



*A bi-monthly broadcast of interesting and helpful ideas in local clinical psychology to support your practice.*

## Editor's Message

Dear colleague,

This newsletter is designed to add value to your practice by giving you access to useful information about the interface of psychology and general practice medicine. Each newsletter includes (a) a summary of an article from the psychological literature that is of high interest to GPs, (b) a serialised article on how a doctor can positively influence the behaviour of their patient to get better health outcomes, (c) an inspirational quote of the week and (d) an interview with a clinical psychologist. Have a read and contact us for more information:

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## Interview with a Basten Psychologist

**CINDY TRAN** (*B.A. hon.; M.Psychol*)

**Q: What was the hardest part of your training?**

**A:** Balancing internal and external internships, as well as coursework, and a thesis alongside a personal life was certainly a challenge at times!

**Q: What area of clinical work do you like the most?**

**A:** I particularly enjoy working with clients with eating disorders. Cultivating willingness to work toward recovery, closely working with such a determined and resilient client population, and witnessing the struggles and triumphs of the recovery process are extremely rewarding for me.

**Q: What can clinicians do to manage their perfectionism at work?**

**A:** This is definitely a work in progress for me! I've found that practising self-compassion is essential. Practising self-compassion gives me the space to employ practical strategies such as prioritising tasks and accepting that I may not always get all my tasks done as quickly as I would like, giving myself regular breaks, and ordering tasks from least demanding to most demanding to assist with urges to procrastinate.

**Q: What are your own mental health tips – what keeps your stress levels low?**

**A:** I've realised over time that balance is key to keeping my stress levels low. I make sure I take regular holidays, I compartmentalise work and home life as much as possible, and I spend time catching up with friends, watching movies, and going to shows. I also slot in time to not do much at all!



## Literature Digest: Article of the Month

Flett, GL., Hewitt, PL.; Heisel, MJ. (2014). **The destructiveness of perfectionism revisited: Implications for the assessment of suicide risk and the prevention of suicide.** *Review of General Psychology*, Vol 18(3), 156-172.

Some degree of perfectionism is adaptive (helps people achieve in education and work) and so is reinforced. Over time, this trait can therefore deepen and sharpen, rather than soften or mellow. It has been well documented that perfectionism is associated with depression, stress and eating disorders. Recent research has extended this theme by reporting a link between unhealthy perfectionism and suicidality.

According to the Centre for Disease Control and Prevention's 2012 estimation, more than one million people worldwide commit suicide each year. The Australian Bureau of Statistics recently reported that deaths due to suicide occurred at a rate of 11.0 per 100,000 population in 2012. This makes suicide the 14<sup>th</sup> leading cause of all deaths. Flett et al. have conducted a review of various research studies on suicide outcomes and also concurrent research on perfectionism. They also refer to several recent cases of prominent perfectionists who completed suicide. The concern is that suicidal thoughts can be linked to external pressures to be perfect. Some personality structures require the person to conduct their lives free of error. Furthermore, some professions also exert an external pressure to be perfect. The crucial link made in Flett's review of the literature is that *perfectionism leads to a sense of hopelessness* and hopelessness drives suicidal ideas. The management implications raised in the article include (1) some professions such as architecture, engineering, medicine and accounting are high risk and so prevention and early intervention programmes can be implemented through employers and industry and (2) screening can be used in a clinical health setting to identify patients who are perfectionistic.

At Basten and Associates, we can undertake thorough assessments of each client to find risk factors and provide focused CBT for perfectionism and mood disturbance. A five-item screening tool is available on our website along with other assessment tools designed specifically for GPs: [www.bastenpsychology.com.au/resources/](http://www.bastenpsychology.com.au/resources/)



*“Perfect is the enemy of good.”*

– Translation of Voltaire’s *“le mieux est l’ennemi du bien.”*

## Basten & Associates

Basten and Associates is a practice of clinical psychologists devoted to enhancing mental health in our community.

We have been providing psychological treatments since 1998 and have three locations in Sydney – Sydney CBD, Chatswood and Westmead.

We are passionate about making a special contribution to mental health and emotional wellbeing. We differ from other practices in several ways:

1. We are all clinical psychologists with post-graduate clinical training.
2. We have enough specialists for different conditions, so you will find the right psychologist to work with your patients.
3. Our clinicians are committed to staying up to date with research into the causes and treatments of common conditions.
4. We only use treatments that have a known basis of evidence showing them to be effective and then adapt and tailor these treatments to each individual after a thorough assessment.

**Basten & Associates**  
Westmead  
Sydney  
Chatswood  
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## Series on Motivating Patients

### Motivating patients to change their behaviour.

#### Part 2 : Information Provision

As health professionals, we try to help people improve their health and yet it can be hard to motivate patients to do potentially helpful treatments or lifestyle changes. This is a serialised account of numerous strategies to increase motivation for change in our patients. In every section, two assumed ‘cases’ are used for illustration.

“Rob” is 48 and has Type 2 diabetes. He is over-weight. He does not always test his BSLs reliably; he has not yet lost any weight, as recommended; and he can’t recall what he has for lunch or dinner when asked. His BSL range is 3 to 17. He has stated that he is too busy with his own book-keeping business to attend courses or hospital clinics on diabetes education.

“Karen” is 60 and has chronic obstructive pulmonary disease. Her adult son is often in trouble, needing her help with money, accommodation and baby-sitting for his children when he has custody but he can’t meet their needs due to his chaotic lifestyle. She gets frequent chest infections (for which she requests antibiotics) and keeps relapsing into cigarette smoking because that is the only way she feels she can deal with all her stress.

Many patients will increase their engagement with a prescribed treatment or certain suggestions with a few simple ideas. In this section, one of the more simple approaches is recommended – the targeted **provision of information**.

Taking time: Good Information-provision takes a bit of time to do well. Three to five minutes of discussion could save you and the patient much more time later. Take time to spell out exactly what you are thinking about three things: (a) the **rationale** for the treatment, (b) the likely

**benefits** to the patient if they adhere to the advice and (c) the likely **consequences** if they do not.

Getting the *tone* of the conversation right: Ideally, a patient will feel that you care about their outcomes. They will feel informed but not lectured to. Allow a couple of extra minutes for them to ask questions.

Reinforcement: Check to see if they can repeat the information given to them. Write it down in summary form. Ask permission to communicate the same to a family member. Use printable information sheets where possible. Information that is accessible to them later is likely to prompt behaviour change a lot more than than a half-forgotten discussion.

For a man like Rob, who has Type-II diabetes, it is easy to assume that he knows all there is to know. However, Rob has mentioned that he is too busy with work to go to and diabetic education seminars or clinics, let alone read a whole book on the topic. So, mention all the obvious consequences of good (and bad) self-management that might grab his attention. Ask some gentle questions to see if he knows about (a) the more concerning consequences of running high BSLs and (b) if he knows how to keep them at a better level. Offer short-form info sheets and read them together in the consultation.

For Karen (who has COPD) think about the information that she needs to know that could motivate her to manage her health better. This could include steps a person can take to prevent respiratory infection, about poor recovery from each episode of infection, the likely progression of her illness and the benefits that she can expect if she were to stop smoking now. She may also need information about healthy ways to manage stress or a referral to a clin psychologist.

**Next article in February:**  
*On how monitoring can change behaviour.*

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