

# **Case Study Report**

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## **Introduction**

The following report sets out to address a recent incident that has taken place at a local counselling centre regarding a complaint made against a one of the reception staff members and their dealing with a service user who was being verbally abusive. To provide some context, the 58-year old female reception staff member has recently taken up the part-time post and her duties include making sure that service users are complying by the government's COVID-19 rules and regulations, these include: wearing a mask, considering social distancing when waiting in the waiting room and hygiene. Usually, this staff member has a good reputation however, on one occasion, she had to deal with a 15 year old service user who was shouting abuse at her. This 15 year old service user has been diagnosed with Emery-Dreifuss Muscular Dystrophy (EDMD) and due to this he has had to give up his spot at the Aston Villa football training academy. He has also been suffering with anxiety and depression and due to his recent suicide attempt, he was persuaded to start attending counselling sessions. By sitting down for long periods of time, he can get cramps in his legs so he prefers to stand up and walk around but even then, he gets out of breath. This report is written to guide and support the practice manager's decision on how to proceed with this situation.

## **Background information**

In order to make an informed decision at the end of this report, some background information regarding the service user and the staff member must be highlighted. If we take a look at the service user's condition to begin with, EDMD is a rare muscular dystrophy that affects the functioning of the elbows, neck, ankles, and spine (Pillers and Von Bergen, 2016). Motor symptoms of this disease cause difficulty with walking and running. The muscles become weaker over time and there is a high chance of cardiac involvement (Bonne et al., 2000). The health condition that the 15 year old service user is undergoing, is a heavy burden on him and as a consequence, he had to give up what he loved, a place at the Aston Villa football training academy. This has mentally affected him, as dealing with a rare condition as such that affects his breathing, his running and his ability to partake in a sport that he enjoys, has mentally affected him and driven him to attempting suicide.

The World Health Organisation (2014) reported that suicide is the second leading cause of teenage and young adult death worldwide, this specifically accounts for 15-29 year olds. However, in the United Kingdom, suicide has been said to be the leading cause of death

amongst young people from the age of 15 (Office for National Statistics, 2015). This makes up for 14% of 10-19 year old deaths. According to a report published by Manchester University, "Suicide by Children and Young People" (2017), found that for the total number of deaths for 15 year olds, 39% of them were concluded, after the coroner's inquest to be suicides. These findings are highly suggestive of how vulnerable children within this category are and especially if they have medical and mental health issues to deal with too. This can be supported by a further finding in the report that Physical Health Conditions was one category that contributed towards the decision of the actual suicide. 32% of the findings suggested that due to physical health conditions especially respiratory diseases, children from the age of 15, committed suicide.

Counselling is used to help and equip young people to deal with intense feelings and the pressures they face in their daily lives and can be effective for those young people who have had or experience suicidal tendencies. Within counselling sessions, counsellors teach the young people techniques and strategies which can increase the sense of self-control and think rationally when it comes to dealing with their feelings. One of the aims of counselling for children, is to develop the child's social skills and enable them to have the necessary strategies to deal with any situation in their lives (Freeman and Reinecke, 1995). Counselling young children with a focus on suicide risk factors, include protective characteristics that help at risk clients to take responsibility for their own well-being. Reeves (2015) introduced these protective characteristics and they include: a willingness to talk about thoughts and feelings, being able to express emotions, informal support networks including friends and family and attending counselling sessions regularly etc. These strategies are built upon and help young clients to protect themselves from becoming vulnerable and falling prey to negativity.

## **Psychological theories explaining staff and service user behaviour**

### **Social Identity Theory**

The social identity theory was firstly introduced by Tajfel (1974) and it refers to the ways that social identities affect the attitudes and behaviours of people regarding people of their similar background and those of other social groups. Other social groups refers to people of different nationalities, occupations, gender and religion. An example of the social identity theory in action and it being directly related to this case is that men and women differ when it comes to aggressiveness (Hogg et al., 1995). This is a prime example of the receptionist in this case, seeing the 15 year old as a member of a subgroup and judged him simply because he was a male and males may be seen as more aggressive. She may have

depersonalised the entire situation and did not consider him as an individual who might have his own set of problems. As mentioned, the 15 year old could not sit for long and he preferred standing up, however, he would lose his breath quickly too possibly due to his EDMD. However, in the receptionists' eyes, she may have thought he is not abiding by the social distancing rules and he is walking towards other service users and breaking social distancing rules. When she raised her voice and stated that service users "won't be allowed in again if you do not comply" may have caused the 15 year old service user to become very distressed, as counselling may have been his last hope and she might deny him of that.

### **The Attribution Theory**

Attribution theory is stated to be a field in social psychology which looks at how people anticipate or determine why an event or behaviour took place and the consequence of the attributed behaviour/event on the behaviour that follows (Heider, 1958). In other terms, it is described as the cause of a specific event that took place. In this case, what led the receptionist to raise her voice and warn the 15-year old service user and what events or actions caused the 15 year old service user to shout abuse. What one can take from this, by witnessing the details of the event, due to the 15 year old's circumstances, he may have felt that he was being treated unfairly and he was misunderstood. Due to his physical health condition and his vulnerabilities he may have felt the need to protect himself and may have lost control and began shouting abuse in order to deal with the situation. On the other hand, the part-time receptionist, because she may have come across an incidence like this for the first time, or a young and vulnerable service user whose background she may know nothing about, she may have automatically deemed him as a trouble maker or someone who just does not wish to comply to the rules. She may feel like she is just doing her job and this young service user is not listening. The circumstances attributed to the wider background of the two people involved are clear and due to the gap in knowledge about the boys' conditions', the situation got out of hand.

### **Frustration Aggression Hypothesis (FAH)**

The Frustration Aggression Hypothesis is understood to be an "interference with the occurrence of an instigated goal-response" (Dollard et al., 1939:p.7) and not an emotional experience. Moreover, within the hypothesis, frustration is seen as more of an event or series of events building up to an event rather than an affective state or emotion. Frustration is determined or followed by a set of qualities or events outlined in the environment and is

the effect of that. Then follows aggression due to the qualities of the environment or the event that had taken place. The reason why the 15 year old service user may have broken some COVID-19 guidelines may be because he was suffering from his health condition. He may have removed his mask because he was struggling to breathe, he may have broken social distancing rules because his joints were hurting him and he may have needed to stand up and walk in the tight space in the waiting room. He may have previously been frustrated due to these possibilities. The reaction that he received from the receptionist only built upon this and led to his aggressive communication towards her. Dollard et al., (1939) also state that the build up of frustration or the experiencing of frustration almost always, in all cases, leads to some form of aggression – which is what occurred in this case. As a consequence of frustration, aggression is always seen as an outcome. This could point towards the fact that the service user did not intentionally break the COVID-19 rules, but did so because he was becoming frustrated with the environment around him and his own personal circumstances.

### **Conclusion and recommendation**

To conclude, the complaint made against the member of staff should be upheld because the 15 year old service user is a vulnerable young person who is at risk of actually committing suicide or hurting himself. He is in a very depressive state because of his diagnosis and not being able to be a part of the training academy and has previously attempted to take his own life. The staff member should be investigated and trained to deal with these kinds of situations with caution and care. This could be a case of the Social Identity Theory, where the staff member may have assumed he was a young boy breaking rules and causing trouble. The staff member should have known, as she was working at a local counselling centre, that many service users have issues and problems like the service user had and may react or act in different ways. These people are seen as vulnerable, especially if they have underlying health issues which are not apparent but affect the lives of people considerably.

## References

- Bonne, G., Mercuri, E., Muchir, A, et al. (2000). Clinical and molecular genetic spectrum of autosomal dominant Emery-Dreifuss muscular dystrophy due to mutations of the lamin A/C gene. *Ann Neurol.* 2000;48 (2):170-180.
- Dollard, J., Miller, N. E., Doob, L. W., Mowrer, O. H., Sears, R. R. (1939). Frustration and aggression. New Haven, CT: Yale University Press.
- Freeman, A., M. Reinecke. (1995). Cognitive Therapy, in T. Furniss (1991) *Essential Psychotherapies, Multi-professional Handbook of Child Sexual Abuse*, Routledge, London.
- Heider, F. (1958). *The psychology of interpersonal relations*. New York: Wiley.
- Office for National Statistics. (2015). Deaths registered in England and Wales: Statistical Bulletin 2016: 1- 8.
- Pillers, D.A., Von Bergen, N.H. (2016). Emery-Dreifuss muscular dystrophy: a test case for precision medicine. *Appl Clin Genet.* 9:27–32. doi: 10.2147/TACG.S75028.
- Reeves, A. (2015). *Working with risk in counselling and psychotherapy*. London: Sage Publications.
- Suicide by Children and Young People. (2017). National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: University of Manchester.
- Tajfel, H. (1974). "Social Identity and Intergroup Behavior." *Social Science Information* 13:65-93.
- World Health Organisation. (2014). *Preventing suicide: a global imperative*. Geneva: World Health Organisation.