**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number…** 8 **Date of intake…** 15/02/2024

**Client Code…** A8 **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:** 29 **Marital status:** Single

**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).**

The client was referred by her doctor due to presenting symptoms of schizophrenia, Major Depressive Disorder (MDD) with psychotic features, and alcohol addiction. Her primary concerns revolve around the significant emotional distress stemming from her unemployment since graduating in 2019, which has led to alcohol misuse as a coping mechanism. Additionally, she reports strained relations with her mother, who becomes violent towards her when she returns home intoxicated. The client has made seven suicide attempts, highlighting the severity of her distress and the need for immediate intervention and support.

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

**Cognitively**, the client appears to be struggling with the symptoms of schizophrenia, MDD with psychotic features, and alcohol addiction, which may impact her ability to process and organise thoughts effectively.   
**Emotionally**, she experiences profound distress and hopelessness, compounded by her unemployment, strained family relationships, and past suicide attempts.   
**Socially**, her lack of employment and strained relations with her mother have isolated her from social support networks, exacerbating her sense of loneliness and despair.   
**Physically**, client appears to be recovering from the effects of the suicide attempt.

**CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| A8 | 15/02/2024 | 1.40 pm | 1 | 1 hour | MTRH |

**Client’s Concerns (Issue bringing him/her for therapy)**

Client’s main concern is the lack of gainful employment that is leading to her despair in life. She attributes most of her current challenges like alcohol addiction to the lack of meaningful work.

**Goal(s) for therapy**

1. To stabilize the client's mental health and reduce the frequency and severity of her symptoms of schizophrenia, MDD, and alcohol addiction.  
2. To address the underlying issues contributing to the client's emotional distress, including unemployment, strained family relationships, and maladaptive coping mechanisms.  
3. To enhance the client's coping skills and resilience, empowering her to manage stressors and triggers more effectively.  
4. To establish safety measures and develop a crisis management plan to prevent future suicide attempts and ensure the client's immediate well-being.  
5. To improve the client's social support network and facilitate the rebuilding of positive relationships with family and friends.

**Interventions (state theories used)**

Motivational Interviewing (MI): Employing MI techniques to enhance the client's motivation and commitment to change, particularly in addressing her alcohol addiction and unemployment.  
Family Therapy: Engaging the client and her mother in family therapy sessions to address communication issues, resolve conflicts, and improve familial support networks.  
Psycho-education: Providing the client with information and resources about schizophrenia, MDD, alcohol addiction, and suicide prevention to increase her understanding and empower her in managing her mental health.

**Plans for next session**

In the next session, we will focus on establishing a comprehensive treatment plan tailored to the client's specific needs and circumstances. We will continue to explore the underlying factors contributing to her emotional distress and develop strategies to address them effectively.

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