AIMhi Stay Strong Planning:
Brief Treatment Manual
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PHYSICAL

FAMILY, SOCIAL AND WORK

SPIRITUAL AND CULTURAL

MENTAL AND EMOTIONAL

V2.0

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Contents

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[1] Please note that when we mention the term 'Indigenous' we include all Aboriginal and Torres Strait Islander people and acknowledge their rich traditions and heterogenous cultures

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Background

Hello and welcome to Yarning about Mental Health and the AIMhi mental health research program. The AIMhi mental health team is based at Menzies School of Health Research. The AIMhi program of research began in 2003 and has worked collaboratively with Aboriginal Mental Health Workers, Aboriginal and Torres Strait Islander organisations and senior members of Aboriginal and Torres Strait Islander communities. For over a decade AIMhi has developed a range of culturally adapted information sheets, flip charts and the AIMhi approach to brief therapy - Motivational Care Planning. The AIMhi Stay Strong Care Plan has now been translated into an e-mental health resource, the AIMhi Stay Strong App, and is promoted within the eMental Health in Practice (eMHPrac) project.

eMental Health in Practice

e-Mental health (also referred to as digital mental health resources) provide treatment and support to people through telephone, mobile phone, computer, smart devices and online applications. They range from the provision of health information, peer support services, virtual applications and games, through to real-time interaction with clinicians trained to assist people experiencing mental health issues. See Appendix A for links to other e-mental health resources.

The Australian Government's e-Mental Health Strategy for Australia (DoH, 2014) aims to improve awareness, knowledge and use of e-mental health resources. E-Mental Health in Practice (eMHPrac) is a support service and project funded through the Strategy, providing training, supporting implementation and promoting awareness of e-mental health resources to health professionals working in primary healthcare (eMHPrac, 2018).

eMHPrac is a collaboration between Menzies School of Health Research, the University Centre for Rural Health, Black Dog Institute and is led by Queensland University of Technology. As part of the eMHPrac Indigenous stream, Menzies provides training in the AIMhi Stay Strong App and other e-mental health resources to health professionals in primary healthcare working with Aboriginal and Torres Strait Islander clients.

The AIMhi Theoretical Framework

Motivational Care Planning (MCP) is based on 15 years of theoretical development, clinical practice, and empirical research. This therapy is different in many ways from traditional approaches to treatment. MCP draws on a range of brief therapies such as motivational interviewing, problem solving therapy, positive psychology and solution focused therapy (Cuijpers, van Straten, van Sciak, & Andersson, 2009). The focus of the intervention is to promote behavior change through reviewing the client's social connections, individual strengths and stressors. It has a focus on the 'here and now' and on current behavior and

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planning for change to improve lifestyle choices. The motivation to make change is developed through the comparison of individual values and life priorities with actions, life style behaviors or symptoms that are causing distress. The four step intervention explores: family and friends, strengths, stressors and setting goals for change.

MCP shares principles of cognitive behavior therapy (CBT) such as:
- Establishing a strong therapeutic alliance
- Focus on discrete goals
- Focus on the here-and-now
- Cognitive reappraisal
- Patient as collaborative partner (Karwoski, Garratt, & Ilardi, 2006)

MCP shares the positive psychology aim of building on the person's existing strengths to enhance emotional wellbeing. The *'aim of positive psychology is to catalyse a change in psychology from a preoccupation only with repairing the worst things in life to also building the best qualities in life'* (Seligman, 2002). MCP also has overlap with motivational interviewing techniques, in particular supporting self-efficacy and developing discrepancy (Treasure, 2004) and with solution focused therapy which also focuses on competency and strength in clients and is underpinned by the following principles: if it's working keep doing it, if it's not working stop doing it, and keep therapy as simple as possible (Nagel, 2007; O'Connell, 2005).

In addition, this approach is aligned with principles of behavioural activation therapy in which clients and practitioners collaborate to identify target behaviours, goals, and rewards that reinforce non-depressive or healthy behaviour, which has also been shown to be efficacious and cost effective in comparison with CBT (Veale 2008). MCP is designed to be delivered in one or two sessions by workers who may have little training in counselling and limited time, and with clients who may have low literacy or language difference and in individual or group settings. These aspects of the MCP intervention render it a 'low intensity' cognitive behavioural intervention (Bennett-Levy, Richards, & Farrand, 2010). It is a client centred model, which, similar to solution focused therapy, focuses on clients' strengths and previous successes. There is a focus on working from the client's understandings of their concern/situation and what they might want to do differently.

The AIMhi Stay Strong approach has some key differences to other brief therapies; it is culturally adapted for Aboriginal and Torres Strait Islander people and presents a holistic model of mental health and wellbeing. The Stay Strong approach uses colorful pictures to support a conversation about areas of stress-vulnerability and uses metaphors from daily life to promote engagement and understanding. MCP begins by looking at the role of family support and client strengths before worries are reviewed. Following these three steps, the client and practitioner discuss setting goals for life style change using simple and

achievable steps to support the person to plan for change, and over time measure outcomes and celebrate successes. The simple step by step approach allows practitioners to acquire MCP skills with ease. Evaluation of training provided by the Menzies School of Health Research has shown that practitioners value the training, have improved confidence and knowledge, and continue to use elements of the approach long after receipt of brief training (Dingwall, Puszka, Sweet, Mills, & Nagel, 2015).

Key steps for the AIMhi Stay Strong approach

- Review of family and other key people who are supportive
- Review of strengths in a holistic framework inclusive of culture and spirituality
- Review of stressors and worries
- Review of reasons to change linked with family, strengths and stressors
- Simple goal setting and discussion
- Focus on developing simple steps to the goals
- Review of steps and goals over time

Rationale

A person's 'balance' and wellbeing is a result of resilience factors and risk factors that constantly interact (Mueser et al., 2002). At any time decisions can be made that might change the balance and thus decrease or increase a person's vulnerability to mental illness. Knowing which of these factors are important in relapse of illness, and what can be done in terms of change, is an important component of self-management. The key message is that of the need to build strengths and mitigate stressors, in order to promote resilience and diminish vulnerability to mental illness. Some risk factors are beyond a person's control such as genetic or environmental influences, but others are within an individual's power to change and influence. Current distress is thus caused by diminished healthy behaviours through choice and/or lack of opportunity. These behaviours negatively influence identity and self-efficacy and lead to vulnerability to depression and a range of other mental illnesses. Healthy behaviours are culturally informed and include cultural and spiritual activities, family and community engagement as well as physical activity. Planning and supporting and reinforcing healthy and rewarding behaviours will promote resilience and improve wellbeing through positive reward, improved self-identity and greater self-efficacy.

Stay Strong is a different approach

We have a yarn first about family and strengths, spending time developing trust and relationship rather than going straight to the problem.

We use family and strengths as motivation for change. The discussion of strengths and stressors is holistic and covers physical, cultural, mental, and social aspects to life.

The person controls the process. They identify each strength and each stressor of their own, we don't write anything that they haven't volunteered, they see everything that is written, they own the plan, and take home a copy of the plan.

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Using the Stay Strong Approach with clients

Cultural context

Here is an example of the introduction to the AIMhi approach which we use to set the cultural context. The following text is provided by one of the AIMhi researchers/Aboriginal Mental Health Workers John Cusack:

"Hello and welcome to Yarning about Mental Health.
Our people have strong culture. We are artists and storytellers, we are sporting legends and skilled hunters, we are musicians and dancers and uncles and aunties and grandmothers and grandfathers. Most of all we are teachers, and we are teaching our children to find their way in a modern world.
Our kids need a guide to navigate and find their way in the modern world … they need to take culture with them…and to bring both worlds into one…They need to be strengthened by culture…
We can teach them how to be an Indigenous person in the non-Indigenous world by having that support of language and family and community and kinship keeping them strong. Another important thing to teach them is how to do more of the things that keep them strong. Things like art and music and storytelling, and work that keeps family and culture alive. That way there isn't that gap in their lives. That way there isn't that emptiness where culture used to be.
It's when our children get that gap, and they don't know who they are or where they belong, that's when that mental health problems can take over and it can link with drugs and alcohol and humbug or violence."

Rapport (good connection)

Understanding and communicating with Aboriginal clients is usually helped by:

- having supportive and appropriate (e.g. right kinship) family members present
- working with an Aboriginal Health or Mental Health Worker (AMHW)
- recognising that some people feel more comfortable talking outdoors
- establishing which languages are spoken and what level of English is understood
- sitting side by side rather than across from people/clients to mediate eye contact
- recognising that some people may have hearing difficulties
- avoiding direct questions
- avoiding direct eye contact
- making interactions concise and meaningful so as not to sit for too long
- talking about strengths and family relationships before talking about the problems
- using visual guides to assist conversation
- using stories to assist connection and rapport, and
- recognising that client communicative norms may include long pauses and allowing time for response before prompting them

The Four Step Stay Strong Plan

The 4 step plan is a way of engaging with clients before you assess them or as a goal setting brief intervention at the end of your assessment. The first two steps in the Stay Strong Approach are about getting to know people. Whether it's someone you are working with, or someone you are going to interview – it's a good idea to get to know them a bit first. One of the ways to do that is to take into account the above rapport suggestions and to talk about family, and to get a sense of who is important to them. Another way to do it is to talk about what activities we like to do – what things keep us strong.

The plan uses the metaphor of a tree to talk about mental health. The Grow Strong Tree is a picture of a plant that represents our mental health – with four root systems and four healthy leaves. The roots represent the foundations of our mental health - the Spiritual, Physical, Family, Social and Work, and Mental and Emotional components of our lives.

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Step 1 and 2: Family and Strengths

These two steps are about developing rapport and sharing understandings.

- Talking about our strengths, family, friends and activities is a good way to get to know someone.
- Talking about family can help us to see the networks of healing and the paths for support of that client and that family.
- As we talk about family and strengths we can begin to know what is already strong and have a yarn about how to make it stronger.
- Looking at family connections and recognising their importance helps to link them in to the steps to goals for change.
- Plans for change are stronger if support people named on the plan hear about their role with client consent.
- The plan can strengthen the support networks surrounding the client.
- Using the Stay Strong App we can type in names of supportive family and friends and select the relationship they have to the client and the role they play in their life

> ### 💬 What you might say: Step 1
> *One of the important ways in which we can stay strong and have balance in our lives is to have strong people around us who help to keep us feeling okay during the tough times. This is your family map, and this is you in the centre. Who would you put around you on your family map? Who is it that helps to keep you strong and in balance? What relationship do they have to you? What role would you say they have in your life? E.g. someone you can talk to, someone who is always there…*

- Talking about strengths helps to remind us of good things in our lives. The things we value about ourselves and the people around us.
- Talking about our strengths helps to establish rapport and connection between people
- Using the Grow Strong Tree to describe strengths is an easy way to start talking about wellbeing and mental health.
- Using the Stay Strong App we can select the strengths that fit and type a word or two that describe that strength in more detail.

> ◯ What you might say: Step 2
>
> *There are four main ways in which we keep strong in our lives. Spiritual, physical, family, work and emotional strengths keep us in balance –like strong roots of a tree. When we are in balance we grow strong mental health. Worries and stress and trouble can take away our balance. Changes for strength can help us find balance again. Looking at this tree…what sorts of things in your life – spiritual, physical, social or mental and emotional help to keep you strong? The more strength we have, the stronger we can be - even during tough times. Look at each of the pictures on this tree. Do they represent something that fits with your own experience? Tell me a little bit more about that?*

Step 3 and 4: Exploring Worries and Setting Goals

Having taken time to review positive aspects of people's lives there is more chance that you have established rapport before you begin to talk about the sensitive areas of concern in their lives. An important difference in the Stay Strong approach is that we explore worries <u>after</u> talking about strengths and that we allow the person to volunteer them rather than directly asking questions.

> ◯ What you might say: Step 3
>
> *Moving on… looking at the tree again …worries in our lives can take our balance away. What sorts of spiritual, physical, social and mental and emotional things take your strength away? Do any of these fit with you? Tell me a little bit more about that?*

Setting goals for change

Once the first three steps are complete we are in a good position to be thinking and planning for change. Our goals are the things we want to change. We need to think of steps to these goals and we want the goals and the steps to be achievable and practical and simple. Steps are the goals broken down to manageable, smaller actions. If you have a goal to do further study – a step to that goal might be to find about more about possible study courses, another step might be to get some more information, or to talk to someone or to make a phone

call. Steps tend to be more specific and more detailed than goals. The best way to plan goals and steps is to ask four questions: What? Why? How? Who? When?

> We are encouraging clients to identify their own personal goals and their own steps to those goals.
>
> As we encourage goal setting and communication within the support network- we support empowerment of that network and all of those within the network.

SMART goals

Another way to think about goals is to aim to set 'SMART' goals. SMART goals are Specific, Measurable, Attainable, Realistic and Timely.

Specific: A specific goal has a better chance of being reached than a general goal. To set a specific goal aim to answer the "W" questions:

What:	What do I want to do?
Who:	Who can help?
Where:	Identify a place related to the goal.
When:	When will you do it/how long will it take

Measurable: To see if a goal is measurable, ask questions such as……

- How much? How many?
- How will you know when it is reached?

Attainable: When you identify goals that are most important to you, you begin to figure out ways you can realise them. This is where the client choosing their own goals is important, as they are the one that best knows what is possible. You might think and talk about goals that have been reached in the past, it helps to remember what you can do if you really try.

Realistic: A goal is realistic if you want it and you can actually do the steps that are needed to reach it. The steps are very important, because they break down a big task into smaller, more manageable steps.

Timely: A goal works best when it is put within a time frame so that you know when to begin and how you are going to continue.

⚬ What you might say: Step 4

Thinking about the people in your life who keep you strong and thinking about the good things that you do and that you value, and thinking about your worries, what would be one small thing that you might think about changing? Anything else?

- *Tell me a bit more about what that change means for you*
- *Why would making that change be a good thing to do?*
- *Out of those changes, what would be the most important thing to change right now?*
- *If that's the most important goal for now let's talk about how you could go about it?*
- *Have you made changes like that before? Tell me about how that went.*
- *What small step could you do first? Who could help?*
- *Remember, anyone can make changes when they are ready small steps can lead to big changes*

Build motivation

Build confidence by reviewing examples of success – either past successful changes the client has made or others (such as "Robbie's story" which is an AIMhi video about making successful changes)

Promote discrepancy and dissonance by comparing the 'ideal' and positive strengths a person reports on their strengths page with the worries that they have. Highlight differences and promote any links which arise throughout the discussion.

Maintain rapport through avoiding suggestions and asking direct questions.

Risk Management

In the context of the high risk associated with mental illness, strategies to educate service providers and the wider community about immediate actions and pathways to care are vital. Campaigns by Rotary and 'beyondblue' and specific community education packages have been major steps toward improved community mental health literacy (LivingWorks). In addition, adapted community training packages such as 'Mental Health First Aid' (Beyondblue, 2008; "http://bluepages.anu.edu.au/," ; "http://moodgym.anu.edu.au," ; Kitchener BA & Jorm AF, 2002) Suicide Story (Mental Health Association of Central Australia, 2018) and the AIMhi resources have offered Indigenous specific training targeting suicide prevention and improved access to treatment. A key message of suicide prevention is that any person might be approached for help by

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someone at risk and will benefit from developing basic skills.

Risk Management tips below apply to all of us.

Pay attention
Read signs of concern
Trust your hunches
Take any talk of suicide seriously
Show respect
Try to understand
Be yourself
Take them seriously

Reach out
Show you care
Tell them what you noticed
Take time to listen
Check it out
Say things like "lately I've noticed…"
Ask others what they've noticed
If in doubt check it out

Give support
Let them talk
Explore other options
Build realistic hope
Get more support (eg family, mates, counsellors, crisis lines)
Ask about suicide
If concerned, ask directly "Are you thinking of suicide?"

Get help
Don't leave if there's a risk of suicide
Remove available means of harm
Know your limits ... involve others, get further help
Follow up ... stay alert to ongoing needs / risk
Keep safe
Focus on safety first
Encourage no self harm
Look out for your safety and safety of others

Avoid
'Quick fixes' & 'cheer up' advice
Telling them not to worry
Drinking to avoid the pain
(Lifeline, 2010)

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Know early warning signs

Everyone gets stressed sometimes and we all have warning signs that stress is building up. If we pick up stress early we can do something about it before it gets out of control. In the same way if we pick up mental illness early we can make changes before we have a relapse. Common early warning signs of relapse are:

- irritability (feeling 'cranky'),
- tension or worry,
- social withdrawal (sitting down alone),
- poor appetite,
- poor sleep.

These are early changes that happen before relapse. Knowing warning signs helps people to avoid relapse and to recover from mental illness by having more control of it.

Have a crisis plan

Work out what you will do in a crisis, when your early warning signs are getting out of control. Plan *where* you will get help, *who* you will go to, and *what* you will do. You can write this on your stay strong plan and/or talk it through with your support person.

Risk assessment

There are three main sorts of risk – risk of hurting yourself intentionally, or hurting others intentionally, and vulnerability (of getting hurt accidentally through poor decision-making). Consider the following questions for vulnerability risk:

- Does this person have trouble looking after themselves?
- Do they have trouble protecting themselves from others – and not getting hurt?
- Are they at risk when they are away from their support and carers and family?

Suicide risk assessment

Important background factors for suicide risk are:

Suicide attempts in the past

Unmarried / unemployed / not going to school

Illness – physical or mental

Ceremonies to say goodbye (making a will or giving way possessions)

Isolation socially

Drugs, Alcohol and other volatile substances

Events – grief, loss, stress, knowing people who have committed suicide

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Important immediate factors for suicide risk are:

Plan – having a plan to hurt themselves

Lethality – having a plan that is likely to result in injury or death

Access – the person being able to carry out their plan

Negative views of self and future (they want to die)

Risk of harm to others

Past violence is the main risk factor for more violent behaviour – but also think about:

- Substance Misuse
- Family history
- Anti-social behaviours

Complete your risk assessment

You may already have a risk assessment or risk management template to use as a guide for some of the risk factors mentioned above. It is important to use your knowledge of the client, their discussion or their worries, and by asking questions to fill in gaps. The purpose of your assessment is to decide on today's risk – but you can use past history and other information to come to your decision. If there are any signs of risk, ensure that you make the appropriate arrangements to ensure that the risk is managed according to the severity of your assessment.

Safe follow-up plans

If you are not sure whether a person will be safe when you have seen them – check that you have the following things in place:

Support and supervision-a place to stay, someone reliable to stay with

Appointment time given for follow up

Follow up and treatment is arranged

Engagement with your plan is in place (they think it is a good idea)

Resolution or partial resolution of the crisis (something has changed for the better)

If you can't have this safer plan in place and you are worried about risk– then consider supported and supervised arrangements including a safe house or hospital.

Talk to your supervisor, look at guidelines such as the **CARPA** manual, take definite action, and write all of your decisions in the appropriate file.

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Managing risk – Crisis Contacts

24-HOUR TELEPHONE COUNSELLING
- Emergency **000**
- Lifeline **13 11 14**
- Kids Helpline **1800 551 800**
- MensLine Australia **1300 789 978**
- Suicide Call Back Service **1300 659 467**
- Beyond Blue **1300 22 46 36**
- Headspace **1800 650 890**
- QLife **1800 184 527**
- State-wide Crisis Numbers Blue Pages

Other Mental health helplines and services can be found by searching the HealthDirect web page.

Diagnosis of mental illness

People who have lots of worries can get a mental illness – especially if they have been unwell before, or if it runs in the family. The pattern of mental illness is different for different people. The pattern is about changes in thoughts, feelings and behaviour – changes in what people say and do. Some people hear voices, some people just get very sad and stay inside the house all day, some people get too much energy and fight and shout and cause trouble, some people hear voices, some people get very worried and nervous and anxious, and some people get mixtures of all of those things. It's important to work out the pattern of someone's illness. Different patterns respond to different medicines and treatments. If people with mental illness get to know their own illness pattern they can recognize and treat it early. Four important patterns are anxiety, depression, mania and psychosis. The AIMHI *information sheets* talk about the pattern of thoughts and feelings and behaviors for those four sorts of mental illness.

There are four main ways to diagnose mental health problems.

1. Talk to the person about how they are going – take a *history*
2. Talk to family and others about how they are going – collect *collateral history*
3. Check out their physical health – do a *physical examination*
4. Listen to what they say and what they do carefully and closely – do *a mental state examination*

Mental State Examination

Assessing a person's mental state is like reading their body language. Most of us can tell how someone is feeling without them saying anything. When we watch and listen closely we can have more information to help us to decide about diagnosis and risk. We can use the following simplified list of six headings to structure our assessment of body language.

- Appearance: Neat? Clean? Strange?
- Behaviour: Calm? Agitated? Appropriate? Cooperative? Distracted?
- Conversation: Silly talk? Wrong talk? Mixed up talk? Fast talk?
- Affect: Unhappy? Angry? Too happy? Afraid? Unconcerned?
- Perception: Hearing voices? Seeing things? Talking to self?
- Cognition: Remembering OK? Confused?

Activity

Mental state examination adds information to our assessment.

Consider the following example – you are seeing a 26-year-old woman with two children who says she has been sad since her partner left her 12 months ago. She is physically well on examination. Her mother says that she used to work full time, but she has not been going out of the house for 2 months. You see her with the Aboriginal Mental Health Worker and her mother. Below are two different mental state examinations.

Which worries you more – Scenario 1 or Scenario 2?

Scenario 1

Appearance	neat and clean
Behaviour	shy but appropriate
Conversation	slow but appropriate
Affect	sad and anxious
Perception	no abnormal perception
Cognition	fairly good attention and concentration

Scenario 2

Appearance	dirty clothes and unwashed appearance
Behaviour	withdrawn, no eye contact, slow movements
Conversation	only occasional words
Affect	sad
Perception	no abnormal perception
Cognition	poor concentration and easily distracted

> **Answer**
>
> **Scenario 2 suggests more severe mental illness and greater risk.**
> The *same* history and the *same* collateral history and the *same* physical findings. A *different mental state examination* can lead us to have a different assessment of the case.

Kessler 10 (K10)

The Kessler Psychological Distress Scale-10 (K10), developed by Professors Ron Kessler and Dan Mroczek, is a 10 item questionnaire which measures psychological distress based on questions about people's level of nervousness, agitation, psychological fatigue and depression in the past four weeks prior to interview (ABS, 2001). The K10 is available on the android version of the App.

For each question, there is a five-level response scale based on the amount of time that a respondent experienced those particular feelings. The response options are:

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time.

Each of the items are scored from 1 for 'none' to 5 for 'all of the time'. Scores for the ten items are added together, clients can have a minimum possible score of 10 and a maximum possible score of 50, with low scores indicating low levels of psychological distress and high scores indicating high levels of psychological distress.

K10 results are commonly grouped for output. The results are grouped in the following four levels of psychological distress:
- Low (scores of 10-15, indicating little or no psychological distress)
- Moderate (scores of 16-21)
- High (scores of 22-29)
- Very high (scores of 30-50).

Additional information about mental illness

- Mental Health is about being well and strong and balanced in our spiritual, physical, social and emotional lives.

- Traditional healers, talk therapies and/or social changes can be better than medication alone for some people.

- Engaging Aboriginal Health Workers or Aboriginal Mental Health Workers could be important.

- Mental Illness is like physical illness – the sooner you treat it the sooner you get better.

- Life events, change of medication, or substance misuse are common causes of relapse and getting sick again.

- If we have too many troubles any one of us can get sick, and get out of balance.

- Early warning signs – such as change of sleep or appetite, or increased restlessness or tension, or not wanting to be with other people, are the signals to go and get extra treatment and help. Everyone has his or her own early warning signs.

- Medication, life style change, and increased support in tough times can help to avoid relapses and to stop people getting sick again.

- People make changes in their lives when they are ready. There are lots of different ways to change.

- Often small changes in our spiritual, physical, social and emotional lives are all that is needed to be healthy and in balance again.

Cultural assessment and belief systems

Culturally-shaped belief systems and spirituality can impact on the way mental health and mental illness is expressed. When Aboriginal people talk about being cursed or seeing spirits it may be a normal experience within their belief systems and it may be misinterpreted as 'psychosis'. The only way to be sure whether unusual behaviour is culture or illness is to seek advice from a **family member**, a **health worker,** or a **mental health worker**. Only when you have a three way assessment can you be sure that you understand the whole problem and have ideas for a holistic solution.

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Appendix A: List of Digital Mental Health Resources

iBobbly Suicide Prevention App

There are not enough health workers available to provide suicide prevention services in rural and remote areas, and often people don't ask for help because they feel disconnected, ashamed or are worried about anonymity. ibobbly, an app aimed at suicide prevention, can be used anonymously and may be one way to reach some at-risk young people. The app delivers treatment based on Acceptance and Commitment Therapy (ACT), which uses mindfulness and values-based action and draws on metaphors, stories and imagery. The project began as a partnership with Alive & Kicking Goals! (AKG) in the Kimberley, a community controlled suicide prevention organisation. The first version of the app is being piloted to see if it will reduce suicidal thinking, depression, distress, and impulsivity.

- [vimeo.com: Bluesbusters 1 Girls](#)
- [vimeo.com: Bluesbusters 2 Boys](#)

Head to Health

Head to Health is a national mental health and wellbeing website for both the general public and health professionals. The site is managed by Health Direct as part of the Australian Government Department of Health Australian e-Mental Health Strategy. The website assists health professionals and their clients to find relevant mental health and wellbeing information, online programs, services, helplines and other resources. Head to Health resources are sourced from the leading publically funded health focused organisations in Australia including beyondblue, Black Dog Institute, ReachOut.com, Lifeline and many more.

- [headtohealth.gov.au](#)

Mindspot

The MindSpot Clinic is an innovative national mental health service that provides virtual assessment and treatment for adults with anxiety and depression. Since launching in Dec 2012, the MindSpot Clinic has provided services to more than 45,000 Australian adults. Mindspot also have an **Indigenous Wellbeing Course** designed to help **Aboriginal and Torres Strait Island** adults to manage symptoms of depression (including low mood) and anxiety (stress, worry, panic, social anxiety). MindSpot is funded by the Australian Department of Health, and free to Australian adults aged 18 years and over.

- [mindspot.org.au](#)

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On Track

Provides programs for concerns about mental and physical health including concerns about alcohol, alcohol and depression, unusual experiences/early psychosis, flood and storm recovery, diabetes. The sites resources are a mix of programs, information, quizzes and advice and provides a program for carers.

- ontrack.org.au

Stayin on Track

This is a discussion forum developed by Aboriginal men for Aboriginal dad. It is a place to yarn about being a dad and helps support dads through fathering at a young age.

- stayinontrack.com

myCompass

Developed by a team of health professionals at the Black Dog Institute, and funded by the Australian Government, myCompass is a pioneering e-health initiative designed to simply and effectively promote mental health and wellbeing. Accessible 24/7 from any internet-enabled computer, mobile phone or iPad, the myCompass self-help program assesses user symptoms, then provides a personalised and interactive program that includes online psychological tools, round-the-clock monitoring of moods and behaviours and motivational tips via email and SMS. Most importantly of all, clinical evidence shows that it works.

- mycompass.org.au

National Eating Disorders Collaboration

The National Eating Disorders Collaboration (NEDC) brings expertise, experience and evidence from leaders in the field together in one place. Our primary purpose is to make eating disorders information a lot more accessible for everyone. The website provides information and links for people affected by eating disorders, carers and friends, teachers and health professionals.

- nedc.com.au

Bite Back

Targets young people (12-25 years) and aims to promote wellbeing and resilience through engaging psycho-education, positive psychology and related approaches.

- biteback.org.au

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BluePages

Provides information about depression and its treatment. It includes reviews of the available scientific evidence for a wide range of treatments, information about the experience and symptoms of depression and resources/services that can help.

- bluepages.anu.edu.au

BlueBoard

An online support group for people aged 18 years or over who are affected by depression, bipolar disorder, anxiety, eating disorders, borderline personality and related disorders. It aims to reduce stigma, and to provide support, hope and space to share successful coping strategies. BlueBoard is moderated with strict protocols to enhance safety and privacy.

- blueboard.anu.edu.au

ReachOut.com

Targets individuals under the age of 25. It includes peer support forums, tips, links and information for coping with tough times and improving wellbeing, volunteering and social engagement. The site also has a list of professionally reviewed apps and tools that are available to encourage health and wellbeing.

- au.reachout.com

YouthBeyondBlue

Targets young people aged between 12 –25 and provides psycho- education and links to BeyondBlue's services including phone support and a medical and allied health services locator.

- youthbeyondblue.com

Butterfly Foundation

Provides information, support and referrals for people affected by eating disorders. Includes telephone and email support.

- thebutterflyfoundation.org.au

Counselling Online

24/7 text-based counselling for people concerned about their own or other peoples' substance use.

- counsellingonline.org.au

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eheadspace

A confidential, free and secure space for young people 12 –25 and their families. Provides chat, email or phone contact with a qualified youth mental health professional. eheadspace can help with a broad range of issues like bullying, drug and alcohol issues, depression and anxiety, relationships, concerns about friends, study and work, fitting in and isolation. Can also support parents and carers worried about a young person.

- eheadspace.org.au

Gambling online

24/7 text and email counselling for people concerned about their own or another person's gambling.

- gamblinghelponline.org.au

KidsHelpline Online Counselling

A web-based counselling service for people aged between 5 – 25 years and lets you connect one-on-one, in real time, with a Kids Helpline counsellor over the web.

- kidshelp.com.au/teens

Lifeline Online Counselling

A short-term support service for people who are overwhelmed and having difficulty coping or staying safe. It occurs in real time using 'chat' technology with a Lifeline worker. Currently available 8pm-4am (AEST) 7 days.

- lifeline.org.au

Suicide Call Back Service

Offers text-based online counselling with a professional counsellor. The service is available for people affected by suicide, including people who are feeling suicidal, people who are worried someone they know may be suicidal, and people who have lost someone to suicide.

- suicidecallbackservice.org.au

e-couch

Modules for depression, generalised anxiety and worry, social anxiety, relationship breakdown, and loss and grief. It provides evidence-based information and teaches strategies drawn from CBT, Interpersonal Therapy, relaxation and physical activity. People can access information without registration or register for the full program.

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- ecouch.anu.edu.au

MoodGYM

Teaches skills drawn from CBT to help prevent and manage the symptoms of depression. It was originally designed for young people but is used by people of all ages. The program provides 5 modules which each take about 30 minutes to complete.

- moodgym.anu.edu.au

BRAVE Program

Helps children and teens overcome anxiety by teaching strategies for managing anxiety-provoking situations. The programs are free, and provide ways for children and teenagers to better cope with their worries. There are also programs for parents.

- brave4you.psy.uq.edu.au

eCentreClinic

Develops and tests treatment courses for people with symptoms of worry, anxiety (including OCD and PTSD), stress, depression, low mood, chronic pain and epilepsy. Includes courses for adults and older adults. Courses are usually about 5-6 lessons. Some programs are self-guided and some have therapist support.

- ecentreclinic.org

Mental Health Online(formerly Anxiety Online)

Provides information, symptom feedback through the e-PASS assessment program, publicly available treatment programs (GAD, Social Anxiety, Panic Disorder, OCD, PTSD) and opportunities to participate in new programs through research trials. Treatment programs can be accessed as self-help for free or with therapist support for a small fee.

- anxietyonline.org.au

OCD? Not Me!

For young people aged 12-18 years with Obsessive Compulsive Disorder. It involves 8 stages and provides information, tips, activities, and support to help users to overcome the symptoms of OCD. The program also provides support for parents and caregivers.

- ocdnotme.com.au

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THIS WAY UP™(Crufad)

Provides courses with in-house clinician support for a small fee to people with a special code from their clinician. Also provides free self-help and a range of professional education and schools courses.

- thiswayup.org.au

Appendix B: Practice Materials

1. Sample stories from Stay Strong Plans

Anna's story

My Aunty Cathy and my great grandmother Jessie and my daughter Alice help keep me strong… My Aunty teaches us culture and we talk about my life and she tells me what's right and what's good. I want to learn more about culture so I can speak more (traditional language) and pass it on to the kids. Sometimes I get unhappy, I drink too much and sometimes I get angry and violent. I want to change that.

I want to sit down with that old man (grandfather) every afternoon and talk (traditional) language and speak old language and understand culture and corroboree that they dance all day. Good things about these changes are that I can speak more language, pass it onto (my) kids, and understand when they sing (in ceremony).

(25 year old mother of two)

Robbie's Story

What keeps me strong is our Aboriginal ceremonies and painting and the art centre, hunting, fishing and music.

Things which take my strength away, are worry about being violent, family worries, physical health, smoking cigarettes, not knowing about mental illness. Trouble with mood swings, high mood and energy, thoughts of self-harm and suicide.

Michael, Ian, Katie-Jean and Carly help keep me strong.

Strong changes I want to make are to go hunting more and to have bush tucker. To have less family humbug and to work at the art centre.

I want to talk to Carly and Katie-Jean and Ian, and I want to talk to my dad so that we can go bush together more.

I want to talk Nick about the art centre so that I can stretch canvases and to talk to Centrelink too to check working casual hours.

And I want to stop fighting so much with my brothers about Money I want to stop borrowing and lending and keep my money in the bank.

2. AIMHi Stay Strong App Motivational Care Planning - Adherence Scale

Phuong Prowse, Tricia Nagel

The AIMhi Stay Strong App Adherence Scale is used to observe the practice of applying the 4 step Stay Strong Plan. The Adherence scale helps to monitor a range of factors that support the success of the motivational care plan, and to build skills and confidence when using the resource in practice.

THERAPIST:
DATE OF RATING:
INDIVIDUAL/GROUP SESSION:
TREATMENT SETTING:
ASSISTANT RATER:
TOTAL SCORE:

INSTRUCTIONS TO RATERS:

1. <u>RATE EACH ITEM</u>: This scale is designed so that each item can be rated on a scale from one to nine. Do not leave any items blank.

2. <u>READ EVERY ITEM</u>: It is recommended that you read each item entirely every time it is rated. It is also useful to be completely familiar with the information in the examples for each item before rating it and to continue to refer to these examples in order to prevent subsequent rater 'drift' (moving away from the accurate definition of the item).

3. <u>REVIEW NOTES</u>: We recommend that the rater review notes from their sessions with clients using the Stay Strong App before completing the self assessment. This will enhance the accuracy of ratings because it helps remind raters of information that is relevant to rating the items.

4. <u>COMPLETE</u> your rating taking into account all of the client sessions you have delivered using the Stay Strong App. Take into consideration how **frequently** and how **successfully** (with good effect within the session) you fulfilled the objective of each item in your rating.

5. <u>PLEASE PROVIDE YOUR RATING BY TICKING OR CIRCLING YOUR DESIRED RESPONSE ON THE RATING FORM THAT IS PROVIDED</u>.

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GUIDELINES FOR RATING ITEMS

1. ENGAGEMENT

To what extent do you as the therapist (usually and regularly) seek to establish a trusting relationship with your client at commencement and throughout treatment through: discussion of country; sharing where you are from; explanation of your role; discussion of relationships in common; avoidance of direct eye contact/direct questions as appropriate; use of plain English as appropriate; and/or reinforcement of the achievements of your client?

1	2	3	4	5	6	7	8	9

Not at all   Some   All of the time
of the time

A full rating of 9 would require that use of the strategies outlined below (where applicable for a given client) is a regular and successful aspect of your therapy (evidence of success would include strengthened rapport and client engagement and interest throughout the session):

- Discussion of country and of where you are from (1)
- Explanation of your role (1)
- Discussion of relationships, people in your life, people you know in common (1)
- Avoidance of direct eye contact/direct questions as appropriate (1)[2]
- Using plain English/speaking slowly as appropriate (1)
- Reinforcement of previous achievements or reminders of positive changes (1)

If one item is usually included then the scoring would be "6". If two items are usually included then the scoring would be '7' if three items are usually included the scoring would be "8" and if four items are regularly included the score would be "9".

2. FAMILY:

To what extent do you as the therapist usually and regularly explore with the client the important people in the client's life that keep them strong, or that they care for and need to stay well for (e.g. children)?

---

[2] Eye contact and direct questioning can be experienced as challenging or intrusive in some cross cultural settings

1	2	3	4	5	6	7	8	9

Not at all   Some   All of the time
                                                of the time

The purpose of this item is to assess whether the therapist behaviour successfully explores the client's family members and friends (past and present) that assist them to stay well or to want to be well. If the exploration of relationships is brief and cursory then a score of 5 is given. If exploration of patient/client key family members in detail (including relationship and role) is a regular and successful aspect of your therapy then a score of "9" is given. Score yourself between 5 and 9 according to the degree to which you believe you explore relationships in depth and with success. Success would be indicated by gaining detailed information while maintaining rapport and keeping within reasonable time frames for your setting.

3.   <u>STRENGTHS</u>

To what extent do you as the therapist explore client strengths using the care plan using a simple visual metaphor (e.g. the tree) to explain the interaction between strengths and worries and their effect on our wellbeing?

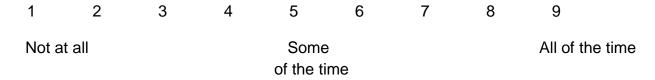| 1	2	3	4	5	6	7	8	9

Not at all   Some   All of the time
                                                of the time

The purpose of this item is to assess whether the therapist explores strengths and positive activities in each of four areas (spiritual and cultural; physical; family, social and work; and mental and emotional) using a simple visual metaphor to explain the link between wellbeing and strengths. If exploration of client strengths is a regular and successful aspect of your therapy a rating of "6" is given. For each of the below items that you regularly and successfully address in therapy one mark on top of the "six" is given. If you as the therapist (regularly and successfully) include all of the below items in your client sessions then a rating of "9" is given.   <u>Success</u> would be indicated by evidence that your client understands these concepts, shares their information, and actively engages in this aspect of the session.

- Using metaphor (e.g the tree) to discuss social and emotional wellbeing (1)
- Prioritising strengths through noting which are 'really important' (1)

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- Checking, exploring and validating client responses (1)

4. <u>STRESSORS/ WORRIES</u>

To what extent do you as the therapist explore client stressors and worries using a simple visual metaphor (e.g. the tree) to explain the interaction between strengths and worries and their effect on our wellbeing?

1   2   3   4   5   6   7   8   9

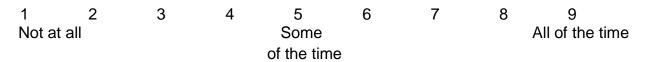Not at all   Some   All of the time
                                        of the time

The purpose of this item is to assess whether the therapist explores client stressors and worries and uses a simple visual metaphor to explain the link between wellbeing and stressors. If exploration of client worries and stressors is a regular and successful aspect of your therapy a rating of "6" is given. For each of the below items that you regularly and successfully address in therapy one mark on top of the "six" is given. If you as the therapist regularly and successfully include all of the below items in your client sessions then a rating of "9" is given. <u>Success</u> would be indicated by evidence that your client understands these concepts, shares their information, and actively engages in this aspect of the session.

- Using metaphor (e.g the tree) to explain/discuss social and emotional wellbeing (1)
- Prioritising worries through noting which are 'really important' (1)
- Checking, exploring and validating client responses (1)

5. <u>GOAL SETTING:</u>

To what extent do you as the therapist help the client to choose their own goals and steps towards change?

1   2   3   4   5   6   7   8   9
Not at all   Some   All of the time
                                        of the time

For the purpose of this item the therapist must link the information about family, strengths and stressors to a plan for change (a goal). In addition, exploration of reasons for change ("what are the good things about change? why is it really important for you to make change?") is needed. After establishment of at least one goal, the steps to change need to include details of **how** (the goal will be achieved)(1), **what** (will be done)(1) **when** (it will be done)(1) and **who** (can

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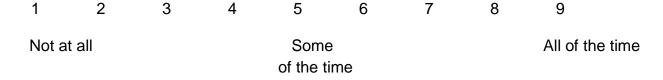assist in reaching that goal/step)(1). These steps are summarised below:

- Linking information about family, strengths and stressors with goal setting (1)
- Exploring reasons for change and/or past successes (1)
- Supporting choice of practical achievable and meaningful goals and steps (1)
- Assist to identify practical (what, who, when) steps toward each goal (1)
- Using metaphor (e.g. kicking a goal) to explain/discuss goal setting (1)

The degree of detail of the goal setting is important in the scoring for this item. If you usually, regularly and successfully develop at least one goal and two steps with each client then a score of 5 is given. If you as the therapist regularly and successfully include at least four of the above items in your client sessions then a rating of "9" is given. (Success would be indicated by your confidence that the goals and steps are achievable for your client).

For each of the above items that you usually and regularly address in therapy one mark is given on top of the "five" given and a rating of between "5" and "9" is given.

USE OF THE SUMMARY FUNCTIONS TO ASSIST MOTIVATION

To what extent do you as the therapist regularly use the summary pages within the App or the email summary (or another summary approach) to support your client to achieve the steps and goals that they are aiming for between sessions?

1	2	3	4	5	6	7	8	9

Not at all   Some   All of the time
                                    of the time

If the summary page is regularly reviewed <u>with clients during the session</u> then a score of "6" is given. Other options for use of the summary page and the email text summary are:

- Copy given to client (hard copy or email) (1)
- Copy placed in client file (in hard copy or electronic file) (1)
- Summary reviewed at follow up (1)
- Other use (e.g text message follow up) (1)

For each of the above items that are a regular component of your therapy one mark is given on top of the "6" given. If at least three of the above options are included then a score of "9" is rated.

3. Goal Setting Activities

This is the most complex section of motivational care planning and also the most challenging section of the APP.

The FIRST goal has 3 potential steps toward it – identified by the first thing you can do to reach this goal, what else you can do to reach this goal and another thing you can do to reach this goal. Each of these steps includes prompts for **what** you will do, **who** will help and **when** you will do it.

Goal Setting Activity during Training

Scenario 1

Carol is a 22 year old woman from a remote community who presents in town for treatment of her alcohol problem. She has domestic violence assault charges (she argued with a niece) and has two children (Joe and Lisa) aged 2 and 4 in care with child protection services. She has supportive family on her community and was recently employed at the child care centre which she enjoyed. Her Auntie May and her Mother Peggie are strong supporters of her who have looked after her children in the past. Her current boyfriend is now in jail and is the father of one of the children. She values her link with her country and her language and enjoys going out bush and collecting bush tucker. She is lonely.

Goal: be less lonely - contact children and contact home community

Step One:
1. What? Arrange a visit or phone call with the children
2. Who? Contact child protection
3. When? Today

Step Two:
1. What? Look at photos
2. Who? Ask family and child protection for help with finding photos
3. When? Today

Step Three
1. What? Make a phone call or use facetime or face book or skype to talk to family at home
2. Who? Ask wellbeing worker for help
3. When? Talk with wellbeing worker today

Goal: manage anger better by more relaxation

Step One
1. What? Start a fitness program – walk every day
2. Who? Aunty will help/will walk with me
3. When? Talk with Aunty today

Scenario 2

Brendan is a 25 year old man has thoughts of self harm, worries about alcohol use and feelings of sadness. He lives locally in Darwin. His key strengths are music and art work and his engagement with Larrakiah nation activities. He also has family in Darwin (mother Anna, uncle Jeff and two children Lea and Johnnie). He is separated from the mother of his children and does not see them often.

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Goal: cut down grog (stay stopped)

Step One
1. What? Avoid drinking mates and family
2. Who? Mum will help/will remind me
3. When? Talk with Mum today

Step Two
1. What? Do more art at Larrakiah nation
2. Who? Uncle will help
3. When? Talk with Uncle today

Step Three
1. What? Do more exercise/get fit again
2. Who? Mate will help –
3. When? Go jogging during the week after 5 pm

Scenario 3

Tom is a 48 year old man is thinking of seeking treatment for his cannabis and alcohol problem. He feels like he is not getting anywhere in his life. He does not have a job and relies on Centrelink payments. He is living with his brother Ian and borrows from his employed brother every week. They have arguments about money and cigarettes and gunja. He enjoys fishing and camping and going out bush with family (nephew Ronnie and Uncle Jim).

Goal: to have fewer arguments

Step One
1. What? Talk to social and emotional wellbeing worker about treatment for alcohol and drug use
2. Who? Mate and brother will help
3. When? Talk to mate and brother tomorrow

Step Two
1. What? Spend more time out bush/fishing/feeling calmer
2. Who? Nephew will help
3. When? Talk to nephew and brother tomorrow

Step Three
1. What? Find out about a part time job out bush
2. Who? Brother and Centrelink will help
3. When? Talk to brother about going to Centrelink tomorrow

Goal: to cut down cannabis

Step One
1. What? Avoid friends and mates who smoke by going for a walk in the morning when they come round
2. Who? Best mate will help (as he does not smoke)
3. When? In the mornings

Step Two
1. What? Spend money on food first before grog and cannabis
2. Who? Brother will help
3. When? Pay day

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Goal Setting Practice ONE

Case 1.

John is a 22 year old man supported by his brother and a good mate. He says that his strengths are – 'family' and 'going to country'. His main worries are – 'gunja' and 'fast food' and 'feeling sad'.

He chooses a <u>goal</u> for more exercise because his mate plays footy and he admires him and he wants to feel healthier and good about himself

The <u>steps</u> you discuss together are for him to join the local team and start footy training again and to talk with the coach about this plan this weekend) his mate can help here) and he also thinks that telling his brother will be useful as they can go to training together (Tuesday nights).A third step to the more exercise goal is to go running after work with his brother three times a week

His <u>second goal</u> is to cut back gunja, his mate can support him. He says the first thing he needs to do is to make up his mind, and decides to talk to his brother (today). for support, say no to mates who ask him to smoke and avoid them by not going to the usual house that they smoke at every day

Task 1

Using the above case scenario fill in the goals section. You have information for two goals and 3 steps. See how you go at completing the goals section of the APP using the above information.

Goal setting Practice TWO

Remembering SMART goals, fill in the steps on the APP for the following goals chosen by a 17 year old female year 11 student with strengths in music and family and worries including anxiety and drinking alcohol on weekends (imagine/ be creative about what your young client might volunteer as steps) and why the goals would be good (tip - check out the tips page).

Task 2

Fill in the steps on the APP for the following goals

Goal one: more focus on school work

Goal two: learn to relax more

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Answer sheet for goal setting practice

Yours can be somewhat different but here is one set of answers:

Case 1.

Goal one: More exercise

Step one:
1. Talk to coach of the local team about joining up
2. Mate can help
3. This weekend

Step two:
1. Start training with the club
2. Brother can help
3. Tuesday training nights

Step three:
1. Start running again
2. Brother can help
3. Run after work three times a week

Goal two: Smoke less gunja

Step one:
- Make up my mind
- Brother can help
- Talk to brother today

Step two:
1. Say no and avoid mates
2. Brother to help
3. Try to avoid every day

Case 2.

Example steps might be

Goal one: more focus on school work

Step One:
1. Write a study plan for each subject
2. Talk to the teacher and/or Mum
3. Make these changes this week

Step two:
1. Stop going out during the week
2. Talk with mum and best friend
3. Starting this week

Goal two: Learn to relax more

Step one:
1. Find out more about relaxation
2. School counsellor can help
3. Start this weekend

Step two:
1. Look on the internet for relaxation ideas
2. Best friend can help
3. Start this week

4. Example App Script

Introducing the App

"There are many different ways in which we keep strong in our lives. Spiritual, physical, family, work and emotional strengths help keep us in balance –like strong roots of a tree. When we are in balance we grow strong.

Our mental health/wellbeing is like a tree, which needs to be fed. When there are strong roots feeding those parts of our lives a strong tree can grow. If the roots get dry and aren't fed properly –the tree might get weak.

We need to keep in balance by making choices that add strength to our lives in all areas- spiritual, physical, family, work and emotional. Worries and stress and trouble can take away our balance. Making changes for strength in some or all of these aspects of our lives can help us find balance again

This app helps us to look at what keeps us strong and what might take away our strength and then make some plans for finding balance again. Do you want to try it out together?"

[client responds]

Beginning with the App

"So this is going to be your story, so let's put in your name… And the year you were you born? What we talk about today stays between us, I will not share it with anyone unless you are ok with me doing so or if another staff member is working with you later on I might share it with them….[3] But if you agree, some of the information we put into the app can be collected by the app developers to help them make the program better. They will not collect your name so no one will know it is your information. So this button here is asking if the developers/Menzies can collect some of the information we put into the App for e.g. how long we spend on each page. Is that ok if we send that anonymous information to the developers or would you rather not?"

[client responds]

"Ok so we'll keep that one ticked. So because this is your story, if you like, we can put in a photo of you?"

[take client photo]

"And, There are two options here male or female which would we push for you?"

[Client responds]

People who keep me strong page

And there you are in the centre. One of the important ways in which we can stay strong and have balance in our lives is to have strong people around us who help to keep us feeling okay during the tough times. This is your family map, and this is you

---

[3] Sometimes our clients will reveal information that requires **mandated reporting or requires that we share it with others due to our duty of care to others or to the client themselves**. Each service will have its own guidelines for how and when to indicate to clients that such information needs to be shared and can no longer be kept confidential. We recommend that this issue and your preferred process is clarified before you use the APP for the first time with a client.

in the centre. Who would you put around you on your family map? Who is it that helps to keep you strong and in balance?

[Client talks about family]

"And thinking about who else would be important for you… who else should we put in here?"

[Client talks about family]

"Ok we can also come back to that page if you think of someone else."

Stay Strong Tree

"Ok so there are good people in our lives that help us through tough times, but there are also things we do that help us grow strong like a tree. So, looking at this tree…what sorts of things in your life – spiritual, physical, social or mental and emotional help to keep you strong? Do any of these things here fit for you?"

[client talks about their strengths]

Some prompts

- "Do you want to tell me a little bit more about that?"
- "What is important about that?"
- "In what way?"

Worries page

"Ok so you've got some good strengths there but sometimes we can have some worries too or some tough times in our lives…this page is about how those tough times sometimes drains our strength and the tree of our mental health might struggle a bit. What sorts of things would be important to put in here for you? What takes your strength away?"

[Client talks about worries]

Some prompts

- "Would you like to tell me a little bit more about that?"
- "In what way?"

[Client talks about worries]

Goal setting page

"Ok, so thinking about the people in your life who keep you strong and thinking about the good things that you do and that you value and then thinking about your worries, what would be one small thing that you might think about changing to help with those worries? Remember, anyone can make changes when they are ready, there are lots of different steps to change, small steps can lead to big changes."

"What would be the most important thing to change right now? We can make that your first goal?"

[Client talks about goals]

"And why do you want to make that change, Why would it be a good thing to do?"

[Client responds]

"What could be the first thing that you could do to begin to make that change?"

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[Client responds]

"And when do you want to do that?"

[Client responds]

"And who might help you with that?"

Summarise Step – e.g. "so this afternoon after work, you will pick up the kids and then go to Bunnings to get your supplies for the new garden. Great".

"So what else might you do to help meet your goal of …?"

 [Talk about another step]

"Ok so you've set some really good goals there.   On this page, there are a few tips that other people have used to help them with making changes. Do any of these seem useful in helping with any of the changes you'd like to make?"

[client looks and selects tips]

"Ok so before you go I'd like to show you a summary of everything we've talked about today."

[Show pictorial summary]

"These are the people who keep you strong, and maybe the people who will help you in tough times or help you with your goals.

This is your tree. It shows you that you have lots of strengths in this area of your life, but also some worries here. And so thinking about those strengths and worries, these are the goals you have set for making some changes in your life."

[Review goals]

"These are your tips here". *[Review tips]*

"So I'll email this to myself and print out a copy for you to take with you and before we do that, let's make another time to catch up again and see how you went with those goals. Ok?"

[Make a time with client and then email text summary to self/client].