

TRAUMA RECOVERY:

Often I find myself helping people who say they need "to be put back together" after trauma, bullying, stress.

Usually the diagnosis is "complex" and long term. By the time the person comes to me they feel "dismantled" and not able to go forward and not able to achieve their potential. Often this is because their sense of self, sense of autonomy or ability to initiate has been altered by either a belief that they are now powerless, or do not "deserve". These people have battled on without resorting to drugs. (clients taking illicit drugs are seen at other places as this practice does not have the resources for duty of care for clients suffering from drug addiction).

Sometimes people come with a physical injury and sometimes a psychological injury associated with humiliation, or shame. Often a doctor's attempt to alleviate pain or depression fails because trauma requiring a different approach has remained hidden.

Many people find a new sense of safety in the place of the space and experience I provide, within the session. Then it is possible to establish new ways to increase personal safety and boundaries, or new ways of assessing situations. The protective silence around detail often becomes no longer necessary. The approaches enable people to feel more in control across the coming week. However sometimes this happens later depending on the persons need to first share the experience.

People benefit when they know they have been truly understood. We can then look at perceptions, and how those perceptions became integrated into decisions to respond or not. This is also the time to look for sense of injustice and victimization and find solutions to enable return of empowering feelings and actions. Sometimes during this process new insights arise that shift the focus and allow unexpected sense of agency and hope or even grief which needs to be honoured.

The ultimate goal of the sessions is that the person who has become my client, leaves with improved life quality, and renewed vigour to mentally take on challenges, or a greater relaxation and enjoyment of life.

The methods I use are determined by the client's immediate need and focused attention. My history means I observe with experience from psychophysiology, CBT and behavioural therapy, short term psychotherapies (first through to third wave), hypnosis concepts and applied social and organizational concepts as seen in organizational psychology approaches. As a result of 17 years teaching and researching on university campuses, new therapies are seen arising out of their historical contexts. The biopsychosocial perspective means recognizing that what we *think, see and hear* can affect our actual physical response and vice versa, and changing any part can improve the wellbeing.

UNWANTED BEHAVIOURS:

When people want to change something, which is usually seen as a behavior: This might be lifestyle, relationship pattern, or bad habits, which might also have an element of obsessive compulsiveness. Examples are wanting to and failing to lose 5 kilos, or wanting to stop constantly thinking and rethinking the same thought over and over, or feeling embarrassed in stage performance.

In some of these situations, either the person knows that their behaviour has been completely illogical or irrational or unproductive, or maybe they have been hiding a real reason for anxiety from themselves and presenting a more acceptable one on the surface. There might be a further condition such as concussion which might need some assistance. For the first possibility, our sessions can become fun because illogical can be matched with apparently ridiculous solutions to separate anxiety from the action. (If this does not suit the person's personality other approaches are possible). For the second possibility, the safety and confidential nature of the session can allow for courage to rise and a first time true viewing of the fear - which then either reduces "once it hits the light of day" or solutions can usually be revealed. The foundation of this work is respectful listening, identifying underlying concerns, and looking for longterm solutions tailoring evidence based approaches to the person.

REHABILITATION AND PHYSICAL CONDITIONS:

When people are wanting to either accept and live with, or change a physiological response. This might be a tension headache, irritable bladder, a breathing problem, sleep disorder or more complex conditions such as fibromyalgia, or other disabling condition, or an immune condition, or persistent panic attacks which have an autonomic nervous system component. An understanding of the complexity often leads to quite simple and easy strategies. *There are some people I cannot provide duty of care for in this practice and discussion of diagnosis and appropriate referral by referring doctors is appreciated.*

In this model of Health Psychology, first there is a need for an understanding of possible interactions between the condition as known and described medically and the likely effect of behavioural and psychological responses and maybe even food or environmental effects. Then together in exploration we both decide what actions or thoughts will be modified and practiced, then observed for potential good outcome. (Sometimes advice from dietitians and other professionals, are recommended and this might mean discussion with the person's doctor for consensus).

Sometimes the focus needs to be shifted from the negative *what I can't do*, to *what I can do*, *extending limits gently with measurement*. Experience is needed to ensure that blocks and unspoken fears are released comfortably through recognition and preferred options.

WORKPLACE APPROACHES: for when usually highly competent people have become stumped in decision making, or are experiencing workplace blocks. This is usually about stress, burnout, fatigue, dynamics, and decisionmaking. A fresh approach can be explored that takes into account the range of people and processes who will be affected by action and the likely longterm consequences of various actions. Communication for the dynamics focusing on *I win you win* dialogue has in the past helped reach good outcomes.

Some situations require reports, The cost varies and can be negotiated at the time.

Some situations are very complex and others are straightforward. Three sessions usually reveal to you whether our sessions are going to be useful for you.

Session Costs: APS recommended fees are adjusted sometimes greatly depending on the circumstance and same day payment can vary up to 100% assistance if billing Workplace insurers or partial if receiving rebates from medicare and private health insurers. Hopefully medicare will extend the number of sessions out to 15 in the future, and there is usually a small out of pocket expense.

Legal cases: part payment until your legal settlement payout -which might be several years. Sometimes Lawyers have funds for reports.

Please request further details where needed. I take calls when writing reports. If I am in session, leave your name and best times to call.

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