**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