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A CASE MANAGEMENT STUDY OF A YOUNG ADULT WITH MAJOR DEPRESSIVE DISORDER.

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Abstract.

Background.

Major Depressive Disorder (MDD) significantly impacts daily functioning, marked by persistent sadness, cognitive impairments, and physical symptoms. Recognized as a leading cause of disability, effective diagnosis, and treatment are crucial. This study examines a young female adult with severe depressive symptoms.

Methodology.

A case study design was employed to collect data from a 21-year-old female with severe depressive symptoms.

Results.

The study participant was a 21-year-old female, a born-again Christian, who lives in an urban center. The Highlighted developmental and psychosocial factors contributing to her condition were academic pressures, family conflicts, and financial instability exacerbating her depression. Psychological assessments, including the Beck Depression Inventory, reveal severe depression and hopelessness.

Conclusion.

The therapeutic intervention for the client diagnosed with Major Depressive Disorder (MDD) showed significant positive outcomes. Over seven sessions, an eclectic approach integrating various therapies proved effective in addressing the client's depressive symptoms. This led to a substantial improvement in her mental health and overall functioning.

Recommendation.

The study emphasizes the need for a multidimensional treatment approach that considers biological, psychological, and social factors.
It contributes to clinical practice and research, advocating for personalized treatment plans tailored to individual needs.

Keywords: *Young Adult, Major Depressive Disorder, Depression Treatment, Mental Health, Psychiatric Care.*
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Background.

Major Depressive Disorder (MDD) is a prevalent and debilitating mental health condition characterized by persistent sadness, loss of interest or pleasure in activities, and various cognitive and physical symptoms that impair daily functioning. (American Psychiatric Association, 2015). According to the World Health Organization, MDD is one of the leading causes of disability worldwide, highlighting the need for effective diagnosis and treatment strategies. (WHO, 2017)

Depression has been a subject of interest for centuries, evolving from ancient beliefs in bodily fluid imbalance to modern psychiatry's understanding of neurobiological mechanisms. (Ye, 2023) Case studies and research have highlighted its impact on individuals and society. In recent years, there has been a growing focus on understanding depression in young adults. Research studies have shed light on the prevalence and risk factors associated with depression in this age group, emphasizing the need for early intervention and targeted prevention efforts. (Colizzi et al., 2020). The case of a 21-year-old with depression provides valuable insights into the intersection of developmental processes and depression, the role of psychosocial stressors, and the importance of a multidimensional approach to assessment and intervention. This case contributes to deepening the understanding of depression, serves as an educational g resource, raises awareness, and helps tailor personalized treatment approaches. Therefore, this case study examined a young female adult with severe depressive symptoms.

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Case Presentation.

Table 1: Showing client's Biodata

Name	Confidential
Sex of the client	Female
Age of the client	21 years
Date of birth of the client	12/02/2002
Nationality of the client	Ugandan
Address of the client	Lira City East
Client's contacts (telephone, email)	Confidential
Religion of the client	Born again Christian

Client's complaint.

A 21-year-old adult female brought herself with several complaints after our general sensitization on mental health. The complaints below are in the client's own words the first statement was of all the signs and symptoms presented I have like eighty percent of them. I have difficulty concentrating, Making the right decision for myself is so hard, My mind always wanders away as I think about my father's curses and blame all the time, I fail to sleep because of such thoughts, and I cannot even read and understand, I also get bad dreams of a man wanting to rape me, sometimes strangling me and this also makes me fear my bed, Am hopeless of the future, Sometimes see life as meaningless and ask myself when will all end My father, does not love me anymore, Am the problem in my family, Am not my father's child, I isolate myself from people, I used to like singing in the choir and this is something I no longer enjoy, I have no appetite for food, I feel am wasting time at school, I just wake up and feel so tired even when I have not done anything.

History of presenting complaints.

It all started in 2011 when her brother died, and her mother was accused of not taking care of the boy. Her father began torturing her mother, but the paternal grandfather always supported her, and her father would listen to him. In 2014, the grandfather passed away, leaving her mother without support, and in early 2015, she was divorced and left the family, leaving the children behind. The client and her mother sometimes stayed with their aunt (her father's sister) or other stepmothers since her father was polygamous. Her father used to pay school fees on time, take care of their health, provide pocket money, and cater to all their needs.

However, circumstances changed when her father had a misunderstanding at work and lost his job. He then had an accident, which happened while she was at school. Her father began accusing her mother of bewitching him and causing all his problems. He decided that the children should distance themselves from their mother if he was to take care of them. He threatened to disown any child who tried to communicate with or stay with the mother. In the second term holiday of senior five in 2023, her father started saying quarrelsomely that he had no money to educate them, telling her to find other ways to support her education and that of her sibling for the third term if they wanted to continue studying.

This situation caused the client to lose hope for her academic future, prompting her to return to the village to stay with her grandmother. From there, she tried to connect with her mother and narrated everything to her. Her mother denied ever wanting to destroy the father's life and mentioned that since divorcing in 2015, she could have done worse things but chose not to. Her mother believed the father was using various excuses to avoid paying fees for the children. She then decided to pay the client's fees for the third term in senior five, as she was working on a mission project under a Catholic church in Jinja camp. Her father allowed her mother to pay the fees for the third term, and she returned to school.

At the beginning of 2024, in January, school resumed on the 15th for senior six candidates, as she had passed senior five well. While in the village, the client called her stepmother to inquire about returning to school and asked her aunt to help communicate with her father about school matters. There had been a misunderstanding between the stepmother and the aunt in the father's absence, causing the stepmother to leave in 2022 and return at the beginning of 2023. Since her return, the father's behavior towards her changed, and he no longer liked her as before, accusing her of viewing the stepmother as a co-wife, which was untrue.

Her father kept cursing her whenever she asked for school requirements like practical books. He questioned whether she thought she was too special in the world and started quarreling on the phone, even when the stepmother came to pay fees. Despite vowing not to allow her back to school that year, the director intervened, and she was able to attend school. However, her father's treatment of her did not improve. He suggested that she should stop studying because she demanded too many things, yet had no notes, reported late for the term around February 20th when studying had started in January, and he could not provide the books or medication for ulcers.

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Her father's behavior caused her to overthink and feel distressed. Despite growing up under her father's care, he had changed significantly in recent years. She expressed a desire to understand if she was at fault, but her father responded by blaming her for becoming a co-wife and a burden to the family. He even questioned whether her education was too important, constantly discouraging her academic pursuits and making her feel like she was wasting time at school. This led her to feel like she was not truly her father's child.

Client's Family History

The client is the second child out of four siblings from her mother and father. Her father has children from another relationship. Both of her brothers, the first and last born, have passed away, leaving her as the only daughter. Her parents separated in 2015 when she was 13 years old. After the separation, she and one of her brothers remained under the custody of her father, who has been taking care of her. Sometimes, she stays with her grandmother in the village, but in the city, she lives with her father and stepmother. She also spends time with her paternal aunt.

Client's body language

During our initial session, she sat in a manner that seemed quite uncomfortable, often looking down and avoiding eye contact. I observed her exhibiting stimming behavior, mostly using her fingers, while she narrated her thoughts. Additionally, she frequently bowed her head and appeared to be physically tense, as if she was trying to make herself smaller.

Client's verbal language.

Her voice was low and at times repetitive of words however the flow of her narration was excellent. The tone was low but clear and the information could be heard clearly.

Client's social history

It appears that the client is struggling with her social relationships at her current school, as she has mentioned feeling friendless. She feels unsupported by her mother and has noted a lack of communication. Additionally, her father's support has waned despite being previously supportive. She also expressed disappointment in not being able to see her friends from her former school, as they will all be busy with advanced-level studies for the full year.

Client's medical history

She explicitly mentioned that she has been dealing with ulcers for a considerable amount of time. Furthermore, she confirmed that she experienced two falls, one of which occurred in the hospital and the other on the roadside.

Client's signs and symptom

During the initial session, she appeared visibly distressed, her mood reflecting her inner turmoil. However, she displayed a willingness to open up and discuss her concerns. In subsequent sessions, she presented a more relaxed and communicative demeanor, her countenance brightening as she continued to share. Throughout our meetings, she has consistently maintained a clean and tidy appearance befitting a woman of her age. The client has expressed feeling troubled by recent interactions with her father and has experienced fear surrounding bedtime.

Assessment

Presenting Complaints:

The 21-year-old female client was experiencing various psychological and physical issues, including difficulty concentrating, intrusive thoughts, insomnia, anorexia, and feelings of hopelessness and meaninglessness in life. These issues stem from the death of her brother in 2011, family problems, emotional abuse and neglect by her father, and financial instability affecting her education.

Physical Health Concerns

The client had a diagnosis of ulcers, which she attributes to the chronic stress and emotional abuse she has endured. She reported a lack of access to necessary medications for her condition due to her father's neglect**.**

Psychological Assessment

Based on the client's statements and presenting symptoms, showed that she was experiencing a significant depressive episode. This was characterized by persistent sadness and hopelessness, anhedonia (loss of interest in previously enjoyed activities), insomnia and fatigue, concentration difficulties and indecisiveness, intrusive negative thoughts, and nightmares, as well as social withdrawal and feelings of worthlessness. These symptoms align with the criteria for Major Depressive Disorder as per the DSM-5 criteria. (American Psychiatric Association, 2015)

Impact of Family Dynamics

The client's psychological distress was closely linked to her family forces at work, particularly the emotional and psychological abuse inflicted by her father. The ongoing accusations, neglect, and emotional torture significantly impacted her self-esteem and mental health. The client's sense of identity and belonging had been severely undermined by her father's repeated rejections and accusations**.**

To confirm the presence of major depressive disorder the Beck Depression Inventory was used.

Beck depression inventory

For the assessment of the depression.

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The BDI is a self-report questionnaire consisting of 21 multiple-choice questions. Each question assesses the intensity of depression symptoms such as sadness, guilt, fatigue, and suicidal thoughts. Respondents rate each symptom on a scale from 0 to 3, reflecting the severity over the past two weeks. The total score indicates the level of depression: minimal, mild, moderate, or severe. (Morgan, 2016)

General interpretation of BDI scores: 0-13: Minimal depression, 14-19: Mild depression, 20-28: Moderate depression, 29-63: Severe depression (Jackson-Koku, 2016)

Client's Score Interpretation; In this assessment, the client scored 43 on the BDI. This indicated **Severe Depression**;

A score of 43 falls within the "severe depression" range (29-63). This showed that the client was experiencing a high level of depressive symptoms, which significantly impacted her daily functioning and quality of life.

The symptom analysis reveals that the client experienced severe symptoms across various areas, including mood, cognitive function, physical health, and behavior, as indicated by a high score. Furthermore, examining individual item scores provides insights into the specific symptoms (e.g., suicidal thoughts, severe sadness, hopelessness) that were most prominent and distressing for the client, despite the total score indicating severe depression.

Application to Client's Case

Client's Presenting Complaints: Based on the detailed history provided and the BDI score of 43, the client's severe depression was characterized by, Persistent Sadness and Hopelessness, the client frequently expressed feelings of sadness, hopelessness about the future, and a belief that her situation will not improve. Cognitive Symptoms: Difficulty concentrating, indecisiveness, and intrusive negative thoughts about her father's accusations and family conflicts. Physical Symptoms: Insomnia, fatigue, and loss of appetite. Behavioral Symptoms such as Social isolation, withdrawal from previously enjoyed activities (e.g., choir singing), and a pervasive sense of life is meaningless. Trauma and Anxiety through Recurring nightmares related to trauma (e.g., dreams of being strangled and raped), which contribute to her fear of sleeping.

The **Beck hopelessness inventory** was used due to the high levels of hopeless narrations we had.

The Beck Hopelessness Inventory (BHI) is a 20-item self-report questionnaire designed to measure negative attitudes about the future. Each item is a statement that respondents rate as either "true" or "false" based on how they have felt in the past week, including the day they completed the inventory. The BHI focuses on three major aspects of hopelessness: feelings about the future, loss of motivation, and expectations. Scores range from 0 to 20, with higher scores indicating greater levels of hopelessness. (Aloba et al., 2018)

Interpretation: 0-3: Minimal hopelessness; 4-8: Mild hopelessness; 9-14: Moderate hopelessness; 15-20: Severe hopelessness

In this assessment, the client scored 15 on the BHI indicating Severe Hopelessness. A score of 15 falls within the "severe hopelessness" range (15-20). This showed that the client experienced a profound sense of hopelessness about the future, a significant loss of motivation, and very negative expectations about life.

Severe hopelessness is strongly linked to an increased risk of suicidal thoughts and behavior. This could negatively impact the client's response to therapeutic interventions, this highlighted the importance of addressing these feelings early in treatment.

Detailed Explanation of Client's Score and High Scoring Items and Implications

Given the client's score of 15, it was important to consider the specific aspects of hopelessness contributing to this high score: Feelings about the Future: The client always felt that nothing would improve due to discouraging comments from the father. This manifested in statements like, "I know University Education is not meant for me." The client also struggled with finding the motivation to engage in daily activities, pursue goals, or take steps that could lead to positive changes, as reflected in statements like, "I don't like singing in choir the way I used to." Additionally, the client frequently expected negative outcomes and believed that any efforts to change her situation would be pointless, as seen in statements such as, "I do not know what I am going to do after my advanced level". The client's severe BHI score of 15 aligns with her reported symptoms of hopelessness, such as feelings of despair, questioning the meaning of life, and pervasive pessimism about her future, as detailed in her history.

Risk Management: It was crucial to establish a comprehensive risk management plan, including regular assessments for suicidal thoughts and a strong safety plan due to the high risk associated with severe hopelessness.

Both the BHI and BDI were used to comprehensively assess the client's psychological state, covering depressive symptoms and hopelessness levels, which informed my interventions.

DIAGNOSIS; Major Depressive Disorder (MDD) with Severe Symptoms

Evidence-Based Justification:

Presenting Complaints: The client, a 21-year-old female, presented with multiple psychological and physical symptoms including difficulty in concentration, decision-making challenges, intrusive thoughts, insomnia, nightmares, hopelessness, social isolation, anhedonia, anorexia, fatigue, and a general sense of life being meaningless. Psychological distress began following

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significant familial disruptions and emotional abuse, suggesting a chronic nature of the condition.

DSM-5 Criteria for Major Depressive Disorder:

The client displayed symptoms consistent with the DSM-5 criteria for Major Depressive Disorder (MDD), including persistent depressed mood throughout most of the day, a marked decrease in interest or pleasure in almost all activities, significant weight changes or appetite fluctuations, daily sleep disturbances, psychomotor agitation or retardation, constant fatigue or loss of energy, feelings of worthlessness or excessive guilt, diminished cognitive abilities, and recurrent thoughts of death and suicidal ideation without a specific plan.

Beck Depression Inventory (BDI):

The client scored 43 on the BDI, which indicated severe depression with symptoms including persistent sadness, hopelessness, significant self-criticism, and suicidal thoughts. High scores for severe sadness, anhedonia, and worthlessness further confirmed the severity of the depressive state.

Beck Hopelessness Inventory (BHI): The client scored 15 on the BHI, this indicated severe hopelessness, which was associated with an increased risk of suicidal ideation and worsened depressive symptoms.

Impact of Family Dynamics:

The client's depressive symptoms were closely linked to chronic emotional and psychological abuse from her father, family conflicts, and financial instability, significantly undermining her self-esteem, sense of security, and psychological well-being.

Summary.

The client's symptoms aligned with the criteria for Major Depressive Disorder based on assessments using the Beck Depression Inventory and Beck Hopelessness Inventory. The high scores confirmed the severity and pervasiveness of her symptoms. Immediate therapeutic interventions were necessary to address her mental health needs and mitigate associated risks.

Management and Outcome

TREATMENT

collaborated with the client after obtaining consent which clearly explained the confidentiality and its limitations, the importance of our interaction, and how she would benefit. We managed the condition through seven sessions, using an eclectic approach.

Eclectic Approach

An eclectic approach was adopted to provide therapy by integrating various techniques such as CBT, IPT, MBCT, BA, and DBT to provide a comprehensive and flexible treatment plan tailored to the client's unique needs.

Rationale for the Eclectic Approach: The eclectic approach was chosen for treating the client's diverse symptoms of depression because it allows for personalized, evidence-based interventions and offers flexibility to adapt to the client's changing needs over time. (Huang & Fang, 2016)

Detailed Treatment Plan; The treatment plan is structured over seven sessions one week apart, each focusing on specific techniques and goals to provide a holistic and effective therapeutic intervention for the client's Major Depressive Disorder.

Session 1: Initial Assessment and Psychoeducation

A good rapport was built for a better therapeutic alliance and managed to build trust and create a supportive environment, without judgment, which enabled my client to fully open up to me. I also provided education about depression and set goals for therapy with the client, which included moving on with life amidst all the happenings, avoiding disturbing thoughts, increasing concentration in class to improve her grades, and restoring hope. During the clinical interview and assessment, I conducted a thorough assessment of the client's history, symptoms, and current functioning using standardized measures - the Beck Depression Inventory (BDI) and Beck Hopelessness Inventory (BHI) - to establish the baseline severity of the condition. For psychoeducation, I explained the diagnosis of Major Depressive Disorder, including symptoms and potential causes to the client, and introduced the eclectic therapeutic approach, explaining how Different techniques were used to address various aspects of depression she was facing. Psychoeducation enhances understanding of depression and improves engagement in treatment, as it empowers clients with knowledge about their condition. (Jones et al., 2018)

Session 2: Cognitive Behavioral Therapy (CBT) - Cognitive Restructuring

The aim was to identify and challenge negative thought patterns and suicidal ideations to reduce depressive symptoms. Through cognitive restructuring, I identified automatic negative thoughts that contributed to the client's depressive symptoms, such as "I am worthless," "I will never be happy," "life is useless," and "I will not benefit from education." I challenged these thoughts by examining evidence for and against them and considered alternative and more balanced thoughts. In this process, I targeted negative cognitive distortions and suicidal ideations that contributed to depression, such as feelings of worthlessness and hopelessness. Cognitive Behavioral Therapy (CBT) is highly effective in reducing depressive symptoms by

targeting negative thought patterns and promoting cognitive restructuring. (Mothersill, 2016)

Session 3: Interpersonal Therapy (IPT) - Addressing Relationship Issues

During the session, we focused on identifying and addressing the client's interpersonal conflicts and communication skills, which were closely linked to their depressive symptoms. We delved into significant relationships in the client's life, particularly focusing on family conflicts and emotional abuse. Through role-play, we practiced effective communication techniques such as assertiveness and active listening, aiming to alleviate the client's depressive symptoms exacerbated by social isolation and interpersonal conflicts. IPT proved effective in addressing these issues and improving communication, offering potential relief from depressive symptoms. (Young et al., 2016)

Session 4: Mindfulness-Based Cognitive Therapy (MBCT) - Mindfulness Techniques

The aim was to develop mindfulness skills to manage depressive symptoms such as rumination and disturbing thoughts. Mindfulness exercises included basic mindfulness meditation practices, such as mindful breathing and body scan techniques, which were practiced during the session and encouraged for continued practice throughout the week. The client was taught to observe thoughts and emotions without judgment, noting them down and letting them pass without becoming overwhelmed. The focus was on addressing rumination and intrusive thoughts that contribute to the severity of depressive symptoms, to prevent relapse in depression through effective thought and emotion management taught in MBCT. (Musa et al., 2020)

Session 5: Behavioral Activation (BA)

The aim was to increase the client's engagement in enjoyable and meaningful activities to counteract anhedonia and inactivity. Using Activity Scheduling, we identified activities such as netball and singing in the choir that the client found enjoyable or meaningful. We developed a plan to gradually increase the client's engagement in these activities, starting with small, manageable steps like playing netball once a week and practicing church songs every Friday and Saturday with others. Our focus was on addressing anhedonia and inactivity, both of which contribute to depressive symptoms. Together with the client, we determined the **stop, start, and keep behaviors**. She agreed to stop blaming herself, stop isolating herself from others, and start having positive thoughts about life, being hopeful, creating friendships, and engaging in social activities and she promised to keep doing so. Behavioral Activation is an effective approach for treating depression by increasing engagement in positive activities and reducing avoidance behaviors. (May et al., 2024)

Session 6: Dialectical Behavior Therapy (DBT) - Distress Tolerance and Emotion Regulation

The aim was to enhance the client's skills in managing distress and regulating emotions when faced with challenges. This involved teaching distress tolerance skills, such as distraction techniques through engaging in hobbies like netball and singing. Additionally, I helped the client identify and label her emotions accurately and taught techniques to manage intense emotions, such as engaging in activities that oppose the emotion, like keeping quiet in intense interactions. Our target was emotional dysregulation and distress, which can lead to exacerbations of depressive symptoms and suicidal ideations. Dialectical Behavior Therapy (DBT) is effective for individuals with severe emotional dysregulation, helping to reduce distress and improve emotional control. (Gasol et al., 2022)

Session 7: Review and Relapse Prevention

In our last session, our goal was to reinforce the progress made during therapy and create a plan to sustain this progress in the future. We reviewed and assessed improvements in depressive symptoms using the BDI and BHI scales to measure changes from the initial assessment. We also discussed the skills and techniques learned during therapy and how they have helped manage symptoms. We focused on developing a relapse prevention plan, which involved identifying warning signs of relapse, such as specific negative thought patterns or home situations, and practicing distraction skills. We then created a personalized relapse prevention plan, including strategies for maintaining progress and accessing support when needed. Additionally, we discussed the importance of ongoing self-care and support systems in the client's life. Our aim in the last session was to ensure the long-term maintenance of therapeutic gains and to prevent relapse into severe depression. We emphasized the importance of relapse prevention strategies, such as continuing to practice learned skills and being aware of warning signs, as they are crucial for sustaining improvements in depression.(DiClemente & Crisafulli, 2022)

OUTCOME

The client's therapy showed positive outcomes, with significant progress in her outlook on life. The therapeutic intervention consisted of seven sessions targeting her Major Depressive Disorder using various evidence-based techniques. Initial assessment included using the Beck Depression Inventory (BDI) and Beck Hopelessness Inventory (BHI) to measure the severity of her symptoms. Each session addressed specific therapeutic techniques for different aspects of depression, including cognitive restructuring, interpersonal relationships, mindfulness, behavioral activation, and distress tolerance.

Session 1: Initial Assessment and Psychoeducation; Rapport Building: The client developed trust and felt

supported, enabling full engagement in the therapy process. Psychoeducation: Enhanced the client's understanding of her condition, increasing her engagement in treatment.

Session 2: Cognitive Behavioral Therapy (CBT) - Cognitive Restructuring. Reduction in Negative Thought Patterns: The client identified and challenged negative thoughts, leading to reduced depressive symptoms and suicidal ideations as she reported not having such in her mind.

Session 3: Interpersonal Therapy (IPT) - Addressing Relationship Issues. Improved Communication Skills: The client learned effective communication techniques, improving interactions with others and reducing interpersonal conflicts more so with the stepmother, and started creating new friends at school.

Session 4: Mindfulness-Based Cognitive Therapy (MBCT) - Mindfulness Techniques Enhanced Mindfulness Skills: The client developed skills to manage rumination and intrusive thoughts, reducing their impact on her mood during her classes like breathing during times of distressing thoughts to concentrate in class.

Session 5: Behavioral Activation (BA); Increased Engagement in Activities: The client began participating in enjoyable and meaningful activities, counteracting anhedonia and increasing overall activity levels in netball and choir singing

Session 6: Dialectical Behavior Therapy (DBT) - Distress Tolerance and Emotion Regulation. Improved Emotion Regulation: The client learned strategies to manage distress and regulate emotions that always arise when encountering the stepmother. She visited home before the easter season and she reported to have never had an exchange with the stepmother amidst the provocative talks. It reduced emotional dysregulation and associated depressive symptoms.

Final Assessment and Results

Symptom Reduction: Depressive symptoms decreased significantly, as measured by the BDI and BHI. Skill Acquisition: The client acquired various therapeutic skills, including breathing techniques, social skills through netball, and methods to distract from negative thoughts.

Discussions of key findings.

Major Depressive Disorder (MDD) is a prevalent and debilitating mental health condition characterized by persistent sadness, loss of interest or pleasure in activities, and various cognitive and physical symptoms that impair daily functioning. (American Psychiatric Association, 2015).

According to the World Health Organization (WHO, 2017), MDD is one of the leading causes of disability worldwide, highlighting the need for effective diagnosis and treatment strategies. (WHO, 2017)**.** According to (Mojtabai et al., 2016), The prevalence of depression in adolescents and young adults has increased in recent years. In the context of little change in mental health treatments, trends in prevalence translate into a growing number of young people with untreated depression. The findings call for renewed efforts to expand service capacity to best meet the mental health care needs of this age group.

My client and her age showed a lot of contributing factors to her condition that are similar to other young adults the world over. Developmental Transitions, Academic and Career Pressures, Social and Emotional Factors, Biological and Psychological Vulnerabilities.(Auerbach et al., 2016)

Use of BDI in the Client's Assessment. (Upton, 2020). The BDI is a valuable tool for quantifying depression severity, establishing baselines, identifying specific symptoms, tailoring interventions, informing clinical decisions, and monitoring treatment effectiveness. It provides a feedback mechanism for both the client and therapist and is known for its reliability and validity. (Lee et al., 2017). Used the tool for its validity and aided in assessment as it had all the symptoms of the client. Suicide Risk: Young adults with MDD are at a heightened risk for suicidal ideation and attempts. Suicide is a leading cause of death in this age group, underlining the critical need for effective intervention and support.(Orsolini et al., 2020). This is reflected in my client a 21-year-old who had suicidal ideations. Social isolation is a significant risk factor for developing depression. Studies show that individuals who experience social isolation are more likely to suffer from depressive symptoms. This relationship is evident across various age groups, including adolescents, adults, and the elderly. (Runcan, 2020). this is directly reflected in this client's symptoms as she always kept herself alone.

Understanding the Complexity of Human Emotions. One of the foremost lessons I've learned is the complexity of human emotions and mental states. Every client presents with a unique set of experiences, emotions, and psychological patterns.

The Importance of Empathy and Active Listening. Building a strong therapeutic alliance depends on the ability to genuinely understand and validate a client's feelings and experiences. Active listening goes beyond hearing words; it involves paying attention to body language, tone of voice, and underlying emotions.

The Power of the Therapeutic Relationship. The therapeutic relationship itself can be a significant agent of change. Trust and safety within this relationship that I built allowed the client to explore her vulnerabilities and work through their issues. Building this relationship requires consistency, authenticity, and non-judgmental support.

Flexibility and Adaptability in Therapeutic Approaches. Clients' needs and responses to therapy can vary widely, making flexibility in therapeutic approaches essential. this made me able to use an eclectic approach.

Conclusion

In the presented case, the therapeutic intervention for the client diagnosed with Major Depressive Disorder (MDD)

showed significant positive outcomes. Over seven sessions, an eclectic approach integrating various therapies proved effective in addressing the client's depressive symptoms. This led to a substantial improvement in her mental health and overall functioning.

Recommendations.

There is a need to improve mental health support, especially for young adults,

There is a need to increase access to counseling services, introduce psychoeducation programs and stress management workshops, establish peer support groups, conduct routine mental health assessments, and provide ongoing support with personalized relapse prevention plans.

Acknowledgment.

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List of abbreviations.

(MDD): Major Depressive Disorder
(BDI): Beck Depression Inventory
(BHI): Beck Hopelessness Inventory
(ETA): Eclectic Therapeutic Approach
(FDEA): Family Dynamics and Emotional Abuse

Source of funding.

There is no source of funding.

Conflict of interest.

The authors declare no conflict of interest.

Availability of data.

Data used in this study is available upon request from the corresponding author.

Authors contribution.

JKS designed the study, conducted data collection, cleaned and analyzed data and draft the manuscript and PO supervised all stages of the study from conceptualization of the topic to manuscript writing.

Informed consent.

Written informed consent was sought from all study participants before enrolment into the study after a thorough explanation of the study to the sign. Confidentiality was maintained by the use of identification numbers instead of student name as to get more reliable answers from the participant. Data was safely stored in a safety box under lock and key only accessible by the researcher.

Authors biography.

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