**MOI UNIVERSITY**

**DEPARTMENT OF SOCIOLOGY, PSYCHOLOGY AND ANTHROPOLOGY**

**PRACTICUM DOCUMENTATION DONE AT MOI TEACHING AND REFERRAL HOSPITAL**

**STUDENT COUNSELLOR’S NAME…**SHEIKH ABDULGHANI NOOR

**REG NO…**CP/30/19

**MARCH 2024**

**CP FORM 1**

**Client initial Assessment Form**

**Case Number…**1  **Date of intake…**30/01/2024

**Client Code…** A1  **Practicum Site…MTRH**

**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:** 21  
**Marital status:** Married

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

1. The client has not had any previous counselling experience.

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

The client was diagnosed with an abscess in the breast. She declined treatment due to a past experience where one of her relatives, who was suffering from the same issue, succumbed to death after undergoing treatment. She is afraid that she will also die if she undergoes treatment.

The client is currently dealing with a serious health issue and has fears and anxieties related to the treatment due to a traumatic past experience. This fear is causing her to decline potentially life-saving treatment.

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

Cognitively: The client appears to understand her medical condition and the implications of not receiving treatment. However, her fear is overpowering her rational thinking.

Emotionally: The client is showing signs of fear and anxiety due to her diagnosis and the unfortunate incident with her relative. These emotions are intense and are affecting her decision-making process.

Socially: Information not provided. It would be beneficial to gather more information about the client's social support system as it can play a crucial role in her treatment and recovery process.

Physically: The client is currently dealing with a medical condition (breast abscess) that requires attention. Her physical health is directly linked to her current emotional state.

**CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

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| --- | --- | --- | --- | --- | --- |
| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| A1 | 30/01/2024 | 8.30 am | 1 | 1 hour | MTRH |

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

The client has been diagnosed with a breast abscess. However, she has declined treatment due to a traumatic past experience. A relative of hers, who was suffering from the same medical condition, unfortunately passed away after undergoing treatment. This event has instilled a deep-seated fear in the client that she might meet the same fate if she opts for treatment. The fear is so profound that it is preventing her from seeking necessary medical intervention for her condition. This fear and the resulting avoidance of treatment are the primary issues bringing her to therapy.

**Goal(s) for therapy**

1. To help the client manage her fear and anxiety related to her medical condition and treatment.

2. To assist the client in making informed decisions about her health.

**Interventions (state theories used)**

In the sessions I attended, I utilized Psycho-education as an intervention strategy. This approach involved educating the client about her condition and the importance of treatment. It also includes providing information about the nature of fear and anxiety, and how these emotions are processed in the brain. The goal is to empower the client with knowledge, which can help reduce fear and improve her sense of control over her situation. As a counselling psychology student, this approach has allowed me to bridge the gap between the client’s fears and the medical realities, thereby facilitating a more informed and less fear-driven decision-making process.

**Plans for next session**

In the next session, we will continue to explore the client's fears and anxieties. We will work on strategies to manage these emotions and discuss the importance of medical treatment for her condition.

**Student Counsellor’s signature… Date…** 30/01/2024

**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number…**2  **Date of intake…**31/01/24

**Client Code…** A2  **Practicum Site…MTRH**

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

**Gender:** Male **Age:** 21  
**Marital status:** Single

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

The client has not had any previous counselling experience.

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

The client, suffering from a septic foot wound, is scheduled for a Below-Knee Amputation (BKA). He has been informed about the procedure, its risks, and post-operative realities, including the use of walking aids. He has consented to the operation, demonstrating understanding and acceptance of his condition. The plan includes ongoing psychological support and post-operation counselling to help him cope with the emotional impact of his condition and the changes post-amputation. Despite facing significant changes to his physical health and lifestyle, the client’s insight and willingness to undergo the procedure are positive indicators of his resilience and coping abilities. These strengths will be crucial as he navigates this challenging time towards recovery and adaptation.

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

Cognitively: The client appears to have a good understanding of his condition and the necessary treatment. He has demonstrated insight into his situation, indicating a high level of cognitive functioning.  
Emotionally: The client’s willingness to undergo the procedure suggests a certain level of emotional readiness. However, the impending amputation could potentially cause emotional distress, and it will be important to monitor his emotional state closely.  
Socially: Post-operation, his ability to navigate social situations might be impacted due to mobility issues. It will be important to explore this further in subsequent sessions.  
Physically: The client is dealing with a significant health issue, which has led to the need for a BKA. This will undoubtedly have a major impact on his physical capabilities in the short term. Long-term physical outcomes will depend on the success of the operation and the client’s adaptation to using walking aids.

**CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

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| --- | --- | --- | --- | --- | --- |
| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| A2 | 31/01/2024 | 9.00 am | 1 | 1 hour | MTRH |

**Client’s Concerns (Issue bringing him/her for therapy**The client is dealing with a septic foot wound that has necessitated a Below-Knee Amputation (BKA). The impending surgery and the subsequent lifestyle changes are the primary issues bringing him to therapy. Client is required to consent for the procedure to be performed thus needing to be psycho-educated about his current condition before proceeding with BKA procedure.

**Goal(s) for therapy**The primary goal for therapy is to help the client cope with the emotional impact of his condition and the upcoming surgery. The therapy will also aim to equip the client with strategies to adapt to his new physical reality post-surgery.

**Interventions (state theories used)**  
1. CBT utilized to help the client identify and manage any negative thoughts or feelings associated with his condition and the impending surgery. This approach can empower the client to challenge cognitive distortions and develop healthier thought patterns.  
2. Acceptance and Commitment Therapy(ACT ) employed to foster acceptance of his current situation and commitment to making necessary lifestyle changes post-surgery. This therapeutic approach can help the client live in accordance with his values despite the challenges posed by his physical condition.  
3. Psycho-education is a crucial part of the intervention process. The client will be educated about his medical condition, the surgical procedure, and the recovery process. This will include information about the use of walking aids and potential lifestyle changes post-surgery. The aim of psycho-education is to enhance the client’s understanding of his situation, thereby promoting informed decision-making and effective coping strategies.

**Plans for next session**In the next session, we will continue to provide emotional support and begin to explore the client’s feelings about the upcoming surgery. We will also start discussing strategies for coping with the changes that will come post-surgery, including the use of walking aids. The client’s feedback and progress will guide the specific topics and strategies discussed.

**Student Counsellor’s signature… Date…** 31/01/2024

**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number…**2  **Date of intake…**31/01/24

**Client Code…** A2  **Practicum Site…MTRH**

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

**Gender:** Male **Age:** 21  
**Marital status:** Single

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

The client has not had any previous counselling experience.

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

The client, suffering from a septic foot wound, is scheduled for a Below-Knee Amputation (BKA). He has been informed about the procedure, its risks, and post-operative realities, including the use of walking aids. He has consented to the operation, demonstrating understanding and acceptance of his condition. The plan includes ongoing psychological support and post-operation counselling to help him cope with the emotional impact of his condition and the changes post-amputation. Despite facing significant changes to his physical health and lifestyle, the client’s insight and willingness to undergo the procedure are positive indicators of his resilience and coping abilities. These strengths will be crucial as he navigates this challenging time towards recovery and adaptation.

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

Cognitively: The client appears to have a good understanding of his condition and the necessary treatment. He has demonstrated insight into his situation, indicating a high level of cognitive functioning.  
Emotionally: The client’s willingness to undergo the procedure suggests a certain level of emotional readiness. However, the impending amputation could potentially cause emotional distress, and it will be important to monitor his emotional state closely.  
Socially: Post-operation, his ability to navigate social situations might be impacted due to mobility issues. It will be important to explore this further in subsequent sessions.  
Physically: The client is dealing with a significant health issue, which has led to the need for a BKA. This will undoubtedly have a major impact on his physical capabilities in the short term. Long-term physical outcomes will depend on the success of the operation and the client’s adaptation to using walking aids.

**CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

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| --- | --- | --- | --- | --- | --- |
| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| A2 | 31/01/2024 | 9.00 am | 1 | 1 hour | MTRH |

**Client’s Concerns (Issue bringing him/her for therapy**The client is dealing with a septic foot wound that has necessitated a Below-Knee Amputation (BKA). The impending surgery and the subsequent lifestyle changes are the primary issues bringing him to therapy. Client is required to consent for the procedure to be performed thus needing to be psycho-educated about his current condition before proceeding with BKA procedure.

**Goal(s) for therapy**The primary goal for therapy is to help the client cope with the emotional impact of his condition and the upcoming surgery. The therapy will also aim to equip the client with strategies to adapt to his new physical reality post-surgery.

**Interventions (state theories used)**  
1. CBT utilized to help the client identify and manage any negative thoughts or feelings associated with his condition and the impending surgery. This approach can empower the client to challenge cognitive distortions and develop healthier thought patterns.  
2. Acceptance and Commitment Therapy(ACT ) employed to foster acceptance of his current situation and commitment to making necessary lifestyle changes post-surgery. This therapeutic approach can help the client live in accordance with his values despite the challenges posed by his physical condition.  
3. Psycho-education is a crucial part of the intervention process. The client will be educated about his medical condition, the surgical procedure, and the recovery process. This will include information about the use of walking aids and potential lifestyle changes post-surgery. The aim of psycho-education is to enhance the client’s understanding of his situation, thereby promoting informed decision-making and effective coping strategies.

**Plans for next session**In the next session, we will continue to provide emotional support and begin to explore the client’s feelings about the upcoming surgery. We will also start discussing strategies for coping with the changes that will come post-surgery, including the use of walking aids. The client’s feedback and progress will guide the specific topics and strategies discussed.

**Student Counsellor’s signature… Date…** 31/01/2024

**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

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

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

**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

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

No previous counselling treatment.

**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.

**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.

**SESSION 1 CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

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| --- | --- | --- | --- | --- | --- |
| **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**

Explore and understand the psychological factors contributing to the client's physical symptoms, including potential stressors, emotional triggers, and coping mechanisms.

Develop coping strategies and resilience skills to manage the distress associated with the symptoms and uncertainty about their cause.

Enhance the client's ability to maintain academic performance and engage in daily activities despite the presence of physical symptoms.

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 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number…** 4 **Date of intake…** 07/02/2024

**Client Code…** A4 **Practicum Site…MTRH**

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

**Gender:** Male **Age:   
Marital status:** Married

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

Client has attended counselling sessions in the past. Most of these sessions were conducted in a rehabilitation centre where he was recovering from Alcohol addiction.

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

Client is grappling with alcohol addiction, which has persisted for several years. He initiated alcohol consumption during his time at university out of curiosity and peer pressure. The desire to avoid isolation and fit in with his social circle led him deeper into alcohol abuse. This addiction has inflicted significant personal and social distress upon him. He expresses a strong desire to overcome this addiction and reclaim control over his life.

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

Cognitively: Client appears coherent and able to engage in meaningful conversation.

Emotionally: Client expresses a sense of distress and determination to overcome the challenges posed by alcohol addiction.

Socially: Client's social interactions have been significantly influenced by alcohol consumption, leading to both isolation and distress.

Physically: Client presents as physically stable, without apparent signs of illness or distress related to his addiction.

**CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

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| --- | --- | --- | --- | --- | --- |
| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| A4 | 07/02/2024 | 11.20 am | 1 | 1 hour | MTRH |

**Client’s Concerns (Issue bringing him/her for therapy)**The client's primary concern revolved around a persistent struggle with alcohol addiction, marking a significant impact on various facets of their life. The repercussions extended to both personal well-being and social relationships. The client recognized that the challenges posed by alcohol addiction had led to a substantial negative influence on their overall quality of life.

**Goal(s) for therapy**The overarching goal for therapy was to support the client in overcoming his alcohol addiction and regaining control over his life. Specific goals included developing coping strategies to manage cravings, enhancing self-awareness and insight into triggers for alcohol abuse, and rebuilding healthy interpersonal relationships free from the influence of alcohol.

**Interventions (state theories used)**Cognitive-Behavioral Therapy (CBT): I utilized this approach to help the client identify and challenge distorted thought patterns and beliefs related to alcohol use, as well as develop more adaptive coping mechanisms to manage triggers and cravings.

Motivational Interviewing (MI): I employed MI techniques to explore the client's ambivalence about change and to enhance his intrinsic motivation to overcome alcohol addiction. Through empathic listening and collaborative goal-setting, I helped the client identify personal values and goals that aligned with sobriety.

**Plans for next session**In the next session, I will continue to explore the client's relationship with alcohol, including identifying specific triggers and stressors that contribute to his drinking behavior. Additionally, I will introduce strategies for coping with cravings and managing high-risk situations effectively. The session will also focus on reinforcing the client's motivation for change and exploring any potential barriers to treatment engagement.

**Student Counsellor’s signature… Date…** 07/02/2024

**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number…** 5 **Date of intake…** 12/02/2024

**Client Code…** A5 **Practicum Site…MTRH**

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

**Gender:** Male **Age:** 31 **Marital status:** Engaged

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

No previous counselling.

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

The client, a recovering alcohol addict, sought counselling to address concerns regarding his exit plan as he prepared for discharge. His challenges included experiencing a lack of support from siblings and relatives, leading to feelings of anger and resentment towards them. Furthermore, he struggled with a lack of a meaningful income source, anger management issues, and instances of relapse triggered by stress.

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

Cognitively: The client exhibited a level of insight into his challenges, demonstrating an understanding of the factors contributing to his current situation, including his lack of familial support, financial instability, and anger management issues. He appeared receptive to discussing and exploring strategies for addressing these concerns, indicating a willingness to engage in the therapeutic process.

Emotionally: The client displayed a range of emotions, including frustration, resentment, and stress, particularly in response to the perceived lack of support from his siblings and relatives. These emotions seemed to impact his overall well-being and ability to cope effectively with his circumstances. However, the client also expressed a desire for change and improvement, suggesting a degree of emotional resilience and motivation for growth.

Socially: The client's social interactions and support network appeared limited, with strained relationships evident, particularly within his family circle. The lack of support from siblings and relatives contributed to feelings of isolation and exacerbation of his emotional distress.

Physically: The client appears to be in good health and stable.

**CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

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| --- | --- | --- | --- | --- | --- |
| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| A5 | 12/02/2024 | 9.00 am | 1 | 1 hour | MTRH |

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

The client's primary concern revolves around his enduring struggle with alcohol addiction, which has had a profound impact on various facets of his life, including personal well-being and social relationships. This addiction has intertwined with emotional, psychological, and interpersonal dimensions, affecting his self-perception, coping mechanisms, and ability to maintain healthy connections with others. Therapy aims to explore the specific ways in which alcohol addiction has disrupted his daily functioning, emotional state, and relationships, with the goal of understanding his unique experiences and challenges to facilitate meaningful progress towards recovery and improved quality of life.

**Goal(s) for therapy**

1. Overcoming alcohol addiction and achieving sobriety.

2. Developing effective coping strategies to manage triggers, cravings, and underlying emotional challenges.

3. Rebuilding healthy interpersonal relationships and fostering personal growth and resilience.

4. Develop a relapse prevention plan to maintain long-term sobriety and overall well-being.

**Interventions (state theories used)**

Motivational interviewing was employed to engage the client in exploring intrinsic motivations for change and enhancing commitment to therapy. Through active listening and empathetic understanding, I aimed to elicit the client's reasons for considering change, exploring their values, goals, and aspirations. This approach acknowledged the client's autonomy and empowered them to take ownership of their recovery journey. By collaboratively setting achievable goals aligned with the client's values, motivational interviewing facilitated commitment to positive change. Addressing ambivalence towards change, the approach prompted reflection on the benefits of overcoming substance use and its impact on various life domains. Overall, motivational interviewing provided a client-centered framework that fostered exploration of motivations, values, and goals, enhancing commitment to change and promoting a healthier, more fulfilling life. Through empathy and collaboration, the client was empowered to embrace transformation and embark on a journey towards recovery with insight, motivation, and resilience.

**Plans for next session**

Continue exploring the client's concerns and progress towards his goals. Specific interventions will include further exploration of family dynamics and strategies to enhance social support, as well as continued work on anger management and relapse prevention techniques. Additionally, assist the client in identifying and exploring potential income sources and practical steps to address financial instability. Finally, the session will aim to reinforce the client's motivation and commitment to his recovery journey.

**Student Counsellor’s signature… Date…** 12/02/2024

**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number…** 6 **Date of intake…** 14/02/2024

**Client Code…** A6 **Practicum Site…MTRH**

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

**Gender:** Male **Age:** 22 **Marital status:** Single

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

No previous counselling experience.

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

During our initial session, the client shared that he was referred for counselling by his doctor following a para-suicide attempt. He disclosed that he dropped out of school at Form 1 level and currently works as a boda boda operator for a living. The client mentioned a distressing incident where a girl he had been intimate with was accused of being HIV positive by one of his boda boda acquaintances. Although he underwent HIV testing twice, and results turned out negative, he continues to struggle with overthinking and stress, which culminated in his suicidal attempt.

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

Cognitively, the client demonstrates good insight into his situation, as he was able to articulate the events leading up to his para-suicide attempt and the subsequent stress he has been experiencing. Emotionally, he presents with a euthymic mood during our session, indicating a relatively stable emotional state.   
Socially, he appears to have a network of acquaintances within the boda boda community, but the incident with the girl and the subsequent accusation have likely strained his social relationships and contributed to his distress.   
Physically, the client appears well-kept and does not present with any observable physical health concerns during our session.

In relation to his concerns, it is evident that the client is grappling with significant emotional distress and psychological turmoil stemming from the perceived risk of HIV exposure and the associated stigma. Despite testing negative for HIV, the client's persistent overthinking and stress highlight the impact of the incident on his mental well-being. Additionally, the client's decision to engage in para suicidal behaviour underscores the severity of his emotional struggles and the need for timely intervention and support. Overall, the client's ability to engage in the therapeutic process and his willingness to explore coping strategies indicate his potential for positive growth and recovery with appropriate counselling and support.

**CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

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| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| A6 | 14/02/2024 | 10.00 am | 1 | 1 hour | MTRH |

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

The client is deeply troubled by the perceived risk of HIV exposure and the resulting stigma. Despite receiving negative HIV test results, the constant overthinking and stress surrounding the incident have profoundly affected his mental well-being. The client's choice to engage in para-suicidal behaviour reflects the severity of his emotional distress and underscores the urgent need for intervention and support to address his struggles effectively.

**Goal(s) for therapy**1. To help the client develop coping strategies to manage overthinking and stress related to the perceived HIV risk.  
2. To address and reduce the stigma associated with HIV exposure.  
3. To enhance the client's emotional resilience and improve his overall mental well-being.  
4. To promote healthy coping mechanisms and prevent future para-suicidal behaviour.

**Interventions (state theories used)**

1. Cognitive-Behavioural Therapy (CBT): Implementing cognitive restructuring techniques to challenge and reframe the client's negative thoughts and beliefs about HIV exposure and stigma.  
2. Psycho-education: Providing information and resources to help the client understand the reality of his HIV risk and reduce irrational fears and anxieties.  
3. Mindfulness-Based Stress Reduction (MBSR): Introducing mindfulness practices to help the client cultivate present-moment awareness and develop effective coping skills for managing stress and overthinking.  
4. Narrative Therapy: Exploring the client's experiences and beliefs surrounding HIV exposure and stigma, while empowering him to rewrite his narrative and reclaim his sense of agency and self-worth.

**Plans for next session**

In the next session, we will continue to explore the client's thoughts and feelings about the perceived HIV risk and the impact of stigma on his mental well-being. We will further develop coping strategies and skills tailored to address his specific concerns. Additionally, we will revisit and reinforce the importance of seeking support and adhering to healthy coping mechanisms to prevent future para-suicidal behaviour. Regular monitoring and assessment of the client's progress will be prioritized to ensure that his therapeutic needs are effectively met.

**Student Counsellor’s signature… Date…** 14/02/2024

**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number…** 7 **Date of intake…** 14/02/2024

**Client Code…** A7 **Practicum Site…MTRH**

**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:** 50 **Marital status:** Married

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

No previous counselling experience.

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

Client is being managed for depression with psychotic features. She reports hostile home environment and that her husband poses a constant risk of violence towards her. As a result she has been dealing depressive symptoms since 2009. She also mentioned that the husband is afraid she might claim ownership of the family wealth(livestock). She states that the main motive of staying in that marriage is her deep concern for her kids. But due to the unbearable circumstances, she has decided to flee from her home and never go back. She is willing to start hustling and working to sustain herself provided she never goes back to her husband.

**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 aware of the detrimental impact of her current situation on her mental well-being and the need for change.   
Emotionally, she exhibits signs of distress, anxiety, and likely trauma resulting from the ongoing threat of violence and the strain of living in a hostile environment for an extended period.   
Socially, the client's relationships are heavily influenced by the dynamics within her marriage, with her primary focus being the welfare of her children.   
  
In relation to her concerns, the client's decision to flee from her home underscores the severity of the situation and the urgency of intervention and support. Her readiness to embark on a new journey of self-reliance demonstrates resilience and a commitment to improving her circumstances. However, the client's emotional and psychological well-being remains at risk due to the trauma and stressors associated with her current environment. It is important to provide immediate support and assistance to ensure her safety, stability, and holistic recovery.

**CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

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| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| A7 | 14/02/2024 | 11.00 am | 1 | 1 hour | MTRH |

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

The client is seeking therapy due to a hostile home environment and ongoing risk of violence from her husband, compounded by depressive symptoms with psychotic features since 2009. She expresses deep concern for her children's well-being, but the intolerable circumstances have led her to decide to flee her home and never return. She is willing to work and sustain herself independently but is adamant about avoiding any contact with her husband to ensure her safety and well-being.

**Goal(s) for therapy**1. Provide immediate support and safety planning to ensure the client's well-being during her transition phase.  
2. Address and manage the client's depressive symptoms with psychotic features.  
3. Assist the client in processing and coping with the trauma and emotional distress.  
4. Empower the client to establish boundaries and assert her rights to ensure her safety and autonomy in future relationships.  
5. Support the client in exploring and pursuing avenues for financial independence and stability to sustain herself and her children.

**Interventions (state theories used)**1. Trauma-informed therapy: Utilized to address the client's experiences of trauma and distress resulting from the hostile home environment and ongoing risk of violence. This approach emphasizes safety, trust, and empowerment, while acknowledging the client's resilience and capacity for healing.  
2. Cognitive-behavioural therapy (CBT): Implemented to address the client's depressive symptoms and psychotic features by identifying and challenging negative thought patterns, enhancing coping skills, and promoting adaptive behaviours.  
3. Psycho-education: Offered to help the client understand the dynamics of abusive relationships, recognize warning signs of domestic violence, and develop strategies for safety planning and risk management.  
4. Empowerment-based therapy: Focused on supporting the client in reclaiming control over her life, establishing boundaries, and making decisions that prioritize her safety, autonomy, and well-being.

**Plans for next session**Continue to address the client's emotional needs, provide ongoing support, and explore long-term strategies for achieving independence and rebuilding her life free from the threat of violence. Additionally, develop a safety plan and explore available resources, including emergency shelters and legal assistance if necessary.

**Student Counsellor’s signature… Date…** 14/02/2024

**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number…** 8 **Date of intake…** 15/02/2024

**Client Code…** A8 **Practicum Site…MTRH**

**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:** 29 **Marital status:** Single

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

Has had previous counselling experience.

**The current situation (allow the client to share whatever has brought him/her for therapy).**The client was referred by her doctor due to presenting symptoms of schizophrenia, Major Depressive Disorder (MDD) with psychotic features, and alcohol addiction. Her primary concerns revolve around the significant emotional distress stemming from her unemployment since graduating in 2019, which has led to alcohol misuse as a coping mechanism. Additionally, she reports strained relations with her mother, who becomes violent towards her when she returns home intoxicated. The client has made seven suicide attempts, highlighting the severity of her distress and the need for immediate intervention and support.

**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 struggling with the symptoms of schizophrenia, MDD with psychotic features, and alcohol addiction, which may impact her ability to process and organise thoughts effectively.   
Emotionally, she experiences profound distress and hopelessness, compounded by her unemployment, strained family relationships, and past suicide attempts.   
Socially, her lack of employment and strained relations with her mother have isolated her from social support networks, exacerbating her sense of loneliness and despair.   
Physically, client appears to be recovering from the effects of the suicide attempt.

**CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| A8 | 15/02/2024 | 1.40 pm | 1 | 1 hour | MTRH |

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

Client’s main concern is the lack of gainful employment that is leading to her despair in life. She attributes most of her current challenges like alcohol addiction to the lack of meaningful work.

**Goal(s) for therapy**

1. To stabilize the client's mental health and reduce the frequency and severity of her symptoms of schizophrenia, MDD, and alcohol addiction.  
2. To address the underlying issues contributing to the client's emotional distress, including unemployment, strained family relationships, and maladaptive coping mechanisms.  
3. To enhance the client's coping skills and resilience, empowering her to manage stressors and triggers more effectively.  
4. To establish safety measures and develop a crisis management plan to prevent future suicide attempts and ensure the client's immediate well-being.  
5. To improve the client's social support network and facilitate the rebuilding of positive relationships with family and friends.

**Interventions (state theories used)**

Motivational Interviewing (MI): Employing MI techniques to enhance the client's motivation and commitment to change, particularly in addressing her alcohol addiction and unemployment.  
Family Therapy: Engaging the client and her mother in family therapy sessions to address communication issues, resolve conflicts, and improve familial support networks.  
Psycho-education: Providing the client with information and resources about schizophrenia, MDD, alcohol addiction, and suicide prevention to increase her understanding and empower her in managing her mental health.

**Plans for next session**

In the next session, we will focus on establishing a comprehensive treatment plan tailored to the client's specific needs and circumstances. We will continue to explore the underlying factors contributing to her emotional distress and develop strategies to address them effectively.

**Student Counsellor’s signature… Date…** 15/02/2024

**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number…** 9 **Date of intake…** 16/02/2024

**Client Code…** A9 **Practicum Site…MTRH**

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

**Gender:** Male **Age:** 17 **Marital status:** Single

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

No previous counselling history.

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

The client is a form 3 student diagnosed with schizophrenia. He is the eldest child in a family of three. He has been battling with schizophrenia since his childhood but managed it by way of medication. Mid last year, it got severe after he stopped taking his medication which led to adverse effects among them: auditory hallucinations, inability to focus in school(missed a whole term), excessive sleep and even neglecting his self-care.

The client’s mother also reports that the son is always adamant whenever he wants something and it must be done regardless of possibility and practicality. She mentions his insisting on repeating form 2 because he missed 1 term instead of proceeding to form 3. Aspects of perfectionism are also evident in the client.

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

Cognitively: The client demonstrates good insight into his condition, as evidenced by his understanding of the need for medication management. However, cognitive functioning may be impaired during episodes of auditory hallucinations.

Emotionally: The client appears emotionally stable, though he may experience distress and frustration related to academic setbacks and family dynamics.

Socially: The client presents as socially withdrawn, likely influenced by the stigma associated with schizophrenia and difficulties in interpersonal relationships.

Physically: client appears healthy and stable, although neglect of self-care may be evident, reflecting the impact of untreated symptoms.

**CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| A9 | 16/02/04 | 12.00 pm | 1 | 1 hour | MTRH |

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

The client, a form 3 student diagnosed with schizophrenia, seeks therapy due to the exacerbation of symptoms after discontinuing medication. The adverse effects include auditory hallucinations, impaired focus in school resulting in a missed term, excessive sleep, and neglect of self-care. Additionally, the client's mother reports adamant behaviour and perfectionistic tendencies, such as insisting on repeating a grade due to missing one term.

**Goal(s) for therapy**

1. Stabilize and manage symptoms of schizophrenia to improve daily functioning and academic performance.

2. Enhance coping skills to address adamant behavior and perfectionism.

3. Foster insight into the impact of symptoms on academic and social domains.

4. Develop strategies to support the client's autonomy and independence within academic and familial contexts.

**Interventions (state theories used)**

1. Cognitive-Behavioral Therapy (CBT): Utilized to address cognitive distortions associated with schizophrenia symptoms, develop coping strategies for managing stress and auditory hallucinations, and challenge perfectionistic tendencies.

2. Psychoeducation: Offered to the client and family members to increase understanding of schizophrenia, medication adherence, and strategies for symptom management.

3. Family Therapy: Employed to explore family dynamics and communication patterns, enhance support for the client, and address conflicts related to academic expectations and treatment adherence.

**Plans for next session**

In the next session, we will collaboratively develop a treatment plan focusing on medication adherence, symptom management, and academic support. We will explore coping strategies tailored to the client's needs and address family dynamics affecting treatment adherence and academic progress. Additionally, we will introduce relaxation techniques and stress management strategies to mitigate symptoms and enhance overall well-being. The session will prioritize establishing a supportive therapeutic alliance and fostering the client's resilience in managing symptoms and achieving academic success.

**Student Counsellor’s signature… Date…** 16/02/2024

**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number…** 10 **Date of intake…** 19/02/2024

**Client Code…** A10 **Practicum Site…MTRH**

**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:** 24 **Marital status:** Single  **Relevant history concerning previous counselling treatment( if any)**

Has had previous counselling experience.

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

Client is a 24 year old female diagnosed with bipolar substance abuse. She is the second born in a family of 3. She has a daughter. She is single. She was adherent to medication but condition got worse after stopping medication. She reports family issues with her grandmother whom she grew up with after her mother passed away when she was 2. She also reports that her cousin sisters are jealous of her whenever she succeeds in anything. Currently her daughter is being raised by her grandmother.

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

Cognitively: The client appears well-oriented and cognitively intact, displaying coherence and clarity in communication.

Emotionally, the client presents as stable, although underlying distress and unresolved family issues may contribute to internal turmoil.

Socially, client's social behaviour appears appropriate, though interpersonal conflicts and strained family relationships may impact her social interactions and support network.

Physically, the client appears well-kempt, suggesting a level of self-care and maintenance of personal hygiene.

**CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

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| --- | --- | --- | --- | --- | --- |
| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| A10 | 19/02/2024 | 2.30 pm | 1 | 2 hours | MTRH |

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

The client, a 24-year-old female diagnosed with bipolar disorder and substance abuse, seeks therapy due to the worsening of her condition after discontinuing medication. She also expresses distress over family issues, including conflicts with her grandmother, who raised her after her mother's passing, and jealousy from her cousin sisters. Additionally, the client's daughter is currently being raised by her grandmother, adding to her emotional burden and concerns.

**Goal(s) for therapy**

1. Stabilize and manage symptoms of bipolar disorder and substance abuse to improve overall functioning and quality of life.  
2. Address and process unresolved grief and family conflicts related to the client's upbringing and relationships.  
3. Develop coping strategies to manage stressors and triggers associated with family dynamics and interpersonal conflicts.  
4. Enhance parenting skills and support the client in navigating the complexities of raising her daughter while managing her mental health condition and family issues.

**Interventions (state theories used)**

1. Narrative Therapy: Employed to explore the client's life experiences, including her upbringing, loss of her mother, and family dynamics, to facilitate understanding, healing, and reframing of personal narratives.

2. Motivational Interviewing: Integrated to explore the client's ambivalence towards treatment adherence and substance use, to enhance motivation for change, and to support the client in making informed decisions regarding her health and well-being.

**Plans for next session**

In the next session, we will focus on establishing a therapeutic rapport and exploring the client's concerns and goals in greater depth. We will further assess the impact of family dynamics and interpersonal conflicts on the client's mental health and well-being. Additionally, we will collaboratively develop a treatment plan tailored to the client's unique needs, incorporating interventions aimed at symptom management, coping skills development, and resolution of unresolved issues. The session will prioritize creating a safe and supportive space for the client to explore and address her concerns, fostering empowerment and resilience in her journey towards healing and recovery.

**Student Counsellor’s signature… Date…** 19/02/2024

**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number…** 11 **Date of intake…** 21/02/2024

**Client Code…** A11  **Practicum Site…MTRH**

**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:** 35 **Marital status:** Single

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

Has had previous counselling experience

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

The client, diagnosed with Schizoaffective disorder, is a mother of three who lost her husband ten years ago. She had her last episode three years ago. She expresses her main challenge as the ability to maintain employment, citing impulsive decision-making as a significant factor in quitting her last three jobs. She struggles with decision-making, often regretting choices made without consultation due to a lack of a nearby support system. Additionally, she recently experienced a miscarriage from a relationship outside of marriage, leading to conflicts with her religious mother. She feels lost and seeks guidance.

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

1. Cognitively, client demonstrates cognitive functioning sufficient for self-awareness and introspection but may struggle with impulse control and decision-making processes.  
   Emotionally, the client appears overwhelmed, experiencing a range of emotions including regret, loss, and confusion.  
   Socially, the client lacks a close support system, with her closest friends residing out of the country, limiting her ability to seek guidance and support.  
   Physically, the client appears to be managing her health adequately, but emotional distress may impact her overall well-being.

**CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| A11 | 21/02/2024 | 9.40 am | 1 | 2 hours | MTRH |

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

The client seeks therapy due to challenges with decision-making, job stability, and emotional distress from a recent miscarriage and conflicts with her religious mother. Her impulsive actions have led to job losses, contributing to regret and frustration. The emotional toll of the miscarriage and strained familial relationships exacerbates her vulnerability. Seeking therapy indicates her recognition of the need for support and guidance to navigate these issues. She aims to address her behaviour patterns, develop coping strategies, and gain insight into her emotions to foster resilience.

**Goal(s) for therapy**

1. Enhance the client's ability to make informed decisions and manage impulsivity.  
2. Develop coping strategies to navigate conflicts with her mother and cope with the emotional aftermath of the miscarriage.  
3. Establish a supportive network and improve social connections to mitigate feelings of isolation and loneliness.  
4. Improve self-esteem and self-confidence to pursue and maintain stable employment.

**Interventions (state theories used)**

Cognitive-Behavioural Therapy: used to identify and challenge maladaptive thought patterns and impulsive behaviours. Through CBT, the client learned to recognize negative thoughts and gained practical strategies for fostering healthier decision-making processes. This included cognitive restructuring techniques to reframe negative thoughts into more balanced perspectives. By addressing maladaptive patterns, CBT empowered the client to make deliberate choices, leading to improved outcomes and increased well-being.

Narrative Therapy: I facilitated the client's exploration and reconstruction of their personal narrative, emphasizing empowering stories of resilience and strength. By re-framing past experiences and exploring alternative perspectives, the client gained a deeper understanding of themselves and their circumstances, leading to positive changes in behaviour and emotional well-being.

**Plans for next session**

In the next session, we will focus on exploring the client's coping mechanisms and identifying triggers for impulsive decision-making. We will also begin to address the client's conflicts with her mother and the emotional distress surrounding the recent miscarriage. Additionally, we will work towards establishing a supportive network.

**Student Counsellor’s signature… Date…** 21/02/2024

**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number…** 12 **Date of intake…** 27/02/2024

**Client Code…** A12  **Practicum Site…MTRH**

**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:** 24 **Marital status:** Single **Relevant history concerning previous counselling treatment( if any)**Has had previous counselling experience.

**The current situation (allow the client to share whatever has brought him/her for therapy).**The client, diagnosed with bipolar mood disorder, is currently admitted to an in-patient ward for individuals with mental illnesses. Two days ago, her medication was changed by the doctors without her being informed. She reports experiencing headaches as the main side effect of the new medication. She expresses feelings of sadness and anger for not being informed about the medication change and feels uncomfortable in the current ward, desiring a transfer to another ward.

**What is your initial assessment of the client; cognitively, emotionally, socially and physically in relation to his/her concerns?**Cognitively, the client appears coherent and aware of her surroundings.   
Emotionally, she exhibits signs of distress, including sadness and anger.  
Socially, her interaction with others may be affected by her emotional state and discomfort in the current ward environment.   
Physically, aside from experiencing headaches as a side effect of the new medication, there are no apparent physical concerns.

**CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| A12 | 27/02/2024 | 9.10 am | 1 | 45 minutes | MTRH |

**Client’s Concerns (Issue bringing him/her for therapy)**The client seeks therapy due to a lack of communication regarding her recent medication change and discomfort within the in-patient ward environment. This absence of communication about medication adjustments induces distress and uncertainty about her treatment plan. Additionally, discomfort within the ward environment evokes anxiety and frustration. She aims to address the communication gap, alleviate discomfort, and enhance her overall well-being and treatment experience.

**Goal(s) for therapy**1. To address and manage the client's emotional distress stemming from the lack of communication regarding medication changes.  
2. To explore coping strategies to alleviate the client's discomfort and facilitate adjustment to the current in-patient ward environment.  
3. To empower the client to advocate for her preferences regarding her treatment and environment within the in-patient setting.

**Interventions (state theories used)**1. Client-centered Therapy: Utilized to provide the client with a supportive and empathetic space to express her concerns and emotions freely. By validating her experiences and facilitating self-exploration, client-centered therapy promotes insight and emotional healing.  
2. Psychoeducation: Offered to enhance the client's understanding of her medication regimen and the importance of effective communication with healthcare providers. Providing information about medication changes and the treatment process can empower the client to actively participate in her care.

**Plans for next session**In the next session, we will focus on exploring the client's emotional responses to the lack of communication regarding her medication change and identifying coping strategies to manage her discomfort in the current in-patient ward environment. Additionally, we will discuss strategies for effective communication with healthcare providers and advocate for the client's preferences regarding her treatment and environment. The session will prioritize providing the client with support, validation, and practical tools to navigate her current challenges effectively.

**Student Counsellor’s signature… Date…** 27/02/2024

**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number…** 13 **Date of intake…** 28/02/2024

**Client Code…** A13 **Practicum Site…MTRH**

**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:** 30 **Marital status:** Married  **Relevant history concerning previous counselling treatment( if any)**Has had previous counselling experience.

**The current situation (allow the client to share whatever has brought him/her for therapy).**During our session, the client shared her journey coping with epilepsy-induced psychosis with mood features while being a mother of two. She has been hospitalized twice due to her condition. Managing anger has been a significant challenge for her, especially when her family doesn't meet her high expectations, leading to disappointment and triggering her anger. She described feeling unconscious during moments of anger and often becomes violent, only realizing the extent of her actions after her anger subsides. Additionally, she expressed feeling stressed due to a lack of support system and a meaningful source of income.

**What is your initial assessment of the client; cognitively, emotionally, socially and physically in relation to his/her concerns?**Cognitively client experiences cognitive challenges during episodes anger psychosis potentially affecting ability reason make sound judgments.  
Emotionally client appears struggle with regulating emotions particularly anger which seems escalate beyond control.  
Socially client feels isolated perceived lack support system which further exacerbate stress feelings frustration.  
Physically impacted by the stress and strain of managing her condition, as well as the toll of her emotional struggles.

**CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| A13 | 28/02/2024 | 1.30pm | 1 | 1 hour | MTRH |

**Client’s Concerns (Issue bringing him/her for therapy)**The client seeks therapy to address difficulties managing anger, coping with epilepsy-induced psychosis, and finding support and stability. She aims to explore strategies for anger management, develop coping mechanisms for her condition, and establish meaningful support systems.

**Goal(s) for therapy**1. Develop effective anger management strategies to prevent violent outbursts and enhance self-awareness during episodes anger.  
2. Explore coping mechanisms to better manage the challenges associated with epilepsy induced psychosis.  
3. Establish a support system to provide emotional and practical assistance during times of need.  
4. Identify and pursue meaningful avenues of income generation to reduce financial stress and increase stability in her life.

**Interventions (state theories used)**

Cognitive-Behavioural Therapy (CBT) to pinpoint and challenge negative thought patterns while helping the client develop coping strategies for managing her emotions and behaviours effectively. Through active engagement and collaborative exploration, we identified triggers and thought distortions, working together to reframe them into more adaptive perspectives.  
  
Psychoeducation on self-awareness, offering structured sessions to impart knowledge and insights into the client's own thoughts, emotions, and behaviours. This approach aimed to empower her with a deeper understanding of herself, fostering increased self-awareness and insight into her personal challenges.  
  
Supportive Therapy: facilitated a supportive environment where the client felt safe to explore her experiences and express her emotions openly. By offering empathy, validation, and encouragement, I helped her gain new perspectives and insights into her challenges, fostering growth and resilience along the way.

**Plans for next session**

No plans for next session. Client is scheduled for discharge.

**Student Counsellor’s signature… Date…** 28/02/2024

**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number…** 14 **Date of intake…** 28/02/2024

**Client Code…** A14 **Practicum Site…MTRH**

**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:** 40 **Marital status:** Married **Relevant history concerning previous counselling treatment( if any)**Has had previous counselling experience.

**The current situation (allow the client to share whatever has brought him/her for therapy).**Client , a mother of 2 with 1 child deceased, is being managed for Bipolar mood disorder with Retrovirus Disease(RVD). She shares that her step father was violent towards her from young age which resulted in early childhood trauma. As a child she faced rejection and stigma from her family members due to her mental illness. As a result she suffers from learned helplessness and tends to isolate herself most of the time.

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

Cognitively: The client displays cognitive awareness, although her thought processes may be influenced by past trauma, possibly leading to distorted perceptions and maladaptive coping strategies.  
Emotionally: she exhibits signs of distress and withdrawal, reflecting the enduring impact of childhood trauma and ongoing struggles with mental illness.  
Socially: The client's tendency to isolate herself suggests a deep-seated need for self-protection, likely stemming from past experiences of rejection and stigma within her social circles.  
Physically: While managing her medical conditions, she presents with stable physical health, but the psychological toll of her illnesses is evident in her emotional presentation.

**CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

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| --- | --- | --- | --- | --- | --- |
| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| A14 | 28/02/2024 | 3.00 pm | 1 | 1 hour | MTRH |

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

The client's motivation for therapy originates from deep-seated learned helplessness, persistent isolation, and the emotional weight of past trauma and familial rejection. These concerns, rooted in enduring childhood experiences and ongoing struggles, encompass feelings of powerlessness, inadequacy, and social exclusion. Her emotional burden manifests in symptoms of anxiety and depression, affecting her ability to trust others and navigate daily life. Thus, therapy aims to address these fundamental issues of self-worth, belonging, and resilience.

**Goal(s) for therapy**

Develop personalized coping mechanisms to navigate learned helplessness and alleviate feelings of isolation.  
Cultivate resilience and enhance self-esteem to counteract the lasting effects of childhood trauma and ongoing social challenges.  
Foster meaningful social connections and support networks to foster a sense of belonging and acceptance within her community.

**Interventions (state theories used)**

1. Cognitive-Behavioural Therapy (CBT): Employed to challenge and restructure negative thought patterns, fostering adaptive coping strategies and enhancing emotional resilience.  
2. Trauma-Focused Therapy: Utilized to address the client's early childhood trauma, processing unresolved emotions and facilitating healing in a safe and supportive therapeutic environment.  
3. Social Support Interventions: Integrated to help the client rebuild interpersonal connections, establish healthy boundaries, and cultivate a supportive network of individuals who validate her experiences and provide emotional sustenance.

**Plans for next session**

1. Explore coping mechanisms: Delve deeper into identifying and practising coping strategies to manage learned helplessness and alleviate feelings of isolation.  
2. Process past trauma: Provide a safe space for the client to explore and process her experiences of childhood trauma and familial rejection, fostering healing and emotional resolution.  
3. Develop social skills: Work on enhancing interpersonal skills and building connections with others, helping the client establish supportive relationships and combat feelings of social exclusion.  
4. Set achievable goals: Collaboratively establish short-term and long-term goals that align with the client's aspirations and promote a sense of empowerment and progress.  
5. Monitor progress: Regularly assess and review the client's progress towards their therapeutic goals, adjusting interventions and strategies as needed to ensure effectiveness and client engagement.

**Student Counsellor’s signature… Date…** 28/02/2024

**CP FORM 3**

**CLIENT LOG FORM**

**SUMMARY OF CLIENT CONTACT HOURS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CLIENT CODE** | **DATE:**  **FROM** | **DATE:**  **TO** | **No. OF SESSIONS** | **No. OF HOURS** | **PRESENTING CONCERNS AND MAIN ISSUES EXPLORED** |
| A1 | 30/1/24 | 30/1/24 | 1 | 1 | The client's main issue centres on her reluctance to proceed with treatment for a diagnosed breast abscess. Her hesitation is deeply rooted in fear, particularly due to the traumatic experience of a relative who passed away after undergoing treatment for a similar condition. This fear is significantly impacting her decision-making process regarding her own health and well-being. |
| A2 | 31/1/24 | 31/1/24 | 1 | 1 | The client's main concern lies in dealing with a septic foot wound necessitating a Below-Knee Amputation (BKA), prompting therapy to navigate the upcoming surgery and its significant impact on his lifestyle. The impending surgery and lifestyle adjustments are primary concerns requiring therapeutic support and preparation. |
| A3 | 1/2/24 | 07/2/24 | 2 | 2 ½ | The client's primary presenting problem revolves around both persistent physical illnesses disrupting her daily life and academic performance, with no identifiable physiological causes found despite medical consultation, and profound familial challenges stemming from her inability to reconnect with her biological father for 17 years, leading to unresolved emotional distress and a sense of resignation. |
| A4 | 7/2/24 | 7/2/24 | 1 | 1 | The client's primary concern revolves around his long-standing alcohol addiction, which began during university due to curiosity and peer pressure. This addiction has caused significant personal and social distress. He is motivated to overcome it and regain control over his life for a more fulfilling future. |
| A5 | 12/2/24 | 12/2/24 | 1 | 1 | The client's main issue centres on his enduring struggle with alcohol addiction, profoundly impacting his personal well-being and relationships. This addiction intertwines with emotional, psychological, and interpersonal dimensions, affecting his self-perception and ability to maintain healthy connections. |
| A6 | 14/2/24 | 14/2/24 | 1 | 1 | The client is deeply troubled by perceived HIV exposure and stigma, despite negative test results. Overthinking and stress have profoundly affected his mental well-being, leading to para-suicidal behaviour. Urgent intervention and support are crucial to address his emotional distress effectively and ensure his well-being. |

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| --- | --- | --- | --- | --- | --- |
| **CLIENT CODE** | **DATE:**  **FROM** | **DATE:**  **TO** | **No. OF SESSIONS** | **No. OF HOURS** | **PRESENTING CONCERNS AND MAIN ISSUES EXPLORED** |
| A7 | 14/2/24 | 14/2/24 | 1 | 1 | The client seeks therapy due to a hostile home environment and ongoing risk of violence from her husband, accompanied by depressive symptoms with psychotic features since 2009. Concern for her children's well-being drives her decision to flee the home permanently. She aims to work independently and avoid contact with her husband to ensure her safety and well-being. |
| A8 | 15/2/24 | 15/2/24 | 1 | 1 | The client, referred by her doctor, presents symptoms of schizophrenia, Major Depressive Disorder (MDD) with psychotic features, and alcohol addiction. Primary concerns include significant emotional distress stemming from unemployment since graduating in 2019, leading to alcohol misuse. Strained relations with her mother, who becomes violent when she returns home intoxicated, exacerbate her distress. Seven suicide attempts underscore the severity of her distress, necessitating immediate intervention and support to address her complex challenges effectively. |
| A9 | 16/2/24 | 16/2/24 | 1 | 1 | The primary concern involves a Form 3 student diagnosed with schizophrenia who experienced worsening symptoms after discontinuing medication, including auditory hallucinations, academic decline, excessive sleep, and self-care neglect. Additionally, his adamant behaviour, insistence on repeating Form 2 due to missing a term, and perfectionism pose challenges. Exploring medication adherence, academic progression, family dynamics, and perfectionism tendencies are key areas of focus. |
| A10 | 19/2/24 | 19/2/24 | 1 | 2 | The client, a 24-year-old female diagnosed with bipolar disorder and substance abuse, faces challenges exacerbated by stopping medication. Family dynamics, particularly issues with her grandmother and jealousy from cousin sisters, add to her distress. Being single and raising her daughter, who currently resides with her grandmother, complicate her situation. Exploring medication adherence, family relationships, and parenting dynamics are central to addressing her concerns and enhancing her well-being. |
| A11 | 21/2/24 | 21/2/24 | 1 | 2 | The client, a mother of three diagnosed with Schizoaffective disorder, faces challenges in maintaining employment due to impulsive decision-making, leading to quitting her last three jobs. She struggles with decision-making and regrets choices made independently, lacking nearby support. Conflict with her religious mother arose after a recent miscarriage from a relationship outside marriage. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CLIENT CODE** | **DATE:**  **FROM** | **DATE:**  **TO** | **No. OF SESSIONS** | **No. OF HOURS** | **PRESENTING CONCERNS AND MAIN ISSUES EXPLORED** |
| A12 | 27/2/24 | 27/2/24 | 1 | 45 min | The client, diagnosed with bipolar mood disorder, expresses distress over a recent medication change without prior notification. Currently admitted to an in-patient ward, she reports experiencing headaches as a side effect of the new medication. Feelings of sadness and anger emerge from the lack of communication regarding the change, leading to discomfort in the current ward. She desires a transfer to another ward, highlighting the need for improved communication and addressing her emotional well-being during her in-patient stay. |
| A13 | 28/2/24 | 28/2/24 | 1 | 1 | The client, coping with epilepsy-induced psychosis with mood features while being a mother of two, faces challenges in managing anger and disappointment. Hospitalized twice due to her condition, she struggles with unconscious moments of anger leading to violence. Lack of a support system and meaningful income sources contribute to her stress. Exploring anger management, coping strategies, and support systems are key areas of focus to enhance her well-being and parenting experience. |
| A14 | 28/2/24 | 28/2/24 | 1 | 1 | The client's motivation for therapy stems from learned helplessness, persistent isolation, and the emotional weight of past trauma and familial rejection. Rooted in enduring childhood experiences and ongoing struggles, she grapples with feelings of powerlessness, inadequacy, and social exclusion. Symptoms of anxiety and depression manifest, impacting her ability to trust and navigate daily life. Therapy aims to address fundamental issues of self-worth, belonging, and resilience to support her emotional well-being and recovery journey. |

**TOTAL HOURS…** 17 hours 15 minutes **COLLECTIVE HOURS…** 17 hours 15 minutes

**STUDENT COUNSELLOR’S SIGNATURE… DATE…** 03/03/2024

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

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

**GROUP FORMS**

**CP FORM 4**

**Initial Assessment Form for Groups**

**Case Number…** 1 **Date of intake…** 06/02/2024

**Group Code…** G1 **Practicum Site…MTRH**

**Group demographic information (type of group)**Group consisted of 18 members: 16 male and 2 female.   
Age bracket of the group was between 20 – 55 years.

**The current situation (allow the group to share whatever brought them for therapy).**The group members self-identified as recovering addicts with past dependencies on alcohol and drugs. They joined the group therapy as part of their 90-day recovery program to share challenges faced in their journeys. Shared difficulties include:

**Triggers:** Situations, emotions, or substances that elicit cravings or urge to use.

**Social relationships:** Maintaining healthy connections while avoiding negative influences or enabling behaviours.

**Root causes:** Understanding the underlying factors that contributed to their addiction.

**Addiction understanding:** Gaining deeper insights into their addictive patterns and thought processes.

**What is your initial assessment of the group; cognitively, emotionally, socially and physically in relation to their concerns**?

**Cognitive:** Group members demonstrated varying levels of awareness and understanding of their addictive patterns and triggers. Some exhibited cognitive distortions or negative self-beliefs related to their past use.  
**Emotional:** A range of emotions were expressed, including vulnerability, fear of relapse, frustration, and hope for recovery. Some members might require support managing difficult emotions effectively.

**Social:** The group dynamic appeared supportive and encouraging, offering a safe space for members to share openly. However, potential power imbalances or interpersonal conflicts should be monitored.  
**Physical:** No specific physical concerns were mentioned.

**CP FORM 5**

**Group Treatment Plan Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Group Code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| G1 | 06/02/2024 | 9.20 am | 1 | 2 hours | MTRH |

**Group’s Concerns(Issue bringing them for therapy)**1. Managing triggers and cravings.  
2. Building healthy social relationships.  
3. Identifying and addressing root causes of addiction.  
4. Developing a deeper understanding of addictive patterns and behaviors.

**3. Goals for therapy:**1. Increase awareness and identification of personal triggers.  
2. Develop coping mechanisms to manage cravings and urges effectively.  
3. Enhance communication and interpersonal skills for building supportive relationships.  
4. Explore underlying factors contributing to addiction and develop healthier coping strategies.  
5. Foster self-compassion and acceptance to promote sustained recovery.

**4. Interventions:**1. Psycho-education: Provide information on addiction, relapse prevention, and healthy coping mechanisms.  
2. Cognitive-behavioural therapy (CBT): Challenge negative thought patterns and develop skills for managing triggers and cravings.  
3. Group discussions and exercises: Encourage open sharing, peer support, and learning from shared experiences.  
4. Relapse prevention planning: Identify high-risk situations and develop personalized strategies to avoid relapse.  
5. Mindfulness and relaxation techniques: Promote emotional regulation and stress management.

**5. Plans for next session:**1. Introduce the concept of triggers and their identification using group discussion and individual exercises.  
2. Facilitate sharing of personal experiences with triggers and initial coping strategies employed.  
3. Introduce relaxation techniques for managing cravings and emotional distress.

**Student Counsellor’s signature… Date…** 06/02/2024

**CP FORM 4**

**INITIAL ASSESSMENT FORM FOR GROUPS**

**Case Number…** 2 **Date of intake…** 07/02/2024

**Group Code…** G2 **Practicum Site…MTRH**

**Group demographic information (type of group)**

Group consisted of 7 family members who came to a family therapy session for their recovering daughter. Age range of 19 – 51 years. 4 male members and 5 female members.

**The current situation (allow the group to share whatever brought them for therapy).**

Family members attended the session for the release of their daughter who had completed her 90-day recovery program. The daughter is a recovering addict who was an alcoholic. They came to discuss about an exit plan for their daughter and how they are planning to continue supporting her in recovery after discharge from the rehabilitation facility.

**What is your initial assessment of the group; cognitively, emotionally, socially and physically in relation to their concerns**?

Cognitively: The group members demonstrate clear thinking and effective communication skills, indicating cognitive clarity and understanding of their situation.

Emotionally: They express excitement and determination regarding the daughter's recovery, suggesting a strong emotional investment in her well-being and the success of the therapy process.

Socially: The family exhibits cohesion and a shared commitment to supporting the daughter, reflecting strong social bonds and a willingness to work together toward a common goal.

Physically: There are no apparent signs of illness or impairment among the group members, indicating physical well-being and readiness to actively participate in the therapy sessions.

**CP FORM 5**

**GROUP TREATMENT PLAN FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Group Code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| G2 | 07/02/2024 | 2.15 pm | 1 | 2 hours | MTRH |

**Group’s Concerns(Issue bringing them for therapy)**

The family's primary concern is ensuring a successful transition for their daughter after completing her 90-day recovery program for alcohol addiction. They are seeking guidance on creating an exit plan and establishing sustainable support systems to aid her ongoing recovery journey.

**Goal(s) for therapy**

The goal of therapy is to facilitate a smooth transition for the daughter post-rehabilitation. This involves strengthening family communication and support networks to provide a nurturing environment conducive to her recovery.

**Interventions (state theories used)**

We employed family systems theory to explore the dynamics within the family unit. By understanding how each member interacts and influences one another, we identified patterns of behavior and communication that could impact the daughter's recovery. Through this lens, I facilitated discussions to help the family recognize their roles in both contributing to and supporting the recovery process.

Cognitive-behavioural techniques were utilized to address triggers and prevent relapse. Together, we identified potential triggers for the daughter's alcohol use and developed coping strategies to manage them effectively. By challenging negative thought patterns and implementing healthy coping mechanisms, the family learned practical ways to support the daughter during challenging times.

Psycho-education on addiction and recovery was provided to increase understanding and reduce stigma surrounding substance abuse. By discussing the physiological and psychological aspects of addiction, the family gained insight into the challenges their daughter faces and the importance of ongoing support in her recovery journey.

**Plans for next session (If any)**

In the upcoming sessions, the therapist will delve deeper into exploring family roles and responsibilities in supporting the daughter's recovery journey. Concrete strategies will be developed collaboratively to address potential challenges that may arise post-discharge. The therapist will continue to foster open communication and encourage active participation from all family members to ensure a supportive and conducive environment for the daughter's ongoing recovery.

**Student Counsellor’s signature… Date…** 07/02/2024

**CP FORM 4**

**INITIAL ASSESSMENT FORM FOR GROUPS**

**Case Number…** 3  **Date of intake…** 26/02/2024

**Group Code…** G3  **Practicum Site…MTRH**

**Group demographic information (type of group)**

Group consisted of 8 clients; 3 males and 5 females. Age range was between 20 – 35.

**The current situation (allow the group to share whatever brought them for therapy).**

Clients were facing various mental health challenges, such as schizophrenia, bipolar disorder, depression, substance abuse, and schizoaffective disorder. Despite the differences in their diagnoses, they shared a common desire to improve their ability to cope with their conditions and avoid experiencing relapses or setbacks. They sought to gain a deeper understanding of the specific issues they were dealing with and to discover practical strategies to help them manage their symptoms and maintain stability in their lives. Their collective goal was to empower themselves with knowledge and skills that would enable them to navigate their mental health challenges more effectively and lead fulfilling lives despite their conditions.

**What is your initial assessment of the group; cognitively, emotionally, socially and physically in relation to their concerns**?

In assessing the group, cognitively, the clients exhibit good and stable insights into their conditions, suggesting a level of understanding and awareness. Emotionally, they appear stable, indicating a capacity to engage in therapeutic work. Socially, their behaviour appears appropriate, indicating a potential for constructive group dynamics. Physically, they present as healthy and stable, which is a positive foundation for their therapeutic journey.

**CP FORM 5**

**GROUP TREATMENT PLAN FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Group Code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| G4 | 26/02/2024 | 9.40 | 1 | 2 hours | MTRH |

**Group’s Concerns(Issue bringing them for therapy)**The group comprises individuals grappling with various mental health challenges, including schizophrenia, bipolar disorder, depression, substance abuse, and schizoaffective disorder. Their shared concern revolves around illness management and relapse prevention. They seek to understand the dynamics of their conditions and learn effective strategies for managing them.

**Goal(s) for therapy**The primary goal for therapy is to provide psychoeducation on their respective mental health conditions, focusing on management and recovery strategies. By enhancing their understanding of their illnesses, they aim to empower themselves to navigate their conditions more effectively and prevent relapses.

**Interventions (state theories used)**The primary intervention employed was psychoeducation. Through structured learning and discussion, clients will gain insights into the nature of their mental health disorders, learn effective coping mechanisms, and explore strategies for recovery. Psychoeducation is a valuable tool for promoting self-awareness and fostering a sense of agency in managing one's mental health.

**Plans for next session (If any)**In the next session, the focus will be on delving deeper into specific aspects of psychoeducation, tailoring the content to address the unique needs and concerns of the group members. Additionally, the session may involve experiential exercises or group discussions to facilitate peer support and reinforce learning objectives.

**Student Counsellor’s signature… Date…** 26/02/2024

**CP FORM 4**

**INITIAL ASSESSMENT FORM FOR GROUPS**

**Case Number…** 3 **Date of intake…** 20/02/2024

**Group Code…** G3  **Practicum Site…MTRH**

**Group demographic information (type of group)**

Family members of a kidney transplant patients and a neighbour. Family consists of the father (the patient), mother, two sons (one is the donor), sister and a neighbour.

**The current situation (allow the group to share whatever brought them for therapy).**

The family members of a kidney transplant patient, including the father (the patient), mother, two sons (one of whom is the donor), sister, and a neighbour, have sought therapy for clarification and psychoeducation regarding the kidney transplant process. They express concerns about understanding the entire transplant journey, including finding a willing kidney donor, adhering to medication, establishing a support system, and having contingency plans in place.

**What is your initial assessment of the group; cognitively, emotionally, socially and physically in relation to their concerns**?

Cognitively, the group appears cognitively stable and well-oriented, demonstrating understanding and comprehension of the information provided during psychoeducation sessions.  
Emotionally, the group presents as stable, showing readiness and openness to engage in the therapeutic process and address their concerns collaboratively.  
Socially, the group exhibits appropriate social behavior, fostering a supportive and cohesive environment conducive to open communication and mutual understanding.  
Physically, the group members appear well-kempt, reflecting a level of self-care and attention to personal appearance.

**CP FORM 5**

**GROUP TREATMENT PLAN FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Group Code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| G3 | 20/02/2024 | 10.00 am | 1 | 2 hours | MTRH |

**Group’s Concerns(Issue bringing them for therapy)**

The family members of the kidney transplant patient, including the father (the patient), mother, two sons (one being the donor), sister, and neighbour, have sought therapy to gain clarity and psychoeducation about the kidney transplant process. They are concerned about understanding every aspect of the journey, from finding a willing kidney donor to grasping the significance of medication adherence. Additionally, they aim to establish a dependable support system and prepare contingency plans, such as identifying a second willing donor if necessary. Their primary focus is on comprehending the complexities of the transplant procedure and ensuring the patient's well-being throughout the process.

**Goal(s) for therapy**1. Enhance understanding and clarity regarding the kidney transplant process, including the roles and responsibilities of family members, potential challenges, and strategies for effective coping and support.  
2. Facilitate open communication and mutual support within the family system, fostering resilience and cohesion during the transplant journey.  
3. Develop practical skills and resources to navigate the complexities of post-transplant care, including medication adherence, lifestyle adjustments, and the importance of maintaining a healthy support network.  
4. Explore and address any emotional concerns or anxieties related to the transplant process, promoting emotional well-being and resilience among family members.

**Interventions (state theories used)**1. Family Systems Theory: Employed to explore the interconnectedness of family dynamics and roles within the context of the kidney transplant process, promoting understanding and collaboration among family members.  
2. Psychoeducation: Utilized to provide comprehensive information and clarification regarding the transplant process, medication adherence, potential challenges, and coping strategies, empowering family members to make informed decisions and actively participate in the care process.  
3. Cognitive-Behavioural Techniques: Integrated to address any cognitive distortions or maladaptive beliefs that may arise during the transplant journey, promoting adaptive coping skills and resilience among family members.

**Plans for next session (If any)**In the next session, we will continue to explore the family's concerns and experiences related to the kidney transplant process, addressing any emerging questions or uncertainties. We will further delve into strategies for fostering effective communication, problem-solving, and mutual support within the family system. Additionally, we will introduce practical tools and resources to facilitate successful navigation of the post-transplant period, including medication management, lifestyle adjustments, and ongoing emotional support.

**Student Counsellor’s signature… Date…**  20/02/2024

**CP FORM 6**

**GROUP LOG FORM**

**SUMMARY OF GROUP CONTACT HOURS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GROUP CODE** | **DATE:**  **FROM** | **DATE:**  **TO** | **No. OF SESSIONS** | **No. OF HOURS** | **PRESENTING CONCERNS AND MAIN ISSUES EXPLORED** |
| G1 | 6/2/24 | 6/2/24 | 1 | 2 | The presenting concerns of the group revolve around the multifaceted challenges faced by members in their recovery from addiction. These include the imperative need to manage triggers and cravings effectively, fostering the establishment of healthy social relationships to navigate positive support systems, delving into the identification and resolution of the root causes underlying their addiction, and developing a profound understanding of addictive patterns and behaviours. The group aims to collectively address these concerns, fostering an environment conducive to sustained recovery and personal growth. |
| G2 | 7/2/24 | 7/2/24 | 1 | 2 | During the session, family members gathered to discuss the release of their daughter, who had recently completed a 90-day recovery program for alcohol addiction. The primary focus was on establishing an exit plan for their daughter and strategising how to continue supporting her recovery journey post-discharge from the rehabilitation facility. The family explored various aspects of ongoing support, including creating a supportive environment at home, identifying potential triggers, and maintaining open communication channels. Discussions also focused on healthy coping and boundaries for daughter's transition, reducing relapse risk in daily life. |
| G3 | 20/2/24 | 20/2/24 | 1 | 2 | The family members of a kidney transplant patient, comprising the father (the patient), mother, two sons (one being the donor), sister, and a neighbour, seek clarification and psychoeducation regarding the kidney transplant process. Their concerns revolve around comprehensively understanding the entire transplant journey, encompassing finding a willing kidney donor, adhering to medication regimens, establishing a robust support system, and formulating contingency plans. |
| G4 | 26/2/24 | 26/2/24 | 1 | 2 | The clients presented with a spectrum of mental health challenges, including schizophrenia, bipolar disorder, depression, substance abuse, and schizoaffective disorder, each grappling with unique manifestations of their conditions. Despite the diversity in diagnoses, they shared a common aspiration to enhance their coping mechanisms and prevent relapses or setbacks. They aimed to develop strategies for symptom management and stability maintenance. |

**TOTAL HOURS…** 8 **COLLECTIVE HOURS…** 8

**STUDENT COUNSELLOR’S SIGNATURE… DATE…** 03/03/2024

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

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

1. **CP FORM 7**

**MOI UNIVERSITY**

**Department of Sociology, Psychology and Anthropology**

**BSc Counselling Psychology Evaluation Form**

**SITE SUPERVISOR’S ASSESSMENT TOOL**

**Supervisee’s Name………………………………………….Reg no……………………………..**

**Agency…………………………………………………………………………………………….**

**\*\*This section is scored out of 30 with each question having a maximum of 1mark**

|  |  |  |
| --- | --- | --- |
|  | **PROFESSIONAL CONDUCT** | **Marks** |
| 1 | Maintains confidentiality of client’s records |  |
| 2 | Manages time effectively |  |
| 3 | Operates within areas of expertise and refers where applicable |  |
| 4 | Is aware of legal issues affecting clients |  |
| 5 | Consults with colleagues on ethical issues |  |
| 6 | Demonstrate respect for the individual and authority |  |
| 7 | Protects the client at all levels |  |
| 8 | Demonstrates integrity by adhering to professional values |  |
| 9 | Displays professional demeanour and language |  |
| 10 | Operates within organizational guidelines |  |
|  | **Sub-total** |  |
|  | **REFLECTIVE PRACTICE** |  |
| 1 | Reflects on practice and mindfully recognizes impact of self on others. |  |
| 2 | Maintains appropriate therapist-client boundaries. |  |
| 3 | Understands own impact on clients in a therapeutic relationship. |  |
| 4 | Is willing to admit mistakes with minimal defensiveness. |  |
| 5 | Provides helpful feedback and critique to others |  |
| 6 | Is sensitive to the needs and strengths of peers. |  |
| 7 | Demonstrates awareness of competencies and self monitors own performance |  |
| 8 | Identifies areas for further improvement |  |
| 9 | Completes case documentation accurately |  |
| 10 | Takes appropriate care of self and is aware of own needs. |  |
|  | **Sub-total** |  |
|  | **INTERPERSONAL RELATIONSHIPS** |  |
| 1 | Is eager to benefit from others in skills development |  |
| 2 | Solicits feedback from supervisor |  |
| 3 | Forms and maintains productive and respectful relationships with peers, colleagues. Instructors and supervisor |  |
| 4 | Conveys counselling atmosphere of trust and safety. |  |
| 5 | Works effectively with colleagues and resolves conflicts effectively |  |
| 6 | Presents case conferences adequately |  |
| 7 | Demonstrates acceptance of the client and expresses empathy to them showing a non-judgmental attitude |  |
| 8 | Demonstrates knowledge of the supervision process including one’s own roles and responsibilities as trainee. |  |
| 9 | Communicates clearly using written skills. |  |
| 10 | Communicates clearly using verbal skills and non-verbal communication matches verbal content. |  |
|  | **Sub-total** |  |

**Grand Total =**

**Further comments about the student counsellor (if necessary) .……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………................................................................................................................................................................................................................................................................................................**

**Do you think the student counsellor is well prepared for the job market? Explain**

**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………....**

**How can our counselling program be improved? (Feel free and comment on this)**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Site supervisor’s Name……………………………Sign…………………………..Date………….**

**Official stamp**