Ranges Psychological Services

Creating Change, Changing Lives

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10/03/20

Re: NDIS Application Ms. Jenny Hickinbotham

To whom it may concern,

Ms Hickinbotham has been attending regular psychological consultations with me since mid October, 2019 having moved to the Macedon Ranges region and away from Melbourne where she previously consulted with another practitioner.

Ms. Hickinbotham has a long recognised diagnosis of Paranoid Schizophrenia with symptoms dating back to the age of 8 or 9 and significant historical psychological trauma suggestive of Developmental Trauma (akin to complex Post Traumatic Stress Disorder).

Ms Hickinbotham's psychological conditions are essentially lifelong with the psychotic illness able to be managed but not resolved by medication whilst her psychological trauma can be mitigated over time but is also likely to impact on her in some way throughout the remainder of her life.

Further to previous correspondence regarding this application I provide the following information specific to identified themes.

Mobility

Ms Hickenbothan has no mobility issues relating to her psychiatric condition though I am led to believe she has some physical health problems which impact her and for which she receives regular treatment via a physiotherapist. This has been discussed in my previous correspondence and may create mobility issues in the future.

Communication

Ms Hickenbotham's psychological trauma and psychosis impacts on communication in the following manner:

- Ms Hickenbotham has significant trust difficulties in interpersonal relationships.
- Ms Hickenbotham is prone to paranoia whereby she can misjudge others motivations as being dishonest, misleading or malicious
- This proneness to mistrust and paranoia is particularly in respect to males generally and women in positions of authority which tend to trigger psychological projections from early childhood experiences.

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Functional Impact

Ms Hickenbothan's trust deficit leads to:
- psychological distress
- a sense of powerlessness in response to real and perceived adversity
- difficulty in forming and maintaining interpersonal relationships
- social isolation.
- Deficits in assertive communication in situations where she perceives threat situations thus she is not able to challenge her assumptions.

Type and Frequency of Support
- Engagement in group activities (eg art classes, writers workshops, yoga classes)
- Regular psychological intervention via psychiatrist and psychologist (fortnightly appointments interchanging between each professional)

Social Interaction

Ms Hickenbothan is socially isolated, more-so since relocating the country for financial reasons. She finds it difficult to build and maintain interpersonal relationships outside of family (and family relationships have historically been quite problematic) and many social contacts are education based (university) or generally superficial (neighbours, others involved in interests) meaning they may lack emotional depth and genuine connection.

Underlying trust deficits and interpersonal difficulties (as outlined above) impact on both desire to form and ability to form new connections.

Functional Impact
Ms Hickenbothan:
- *has few friendships involving regular contact*
- *has few friendships involving emotional depth and closeness*
- *has difficulty creating such interpersonal relationships*
- *Experiences social isolation which essentially means she spends a significant part of each day processing and reprocessing trauma narratives and interpersonal conflicts without the benefit of other views to challenge*

Type and Frequency of Support

- Engagement in group activities (eg art classes)
- Regular psychological intervention via psychiatrist and psychologist (fortnightly appointments alternating between psychologist and psychiatrist).

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Learning

Ms Hickenbothan does not appear to have any defects in capacity or willingness to learn.

Self Management

Ms Hickenbothan is generally able to care for herself in terms of activities of daily living provided her underlying psychiatric illnesses are monitored and managed by both her and health professionals.

Her physical health issues may present a challenge if they worsen or if she is unable to access regular treatment for these conditions however this question would need to be answered by her treating professionals.

Self Care

Ms Hickenbothan is able to care for herself in terms of activities of daily living (ADL's) such as cooking, cleaning, showering and personal hygiene.

Goals

To engage in regular psychological and psychiatric intervention to:
- Monitor psychiatric health
- Process trauma narrative where appropriate
- Build skills for social engagement
- Challenge mistrust
- Monitor compliance with medication regime
- Improve assertive communication strategies

To engage in group activities to:
- Improve social connections in her new community
- Increase social interaction to improve sense of self and gain new friendships
- Participate in body focussed activities to aid psychological treatment (For example trauma informed Yoga classes)

To continue to attend to physical health via:
- Physiotherapist
- Osteopath

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Summary

Overall, Ms Hickenbothan does not fall into a category of severe need, however her need for ongoing physical and psychological intervention is moderately high.

Ms Hickenbothan is currently not working and though she is studying via correspondence suggesting work ethic remains adequate, she is a mature woman in a job market that tends to favour youth and finding work outside of her field will be challenging. Ms Hickenbothan's more recent work history has involved jobs which appear to trigger or reinforce narratives of psychological trauma and it will be challenging for her to return to this type of work.

Ms Hickenbothan's psychological condition and psychiatric illnesses are the root cause of her interpersonal difficulties.

On this basis I would support funding being made available to support Ms Hickinbotham to access services important for maintenance of mental health (for example Psychiatrists, Psychologists and body base therapies such as Yoga/ Pilates, massage, and physiotherapy/ osteopathy. These body based therapies are often important parts of trauma informed therapy given the positive impact they can have on the sympathetic nervous system and the vagal system). Ms Hickenbotham also has a number of physical health ailments which impact on mobility which may be helped by engaging in body based therapies.

Kind regards,

Melas Khole, Psychologist