

## **1& 2: REFERRAL SOURCES AND PRESENTING PROBLEMS**

Let me see if I understand ... (spirit of collaborative enquiry)

“What brings you here...? (Distress, symptoms, present and in the past)

“And is it particularly bad when you ...” “But it tends to improve when you...”

“And how is it affecting you (in terms of relationship, work, etc.)”

## **3: COMORBIDITY**

“In addition, you are also experiencing (struggling with)...”

“And the impact of this in terms of your day-to-day experience is...”

## **4: STRESSORS**

“Some of the factors (stresses) that you are currently experiencing that seem to maintain your problems are... or that seem to exacerbate (make worse) are... (Current stressors)

“And it's not only now, but this has been going on for some time, as evidenced by ...” (Developmental stressors)

“And it's not only something you have experienced, but your family members have also been experiencing (struggling with) ...” “And the impact on you has been ...” (Familial stressors and familial psychopathology)

## **5: TREATMENT RECEIVED**

“For these problems the treatments that you have received were ...” (Note type, time, by whom “And what was most effective (what worked best) was ... as evidenced by ...

“But you had difficulty following through with the treatment as evidenced by ...” (Obtain an adherence history)

“And some of the difficulties you faced (barriers) in following the treatment were ...”

“But you were specifically satisfied with ... and would recommend or consider ...”

## **6: STRENGTHS**

“But in spite of ... you have been able to ...” “Some of the strengths (signs of resilience) that you have evidenced or that you bring to the present situation are ...” “Moreover, some of the people (resources) you can call upon

(access)are ... ” “And they can be helpful by doing .. .” (Social supports) “And some of the services you can access are ... ” (Systemic resources)

## **7: SUMMARY OF RISK AND PROTECTIVE FACTORS**

“Have I captured what you were saying?” (Summarise risk and protective factors)

“Of these different areas, where do you think we should begin?” (Collaborate and negotiate with the patient a treatment plan. Avoid becoming a ‘surrogate frontal lobe’ for the patient)

## **8: OUTCOMES (GOAL ATTAINMENT SCALING PROCEDURES)**

“Let's consider what your expectations are about the treatment. As a result of our working together, what would you like to see change (in the short-term)?

“How are things now in your life? How would you like them to be? How can we work together to help you achieve these short-term, intermediate and long-term goals?”

“What has worked for you in the past?”

“How can our current efforts be informed by your past experience?”

“Moreover, if you achieve your goals, what would you see changed?”

“Who else would notice?”

## **9: POSSIBLE BARRIERS**

“Let me raise one last question, if I may. Can you envision can you foresee anything that might get in the way-any possible obstacles or barriers to your achieving your treatment goals?” (Consider with the patient possible individual, social and systemic barriers, do not address the potential barriers until some hope and resources have been addressed and documented.)

“Let's consider how we can anticipate, plan for, and address these potential barriers.”

“Let us review once again...” (Go back over the Case Conceptualization and have the patient put the treatment plan in his or her own words. Involve significant others in the Case Conceptualization Model and treatment plan. Solicit their input and feedback. Reassess with the patient the treatment plan throughout treatment. Keep track of your progress notes and share these with the patient and treatment team

Adapted from: Meichenbaum, D. ‘35 Years of working with suicidal patients: Lessons learned’. Available from:

[www.melissainstitute.org/documents/35\\_Years\\_Suicidal\\_Patients.pdf](http://www.melissainstitute.org/documents/35_Years_Suicidal_Patients.pdf) Accessed on 21-04-12