

Client Example

Client is a 26 year old woman. She has been in the hostel system for three years, after being excluded from her home that she shared with her partner and child following an incident of severe self-harm by overdosing.

She had previously had other self-harm attempts including cutting, attempted self strangulation.

She entered the hostel system dependent on alcohol and was drinking between five and ten 2 litre bottles of strong lager a day. She would wake in the night to drink in order to ward off withdrawal symptoms. She has engaged with alcohol services sporadically and has been through detox once but relapsed. She had managed to have a period of sobriety for three months post detox but then relapsed back to original level of drinking.

Despite a number of referrals via A and E, following her self harm attempts, she has not had a full mental health assessment, either due to non-attendance or non-engagement at interview. There is a suspicion that she has a personality disorder but this has not been formally assessed.

She periodically says that she would like to stop drinking, however her drinking is at such a level that she would find it impossible to cut down in order to show motivation for detox and rehab. Though the substance misuse services want to offer support they cannot see her when she is intoxicated and she cannot be sober without going into withdrawal. Workers at the substance misuse service suspect she has a mental illness and have requested she be assessed by mental health services, but again it is difficult to assess her as she is always intoxicated and her behaviour is erratic.

Her drinking affects all areas of her life. She cannot sleep, her appetite is poor, she has a number of physical health problems, some severe. She looks far older than her years.

She still has some contact with her child and also with her family of origin. Her ex-partner is keen that she has a relationship with her daughter but will not allow physical contact until she has stopped drinking. She speaks to her child, daily, by phone. She has had a number of close family bereavements, which she states have impacted on her and are the main reason she drinks.

Hostel staff are at a loss as to how to proceed as the statutory services are stuck in position and staff seeing her on a day to day basis can see that her already poor physical health is failing.

At this point EASL services:

1. Were involved in helping the hostel staff think about whether her current placement was the best place for her.

2. Undertook an assessment of her mental health, taking into account historical information, information provided by the hostel staff and by engaging with her and wrote a report to support her move to another hostel that would better meet her needs.
3. Once in the hostel, Easl staff worked closely with the new workers to support them in their understanding and management of the client and also supported their attempts to get her assessed by the statutory services, by providing 'bridging' reports.
4. Members of the EASL team supported staff through client consultation meetings to understand the client's behaviour in context and formulate psychologically based intervention strategies for the staff to try out.

In addition to Easl work, the hostel commissioned the Easl Psychologist to provide individual psychological work to a number of their clients, via direct payments. She worked with the client to engage in the process of therapeutic contact, working with her whilst she was still drinking, often in an intoxicated though communicative state. This allowed the client to begin to explore the process towards preparation for detox and begin to make the links between drinking and physical concerns.

The motivational turning point came when the client was rushed to hospital with a life threatening condition directly linked to her drinking. Whilst recovering from the operation she was detoxed from alcohol and was discharged back to the hostel. At this point Easl:

1. Supported staff to involve the relevant statutory services in a timely manner whilst the client was abstinent from alcohol. This included promoting links to the alcohol team and arranging for formal assessment by the mental health services, so that an assessment of mental state could be carried out whilst she was sober. Easl's role was to support referrals by the hostel staff and provide timely assessment information in a form that fitted with the statutory services referral criteria.
2. Engaged with hostel staff in a case conference to support them in working with the client, reformulating approach as the client was sober. Then supporting them on a weekly basis to monitor and, if necessary, modify their approach.

In addition, the psychologist resumed sessions to work in a relapse prevention model whilst the client waited to access the alcohol team, and in the event that the client was not accepted by the substance misuse service as she was refusing rehabilitation services, to support the client psychologically to maintain abstinence from alcohol.