**Confidential Session Feedback to Referring Health Practitioner**

**Jorg Thonnissen *(B. Psych., M.A. Psych.)*** MAPS,Registered Psychologist, Provider No: 4056441J**–** 79 Eton Street, North Perth WA 6006 – PH: 08 6460 3531

**KEEP THIS RECORD IN YOUR PATIENT’S FILE!** **- Page 1 of 2**

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| **Date:** | |  | | | **Client/Patient:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referrer:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Time:** | | | | | | |
| **Feedback Type (as per tick):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client is SELF-REFERRED  S1 S2 S3 S4 S5 S6 S7 S8 S9 S10 | | | | | | | | | | | | | | | Client has not accessed GPMHCP and does not receive Medicare rebates | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thank you for  **Referring your Patient**  S1 S2 S3 S4 S5 S6 S7 S8 S9 S10 | | | | | | | | | | | | | | | Thank you for referring your patient for therapy. I have outlined the integration of the therapeutic modalities of Mindfulness, Cognitive Behaviour Therapy and Guided Imagery (see process below). Furthermore, literature has been given to provide an understanding of the Medicare framework and rebateable sessions allowed. I will update you on progress as per process outlined below. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client has completed **6 sessions** | | | | | | | | | | | | | | | Client has completed six sessions now with some improvement achieved as outlined via the process identified below. A summary sheet of what has been done is attached below. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client has completed **LESS than** **6 sessions** | | | | | | | | | | | | | | | Client has completed less than six sessions now with some improvement achieved as outlined via the process identified below. A summary sheet of what has been done is attached below. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Request for **4 more sessions** | | | | | | | | | | | | | | | I am writing to request a further 4 sessions to optimize the client’s therapeutic outcome. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client has completed **10 sessions** | | | | | | | | | | | | | | | Client has completed 10 sessions now (6+4) and feels no further sessions are needed at this time. A summary sheet of what has been done is attached below. I have explained that no further Medicare rebates are applicable for this calendar year however more sessions with me can be accessed by paying the full private fee. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client has completed **LESS than 10 sessions** | | | | | | | | | | | | | | | Client has completed less than 10 sessions. A summary sheet of what has been done is attached below. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client advises  **NO further sessions needed** | | | | | | | | | | | | | | | Due to the significant progress achieved in our 2.5 hour sessions client advises that no further therapy is required at this stage – client will advise if more assistance will be needed in future.  Other reasons for termination (see notes attached) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client has  **NOT returned for further sessions** | | | | | | | | | | | | | | | Client has not returned for further sessions within 3 months of last appointment. Therapy was not completed as intended. A summary sheet of what has been done is attached below. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Client Issues:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Depression | | | Anxiety | | | | Stress | | | | | | Phobia | | | | | | Confidence | | | | | | Eating | | | Weight | | | | Smoking | | | Pain | | | | Anger | | | |
| Relationship | | | Trauma | | | | **Other :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dear Health Practitioner**  Thank you kindly for referring your patient as per GPMHC plan. Below you will find an outline on the types of assessments and consequent interventions I have conducted in response to the referral. Outcomes have also been recorded. An explanation of methods follows:  **Assessment:** Clients are encouraged to complete a self-reporting psychoanalytical type questionnaire as well as a situational type questionnaire designed to provide information about stressors (severity to be rated on a scale from 0-10), thus defining currently held belief patterns and their likely causes and undesired consequences that need to be addressed over the course of therapy (e.g. lack of motivation, lack of confidence, negative thoughts, anxiety, depressive thoughts, etc.). Personality type assessments may also be administered to provide for greater self-knowledge for example where relationship issues cause conflict between individuals or where a clients’ lack of confidence, increased levels of anxiety, etc. may be due to a lack of understanding that different personality types have different kinds of psychological needs. Based on the collection of the above information, a client interview during the initial consultation is designed to further define the goals of therapy and thus establish a level of measurability that allows for an assessment of session effectiveness over the duration of therapy.  **Intervention Type:** Cognitive Behavioral Therapy (CBT) techniques are used to teach clients solution focused skills to manage and overcome their psychological problems through recognising and challenging their undesired negative thoughts and beliefs. Relevant CBT worksheets will be made available for download from my website and clients are encouraged to utilise those between therapy sessions. These solution focused skills are further reinforced through the use of guided imagery techniques usually applied in the second half of the therapy session. The guided imagery session typically consists of deep relaxation techniques, positive self-statements, solution focused reinforcement suggestions in relation to the clients’ problem definition, as well as positive projections of how the client sees him or herself addressing challenging situations in the future. Guided imagery recordings relevant to the clients’ problems will be made available for download from my website as part of therapy. Clients are advised to listen to these recordings frequently between sessions.    **Session Effectiveness Assessment (SEQ):** In addition to this document, my client feedback component takes the form of a ‘Session Effectiveness Questionnaire’. In the SEQmy client is asked to chart his or her progress between therapy sessions. In addition to charting progress, it also provides my client with a tool with which he or she can determine whether issues are resolved or not and thus whether further therapy is required or not. The SEQ is based on the answers given during the intake consultation (client is asked to define up to 3 core issues/problems that need to be addressed and which will be discussed during intake). As part of the therapy process I will ask my client to discuss his or her progress (based on the answers given in the SEQ) at his or her next scheduled appointment with you. Thus, it is my aim to first and foremost motivate my client to share his or her insights and experiences achieved as a consequence of therapy directly at the scheduled follow up appointment with you. This structured and transparent feedback approach then facilitates better communication between therapists as it would have verbal as well as written qualities and thus I believe will lead to better outcomes for the client/patient.  **Jorg Thonnissen** (B. Psych., M.A. Psych.) MAPS,Registered Psychologist, Provider No: 4056441J - 79 Eton Street, North Perth WA 6006 – PH: 08 6460 3531  **Assessments & Interventions - Page 2 of 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completed General Intake Questionnaire identifying clients’ demographics, belief patterns, past, current and future motivation? | | | | | | | | | | | | | | | | Yes | | | | Completed Feelings and Response Questionnaire (FRQ) identifying events causing negative thoughts, feelings, and unwanted physiological responses? | | | | | | | | | | | | | | | | | | | | | Yes | |
| Completed Weight Management Questionnaire identifying eating pattern and possible emotional attachments? | | | | | | | | | | | | | | | | Yes | | | | Completed Sport Performance Questionnaire identifying performance limiting issue? | | | | | | | | | | | | | | | | | | | | | Yes | |
| Completed Pain Management Questionnaire identifying perceived pain pattern, location and severity? | | | | | | | | | | | | | | | | Yes | | | | Completed Personality Assessment to enable better self-knowledge and improve relationships? Feedback provided? | | | | | | | | | | | | | | | | | | | | | Yes | |
| Conducted Initial Consultation/Psychological Interview addressing issues outlined in questionnaires, causes and solutions? | | | | | | | | | | | | | | | | Yes | | | | **Other:** | | | | | | | | | | INTP- ENTP- ISTP- ESTP- INFP- ENFP- ISFP-ESFP -INTJ- ENTJ- ISTJ- ESTJ- INFJ- ENFJ- ISFJ- ESFJ | | | | | | | | | | | | |
| **Interventions: CBT**  ***Cognitive:*** goal oriented cognitive analysis, thought restructuring, self-instructional training, attention regulation  ***Behavioral:*** behavior modification, exposure techniques, activity scheduling | | | | | | **Psycho-Education**  Empowerment through understanding the experienced psychological distress/condition; recognizing symptoms, causes, treatment concepts – understanding self-help strategies | | | | | | | | | | | | | | | **Guided Imagery :**  Relaxation Strategies/mental visualizations/controlled breathing to improve mood and physical well-being in relation to symptoms | | | | | | | | | **Mindfulness:**  Learning how to accept and non-judgmentally direct focus of attention on emotions, thoughts and sensations in the present moment – developing an introspective observer position utilising Buddhist inspired psychological strategies | | | | | | | | | | | | |
| **Support and Feedback provided: (see comments attached – if any)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client knows how to download recommended support audio tool from web and apply it? [http://www.hypnoticimpactsupport.weebly.com](http://www.hypnoticimpactsupport.weebly.com/) | | | | | | | | | | | | | | | | | | | Yes | | | | Explained to client how to complete Session Effectiveness Feedback Questionnaire and it’s relevancy to session progress? | | | | | | | | | | | | | | | | | | | Yes |
| Explained where to find, and how to use CBT as outlined in **STOPP** worksheet? | | | | | | | | | | | | | | | | | | | Yes | | | | Client agrees to provide session feedback to referring Health Professional at follow up appointment? | | | | | | | | | | | | | | | | | | | Yes |
| Client knows where to find emergency support contact phone numbers and web links? | | | | | | | | | | | | | | | | | | | Yes | | | | Client agrees to hand in a copy of this Session Feedback Form to referring Health Professional for future reference? | | | | | | | | | | | | | | | | | | | Yes |
| **Privacy and Consent: (see comments attached– if any):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client has signed Consent Forms including Consent to Third Parties (where applicable)? | | | | | | | | | | | | | | | | | Yes | | | | | | Client has read privacy policy as outlined under Statement of Provision of Psychological Services | | | | | | | | | | | | | | | | | Yes | | |
| **Suicide Risk Assessment: (see comments attached– if any):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the client suicidal ideation? | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | Has the client suicidal intent? | | | | | | | | | | | Yes | | | | No | |
| If yes, has a No-Suicide Contract been established and signed? | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | If yes, have procedures as per Suicide Risk Policy been enacted? | | | | | | | | | | | Yes | | | | No | |
| If yes, follow-up appointment booked? | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | If yes, client referred to: | | | | | | | | | | | | | | | | |
| 1. **How much has your perspective and understanding of the issues you came here to address improved?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I am still confused** | | | | | | | | | | | **It makes some sense** | | | | | | | | | | | | | | | | | | **It makes a lot of sense/it is clear** | | | | | | | | | | | | | |
| **0** | **1** | | | **2** | | | | **3** | | | | **4** | | | | | | **5** | | | | | | **6** | | | **7** | | | | **8** | | | **9** | | | | **10** | | | | |
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| 1. **How much calmer and more at ease do you feel there right now?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Still quite worked up** | | | | | | | | | | | **Things are workable** | | | | | | | | | | | | | | | | | | **Calm and pretty relaxed** | | | | | | | | | | | | | |
| **0** | **1** | | | **2** | | | | **3** | | | | **4** | | | | | | **5** | | | | | | **6** | | | **7** | | | | **8** | | | **9** | | | | **10** | | | | |
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| 1. **How much more do you feel you are in control of the issue from here on?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Not much more at all** | | | | | | | | | | | **Things are workable** | | | | | | | | | | | | | | | | | | **I am confident I can handle things** | | | | | | | | | | | | | |
| **0** | **1** | | | **2** | | | | **3** | | | | **4** | | | | | | **5** | | | | | | **6** | | | **7** | | | | **8** | | | **9** | | | | **10** | | | | |
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| **Other Notes:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client feels need for more sessions? | | | | | | | | | Yes | | | | | unsure | | | | No | | | | | If ‘yes’ or ‘unsure’ next date: | | | | | | | | | |  | | | | | | | | | |

I have read this **‘Confidential Session Feedback to Referring Health Practitioner’** sheet and confirm that the content is correct. I herewith give permission for the information in this document to be shared with the Referring Health Practitioner. I am in receipt of a copy.

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Client Signature Date