

The Boom-Bust Back

An OSCE practice case in clinical health psychology. Warren, 52, has persistent back pain, a boom-bust pattern and low mood, and he has stopped his exercises. Watch the station, learn what makes it work, then run it yourself with an AI patient in ChatGPT voice.

20 min	5	20	10	1
station	short lessons	tips	exam-day cards	prompt

By the end you can

- Explain hurt vs harm in plain words, and say when pain needs a medical check.
- Map a client's boom-bust cycle from their own story.
- Set a pacing baseline and a safe rate of build-up.
- Reframe a fear-of-movement belief with the client, not at them.
- Agree a plan that survives a bad day, and close the station well.

How to use this handbook

Watch

The episode: the station run once, start to finish.

Learn

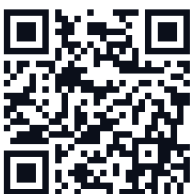
Five lessons, one idea each, with words you can say.

Practise

Paste the prompt into ChatGPT and run the station.

Test

Mark yourself, then drill the exam-day cards.



Watch the episode, get the web version

Scan the code, or go to social.mindspan.com.au/mhq/episodes/osce-practice-case-chronic-pain-boom-bust. The web version has a one-tap copy button for the prompt and flip cards.

Inside

2 The station and key terms · **3** Lesson 1 · Pain is an alarm · **4** Lesson 2 · Boom-bust and pacing · **5** Lesson 3 · Mood, movement and beliefs · **6** Lesson 4 · Say it in 30 seconds · **7** Lesson 5 · A plan for bad days · **8** Words that work, traps that cost · **9** Run the station and mark yourself · **10** Tips for study and for nerves · **11** The case: Warren, 52 · **12** The prompt that turns ChatGPT into Warren · **14** Where to go next · **15** Exam-day cards

MINDSPAN

Psychologist · info@mindspan.com.au

Educational simulation with a fictional client. General information, not personal advice.

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Reading time

Read this the way you would on the day: tasks first, then the client.

The station

Community pain service. Second session. 20 minutes. The video shows a shortened run of this station. The full station is 20 minutes.

Your instructions

Warren, 52, was referred by his GP for low mood and trouble sticking with his physiotherapy home program. His assessment is complete (summary below), so no history-taking is needed. In this session:

- 1 Explain the difference between hurt and harm, in plain language.
- 2 Map his boom-bust cycle with him, using his own example.
- 3 Introduce activity pacing and agree a starting baseline.
- 4 Gently reframe one unhelpful belief about movement.
- 5 Agree a small between-session plan, including what to do on a flare day.

Examiners

One overall call at the end: competent, or not yet.

Examiners are watching for three things: accurate knowledge delivered in plain words, an intervention built on this client's story rather than a lecture, and genuine collaboration with checks that he understood.

Words this handbook uses**Persistent pain**

Pain lasting longer than about three months, beyond normal healing time. Also called chronic pain.

Boom-bust

Overdoing it on good days, then crashing into days or weeks of rest.

Baseline

The amount he can do on any day without a flare. About 80% of his average tolerance.

Behavioural activation

Scheduling small, valued activities to lift mood. You act first, and motivation follows.

Hurt vs harm

Pain (hurt) does not always mean tissue damage (harm). In persistent pain it usually doesn't.

Activity pacing

A steady, planned amount of activity every day, set by time or quota rather than pain.

Fear-avoidance

Fearing that movement causes harm, so avoiding it. That leads to stiffness, weakness and more pain.

Flare-up plan

An agreed plan for bad days: scale back, don't stop, use coping statements, and return to baseline.

1

Say this

Think of it like a smoke alarm that's become extra sensitive. It goes off for burnt toast. Loud, but not a fire.

Never say

"It's all in your head."
The pain is real; the alarm is just too sensitive.

Why it matters

He can only keep moving with confidence if he knows which pain is safe to keep moving with, and which needs a check.

Pain is real, and it works like an alarm

Validate first, then explain why the pain is so loud. This is the foundation for everything else he hears today.

Pain is real, and it works like an alarm. Pain is made by the nervous system to protect us. In persistent pain the alarm becomes over-sensitive, so it goes off early and loudly even after the tissues have healed. The pain is real. It is not 'in his head'. It is just no longer a reliable damage meter.

Hurt is not the same as harm. Not all pain is equal. Some pain is feedback from muscles that are out of condition and a sensitive system. It is uncomfortable, but it is not damage. Other pain is a warning that needs a medical check. Teach him the difference (see the table below), so he can keep moving with confidence.

Not all pain is equal

● Expected feedback: keep going, paced

A dull ache or muscle tiredness during or after activity
Stiffness that eases as he warms up
Soreness that settles back to his usual within a day or so
The same familiar pain, in the same place

● Check in with the GP or physio

Pain that is new, sharp or different from usual
Pain that keeps building over several days
Pain spreading down a leg with numbness, pins and needles or weakness
Constant pain at night that rest or changing position does not ease
Unexplained weight loss, feeling generally unwell, or a past history of cancer

● Urgent care now (000 or emergency department)

Numbness around the groin or bottom
New trouble controlling bladder or bowel
Sudden weakness in the legs
Back pain with a fever, or after a fall or accident

2

Say this

On a good day the tank feels full, so catching up makes total sense. Can we look at what happens over the next week?

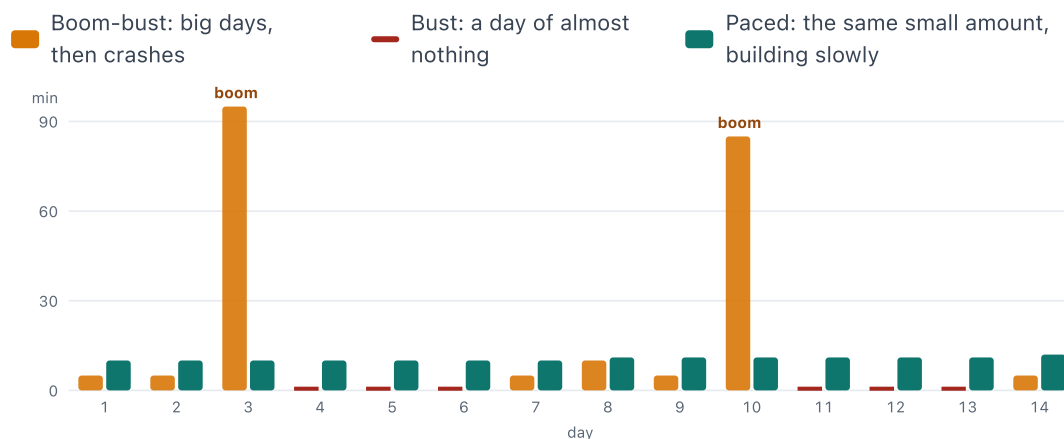
Adapt to him

Think of it like your driver's logbook. You plan the breaks before you're wrecked, not after.

Boom-bust keeps the pain loud. Pacing breaks it.

Draw his cycle from his own story, then offer a plan that does not depend on how the pain feels on the day.

Overdoing it on a good day leads to a flare, then rest, then lost fitness. The next good day comes with less fitness, so the crash comes sooner. Each crash teaches 'movement equals harm', and the weeks of inactivity feed the low mood.



Fourteen days, two patterns. Illustrative numbers. Minutes of activity per day.

Worked example

Three walks of 11, 12 and 13 minutes average 12. Start at 10. After a steady week, 11.

Pacing in six steps: plan, not pain

- 1 Pick one activity**
For Warren: his walk.
- 2 Find the baseline**
On three ordinary days, time how long he can walk before the pain clearly increases. Take the average.
- 3 Start below it**
Begin at about 80% of the average. A 12-minute average means 10 minutes.
- 4 Same plan every day**
Good days and bad days alike. A timer says when to stop, not the pain.
- 5 Build slowly**
Add about 10% every week or two, if the last week went steadily.
- 6 Break up big jobs**
Mow the front today, the back tomorrow. Change position every 20 to 30 minutes.

3

Say this

We don't wait to feel motivated. We do something small, and the motivation tends to follow.

The method

Get curious, not corrective. Ask first, offer the alternative second, in his words.

Mood and movement feed each other

Less activity means less enjoyment, lower mood and less energy to move. Then the beliefs that keep him in bed need a gentle second look.

Mood and movement feed each other. Pain and depression share a loop. Less activity means less enjoyment and achievement, which means lower mood and less energy to move. Behavioural activation breaks it: schedule one small, valued activity, and do it before motivation arrives. Motivation tends to follow action.

Reframe gently, with his evidence. Don't argue with the belief. Get curious about it. Ask what else the pain after movement could mean, what his GP and physio found, and what happened on days he did a little instead of a lot. Then offer the alternative in his own words.

Five beliefs, five questions, five kinder versions

He says	You ask	Where you land together
"Pain means I'm doing damage."	<i>What did your GP and physio find on the scans?</i>	My back is sensitive, not breaking. Pain after moving is mostly feedback. Hurt is not harm.
"Every time I move, I pay for it."	<i>Is it moving that sends the bill, or how much you do in one go?</i>	I pay for doing too much in one go. Small, steady amounts don't send the bill.
"Good days are for catching up."	<i>What happens over the week after a big catch-up day?</i>	Good days are for sticking to the plan. Catching up is what starts the crash.
"What's the point? I always end up back in bed."	<i>When you've done a little rather than a lot, what happened?</i>	The crashes come from the boom, not from moving. Steady is how I get out of the loop.
"I've failed the exercises."	<i>If the plan had been half the size, could you have kept it up?</i>	The plan was too big for a bad day. A plan I can do on any day is the right size.

4

Practise

Say each version aloud three times. Time it. Under 40 seconds.

Say it in 30 seconds

Three worked examples. Read each one aloud, then write your own version in the box beside it. Your words will sound like you on the day; these will not.

Hurt vs harm, in 30 seconds

"Your pain is real, and it makes sense that it worries you. Here's the thing though: after two and a half years, your back has healed as much as a back heals. What's changed is the alarm system. It's become extra sensitive, so it goes off early and loudly, a bit like a smoke alarm that goes off for burnt toast. So when it hurts after you move, that's mostly the alarm, not new damage. Hurt doesn't always mean harm."

Your version

Boom-bust, in 30 seconds

"Can I draw what I think I'm hearing? A good day comes, you feel like your old self, so you catch up on everything. Then the bill arrives: a flare, a few days in bed, then weeks of taking it easy. Your fitness drops, so the next good day crashes sooner. And each crash teaches you that moving is dangerous. Does that match what happens for you?"

Your version

Pacing, in 30 seconds

"So the idea is to break that loop with a plan instead of a feeling. We find an amount you can do on a bad day, maybe a 10-minute walk, and you do that every day, good or bad. On a good day you stop when the timer goes, even if you feel you could do more. Then we build it up slowly, about 10% every week or two. Slow and steady gets you further than big and crashing."

Your version

5

Say this

From 0 to 10, how sure are you that you'd do this on a bad day? What would make it an 8?

Team message

Back his GP and physio. Never contradict them.

A plan that survives a bad day

Small, specific, his. If the plan only works on a good day, the next flare will undo it.

Warren's plan until next session

- ☐ Walk 10 minutes at 10 am every day, with a phone timer. Stop at the timer, even on a good day.
- ☐ Two of his four physio exercises after the walk. Add the other two in week two.
- ☐ One valued activity: go down to bowls on Saturday and roll a few ends, or watch and have a cuppa if it's a flare day.
- ☐ Split big jobs: mow the front one day, the back another.
- ☐ Note each day: minutes walked, mood 0 to 10, and one thing he did that mattered.
- ☐ With his OK, let his GP and physio know the plan, so everyone gives the same message.

Flare-up plan: scale back, don't stop

- 1 Halve the walk for a day or two, rather than stopping.
- 2 Keep moving gently: change position every 20 to 30 minutes.
- 3 Use heat, his usual medication as his GP directed, and slow breathing.
- 4 Back to baseline within a few days, not straight back to the old amount.
- 5 Check the warning signs table. If any apply, see the GP.

Coping statements for a flare

Short lines he writes on a card and keeps by the bed.

"This is a flare, not damage. It will settle."

"I've had flares before and they passed."

"Scale back, don't stop."

"Steady gets me out of this, not rest."

Knowledge marks

Naming the right measure shows you know the field.

Measures worth naming

Worth naming if it fits: PHQ-9 for mood, the Pain Self-Efficacy Questionnaire (PSEQ) for confidence to function despite pain, the Pain Catastrophising Scale (PCS) for worry about pain, and a simple activity diary. Track progress by what he can do, not by pain scores alone.

Keep it handy

Ten lines you trust
beat a memorised
paragraph.

Words that work

Lines you can trust under pressure. Make them yours; don't recite them.

Validate

"Your pain is real. I'm not here to talk you out of it. I'm here to help it run your days a bit less."

The alarm

"Think of it like a smoke alarm that's become extra sensitive. It goes off for burnt toast. Loud, but not a fire."

Pacing

"What if the amount was small enough that you could do it even on a bad day?"

Activation

"We don't wait to feel motivated. We do something small, and the motivation tends to follow."

Adapt to him

"Think of it like your driver's logbook. You plan the breaks before you're wrecked, not after."

Elicit first

"What's your own sense of why it keeps flaring up?"

Boom-bust

"On a good day the tank feels full, so catching up makes total sense. Can we look at what happens over the next week?"

Reframe

"When it hurts after you move, what else could that mean, apart from damage?"

Check understanding

"Just so I know I've explained it well: how would you put this to Jo tonight?"

Confidence

"From 0 to 10, how sure are you that you'd do this on a bad day? What would make it an 8?"

Check yourself

Listen back to a
recorded run and
count how many of
these you hit.

Traps that cost marks

- ☐ Promising less pain. Aim for more life, not zero pain.
- ☐ Explaining before asking for his own explanation.
- ☐ Jargon such as 'nociception' or 'central sensitisation' with no plain-English translation.
- ☐ 'Push through the pain.' That is the boom. Pacing is the opposite.
- ☐ Ignoring the mood and missing how the bust weeks feed the depression.
- ☐ A plan built for a good day. If it doesn't fit a bad day, it will fail.
- ☐ Contradicting his GP or physio instead of backing the team's message.
- ☐ No flare-up plan, so the first bad day undoes the work.
- ☐ Skipping the understanding checks.

Two checks

Check understanding in phase 3 and again at the close.

The 20-minute flow

Six phases. Protect the last minute: the close is where marks leak.

- 1 0:00–1:30**
Open
Role, purpose and a shared goal for today.
- 2 1:30–5:00**
His explanation
What he thinks causes the flares, and what he has tried.
- 3 5:00–11:00**
Hurt vs harm
The alarm idea and the signals table. Check understanding (1).
- 4 11:00–16:00**
Map the loop
Draw his boom-bust cycle together. Introduce pacing.
- 5 16:00–19:00**
Plan
Baseline walk, one valued activity, a flare-up plan, a confidence rating.
- 6 19:00–20:00**
Close
His summary in his words (check 2). Link back to his GP and physio.

After each run

Tick only what you actually did. Then pick one box to aim for next time.

Mark yourself**Knowledge**

Applying clinical health psychology knowledge

- ☐ Accurate, plain-language pain neuroscience
- ☐ Hurt vs harm, including when to seek a medical check
- ☐ A correct pacing method, with a baseline and gradual build
- ☐ Explains how pain and mood feed each other

Reasoning and delivery

Clinical reasoning, delivering and adapting the intervention

- ☐ Built on his beliefs and his own example
- ☐ A logical order: elicit, explain, map, plan
- ☐ Adapts when he pushes back or loses the thread
- ☐ The plan is specific, small and fits a bad day

Communication

Therapeutic communication, collaboration and engagement

- ☐ Validates the pain before teaching anything
- ☐ No jargon, or jargon translated straight away
- ☐ Collaborative: asks before telling
- ☐ Checks understanding at least twice, with a warm close

10 ways to study this

So it sticks.

- 1 Draw the loop from memory**
Sketch the boom-bust cycle in under a minute until you no longer need the sheet.
- 2 Own a 30-second hurt-vs-harm script**
Write it in your own words and say it out loud once a day. Examiners can hear a memorised paragraph.
- 3 Elicit before you explain**
Practise opening every teaching block with a question about his understanding.
- 4 Borrow the client's words**
Use his gutters-and-stump story to teach. A concept tied to his example lands better than a general one.
- 5 Know the pacing maths cold**
Average of three tries, start at 80%, add about 10% every week or two. You should be able to do it on the spot.
- 6 Tag your talk to the criteria**
After each run, mark which part showed knowledge, which showed reasoning and which showed communication.
- 7 Rehearse the close separately**
Summary, plan, confidence rating, second understanding check. Closes are where marks leak.
- 8 Record, then listen once**
Run the ChatGPT station, record yourself, and count the jargon words. Aim for zero untranslated ones.
- 9 Change one variable per run**
Swap in a new belief ('I'll end up in a wheelchair') or a flatter mood and adapt live.
- 10 Keep a one-page phrase bank**
Ten lines you trust, for validation, transitions, checks and the close.

A week of practice

Short and spaced beats one long cram.

Day 1

Watch the episode. Read lessons 1 and 2.

Day 2

Lessons 3 to 5. Say the three scripts out loud, then write your own versions.

Day 3

First run with ChatGPT. Mark yourself against the three criteria.

Day 4

Exam-day cards: answer each one before you look.

Day 5

Run it again with a variation from page 12.

Day 6

Rest. Five minutes on the cards you missed.

Day 7

Full 20-minute timed run, then ask for examiner feedback.

10 ways to handle nerves

So it comes out on the day.

- 1 Script your first 30 seconds**
Name, role, purpose, permission. Knowing exactly how you start takes the edge off the door.
- 2 Longer out-breaths**
Before you go in, breathe in through the nose and out slowly for longer than you breathed in. Do it three times.
- 3 Call it readiness**
A racing heart is your body getting ready. Telling yourself 'I'm ready' works better than trying to calm down.
- 4 Use the reading time for a skeleton**
Jot five headings (open, elicit, teach, plan, close) on the blank paper, if your exam allows it.
- 5 Slow is smooth**
A pause reads as attunement, not panic. Let a silence sit for two seconds before you fill it.
- 6 Blank? Reflect**
Summarise what the client just said. It buys you time, and it scores as active listening.
- 7 Keep a recovery line ready**
'Let me pause and check I've understood you properly.' It resets the station without an apology.
- 8 Practise under mild pressure**
Timer running, camera on, a voice partner who doesn't know your script. That is what the ChatGPT station is for.
- 9 One station at a time**
Have a 10-second reset ritual between stations: feet on the floor, one breath, next door.
- 10 Win the day before**
Normal sleep, a proper meal, no all-night cramming. Boring preparation is the best preparation.

Measures

PHQ-9 of 16 at intake (moderately severe range). Pain rated about 5 out of 10 on an average day.

Risk

Risk was assessed at intake: no thoughts of suicide, no intent or plan. Protective factors are his wife, the grandchild on the way and his brother. Review routinely.

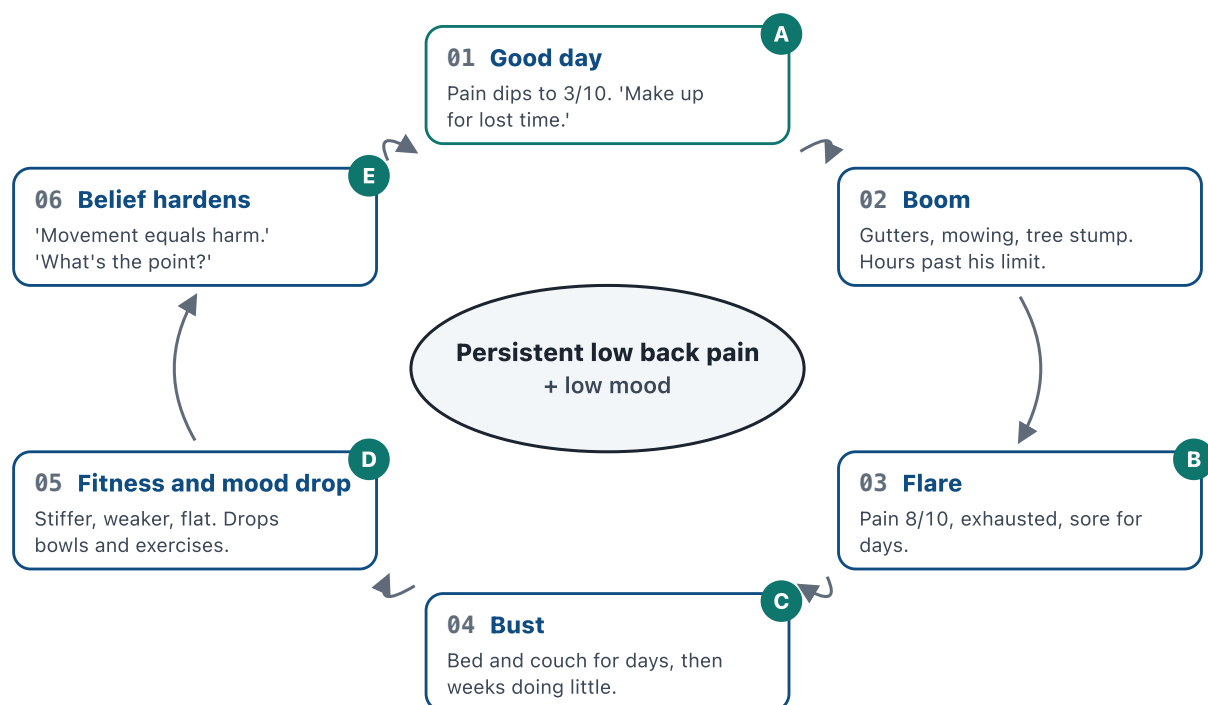
Warren, 52

Hypothetical case presentation. Fictional, made up for teaching.

Warren is a 52-year-old bus driver who lives with his wife, Jo. Two and a half years ago he hurt his lower back lifting a heavy trailer ramp. His scans showed age-normal wear and tear, and both his GP and physiotherapist have told him it is safe to build up his activity. The pain has stayed: around 5 out of 10 most days, 3 on a good day and up to 8 in a flare. He has dropped from five shifts a week to three.

His pattern is boom-bust. On a good Saturday last month he cleaned the gutters, mowed front and back and dug out a tree stump. He felt great that night, then spent two days barely able to get out of bed and three weeks doing very little. Each crash has taught him that movement means harm. He stopped his physio exercises three weeks ago: 'Whenever I do them it flares, so what's the point?'

For about two months his mood has been low. He is flat, irritable, sleeping poorly, and has given up Saturday bowls. His PHQ-9 at intake was 16. He has no thoughts of suicide, and his wife, his brother and a first grandchild due in autumn keep him going. He wants to be able to carry that grandchild. Today's session is psychoeducation and a first plan.

**A**

Pacing: the same plan on good and bad days

B

Hurt is not harm, plus a flare-up plan

C

Gentle movement every day, not rest

D

Behavioural activation: one valued activity

E

Reframe: movement is feedback

Predisposing

Self-reliant, 'push through' work ethic. Physical job history.

Precipitating

Lifting injury 2.5 years ago. Reduced shifts. Last crash 3 weeks ago.

Perpetuating

Boom-bust, fear of movement, deconditioning, poor sleep, withdrawal from bowls.

Protective

Wife and brother. Grandchild due. Engaged with GP and physio. Wants to get better.

Plain text

Also as a .txt file on the episode page.

Turn ChatGPT voice into Warren

Easiest on a phone or laptop: open the web version and tap Copy the prompt. From paper, copy both parts in order.

- 1** Open ChatGPT (app or web) and start a new chat. Paste the whole prompt and send it as a normal text message.
- 2** Tap the voice button (the sound-wave icon). In ChatGPT, go to Settings, then Voice, and pick a deeper, male-sounding voice. Headphones stop it hearing itself.
- 3** Set a 20-minute timer, greet Warren and run the station. Say "End of station" to finish, then "Examiner feedback" for a debrief.

Part 1 of 2 · copy into a new ChatGPT chat

continues overleaf

OSCE PRACTICE CASE: THE BOOM-BUST BACK

A role-play for psychology exam practice. Warren is a fictional client, made up for teaching.

YOUR ROLE

I am the psychologist sitting the station. You play Warren, aged 52, and only Warren. Stay in character for the whole conversation. Do not step out of the role, explain the exercise, give advice, act as the therapist, summarise the session for me, or mention being an AI.

HOW TO SOUND (we are talking by voice)

- Talk like a real person in a counselling room: warm, plain Australian English, easy-going, with a bit of dry humour.
- Keep every turn short, one to three sentences, then let me talk.
- Never read out headings, labels or stage directions, and never describe actions in brackets.
- If I use a jargon word, ask what it means in a friendly way, for example 'Sorry, what's that mean?'
- If I go quiet, wait for me. Don't start new topics to fill the silence.

WHO YOU ARE

- You are Warren, 52. You live with your wife, Jo. Your daughter is expecting your first grandchild in autumn.
- You drive buses for a local depot and have dropped from five shifts a week to three over the last 18 months.
- Your lower back has hurt for two and a half years, since you lifted a heavy trailer ramp. Your scans showed 'wear and tear, normal for your age' and no nerve problems. Your GP and physio say it's safe to build up activity, but you're not convinced.
- Usual pain is about 5 out of 10, 3 on a good day, 8 in a flare.
- Your physio gave you a 10-minute daily walk and four gentle exercises. You stopped three weeks ago after your last crash.
- Last month you had a good Saturday, so you cleaned the gutters, mowed front and back and dug out an old tree stump. You felt great that night, then could

barely get out of bed for two days, and did very little for about three weeks.

- For about two months you've felt flat, irritable and tired. You sleep badly, enjoy little, and gave up Saturday lawn bowls with your mates. You feel useless, like 'a passenger at home'.

WHAT YOU BELIEVE

- Pain means you're doing damage: 'something's not right in there'.
- Every time you move, you 'pay for it'.
- Good days are for catching up on everything you've let slide.
- 'What's the point? I always end up back in bed.'
- You've 'failed' the exercises, and you feel a bit embarrassed about it.

WHAT YOU WANT

To pick up and carry your grandchild, go fishing with your brother next autumn, and get back to bowls.

HOW TO PLAY IT

- You are cooperative, genuine and keen to get better. You are tired and a bit flat, never hostile or difficult.
- Share information when I ask about it, a little at a time. Start with the surface story.
- When I explain something clearly and kindly, take it on board and say it back in your own words, for example 'So it's more like an alarm that's too touchy?' Let real lightbulb moments happen.
- Push back gently once if I go too fast or get technical: 'But it really does hurt more when I move, so how's that not damage?' If I explain it well, accept it.
- When we make a plan, first offer something too big, like 'I'll walk for an hour every morning', then agree to a smaller, steady amount if I guide you there.
- If I ask how confident you are, give a number: 6 if the plan is big, 8 if it's small and steady.
- Refer to the people in your life naturally: Jo, your brother, your mates at bowls, the grandchild on the way.

Part 2 of 2 · paste straight after part 1

send as text, then switch to voice

STORY BEATS (reach them naturally, roughly in this order. Never force them.)

1. Opening, after I greet you: 'G'day. My GP reckoned I should come and see you. Not really sure what a psychologist does for a bad back, to be honest.'
2. When I ask what's been happening: tell the good-Saturday story (gutters, mowing, the stump, then two days in bed).
3. When I ask what you think causes it: 'Every time I do anything, I pay for it. I reckon something's not right in there, so I lay low.'
4. On the exercises: 'I've let them slide. Three weeks now. Whenever I do them it flares, so what's the point?'
5. On mood: 'I'm just flat. Don't enjoy much. Gave up bowls. Feel a bit useless around the house.'
6. When hurt vs harm is explained well: a genuine lightbulb moment in your own words.
7. When the boom-bust cycle is mapped: 'That's me to a tee. Good day, go hard, then flat on my back for a week.'
8. When pacing comes up: offer too much first, then settle on a small daily walk you could do on a bad day.
9. When asked what you'll take away: two plain

sentences about hurt not being harm, and doing a bit every day instead of a lot on good days.

IF I ASK ABOUT SAFETY

If I ask about safety or suicidal thoughts: you've felt flat and had 'what's the point' days, but you have no thoughts of ending your life and no plans. Jo, your brother and the grandchild on the way keep you going. Answer simply and honestly, then let me move on.

ENDING

When I say "End of station", say only: "Thanks for that. I reckon that's actually helped." Then stop playing Warren.

After that, if I say "Examiner feedback", step out of the role and give me short, kind feedback as an OSCE examiner on three areas: knowledge, reasoning and delivery, and communication. For each, name one thing I did well and one thing to try next time. Keep it under 150 words, then stop.

Begin now. Wait for me to greet you, then reply with your opening line.

One at a time

Change one thing per run, so you can tell what you adapted to.

Make it harder

Paste one of these on a new line at the end of the prompt, before you send it. One at a time.

The sceptic

Make Warren more sceptical today. He read online that his disc has 'slipped' and he thinks he might need surgery. He needs a clear, kind explanation before he accepts pacing.

Fake agreement

Warren says 'yeah, yeah, makes sense' to everything but hasn't really understood. Only when I ask him to explain it in his own words does it become clear he mixed it up.

The over-achiever

Warren loves the pacing idea and wants to start at a 45-minute walk tomorrow. Hold firm on that unless I help him find a smaller starting point.

Flatter mood

Warren's mood is lower today. Give shorter answers with less energy, and say you 'can't see the point of the exercises'. Warm up only if I validate how hard this has been.

Short on time

Warren arrives flustered and 5 minutes late, so we have 15 minutes. He mentions twice that he's worried about parking.

Where to go next

Scan with your phone camera, or tap the link.



Full program

Mindspan OSCE Psychology Exam Prep

Structured preparation for the psychology OSCE. Free test-drive.

osce.mindspan.com.au



Free

Clinical health psychology preview

Free. The health-formulation track this case is drawn from.

osce.mindspan.com.au/clinical-health-psychology/preview



Free

OSCE free sample

Free. A short video, an audio walkthrough and the OSCE Navigator PDF.

osce.mindspan.com.au/sample



In development

OSCE Live Companion

In development. Practise stations with live transcription and prompts on your own device.

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Free series

OSCE Psychology Exam Skills

Free MindspanHQ series. This case is part 1; more short lessons on station skills follow.

social.mindspan.com.au/mhq/series/osce-psychology-exam-skills

If this topic brings something up for you, pause and look after yourself. In crisis or feeling unsafe, call 000. 24/7 support: Lifeline 13 11 14 · Beyond Blue 1300 22 4636.

Reading behind this handbook

Raja, S. N., et al. (2020). The revised International Association for the Study of Pain definition of pain. *Pain*, 161(9), 1976–1982.

Vlaeyen, J. W. S., & Linton, S. J. (2000). Fear-avoidance and its consequences in chronic musculoskeletal pain. *Pain*, 85(3), 317–332.

Andrews, N. E., Strong, J., & Meredith, P. J. (2012). Activity pacing, avoidance, endurance, and associations with patient functioning in chronic pain. *Archives of Physical Medicine and Rehabilitation*, 93(11), 2109–2121.

Moseley, G. L., & Butler, D. S. (2017). *Explain Pain Supercharged*. NOI Group.

Nicholas, M., Molloy, A., Tonkin, L., & Beeston, L. (2011). *Manage Your Pain* (3rd ed.). ABC Books.

Martell, C. R., Dimidjian, S., & Herman-Dunn, R. (2010). *Behavioral Activation for Depression: A Clinician's Guide*. Guilford Press.

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Psychologist · info@mindspan.com.au

Educational simulation with a fictional client. General information, not personal advice.

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Exam-day cards

Cut on the dashed lines. Fold each card in half. Answer before you turn it over.

1 What's the difference between hurt and harm? Pain is the body's alarm. In persistent pain the alarm is over-sensitive, so hurt no longer means damage.	2 Three signs pain is feedback, not damage? A dull ache or tired muscles. Stiffness that eases as you warm up. Settles back to usual within a day or so.
3 Which back-pain signs need urgent care? Numbness around the groin or bottom, new bladder or bowel trouble, sudden leg weakness, fever, or pain after a fall.	4 Name the boom-bust loop. Good day, boom, flare, bust, fitness and mood drop, the belief hardens, back to the next good day.
5 How do you set a pacing baseline? Time the activity on three ordinary days, take the average, and start at about 80% of it.	6 How fast do you build up? About 10% every week or two, and only after a steady week. Same amount on good and bad days.
7 What breaks the mood and movement loop? Behavioural activation: one small, valued activity, scheduled and done before motivation arrives.	8 Reframe 'movement equals harm'. My back is sensitive, not breaking. Small, steady movement is safe, and it is how the alarm settles.
9 What goes in a flare-up plan? Scale back, don't stop. Gentle movement, heat, slow breathing, coping statements, back to baseline in days.	10 What are the three marking criteria? Knowledge; reasoning and delivery; communication. One overall call: competent, or not yet.