CASE ONE - JUDITH

Judith* is a clinical psychologist working in private practice with multiple years of experience working with veterans. She is trained in trauma-focussed therapies, specifically prolonged exposure and cognitive processing therapy. Judith is working with a 42 year old male who joined the Army in his early 20s and was a rifleman for 2 years before being medically discharged. He has disclosed to Judith that as a child he was sexually abused, and that his father was a "cruel man". His mother abandoned the family when he was 11 years old and he felt responsible for his two younger sisters. He also shared that he was relieved to be medically discharged from the Army, and that he was doing very well up until the last few years. He has worked for a building company, since his mid-20s and is married with 2 teenage children.

Several years ago, Judith's client began the process of applying for DVA compensation entitlements. He found this process very difficult because of having to revisit the experiences he had while serving, and felt like he was not being taken seriously by advocates. He thinks this is the point where he began to unravel. In 2015, he attempted suicide and was admitted to hospital, since then he has made another two suicide attempts. Part of his discharge plan was a referral to Judith for treatment. Besides the initial disclosure of abuse as a child and negative experiences during the army, he refuses to recount any further detail of these experiences, and threatens that he will stop attending their sessions if he is forced to talk about it.

The main presenting difficulties include intrusive memories and nightmares, low mood, irritability, and daily suicidal ideation. In addition to PTSD and depression, past treating psychiatrists have noted borderline personality issues. The client has tried multiple medications, but they have had very little effect. He sees the same GP because of his wife's insistence but feels the GP doesn't understand his military background, and has his own agenda. The veteran is aware that his wife speaks to the GP about him and attributes this to her own attempt to seek support. He has noticed that his wife and children are growing more distant, and feels remorse that his actions are driving them away. He thinks they would be better off without him.

Judith has sought supervision about this case from another senior psychologist, but doesn't have any clear direction moving forward. She has been trying to engage her client in trauma-focussed therapies for several months now, but isn't getting any traction. She reports feeling lost and powerless, and is considering referring on but is concerned for the clients safety. His triggers for self harm include feelings of rejection and abandonment. He continues to attend their weekly sessions, but there is no defined treatment goal, only that they are working towards helping him to feel better.

What is your advice, expert panel?

* The information provided in this case is based on a combination of cases that the service have responded to. Specific names, personal information and event details are fictional.