Title page

Practicum portfolio

Professional goal statement

The goal is to offer highly skilled therapeutic and social services to diverse clientele including children, teens, adults and elderly with mental and substance abuse disorders. To provide high quality counseling to individuals, families and groups who are victims of these issues. Applying knowledge to identify problems and determine the most practical solutions by working with the clients which will allow them to overcome their issues and struggles.

Getting involved in all areas of community life such as schools, hospitals, clinics and private practices. Issues that I expect to handle include mental disorders and substance abuse due to unemployment, poverty, academic failure, lack of moral support, financial instability, broken relationships and other related problems. Aims at improving the psychological and social wellbeing of the children, families and veterans by offering wide array of services to people of all ages. Some of the services for helping people with mental disorders and substance abuse include arranging adoptions for children and searching foster homes, helping single parents, assisting senior citizens and veterans, managing support for the poor students and helping troubled ones through counseling.

Counseling case study

The theoretical perspective adopted for counseling the clients with mental disorder and substance abuse was Cognitive Behavior Therapy. This theory claims that the most critical factor which impacts the mental state of a person is thinking pattern. The emphasis is thus on transforming the thoughts which are causing disturbance for the patient. People according to this theoretical perspective assume things which are irrational and promote negative attitude. By controlling negative thoughts the behavior of humans can be improved.

I conducted biopsychosocial assessment of children and adults with mental disorders and substance abuse. I handled 2 children both were 14 years old and facing mental issues. They were insecure due to their poor backgrounds and had been the victims of domestic violence.

Biopsychosocial assessment was also conducted for 2 adults who were the victims of substance abuse. Jack was facing difficulty in academic life and complained about his failing grades. He was raised by a single parent and witnessed disturbing events such as divorce of parents and they fights. Bentham was also the victim of substance abuse which affected his daily life negatively. He lost his parents in a car accident and was living with his grandparents. He used to take excessive alcohol for overcoming his depression.

Face-to-face interviews were conducted will all clients by asking them questions. Eye contact was maintained during discussions which helped in studying behaviors. Their hand movements and body language was also noted. After interacting with the patient an independent report was prepared for each client which included the details about their past and problems. The adults accepted that they taking excessive alcohol due to depression.

Treatment plan

A separate treatment was developed for children and the adults. In case of children the focus was on gaining resources, protecting them and defending their self-respect.

Course of treatment

During the first week of treatment focused on pursuing psychosocial interventions organized on daily basis. The clients were asked to follow bedtime, assure adequate intake of food and engage in some physical activity.

During the second week anti-aggression and anti-depression strategies were adopted for children and the adults. The fears of the clients were identified. In case of children the fear was not getting financial support and beating. They were asked specific questions such as “what you fear most?” “Do you think someone will beat you?” Similarly adults were also asked some questions such as “ when you drink the most?” “What is the most hurtful thing for you?” These questions helped in identifying that their most dominant fear was of losing their loved one. They were struggling due to their past experiences associated with their parents.

In the third week I encouraged each client to search for a solution to their problems. The children were asked to tell how could they be less aggressive. They came up with many solutions. The adults were also asked to search for the solutions to minimize their alcohol consumption. This session involved discussions with the clients independently which helped them in knowing their unconscious problems.

In the fourth week as routine plan was followed by every client. The children were told to think about positive things only such as playing, drawing and having fun. The children and the adults were told to adopt a friendly behavior with others and engage in playing activities. The adults were told to avoid distressful thoughts.

In the fifth week clients were told to engage in proper exercise. Children were encouraged to give 30 minutes to cycling. Adults were asked to follow a routine in which they engaged in 40 minutes workout. This routine was followed in next weeks also. They were also asked to reduce their alcohol consumption to half.

In the sixth week children and adults were asked to add another activity of giving 2 hours to study daily. Adults were also asked to reduce their alcohol consumption to one fourth.

In the seventh week clients were asked to interact with parents and friends at school by talking fun things. They had to talk at least one hour in a day. Adults were asked to take only one drink in a week.

On the eighth week children were asked to spend an hour on drawing and coloring. The adults were also asked to spend some time on creative work or art.

Discharge summary

On the end of eighth week the children improved their behavior and appeared to less aggressive. Adults had reduced their consumption of alcohol and also started feeling better.

Professional meetings

During the internship I was the part of differing meetings which involved 4-5 therapists. The meetings included briefings about the clients and their problems. Through expert opinion I was able to develop an effective treatment. I also attended many forums, which shared knowledge on anger management and depression control strategies. in the meetings the conditions of each client was explained independently and suggestions of senior therapists were noted. Meetings played significant role in choosing the right psychological interventions and the treatment plan.

Personal bibliography

During the program I read the Corneila Spelman’s book “Why I Feel Angry”. The book allowed me to understand the reasons that develop aggressive behaviors and also strategies for mitigating it. Some of the techniques highlighted in the book are engaging children in art work and promoting social attitude. I also read the article of Hofmann et al., (2012) “The Efficacy of Cognitive Behavioral Therapy: A Review of Meta-analyses”. The source explains the effectiveness of cognitive behavior therapy in improving the problematic behavior of adults. This was used for learning what procedures can be adopted for helping the clients. Caroll and Liluk (2017) article “Cognitive Behavioral Interventions for Alcohol and Drug Use Disorders: Through the Stage Model and Back Again” was studied for identifying the treatment plan for managing depression. The techniques of cognitive behavior therapy such as social interaction were adopted by consulting this source. Some of the strategies explained are engaging adults in physical activity and preparing a treatment plan.