

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

Part A: Early Planning

1. Client details			
Client name: x		Claim number: 1x	
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: x			
Client's covered injuries (if applicable): x			
Please complete the following section if the client is a child or young person. N/A			

2. Supplier and provider details			
Supplier name: South Coast Psychology		Supplier number: G09884	
Supplier address: 95 Turner Street RD 3 Wyndham 9893			
Provider name: x			
Provider email address: x		Provider phone number: x	
Provider type:	<input type="checkbox"/> Psychiatrist	<input checked="" type="checkbox"/> Psychologist	<input type="checkbox"/> Psychotherapist
<input type="checkbox"/> Counsellor:			

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.

4. Event details
Please indicate the date the engagement form was lodged: x
Please briefly describe the: <ul style="list-style-type: none"> event or events: When x was 18 years old a 17 or 18 year old boy would try to date her. She told him that she wasn't interested. After the ball after party, where x and her friends had been drinking she invited some of her friend to stay as her parents were away. Some other friends dropped her off at her house drunk, she says she passed out on her bed. At some point the boy who she had put off turned up at her home. She awoke to him raping her. She froze and lay there awake all night. She got

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up in the morning and cannot remember much after that. Her friends went with her to the police station to report the rape. She had a trespass order issued against him.

- date range of the event(s): End of the year x
- frequency of the event(s): one off rape
- client's age at the time of the event(s) identified as the basis of this mental injury claim: 18

Please outline the meaning and emotional impact of the event for the client at the time of the event and subsequently: x says, "the rape has ruined my life. It changed lots of my friendships, I can't have fun, I can't relax, it is this big ugly thing in my life." x feels damaged by the rape and has difficulties with being too trusting and lacking trust. Small things get to her and she feels like she needs to "save the world". She disregards her own needs and intuition and lacks trust in herself and her abilities.

If the client is unable to relay full details please explain why: She has some dissociative amnesia for after the event.

Did the event happen in New Zealand? Yes 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?

Yes

No

Unsure

5. Client's current situation

Why is the client seeking assistance?

x was physically assaulted by a young woman who had had a brief fling with her boyfriend. As her boyfriend has been violent towards her in the past, the police thought that her boyfriend held her down whilst the woman assaulted her, however she is adamant that this was not the case. This act has triggered PTSD symptoms and memories thoughts, feelings and dynamics from the rape she experienced at 18.

The client's presentation. This can include comments on the client's medication and overall health, as well as their current emotional, behavioural and social functioning:

x is experiencing flashbacks, she zones out and forgets that she has done things, she is experiencing low mood and anxiety, she is triggered by men and loud noises, she has problems sleeping, difficulty trusting, feeling keyed up and hypervigilant. She is avoiding social situations and feels like she has "been raped all over again".

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 is living with her parents. There is a non contact order between her and her boyfriend. x works at a restaurant/museum in x. She is also in her 3rd year of her x degree

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:

x is at risk of resuming her relationship and losing the support of her family and friends

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 has contact details for women's refuge and the police officer in charge of her case.

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

If Yes, please list the agency or agencies involved:

GP is x. In x she has a crisis admission to mental health services but nothing since

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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:
 We will need to work her therapy sessions around her work and study.

Has the client had any prior assistance for mental health conditions? Yes No
 If Yes, when and where did the client seek help?
 x mental health services

Are there any cultural or spiritual needs relevant to the client's therapy?
 Yes x is part x

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 score	Current score	Domain	Original score	Current score
Standard of living	5		Personal health	6	
Achieving in life	4		Personal relationships	4	
Personal safety	9		Community connectedness	2	
Future security	8		Spirituality and religion (optional)	N/A	
Life as a whole (optional)	9		Personal Wellbeing Index	52	

Additional comments
 x scores reflect her avoidance and social withdrawal and the difficulties she is having with her personal relationships at all levels. She feels safe as she has retreated to her family home, but feels overwhelmed by a sense of self-blame and failure which is reflected in her comparatively low achieving in life score. Her sense of hope for a positive future bodes well for her therapy.

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.

Clinical interview with x
 Telephone conversation with the physical injury case manager who referred her for counselling

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

Support for Next Steps

Support to Wellbeing (short term)

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<input type="checkbox"/> Cultural Advice	<input type="checkbox"/> Social Work	<input type="checkbox"/> Active Liaison	<input type="checkbox"/> Family and Whānau
<input checked="" type="checkbox"/> Supported assessment			
<input type="checkbox"/> Cultural Advice	<input type="checkbox"/> Social Work	<input type="checkbox"/> Active Liaison	<input checked="" type="checkbox"/> Family and Whānau
<input type="checkbox"/> Support to Wellbeing			
<input type="checkbox"/> Group therapy	<input type="checkbox"/> Cultural Advice	<input type="checkbox"/> Family and Whānau	
<input type="checkbox"/> Social Work	<input type="checkbox"/> Active Liaison		
<input type="checkbox"/> Maintaining Wellbeing			
<input type="checkbox"/> Other (please explain):			
Please briefly outline why and how you will use each of the services you have indicated above: x family and boyfriend would like to access family whanau services and it will be useful to give them psycho-education to support them in supporting x			

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 request
Supported Assessment	x	Psychologist	South Coast Psychology	10
Assessment report	x	Psychologist	South Coast Psychology	10
Family/Whanau	x	Psychologist	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) N/A

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
<input type="checkbox"/> New mental injury assessment for cover <input type="checkbox"/> Plus assessment of incapacity for employment
<input type="checkbox"/> Mental injury assessment – diagnostic (claim already covered, but no diagnosis)
<input checked="" type="checkbox"/> Mental injury assessment – claim already covered, treatment review It has been a number of years since x previous assessment
Please indicate any other assessment(s) that may be required, eg neuropsychological, cognitive assessment, and outline why this assessment is required: N/A

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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 will require a therapeutic assessment where assessment becomes part of the treatment
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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Please outline why not: NB: x and medical notes will be required before final write up
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
<input checked="" type="checkbox"/> I have attached an ACC6242 Early Planning: client confirmation form or an ACC6422 Early planning: guardian confirmation form
<input type="checkbox"/> I have attached an authority to collect information, if necessary
<input type="checkbox"/> I have attached other documents (please list): N/A

14. Provider declaration	
<input checked="" type="checkbox"/> 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):x	Date: x
Provider name: x	Provider ID: x
Supplier name: South Coast Psychology	Supplier ID: G09884

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. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.