapy means to deal with the abandonment depression, and they are trying to stay away from that. It is only as their attractiveness fades and they experience younger colleagues outdoing them, and they have more difficulty obtaining praise and admiration from others, that they become interested in staying in therapy and working through their issues. Narcissists have difficulty in activating their real self. Whenever they attempt to activate their real self, they get in touch with the abandonment depression and then act out in order to avoid those feelings.).



3-Pre and post results of the self-report 'Outcome Measure' (COR-OM).

Table (5) the 3rd client 'Lucie' core sheet results.

COR-OM items	Before	Score	After	Score
F. Items				
1_ I have felt terribly alone and isolated	Sometimes	2	Not at all	0
3- I have felt I have someone to turn to for support when needed	Only occasionally	3	Not at all	4
7- I have felt able to cope when things go wrong	Sometimes	2	Sometimes	2
10- talking to people has felt too much for me	Sometimes	2	Not at all	0
12- I have been happy with the things I have done	Only occasionally	3	Sometimes	2
19- I have felt warmth or affection for someone	Sometimes	2	Sometimes	2
21- I have been able to do most things I needed to	Only occasionally	3	Sometimes	2
25- I have felt criticized by other people	Sometimes	2	Not at all	0
26- I have thought I have no friends	Sometimes	2	Not at all	0
29- I have been irritable when with other people	Sometimes	2	Only occasionally	1
32- I have achieved the things I wanted to	Not at all	4	Not at all	4
33- I have felt humiliated or ashamed by other people	Only occasionally	1	Not at all	0
Total		28		17
Mean Score		2.3 C		1.4 C



P items				
2- I have felt tense, anxious or nervous	Often	3	Sometimes	2
5- I have felt totally lacking in energy and enthusiasm	Often	3	Often	3
8- I have been troubled by aches, pains or other physical problems	Often	3	Sometimes	2
11- tension and anxiety have prevented me doing important things	Often	3	Sometimes	2
13- I have been disturbed by unwanted thoughts and feelings	Often	3	Not at all	0
15- I have felt panic or terror	Not at all	0	Not at all	0
18- I have had difficulty getting to sleep or staying asleep	Often	3	Sometimes	2
20- my problems have been impossible to put to one side	Often	3	Sometimes	2
23- I have felt despairing or hopeless	Sometimes	2	Sometimes	2
27- I have felt unhappy	Often	3	Sometimes	2
28- unwanted images or memories have been distressing me	Often	3	Only occasionally	1
30- I have thought I'm to blame for my problems and difficulties	Sometimes	2	Only occasionally	1
		31		19
		2.6 C		1.6 Non
W items				
4- I have felt ok about myself	Sometimes	2	Sometimes	2
14- I have felt like crying	Sometimes	2	Only occasionally	1
17- I have felt overwhelmed by my problems	Sometimes	2	Only occasionally	1



31- I have felt optimistic about my future	Not at all	4	Sometimes	2
Total		10		6
Mean Score		2.5 C		1.5 Non
R items				
6- I have been physically violent to others	Not at all	0	Not at all	0
9- I have thought of hurting myself	Not at all	0	Not at all	0
16- I made plans to end my life	Not at all	0	Not at all	0
22- I have threatened or intimidated another person	Not at all	0	Not at all	0
24- I have thought it would be better if I were dead	Only occasionally	1	Not at all	0
34- I have hurt myself physically or taken dangerous risks with my health	Not at all	0	Not at all	0
Total		1		0
mean Score		0.2 Non		0 Non
All items		70		42
Mean Score		2.1 C		1.2 Non
All items minus R		69		42
Mean Score		2.46 C		1.5 Non

Table (5) illustrates the third client's responses to the core sheet. The client shows general improvement nearly in all items, as well as in its sub-scales.

Considering the female's functioning level's cut off score (1.3), the client shows a significant improvement from a total score of 28 and mean



score of 2.3 (clinical) before counseling to a total score of 17 and a mean score of 1.4 (clinical) at the end of counselling.

As regards to the problem items, the client presents remarked improvement from a total of 31 and mean score of 2.6 (clinical) before counseling to a total of 19 and mean score of 1.6 (Non clinical) at the end of counselling .

Regards the wellbeing items, the client illustrates marked improvement from a total of 10 and mean score of 1.5 (non clinical) before counseling to a total of 6 and mean score of 1.5 (non clinical) after counseling.

Speaking about the Risk items the client reported she only *occasionally* have thought “it would be better if she were dead” before counseling while she reported she ‘doesn’t think like that” at end of counseling.

In conclusion, in comparing the client’s result she shows a great improvement in both overall scores; the overall total score, its mean score, overall score minus risk factor and its **mean score as follows:**

70, 2.1 (clinical), 69, 2.46 (clinical) before counseling, to 42, 1.2 (Non clinical) , 42, 1.5 (Non clinical) at the end of counseling respectively.



4-Pre and post results of the Cognitive triad inventory (CTI) .

Table (6): the 3rd client's CTI results

CTI responses				
Positively/ negatively formulated questions				
World				
A. Positively formulated questions related to world	Begin	Score	End	Score
3- Most People are friendly and helpful	MA	6	MA	6
8- the people I know help me when I need it	SA	5	TA	7
12- My daily activities are fun and rewarding	SD	3	N	4
20- The important people in my life are helpful and supportive	N	4	SA	5
24- I have a spousal/ friend who is warm/ supportive	N	4	N	4
B. Negatively formulated questions related to world				
18- The world is a very hostile place	TD	7	TD	7
23- Bad things happen to me a lot	TD	7	TD	7
27- My family doesn't care what happens to me	N	4	TD	7
30- No matter what I do, others make things difficult for me	SD	5	TD	7
34- I'm faced with many difficulties	MA	2	MA	2
		47 Moderate		56 Mild



Future				
C. Positively formulated questions related to Future				
6- I like to think about the good things that lie ahead for me	N	4	N	4
9- I expect that things will be going very well for me a few years from now	N	4	MA	6
11- The future holds a lot of excitement for me	SA	5	N	4
28- Things will work out well for me in the future	N	4	MA	6
36- I expect to be content and satisfied as the years go by	SA	5	MA	6
D. Negatively formulated questions related to Future				
15- There is nothing left in my life to look forward to	TD	7	TD	7
16- My current problems or concerns will always be there in one way or another	MD	6	SD	5
19- There is no reason for me to be hopeful about my future	TD	7	TD	7
26- My future is simply too awful to think about	TD	7	TD	7
32- There is nothing to look forward to in the years ahead	TD	7	TD	7
		56 Mild		59 Mild



Self				
E. Positively formulated questions related to Self				
17- I'm as adequate as other people I know	TA	7	N	4
25- I can do many things well	TA	7	MA	6
31- I'm a worthwhile human being	TA	7	TA	7
33- I like myself	TA	7	TA	7
F. Negatively formulated questions related to Future				
5- I'm a failure	TD	7	TD	7
10- I have messed up almost all important relationships I have ever had	TD	7	TD	7
13- I can't do anything right	TD	7	TD	7
21- I hate myself	TD	7	TD	7
29- I'm guilty of a great many things	TD	7	TD	7
35- I have serious flaws in my character	TD	7	TD	7
		70 Normal		66 Normal
Total		173 Mild		181 Normal

Table (6) displays the client's views about the world (others around her), her future and herself.

Parts A & B explore the client's views about the world (others around her). The client shows improvement from a score of 47 (moderately depressed) before counselling to a score of 56 (Mild depression) after counselling.



In parts C & D the client reflects on her views of the Future. A slight change can be seen in the client responses after counselling 59 than before counselling 56 which both are categorized as Normal.

In parts E & F the client reflects on her views of herself. The client shows a slight decrease from a score of 70 before counselling to a score of 66 after counseling both are categorized as Normal.

In conclusion, before counselling the client was categorized as mildly depressed, while after counselling is categorized as Normal.

In terms of the client's existential positions;

-Before counselling, the client's views about the world is moderately *not ok*, the future and self were *mildely not ok*.

-After counselling the client's views about the world and future, are mildly *not ok* while about herself *ok*.

***5-End of therapy form result (CORE-A):***

The researcher met Lucie 9 sessions out of previously agreed 12 sessions. Both of the researcher and the client came to mutual agreement of ending sessions around the 6th session. Then she asked for extra sessions one by one till finally the work finished.

Review of identified problems / concerns:

Most of the previously identified problems and concerns were addressed and improved. The work was centered on the split of “good me/ bad other” and experiencing being in different new relationship with new object (the therapist).

Risk items: no risk items were identified.

Benefits of therapy in brief:

- Lucie managed express her hurt emotions
- Lucie put words to her relationship with her daughter and her husband.
- Lucie managed admit the mutual responsibility when things go wrong in the relationship with others.



The fourth client' Lila' 's results:

1-The first part of the therapist completed 'Therapy Assessment Form' (CORE-A):

Lila is a 61 years old white female The client's husband is an alcoholic, but won't admit it. She is used to him getting drunk, but it is getting harder for her to cope with him. Last year they moved into sheltered accommodation and they both share a very limited space. When her husband is drunk and angry, she has nowhere to withdraw. A week before the assessment, they had an argument and the client got so enraged, that she "put a knife to his throat". She isn't normally an angry or violent person, but at that time she felt hatred towards her husband; he was first verbally abusing her and then taunting her to stab him. Last time this happened, was four years ago. she says people like her husband because he's funny and likeable, but don't suspect that he treats her very badly.

The client is worried about what she would do if he keeps pushing her. She says that moving away from him is not an option, because she would have nowhere to go and nothing to live on.

The client has isolated herself from her friends and doesn't want to involve her twin daughters (now 29).

The client has intense feelings of guilt and sadness about the circumstances in which her mother passed away, ten years ago. Dad was a "hard" person – he was an alcoholic. The client has a brother, seven years older. They never had a homely home; they were always frightened of dad, who used to be violent towards mum.



The client's brother became a psychotherapist. He keeps telling her that she is like her mum, a "martyr". The client doesn't believe she is.

Lila believes her mother was a good parent. She does resent the fact that mum "used to put a lot of guilt on" her, by involving Lila, in her marital problems. The client found it very frustrating that her mum would complain to her that she had been beaten up by her husband, but then the next day they would seem "friendly". It was confusing.

When the client's mother became ill with Alzheimer, father wanted to put her in a home straight away. He died suddenly, so the client resolved to take mother in her own care, and rented an apartment especially for her. As the mother deteriorated, she started going out scantily clothed. The client thought at the time that the only way to contain her was to lock her mother up in the apartment. This incurred a lot of harsh criticism from the social services. The client eventually agreed to put mother in a home. The woman died in care, a week later. The client felt intensely relieved, but now feels guilty about the circumstances of her mother's death and ashamed of her feelings at the time. She feels sad that both her and her brother had "abandoned" mum.

At around the same time, the client had a hysterectomy. Her husband had lost his business, they were heavily in debt and the house was repossessed. Two weeks after the death of her mother, the client's husband left her for another woman. She felt she had had enough and couldn't take anymore, so she took an overdose. One of the twins, found her mother unconscious.

Eventually, the client took her husband back because it felt like he was the only thing in her life left to hang onto.

Six years ago he went through a phase of taking cocaine and was very violent.

***Brief description of the reasons of referral :***

- the client wanted explore her relationship with her husband
- needed talk about her guilty feeling towards her dead mother.
- wanted find away to depend on herself and get her own house away from that she shared with her husband

Identified problems / concerns:

- Depression
- Anxiety/stress
- Personality problems.
- Trauma / abuse
- Disturbed Self esteem
- Interpersonal / relationship disturbance.

Risks: She reported taking overdose and attacking her husband.

2-the practitioner's initial assessment, diagnosis, and contract through the first four sessions.

The client was emotionally connected, however seemed to have limited insight, and is discounting some of the available options – such as moving away and living on her own. The client wasn't very clear about what she wanted out of therapy.

TA diagnosis:

Injunctions : Don't be a child, Don't be close, Don't feel, Don't be important, and don't enjoy. Don't be.

Drivers: Please others, Try Hard. Be Perfect, Hurry up, Be strong

Games : See how Hard I'm trying, If it were not for you. Yes- but, Kick me, wooden leg, Why does this Always Happen to Me?...



Process Script: Until (no time to rest, until to fulfill her jobs, Almost Type 11 (she always had something to do, she kept herself always busy with lots of things to do).

Rackets: Anxiety, depression, and guilt (covering anger and hurt feeling).

Personality adaptation: the primary adaptation is Schizoid and the secondary adaptation is the Obsessive-Compulsive adaptation

Contract: Exploratory contract



3-Pre and post results of the self-report 'Outcome Measure' (COR-OM).

Table (7): the 4th client's core sheet results

COR-OM items	Before	Score	After	Score
F. Items				
1_ I have felt terribly alone and isolated	Sometimes	2	Not at all	0
3-I have felt I have someone to turn to for support when needed	Often	1	Often	1
7-I have felt able to cope when things go wrong	Often	1	Most or All the time	0
10- talking to people has felt too much for me	Most or All the time	4	Not at all	0
12- I have been happy with the things I have done	Only occasionally	3	Most or All the time	0
19- I have felt warmth or affection for someone	Most or All the time	0	Most or All the time	0
21- I have been able to do most things I needed to	Most or All the time	0	Most or All the time	0
25- I have felt criticized by other people	Most or All the time	4	Only occasionally	1
26- I have thought I have no friends	Not at all	0	Only occasionally	1
29- I have been irritable when with other people	Most or All the time	4	Not at all	0
32- I have achieved the things I wanted to	Most or All the time	0	Most or All the time	0



33- I have felt humiliated or ashamed by other people	Most or All the time	4	Not at all	0
Total		23		3
Mean Score		1.9 C		0.25 Non
P items				
2- I have felt tense, anxious or nervous	Often	3	Only occasionally	1
5- I have felt totally lacking in energy and enthusiasm	Not at all	0	Not at all	0
8- I have been troubled by aches, pains or other physical problems	Only occasionally	1	Only occasionally	1
11- tension and anxiety have prevented me doing important things	Most or All the time	4	Only occasionally	1
13- I have been disturbed by unwanted thoughts and feelings	Not at all	0	Not at all	0
15- I have felt panic or terror	Sometimes	2	Not at all	0
18- I have had difficulty getting to sleep or staying asleep	Only occasionally	1	Not at all	0
20- my problems have been impossible to put to one side	Most or All the time	4	Only occasionally	1
23- I have felt despairing or hopeless	Only occasionally	1	Not at all	0
27- I have felt unhappy	Often	3	Not at all	0
28- unwanted images or memories have been distressing me	Most or All the time	4	Not at all	0



30- I have thought I'm to blame for my problems and difficulties	Most or All the time	4	Often	3
Total		27		7
Mean Score		2.25 C		0.58 Non
W items				
4- I have felt ok about myself	Not at all	4	Often	1
14- I have felt like crying	Most or All the time	4	Only occasionally	1
17- I have felt overwhelmed by my problems	Only occasionally	1	Not at all	0
31- I have felt optimistic about my future	Often	1	Most or All the time	0
Total		10		2
Mean Score		2.5 C		0.5 Non
R items				
6- I have been physically violent to others	Not at all	0	Only occasionally	1
9- I have thought of hurting myself	Not at all	0	Not at all	0
16- I made plans to end my life	Not at all	0		0
22- I have threatened or intimidated another person	Not at all	0		no answer
24- I have thought it would be better if I were dead	Not at all	0	Not at all	0
34- I have hurt myself physically or taken dangerous risks with my health	Not at all	0	Not at all	0



Total		0		1
Mean Score		0		0
All items		60		12
Mean Score		1.76 C		0.35 Non
All items minus R		60		11
Mean Score		2.14 C		0.4 Non

Table (7) presents the fourth client's responses to the core sheet. In general the table shows general improvement nearly in all items, as well as in its sub-scales.

Regards the first item that represent the functioning level of the client, It is obvious from this table that the client showed markable general improvement from a total of 23 and a mean score of 1.9 (both are categorized clinical) before counseling to a total, 3 and mean score, 0.25 (Non clinical) after counseling.

Regarding the Problem items, there was dramatic change from a total of 27 and a mean score 2.25 (both clinical categories) to a total of 7 and a mean score of 0.58 (Non clinical) .

Speaking about the wellbeing items the client showed significant improvement from an overall total scores of 10 and mean scores of 2.5 (clinical) before counseling to 2 and 0.5 for both the total and mean score (Non clinical) after counseling.

For the Risk items, the table shows decline in item 1 from a score of 0 to a score of 1 and in item 22 the client gave no answer



In conclusion, before counseling the client's overall total score, its mean score, the total score minus R and its mean score, 60, 1.76, 60, 2.14 respectively all categorized as clinical. While the client showed remarkable improvement in the same items, 12, 0.35, 12, and 0.42 respectively, after counseling.



4-Pre and post results of the Cognitive triad inventory (CTI) .

Table (8): the 4th client's CTI results

CTI responses				
Positively/ negatively formulated questions				
World				
A. Positively formulated questions related to world	Begin	Score	End	Score
3- Most People are friendly and helpful	MA	6	MA	6
8- the people I know help me when I need it	N	4	MA	6
12- My daily activities are fun and rewarding	TD	1	SA	5
20- The important people in my life are helpful and supportive	TA	7	TA	7
24- I have a spousal/ friend who is warm/ supportive	TD	1	TD	1
B. Negatively formulated questions related to world				
18- The world is a very hostile place	SD	5	SA	3
23- Bad things happen to me a lot	N	4	SD	5
27- My family doesn't care what happens to me	TD	7	TD	7
30- No matter what I do, others make things difficult for me	MA	2	SA	3
34- I'm faced with many difficulties	MA	2	SA	3



		39 Severe		46 Moderate
Future				
C. Positively formulated questions related to Future				
6- I like to think about the good things that lie ahead for me	TA	7	TA	7
9- I expect that things will be going very well for me a few years from now	N	4	MA	6
11- The future holds a lot of excitement for me	TA	7	MA	6
28- Things will work out well for me in the future	MA	6	MA	6
36- I expect to be content and satisfied as the years go by	TA	7	MA	6
D. Negatively formulated questions related to Future				
15- There is nothing left in my life to look forward to	SD	5	TD	7
16- My current problems or concerns will always be there in one way or another	MA	2	SA	3
19- There is no reason for me to be hopeful about my future	TD	7	TD	7
26- My future is simply too awful to think about	TD	7	TD	7
32- There is nothing to look forward to in the years ahead	TD	7	TD	7



		59 Mild		62 Normal
Self				
E. Positively formulated questions related to Self				
17- I'm as adequate as other people I know	MA	6	TA	7
25- I can do many things well	MA	6	TA	7
31- I'm a worthwhile human being	TA	7	TA	7
33- I like myself	MD	2	SA	5
F. Negatively formulated questions related to Future				
5- I'm a failure	MD	6	TD	7
10- I have messed up almost all important relationships I have ever had	TD	7	SD	5
13- I can't do anything right	SD	5	TD	7
21- I hate myself	N	4	TD	7
29- I'm guilty of a great many things	MA	2	SA	3
35- I have serious flaws in my character	SA	3	SA	3
		48 Moderate		58 Mild
Total		146 Moderate		166 Mild

Table (8) displays the client's views about the world (others around her), her future and herself.

Parts A & B explore the client's views about the world (others around her). The client shows remarkable improvement from from a score of 39 (severely



depressed) before counselling to a score of 46 (moderately depressed) after counselling.

In parts C & D the client reflects on her views of the Future. A noticeable change can be seen in the client responses from 59 which is categorized as mild depression before counseling and 62 which is categorized as normal after counselling.

In parts E & F the client reflects on her views of herself. The client shows improvement from a score of 48 (moderately depressed) before counselling to a score of 58 mild category after counselling.

In conclusion, before counselling the client was categorized generally moderately depressed, while after counselling is categorized mildly depressed.

In terms of the client's existential positions:

-Before counselling, the client's views about the world is severely *not ok*, , the future is mildly *not ok* and about herself moderately *not ok*.

-After counselling the client's views about the world is *moderately ok*, the future is categorized normal, and herself categorized *mildly ok*.

5-End of therapy form result (CORE-A):

The researcher offered Lila twenty –four session over six month. The end of therapy was agreed and planned. Lila admitted she realizes she still have issues to take to therapy, but in the mean time she is happy with where she is.

Review of identified problems / concerns:

All the previously identified problems and concerns were therapy issues and improved. The focus of work was on the anger and the guilt feelings. The shameful dynamic of the family

Risk items: no risk items were identified.

***6-The end of therapy result:***

- Lila managed put words to her feelings .
- Lila explored her guilty feeling/ grief about her mother
- Lila explored the shame dynamic that covered all her relationships and explored how she passed the shameful attitude to her own twin daughters.
- Lila started reconnect with some old friends , people she used work with and moreover got job offer from the same place she used to work in long time ago
- Lila discussed probable options for her life where she realized she is not responsible about her husband and started think about her own needs and plan for getting her own job and her own house and put plans how she would discuss the separation issue with her husband with support that maintain her own safety.



The fifth client “Linda”’s results:

1-The first part of the therapist completed ‘Therapy Assessment Form’ (CORE-A):

Linda is a 42 years old mixed race (Caribbean/Irish) woman; she currently lives with her partner and their two sons aged 8 and 5 years old. Both her and her partner work as social workers. Linda works part-time. Linda enjoys her work, and enjoys good relationships with a good team of colleagues – she reports no difficulties in this area at this time. Linda has a good support network of friends and neighbors, and a couple of very close friends – she feels well supported. Linda has little contact with her family.

FAMILY BACKGROUND AND PERSONAL HISTORY:

Linda grew up with her mother and older (by 3years) brother – her parents split up around the time of her birth and Linda does not know why. Linda’s mother died when she was twenty -one years from a brain haemorrhage – her brother found their mother dead at home unexpectedly. Linda’s father visited their home once a week but only for business reasons – her mother and brother never spoke to him and she was expected to act as the “intermediary” between her parents – she feels that she was expected to act like an adult long before she should have been expected to. Her father never showed any affection or acknowledgement (and still doesn’t); she is left feeling confused as to why this might be. She describes both her mother and brother as quiet, shy, gentle people.

Linda enjoyed school and was a good student – she was quiet and shy but had a good circle of friends. She remembers thinking that she “stuck out” as coming from a broken home and feeling quite jealous regarding not having a



relationship with her father like others did. Linda left home to study and qualified in social work.

Linda's parents were separated when she was a baby. Linda lived with her mother and her brother. Linda had a very little contact with her father.

Linda describes her relationship with her partner as “volatile” – he has often sworn at her, shouted at her and been aggressive and intimidating towards Linda. On 2/3 occasions has been so bad that she has reported it to the police but has never pursued any action towards him – she points out that this has not happened for the past year or so. She describes her boys as being “good and thriving”, and states that they are now both at school and doing well.

Linda would like therapy as she has a poor relationship with her father and is concerned that this impacts on other relationships with men, particularly her partner.

She feels that her father does not acknowledge her (or his grandchildren) but feels unable to have an “adult” conversation with him regarding this. Linda recently read an article which suggested that a poor relationship with one's father could lead to poor relationships with all men – she was particularly affected by this. Linda would like to work through her difficulties with her father, and is concerned that she gains some kind of closure before it is “too late” – she stated that her father is not unwell but is in his 80's. Linda would also like to explore the difficulties she has in her relationship with her partner.

Linda attended MCPS five years ago, which she says she didn't find particularly helpful at the time – she feels that it was useful to talk but was not able to make any long-lasting changes. Linda also saw a counsellor approximately four years ago and again for 6 sessions during September last year – this she found more useful but again feels that she needs further input.

***Brief description of the reasons of referral :***

-Would like to work through her issues surrounding her relationship with her father and how this relationship might be impacting on her relationships with other men, particularly her partner.

-Want explore how her relationships are causing her some distress at present

-Wants explore her feeling that her relationship with her partner is “miserable”.

Identified problems / concerns:

- Depression
- Anxiety/stress
- Personality problems
- Trauma / abuse
- Self esteem
- Interpersonal / relationship.



2-the practitioner's initial assessment, diagnosis, and contract through the first four sessions.

TA diagnosis:

Injunctions : Don't be a child, Don't be close, Don't feel, Don't be important, and don't enjoy.

Drivers: Please others, Try Hard. Be Perfect, Hurry up, and Be strong .

Games: See how Hard I'm trying, If it were not for you.

Process Script: Until (no time to rest, until to fulfill her jobs, Almost Type 11 (she always had something to do, she kept herself always busy with lots of things to do).

Rackets: Anxiety, depression, and guilt (covering anger and hurt, feeling).

Personality adaptation: the primary adaptation is Schizoid and the secondary adaptation is the Obsessive-Compulsive adaptation

Contract: Exploratory contract



3-Pre and most results of the self-report 'Outcome Measure' (COR-OM).

Table (9): the 5th client's core sheet results

COR-OM items	Before	Score	After	Score
F. Items				
1_ I have felt terribly alone and isolated	Not at all	0	Not at all	0
3-I have felt I have someone to turn to for support when needed	Most of the time	0	Most of the time	0
7-I have felt able to cope when things go wrong	Most of the time	0	Often	1
10- talking to people has felt too much for me	Only occasionally	1	Not at all	0
12- I have been happy with the things I have done	Most of the time	0	Most of the time	0
19- I have felt warmth or affection for someone	Often	1	Often	1
21- I have been able to do most things I needed to	Most of the time	0	Most of the time	0
25- I have felt criticized by other people	Sometimes	2	Only occasionally	1
26- I have thought I have no friends	Not at all	0	Not at all	0
29- I have been irritable when with other people	only occasionally	1	Not at all	0
32- I have achieved the things I wanted to	Often	1	Most of the time	0



33- I have felt humiliated or ashamed by other people	Only occasionally	1	Not at all	0
Total		7		3
Mean Score		0.58 Non		0.25 Non
P items				
2- I have felt tense, anxious or nervous	Sometimes	2	Only occasionally	1
5- I have felt totally lacking in energy and enthusiasm	Only occasionally	1	Not at all	0
8- I have been troubled by aches, pains or other physical problems	Often	3	Only occasionally	1
11- tension and anxiety have prevented me doing important things	Not at all	0	Not at all	0
13- I have been disturbed by unwanted thoughts and feelings	Only occasionally	1	Only occasionally	1
15- I have felt panic or terror	Not at all	0	Not at all	0
18- I have had difficulty getting to sleep or staying asleep	Only occasionally	1	Not at all	0
20- my problems have been impossible to put to one side	Only occasionally	1	Not at all	0
23- I have felt despairing or hopeless	Only occasionally	1	Not at all	0
27- I have felt unhappy	Sometimes	2	Only occasionally	1



28- unwanted images or memories have been distressing me	Only occasionally	1	Not at all	0
30- I have thought I'm to blame for my problems and difficulties	Sometimes	2	Only occasionally	1
		15		5
		1.25 Non		0.41 Non
W items				
4- I have felt ok about myself	Only occasionally	3	Often	1
14- I have felt like crying	Only occasionally	1	Sometimes	2
17- I have felt overwhelmed by my problems	Only occasionally	1	Not at all	0
31- I have felt optimistic about my future	Only occasionally	3	Sometimes	2
Total		8		5
Mean Score		2 C		1.25 Non
R items				
6- I have been physically violent to others	Not at all	0	Not at all	0
9- I have thought of hurting myself	Not at all	0	Not at all	0
16- I made plans to end my life	Not at all	0	Not at all	0
22- I have threatened or intimidated another person	Not at all	0	Not at all	0



24- I have thought it would be better if I were dead	Not at all	0	Not at all	0
34- I have hurt myself physically or taken dangerous risks with my health	Not at all	0	Not at all	0
Total		0 Non		0 Non
mean Score		0 Non		0 Non
All items		60		13
Mean Score		1.76 C		0.38 Non
All items minus R		60		13
Mean Score		2.14 C		0.46 Non

Table (9) presents the 5th client ‘Linda’'s responses to the core sheet. In general the table shows general improvement nearly in all items, as well as in its sub-scales

As regards to the first item that represent the functioning level of the client, It is seen in the table that the client showed general slight improvement from a total of 7 and mean score of 0.58 (both are categorized as non clinical) before counseling to a total of 3 and a mean score of 0.25 (Non clinical) after counseling.

Regarding the Problem items, there was a change from a total of 15 and a mean score 1.25 (both Non clinical) to a total of 5 and a mean score of 0.41 (Non clinical) .

For the wellbeing items the client showed an improvement from an overall total scores of 8 and a mean scores of 2 (clinical) before counseling to 5 and



1.25 for the total and mean score respectively, (Non clinical) after counseling.

In conclusion, before counseling the client's scores are clinical as follows; total score, its mean score, the total score minus R and its mean score, 60, 1.76, 60, 2.14 respectively all categorized clinical. While the client showed remarkable non clinical improvement in the same items, 12, 0.35, 12, and 0.42 respectively, after counseling.



4-Pre and post results of the Cognitive triad inventory (CTI) .

Table (10): the 5th client's CTI

CTI responses				
Positively/ negatively formulated questions				
World				
A. Positively formulated questions related to world	Begin	Score	End	Score
3- Most People are friendly and helpful	SA	5	MA	6
8- the people I know help me when I need it	MA	6	MA	6
12- My daily activities are fun and rewarding	SD	3	N	4
20- The important people in my life are helpful and supportive	MA	6	MA	6
24- I have a spousal/ friend who is warm/ supportive	MA	6	MD	2
B. Negatively formulated questions related to world				
18- The world is a very hostile place	MD	6	MD	6
23- Bad things happen to me a lot	SD	5	MD	6
27- My family doesn't care what happens to me	SA	3	SA	3
30- No matter what I do, others make things difficult for me	SD	5	SD	5
34- I'm faced with many difficulties	SA	3	SD	5
		48		49
		Moderate		Moderate



Future				
C. Positively formulated questions related to Future				
6- I like to think about the good things that lie ahead for me	SD	3	MA	6
9- I expect that things will be going very well for me a few years from now	SA	5	SA	5
11- The future holds a lot of excitement for me	N	4	N	4
28- Things will work out well for me in the future	SA	5	SA	5
36- I expect to be content and satisfied as the years go by	SA	5	SA	5
D. Negatively formulated questions related to Future				
15- There is nothing left in my life to look forward to	MD	6	TD	7
16- My current problems or concerns will always be there in one way or another	MD	6	MD	6
19- There is no reason for me to be hopeful about my future	SD	5	MD	6
26- My future is simply too awful to think about	N	4	MD	6
32- There is nothing to look forward to in the years ahead	MD	6	MD	6



		49 Moderate		56 Mild
Self				
E. Positively formulated questions related to Self				
17- I'm as adequate as other people I know	MA	6	MA	6
25- I can do many things well	SD	3	MD	2
31- I'm a worthwhile human being	MA	6	MA	6
33- I like myself	MA	6	MA	6
F. Negatively formulated questions related to Future				
5- I'm a failure	MD	6	MD	6
10- I have messed up almost all important relationships I have ever had	SD	5	SD	5
13- I can't do anything right	MD	6	MD	6
21- I hate myself	MD	6	MD	6
29- I'm guilty of a great many things	SD	5	SD	5
35- I have serious flaws in my character	SD	5	MD	6
		54 Mild		54 Mild
Total		151 Mild		159 Mild

Table (10) displays the client's views about the world (others around her), her future and herself.

Parts A & B explore the client's views about the world (others around her). The client shows an improvement from a score of 48 (moderately



depressed) before counselling to a score of 49 (moderately depressed) after counselling.

In parts C & D the client reflects on her views of the Future. A change can be seen in the client's responses from 49 which is categorized as moderate depression before and 56 which is categorized as mild depression after counselling.

In part E & F the client shows no change in her views about herself.

In conclusion, although the client shows slight change from a score of 151 before counselling to a score of 159 after counselling, both are categorized mild depressed.

In terms of the client existential positions:

-Before counselling, the client's views about the world and her future is moderately *not ok*, and about herself is mildly *not ok*.

-After counselling the client's views about the world is still moderately *not ok* while that of her future and herself are mildly not ok.

5-End of therapy form result (CORE-A):

The researcher offered Linda six individual sessions over three month. The end of therapy was not planned, the practitioner needed to change the time of session and it didn't suite Linda who confirmed she will go to the MCPS to be referred to another practitioner.

Review of identified problems / concerns:

Some of the previously identified problems and concerns were therapy issues and slightly improved. The focus of work was the blame dynamic of the family.

Risk items: no risk items were identified.

***Benefits of therapy in brief:***

- Linda managed put words to her feelings .
- Linda reported she got the courage confront her husband and tell him she doesn't want him attend her meeting with her father.
- Linda put words to the blame dynamic that run in her relationship with her family members.
- Linda put words to the confusion dynamic that masked her relationships.
- Linda agreed attend therapy with other practitioner to continue her therapy.