**CP FORM 1**

**MOI UNIVERSITY**

**Department of Sociology, Psychology and Anthropology**

**Client initial Assessment Form**

**Student counsellor’s name…SHEIKH ABDULGHANI NOOR Reg no…CP/30/19**

**Case Number…**3 **Date of intake…**01/02/2024

**Client Code…**A3  **Practicum Site…MTRH**

1. **Client’s demographic information (gender, age, number of siblings, marital status etc. Allow the client to share what s/he is comfortable with).**

**Gender:** Female **Age:** 17

**Marital status:** Single

1. **Relevant history concerning previous counselling treatment( if any)**

No previous counselling treatment.

1. **The current situation (allow the client to share whatever has brought him/her for therapy)**

The client has been experiencing physical symptoms for the past three months, including regular headaches, back pain, weakness, and difficulty in walking. Despite seeking medical help, no physiological causes have been identified for these symptoms. These issues have negatively impacted her academic performance, suggesting a significant level of distress. The symptoms align with Conversion Disorder, a condition where psychological stress manifests as physical symptoms.

1. **What is your initial assessment of the client; cognitively, emotionally, socially and physically in relation to his/her concerns?**

Cognitively: The client appears to be cognitively intact, as there is no mention of any cognitive impairments. However, her academic performance has been affected, which may indicate concentration difficulties or other cognitive disruptions related to her physical symptoms.  
  
Emotionally: While the client has not explicitly expressed her emotional state, the presence of physical symptoms without a physiological cause often indicates emotional distress. Further exploration is needed to understand her emotional well-being.  
  
Socially: There is no information provided about the client’s social situation. It would be beneficial to understand her social support system, relationships, and any potential social stressors.  
  
Physically: The client is experiencing multiple physical symptoms, including headaches, back pain, and difficulty walking. These symptoms are significant enough to interfere with her daily activities and academic performance. Despite medical consultations, no physiological cause has been found, leading to a potential diagnosis of Conversion Disorder.

**CP FORM 2**

**MOI UNIVERSITY**

**Department of Sociology, Psychology and Anthropology**

**Individual Treatment Plan Form**

**Student counsellor’s name...SHEIKH ABDULGHANI NOOR Reg. No...CP/30/19**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| A3 | 01/02/2024 | 10.30 am | 1 | 1 ½ hrs | MTRH |

**Client’s Concerns (Issue bringing him/her for therapy)**

The client's primary concern is the experience of physical illnesses persisting for the past 3 months, which have significantly impacted her daily life and academic performance. Despite seeking medical help, no physiological causes have been identified, leading to distress and uncertainty about the origin and management of her symptoms. The client is seeking therapy to explore the underlying factors contributing to her physical symptoms and to develop coping strategies to manage her distress effectively.

**Goal(s) for therapy**

1. Explore and understand the psychological factors contributing to the client's physical symptoms, including potential stressors, emotional triggers, and coping mechanisms.
2. Develop coping strategies and resilience skills to manage the distress associated with the symptoms and uncertainty about their cause.
3. Enhance the client's ability to maintain academic performance and engage in daily activities despite the presence of physical symptoms.
4. Foster a sense of empowerment and agency in the client's ability to navigate and advocate for her physical and emotional well-being.

**Interventions (state theories used)**

1. Psycho-education: Provide information and psycho education about conversion disorder and the mind-body connection to help the client understand the interplay between psychological factors and physical symptoms.
2. Exploratory Therapy: Explore the client's past experiences, family dynamics, and stressors to identify potential underlying factors contributing to her symptoms and develop insight into her emotional and psychological well-being.

**Plans for next session**

In the upcoming session, our primary focus will be on creating a safe and exploratory space for the client to delve deeper into her experiences and emotions related to her physical symptoms. We will adopt a collaborative approach to uncovering the underlying psychological factors contributing to her symptoms, with the goal of gaining greater insight and understanding.

**Student Counsellor’s signature……………………………………..Date…**01/02/2024

**CP FORM 3**

**MOI UNIVERSITY**

**Department of Sociology, Psychology and Anthropology**

**Student counsellor’s name...SHEIKH ABDULGHANI NOOR Reg. No...CP/30/19**

**CLIENT LOG FORM**

**SUMMARY OF CLIENT CONTACT HOURS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CLIENT CODE** | **DATE:**  **FROM** | **DATE:**  **TO** | **NUMBER OF SESSIONS** | **NUMBER OF HOURS** | **PRESENTING CONCERNS AND MAIN ISSUES EXPLORED** |
| A3 | 1/2/24 | 1/2/24 | 1 | 1 ½ | The client experiences unexplained physical symptoms for three months, including headaches, back pain, weakness, and difficulty walking, despite no physiological causes identified through medical help. These symptoms significantly impact her academic performance, indicative of distress. They align with Conversion Disorder, where psychological stress manifests as physical symptoms. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**TOTAL HOURS…**1 ½  **COLLECTIVE HOURS…** 4 ½

**STUDENT COUNSELLOR’S SIGNATURE……………………………..DATE…**01/02/2024

**SITE SUPERVISOR’S NAME…………………………….SIG…………………DATE………………..**

**UNIVERSITY SUPERVISOR’S NAME………………………SIG……………………DATE…………...**