

# Early Planning report



Complete this form if you're a therapist and you've finished your Early Planning sessions with the client.

When you've finished, please return this form, along with a signed ACC6242 Early Planning: client confirmation form or ACC6422 Early planning: guardian confirmation form to: [sensitiveclaimsproviderreports@acc.co.nz](mailto:sensitiveclaimsproviderreports@acc.co.nz)

## Part A: Early Planning

1. Client details			
Client name: x		Claim number: x	
Date of birth: x		Address: x	
<input checked="" type="checkbox"/> Adult		<input type="checkbox"/> Child or young person	
<input checked="" type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other	
Contact details / Safe contact where appropriate: x			
Ethnicity: NZ European			
Client's covered injuries (if applicable): N/A			
Please complete the following section if the client is a child or young person.			
Guardian name(s): N/A			
Relationship to client: N/A		Guardian phone number(s): N/A	
Guardian address(es), if applicable: N/A			
What is the legal status the guardian has in regards to the client? N/A			
Are there any reasons why ACC should not contact the legal guardian? N/A			
Child Youth and Family status, if applicable: N/A			
2. Supplier and provider details			
Supplier name: South Coast Psychology		Supplier number: G09884	
Supplier address: 95 Turner Street, Wyndham 9893			
Provider name: x			
Provider email address: x		Provider phone number: x	
Provider type:	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Psychotherapist
<input checked="" type="checkbox"/> Counsellor: level 7			
3. Client capability			
Can the client make decisions about their care? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If No, please contact the ACC Sensitive Claims Unit to talk about this.			

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4. Event details			
Please indicate the date the engagement form was lodged: x			
Please briefly describe the:			
<ul style="list-style-type: none"><li>• event or events:<ol style="list-style-type: none"><li>1. from the age of five x is aware of two incidents of being sexually touched in the vaginal area by her step father. She was also physically and emotionally intimidated.</li><li>2. Between the ages of 13-16 x was sexually assaulted by her half-brother. x was threatened that she would be killed if she told anyone. By the age of 16 x was struggling with depression, anxiety self-harming and experiencing anxiety.</li></ol></li><li>• date range of the event(s):<ol style="list-style-type: none"><li>1. 2000</li><li>2. 2008-2011</li></ol></li><li>• frequency of the event(s):<ol style="list-style-type: none"><li>1. x2 close together at age five</li><li>2. x2 per week for three years</li></ol></li><li>• client's age at the time of the event(s) identified as the basis of this mental injury claim:<ol style="list-style-type: none"><li>1. five years</li><li>2. 13-16 years</li></ol></li></ul>			
Please outline the meaning and emotional impact of the event for the client at the time of the event and subsequently:			
<p>x was forced to cope alone due to threats of harm to self until the age of 18 with the effects of her abuse. She developed coping strategies such as self-harm [to release tension], x has been treated for depression, she experiences anxiety and has difficulties in managing outings to the shops and social functions. She is hyper vigilant in many situations. x experiences chronic disturbed sleep patterns x experiences difficulties in having relationships with others and feels that 'she cannot trust males'.</p> <p>If the client is unable to relay full details please explain why: N/A</p>			
Did the event happen in New Zealand? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If No, please provide further information on where the events(s) occurred, eg during a holiday, when the client was visiting from overseas: N/A			
Does the client have any other sensitive claims?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unsure
5. Client's current situation			
Why is the client seeking assistance?			
X expresses the desire to have more control in her life in the following areas.			
<ol style="list-style-type: none"><li>1. To improve her sleep – x is currently experiencing frequent re-experiencing dreams.</li><li>2. x would like to learn to manage her anxiety in an effective manner as presently her anxiety stops her from doing many activities</li><li>3. x would like to learn mood management techniques including strong negative self-talk.</li><li>4. x describes her anger as unresolved intensive emotions from the abuse that occurred. She would like to manage these emotions in a healthy manner.</li></ol>			
The client's presentation. This can include comments on the client's medication and overall health, as well as			

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their current emotional, behavioural and social functioning:

x is a x-year-old young woman who is presenting with low mood, marked anxiety which is affecting many aspects of her life. Due to the effects of her low mood, anxiety, x has become increasingly isolated and struggles to form meaningful relationships with others.

x experiences intrusive memories, reoccurring re-experiencing nightmares that have led to a chronic disturbed sleep pattern. x is hypervigilant in many situations

The client's living situation. This can include the client's current family situation, their work or school life, their financial position, any current stresses associated with their situation, and the support and expectations of others:

x lives in a flatting situation with three others. x views this living situation as adequate but feels that it could be improved.

x moved from her family home as it was an unsupportive environment and very invalidating. Her mother has not believed her allegations of abuse by family members and x has now removed herself from the family home. She presently has little contact with her family as she often feels triggered by contact with them.

x works as a x in one of the local hotels. x as worked at this hotel since being a student on work placement. She has a very supportive work relationship with her x. She places high value on her work and it is of great importance to her.

Are there any current risk factors for this client? Please consider all areas of vulnerability including areas where the client may be at risk to themselves, to others or from others, and including lifestyle and mental health factors:

Risk to self is currently low however x continues to struggle with her low mood – and this risk profile could change quickly. x mood is being monitored by her GP. In the past she has been on anti-depressants and is not opposed to using medication if required. While x struggles with fleeting suicidal thoughts she is able to clearly identify protective factors, and has been proactive in seeking assistance as needed.

If a risk of harm to self or others, or risk from others has been identified, please explain how these will be managed post completion of the current ISSC intervention.

x is aware of how to contact mental health services as needed.

Are any other agencies involved in the client's care?  Yes  No

If Yes, please list the agency or agencies involved:

x

What are the current barriers to the client accessing services if any? This can include, but is not limited to, difficulties such as problems with transport or provider availability:

x may require time off work to attend the assessment

Has the client had any prior assistance for mental health conditions?  Yes  No

If Yes, when and where did the client seek help?

Informal GP managed diagnosis. Consultation with GP and started on medication.

Are there any cultural or spiritual needs relevant to the client's therapy?

None identified

If English isn't the client's first language would they like the support of an interpreter?  Yes  No

If Yes, please specify which language: N/A

6. Client's Personal Wellbeing Index (PWI)					
Domain	Original	Current	Domain	Original	Current

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	score	score		score	score
Standard of living	6		Personal health	4	
Achieving in life	4		Personal relationships	1	
Personal safety	4		Community connectedness	0	
Future security	2		Spirituality and religion (optional)	N/A	
Life as a whole (optional)	N/A		Personal Wellbeing Index	30	

## Additional comments

x current personal wellbeing is significantly affected by her symptomatology. She reports while giving herself a 6 for personal health feels that her mental health score is 3. She is struggling with personal relationships and has no connections in her community, apart from the x at her work – even this relationship has its vulnerabilities. She has little hope for the future currently

Provider that completed PWI: x

Date completed: x

Version of test administered:

Adult

School child

Intellectual disability

## 7. Planning and service requirements

Please list the sources of information used in planning so that we can see that all relevant sources of information have been taken into account. Please refer to the Operational Guidelines for more information.

x Referral letter from GP

x Interviews with x

Please indicate which services (and associated subservices) the client will be accessing next:

**Support for Next Steps**

**Support to Wellbeing (short term)**

Cultural Advice

Social Work

Active Liaison

Family and Whānau

**Supported assessment**

Cultural Advice

Social Work

Active Liaison

Family and Whānau

**Support to Wellbeing**

Group therapy

Cultural Advice

Family and Whānau

Social Work

Active Liaison

**Maintaining Wellbeing**

**Other** (please explain):

Please briefly outline why and how you will use each of the services you have indicated above:

x wants to receive ongoing counselling and would like to have an assessment for cover. She would like me to be involved in this process. x also has no family support and is very limited in her community resources.

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Active liaison will be used to identify resources in her community and support her to engage with these.

## 8. Planned services and the providers who will deliver these services

For each service you have requested above please outline in the following table who will deliver each service and how many hours are required for each.  
ACC requires this information to approve services.

Service name	Provider name	Provider discipline	Supplier name	Hours requested
Supported Assessment	x	Counsellor level 7	South Coast Psychology	10
Supported Assessment	x	Psychologist	South Coast Psychology	6
Supported Assessment Report	x	Psychologist	South Coast Psychology	10
Active Liaison	x	Counsellor level 7	South Coast Psychology	10

## 9. Support to Wellbeing (short term) recovery goal

Please complete the following for the recovery goal if the client is going to Support to Wellbeing (short term)

**Recovery goal:**  
 Why has this goal been selected?  
 How will this goal be achieved?  
 Which practitioners will be involved in achieving this goal?  
 How will progress towards this goal be measured?  
 What is the expected time frame for achievement of this goal?

## 10. Other relevant information

Is there any other information relevant to this claim or the client's needs that ACC should know about?  
 No

### Part B: Supported Assessment plan

## 11. Assessment type

New mental injury assessment for cover                       Plus assessment of incapacity for employment  
 Mental injury assessment – diagnostic (claim already covered, but no diagnosis)  
 Mental injury assessment – claim already covered, treatment review  
 Please indicate any other assessment(s) that may be required, eg neuropsychological, cognitive assessment,

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and outline why this assessment is required:

N/A

## 12. Assessment approach

We need to understand what the client is expecting so that we can support you and the client in achieving this.

Please describe the assessment approach to be taken for the client, the reason for the approach and how any risks will be reduced:

x requires a supported assessment with me as her lead provider in support. It will also be important that she continues to engage in weekly sessions to ensure she is able to manage current work pressures in order for her to remain in the workforce.

Please list any therapists or specialists not in the ISSC who will be involved in the assessment:

N/A

Please indicate if the provider completing the assessment is comfortable to begin the assessment prior to receiving the medical notes from ACC

Yes       No. Please outline why not: N/A x GP has emailed her relevant medical notes which are attached to this plan.

Please indicate the proposed initial assessment date: x

When do you expect the report to be completed and sent to ACC? x

## 13. Other information

Please indicate the date of the last face to face meeting with the client about completing this report: x

Date of disengagement by the client (if applicable): N/A

I have attached an ACC6242 *Early Planning: client confirmation* form or an ACC6422 *Early planning: guardian confirmation* form

I have attached an authority to collect information, if necessary

I have attached other documents (please list): Referral and relevant medical notes from GP x

## 14. Provider declaration

I have let the client know that the information collected for this report will be sent to ACC and I have obtained the client's authority for this.

By entering my name in the signature field below, I confirm that the information contained in this report is accurate and that I have followed the standards in the Operational guidelines.

Signature (provider):

Date: x

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Provider name: x	Provider ID: x
Supplier name: South Coast Psychology	Supplier ID: GO9884

When we collect, use and store information, we comply with the Privacy Act 1993 and the Health Information Privacy Code 1994. For further details see ACC's privacy policy, available at [www.acc.co.nz](http://www.acc.co.nz). We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.