Mr Wozny was referred to our service for follow up appointments to review his progress following his discharge from Broadfield Ward, Haywood Hospital. He has now attended two appointments on 16th December 2015 and 21st January 2016.

As his history is already documented in the clinical psychology assessment summary from Louise Joy-Johnson, Trainee Clinical Psychologist, I will not repeat this.

On reviewing his progress since discharge, Mr Wozny reported that he is a little disappointed that he perceives the improvement in his cognitive functioning to have plateaued somewhat although his mobility has improved. He clearly made excellent progress during his inpatient rehabilitation and it is perhaps also the case that a return to real life activities has resulted in an increased awareness of any deficits. The main difficulties that he has noticed are that he has some problems with his memory such as remembering names and also has word finding difficulties. He is nevertheless managing these reasonably well and is clearly quite adept at identifying appropriate strategies and compensatory systems to improve his functioning.

Mr Wozny reported that his personality has changed a little in that he has become more anxious and fearful and is generally less confident. He reported that he now tends to panic about things that would previously not bothered him such as traffic jams or parking and he can avoid certain activities e.g. reading difficult emails. He has noticed that he tends to worry now whereas previously he was quite laid back and took everything in his stride. He is understandably quite anxious about his financial situation as he is self-employed and he is not certain that he will ever be able to regain his previous level of functioning at work. Although there does not appear to be any immediate cause for concern, he does feel that his future is quite uncertain. I believe that he has recently been prescribed medication to help with anxiety symptoms which will be helpful and we will also be focusing on this in more detail in our sessions.

Mr Wozny is clearly very motivated and has developed a reasonably structured routine to his day with activities to keep himself occupied. He continues to require a rest period in

the afternoon and reported that this is becoming more prolonged as he does not feel that he has anything to get up for. We discussed in the appointment that it is important for him to develop a range of physical and mental activities that he can engage in for short periods of time during the day to build up stamina and help provide a sense of achievement. He has considered whether it would be useful to do some voluntary work in a charity shop setting and although I think that this is potentially a very good idea, it seems perhaps a little early to commit to such a role. He is also interested in identifying an evening class at college that he could perhaps attend but has been unable to identify anything suitable.

Mr Wozny clearly has very good family support and is reassured that his partner has told him that there are no difficult changes in his personality such as irritability or aggression. He does continue to feel guilty that he is unable to engage in normal family activities such as taking his daughter swimming and we discussed that he is really still in the early stages of recovery and that he does need to allow himself enough time to work towards resuming thiss. He does accept that he is perhaps setting high standards for himself and is aware that there is a need to set achievable goals.

We agreed that it would be useful to continue with appointments on regular basis, with the next appointment being 16th February.

Yours sincerely

Lesley Stewart

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Consultant Clinical Neuropsychologist