

Client Wellbeing Plan



Complete this form if you are planning a client's recovery from a covered mental injury and either:

- The client has not previously had a Wellbeing Plan for that injury (e.g. because the client's claim for the injury as recently approved); or
- the client is returning for treatment in respect of an existing covered claim, but requires a new Wellbeing Plan.

Changes to current Wellbeing Plans should be made by documenting the changes in the Client's Progress Report, rather than creating a new Wellbeing Plan using this form.

Please return the completed 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"/> Non-binary	
Preferred pronouns and/or other information	
Contact details / Safe contact where appropriate: x	
Oranga Tamariki status, if applicable: N/A	
Ethnicity: x	
Client's covered injuries: Depression, Anxiety, PTSD, Borderline Personality Disorder Traits	
Please complete the following if the client is a child or young person N/A	
2. Supplier and provider details	
Supplier name: South Coast Psychology Ltd	Supplier ID: G09884
Lead provider name: x	Lead provider ID: x
3. Client's current situation	
<p>Please briefly describe the client's current situation. The intent is to capture any changes since the client's most recent assessment or report. For each section, if there have been no changes since the most recent report or full assessment, you can simply state "refer to (name of report) dated (give date)"; or "refer to Supported Assessment dated (give date)" as appropriate.</p>	
<p>Please describe changes to the client's presentation since previous reporting. This can include comments on the client's medication and overall health, as well as their current emotional, behavioural and social functioning:</p> <p>x is not fit and has not been running for 8 months, an activity she used as a self challenge and found useful for her mental health. X is prescribed sertraline and quetiapine by her GP. She is currently picking her skin and pimples, and feels like she zones out and can't stop. As a result, her skin is severely pock marked x has not been at work all week this week, she feels flat and is always tired. She is getting flashbacks to the sexual abuse she experienced as a child. She has not made new friends since her best friend moved to x. She finds she is unsocial, unmotivated and very flat currently.</p>	

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Please describe changes to the client's living situation since previous reporting. This can include the client's current family or whānau 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 no longer in a relationship and is living at home with x. She has changed her job to working as a x. She enjoys the x at her work, but realises that her work does not present her with any challenge, which she needs in her life.

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:

Despite significant suicidal ideation, x assures me there are no risk concerns currently

If a risk of harm to self or others, or risk from others has been identified, please explain how these will be managed.

Safety will be monitored throughout therapy

Please indicate any providers, specialists, and agencies involved in the client's recovery and care

Name:	Role/s:	Organisation:
x	GP	x Medical Centre

4. Client's Personal Wellbeing Index (PWI)

Domain	Initial measure	Current measure
Date administered:	x	
Life as a whole (optional)	N/A	
1. Standard of living	10	
2. Personal health	3	
3. Achieving in life	2	
4. Personal relationships	7	
5. Personal safety	7	
6. Community connectedness	1	
7. Future security	1	
8. Spirituality and religion (optional)	8	
Personal Wellbeing Index <i>Fields automatically calculate PWI. Put cursor in field and press F9 to update</i>	48.75	0.00
Version of test administered:	<input checked="" type="checkbox"/> Adult	<input type="checkbox"/> School child
		<input type="checkbox"/> Intellectual disability

Additional comments

X is content living with her x and having her own room that she had as a child. She is ambivalent about her x

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reliance on her however it gives her a sense of family and purpose. X is not fit or healthy and her mental health is poor. Despite being happy with her situation she sees a lot of failure in her life. She has little hope for change in her future, and has withdrawn socially

5. World Health Organisation Disability Assessment Schedule 2.0

Results of the World Health Organisation Disability Schedule 2.0 (WHODAS 2.0). If the client's rating score was done more than 3 months ago, please complete a new rating. Please do not use this measure if the client is under 18 years of age.

Please do not complete this part of the ACC6423 if the WHODAS 2.0 report is for completion of Support to Wellbeing (Short term).

Domain	Score	Domain	Score
Understanding and communicating:	2	Getting around:	1.4
Self-care:	1.5	Getting along with people:	1.6
Life activities – household:	1.8	Life activities – school or work:	0.5
Participation in society:	3.6	Total disability score:	49.3%

Qualitative data: X is acutely disabled by her mental health problems currently. She has withdrawn socially, finds it difficult to communicate with others, and has trouble maintaining her household responsibilities. Work is the only thing that keeps her going and she finds it boring and unsatisfying.

Provider that completed WHODAS 2.0: x

Date completed: x

6. Treatment goals overview

What are the broad, overall goals for the client's treatment with regards to the covered mental injury?

To treat excoriation

To heal the relational aspects of trauma

To restabilise coping

To further process emotional triggers

How will you and the client determine that each goal has been achieved and ACC-funded treatment for the covered mental injury is no longer required?

X will no longer be picking. She will have healed the relational trauma she is carrying. She will be back coping again using skills learned. She will have desensitised her posttraumatic intrusive material

7. Recovery goals and treatment plan

Please complete the information below for each recovery goal you have agreed with the client. The 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 refer to as many goals as you have agreed with the client.

Recovery goal: To treat dermatillomania and trichotillomania

Why has this goal been selected? X uses skin picking, pimple picking and hair pulling to release tension when she is stressed and experiencing overwhelming emotions, or boredom. These behaviours have become problematic and bring her into a state of dissociation

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How will this goal be achieved? CBT therapy - Habit Reversal Training will be used to help x become more consciously aware of situations and events that trigger skin-picking episodes. She will then be taught alternative behaviours in response to these situations and events.

Exposure and Response Prevention (ERP) will then be used by **Exposure** - exposing x to the thoughts, images, objects and situations that make her anxious and/or start her skin picking, hair pulling or pimple picking. And **Response Prevention** supporting x to make a choice not to do a compulsive behaviour once the anxiety or obsessions have been "triggered."

Which practitioners will be involved in achieving this goal? x

How will progress towards this goal be measured? X will have a reduction in the frequency, duration and intensity of skin picking episodes by choice.

What is the expected timeframe for achievement of this goal? 16-20 sessions of CBT

Recovery goal: To heal the relational aspects of trauma through equine therapy

Why has this goal been selected? X has difficulties in relationships.

How will this goal be achieved? Through equine therapy x will explore her relational patterns and learn skills to relate more purposefully and in a more satisfying way.

Which practitioners will be involved in achieving this goal? x

How will progress towards this goal be measured? X will begin having better more satisfying relationships

What is the expected timeframe for achievement of this goal? 12 months alongside other goals

Recovery goal: To restabilise coping

Why has this goal been selected? X has currently destabilised

How will this goal be achieved? X will review the skills learned in therapy to date and begin applying these again to restabilise and reinstate coping.

Which practitioners will be involved in achieving this goal? x

How will progress towards this goal be measured? X will report positive coping

What is the expected timeframe for achievement of this goal? 12 months alongside other goals

Recovery goal: To further process emotional triggers

Why has this goal been selected? X is experiencing retriggering of traumatic memories which require further desensitisation

How will this goal be achieved? X will engage with an EMDR specialist to desensitise trauma memories

Which practitioners will be involved in achieving this goal? x

How will progress towards this goal be measured? X will have desensitised and no longer be bothered by trauma memories

What is the expected timeframe for achievement of this goal? 20 sessions

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

For each service you are requesting that will be delivered by a provider working under the Lead Provider's Supplier, please outline in the following table who will deliver each service and the likely number of hours required for each.

ACC requires this information to make a decision on the service(s) requested.

Service	Provider	Provider discipline Eg Psychotherapist	Hours requested

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Support to wellbeing including equine therapy	x	Psychologist	27
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Please indicate any ISSC or other ACC services you or your Supplier cannot provide and will need from other suppliers:

Service	Suggested supplier (if known)
Adjunct EMDR therapy – x	x

Please demonstrate how the requested services will meet Recovery goals and include your rationale for any services that have been requested (please refer to ISSC Operational Guidelines for a list of available ISSC Support Services, including services addressing cultural and spiritual needs):

Please see goals above

Adjunct EMDR – All local EMDR providers are full and have closed their waitlists. x has agreed to travel to Invercargill to undertake EMDR with clients. He will see at least 3 clients per trip.

Please outline any current practical barriers to the client accessing services. This can include, but is not limited to, difficulties such as problems with transport or provider availability:

X will require travel reimbursement to come out to x for Equine Therapy.

10. Recovery check-ins

Please specify proposed dates of check-ins:

Case conference	Progress report
(6 months after the start date of this plan)	(9 months after the start date of this plan)
Proposed date: x	Proposed date: x

11. Other information

Please indicate the date of the last face-to-face meeting with the client that informed this report: x

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

12. Provider declaration

I have informed the client/guardian/s that the information collected for this report will be sent to ACC [and will be used to inform decision making about treatment and rehabilitation needs] and I have obtained the client's/guardian/s authority for this.

I confirm that the information contained in this report is accurate and that I have followed the standards as set out in the ISSC Operational Guidelines.

Signature (provider):	Date: x
Provider name: x	Provider ID: x

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When we collect, use and store information, we comply with the Privacy Act 2020 and the Health Information Privacy Code 2020. 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.