

Wellbeing Plan progress report

Complete this form if you're the client's lead provider and you're reporting on a client's Wellbeing Plan therapy.

When you've finished, please return this form to: sensitiveclaimsproviderreports@acc.co.nz

1. Client details			
Client name: x		Claim number: x	
Date of birth: x		Address: x	
<input checked="" type="checkbox"/> Adult		<input type="checkbox"/> Child	
<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Other	
Contact details / Safe contact where appropriate: N/A			
Ethnicity: x			
Client's covered injuries (if applicable): 309.81 (F43.10) Posttraumatic Stress Disorder (PTSD) with dissociation – complex 304.30 (F12.20) Cannabis use disorder – moderate (sexual abuse a contributing factor) Depression (currently under investigation)			
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		Lead provider name: x
Please indicate any providers, specialists, and agencies involved in the client's recovery and care		
Name:	Role(s):	Organisation:
x	General Practitioner	x

3. Client's current situation
Please briefly describe the client's current situation. The intent is to capture any changes since the client's most recent assessment or report.
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 still taking an SSRI to good effect with his anxiety, PTSD and depression. He has his good days and bad days. He has bought a bit of land with his payment from ACC and is spending time clearing it. X has a couple of good friends who he talks openly with. He has found that his therapy is helping them too. He is move able to talk about and show emotion appropriately.
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 with his long-term friend x. He lives in low-cost housing and does not want to move. He is in receipt of an invalids benefit due to x a number of years ago. x marijuana use has remained consistent and although he has tried, he is unable to reduce his use mainly due to PTSD symptoms and pain. He is aware of the vicious cycle of avoidance and anxiety disorders but is unable to reduce his use further at this stage.

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

If Yes, please list the agency or agencies involved:

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: Not currently

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. N/A

4. Review of recovery goals

Which goals have been added since the last check in? None

Please complete the information in the following table for all of the client's existing goals.

Please use as many goals as you consider necessary.

Recovery goal: Treat depressive episode.

X will continue to engage in CBT for depression and will consult with his GP to find effective medication levels for managing his depression. X will experience reduction in depressive symptoms and have more confidence in his symptom management skills. He will have the appropriate medications and resources to be symptom free for the most part.

Is this goal tracking well or not? yes

What achievements have been recorded for this goal? X feels that his depression is managed effectively at the moment. He is able to refocus on positive life events and use distraction with activity

How close is this goal to being achieved? or how far off track is it? achieved

Review of goal: Not achieved Partly achieved Fully achieved although he may have more episodes in the future particularly when if/he decides to further his pathway with the police in relation to his most significant abuser who was also his x.

Recovery goal: Continue processing trauma through ITFT

X will have processed the sexual abuse events to a level where he has effective management of symptoms. He will have the appropriate medications and resources to be symptom free for the most part, manage triggering effectively and recite a concise survivor narrative

Is this goal tracking well or not? yes

What achievements have been recorded for this goal? X is still processing abuse material. It is beginning to desensitise.

How close is this goal to being achieved? or how far off track is it? ¾

Review of goal: Not achieved Partly achieved Fully achieved

For the goals you've noted in the list above as not tracking well, what is your understanding as to why these objectives might be off track? N/A

Recovery goals and treatment plan

What will the client be able to do differently if the treatment has been successful?

X will have mastery over his symptoms

He will feel able to cope independently

He will understand and use relapse prevention

He will close his therapy and move into maintaining wellbeing

Please complete the information in the following table for each recovery goal you have decided on with the client. The

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goals should be relevant to the client's recovery, attainable for the client, negotiated with and explained to the client, and should be linked to clear and measurable changes in the client's functioning.

Please use as many goals as you consider necessary.

Recovery goal: Complete trauma processing

Why has this goal been selected? X will complete processing traumatic material to achieve desensitisation. He will do what he feels necessary to close the issues off for now

How will this goal be achieved? ITFT

Which practitioners will be involved in achieving this goal? x

How will progress towards this goal be measured? X will gain a sense of that is it for now and be able to manage any residual triggering effectively. He will move away from abuse focussed work to focussing on his future.

What is the expected timeframe for achievement of this goal? 8-10 months

Recovery goal: Review relapse prevention and closure

Why has this goal been selected? To reduce the likelihood of relapse

How will this goal be achieved? X will review the gains in therapy. He will develop relapse prevention skills and close his therapy.

Which practitioners will be involved in achieving this goal? x

How will progress towards this goal be measured? X will close his therapy

What is the expected timeframe for achievement of this goal? 2-4 months

5. Client's Personal Wellbeing Index (PWI)

Domain	Original score	Current score	Domain	Original score	Current score
Standard of living	3	5	Personal health	0	6
Achieving in life	4	7	Personal relationships	5	6
Personal safety	0	5	Community connectedness	0	4
Future security	2	5	Spirituality and religion (optional)	3	5
Life as a whole (optional)	0	5	Personal Wellbeing Index	21	55

Additional comments

x scores have improved slightly again over this reporting period and has increased to the highest level ever. He has reduced session frequency to fortnightly and is becoming future focussed.

Provider that completed PWI: x

Date completed: x

Version of test administered:

Adult

School child

Intellectual disability

6. Planned services and the providers who will deliver these services

Please indicate which and how many of each support service item each provider will deliver that has not already been requested and used. Please refer to the Operational Guidelines for more information.

ACC requires this information to approve services.

Service name	Provider name	Provider discipline	Hours requested
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Support to wellbeing	x	Psychologist	
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Please indicate any ISSC service you cannot provide and will need from other suppliers: N/A

Please indicate any other ACC services you cannot provide and will need from other suppliers: N/A

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 requires travel reimbursement

Please provide your rationale for any support services that have been requested: N/A

In relation to treatment and/or additional services are there any cultural or spiritual needs requiring consideration?
N/A

7. New issues

Please list any new issues or concerns that have arisen since the last report: N/A

8. Other information

Current date client is expected to complete therapy: x

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

Date of next check in: x	Type of check in:	<input checked="" type="checkbox"/> Case conference	<input type="checkbox"/> Progress report
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Please list other providers or suppliers responsible for completing this form: N/A

Please provide any other information that you consider relevant. Please attach additional pages if required and expand this section as much as you need. N/A

9. 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): x	Date: x
Provider name: x	Provider: 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.