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Dear Carlos,

Yesterday at the presentation on Depression in the Young, following the opening of the Royal Australian College of General Practitioners Conference at the Olympic venue, Homebush, I spoke at question time. The question prior to mine had emphasized the importance of suicide prevention among young patients and had asked for more assistance especially to rural GP's. In reply the Department of Health had said they only have 28 staff to cover the whole of the state.

I spoke expressing confidence in the Play of Life, which you had demonstrated at the RACGP Conference 2 years ago. I said that it was a quick and effective counseling tool for use in all ages in Depression/Suicide. I briefly described a couple of cases as follows, and followed up by speaking to the convenor Professor Ian Hockey and gave him your phone number and email address.

The first case occurred a year ago, soon after I started core level and before the Play of Life figures were available to me. I used the concept and asked the patient to draw herself as a stick figure on a sheet of paper. She drew herself prone, face down. She presented crying that she wanted to die, that life was not worth living after the breakup of her destructive relationship with her defacto. She was hyperventilating. She gave easy evidence that she believed what she was saying; that she felt all alone.

Then I asked her to present her ideal world, and to place any other person there. She drew her daughter. When this happened I knew that she could be helped. I asked her how many other people she would like as friends in her life? She drew two or three more stick figures. Then I asked her to hold that picture in her mind. I arranged for accommodation in a local Refuge, a food voucher from the Community Centre and an appointment with the Department of Housing to arrange emergency accommodation. She had been brought by a caring member of a Christian denomination, so I reminded her that this lady may be one of the two or three friends that she wanted. Then I arranged for her to come back for review within two days.

On review, she was calmer, and more positive and accompanied by her daughter who was pleasant and mature for her years. She expressed appreciation for the assistance she had received. We focused on the next step toward her goal of becoming independent. Then I arranged for her to have regular contact with her Christian Denomination, and asked her friend who accompanied her to transport her to the Department of Housing interview. We agreed to meet again the following week.

At her third appointment she presented quietly and well dressed. I asked her if she still felt she was lying prone? She said No, gave her a pen and asked her to draw herself and she drew herself standing up. I asked her if there was anyone else in her life now? She drew her daughter and eight other people who had assisted her to get housing and a pension etc. in the previous week. She was happy with her accommodation. Then she said "I can't believe all this has happened in the past week". I encouraged her to have faith in her future, and to care

for her daughter. I also encouraged her to find a GP close to her new home, as it was a distance to travel to see me.

The second example of how effectively the Play of Life is follows:

“J’s” wife, “G” had been attending my practice and had expressed concern and frustration re their marriage relationship and especially his alcohol use. She was most concerned re her second son who was unemployed and drug dependant.

When J presented he frankly stated that the marriage would not last because of his behaviour when drinking. I explained that I would like him to show me what it was like using the Play of Life. When asked to place the figure on the board to represent himself, he placed the figure supine. When I asked who was in his life, he chose a figure to represent his wife “G”, but placed her at a distance. I asked him to use pipe cleaner twisted into a circle to represent alcohol, and he placed it on the chest of the figure representing him. Then I asked him to choose a figure to represent God (as he said he believed). He had difficulty in placing the figure representing God at first, but then placed it beside himself on the board.

Then I asked him to visualize his ideal world. He placed figures representing himself and “G” standing close to the center of the board. He then placed figures representing his two stepsons standing, but further away from them. I asked him to hold the ideal picture in his mind, and then to show me on the board that pictured the present, what was the first step toward the ideal. He took the alcohol pipe cleaner off his chest and sat his figure up. I encouraged him to translate that into real life as a good healthy choice. I arranged another appointment for 2 weeks’ time as he was traveling interstate.

When he presented for review he appeared brighter. I asked how things had been going? He said that he couldn’t get the question that I had asked him, out of his mind all the way interstate. I asked which question was that? He replied “Where is God in your life? I thought of that all the way to Melbourne. Then I went to church and confessed all my mistakes to Him. I chose to put alcohol out of my life and have not touched any since. When I came back I apologized to “G” and she accepted it. Then I apologized to the 2 boys. Now I can relate to them again in a positive way. My life and marriage are much better than they have ever been. Thank you for helping me make changes that needed to come”.

A few weeks ago “G” came to see me and in the consultation I asked how things were in the family? She indicated that there were no problems in the marriage, but she was still concerned about her younger son’s drug use, and a recent injury.

As a conclusion to the above examples, I have confidence in using the play of Life techniques in General Practice. It is a simple, rapid and effective tool, allowing patients to make their life choices in a supportive environment. Thank you for developing this technique.

Yours faithfully,

M. Thrift