Putting pieces together

Kay Wilhelm
Consultant Psychiatrist, CL Psychiatry,
St Vincent’s Hospital, Sydney
Conjoint Professor, School of Psychiatry, UNSW
Director, Faces in the Street

Putting the pieces together K Wilhelm
05.11.10
Some of the pieces

- Green card clinic
- Lifestyle sheet
- Coping cards
- Expressive writing
- Mood mapping

- Screens
- Timeline
- Formulation letter
- Management plans and advance directives
- Coping cards
- Expressive writing
- Music

Putting the pieces together K Wilhelm
05.11.10
3 session intervention

- Predictable approach for ED
- A ‘user friendly’ service
- A time limited intervention package
- Increased compliance from ED
- Measurement of outcome
The size of the problem

- DSH 1-5% of public hospital admissions
- Repeated attempts in up to 30%
- Usually in next 12-18 months
- First 2 weeks = highest risk time
- Compliance with follow-up between 25-50% in the following weeks
Clinic Roster in ED
ED Material sent
Session 1

- Lifestyle assessment
- DASS, SF-12 scales
- Review history, risk
- Timeline
- Introduce program
- Identify/select options
- Alarm system
- Select homework goal
- Journal writing
- Clinician writes a letter

Identifying your priorities

Please identify those items from the list below that best fit your current problems - choose as many as you like. We will then work through your choices with you to plan some goals.

- I worry a lot about my general health.
- Recent events have led to the need for changes in my life.
- I have problems with tiredness and motivation.
- I have difficulty making decisions or solving problems.
- I have problems in my relationships.
- I have difficulty standing by what I think and say to other people.
- I have a problem with controlling my intake of cigarettes, other drugs and/or alcohol.
- I have a problem with food, eating or weight.
- I have a problem with gambling.
- I have a problem with self esteem.
- I have financial or work-related problem.
- I have difficulty with feelings about an important loss.
- I have difficulty in moving on from a past event.
- I find myself returning to negative or depressing thoughts.
- I have difficulty in controlling my anger and act impulsively.
- I have difficulty with my feelings of anxiety and panic.
- I have difficulty with feeling lonely and isolated.
- My physical health problems get me down.

Encourages person to set own goals and priorities

Putting the pieces together K Wilhelm
05.11.10
Screens used routinely

- Depression Anxiety Stress Scale or K10
- SF12
- Lifestyle sheet
- Attachment style
- Priorities sheet
# Lifestyle sheet

## St Vincent's Hospital

### Lifestyle Assessment

**Based on the past month, rate yourself in each of the area below:** (please circle)

<table>
<thead>
<tr>
<th>Area</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family</strong></td>
<td>Communication with others is open, honest and clear</td>
</tr>
<tr>
<td><strong>Friends</strong></td>
<td>I give and receive affection</td>
</tr>
<tr>
<td></td>
<td>I get the emotional support that I need</td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td>Active exercise - 30 minutes. Running, cycling, fast walking</td>
</tr>
<tr>
<td></td>
<td>Relaxation and enjoyment of leisure time</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td>Balanced meals</td>
</tr>
<tr>
<td></td>
<td>Breakfast regularly</td>
</tr>
<tr>
<td></td>
<td>Avoid excessive sugar, salt, animal fats, or junk food</td>
</tr>
<tr>
<td></td>
<td>Ideal Weight</td>
</tr>
<tr>
<td><strong>Tobacco</strong></td>
<td>Tobacco use in the past year</td>
</tr>
<tr>
<td></td>
<td>Presence of change: Procted and unprocted</td>
</tr>
<tr>
<td><strong>Tobacco</strong></td>
<td>Coffee, Tea and cola</td>
</tr>
<tr>
<td><strong>Alcohol</strong></td>
<td>Average intake per day</td>
</tr>
<tr>
<td></td>
<td>Alcohol and driving</td>
</tr>
<tr>
<td><strong>Sleep</strong></td>
<td>7 - 9 hours sleep per night</td>
</tr>
<tr>
<td><strong>Screening</strong></td>
<td>Are you aware of health screenings appropriate for your age group?</td>
</tr>
<tr>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td><strong>Stress</strong></td>
<td>Major stressful events in past year</td>
</tr>
<tr>
<td><strong>Types of Personality</strong></td>
<td>Sensation of time urgency, impatience</td>
</tr>
<tr>
<td></td>
<td>Compulsive &amp; aggressive</td>
</tr>
<tr>
<td></td>
<td>Feelings of anger &amp; hostility</td>
</tr>
<tr>
<td><strong>Insight</strong></td>
<td>Positive thinker</td>
</tr>
<tr>
<td></td>
<td>Anxiety, worry</td>
</tr>
<tr>
<td><strong>Career</strong></td>
<td>Satisfied in job or role</td>
</tr>
<tr>
<td></td>
<td>Good relationships with those around</td>
</tr>
</tbody>
</table>

---

## Attachment style measure

Please rate yourself on each of these relationship styles:

<table>
<thead>
<tr>
<th>Style</th>
<th>Description</th>
<th>Not at all like me</th>
<th>Not much like me</th>
<th>Somewhat like me</th>
<th>Very much like me</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don’t worry about being alone or having others accept me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>I want to be emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>I think it's a mistake to trust other people. Everyone's looking out for themselves, so the sooner you learn not to expect anything from anybody else the better.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you had to choose ONE of these styles to describe yourself, which one would it be?

CIRCLE below the style that best describes you or is nearest to the way you generally are in your close relationships.

<table>
<thead>
<tr>
<th>STYLE A</th>
<th>STYLE B</th>
<th>STYLE C</th>
<th>STYLE D</th>
<th>STYLE E</th>
</tr>
</thead>
</table>

Putting the pieces together K Wilhelm

05.11.10
## Identifying Your Priorities

*Please identify which items from the list below best fit your current problems - choose as many as you like.*

<table>
<thead>
<tr>
<th>Priority identified:</th>
<th>I worry a lot about my general health.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recent events have led to the need for changes in my life.</td>
</tr>
<tr>
<td></td>
<td>I have difficulty making decisions or solving problems.</td>
</tr>
<tr>
<td></td>
<td>I have problems in my relationships.</td>
</tr>
<tr>
<td></td>
<td>I have difficulty standing by what I think and say to other people.</td>
</tr>
<tr>
<td></td>
<td>I have a problem with controlling my intake of cigarettes, other drugs and/or alcohol.</td>
</tr>
<tr>
<td></td>
<td>I have a problem with food, eating or weight.</td>
</tr>
<tr>
<td></td>
<td>I have a problem with gambling.</td>
</tr>
<tr>
<td></td>
<td>I have a problem with self-esteem.</td>
</tr>
<tr>
<td></td>
<td>I have financial or work-related problem.</td>
</tr>
<tr>
<td></td>
<td>I have difficulty with my feelings about an important loss.</td>
</tr>
<tr>
<td></td>
<td>I have difficulty in moving on from a past event.</td>
</tr>
<tr>
<td></td>
<td>I find myself returning to negative or depressing thoughts.</td>
</tr>
<tr>
<td></td>
<td>I have difficulty in controlling my anger and act impulsiely.</td>
</tr>
<tr>
<td></td>
<td>I have difficulty with my feelings of anxiety and panic.</td>
</tr>
<tr>
<td></td>
<td>I have difficulty with feeling lonely and isolated.</td>
</tr>
<tr>
<td></td>
<td>My physical health problems get me down.</td>
</tr>
<tr>
<td></td>
<td>There is something else not covered above.</td>
</tr>
</tbody>
</table>

This instrument was originally used in CL Psychiatry at St Vincent’s and POW Hospitals.


**Putting the pieces together K Wilhelm**

05.11.10
PROBES FOR LIFELINES

1. FIRST EXPLAIN: "We are going to put information about your life in the order in which things happened. This helps see patterns that might help understand you better."

2. BIRTHPLACE AND DATE
   - First, where were you born? How old are you now? (NB: place on first line on left side)

3. PLACE IN FAMILY - 3 generation family tree on the back
   - Here do you come in the family? What about your siblings (add first name and age)?
   - Can you tell me about your parents, grandparents, their siblings?
   - How did the family get along? Who were you closest to in the family?

4. CHILDHOOD
   - During your childhood, did you move? Were there any important life events?

5. SCHOOLING / WORK
   - When did you start school? How did you go at school? What were you best at? Enjoyed most?
   - What jobs have you had?

6. FRIENDS, HOBBIES AND INTERESTS
   - How about friends? Did you have many or a few? Would you see yourself as a loner?
   - How about hobbies, sports other interests?

7. DATING AND INTIMATE RELATIONSHIPS
   - When did you first have a romantic relationship?
   - Have you lived with anyone as a partner or been married?

8. SUBSTANCE USE
   - Have you ever smoked cigarettes? When started? Ever tried to stop? Ever restarted?
   - Do you drink alcohol? From what age? Ever any problems?
   - Have you ever used any recreational drugs? Which ones? From what age? Any problems? How did you manage your work/school work?

9. TREATMENT HISTORY
   - Have you had any serious medical illnesses? Operations? What treatment did you have?
   - Did anyone prescribe medication for you? Were you ever hospitalised?
   - Have you ever received any treatment from a psychiatrist, psychologist or counsellor?
   - When did you start to feel that something was wrong? Was anyone else concerned?
   - When was the first time? When were the worst times?
   - If street drugs used, did they help or did they make things worse?

10. PERIODS OF WELL-BEING
    - Have there been periods of your life when things have gone well for you? Why was that?
    - When have you been the happiest? What contributed?

IN CONCLUDING: BE CERTAIN TO FINISH WITH SOMETHING POSITIVE TO SAY.
ARMING THE ALARM SYSTEM

Now that you have had some success in dealing with your problem, it may be helpful to clarify what you have learned for future reference, if needed.

List five things that will warn you, you are starting to slip back into your old ways and the problem is threatening to resurface. Think of the earliest and smallest warning signs. For each, make a plan of how you will respond.

1. **Warning sign:** ________________________________
   
   How I could respond: ________________________________

2. **Warning sign:** ________________________________
   
   How I could respond: ________________________________

3. **Warning sign:** ________________________________
   
   How I could respond: ________________________________

4. **Warning sign:** ________________________________
   
   How I could respond: ________________________________

5. **Warning sign:** ________________________________
   
   How I could respond: ________________________________

Putting the pieces together K Wilhelm
05.11.10
Sessions 2

- Review homework
- Consolidate goals
- Set further goals
- Discuss further plans
- Develop care plan
- Review formulation letter
- Review need for further care
- Repeat questionnaires

Identifying your priorities
Please identify those items from the list below that best fit your current problems - choose as many as you like. We will then work through your choices with you to plan some goals.

- I worry a lot about my general health.
- Recent events have led to the need for changes in my life.
- I have problems with tiredness and motivation.
- I have difficulty making decisions or solving problems.
- I have problems in my relationships.
- I have difficulty standing by what I think and say to other people.
- I have a problem with controlling my intake of cigarettes, other drugs and/or alcohol.
- I have a problem with food, eating or weight.
- I have a problem with gambling.
- I have a problem with self esteem.
- I have financial or work-related problem.
- I have difficulty with feelings about an important loss.
- I have difficulty in moving on from a past event.
- I find myself returning to negative or depressing thoughts.
- I have difficulty in controlling my anger and act impulsively.
- I have difficulty with my feelings of anxiety and panic.
- I have difficulty with feeling lonely and isolated.
- My physical health problems get me down.

Putting the pieces together K Wilhelm
05.11.10
Formulation letter and grid

Understanding Your Depressive Episode

Predisposing Factors
- Biological factors: e.g., genetic factors, medical illness, brain injury, medications, drugs, alcohol, lifestyle
- Personality factors: e.g., anxiety, worrying, low self-esteem, irritability, irritability style, perfectionism, feeling trapped or helpless
- Interpersonal factors: e.g., disputes at work, with family, friends, increasing difficulties with relationships, loneliness, isolation

Precipitants
- Including life events leading to loss, change, stress and illness

Personal Meaning of Events

Outcome

Protective Factors
- Including social support, alliance with treating clinicians, understanding of depression, effective coping strategies

How Episode is Experienced
- Symptoms, particularly early in episode


Putting the pieces together K Wilhelm
05.11.10
The change I want to make is:

<table>
<thead>
<tr>
<th>The advantages of doing this</th>
<th>The disadvantages of doing this</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The advantages of NOT doing this</th>
<th>The disadvantages of NOT doing this</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

GP Notes: This sheet is designed to be used with the Goal Setting and Problem Solving sheets to assist in identifying the priorities for change potential.
Steps for problem solving

PROBLEM SOLVING

WHAT IS THE PROBLEM?

WHAT are POSSIBLE OPTIONS?

WHAT RESOURCES are NEEDED?

WHAT MIGHT GET IN THE WAY?

Is there anyone who can help?

How would someone else deal with this?

What is the first step?

5-10 MINUTES

Putting the pieces together K Wilhelm
05.11.10
Letting thoughts go..

LETTING THOUGHTS GO

When painful or worrying thoughts occur...

Acknowledge them

Observe them label them

Then allow them to just drift or float away

This is best used along with a relaxed breathing or body scan technique

“Letting go” gives a feeling of being in charge

5-10 MINUTES
60 second reality check

60 SECOND REALITY CHECK

Take a deep breath
Count to 10

Acknowledge that something upsetting has happened

TELL yourself:
I can do this.
I will survive

REALITY CHECK AHEAD

60 SECOND REALITY CHECK

ASK YOURSELF:
What really matters to me?
Will this matter later on?
Do I feel like I am thinking right now?
Do I feel helpful or hurtful?

Now, is it helpful?
Do I have more time to mull it over?

1-5 MINUTES

Putting the pieces together K Wilhelm
05.11.10
Emotional surfing

**URGE SURFING**

**PAY** attention to urge as it builds up

**NOTICE** where in your body you feel it

**RATE** how intense it is (from 1-10)

**WATCH** what happens to the urge: where it is, where it goes..........

**URGE SURFING**

LET the wave go past or
RIDE it in to shore
Then DO something
Make a plan from for next time it happens

1-5 MINUTES

Putting the pieces together K Wilhelm
05.11.10
One minute mindfulness

ONE MINUTE MINDFULNESS

Follow the second hand of a clock or watch for ONE minute

Focus attention on your breathing. Gently bring your focus back to your breathing if it wanders

Putting the pieces together K Wilhelm
05.11.10
Sessions 3

- Review homework
- Tie up loose end
- Discuss further plans
- Develop care plan
- Finish referral letters
- Repeat questionnaires
- Remind about follow up study

Identifying your priorities

Please identify those items from the list below that best fit your current problems - choose as many as you like. We will then work through your choices with you to plan some goals.

- I worry a lot about my general health.
- Recent events have led to the need for changes in my life.
- I have difficulty making decisions or solving problems.
- I have problems in my relationships.
- I have difficulty standing by what I think and say to other people.
- I have a problem with controlling my intake of cigarettes, other drugs and/or alcohol.
- I have a problem with food, eating or weight.
- I have a problem with gambling.
- I have a problem with self esteem.
- I have financial or work-related problems.
- I have difficulty with feelings about an important loss.
- I have difficulty in moving on from a past event.
- I find myself returning to negative or depressing thoughts.
- I have difficulty in controlling my anger and act impulsively.
- I have difficulty with my feelings of anxiety and panic.
- I have difficulty with feeling lonely and isolated.
- My physical health problems get me down.

Putting the pieces together K Wilhelm
05.11.10
Sheets

- Time line
- Advance directive
- Management plan
- Finding a GP
- Controlled drinking
- Substance use
- Problem gambling
- Healthy diet
- Exercise
- Sleep

- Mindfulness
- Stress and anxiety management
- Urge surfing
- Honest communication
- Dealing with anger
- Improving self esteem
- Dealing with panic
- Resource list

Short term DSH intervention
Below are descriptions of general relationship styles that people often report.

After each statement, please rate the extent to which you think the description corresponds to your general relationship style.

<table>
<thead>
<tr>
<th>Style A</th>
<th>It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don’t worry about being alone or having others accept me.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Style B</td>
<td>I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Style C</td>
<td>I want to be emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don’t value me as much as I value them.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Style D</td>
<td>I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Style E</td>
<td>I think it’s a mistake to trust other people. Everyone’s looking out for themselves, so the sooner you learn not to expect anything from anybody else the better.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you had to choose only ONE of the above styles to describe yourself, which would it be?

CIRCLE below the letter corresponding to the style that best describes you or is nearest to the way you generally are in your close relationships.

<table>
<thead>
<tr>
<th>STYLE A</th>
<th>STYLE B</th>
<th>STYLE C</th>
<th>STYLE D</th>
<th>STYLE E</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Putting the pieces together K Wilhelm

05.11.10
Bill’s plan

- Made in consultation with ED, community nurses, GP, ACAT Team, respiratory team

<table>
<thead>
<tr>
<th>Management plan for Bill</th>
<th>DOB</th>
<th>MRN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: Happy Hostel, Downtown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Brief diagnosis, risk factors, salient features of the history
This man was previously a truck driver, no contact with family. History of COPD, vascular disease, bowel obstruction; recently diagnosed with depression and sleep apnoea. He has recently stopped smoking and drinking, has withdrawn from BZDs and moved into a hostel. He prefers not to rely on others has a style of avoiding people when stressed.

Usual presentation, typical presenting complaints and symptoms
In early evening, he has breathing difficulties and intermittent chest pain, he becomes panicky, leading to greater difficulty. He then panics further and calls the ambulance (about 5-6 night per week) to take to ED at SVH and SH. At times he has reversible airways problems and ischaemic chest pain, at other times he simply requires reassurance. Reassurance doesn't work unless he is sure his FEV1 is unchanged.

List of involved clinicians and carers, including contact details
GP is Dr GP Doctor (ph 99991111, fax 99992222)
Known to ACAT, visits Day Centre (contact JO Jones, x 1234)
Known to CHC (contact x1800) ED CNC (contact x5678)
Respiratory team (Dr Breath, x 3456) and cardiology (Dr Heart, x 6789)

Risk issues
Staff may get used to repeated presentations and miss a change in medical status

Current medication and drugs (prescribed and recreational)
Prednisone, pulmacort, tegretol, digoxin, losec, maxalon

Management plan, including out of hours presentations
Check respiratory function and cardiac status, other medical needs, PRN
Check depression. Panic, any thoughts of self harm
Check out his current concerns and then reassure as appropriate
Use relaxation strategy in notes at ED and hostel (he is familiar with this)
Encourage activity during the day, especially outings
Inform GP of any ED presentations or admissions by fax the following morning.

In consultation with Dr Breath, Dr Heart, ACAT Team, SVH ED, GP Dr D. Community Health Centre, Sydney Hospital, ED. Copy to all named people.

Plan written by BH and DR KW Date Review date: or as needed

Putting the pieces together K Wilhelm

05.11.10
## Daily mood chart

### DAILY MOOD GRAPH

| Daily mood scale | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------------------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| BEST             |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| WORST            |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

Other Comments
Medications
Activities

Please rate your mood on a scale of 1-10 each day. You can also plot anything else that is important (like pain, panic attacks, number of drinks, visits to gym, any positive or challenging events, medication changes, illness – anything else important to you.

Putting the pieces together K Wilhelm
05.11.10
Becoming self aware

Instructions for Diary Writing

1. Write for 15 minutes a day for four days in a row starting today or tomorrow (or for four days within this week if you cannot manage four days in a row).

2. Each time, write about your very deepest thoughts and feelings about a traumatic or stressful experience that has happened to you. This may be the most traumatic experience of your entire life, it may be another personally upsetting or stressful experience, or it may be an extremely important emotional issue that has affected you and your life. It could be something that you are experiencing right now or it could be something that you experienced at some other time in your life. Write about a topic that is personally most traumatic or most significant to you. You may write about the same experiences on all four days of writing or you may write about different experiences each day.

3. In your writing, really let go and explore your very deepest emotions and thoughts related to this event. You may write about how this experience has affected your view of yourself, of others, or of the world in general. You might tie your topic to your relationships with others, including parents, lovers, family, friends, or relatives, to your past, your present or your future, or to who you have been, who you would like to be, or who you are now. The most important thing is that you really let go and explore your very deepest feelings and thoughts in your writing.

4. Just write continuously, without stopping, for 15 minutes, without worrying about spelling, grammar or sentence structure.

5. Please write the date at the beginning of each writing session.

6. Write where you are private, safe and comfortable.

7. All of your writing will be completely confidential and anonymous. Your name will not be connected in any way with your writing. Your writing will be typed out by a researcher and analysed by computer.

Putting the pieces together K Wilhelm
05.11.10
IMPROVING INTERPERSONAL SKILLS

HONEST COMMUNICATION

How many times have you said, “It doesn’t matter”, when it does? How many times have you said “I’m fine”, when there was a lot you wanted to say?

Being assertive means honestly communicating your thoughts, feelings and needs to others in appropriate ways and acknowledges both the way you say something as well as when you say it. It does not mean being aggressive: that is what happens when a problem situation has been allowed to persist and build up.

There are three ways of responding to situations: being passive, being aggressive and being assertive.

For example, after queuing for 20 minutes in the bank, a person joins the queue ahead of you. There are three options:

Passive: Say nothing - just get more and more annoyed.
Aggressive: “What makes you think you’re so important you can shove your way ahead of us? Get to the back of the queue where you belong!”
Assertive: “Excuse me, we have all been in this line for over 15 minutes, I am also in a hurry. The end of the queue is back there and I am next in line.”

The DESC approach

1. DESCRIBE THE BEHAVIOUR THAT IS CONCERNING YOU OBJECTIVELY
2. EXPRESS HOW YOU FEEL ABOUT IT
3. SPECIFY THE BEHAVIOUR YOU WANT
4. STATE THE CONSEQUENCES

Helpful hints:

- Timing is important – say what you want to say when it is an issue, but consider whether the other person is best able to receive the information.
- Always start with a positive comment if you can. Most people immediately go on the defensive (and stop listening) if you start on a negative or critical note.
- Be mindful of what you are saying.
- Describe behaviour in neutral terms – avoid emotionally loaded words like “appalling, disgraceful”.
- Feelings should be expressed as “I”. Keep it simple.
- Specify what changes you want rather than negatives or criticisms (avoid statements like “I wish you’d be more considerate”).
- Consequences can be negative or positive, be positive wherever possible. Negative consequences are often threats.
- Avoid statements that are impossible or unenforceable.

CONTROLLING ANGER - BEFORE IT CONTROLS YOU

Anger is something we feel and is a completely normal human emotion which can vary from mild irritation to intense fury and rage. Anger is a signal worth listening to – something is not right. When it gets out of control it can lead to problems and interfere with your overall quality of life.

Anger has its uses — it energizes you into getting things done.

You can’t avoid people or things that anger you. However you can learn to control how you react to them. You can choose whether to use your anger in a negative or positive way. When you express negative anger in hurtful ways you are being controlled by the frustrating situation that caused you to get so angry. Positive expressions of anger give you the energy and determination to accomplish your goals.

- Practising relaxation techniques such as deep breathing and using imagery to visualise a relaxing scene can help calm down angry feelings.

- Angry people tend to curse, swear or speak in highly colourful terms.

There are three ways of responding to situations: being passive, being aggressive and being assertive.

For example, after queuing for 20 minutes in the bank, a person joins the queue ahead of you. There are three options:

Passive: Say nothing - just get more and more annoyed.
Aggressive: “I would like something rather than “I demand” or “I must have” it. Then if you are unable to get what you want you’ll feel frustration and disappointment rather than anger.

Recommended Reading:

- The Dance of Anger: A Women’s Guide to Changing the Patterns of Intimate Relationships, by Harriet Lerner PhD.
- Beyond Anger: A Guide for Men, How to Free Yourself from the Grip of Anger and Get More Out of Life, by Thomas J Harbin PhD.
Sessions 2 and 3

Identifying your priorities

Please identify those items from the list below that best fit your current problems - choose as many as you like. We will then work through your choices with you to plan some goals.

- I worry a lot about my general health.
- Recent events have led to the need for changes in my life.
- I have problems with tiredness and motivation.
- I have difficulty making decisions or solving problems.
- I have problems in my relationships.
- I have difficulty standing by what I think and say to other people.
- I have a problem with controlling my intake of cigarettes, other drugs and/or alcohol.
- I have a problem with food, eating or weight.
- I have a problem with gambling.
- I have a problem with self esteem.
- I have financial or work-related problem.
- I have difficulty with feelings about an important loss.
- I have difficulty in moving on from a past event.
- I find myself returning to negative or depressing thoughts.
- I have difficulty in controlling my anger and act impulsively.
- I have difficulty with my feelings of anxiety and panic.
- I have difficulty with feeling lonely and isolated.
- My physical health problems get me down.

Review homework
Consolidate goals
Set further goals
Discuss further plans
Develop care plan
Review further care needs
Repeat questionnaires

Putting the pieces together K Wilhelm
05.11.10
Presentations

55% Female       71% Single
Mean age: 31 (20-40) Range: 16-80 years

59% Psychiatric history
Major depression       34%
Adjustment disorder     26%
Substance use ∆         19%
Anxiety disorder        7%
Personality disorder    22%

50% Previous attempts (range 1-25)

- Overdose 65%
- Suicidal ideas 17%
- Cutting 14%
- CO poisoning 2%
- Hanging 1%
- Jumping 1%

Putting the pieces together K Wilhelm
05.11.10
## Comparison of clinic attenders by ED presentation grouping

<table>
<thead>
<tr>
<th>Presentation grouping</th>
<th>Contrast</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
</tr>
<tr>
<td><strong>First episode</strong></td>
<td>(n = 347)</td>
</tr>
<tr>
<td>Female</td>
<td>57%</td>
</tr>
<tr>
<td>Mean age (SD)</td>
<td>32.2 (11.8) yrs</td>
</tr>
<tr>
<td>Attended 2nd and 3rd sessions</td>
<td>60%, 37%</td>
</tr>
<tr>
<td>CES-D pre-test (SD)</td>
<td>33.2 (12.7)</td>
</tr>
<tr>
<td>Lifestyle (SD)</td>
<td>27.9 (6.5)</td>
</tr>
<tr>
<td>Total problem areas chosen (SD)</td>
<td>4.2 (3.1)</td>
</tr>
</tbody>
</table>

* \( p < 0.05; \) ** \( p < .01; \) *** \( p < .001. \)

\( \dagger\) Contrast A = first episode compared with repeat episode.

\( \ddagger\) Contrast B = first and repeat episode compared with suicide ideation.

---

Putting the pieces together K Wilhelm
05.11.10
Lifestyle measure

- Hardly ever have...........
  - Have breakfast 42%
  - Exercise 42%
  - Relaxation 33%
  - Sleep 7-9 hours 40%
  - Emotional support 30%
  - Satisfied with life role 36%

- 3+ major LE/ year 65%
- Tobacco 52%
- Abuse drugs ‘frequently’ 16%
- ...some of the time/more 52%

Putting the pieces together K Wilhelm
05.11.10
<table>
<thead>
<tr>
<th>Percentage of DSH patients in each lifestyle category for each item</th>
<th>Hardly ever</th>
<th>Some of the time</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family/Friend</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication with others is open, clear and honest</td>
<td>16.3%</td>
<td>44.6%</td>
<td>39.1%</td>
</tr>
<tr>
<td>I give and receive affection</td>
<td>15.8%</td>
<td>49.4%</td>
<td>34.8%</td>
</tr>
<tr>
<td>I get the emotional support I need</td>
<td>32.6%</td>
<td>43.8%</td>
<td>23.6%</td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I take active exercise – 30min eg fast walking,</td>
<td>56.1%</td>
<td>34.5%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Relaxation and enjoyment of leisure time</td>
<td>27.2%</td>
<td>53.0%</td>
<td>13.5%</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balanced meals</td>
<td>26.0%</td>
<td>47.3%</td>
<td>26.7%</td>
</tr>
<tr>
<td>Breakfast daily</td>
<td>38.0%</td>
<td>26.7%</td>
<td>35.3%</td>
</tr>
<tr>
<td>Excess sugar, salt, fat or junk foods</td>
<td>37.0%</td>
<td>45.8%</td>
<td>17.2%</td>
</tr>
<tr>
<td>Ideal weight</td>
<td>36.9% (&lt;8kg)</td>
<td>36.9% (&lt;4kg)</td>
<td>26.2% (0-4kg)</td>
</tr>
<tr>
<td><strong>Toxins</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco in past year</td>
<td>41.1% (none)</td>
<td>14.0%</td>
<td>37.9% (daily)</td>
</tr>
<tr>
<td>Abuse of drugs: prescribed and unprescribed</td>
<td>11.4%</td>
<td>33.5%</td>
<td>41.9%</td>
</tr>
<tr>
<td>Coffee, tea, cola (cups per day)</td>
<td>17.3% (3)</td>
<td>28.9% (4-6)</td>
<td>53.8% (7+)</td>
</tr>
<tr>
<td><strong>Alcohol</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average intake per day</td>
<td>10.6 (less than 2)</td>
<td>16.1% (2)</td>
<td>23.1 (2+)</td>
</tr>
<tr>
<td>Alcohol and driving</td>
<td>13.1% (rarely)</td>
<td>23.5% (often)</td>
<td>63.6% (never)</td>
</tr>
<tr>
<td><strong>Sleep, Screens, Stress</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-8hrs sleep per night</td>
<td>38.3%</td>
<td>37.2%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Health Screens/Seatbelt use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major stressful events in past year</td>
<td>32.4% (none)</td>
<td>39.6 (1-2)</td>
<td>27.9% (3+)</td>
</tr>
<tr>
<td><strong>Type of Personality</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense of time urgency, impatience</td>
<td>11%</td>
<td>51.4%</td>
<td>37.6%</td>
</tr>
<tr>
<td>Competitive and aggressive</td>
<td>10.1%</td>
<td>46.5%</td>
<td>43.4%</td>
</tr>
<tr>
<td>Feelings of anger and hostility</td>
<td>37.2%</td>
<td>60.2%</td>
<td>2.6%</td>
</tr>
<tr>
<td><strong>Insight</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive thinker</td>
<td>14.9%</td>
<td>58%</td>
<td>27.1%</td>
</tr>
<tr>
<td>Anxiety, worry</td>
<td>3.0%</td>
<td>30.3%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Depression</td>
<td>21.1%</td>
<td>32.1%</td>
<td>46.8%</td>
</tr>
<tr>
<td><strong>Career</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfied in Job/role</td>
<td>24.2%</td>
<td>44%</td>
<td>31.8%</td>
</tr>
<tr>
<td>Good relationships with those around</td>
<td>41.2%</td>
<td>46.4%</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

Putting the pieces together K Wilhelm
05.11.10
Issues selected

- **Life changes needed** 50%
- **Relationship problems** 44%
- **Loneliness** 42%
- **Negative thoughts** 33%
- **Anxiety/panic** 31%
- **Problem solving** 30%
- **Drug, ETOH, smoking** 28%

Please identify those items from the list below that best fit your current problems - choose as many as you like. We will then work through your choices with you to plan some goals.

- I worry a lot about my general health.
- Recent events have led to the need for changes in my life.
- I have problems with tiredness and motivation.
- I have difficulty making decisions or solving problems.
- I have problems in my relationships.
- I have difficulty standing by what I think and say to other people.
- I have a problem with controlling my intake of cigarettes, other drugs and/or alcohol.
- I have a problem with food, eating or weight.
- I have a problem with gambling.
- I have a problem with self esteem.
- I have financial or work-related problem.
- I have difficulty with feelings about an important loss.
- I have difficulty in moving on from a past event.
- I find myself returning to negative or depressing thoughts.
- I have difficulty in controlling my anger and act impulsively.
- I have difficulty with my feelings of anxiety and panic.
- I have difficulty with feeling lonely and isolated.
- My physical health problems get me down.

Putting the pieces together K Wilhelm
05.11.10
Feedback about clinic

- 20% ‘wrong address’
- 20% moved since attempt

- About 26% response
- 16% reported further DSH episodes

- Two known completed suicides
General comments

- **Commonest**: ‘Just what I needed at the time’, ‘Very helpful’, ‘Beneficial’
- Excellent that it exists
- Best thing in my life in four years
- The whole program was a lifesaver
- Fantastic service
- Eases you through a difficult situation
- It helped pull me through..
- Quick intervention was excellent
- Unconditional support meant a lot to me
Systemic changes

- ↑↑ interest from ED
- Quality meetings with ED weekly
- Management plans
- Excellent training in short term therapy for registrars
- Bank of educational, resource material
- Seeing people improve!!!

- Need for constant education
- Follow up an issue
- Good model for other services

Identifying your priorities

Please identify those items from the list below that best fit your current problems - choose as many as you like. We will then work through your choices with you to plan some goals.

- I worry a lot about my general health.
- Recent events have led to the need for changes in my life.
- I have problems with tiredness and motivation.
- I have difficulty making decisions or solving problems.
- I have problems in my relationships.
- I have difficulty standing by what I think and say to other people.
- I have a problem with controlling my intake of cigarettes, other drugs and/or alcohol.
- I have a problem with food, eating or weight.
- I have a problem with gambling.
- I have a problem with self esteem.
- I have financial or work-related problem.
- I have difficulty with feelings about an important loss.
- I have difficulty in moving on from a past event.
- I find myself returning to negative or depressing thoughts.
- I have difficulty in controlling my anger and acting impulsively.
- I have difficulty with my feelings of anxiety and panic.
- I have difficulty feeling lonely and isolated.
- My physical health problems get me down.

Putting the pieces together K Wilhelm
05.11.10
Tale of Two Cities

- Program now in inner city Adelaide
- Different staff profile
- Similar problems with follow up
- Developing joint pathways

- Acknowledgements
  - Team at CL Psychiatry, especially
  - Dr Geoff McDonald
  - Dr Peter Sternhell
  - Kerrie Cooper, CNC
  - Andrea Millar

- Team at Queen Elizabeth Hospital Adelaide, especially Sue Glennon

Putting the pieces together K Wilhelm
05.11.10
Changes to program

- Flexible program, allowing ongoing improvement in materials
- Good experience for clinicians
- Parallel program now in Adelaide
- Aim to target achievable lifestyle changes also in other settings
- Introduce Mood Mapping program
- Directed toward men
- Strengthen linkages
- Increase emotional literacy
- Promote skills development
- Increase self-awareness
- Provide risk assessment
4 Modules

1. The Main Street
2. The Fast Lane
3. The Scenic Route
4. The Road Ahead
Appraising Yourself

- PANAS
- Stress Measure (K10)
- Identifying Core Values
- Lifestyle Measure
- My Mood Compass
- ‘For Men Only’ Prompt Sheet
- RISK Gauge
The ‘big build’ trajectory

“I go to the pub after work instead of going home ... that's where the problem is”.

“I kicked the cat. I couldn’t help it.”

Thoughts of suicide

Being aggressive or violent towards others

Escaping problems [hurt, rejection …]

Numbing the emotional distress

Avoiding problems

© S. Brownhill, 2003
Challenging behaviours and complex patients

Management plan for Bill

Address: Happy Hostel, Downtown

DOB                      MRN

Brief diagnosis, risk factors, salient features of the history

This man was previously a truck driver, no contact with family. He has a history of COPD, vascular disease, bowel obstruction. Recently been diagnosed with depression and sleep apnoea.

He has recently stopped smoking and drinking, has withdrawn from BZDs, moved into a hostel. Has a style of being independent rather than trusting others, that is more prominent when stressed, leading to social isolation and inactivity.

Usual presentation, typical presenting complaints and symptoms

In early evening, he has breathing difficulties and intermittent chest pain, he becomes panicky, leading to greater difficulty. He then panics further and calls the ambulance (about 5-6 night per week) to take to ED at SVH and SH.

At times he has reversible airways problems and ischaemic chest pain, at other times he simply requires reassurance.

Reassurance doesn't work unless he is sure his FEV1 is unchanged.

List of involved clinicians and carers, including contact details

GP is Dr GP Doctor (ph 99991111, fax 99992222)
Known to ACAT, visits Day Centre (contact JO Jones, x 1234)
Known to CHC (contact x1800) ED CNC (contact x5678)
Respiratory team (Dr Breath, x 3456) and cardiology (Dr Heart, x 6789)

Risk issues

Staff may get used to repeated presentations and miss a change in medical status.

Current medication and drugs (prescribed and recreational)

Prednisone, pulmacort, tegretol, digoxin, losec, maxalon

Management plan, including out of hours presentations

Check respiratory function and cardiac status, other medical needs, PRN

Check depression. Panic, any thoughts of self harm

Check out his current concerns and then reassure as appropriate

Use relaxation strategy in notes at ED and hostel (he is familiar with this)

Encourage activity during the day, especially outings.

Inform GP of any ED presentations or admissions by fax the following morning.

Date                  Review date: or as needed

Plan written by BH and DR KW

In consultation with Dr Breath, Dr Heart, ACAT Team, SVH ED, GP Dr D. Community Health Centre, Sydney Hospital, ED. Copy to all named people.
Tools

- Training workshops for time line, longitudinal history taking
- Manual and training for Green card Clinic
- Training for ABC management plans

Putting the pieces together K Wilhelm
05.11.10
Proposal

- **Tier 1**: Green card model, including
  - Formulation letter
  - Management plan, advance directives
  - Trial of homework

- **Tier 2**: Short term interventions, including
  - Specific counselling (eg crisis, CSA, bingeing, gambling)
  - Emotional regulation skills
  - Targeting lifestyle issues in less motivated

- **Tier 3**: More intense programs, including
  - DBT, self psychology
  - Other longer term, more intensive therapy
RISING TO THE CHALLENGE

2ND INTERNATIONAL URBAN MENTAL HEALTH CONFERENCE
17/18 Feb 2011

FACES IN THE STREET
Urban Mental Health Research Institute
St Vincent’s Hospital, Sydney

Rising to the Challenge will showcase innovative research on mental health services in urban environments, with a focus on the needs of disadvantaged populations.

http://tiny.cc/5drdv

This conference is supported by funding from the Australian Government Department of Health and Ageing.

phone: +61 2 8382 3657 | email: facesinthestreet@stvincents.com.au
Comments

- kwilhelm@stvincents.com.au

- Urban Mental Health Conference
  17-18th February, 2011

Putting the pieces together K Wilhelm
05.11.10