**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number…** 9 **Date of intake…** 16/02/2024

**Client Code…** A9 **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:** 17 **Marital status:** Single

**Relevant history concerning previous counselling treatment( if any)**

No previous counselling history.

**The current situation (allow the client to share whatever has brought him/her for therapy).**

The client is a form 3 student diagnosed with schizophrenia. He is the eldest child in a family of three. He has been battling with schizophrenia since his childhood but managed it by way of medication. Mid last year, it got severe after he stopped taking his medication which led to adverse effects among them: auditory hallucinations, inability to focus in school(missed a whole term), excessive sleep and even neglecting his self-care.

The client’s mother also reports that the son is always adamant whenever he wants something and it must be done regardless of possibility and practicality. She mentions his insisting on repeating form 2 because he missed 1 term instead of proceeding to form 3. Aspects of perfectionism are also evident in the client.

**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 condition, as evidenced by his understanding of the need for medication management. However, cognitive functioning may be impaired during episodes of auditory hallucinations.

Emotionally: The client appears emotionally stable, though he may experience distress and frustration related to academic setbacks and family dynamics.

Socially: The client presents as socially withdrawn, likely influenced by the stigma associated with schizophrenia and difficulties in interpersonal relationships.

Physically: client appears healthy and stable, although neglect of self-care may be evident, reflecting the impact of untreated symptoms.

**CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| A9 | 16/02/04 | 12.00 pm | 1 | 1 hour | MTRH |

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

The client, a form 3 student diagnosed with schizophrenia, seeks therapy due to the exacerbation of symptoms after discontinuing medication. The adverse effects include auditory hallucinations, impaired focus in school resulting in a missed term, excessive sleep, and neglect of self-care. Additionally, the client's mother reports adamant behaviour and perfectionistic tendencies, such as insisting on repeating a grade due to missing one term.

**Goal(s) for therapy**

1. Stabilize and manage symptoms of schizophrenia to improve daily functioning and academic performance.

2. Enhance coping skills to address adamant behavior and perfectionism.

3. Foster insight into the impact of symptoms on academic and social domains.

4. Develop strategies to support the client's autonomy and independence within academic and familial contexts.

**Interventions (state theories used)**

1. Cognitive-Behavioral Therapy (CBT): Utilized to address cognitive distortions associated with schizophrenia symptoms, develop coping strategies for managing stress and auditory hallucinations, and challenge perfectionistic tendencies.

2. Psychoeducation: Offered to the client and family members to increase understanding of schizophrenia, medication adherence, and strategies for symptom management.

3. Family Therapy: Employed to explore family dynamics and communication patterns, enhance support for the client, and address conflicts related to academic expectations and treatment adherence.

**Plans for next session**

In the next session, we will collaboratively develop a treatment plan focusing on medication adherence, symptom management, and academic support. We will explore coping strategies tailored to the client's needs and address family dynamics affecting treatment adherence and academic progress. Additionally, we will introduce relaxation techniques and stress management strategies to mitigate symptoms and enhance overall well-being. The session will prioritize establishing a supportive therapeutic alliance and fostering the client's resilience in managing symptoms and achieving academic success.

**Student Counsellor’s signature… Date…** 16/02/2024