

Client Wellbeing Plan



Complete this form if you're a provider and you're planning a client's recovery from a covered mental injury under the Integrated Services for Sensitive Claims.

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: PTSD		
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		Lead provider name: x
Please indicate any providers, specialists, and agencies involved in the client's recovery and care		
Name:	Role/s:	Organisation:
x	Psychiatrist	x Mental Health Team
x	Support Worker	x Health and Social Services
x	Social Worker	ISSC social worker
x	Maternal Mental Health Nurse/Key worker	x
x	GP	x Medical Centre
x	Gynaecological Specialist	x Hospital
x	Sponsor	NA/AA
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 has her medications managed effectively with oversight from xDHB psychiatrist x. She still experiences severe menstrual pain but is beginning to manage this more effectively also. x is attending the x ACT skills for Depression and Anxiety and is actively learning and using emotional management skills and learning about		

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herself and her patterns of relating with others. She is beginning to generalise her skills learned in therapy and group into her everyday life with the help of her ISSC social worker.

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 currently lives on her own in rental accommodation with her son x, who is 14 months old. She at times struggles with parenting due to having unrealistically high expectation of herself at times. x is a contented and happy child demonstrating her positive parenting skills. When stressed x experiences overwhelming emotions but the work she is doing in therapy and within the group is helping her with concrete skills to manage both difficult and everyday situations.

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:

x is at low risk of suicide due to having the care of her son. Despite high levels of emotional overwhelm and suicidality x is adamant that she would not suicide as she needs to be there for her son.

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.

Mental health services are involved with x and are aware that referrals will be made for any crisis intervention and follow up.

4. Client's Personal Wellbeing Index (PWI)					
Domain	Original score	Current score	Domain	Original score	Current score
Standard of living	3	4	Personal health	2	4
Achieving in life	4	5	Personal relationships	7	6
Personal safety	9	9	Community connectedness	7	7
Future security	8	8	Spirituality and religion (optional)	9	9
Life as a whole (optional)	5	6	Personal Wellbeing Index	61	63

Additional comments

x PWI score has increased despite some very difficult psychosocial stressors currently in relation to her baby's paternal whanau and their ongoing addictive behaviours. The skills she is learning are assisting her in maintaining her integrity in relationships at all levels. She has also been able to become more accepting of her parents, even if she doesn't like some of their behavioural patterns.

Provider that completed PWI: x	Date completed: x
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Version of test administered:	<input type="checkbox"/> Adult	<input type="checkbox"/> School child	<input type="checkbox"/> Intellectual disability
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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:	0.8	Getting around:	1
Self-care:	1.7	Getting along with people:	2.4
Life activities – household:	1	Life activities – school or work:	1
Participation in society:	1.8	Total disability score:	(40.97%)

Qualitative data: x previous total disability score was 52. Her current score suggests improvement in her self report of disablement currently. Areas that still require work are her relative difficulty with interpersonal relations, participating fully in society and in self-care.

Provider that completed WHODAS 2.0: x	Date completed: x
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6. Treatment goals overview

What are the broad, overall goals for the client's treatment with regards to the covered mental injury?
 x needs to practice, consolidate and generalise her skills she will apply the skills learned in therapy and the therapy skills group to her everyday life
 x needs to develop personal support systems that are mutually beneficial and satisfying to sustain her outside of therapy
 How long do you think treatment will be needed for?
 6-12 months

7. Recovery goals and treatment plan

What will the client be able to do differently if the treatment has been successful?
 x will consistently apply the skills learned in therapy to her everyday life in order to live her life aligned with her aspirations and values.
 She will have a strong support system outside of therapy that she can rely on for support and that supports and sustains her.

Please complete the information in the following table for each recovery goal you have decided on 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 use as many goals as you consider necessary.

Recovery goal: x needs to practice, consolidate and generalise her skills she will apply the skills learned in therapy and the therapy skills group to her everyday life
 Why has this goal been selected? x is on task to transition out of therapy it is important that she has consolidated her skills and that they have generalised outside of therapy before she finishes
 How will this goal be achieved? x will engage in therapy and her ACT skills group to learn and practice skills

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in-imagino. She will engage with a social worker to apply the skills learned in her everyday life

Which practitioners will be involved in achieving this goal? x psychologist and x social worker

How will progress towards this goal be measured? x will consistently report situations where she has used her skills in her everyday life

What is the expected timeframe for achievement of this goal? 6-8 months

Recovery goal: x needs to develop personal support systems that are mutually beneficial and satisfying to sustain her outside of therapy

Why has this goal been selected? In order for x to transition effectively out of therapy she requires a mutually supportive personal support system

How will this goal be achieved? x will learn about interpersonal effectiveness within her therapy and ACT skills group, reflect on her relationships with others and apply these skills to situations in-imagino in her therapy sessions. Alongside her therapy she will engage with a social worker to develop friendships and activities where she can use these skills to develop personal support systems that are mutually beneficial and satisfying.

Which practitioners will be involved in achieving this goal? x psychologist and x social worker

How will progress towards this goal be measured? x will report a robust support system that sustains her.

What is the expected timeframe for achievement of this goal? 6-8 months

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 timeframe for achievement of this goal?

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 timeframe for achievement of this goal?

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 timeframe for achievement of this goal?

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
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		Eg Psychotherapist		
Support to wellbeing	x	Psychologist	South Coast Psychology	24
Social work services	x	Social worker	South Coast Psychology	20 - the social worker will require travel
Reporting	x	Psychologist	South Coast Psychology	4– progress reporting and conference calls

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

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:	

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:

The provision of social work services in to generalise the transfer of training across contexts and to develop the necessary post therapy supports in x everyday life. This will free up therapy hours, is more cost effective and is more effective as it is happening outside of therapy in real-life situations.

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

Although x is x she has the support of cultural advisors outside of treatment

9. Milestones

This section outlines specific goals that when achieved will require a new set of treatment goals or any change in the client's circumstances that will require a new set of treatment goals.

Recovery plan and milestones:

x will continue to engage in therapy to consolidate practice and learn interpersonal and self-management skills. She will also engage with a social worker who will assist her to transfer these skills to her day-to-day life.

Next check in date: x	Type of check in:		
This date should align to the achievement of the milestone	<input checked="" type="checkbox"/> Case conference	<input type="checkbox"/> Progress report	<input type="checkbox"/> Completion Report

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indicated above.			
Reason for date if not a milestone: The date is appropriate to relaying progress in these goals			

10. Wellbeing Plan update

Please complete the following section if the client's Wellbeing Plan requires updating or changing. Please indicate which treatment goals are new.

Please indicate the date of the last Case Conference or Progress Report: x

Please briefly describe the changes made to the plan since the last report or catch up:
x has begun her therapy group and despite initial increases in anxiety, she is enjoying learning skills in a group therapy forum. x has begun using the support of the social worker to assist her in approach anxiety provoking situations and reduce her avoidance. She has extensively reviewed her wellbeing plan for this current report.

11. Other information

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

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

Provider: x	Supplier: x
Provider: x	Supplier: 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 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.