Ground Floor, Bldg,
Road, Auckland
Tel: 09 Fax 09
Web: www.p .co.nz

13 Oct 2010

Dr T
Medical
Road

Auckland

Dear Dr T

Re:
Street

Auckland
NHI: B

Thank you for referring to our service. He has been seen for an initial assessment. Please find following, a summary of presenting issues, and the plan agreed:

Patient seen: 11 Oct 2010
Session type: Individual
Session mode: Psychological
Reason for Assessment/referral: Recommended by GP
Kessler score: 35 - High risk of anxiety/depression.

Patient Presents With
Depression
Substance use issues
Childhood/Family of origin issues

History of Problems
has requested a cognitive behavioural approach for the underlying issues that he considers contribute to a pattern of binge alcohol relapse: including; obsessive traits, a fear of being out of control and depression symptoms. understands that we are a brief intervention service but is hopeful that we can make a start on these issues. Given the nature of our assessment session we did not collaboratively establish goals of therapy but with the intention of doing so in follow up sessions.

Substance Use
Alcohol: Non Drinker

Level of Risk
Risk of suicide: Mild risk
Risk of self harm: Mild risk
Risk of harm to others: No risk
Assessment of risk: Past suicidal ideation and intention in May when arrested and in the cells. Considers was as a result of alcohol withdrawal and stress.

Diagnosis
The client presented with features that are consistent with the following diagnosis.

Axis I and Axis II - Psychiatric Diagnosis
Substance Abuse / Dependence - Last binge episode late August after

Axis III - Medical Diagnosis:
No known medical conditions

Axis IV - Stressors:
Problems with primary support group: Isolated. Conflicted relationship with elderly parents who live in
Social environment problems: Binge alcohol consumption
Occupational problems: Beneficiary
Economic problems: Financial stress - accumulated debts
Interaction with legal system/crime probs: While intoxicated

Axis V - Global Assessment of Functioning
41-50: Serious symptoms OR any serious impairment in functioning

Formulation
is a 5 year old male who has been referred for CBT following an episode of binge alcohol usage (May) which resulted in an arrest and subsequent suicide attempt while in the cells and (as reported by GP) a following phone call to WINZ stating that he was going to kill himself who alerted CATT which was followed up an assessment by a CMHC psychiatrist.

who is of descent is estranged from his parents. As a young boy he felt alienated by his father and ran away from home several times. Presently his mother will not talk with him on the phone of which believes is her protest against him leaving a second time. His parents are described as traditional, conservative and not emotionally expressive.

has had numerous interventions into his problem drinking behaviour of which he considers begun as his way to escape stress and worry. This resulted in a dependency disorder and subsequent abstinence based treatment via Queen Mary Hospital in 198 has not gelled with a twelve step program of which he finds is a strict approach and likened it to 'a religion'. Additionally he did not relate to the higher power or step work and said that he would not know where to begin 'making ammends'.

described a good relationship with his case manager of whom he is seeing once a week. We have discussed the potential of a conflict of interest in engaging two therapists and I note the assessing psychiatrist report statement tha does not stick with one therapist that he finds it

difficult to trust and that his underlying triggers include depression, a need for control and obsessive traits will need to learn how to tolerate distress, manage frustration and delay gratification and these goals are difficult to achieve in a brief intervention model.

Plan
Intervention:
Individual therapy sessions planned = 5

Treatment Approach:
Cognitive behavioural

Treatment Goals
CBT for depression / anxiety
and obsessive traits.

Medications
No medications prescribed by PS.

Yours sincerely

L
Registered Psychologist
MNZPsS

Attending Doctor: L
Admission Time: 13 Oct 2010 5:42 pm
Clinic Name: PS

Observation date:

Patient: DOB:
Subject: Gp Letter Re Waiting Date: 23 Sep 2010
Reference: ppsrefer RSD:

Referral/Discharge Status: Completed and treated/discharged
Referral Description: GP letter re waiting
Referred to Provider: MEDICAL
Primary Care Provider: DR
Referring Physician: L
NHI: