



CLINICAL NOTES

DATE/TIME	CLINICAL NOTES
20.4.09	Ph msg recd from [redacted] feeling very down & [redacted] suicide
8.24	<p>P/c to [redacted] ([redacted] stated that on 4.09 [redacted] neighbour was playing loud music & did not respond to his request to stop. He called Noise control & got no response. He went to the domain & drank beer rapidly & then returned to the flat & got verbally abusive & threatening towards the neighbour. Police were called, [redacted] was charged with breaching behaviour & he spent the night in police custody. [redacted] reported he is now disturbed by all the neighbours & his boarder has moved out. [redacted] was offered a 1/1 apt today but he declined stating he was still recovering from the binge. [redacted] had stopped drinking. [redacted] to attend a 1-1 apt 2.4.09 11am. [redacted] to contact the crisis team if he has any further thoughts of suicide. Numbers provided. [redacted] stated he did not think he would harm himself & would start looking for another flat. plan reviewed with CTL D [redacted] F</p> <p style="text-align: center;">N S ALCOHOL & DRUG CLINICIAN 2.4.09 10am.</p>
21.4.09	<p>PK Message received from [redacted] (at 5.19am) reporting the [redacted] team, a cynical service from his contact & a service "is all Bullshit" and no one really cares. Said he'd like to change counsellor from [redacted] as [redacted] "it's disappointing me". Discussed with [redacted] and plan for [redacted] to contact and clarify if these are [redacted] wishes. If [redacted] wishes reallocation to discuss</p>

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	<p>re allocation needs (his) & outline the process as it is likely to occur.</p> <p><i>[Signature]</i> Clinical Team Leader</p>
21.4.09 4:30	<p>P.C. to () requested could I call back in 30 minutes. I advised () I needed to leave the office at 5pm. () stated he intended to attend our next booked appointment on 22.4.09 11am. He wanted to apologise for the voicemail message he had left the night. Plan: Flup sept 22.4.09 11am.</p> <p><i>[Signature]</i> ALCOHOL & DRUG CLINICIAN</p> <p>21.4.09 4:35</p>
22.4.09 9:30	<p>Ph msg rec'd from () cancelling today's appointment due to still suffering the effects of drinking Heavily.</p> <p><i>[Signature]</i> ALCOHOL & DRUG CLINICIAN</p> <p>22.4.09.</p>
22.4.09 4pm	<p>P/C to () who stated he had been to his G.P. today & got some medication to help with the feelings of nausea. () stated he had been told he slashed tyres on a vehicle when he was intoxicated as well as threatened his neighbour. He was due in court 23.4.09 9am. Advised () I could give him a letter of attendance for court. () stated he wouldn't be able to pick it up & requested it either be emailed or couriered. I advised I would need CTL to approve this. Plan: () to call 23.4.09 to advise how he was.</p> <p><i>[Signature]</i> ALCOHOL & DRUG CLINICIAN</p> <p>22.4.09.</p>

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B

5/11/09 Male years months

Auckland 1 GP:Dr. T. Hm.Ph:02 or 09

Consultant team

CLINICAL NOTES

DATE/TIME	CLINICAL NOTES
	arrived in clinic. Letter of attendance provided
	M S ALCOHOL & DRUG CLINICIAN
30.04.09	<u>Follow up Review session # 25</u>
2pm	Presentation: arrived on time stating that he had been issued an eviction notice to move out of his flat within 3 months due to the fact his landlord had decided to sell the property spoke about his anxiety and fear of being able to find another place, the costs associated with moving and the need to hire furniture vans etc. stated that he was also in the process of trying to have his current charges dropped as he did not want his legal record affected. Alcohol and Drug Use: reported that the night he lapsed (04.09) he consumed 18 cans of beer. He also drank another 6 cans the next night to help with the withdrawal. Nil alcohol since. Current Medications: Nil noted. Risk: No change to Low risk Stakeholders: Court Treatment Plan: to consider a referral to House for DBT skills training and to continue 1-1- counselling to maintain nil alcohol use. Intervention: Validated for not drinking since the lapse and empathised with his situation re having to move flat again. Amplified to that since his lapse the relationship with his neighbours would never be the same again and in a way needing to move was almost the only solution. Allowed to tell his story re the night of his lapse. Empathised with his struggle and sense of powerlessness. spent a lot of time speaking about his efforts to get his charges dropped. Encouraged that he should put his efforts into learning not to drink as a result of his emotions and therefore he would not have to be so stressed about cleaning up the mess. Encouraged that House may be a possible form of support for him to learn skills to better manage his emotions. Follow up Appointment: 14th May 11am
	M S ALCOHOL & DRUG CLINICIAN
	30-4-09 3:20
14.5.09	arrived at 2pm. I explained his appt was at 11am. He showed me the appt card that stated next appt was 2pm. I apologised for my mistake explaining I could not see him now due to attending Group Supervision. re-scheduled for 27.5.09 2pm.

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M S
ALCOHOL & DRUG CLINICIAN 14.5.09



B

Age: Male years, months
Auckland 1 Hm.Ph:02

GP: Dr or 09

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DATE/TIME	CLINICAL NOTES
27.05.09	Follow up Review session # 26
2pm	<p>Presentation: arrived on time stating he was in the process of house hunting and finding this a frustrating and difficult experience stated that his neighbours were no longer causing him difficulties but as the flat was being sold he knew he had to move and had stated the process of packing up his belongings. stated that he was open to considering other areas to live in other than Auckland. stated that his court case had been put off for another month and he had to live with the anxiety of what was going to happen.</p> <p>Alcohol and Drug Use: reported nil use of alcohol.</p> <p>Current Medications: Nil noted.</p> <p>Risk: No change to Low risk</p> <p>Stakeholders: Court</p> <p>Treatment Plan: to continue 1-1 counselling to support maintaining abstinence from alcohol. would like further information on House to consider attending their programmes.</p> <p>Intervention: Validated for not drinking and reflected the difficult and frustrating process of searching for a rental property. Allowed to explore the relationship with his Father and he came to realise that he went against everything his Father had wanted from him and as a result his Father became seperated from him and never understood his feelings. Explained to that it was my hypothesis that as was never able to express his emotional state when he became angry he did not know what this feeling was and subsequently used alcohol to helpo him manage this unknown feeling. Explained to that in order to make a change to this long term behaviour he had to first become aware of his anger and learn to tolerate it rather than use alcohol to manage it.</p> <p>Follow up Appointment: 4th June 11am</p>
	<p>M S</p> <p>ALCOHOL & DRUG CLINICIAN</p> <p style="text-align: right;">27.5.09 3.30</p>

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B

10 Male years months
St Auckland Hm.Ph:02
or US
Gr. Dr. T.

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04.07.09	<u>Follow up Review session # 27</u>
11am	<p>Presentation: arrived on time stating he had been offered a flat in [redacted] that he was feeling very pleased about. [redacted] stated that it had been very difficult getting in contact with his new landlady and he had become anxious about the fact that he only had a verbal agreement and had officially advised his current landlord that he would be moving out in 3 weeks. [redacted] stated that his emails to his new landlady started indicating his anger and frustration of not being able to contact her. [redacted] stated that physically moving flat was a very difficult task as he had no assistance from anyone else and he also had no vehicle and was also under significant financial restraint having gained an allowance from WINZ to help him with the costs of moving.</p> <p>Alcohol and Drug Use: nil reported.</p> <p>Current Medications: Nil noted.</p> <p>Risk: No change to Low risk</p> <p>Stakeholders: Court</p> <p>Treatment Plan: to continue 1-1 counselling and to make also make a referral to [redacted] House or find out about other DBT groups.</p> <p>Intervention: Validated [redacted] for not drinking and reflected his anxiety about the possibility of ending up homeless due to not being able to confirm with his new landlady in writing that a tenancy was available. Allowed [redacted] to explore how he never had support from his family and that since he had moved to NZ they had "cut him off" resulting in him having to become very self reliant. [redacted] realised that as he had to become very self reliant he had learnt not to trust others and had to rely on himself and always had to have everything extremely well organised and this also led to him feeling angry/anxious if things did not go to his plans. [redacted] became aware that this was his risky time of needing to use alcohol. [redacted] also started to become aware that he needed to try and relax a little trusting that everything would eventually be o.k. Advised [redacted] that learning this skill would take time and that it was possible attending a DBT class could also assist with him becoming aware of his emotions and the actions he took as a result of them.</p> <p>Follow up Appointment: 11th June 2009</p>
	M. S ALCOHOL & DRUG CLINICIAN S.G.-ca.

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