Information for Referring Practitioners

Psychological profiling and applied mindfulness training — Dr. Petar Milojev

This document is intended for therapists, coaches, and other practitioners considering whether a referral to The Good For Nothing Project (GFN) may be appropriate for a given client.

Practitioner Background

Qualification	PhD, Personality Assessment — University of Auckland
Academic background	Psychometrics and longitudinal behavioural research across multiple institutions; co-author of peer-reviewed publications in personality and social psychology
Applied background	10+ years in personality profiling, executive assessment, and organisational development (incl. Hogan Assessment Certification)
Contemplative background	~10 years of dedicated mindfulness study and practice; trained in the Unified Mindfulness system

What This Work Is

GFN combines three elements: (1) psychological profiling, using validated instruments selected to the client (HEXACO, Hogan, or comparable frameworks); (2) direct, systematic mindfulness training, developing three core attentional capacities — concentration, clarity, and equanimity; and (3) applied behavioural work, bringing the trained capacity to bear on the client's actual decisions, communication, and patterns of living.

The working premise: a significant proportion of presenting difficulty is sustained less by the original experience itself than by the habitual defensive activity around it — the bracing, avoidance, and active management that prevent an experience from ever being fully and cleanly met. Where therapeutic work has substantially addressed history, meaning, and management, but a client's core experience has not shifted, this is frequently the reason. The GFN approach is to meet the triggered experience directly, using trained attentional skill, rather than continuing to manage around it.

Scope

Anxiety — general, social, specific · Phobias & fears · Panic · Compulsive & addictive patterns · Residual trauma-adjacent charge · Performance & performance anxiety · Decision-making under pressure · Self-trust & confidence · Relational difficulty

Not appropriate as a first step:

Active psychiatric crisis, acute risk, or any presentation requiring clinical stabilisation as the immediate priority. Where this applies, the direct recommendation is clinical care first; GFN work may follow once that ground is secure, where still relevant.

In practice, most clients arrive having already engaged in meaningful therapeutic work. This is common rather than required, and typically indicates the introspective groundwork is already in place.

Relationship to Clinical Care

This is not therapy and is not presented as a substitute for it. GFN is best understood as a structured training methodology operating alongside or following clinical and therapeutic care, with a distinct mechanism of action (direct attentional engagement with experience) rather than overlapping methodology. Coordination with a referring practitioner is welcomed at whatever level is useful — from a single context-setting conversation to ongoing parallel contact — and any presentation that moves outside this scope during the course of work is flagged directly, with a recommendation to return to or engage clinical care.

Referral Process

There is no formal intake form or referral bureaucracy. The most useful first step is a direct conversation between practitioners — prior to any contact with the client — to assess fit honestly. Contact details are below.