

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 or young person
<input checked="" type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
Contact details / Safe contact where appropriate: N/A		
Ethnicity: x		
Client's covered injuries: 296.31(F33.41) Major depressive disorder (moderate) with anxious distress, recurrent episodes 309.61 (F43.1) Posttraumatic stress disorder with dissociative features		
Please complete the following if the client is a child or young person N/A		
2. Supplier and provider details		
Supplier name: x		Lead provider name: x
Please indicate any providers, specialists, and agencies involved in the client's recovery and care		
Name:	Role(s):	Organisation:
x	x	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's mood has improved and she is reporting a reduction in the frequency intensity and duration of depressive symptoms i.e. she is sleeping better, is less moody, is more motivated, and feels better about herself and others. She has also experienced a significant reduction in intrusive symptoms and is enjoying her life more.		
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:		

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x lives with her partner and her partner's children, She has repaired relationships with all of her children and keeps in contact with them all.

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

If Yes, please list the agency or agencies involved:

See above

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:

No

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

This goal has already been achieved – x has a place for rehab on the x

Which goals have been added since the last check in? Access entry to rehab.

x has realised that her drinking affects her relationships and is getting in the way of her recovery

How will these goals be achieved? x and x with the support of x's AOD counsellor will access x residential rehab programme.

How will they be measured? x will gain entry to the x programme and plan to undertake the programme

Who will be involved in those goals? x Psychologist, x AOD counsellor, x and the x staff

What is the expected time frame for achieving each new goal? 3-6 weeks

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: Establish a strong therapeutic alliance

Is this goal tracking well or not? Yes

What achievements have been recorded for this goal? x is fully engaged in recovery. She attends sessions weekly and is working hard to realise her aims and goals.

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

Recovery goal: Access entry to rehab

Is this goal tracking well or not? Yes

What achievements have been recorded for this goal? x has a place for rehab and has remained sober and clean for 3 months

How close is this goal to being achieved? or how far off track is it? She goes to rehab on the x and is determined to be clean and sober so that she can accept her place and make the most of the experience

Review of goal: Not achieved Partly achieved Fully achieved

Recovery goal: Building resilience and self-capacities including affect tolerance, arousal reduction, mindfulness, relaxation, self-care, self-awareness in particular body, affect and emotion awareness

Is this goal tracking well or not? Yes

What achievements have been recorded for this goal? x has learned and begun to practice, breathing,

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mindfulness, STOP and TIPP skills.

How close is this goal to being achieved? or how far off track is it? This goal will require further learning, practice and generalisation across contexts

Review of goal: Not achieved Partly achieved Fully achieved

Recovery goal: Treatment of Depression

Is this goal tracking well or not? Yes

What achievements have been recorded for this goal? x reports a reduction in the frequency, duration and intensity of depressive symptoms and is enjoying her life and facing challenges.. She can recognise her NATs and UAs and is beginning the challenge these and her core beliefs.

How close is this goal to being achieved? or how far off track is it? She is over halfway to achieving this goal

Review of goal: Not achieved Partly achieved Fully achieved

Recovery goal: Reduction of avoidance including resorting to physical avoidance, dissociation and/or alcohol use to deal with symptoms

Is this goal tracking well or not? Yes

What achievements have been recorded for this goal? x is recognising her avoidance. She is aware of the maintaining function of avoidance and with support will challenge her avoidance and excuses.

How close is this goal to being achieved? or how far off track is it? x is about halfway to achieving this goal

Review of goal: Not achieved Partly achieved Fully achieved

Recovery goal: Treatment of dissociation using the work of Boon, Steele and van der Hart

Is this goal tracking well or not? We have not focussed on this goal to date. She is however beginning to recognise her dissociation

What achievements have been recorded for this goal? N/A

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

Review of goal: Not achieved Partly achieved Fully achieved

Recovery goal: Treatment of PTSD using integrated trauma focussed CBT

Is this goal tracking well or not? Yes

What achievements have been recorded for this goal? As abuse memories surface within therapy we process the memory to gain new insights and process the emotional component of the trauma.

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

Review of goal: Not achieved Partly achieved Fully achieved

Recovery goal: Review relapse prevention and closure

Is this goal tracking well or not?

What achievements have been recorded for this goal? N/A

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

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

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

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	score	score		score	score
Standard of living	4	5	Personal health	2	5
Achieving in life	5	5	Personal relationships	4	5
Personal safety	5	7	Community connectedness	5	5
Future security	6	8	Spirituality and religion (optional)	3	8
Life as a whole (optional)	5	5	Personal Wellbeing Index	43	60

Additional comments

X's sense of personal wellbeing has increased significantly from baseline, particularly her spirituality, her personal health including mental health and her sense of personal safety and hope.

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 Eg Psychotherapist	Hours requested
Support to wellbeing Psychological Treatment	x	Psychologist	48
Active Liaison Social work	x	Social worker	15
Cultural Advice	x	Cultural Advisor	10

Please indicate any ISSC service you cannot provide and will need from other suppliers:

Service	Suggested supplier (if known)
<input type="checkbox"/> Other – please list:	
<input type="checkbox"/> Other – please list:	

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

Service	Suggested supplier (if known)
<input type="checkbox"/> Other – please list:	
<input type="checkbox"/> Other – please list:	

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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:

None

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

See previous report

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

x is x and has spiritual needs covered through access to x

7. New issues

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

None

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: Case conference Check in report

Please list other providers or suppliers responsible for completing this form:

Provider: Shona x	Supplier: x
Provider:	Supplier:
Provider:	Supplier:

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):	Date: x
Provider name: x	Provider x
Supplier name: x	Supplier ID: x

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 fulfill the requirements of the Accident Compensation Act 2001.