

1. February 2019

To Whom It May Concern,

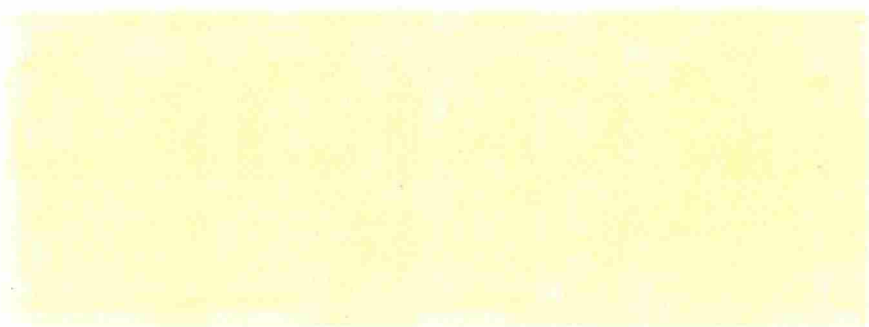
Re: Progress report on client EF

Since [REDACTED] December 2018, EF has engaged in five counselling sessions. The initial session occurring face-to-face and subsequent sessions conducted via telephone. EF presents with increasing distress and worry regarding her current [REDACTED]. There are three main reported areas of concern and distress for EF [REDACTED], her own mental health and managing dealing with [REDACTED] and broader organisation.

Her primary focus is the [REDACTED]

[REDACTED] EF
has reported [REDACTED]

[REDACTED] and having to delay this has exacerbated EF's



- 2 -

concerns and anxieties about the impact on [REDACTED]
[REDACTED] compounding the distress about the impacts on
[REDACTED]

With regards to EF's mental state and functioning, she has raised concerns about her capacity to continue coping in their current [REDACTED]. She has noted that when previously engaged with [REDACTED] and broader organisation (prior to having children), she suffered a significant decline in her mental state and was hospitalised. Whilst she notes [REDACTED] have been the motivation for continuing to manage her current circumstances, she worries about the toll on her mental health. EF suffers from a [REDACTED] [REDACTED] which has been difficult to manage with reduced access to her previous treatment regime (accessing her [REDACTED] specialist and psychologist and physical therapies). This coupled with the stress of her current predicament and [REDACTED] has exacerbated her [REDACTED]. She reports difficulty sleeping, loss of appetite, low mood, has acknowledged engaging in suicidal ideation at times but denies any intention to act on such thoughts motivated by her children.

The third area of concern for EF is managing the [REDACTED]. [REDACTED] The history of her relationship with the organisation has resulted in a lack of trust, anger and resentment. Her legal representative acted as a buffer in her [REDACTED] with the organisation. [REDACTED] has exacerbated her stress and tension. She reports this prompted her decision to withdraw from [REDACTED] in recent days, which reduced her tension. EF has acknowledged a [REDACTED] however, finds it very difficult to [REDACTED].

Overall, the sessions conducted have focused on providing support, opportunity to debrief and process the impacts of her situation and symptom management. [REDACTED] [REDACTED] is the greatest source of distress and worry

- 3 -

for EF. Her capacity to continue functioning in the current [REDACTED] and further deterioration in her own mental state and functioning is also a legitimate concern. EF believes [REDACTED]
[REDACTED]

Opinion

If safe to do so, from a mental health perspective, EF would benefit from

[REDACTED] She would have [REDACTED] access to her treating specialists (there have been issues with [REDACTED] and managing her current pain levels would improve her ability to manage [REDACTED] and [REDACTED]. A critical factor for EF is facilitating access to [REDACTED]
[REDACTED]

With regards to [REDACTED] improvements in EF's mental health and [REDACTED] management will increase her capacity to manage [REDACTED]. Furthermore, if [REDACTED] improves this will also assist her to cope with demands of [REDACTED]. Regular [REDACTED] [REDACTED] would also assist with EF managing the [REDACTED]

If you require any further information, please do not hesitate to contact me.

Yours sincerely,

[REDACTED]

Clinical & Forensic Psychologist