

Assertiveness as a Road to Mental Well Being: Case Study of an Adolescent

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Abstract

Number of students seeking counseling interventions has increased considerably in recent years. In fact, at times such is the burden on mental health professionals to meet this growing need that staff burnout and decreased attention to students with lesser serious needs happen and sometimes some cases have to be closed prematurely. Nevertheless the importance of counseling and its effectiveness in enhancing the mental health of the students cannot be understated. In fact, there is a felt need for more resources which are required to increase staffing, improve training, and increase physical space on campus for counseling centers. The present paper discusses case study of an adolescent who was given Assertiveness training for satisfactorily dealing with a traumatic situation at home front which was hampering the child's emotional, social and academic growth considerably. The changes brought about in his mental health status are discussed.

Keywords: Mental Well Being, Adolescent etc.

Introduction

The number of students struggling with anxiety, depression, feelings of helplessness and hopelessness, dealing with suicidal thoughts are on the increase. Such is the intensification of these psychological needs of the students that it has become a mental health crisis now. Many research studies have shown considerable increase in the number of students seeking psychological help than in the previous decades. (Watkins, Hunt, & Eisenberg, 2011).

Gallagher (2008) opines that due to the increasing number of students seeking psychological help there is more burden on mental health professionals leading to difficulty meeting staffing demands during peak times, staff burnout, decreased attention to students with less serious needs, and the need to end cases prematurely. Counseling centers in post-secondary educational institutions have difficulty meeting the growing needs of students as they are underfunded and understaffed. Resources are required to increase staffing, improve training, and increase physical space on campus for counseling centers (Kadison & DiGeronimo, 2004).

Some of the factors behind this mental health crisis faced by the students are : academic pressure, financial burden, increased accessibility of higher education, increased female to male ratio, advances in technology, and lifestyle choices. As clinicians we need to understand this felt need and pressure faced by the students for their own sanity and enhancing their mental well being.

Relationship Focused Interventions

The role of the therapeutic relationship is emphasized as an important factor across several therapies, including newer contextual behavioral therapies such as Functional Analytic Psychotherapy (FAP). FAP exclusively focuses on the use of the therapeutic relationship as a primary mechanism of therapeutic change. FAP requires the focus on in-session behavior and the use of behavioral techniques to consequate in-session behaviors is termed in-vivo (Kohlenberg & Tsai, 1991). In-vivo interventions, briefly defined as the use of moment-to-moment therapy interactions (Kanter et al., 2009), are believed to be potent therapeutic interventions because they enable therapeutic change to occur more rapidly or enhance the effectiveness of non-FAP related techniques (e.g., cognitive disputation) (Baruch et al., 2009).

Relationship Focused Interventions use the "live" moment-to-moment interactions between the client and the therapist (Kanter et al., 2009). Maximal behavior change occurs when a reinforcer is delivered close in time and location to the behavior's occurrence; thus, maximal therapeutic change is thought to occur when behaviors are consequated close in time and location to the behavior's occurrence.

Case presentation

The present paper discusses the role of Relationship Focused Intervention as part of the journey of counseling intervention to enhance the overall mental health of a 17

year old girl Tanya (name changed) studying in class 12th and has a father who suffers from BPD (Borderline Personality Disorder).

Tanya is like any other bubbly 17 year old girl who has some dreams and aspirations to make it “big” in life. She is generally quite chirpy but sometimes she tends to lose her focus and is not able to concentrate in her work, her teacher noticed. When asked about the reason, she was at first reticent but gradually came around to admitting being witness to domestic violence at home and being shouted at by her father on some days and sometimes being treated like a princess on some days. She has been under mild depression also on account of it. Living in a nuclear family and being an only child, her father has quite high expectations from her. But being a high functioning BPD, his parenting style is inconsistent and unpredictable. Doing brilliantly well in his profession, he expects the same kind of high performances from his daughter as well. At the same time due to his uncontrollable rages and fury , drives the poor girl to distraction and with the best of intentions, he ended up making her hate studies as a result.

“Its not that I hate studies, its just that I cannot continue being fake all the time”.

“what do you mean by fake?”

“Means, even if I do not want to , I still have to pretend that I am studying when he is in one of his sullen moods. And the worst is that one can never predict when he will be in his sullen moods and why and till what time?”

“why can’t you just be yourself and tell him what you want”.

“Oh, he will never understand that. He just wants that somebody should pamper him at altimes – which is usually my mom. When he is in a good mood he wants me to play with him, talk with him, go out for walks with him even when I do not want to. Ain’t I got a right to my choices and actions?”

“what else?”

“And just to help mom shake him out of his sullen, I have to pamper him, show attention to him, talk to him and pretend nothing is really wrong even when he is glaring at us, shouting for no reason and mouthing all kinds of abuses?”

“why does he shout like this?”

“I do not know. I think he is mad. Mom says he is got BPD and over his temper he has no control. But I can’t keep on forgiving all his verbal acidic attacks. It affects me man. Won’t you be affected if somebody is yelling at you that you are no good, that nothing you do will ever be good, that you are bound to make a mull of your life and you are a born loser.”

“so how do you tackle all this?”

“Oh, I just go into my room and do not come out till he is back to his normal self again or to help mom handle the “atmosphere” at home I fake attention to him.”

“And does this help?”

“Help, what do you mean? I think I am myself going mad.”

“ And your mother?”

“ Ohits for my mom that I keep quiet and do not yell back at him. She is such a sweet thing and I just love her.”

Counseling intervention

Tanya was given counseling intervention in the form of CBT including Relationship Focused Intervention . She was met by the counselor twice a week over a period of 5 months . Together with the therapist, she was able to vent out her “true” feelings and get a hold on her personal and educational life gradually. She was put on Assertiveness Training in terms of social skills training as part of her Intervention and seemed to be a quick learner. In Assertiveness training, she was taught various ways in which she could be assertive with her father without being at the risk of being perceived “aggressive” or “rebellious” by her BPD father . She also learnt how to negotiate things on her mother’s behalf with her father for the sake of harmony at home and how to buy mental peace for themselves even when her father was in one of her sullen.

Qualitative Changes post Intervention

Gradually, the glow on her face came back, her self confidence improved and she was now able to participate in class’s activities with more enthusiasm and happiness without trying to “fake” her emotions. She no longer worried about how her unpredictable father was going to behave that day when he came home after work or even during weekends when he will be at home for more time she learnt how to deal with his mood swings. She slowly got to realize that even when the situation is not in her control, how she chooses to react is still in her control. And that is what she learnt to do in the Assertiveness Training with the counsellor.

Quantitative Changes post Intervention

Her score on PGI Well Being Scale increased by 5 points, her score on SPPI (Students personal problem Index) went down by 6 points and she was able to focus on her studies better. Her academic achievement got enhanced from 50 percent to 70 percent post counseling and she seemed to be in a better frame of mind as reported by her teachers.

Conclusion

The mental health crisis is severely impacting students across the globe. Determining the factors that influence the mental health crisis is complex; however, current research demonstrates that some of the important contributors to the strain on mental health programming include academic pressure, financial burden, increased accessibility, the female to male ratio, advances in technology, and lifestyle choices. Socio economic factors

at the home front play an important role too which are increasingly being recognized and the fact that counseling Interventions do play a role in amelioration cannot be undermined or stated enough.

But more can and must be done. Research demonstrates the urgent need for increased funding for mental health programming, including staff, campus space, and educational programming. Appropriate Counseling Intervention is the need of the hour and just like there is IEP's (Individualized Education Program) for special children, there is also a felt need for Individualized counseling program (ICP) for our children who require it the most at the very special time of their development especially during adolescence.

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