

healthfocus

clinical psychology services

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Happy New Year!

Hello everyone and Welcome to 2017!

The festive season is usually a time for a uniquely personal combination of celebration, reflection, relaxation, preparations and activities outside the run-of-the-mill work and school routine.

At Healthfocus we bid goodbye to 2016 and reflect on highlights from the year that included Monique returning from maternity leave, Yong welcoming her baby girl Caris to the family in May, renovations to our Armadale premises that updated the rear verandah, stairs and roof stormwater plumbing, and the recent commencement of Dr Yeow Tan.

We've included a short profile of Dr Tan in this newsletter that is also available on the website at healthfocuspsychology.com.au.

There is sometimes some confusion about GP Mental Health Care Plans and Medicare entitlements spanning a new



calendar year. We have included a short information piece from the Australian Psychological Society about this.

Dr Zdenka Bartova has prepared a short information piece on Motivation, Action and Goalsetting that is particularly relevant at this time of year when many of us begin the year with New Year's Resolutions.

We look forward to working together in 2017.

Happy New Year from Yong and the team at Healthfocus!

Website Update

We are continually seeking to improve our clients' ways of interacting with us.

Last year we updated our website to support a wider variety of devices including tablets/phones.

Since then we have continued to finetune the user interface on small screen devices, particularly Android phones.

Recently, we upgraded the site to HTTPS secure communication, just like what banks use for online banking.

You can see this by the "padlock" that shows in the address bar.

This is for being able to offer better secure services online, potentially including online appointment bookings. Stay tuned for more updates!

Welcome to Dr Yeow Tan



Dr Yeow May Tan joined Healthfocus in November 2016.

She holds a Doctorate in Clinical Psychology and has worked with adolescents, adults, and older adults across a variety of Government and Community settings in Australia and Singapore. She is fluent in English and Mandarin.

Yeow has experience providing therapy to clients struggling with mood, anxiety, adjustment, psychosis and trauma related problems, and also works with individuals experiencing stress,

interpersonal and familial difficulties, self-harm, and existential issues.

Yeow's clinical approach considers each individual's unique history and draws upon psychodynamic psychotherapy, interpersonal psychotherapy, schema therapy, cognitive-behavioural and mindfulness based interventions.

Dr Tan is available for consultations on Wednesday evenings.

Medicare services in new calendar year (GPMHCP)

From the APS Website:

"... the requirements under Medicare for managing clients on GP Mental Health Treatment Plans across the new calendar year. Some members are also receiving queries from referring GPs about whether the GP needs to prepare a new Mental Health Treatment Plan or provide a new referral when an existing client is going to continue to receive psychological services in 2017.

"The requirements for Treatment Plans and referrals have not changed this year but there is often confusion amongst GPs and psychologists about how to interpret the requirements of the relevant Medicare item numbers.

"Once an initial GP Mental Health Treatment Plan is in place, a new Plan should not be prepared unless clinically required and generally not within 12 months of a previous Plan. The GP can provide ongoing management through the GP Mental Health Treatment Consultation and Standard Consultation items, as required, and reviews of progress through the GP Mental Health Treatment Plan Review item. At these GP appointments, the GP can provide the client with a new referral for psychological services if the

GP considers that the client requires additional psychological services (up to the calendar year entitlement of 10 sessions).

"In summary, clients who were being managed by their GP under a Treatment Plan in 2016 who need to access further referred services during 2017 do not need to have a new Treatment Plan prepared unless required by the client's clinical condition, needs or circumstances. There is also no need for a new referral unless the client has already received the number of sessions that was stipulated on the 2016 referral. If a client enters 2017 having used up all previously referred services, then the GP can provide a new referral if they consider that the client requires additional psychological services (up to the calendar year entitlement of 10 sessions).

"It is important to note, that once the Treatment Plan is in place, the GP can use the referral process to access continued psychological services for the client (up to the calendar year maximum)—similar to a referral to any specialist."

Motivation, Action and Goal Setting – Dr Zdenka Bartova

“What you get by achieving your goals is not as important as what you become by achieving your goals” (Goethe).

We have just finished the festive season and a New Year is upon us. Many of us will reflect on our experiences during the preceding year and decide that it is time we make changes in our lives by committing to eat healthier, exercise more, earn more money, keep in regular contact with friends, etc. However, how many of us will be able to turn that initial commitment into a lasting change?

Goal setting is an important part of any behavioural change, and requires that the person decides what to aim for, chooses a particular goal, and then plans how to achieve it.

One of the common obstacles of goal attainment is a perceived lack of motivation. Motivation is a complex construct, and different people have different levels and types of motivation. From a psychological perspective, we generally distinguish between two main types of motivation: Intrinsic and Extrinsic. Intrinsic motivation refers to doing things because we find them inherently interesting, enjoyable or challenging (Ryan & Deci, 2000). Examples of intrinsic aspirations include personal growth, deep relationships, community contribution or physical health (Ryan & Deci, 2008).

Extrinsic motivation comes from doing things that lead to separate, desirable outcomes, such as wealth, fame or material possessions. We might pursue extrinsic goals for different reasons, for instance, because we are pressured by others, “we should”, out of guilt, or because, although defined by others, the goals are in line with our own values (Ryan & Deci, 2008). Extrinsic motivation is not “bad”, and for many of us, most activities we do day to day are extrinsically motivated (e.g., completing work tasks we do not enjoy; paying bills;

dealing with difficult customers).

However, by changing how we view the activity, we may increase the likelihood of us completing it. For instance, completing tasks I do not enjoy but will be rewarded for (I get paid to complete them) can be approached as a personal challenge to learn a new skill.

Evidence shows that the attainment of intrinsic goals helps satisfy the basic psychological needs of autonomy (a sense of choice and volition in our behavioural pursuits), competence (a sense of self-efficacy with respect to our goals) and relatedness (feeling connected to and cared about by other people). Satisfaction of those needs in turn leads to improved well-being (Ryan, Huta, & Deci, 2008).

So what does this mean for my New Year’s resolutions?

As an example, I might decide that I want to exercise more next year. I will have to specify what form of exercise I will engage in (e.g., running), and I should consider what is behind my wish to exercise. Do I want to start running because of physical health or because participating in a “City to Surf” run would be a personal challenge (both intrinsic goals)? Or do I want to start running because the image of my athleticism may increase my social standing (extrinsic goal)? I may be able to achieve the goal under either circumstances but the first case is more likely to result in me feeling good long-term.

Once I have decided on an aspiration and the reason behind it, I need to define my goal in clear terms. One useful tool to be able to do so is by using the SMART goals acronym (Doran, 1981).



| SMART goals | | |
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| Specific | Specific goals are more likely to be achieved than general goals. | What time of day will I run? Where? How long? How often? What equipment, if any, will I need (e.g., new running shoes)? |
| Measurable | Define specific criteria by which to track progress towards achieving the goal. | For instance, I may decide to run for 15 minutes in the local park three times a week and check my progress on a weekly basis. |
| Achievable | The goal needs to be designed so that it challenges you but it also needs to be realistic (i.e. a goal that you want to and are able to achieve). | My end goal may be to participate in a "City to Surf" run but to be able to achieve this goal, I will have to set myself a series of smaller steps, starting with 15 minutes 3 times a week (see above), with gradual increments of 5 minutes per run every fortnight. |
| Relevant | Find something that is important to you (try to think in terms of intrinsic aspirations and personal values). | I may personally value physical health, and therefore consider exercise as being in line with those values. |
| Time-bound | It is important to have a time frame to create a sense of urgency and a commitment to meeting a deadline. | If the "City to Surf" run takes place in July 2017, it provides me with a clear deadline and a timeline for the type of milestones I will need to achieve over the period of 7 months. |

One final note on the relationship between motivation and action: we might logically assume that motivation comes before action. However for many of us, if we wait for motivation to "kick in" (or we wait until we are in the mood to do something), we may have to wait a long time. In reality, action primes motivation and provides the momentum for it. So even if we set SMART goals that are intrinsically motivated, in the end we have to act, whether or not we feel like it at the time. As I complete my first few runs, I will start to feel better, experiencing a sense of achievement, which will in turn make me more motivated to keep going.

Bruce Lee once said: *"Knowing is not enough, we must apply. Willing is not enough, we must do."*

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Healthfocus Clinical Psychology Services has been serving residents in Armadale, Kelmscott, Roleystone, Byford, Bedfordale and surrounding areas for over a decade, and today continues to be an independent, privately owned and operated practice located within the Pioneer Village Complex, close to the Armadale City Centre, the hub of a vibrant and growing region including Seville Grove, Haynes, Forrestdale and Champion Lakes.

Healthfocus was founded in 2004 and initially focussed on assisting clients with stress claims and worker's compensation injuries. This included helping people to cope with conflict at work, adjusting to new work situations or overcoming trauma following a critical incident in the workplace, and assisting people with injuries to better manage chronic pain and adjust to permanent injuries or illnesses.

We welcome referrals from General Practitioners in the local area and many clients can benefit from Medicare rebates under the "Better Access" scheme through a GP Mental Health Care Plan, however, private patients who pay full fees do not require a referral to attend psychological counselling with Healthfocus.

Our highly qualified team who have all undertaken at least Masters level postgraduate degree training are also well placed to provide services under Workers' Compensation, Motor Vehicle Accidents and other RiskCover/WorkCover and insurer/government compensation schemes.