**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number…** 15 **Date of intake…** 04/03/2024

**Client Code…** A15  **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:** 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).**Client has been experiencing migraines and chronic insomnia due to stress for the past five years. He started experiencing these symptoms after discovering that his brother-in-law, whom he idolizes, was diagnosed with mental illness. The incident that led to this discovery was an ambush by police officers after the brother-in-law arrived home with a carrier bag full of marijuana. This incident was very traumatic to the client. Client experiences suicidal thoughts due to the overwhelming levels of pain he undergoes due to stress. He has even attempted suicide by way of overdose of painkillers.

**What is your initial assessment of the client; cognitively, emotionally, socially and physically in relation to his/her concerns?**Cognitively, client is stable with good insight and judgment.  
Emotionally, client is anxious and unstable due to sharing of past painful experiences.  
Social behaviour is appropriate.  
Physically, client appears healthy and fit despite losing weight.

After administering the Beck depression inventory to the client, he had a high score which translated to *severe depression.*

**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** |
| A15 | 04/03/2024 | 9.30 am | 1 | 1 hour | MTRH |

**Client’s Concerns (Issue bringing him/her for therapy)**The client seeks therapy to address his chronic migraines, insomnia, overwhelming stress, and severe depression, exacerbated by traumatic experiences and suicidal ideation.

**Goal(s) for therapy**1. Exploring the Client's History and Background: I delved deeply into the client's past experiences, family dynamics, and significant life events to uncover the root causes and triggers of their current challenges. Through this exploration, I aimed to identify patterns, traumas, and unresolved issues that may contribute to their present difficulties.  
2. Psycho-educating on the Effects of Stress: I provided details on the impacts of stress on the mind and body in order to empower the client with insights to make informed choices and adopt effective stress management strategies.  
3. Creating a Safe Space for Sharing: I strived to establish a secure and nurturing environment where the client felt validated, respected, and supported. By fostering trust and confidentiality, I encouraged the client to freely express their thoughts, feelings, and experiences without fear of judgment or rejection.

**Interventions (state theories used)**1. Psychodynamic Therapy: I employed psychodynamic principles to uncover unconscious conflicts, defences, and relational patterns underlying the client's symptoms and distress. By exploring childhood experiences, family dynamics, and unconscious processes, I aimed to bring hidden aspects of the client's psyche into awareness, promoting insight and resolution.  
2. Cognitive-Behavioural Therapy (CBT): I equipped the client with practical skills and strategies to identify, challenge, and modify negative thought patterns and maladaptive behaviours associated with stress. Through teaching cognitive restructuring techniques, relaxation exercises, and problem-solving skills, I empowered the client to manage stress more effectively and cultivate resilience.  
3. Humanistic Therapy: I emphasized empathy, authenticity, and unconditional positive regard within our therapeutic relationship. Through empathetic listening, reflection, and validation, I fostered a non-judgmental and accepting atmosphere where the client felt heard, understood, and accepted unconditionally.

**Plans for next session**1. Exploration of the client's personal history, including significant life events, relationships, and developmental milestones, to gain deeper insight into their unique experiences and challenges.  
2. Psycho-educate on stress management techniques, relaxation exercises, and lifestyle modifications tailored to the client's specific needs and preferences.  
3. Establish a safe and trusting therapeutic alliance, allowing the client to gradually explore and process sensitive or difficult emotions and experiences at their own pace.

**Student Counsellor’s signature… Date…** 04/03/2024

**SESSION 2 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** |
| A15 | 06/03/2024 | 2.30 pm | 2 | 1 hour | MTRH |

**Client’s Concerns (Issue bringing him/her for therapy)**This is a follow up session on the initial assessment session. Client shared more about his past including childhood traumas where he narrowly escaped after being drove over by a car on the road. He also states that among the issues contributing to his stress are the thoughts of being a failure and not reaching his potential at his age therefore leading to suicidal thoughts. During instances when he is financially unstable, he reports that his grandmother often labels him as a failure and disappointment and even abuses his mother at times.

**Goal(s) for therapy**1. Explore and address childhood traumas and their impact on current emotional well-being.  
2. Develop coping strategies to manage feelings of failure and suicidal ideation.  
3. Establish healthier boundaries and address dysfunctional family dynamics, particularly concerning the client's relationship with his grandmother.

**Interventions (state theories used)**1. Trauma-focused therapy: This method was used to help the client work through and heal from past traumatic experiences, particularly childhood traumas. By addressing these traumas directly, I aimed to integrate the associated emotions and memories, helping the client build emotional resilience and cope better with distressing memories.  
2. Cognitive-behavioural therapy (CBT): Through CBT, I focused on identifying and challenging negative thought patterns that contribute to the client's feelings of failure and inadequacy. By helping the client recognize and reframe these negative thoughts, I aimed to develop more adaptive coping mechanisms for dealing with stress and negative emotions.

**Plans for next session**1. Further explore the client's childhood traumas and their ongoing impact on his mental health.  
2. Introduce cognitive restructuring techniques to challenge negative self-perceptions and cultivate a more positive self-image.  
3. Discuss strategies for setting boundaries with family members and assertively addressing issues of criticism and abuse.

**Student Counsellor’s signature… Date…**