**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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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…**