**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number…** 23 **Date of intake…** 19/03/2024

**Client Code…** A23 **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:** 51 **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, who is diabetic, has been diagnosed with alcohol use disorder and is also suffering from liver cirrhosis. He has been admitted to the hospital multiple times due to overconsumption of alcohol. Client has relapsed numerous times after rehabilitation. He explains how alcohol use has caused a lot of family conflicts at home due to his financial irresponsibleness.

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

Judgment: good

Mood and Affect**:** dysphoric

Social behaviour: appropriate

Appearance: untidy

**CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| A23 | 19/03/2024 | 9.00 am | 1 | 1 hour | MTRH |

**Client’s Concerns (Issue bringing him/her for therapy)**The client expresses concern about the impact of alcohol use on his health, family conflicts arising from financial irresponsibility, and the challenges of managing his conditions.

**Goal(s) for therapy**1. Address the client's alcohol use disorder and support him in achieving sobriety to improve his physical health and well-being.  
2. Help the client develop coping strategies to manage cravings, triggers, and stressors contributing to alcohol relapse.  
3. Assist the client in repairing relationships and resolving conflicts with family members affected by his alcohol use.  
4. Provide education and support to help the client manage his diabetes and liver cirrhosis effectively alongside his alcohol use disorder.

**Interventions (state theories used)**1. Motivational Interviewing (MI): MI techniques were utilized to explore the client's ambivalence towards change and enhance his motivation to address his alcohol use disorder. Collaboratively setting goals and exploring the pros and cons of continuing alcohol use helped engage the client in the therapeutic process.  
2. Cognitive-Behavioural Therapy (CBT): CBT strategies were employed to identify and challenge maladaptive thoughts and behaviours related to alcohol use. The client learned coping skills, such as problem-solving and stress management, to reduce reliance on alcohol as a coping mechanism and prevent relapse.  
3. Family Therapy: Family therapy sessions were conducted to address the impact of the client's alcohol use on family dynamics and relationships. Open communication, conflict resolution, and support for both the client and his family members were facilitated to promote healing and understanding.  
4. Psychoeducation: The client received information and resources about the consequences of alcohol use on his health, particularly in relation to his diabetes and liver cirrhosis. Guidance on self-care practices and medication management was provided to support the client's overall health and well-being.

**Plans for next session**1. Continue exploring the client's motivation for change and identifying barriers to sobriety.  
2. Develop a relapse prevention plan tailored to the client's individual triggers and risk factors.  
3. Schedule additional family therapy sessions to further address family conflicts and strengthen support systems.  
4. Provide ongoing education and support for managing diabetes and liver cirrhosis alongside alcohol use disorder.

**Student Counsellor’s signature… Date…** 19/03/2024