

Module 1 - Screen 7

Video title: Introducing **ADULT** Case study and aligning therapy goal

Context: *Introduce case study of Gary. Video demonstrating initial engagement explaining consent and confidentiality and goal setting. Video to demonstrate how clinician can identify a common goal for treatment even when the young person expresses that their goal is to die. To focus on how the common goal for treatment can be on reducing psychological pain.*

Scenario: Gary, his wife and clinician sitting in clinic room. Today is Gary's first session.

Clinician: Hi Gary and Laura, thanks for coming along today. Did you manage to find everything ok?

Laura: Yes, it wasn't too bad.

Gary: The traffic was awful.

Clinician: Oh that's no good. I'm glad you managed to find everything else ok though.

Clinician: So, my name is Chloe and I'm one of the psychologists here. So Gary, we received a referral from the emergency department for you, after you took an overdose. How are you feeling about coming along here today?

Gary: It's not easy. I have to talk about, ... what's been going on. I am not really into this whole Mental Health stuff.

Laura: You need help Gary...

Clinician: I have worked with a lot of people who find it really hard to come along and talk to someone for the first time about this stuff. So look, today we will take it completely at your own pace ok? Today is really just a sense of what's been going on for you, and figuring out a way we can work together moving forward.

Something that might help with that, is knowing that as a clinician working with Queensland Health I really value confidentiality. So what that means is that anything you tell me today I've got to keep private and any notes that I write about our sessions can only be seen by other mental health professionals involved in your care, and even then I'll let you know beforehand if I ever have to share any information.

Gary: Yep, that ... kinda makes sense. I don't want people finding out; I don't want mates finding out. It's just ... it's embarrassing ... you know ... we're here.
****looks down****

Clinician: Yeah, and I really get the need for you to have a safe space to speak about these things. Look, some of these things are pretty hard that we are gonna be speaking about, I guess it's good to know that if you want to as well, we can keep some of those things confidential from your family as well

Gary: Well ... I mean ... you've seen everything ... so, ... it's alright. ****looks at Laura****

Clinician: Look, the only exception to that is that if I'm really worried about your safety or the safety of someone else, that I'm gonna have to contact your wife, or another support person, or even the police. It's just so we can come up with a plan to keep you safe. But if I ever have to do that, I'm always gonna let you know first, and we can work through that process together. How does that sound?

Gary: Yeah, ok, we can do that.

Clinician: Do you have any other questions for me at this point Gary?

Gary: Nah.

Clinician: So Gary, today I'll be asking you a fair few personal questions. I'm just wondering whether you'd feel more comfortable talking to me by yourself or whether you'd prefer to have Laura in the room?

Gary: Well, you've helped me get here ... so ... let's try and do this? ... Ok. *(Laura squeezes Gary's hand and smiles at him)*

Clinician: So let's get started. So what do you think has brought you along here today Gary?

Gary: Just, having thoughts, ... pretty bad ones ... it's kinda just all, ... I mean I don't see a point anymore ... it's just all in my head ... I suppose, yep.

Clinician: What does that mean for you?

Gary: I'm having some pretty down thoughts. I've been in a lot of pain. I can't do anything ... been off from work, and stressed, getting angry and ... we've had some pretty big fights ... Jacey our daughter, she just left last week. So, that's when it kinda hit home that what I've been trying to do, it could have an impact on her, and I don't want to see my daughter affected by what I'm going through.

Clinician: Absolutely. Sounds like a lot that you've been going through. Sounds exhausting

Gary: I don't know how to fix it.

Clinician: Yeah.

Gary: Can't do anything. Can't fix anything, I'm just ... it's all just stuffed.

Clinician: And that's part of my job Gary, is to work with you and talking through all that pain that you are going through; ... figuring out ways to manage it and go forward. What do you think you need for that to happen Gary?

Gary: Alright, ... I mean, some part ... my wife really understands this but I just can't see the point in it anymore; but she is right that help could really affect Jacey. If things could be made better then, sure I'd ... but what's the point, I mean things aren't gonna get better, ... I can't get back to work, it's all stuffed. So,

Clinician: Ok. So the first step with getting that help, is to talk today about what's been going on for you. We call that an assessment, so that's basically us talking through different areas of your life and figuring out what's been going on, and figuring out the best treatment options for you.

Gary: Ok ... alright.

Fade out

