

06/05/2010 11:58, Clinical Supervisor

Created on: 06/05/2010 11:58

(-Follow Up)

Activity: Written Letter Fax Email Location:

Showed letter to during follow up session, he asked for a sentence to be added to the letter around difficulty managing stress which I agreed to include. Unable to amend original letter as "read only", new letter written.

- Document: To unknown. Re: Confirmation of Attendance v02

05/05/2010 11:36, L, Clinical Supervisor. Version 2 L 06/05/2010

Created on: 05/05/2010 17:11

(-Follow Up)

Activity: Written Letter Fax Email Location:

Voice mail message received from requesting a letter of attendance. This letter not given to refer to clinical note 6/5/10

- Document: To unknown. Re: Confirmation of Attendance v02

22/04/2010 11:24, Clinical Supervisor. Version 2 L 22/04/2010

Created on: 22/04/2010 11:36

(-Follow Up)

Activity: Face to Face Location:

Session: 6

Presentation: arrived on time, engaged through session

Current Risk: Remains MEDIUM risk for self harm - refer to risk summary for further details. All other risk assessed LOW currently.

Current AOD use: reports binge drinking twice since our last session (30/03/10) no dates given and stated that he drank for 3 days during the first binge unclear for how long on his second binge.

Current medications: None reported

Discussed. talked about the ongoing Court issues and the difficulty that he is having getting a Legal Aid lawyer to represent him for his appeal. He states that he is now having to represent himself and study up on law. stated his current binges have been in relation to this issue. Reflected to how sad it sounded to hear that he was once again on his own and no one was there to support him and affirmed him for achieving all the necessary court documents on his own.

stated that his neighbours are slandering him and that he has taken this matter to his landlord, awaiting some outcome. He also stated that his friend he helps is using him. Reflected to again how said this sounds and how hurtful these things sound for him.

talked about his addiction to food / sugar as a teenager and we discussed using food / alcohol as means to self soothe.

Interventions:

Relapse prevention: Discussed creating interruptions to existing binge pattern cycle. is quite adamant that at times he is unable to make a different choice around drinking and has to drink. Discussed thought stopping techniques, distraction and abdominal breathing techniques and encouraged to begin practising breathing every now. Affirmed for making changes to his sleep hygiene and encouraged him to continue to develop nurturing/soothing techniques.

stated 5 minutes before the session completed that he needed to leave now, discussed with him the abruptness of this and that he was prepared for ending but I wasn't and suggested that he lets me know at the beginning of session, he apologised and agreed understanding the effect on others.

As was leaving the session today, he asked whether I had heard from House, I told him I had and had received his correspondence re the group and suggested that we could talk about this further and our next session and included the possibility of talking about the letters he had written to his previous Counsellor and asked to consider this

before our next session.

Involved others: GP

Treatment plan: Refer to treatment plan for details. Practice breathing techniques daily

Next session: Thursday, 06 May 2010 at 11.00 hours

31/03/2010 14:55, L Clinical Supervisor

Created on: 31/03/2010 14:56

(Clinical Note)

Activity: Clinical Note Location:

Discharge letter received from House including email correspondence from to House - refer to paper file.

30/03/2010 11:20, L Clinical Supervisor

Created on: 30/03/2010 11:29

(Follow Up)

Activity: Face to Face Location:

Session: 5

Presentation: Arrived on time, engaged well throughout session

Current Risk: Remains MEDIUM risk for self harm - refer to risk summary sheet for further details. All other risk assessed LOW currently.

Current AOD use: No alcohol or other substance use reported since last session.

Current medications: None reported.

Discussed & Interventions:

Explored 's binge cycle on the whiteboard incorporating feelings, mind and behaviours. Worked with interventions to interrupt thinking patterns when is defending painful feelings. states that he attacks the government, WINZ and society when he feels angry and frustrated and I suggested that he then attacks himself by drinking.

Encouraged to use skills such as mindfulness, distraction, stopping automatic thoughts and introducing new behaviours. reported that he has experienced a positive change for himself when he did a different behaviour around usual uncomfortable thoughts/feelings. Encouraged to keep growing these positive responses.

Discussed with sleep hygiene behaviours and encouraged to incorporate these along with all other skills into daily practice.

Suggested to to write out his binge pattern as he knows it to help him identify where he is in this cycle.

Involved others: None reported.

Treatment plan: Refer to treatment plan for details. to write out binge cycle and practice daily mindfulness at 5 minutes at a time.

Next session: Thursday 22 April 2010 at 10.00 hours

16/03/2010 15:25, L Clinical Supervisor

Created on: 16/03/2010 15:58

(Follow Up)

Activity: Face to Face Location:

Session: 4

Presentation: Arrived on time, good rapport established

Current Risk: Remains MEDIUM risk for self harm - refer risk summary sheet for further details. All other risk assessed LOW currently.

Current AOD use: reports drinking on the 02 March 5 - 6 beers, then again on the 03 March approximately 12 beers and then again the 07 March ?? amount.

Current medications: None reported

Discussed & Interventions:

stated that after our last session he felt positive for about 1 1/2 hours but on his trip home on the bus and a subsequent meeting he began to feeling negative and stopped off and brought some beer. He stated that things weren't going as he imagined and this triggered him into his familiar thinking pattern that nothing goes right for him. I reflected the disappointment I heard in the repeating pattern and how hard it is for to hold onto a positive experience.

explained why he was no longer attending House - similar pattern around his disengagement. However I reflected to his sense of disappointment again when he thought that house would call him when he didn't attend and they hadn't called.

spoke about his legal aid issue again and the run around he feels he has received from various agencies and the differing information.

- Discussed with if he was going to continue 1:1 counselling with me. stated that if I was going to work all the time with emotions he didn't think he could. I clarified with him further around the way I work and stressed with him that emotions is only part of the way I work and I affirmed his cognitive ability and his logical thinking and that this is also how I work then felt he would be able to work with me for a little while. Agreed 6 further sessions and review.

discussed with his black and white, all or nothing view on life and how this serves and limits him and invited to include "more than" and "and" in his view.

Involved others: None reported - disengaged with House

Treatment plan: Refer to treatment plan for details. kept a log of stressors for one week and a photocopy of these are available in the paper file.

Next session: Tuesday 30 March 2010 at 10.00 hours.

02/03/2010 13:09, L Clinical Supervisor

Created on: 02/03/2010 13:44

(Follow Up)

Activity: Face to Face Location:

Session: 3

Presentation: Arrived on time, wearing shorts

Current Risk: Remains MEDIUM risk for self harm - refer risk summary sheet for further details. All other risk assessed Low currently.

Current AOD use: reports drinking Saturday and Sunday (27 & 28 February 2010). He states he drank over one dozen beer on each occasion, and drank to blackout.

Current medications: None reported.

Discussed & Interventions:

Discussed current drinking episode and triggers leading to binge. stated he had a new flatmate which wasn't working out and he has now asked him to leave. Issues arose relating to his friend he spoke about at last session and storing some belongings for him and w described as the "major thing" was receiving the letter from the legal aid reiterating that he is not entitled to legal aid stated he felt angry and thought "F this" and drank. Discussed maintaining cycle of drinking. Discussed his feelings of anger/rage, education on anger cycle. Spoke with about learning to identify build up of feelings when he is feeling disappointed and powerless which escalates to rage was nodding throughout and stated he knows this but also doesn't know this. Validated this experience with him.

Recommended write down all current issues and rate these on a daily basis as indicated in previous session, and then do a daily rating for the day in general enabling us to review some patterns.

Talked with that next session is our review session. indicated that he was thinking that a male would be better as he has past relationship problems with woman. Writer asked to think about how the sessions have been

currently and whether he has benefited from these so far and that our agreed contract is working with his alcohol abuse.

Involved others: [redacted] House.

Treatment plan: Refer to treatment plan. [redacted] to record all current stress issues in his life and rate these 1 - 10 as discussed previously and rate his day overall.

Next session: Tuesday, 16 March 2010 at 11.00 hours

17/02/2010 15:30, L [redacted], Clinical Supervisor

Created on: 18/02/2010 15:53

([redacted] -Follow Up)

Activity: Face to Face Location: [redacted]

Session: 2

Presentation: Casually dressed, good rapport, reported feeling tired.

Current Risk: Remains MEDIUM risk for self harm - refer risk summary sheet. All other risk assessed at LOW currently.

Current AOD use: Reports no substance use since last session.

Current medications: None reported.

Discussed & Interventions: [redacted] reports that he attended [redacted] House group this morning and is feeling tired from this group. We have agreed not to have our follow ups on the same day as the group.

[redacted] stated that during the past fortnight there had been some incidents which were triggering for him and he had been close to drinking. Affirmed him for not drinking. He spoke of his friend becoming unwell in his mental health causing some problems and subsequently getting arrested. [redacted] was hoping that this friend would be a witness for him but due to his friends current arrests realises that this is no longer an option, [redacted] reports feeling disappointed by him. Explored and discussed boundaries around this friend and affirmed [redacted] for already setting clear boundaries with this friend.

[redacted] also spoke about the issues he is having with his front neighbours and the reluctance of the landlady to act upon his requests. He states that all these small incidents build up and he feels stressed along with managing his court issues. Again affirmed and validated [redacted] for managing the difficult situation and suggested he begin rating all incidents/issues 1 - 10 on a daily basis to identify which issues may be causing more stress or if they all have increased in rating. This would indicate early warning sign and help for introducing an intervention to avoid drinking. [redacted] said that he would begin this.

Involved others: [redacted] House

Treatment plan: refer to treatment plan. Also to keep daily stress rating of issues occurring.

Next session: Tuesday, 02 March 2010 at 10.00 hours

05/02/2010 14:07, L [redacted] Clinical Supervisor

Created on: 05/02/2010 14:08

([redacted] -Follow Up)

Activity: Face to Face Location: [redacted]

Session: 1

Presentation: Casually dressed in shorts, arrived on time. Engaged well in the session. Good eye contact, rapport developed.

Current Risk: Remains MEDIUM risk for self harm refer to risk summary sheet. All other risk areas currently assessed LOW.

Current AOD use: [redacted] reports drinking from 24/12/09 through to 03/01/10 drinking beer.

Current medications: Not discussed at this session

Discussed & Interventions: Introduction - meeting and greeting - Introduced myself, [redacted] asked about my qualifications

and experience which I gave details of. Discussed previous counselling relationships at [redacted] and Central. We agreed to have four sessions together and then review. [redacted] told me he is the eldest of three [redacted] to parents both alive Dad (77), Mum (74) all family lives in [redacted]. He stated that his father is the 3rd eldest of 10 children and had taken over the families farm, which the eldest son would have expected to have done but he was at war and that he felt his father didn't understand him and his need to leave the farm. I reflected it may have been hard for his father to embrace this with [redacted] if he had felt he had to compromise his own learning to run the family farm. He stated only his youngest brother and one niece made contact with him over the Xmas period and he felt angry by this. Explored underlying feelings of sadness. He stated that he has applied for a [redacted] of his legal aid and this process takes approximately 10 weeks and that if it was a negative outcome this could be a trigger to drink. He identified his triggers as disappointment, anger, frustration, nothing working out, void. Affirmed him for knowing his triggers and we will look at his thinking and his behaviour as he builds up to drink. [redacted] told me about his living arrangements and the difficulty he had in his previous flat. He spoke about [redacted] House and is looking towards attending the next group after skills.

[redacted] gave me a photocopy of his goals (refer paper file) he had set in August 2008 when seeing C. H. [redacted] showing 8 goals. I suggested to [redacted] that we concentrate on one of these namely alcohol abstinence, create lifestyle balance rather than attempting to do all 8 goals now, he has agreed with this. Developed rapport and [redacted] expressed a level of trust with me at the end of the session and we agreed to meet again in 2 weeks.

Involved others [redacted] House - [redacted] group

Treatment plan: Refer to treatment plan attached.

Next session: Wednesday 17 February 2010 at 15.30 hours

- Form: Treatment Plan - Generic (TP1) (05/02/2010)

03/02/2010 16:37, M [redacted] S [redacted] AOD Clinician. Version 2 S [redacted] M 04/02/2010

Created on: 03/02/2010 17:01

([redacted] -Follow Up)

Activity: Clinical Note Location: [redacted]

Transfer summary

a/ [redacted] is a 5 year old [redacted] man who immigrated to new Zealand from [redacted] 30 years ago. [redacted] has completed 38 sessions of individual counselling at [redacted] with AOD clinicians C. F. [redacted] and M. S. [redacted]. He has also previously completed the [redacted] programme and numerous other psychoeducational groups and anger management programmes.

b/ [redacted] is diagnosed Generalised anxiety disorder, Depression, [redacted] and adjustment disorder. [redacted] continues to have difficulty in maintaining abstinence from alcohol. He can maintain long periods of abstinence from alcohol but generally binges approx every 2 months. Feelings of anger, boredom, loneliness and frustration appear to be [redacted] triggers to use alcohol.

c/ [redacted] has no family support in New Zealand. His family appear dismissive of him and ashamed of him due to his problems associated with alcohol. [redacted] recently had his [redacted] without any contact from his family.

e/ [redacted] has almost never been in relationship and has very few friends. He frequently advertises for flatmates whom he desires to be close friends with and he also hopes to meet someone with whom he can develop an intimate relationship.

f/ [redacted] is currently engaged with [redacted] House.

g/ [redacted] is currently rated at medium risk of suicide - see risk summary sheet dated 14.12.2009

02/02/2010 15:39, L [redacted], Clinical Supervisor

Created on: 02/02/2010 15:41

([redacted] -Care Co-Ord With Prof/gp)

Activity: Phone or Txt Location: [redacted]

Phone call with L. C. [redacted] from [redacted] House informing her that I will be [redacted] s counsellor at [redacted] if it is agreed after our session on the 05 February 2010.

02/02/2010 09:27, L [redacted], Clinical Supervisor

Created on: 02/02/2010 09:28

([redacted] -Care Co-Ord With Prof/gp)

Activity: Phone or Txt - No reply Location: [redacted]
Left voice mail message for L [redacted] C [redacted] House to call me.

29/01/2010 11:31, L [redacted], Clinical Supervisor

Created on: 29/01/2010 11:32

([redacted] -Follow Up)

Activity: Phone or Txt Location: [redacted]
Phone call from: [redacted] introduced myself and reason for call, discussed dates and times for session and booked Friday 05 February at 11.00 hours

29/01/2010 11:20, L [redacted], Clinical Supervisor

Created on: 29/01/2010 11:21

([redacted] -Follow Up)

Activity: Phone or Txt - No reply Location: [redacted]
Discrete voicemail msg left for [redacted] to call me. [redacted] has asked for a change of clinician and this is to introduce myself and set up initial appointment.

28/01/2010 16:30, M [redacted] S [redacted] AOD Clinician

Created on: 29/01/2010 13:10

([redacted] -Follow Up)

Activity: Phone or Txt Location: [redacted]
Ph msg rcvd from L [redacted] ([redacted] House). [redacted] House wants to ensure [redacted] is supported with 1-1 counselling at [redacted]
Plan: [redacted] counsellor to contact L [redacted] C [redacted] ph 3, [redacted] note L [redacted] not available on fri or Mondays.

28/01/2010 16:30, M [redacted] S [redacted] AOD Clinician

Created on: 29/01/2010 16:59

([redacted] -Follow Up)

Activity: Phone or Txt Location: [redacted]

27/01/2010 09:45, L [redacted], Clinical Team Leader

Created on: 29/01/2010 14:45

([redacted] -Follow Up)

Activity: Written Letter Fax Email Location: [redacted]
letter received from [redacted] requesting change of counsellor - filed in paper file, replied to and posted today - in paper file.

15/01/2010 09:21, M [redacted] S [redacted] AOD Clinician. Version 2 S [redacted] M 15/01/2010

Created on: 15/01/2010 09:22

([redacted] -Follow Up)

Activity: Written Letter Fax Email Location: [redacted]
Discussion with CTL D. [redacted] about [redacted] s presentation. CTL advised letter to [redacted] inviting further contact.

- Document: To unknown. Re: Discharge Letter v02

11/01/2010 11:15, M S AOD Clinician

Created on: 11/01/2010 11:18

(Follow Up)

Activity: Phone or Txt Location:

P/c to T F House to advise of last presentation at Advised T P would attempt to contact and re-engage for ongoing support.

23/12/2009 17:07, N S AOD Clinician

Created on: 23/12/2009 17:14

(Follow Up)

Activity: Clinical Note Location

P/c to No answer on home phone. Message left reflecting feelings of being let down and unsupported. Advised opening hours over the xmas break, crisis team numbers and encouraged him to use the skills of emotional regulation that he was being taught House and also to use the tool of distraction that we had discussed in today's session.

P/c to House - no answer or message service. Plan: to request DC to contact House to advise of latest contact with

23/12/2009 13:00, M S AOD Clinician

Created on: 23/12/2009 15:00

(Follow Up)

Activity: Face to Face Location:

Session: # 38

Presentation: arrived on time reporting that his flatmate had made the decision to leave and he would have to look for another person. also reported that his plans for xmas had not worked out due to his friend having a serious case of the flu and he did not want to spend xmas day with another friend who wanted to discuss conspiracy theories stated that he had realised that he had been trying to make the jump into a full time job and that the change would probably be too stressful for him to manage also identified that he now realised that developing friendships and possibly a personal relationship had now become important for him.

Current Risk: Remains medium risk for self harm

Current AOD use: denied any use of alcohol since the last time that he binged.

Current medications: Nil noted

Discussed: Recognising the binge cycle, interrupting the binge cycle, increasing social contacts for support, creating pleasant activities for yourself when alone, setting realistic goals, seeking voluntary work.

Interventions: Validated for not binging on alcohol, and reflected the sadness about the probability that xmas would be spent alone. Encouraged to make the day special for him by cooking a special meal just for him, enjoying a walk in the park and making a p/c to his father in Encouraged to recognise the feelings that led to a binge and to interrupt the binge cycle by creating a distraction. Discussed various distractions that he could use. Allowed to explore his desire for a relationship and allowed to create a personal advertisement for himself that allowed him to contradict his automatic thoughts that he would be immediately rejected for not being good enough. Encouraged to explore the possibility of voluntary work that would provide contact with other people and gradually build his tolerance to stress.

Involved others: House

Treatment plan: to continue 1-1 counselling and to attend the next group at House.

During the last five minutes of the session was provided with a letter of attendance that he had previously requested. read the letter and was disappointed that the letter did not recommend that he receive legal aid as he was going to send this to the legal aid I explained to that I could only provide him with a letter of attendance at and the plan for his ongoing treatment. became angry and walked out of the room stating that He hated

Situation discussed with Clinical Supervisor L F who advised to allow time for to get home and then attempt to ring him at home acknowledging his feelings of disappointment and anger, advising hours of opening over xmas, crisi