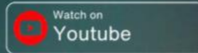
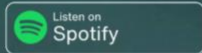


Moments in Mind

Tune in to hear clinicians share the moments that changed their lives—and the lives of their clients.



Renee Purcell – Episode 2

Pearson Clinical Assessment

00:00

Andy:

Hello and welcome to Moments in Mind! A brand-new podcast from Pearson Clinical Assessment in the Asia Pacific region.

My name is Andy McLean. I'm a podcast producer based in Australia, and in this series we're sharing extraordinary stories of professionals who make a difference in people's mental wellbeing every single day. In each episode, a special guest reveals moments that have changed their life and changed the lives of the people who they support.

In today's episode, we have a real treat in store: It's my conversation with Renee Purcell, a psychologist based in southern Sydney.

Renee does some incredible work with young people, carers, parents and support people, and I love the energy that she brings to her work. She helps families navigate the ups and the downs of childhood and the teenage years, dealing with anxiety, depression and a range of unique neurodivergent conditions, think autism, ADHD, OCD and more.

01:11

Andy continues:

In our conversation, what really shone through for me was Renee's warm and genuine approach. She's super flexible in the way she works. Whether she's doing comprehensive assessments in her clinic or doing 'walk and talk' outdoor sessions with children, it's all about what works for each individual. If a young person loves Harry Potter or Minecraft or Pokemon, then Renee uses that to benefit the whole process. I also love how Renee speaks in plain English. She ditches the technical jargon and she tries to see things from the point of view of the young people and the families who she's working with.

I could talk for hours about the work that Renee does, but instead, let's hear from Renee herself. Here's our discussion...

01:58

Andy:

Well, Renee, welcome to Moments in Mind.

Renee:

Thank you for having me today.

Andy:

Now the clue is in the title, of course: *Moments* in mind. And my first question, like many of the questions we're going to ask today, is about a moment. But this one isn't about your professional life. We're going right back into your childhood. I'm wondering, what's your earliest memory?

Renee:

You know what? I thought really hard about my early childhood memories, and a lot of them were me being really nasty to my little sister! So sorry, sorry, little sister, if you're listening!

My most vivid memory is we're at a park, and I don't I don't know where my parents were. I don't quite remember, but my sister was in a stroller. We wanted to go see the duck so I've pushed her down to go see the duck pond, but as I've gotten to the pond, I've decided I wouldn't let her see the duck so I've put her back to the duck pond, and then I'm looking into the duck pond.

And she gets really upset, and backs the pram into me, and I go flying into the duck pond!

02:57

Renee continues:

And then I'm screaming, and somebody fishes me out, and somebody else gives me a shirt, and then my parents appear, and I blamed it all on my sister, and she got into big trouble! And it was all my fault.

Andy:

Oh, so there's an early life lesson for you, as you fell into the water, what comes around goes around!

Renee:

So yes, and be nice to your siblings!

Andy:

Absolutely because you're going to be with them for a very long time! Lovely. Well, let's jump into your psychology work. Now, I'm really interested in unpacking some of this, having found out a bit about you before this podcast, and I just wondered, can you tell me a little bit about your own approach to psychology?

03:43

Renee:

So first of all, my biggest principle is keep it simple – avoid the jargon – keep it really, really easy for people to understand.

And then my other big thing is engagement. So: making sure that kids and families are engaged, and that's through whatever means necessary, be it soccer – I spend a lot of time on soccer pictures kicking balls around with balls around with kids – or I know a lot about Transformers and Power Rangers. (A lot more than I'd like to know!)

Yeah, whatever their interest is, it's kind of working through the interest to use those evidence-based intervention skills and strategies.

Yeah, teaching them those skills through their interest. So keeping them engaged is my other big thing.

Andy:

Right, and so I suppose, by keeping it interesting for them and putting it into a universe that they're interested in, that motivates them?

Renee:

Totally, yep, yep, what motivates them. And then it's easy for them to remember, it's easy for everyone to remember when they're engaged, they're going to be able to use those skills or strategies and in moments of crisis, emotional dysregulation, whatever it is, they're going to be able to draw on those skills because they liked them. They remembered them.

05:00

Andy:

Yeah, I think people from the outside looking in, the cliched idea of psychology, if you like, would be 'it's all happening in the clinic', but actually it's about what happens *outside* the clinic. You know, you're actually working on a program of work with the client where they need to do a whole bunch of things – them and their families needs to do a whole bunch of things – *outside* the clinic.

Renee:

Yeah. Yeah. So I only see a client for one hour, maybe a fortnight. I mean, at the most once a week. There's not a whole lot of, you know, great work we can do in that hour if they're not going to remember it or be engaged with it or enjoy it. So, yeah, you're right. What you just said, it sums it up, being engaged is going to help them use those skills across the week, or however long it is till I see them next, or maybe they don't need to see me anymore, because they work so well, and they're able to take them, and the family was able to use them, and it all worked really well.

Andy:

I'm just interested, if you could perhaps try and paint a picture for us of the journey that families often go on before they even come to you for the first time.

Renee:

Often it's one of which is unfortunate, it's a challenging one they go on before coming to see me. Often, look, it depends on the age of the person as well. Like in psychology it kind of depends on the individual. But often it's families that have been seeking help or and haven't been able to get it. So, by the time they get to me, sometimes they're at that the point of crisis, which is really unfortunate, they're

at the point of crisis. And we need to kind of get everything down to a point where everyone's feeling a little bit calm, and then we can work on those like bigger skills.

06:56

Renee continues:

But look, that's not always the case either. Sometimes it's parents have gotten kind of word from school or daycare, like, 'hey, I think, I think maybe you should go seek advice from a psychologist'. Yeah, it's all, it's all quite different, the journey, journeys people go on. But Yeah, unfortunately, I think with the kind of the biggest state of mental health services in Australia is often a crisis or not, not dangerous crisis. I just want to be clear about that, but, but crisis for that family or that parent.

Andy:

So you're a parent yourself. How do you manage the parents during that moment?

Renee:

A child is the product of their environment and their parents as well, right. Like, you can't just look at a child individually and provide support to the child, because if nobody else in their world is doing something or into like using strategies or the environment's not changing, we're really not going to be able to shift too much. So it is about working hand-in-hand with the child, the teachers, the parent, whoever else is involved in that child's life.

I work quite a bit with grandparents too, and cousins and aunties and uncles. I like to get everyone into that therapy room or wherever we're working, and get them all on board on the kind of same strategies, as long as it's appropriate.

But yeah, getting everyone on board to help support this little person on their journey.

Andy:

And it's interesting, you alluded to it a couple of times already in our conversation. A lot of your work doesn't necessarily happen in the clinic, doesn't it? You do take people outdoors. So, tell me about some examples of what you do.

Renee:

Yeah. So getting out, I do quite a lot of sessions on the beach. So we'll use sticks and stones, and we'll we'll talk, we'll draw, we'll draw up therapy related things. We'll be playing. We'll be kicking balls backwards and forwards. I found with kids, if you make it not about the talking, you make it about kind of doing something else, they're more likely to open up. So if we're riding in the sand or building a sandcastle, a child's more likely in my experience to open up.

For little boys, there's been soccer. Everyone's soccer mad right now. I was kind of joking the other day to some parents, I've become like 'the soccer therapist' because I have a pair of soccer boots and soccer ball in my car and in some of the clinics I work out of, ready to go to just kick that ball backwards and forwards! And, my goodness, the way kids just open up. Some of them are so resistant to coming to therapy, and then they're like, 'What? we can go kick the ball around? Oh yeah, I'm into that!'. And I do play soccer myself. I'm not very good, but I can kind of play so then that kind of buys me a little cred too!

10:00

Andy:

So your approach, Renee, is really clearly very flexible. I can tell that already. You're also thinking very deeply about the ways in which to deliver therapy that will resonate with the young people that you're working with. I just wonder, because when I think about that, I think about how young people are very comfortable on iPads and in the digital world, and I'm aware that Pearson Standardised Assessments are available on iPads. I just wonder, do you use Q-interactive and, if so, do you find that kids are more comfortable with that kind of approach?

Renee:

Yeah. 100% yep. They're definitely more comfortable on the iPad. For example, I use a lot of the Weschler Family of tests. So they're like cognitive tests, academic achievement tests. The WISC and the WIAT are probably most commonly used by myself. They can be really long assessments too. So the child sometimes, if I'm running a full assessment battery, it can take up to two hours sometimes to run each assessment. So that's four hours altogether. So that's a lot of time, but with the iPad, it makes it so much more engaging. The material just feels a little bit more interactive on there. The kids enjoy it, and having the iPad there at the start definitely makes it a little bit easier, because they think, 'Yep, great. I get, I get screen time perfect!'

11:23

Renee continues:

And then on the back end for me, after doing like two hours of assessment, having it just scored immediately, for me, is amazing. It's yeah, it, it gives me a little bit of time back to be able to do other things like write a really good report.

Andy:

Of course, the reports turned around pretty fast...

Renee:

Yeah, I could say 'goodbye' to a client and look at the scores and an interpretive report almost immediately. And then from that, I make my own interpretations. Yeah, but it's amazing also to have like the WISC and the WIAT, kind of in one platform too, so I can flick between the two really quickly. It just makes it all so much easier.

Andy:

Thinking back to what we said earlier about how emotional some of the scenarios are for parents when they're coming forward with their children, I guess it can be quite helpful to have a standardised assessment that is a kind of almost an independent verification.

Renee:

Yep. As a psychologist, you develop quite good intuition, and you can start to read things in a certain way. You have you develop these hypotheses. But we can't just go around telling everyone 'this is what I think'. The standardised assessment gives us that line in the sand that's validated.

Andy:

Yeah, right. So you're not just providing a subjective opinion, and it's actually a point of scientific fact?

Renee:

Exactly, yeah, yeah, because it differentiates us as psychologists, as being able to use those standardized assessments.

Andy:

Yeah, that makes sense. So Renee, it's already obvious from our conversation what a profound difference psychotherapy can have in people's lives. I wondered if you could perhaps give me a specific example of a breakthrough moment that you've witnessed?

Renee:

Yeah, definitely. There's one little boy, an autistic boy, that sticks in my mind, who was having these huge meltdowns at school, really, really big behaviours, throwing chairs. Teachers were really struggling. Parents were really struggling.

We knew from standardised assessment that Working Memory was below average. So there was that that we knew from standardised assessments. We knew from the Sensory Profiles there was a preference for auditory stimuli. And we were, we were trying to think of strategies to help bring him back down, because he said, 'I don't know what sets me off. It just things just set me off'.

And I hadn't been into the school yet to work it out. So we were just having a quick chat. And he knew he loved the movie, the *Mario* movie, that was something he could talk about at great lengths! So we would often sing this song together, the Peaches song, it's like 'peaches, peaches...' I'm not going to sing it! Jack Black does a better job at it!

I suggested, 'what if we just started singing that when felt really overwhelmed and that frustration starts to creep in?' He wasn't too sure about it, but we said we'd give it a go.

And later in the session, he I saw he was starting to become dysregulated, getting a little bit frustrated, and I just started singing, 'peaches, peaches'. And he joined in, and we sung the whole song together, and he's like, 'Wow! I feel so much better now'.

And that was just a really beautiful, special moment where we were able to tap into that really special interest, like I spoke about earlier. He was able to use it at school, because, I said before we knew from the assessment the working memory was a little bit below average.

So being able to use these strategies can sometimes be hard if you're not fully engaged in them. And this one, he was.

15:13

Andy:

You're a mum too, right? So you must feel some emotional connection in those moments?

Renee:

Oh, totally Yes, yeah, you can't. You can't take away from, like, being a mum and just seeing a child get something or feel like they've really achieved something. There's, there's that 'proud mum moment' that you have to, even though get you try to separate things as a psychologist, but there is definitely that

'proud mum moment', and then you're so excited when you have those moments, you're also so you and the child is so excited to share them with everyone else too. It brings such joy to what I do.

Andy:

...and we'll be right back after this short break

15:59

Promotional message:

For for more than 100 years Pearson Clinical Assessment have tested and refined products and services that give educators and clinicians trusted tools to make a profound difference in the lives of adults and children. To find out more about the Pearson resources that Renee uses at Mindara Psychology – covering autism, ADHD, OCD, learning difficulties, anxiety, depression, identifying strengths and challenges and more – just Google 'Pearson Clinical Assessment' and check out the Pearson website.

16:46

Andy

Welcome back to the podcast.

So, Renee, you were telling us a lovely story about one of your clients just before the break. Are there any other clients who have impacted you personally? Any moments that stand out?

Renee:

Yeah, yep. Another little boy, he was not attending school, really involved with the police, too. Lots of was involved in lots of criminal behavior. Multiple psychologists had seen him. He'd been discharged from a lot of services for aggressive behaviour.

17:23

Renee continues:

When he first came into my therapy room, I was obviously reading through a little bit of his back files and felt a little bit nervous. ('Oh, my goodness, what am I going to do?') He came into the room, I offered to go for a walk or to leave the room too, because I thought he might feel more comfortable. He took interest in a little blanket, and I just noticed the way he was touching the blanket. It felt really good.

17:50

Renee continues:

I said, 'have you ever been wrapped up like', I can't remember the words I used, like, 'have you been wrapped up like a ninja?' or something. I made, like, a comment like that. I can't remember exactly what it was. And he's like, 'No, can you do it to me?' And I'm like, 'okay, but it's a bit dangerous'. So he was immediately in!

I've wrapped the boy really tightly in this blanket, and then I'm like, 'okay, so now you got to trust me. You've got to fall back and I'll catch you, and you'll lie like, lie down'. It's a little bit of a sensory thing. I learned it from an OT.

He's fallen back and he's just kind of closed his eyes, and he goes, 'what's that smell in your room?' And I sometimes play this game with essential oils with kids, and I'm like, 'guess the smell?' It's to teach

mindfulness to kids, because I find that sometimes really challenging, particularly the little ones teaching mindfulness.

So instead, I just do this thing: 'guess the smell'. And he's like, 'what's that smell?' He's like, 'Oh, I'll give this game a go. Guess the smell.' And he sat there, and he was so engaged the whole time, and when he left, and he's like, 'Mum, can I come back tomorrow?' And that was, yeah, that was the real moment that got me. I was like, this boy has been so disengaged in so many services, and I didn't really do a lot. It was just again, I guess, noticing those tiny interests, and particularly, like I noticed a sensory interest, and letting that lead us.

19:19

Andy:

Wow, that's pretty powerful stuff.

Renee:

Yes, that one does it really sticks with me, yeah.

20:00

Andy:

You did just mention mindfulness a moment ago, and I'm interested in that. There's a huge body of research about the benefits of keeping our attention focused in the moment. Could you maybe talk us through a favorite mindful exercise that you've found effective for certain children.

Renee:

For every single child we create our own things. So coming back to those kind of the essential oils that I use, sometimes, I'll get kids to bring in their favorite like squishy toy or their favorite thing, and we'll put three different drops of oil, and it'll on the squishy toy. And it'll be this thing that they do where it's like, take a deep breath in and out and notice the smell, move to the next smell, take a big breath in and out and notice the smell, and third one in and out and notice the smell. Then give it a big squeeze. And there we've had, like, our moment of mindfulness. That one, I quite like the '5, 4, 3, 2, 1', is also really good. You know, the five things you can see or hear.

20:55

Renee continues:

But then if a kid's favorite thing is Pokemon, I'm just like, 'stop when you're feeling dysregulated' or whatever the language is that we're using. 'And just name 10 Pokemon characters', like, 'stop and take a moment'. Some other kids, we use spells from Harry Potter.

It all really what depends on their interest again, because then they can access it when they really need it. But yeah, mindfulness is so key to every like, to a lot of the work I do.

Somebody actually said this to me the other day. 'We used to be so mindful, just naturally, like, you know, you'd have to wait for a bus, or you'd have to wait for a package to come or you had to wait for your TV show to come on (that's not completely mindful, like talking about screens, that's not completely mindful!) but there was so much more waiting.

And now we live in a world where everything's so instant and fast moving, and kids have so much content coming at them so quickly, and are involved in so many things, it's hard to naturally be mindful.

But then also in that, I think that's why it's really important to get out and be in nature, because that's the space we can where it does semi come naturally, right? Just being out and noticing the grass or the flowers or and we do that's another thing actually I like to do. I do mindful walks with kids.

So we stop and we walk, and you feel your feet on the ground, and you notice the smells. And we might do a bit of that, '5,4, 3, 2, 1', as well.

But just really taking notice of what you're feeling as we're going for a walk, and making sure those thoughts kind of just calm and go and drift away because we're staying present on the walk.

Andy:

But I think actually this is grounded in science too, right? We are fundamentally animals, and our natural habitat is outside, right? So actually, your point is really interesting, fundamentally, on an evolutionary level, there's something that speaks to us about being in the outdoors?

Renee:

Oh yes, yeah, it's my dream to one day own a clinic that's just fully outdoors, and kids will get earthy building yurts in their own playground, like it's where, I think where we get so much energy from is back in nature. That's how we recharge our batteries.

I mean, there is good research on the use of green spaces and mental health. Yeah, so we do know that green space does have a positive impact on our mental health, and I think in integrating that also into my therapy is so key, because that's something the whole family can do, is getting out to a little bit of green space, getting out of the house. Being active too – like exercise, is also so key to our mental health. Jumping in a cold pool. That's something I give a lot of people. The homework to do is to go jump in the cold ocean or jump into a pool somewhere that's really cold, to help reset that nervous system.

23:50

Andy:

Love it. Love it. That's wonderful. Now my final question: we've talked about the very, very start of your life at the beginning of the conversation. I'm going to take you more towards the end, when you're sitting back in your old age and you're looking back over your career, what do you think will be the moments that stand out when you look back?

Renee:

So the research tells us that when we feel valued at work, and it brings us meaning we end up enjoying that work so much more. So I think when I'm retired, I'll just be looking back with absolute joy, just going that was fun. That was a wild ride, but that was I had so much fun. And I think everyone's fear right in older age is, 'will I have any regrets?' But again, I think if in your work you're doing things that align to your values, and you know, you feel you're contributing some way to society as well, I don't think there will be any regrets, right? You're doing what you love, and you're helping people like, yeah. So it'll just be looking back going, 'Wow, that was fun'.

25:00

Andy

What a beautiful note to end on. Thank you so much for today, Renee, it's been such a joy talking with you. Thank you.

25:20

Renee:

Thank you.

25:22

Andy closing message:

Thanks for listening to this episode of Moments in Mind, a podcast by Pearson Clinical Assessment in the Asia Pacific region.

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And to find out more about Renee's work, you can visit www.mindarapsychology.com.au

25:59

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In the meantime, thanks again for listening, and goodbye for now.

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