**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number…** 25 **Date of intake…** 21/03/2024

**Client Code…** A25 **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:** 23 **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 was diagnosed with convulsive disorder. Client complains of the overwhelming family responsibilities placed upon him as a the firstborn of six children. He explains how these responsibilities feel overwhelming consequently leading to overthinking. The stress triggers convulsions that he experiences.

**What is your initial assessment of the client; cognitively, emotionally, socially and physically in relation to his/her concerns?**Insight: The client demonstrates a commendable understanding of their circumstances and condition, reflecting insightful awareness.

Judgment: The client showcases prudent decision-making skills, indicating the ability to make sensible choices considering their circumstances.

Speech: The client communicates cohesively, expressing their thoughts and emotions with clarity and coherence.

Mood and Affect: Dysphoric , low mood mixed with feelings of sadness and despair

Social Behaviour: The client engages in appropriate social interactions, demonstrating effective communication and interpersonal skills.

Appearance: The client presents themselves in a neat and well-kempt manner.

**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** |
| A25 | 21/03/2024 | 3.00 pm | 1 | 1 hour | MTRH |

**Client’s Concerns (Issue bringing him/her for therapy)**The client, diagnosed with convulsive disorder, feels overwhelmed by the extensive family responsibilities placed upon him as the firstborn of six children. He describes how the weight of these responsibilities leads to constant overthinking, exacerbating his stress levels and triggering convulsions.

**Goal(s) for therapy**1. Reduce stress levels and effectively manage convulsions to improve overall well-being.

2. Establish and maintain healthy boundaries within familial relationships to alleviate overwhelming responsibilities.

**Interventions (state theories used)**1. Cognitive-Behavioural Therapy (CBT): Employed CBT techniques to identify and challenge negative thought patterns contributing to stress and overthinking. This involved exploring and reframing irrational beliefs about familial responsibilities and developing more adaptive coping strategies.  
2. Stress Management Techniques: Introduced relaxation exercises, mindfulness practices, and deep breathing techniques to help the client alleviate stress and reduce the frequency and severity of convulsions. These techniques aimed to promote emotional regulation and increase resilience to stressors.  
3. Healthy Boundary Setting: Facilitated discussions and role-playing exercises to assist the client in establishing healthy boundaries within his familial relationships. This included assertiveness training to help him communicate his needs effectively and negotiate appropriate levels of responsibility.

**Plans for next session**

- Review the client's progress in implementing boundary-setting techniques and stress management strategies.  
- Explore any challenges or setbacks encountered since the last session and provide additional support and guidance as needed.  
- Further reinforce healthy boundary-setting skills and continue to develop personalized coping strategies for managing stress and reducing convulsions.

**Student Counsellor’s signature… Date…** 21/03/2024