

ACC8541 Wellbeing Plan



He Kaupare. He Manaaki.
He Whakaora.
prevention. care. recovery.

This report should be completed by the Lead Service Provider in collaboration with the kiritaki (client) when planning their recovery from a covered mental injury and either:

- the kiritaki has not previously had a Wellbeing Plan for their injuries, eg because their claim for the injuries was recently approved; or
- the kiritaki is returning for treatment of injuries on an existing covered claim but requires a new Wellbeing Plan.

Please refer to the Sensitive Claims Service operational guidelines and report guidelines available on our website: www.acc.co.nz/resources. Return the completed report to sensitiveclaimsreports@acc.co.nz

1. Kiritaki details

Kiritaki name: X

Date of birth: X

Claim number: X

Contact details/safe contact where appropriate: x - - all communication through lead provider please; no mail please

2. Current situation and impacts

The purpose of this section is to provide an understanding of the current situation and clinical presentation of the kiritaki, placing their treatment into the context of their current circumstances. The injury and non-injury situation for the kiritaki can cause psychological, emotional, and behavioural changes – which is important to understand.

Focus on the changes that have occurred since the previous report was written. If there have been no changes, note N/A.

- a. Please describe any changes to the presentation of the kiritaki. This should include a description of changes in the intensity or frequency of the mental injury symptoms. Please provide a description of the current emotional, behavioural, and social functioning of the kiritaki, any vulnerability factors, eg socio-economic factors, disability, mental health factors, and any changes to their medication and overall health and wellbeing.

Over this reporting period, X has experienced and is still experiencing an increase in the intensity of PTS symptoms (i.e. repeated, disturbing, and unwanted memories of the stressful experience, repeated, disturbing dreams of the stressful experience, suddenly feeling and acting as if the stressful experience were actually happening again (back there reliving it), feeling very upset when something reminds her of the stressful experience, having strong physical reactions with reminders (heart pounding, trouble breathing, sweating), avoiding and trying to block out memories, thoughts, or feelings related to the stressful experience, avoiding external reminders of the stressful experience (anything to do with heights, e.g. bridges, planes, driving, people, places, conversations, activities, objects, or situations reminiscent of being “out of control”). These symptoms are linked to physical pain from a shoulder injury, triggering due a bullying boss in her workplace, triggering due to overwhelm in experiencing a mountainous cable car ride, and triggering due to being around her whanau members and reminders of the abuse experiences whilst attending Tangi for various whanau members. With adjunct EMDR, integrated trauma focused therapy, psychoeducation and future planning, X’s mental health is beginning to settle and she is looking forward to being gradually supported back into the workforce. Her sense of self is still fragile however and reminders of the abuse can still “tip her over”, increasing the frequency, intensity and duration of PTS symptoms until she dissociates and “numbs out”. X refuses to take medication but is using psychological techniques to support recovery.

- b. Please describe any changes to the life situation of the kiritaki since the previous report. Please include information on psychosocial stressors and any impact on their engagement or progress in treatment, eg worsening chronic illness, bereavement, other loss, or any developing strengths or protective factors. For children and young people, describe any changes of school, caregiver, and significant routine change.

ACC8541 Wellbeing Plan

X remains living with her partner and 2 cats in a rented home. She still has the responsibility of her father's welfare guardian and warden of his estate, with the challenges of a family who have untreated addiction and mental health problems.

Have there been any developments of risk to the kiritaki from themselves or others, or from the kiritaki to others since the previous report?

Yes

No

If risk is identified, please describe the risk, any duty of care actions taken and how the risk will be managed:

No risk identified currently. X and her partner are aware of the mental health crisis team number and the numbers of after-hours support services. X is able to seek help from these sources if required and will do so if she has a sudden deterioration in mental health. She may seek my guidance and support to do so.

c. Have there been any changes that impact on the kiritaki accessing services since the previous report? Include changes that have impacted identified barriers and any additional access barriers the kiritaki is experiencing.

If yes, please describe: No

Please list any changes to non-ACC supports involved in the recovery and care of the kiritaki. eg General Practitioner, Mental Health and Addiction Services, Oranga Tamariki.

Name:

Role/function:

Community organisation:

Dr x

GP

X Medical services

3. Treatment

a. Tailored treatment needs

Please describe what treatment is needed to address the symptoms and functional difficulties of the kiritaki. Include the following information:

- What symptoms are impacting the functioning and quality of life of the kiritaki.
- The supports needed to address the symptoms and improve the functioning and quality of life of the kiritaki, eg GP input for medication, community group engagement, alternative housing.
- Include the cultural and spiritual needs identified in the Early Supports Plan and describe how these needs will be met within the treatment plan.

X reports increases in the intensity of PTS symptoms (i.e. repeated, disturbing, and unwanted memories of the stressful experience, repeated, disturbing dreams of the stressful experience, suddenly feeling and acting as if the stressful experience were actually happening again (back there reliving it), feeling very upset when something reminds her of the stressful experience, having strong physical reactions with reminders (heart pounding, trouble breathing, sweating), avoiding and trying to block out memories, thoughts, or feelings related to the stressful experience, avoiding external reminders of the stressful experience (anything to do with heights, e.g. bridges, planes, driving, people, places, conversations, activities, objects, or situations reminiscent of being "out of control"). She is also so stressed that she is either not eating or comfort eating, and hold stress in the muscles of her body impeding healing from both her mental and physical injuries. Both therapeutic and community supports are required to support X to improve functioning and quality of life.

The supports will be the lead provider undertaking ITFT to treat PTSD and intensive DBT to support emotion regulation, distress tolerance, mindfulness, and interpersonal effectiveness, an EMDR specialist to process treatment resistant hot spots, a dietician and physio to support healthy eating, and moving bodily held somatic symptoms through the body to support her mental health. A social worker for in-vivo coaching of the skills learned in ITFT and EMDR to day to day experiences, online trauma focused therapy to instil continuous yoga practice to soothe and calm in day to day life, a mindfulness retreat to support mindfulness, engender self-care practices, and develop healthy mutually supportive relationships, a DBT intensive skills group to reinforce DBT intensive therapy integration, and an OT for in work support and a work readiness programme.

ACC8541 Wellbeing Plan

b. Broad treatment outcomes:

Broad treatment outcomes will identify what the kiritaki would like to be able to do differently or better at the completion of successful mental injury support and treatment. How will the kiritaki know this has been achieved?

- X would like enough resilience to withstand triggering permanently
- X would like to have a reduction and effective management of PTS and dissociative symptoms
- X would like to be supported in gaining work, to a level where she can be free of ACC
- X would like to be able to work without becoming triggered and overwhelmed

c. What other non-ACC supports in the community will be involved in the treatment pathway for the kiritaki? What role will they take? eg Community Mental Health service key worker carrying out home visits every two weeks.

Name:	Role/function:	Community organisation:
Dr x	Review medication when required	x Medical Services
x	Rongoa Māori	X

4. Treatment barriers

Treatment barriers can reduce the likelihood of achieving outcomes and improving recovery. These barriers can exist in access, delivery and care of the kiritaki.

Where comorbidities are complex, referrals to specialist teams or support in the community should be identified to improve the likelihood of achieving outcomes and improving recovery.

Please describe potential and actual barriers that exist and how you plan to address and manage these. Addressing treatment barriers can be completed prior to, or alongside, targeting the recovery goals, depending on the barrier. Examples of these include lifting depressed mood before trauma processing and addressing safety in the home before commencing trauma work.

Treatment barriers:	Plans to address treatment barriers:
Due to her difficulties managing symptoms dissociation, and social withdrawal (PTSD), X has lost key skills for working	Training in office administration, and computing X is engaged in an ACC work readiness programme to identify and support engagement in building readiness skills for work
X dissociates and then panics when driving on the open road	Adjunct EMDR and social work will have to become proficient in driving on the open road without panic
X require support in implement skills into her day to day life	Social work will be used to support X in hands on application of their skills learned in therapy

5. Recovery Goals

Please describe the recovery goals you have developed with the kiritaki.

The goals should be:

- ‘SMART’, that is, **S**pecific, **M**easurable, **A**ction-oriented, **R**ealistic, and **T**ime-bound
- meaningful to the kiritaki
- relevant to the recovery of the kiritaki
- building progress towards the broad end goal.

Avoid goals that can't be achieved within the duration of the requested package of Tailored Support to Wellbeing.

ACC8541 Wellbeing Plan

If further recovery goals are identified, copy and paste the recovery goal table below this section.	
Recovery goal 1	
Goal description	Rebuild and consolidate internal and external self-capacities and resources.
How will the outcomes of this goal improve kiritaki functioning? eg what will the kiritaki be able to do differently or better?	X will be able to live her life with more ease, using her skills to notice, regulate, engage with and respond effectively across all contexts in her life.
How will this goal be achieved? Specify the services needed and how they will be used to achieve the goal.	X will engage in ITFT with me to reinstate and consolidate her coping skills and she will engage with social work services to support her in applying these skills at work, in social activities (e.g. an intensive DBT group; volunteering with the support of an occupational therapist), and socially.
How will progress towards this goal be measured?	X will report effective management of triggering in all contexts. She will report a reduction in frequency, duration and intensity of triggering, dissociation and PTS symptoms. She will report having enough resilience to withstand triggering permanently.
Who will deliver the services to support this goal and what is the expected timeframe to achieve this goal?	Diane Gillespie – Psychologist (NSP PAG505) X – Social Worker (SP# X) 3 hrs SW B for Psychologist and 10 hrs Social Work over 5 weeks DBT skills group (Group work facilitators (X #X & X # X) year long.
Recovery goal 2	
Goal description	Treat PTSD with dissociation through EMDR alongside ITFT.
How will the outcomes of this goal improve kiritaki functioning? eg what will the kiritaki be able to do differently or better?	X will no longer be debilitated by PTS and dissociative symptoms. She will live her life mostly free of the impact of PTSD with dissociation, and quickly and effectively resolve any residue, so that it no longer significantly impacts her day-to-day life and thus will no longer meet diagnostic criteria for PTSD with dissociation.
How will this goal be achieved? Specify the services needed and how they will be used to achieve the goal.	X will engage in ITFT with me using narrative, CBT and DBT approaches to resolve PTSD. She will also engage in adjunct EMDR with X to further process memory hotspots that have been resistant to ITFT.
How will progress towards this goal be measured?	X will report a reduction in the frequency, intensity and duration of PTSD with dissociation symptoms. She will report quick effective management of any residue symptoms.
Who will deliver the services to support this goal and what is the expected timeframe to achieve this goal?	X – EMDR Specialist (NSP# X) Diane Gillespie – Lead Provider/Psychologist (NSP #PAG505) X – X Physiotherapist to move traumatic holding (SP# X) X - SW In-vivo support to apply skills in day to day life (SP #X)
Recovery goal 3	
Goal description	Develop skills to return to the workforce
How will the outcomes of this goal improve kiritaki functioning? eg what will the kiritaki be able to do differently or better?	X will have the skills necessary to engage in work that is comparable to her pre-cover functioning. She will be working and managing any challenges or triggering in the work environment and at home

ACC8541 Wellbeing Plan

<p>How will this goal be achieved? Specify the services needed and how they will be used to achieve the goal.</p>	<ul style="list-style-type: none"> • X will engage in in-imagino work and EMDR future planning to support her to manage all PTSD symptoms related to work. • Work readiness programme to be designed by this team will be used to develop and integrate skills and knowledge needed for work and to assist in work trials if required by X. • Occupational therapy to support in-vivo practice of skills learned in therapy to manage feelings of panic and dissociation by engaging with X in activities i.e. Swimming, Gym, TI Yoga Driving, Shopping, Volunteer work, etc). • Dietician to support healthy food regimes and meal planning for work readiness. • Social worker to support X to understand workers' rights and pacing work so that she install mindful working rather than Boom or Bust.
<p>How will progress towards this goal be measured?</p>	<ul style="list-style-type: none"> • X will report a decrease in the frequency, duration and intensity of PTSD symptoms whilst engaging in work readiness. • She will be feeling ready to join the workforce. • She will be confident working with clear plans to follow should she be triggered or feel overwhelmed.
<p>Who will deliver the services to support this goal and what is the expected timeframe to achieve this goal?</p>	<p>Work readiness programme arranged by ACC Diane Gillespie – Lead Provider/Psychologist (NSP #PAG505) X – EMDR Specialist (NSP# X) X – Occupational Therapist (SP# X) X – Dietician (SP# X) X – Social Worker (SP# X)</p>

6. Planned services and the providers who will deliver these

List the services required under Tailored Support to Wellbeing Package A or B to meet the recovery goals listed above.

Please list any requests for other ACC services to support the recovery of the kiritaki, eg rongoā Māori, or other social rehabilitation, eg childcare.

Service	Provider name/ ACC ID	Provider discipline	Supplier/ Supplier ID	Hours
Tailored Support to Wellbeing				
eg Tailored Support to Wellbeing	eg Jane Doe/ACC123	eg Psychotherapist	eg ABC/ACC234	eg 1 hour
Tailored Support to Wellbeing Lead Provider	Diane Gillespie PAG505	Psychologist	South Coast Psychology / G09884	20
Tailored support to wellbeing Adjunct EMDR	x	Psychiatrist	South Coast Psychology / G09884	10
Tailored support to wellbeing Social Work	x	Social Worker	South Coast Psychology / G09884	20
Tailored support to wellbeing Physiotherapy	x	Physiotherapist	South Coast Psychology / G09884	10

ACC8541 Wellbeing Plan

Tailored support to wellbeing Dietician	x	Dietician	South Coast Psychology / G09884	10
Tailored Support to Wellbeing Occupational Therapy	x	Occupational Therapist	South Coast Psychology / G09884	10

Total hours of Tailored Support to Wellbeing: 80

Group-based Therapy

Mindfulness Retreat	X	Retreat facilitators	South Coast Psychology / G09884	20 1 triage
DBT Intensive Group	X	DBT intensive facilitators	South Coast Psychology / G09884	104 1 triage
TIY Online Group	X	TIY facilitators	South Coast Psychology / G09884	21 1 triage

Expected start and end dates of Group-based Therapy:

- Mindfulness Retreat – x to x
- DBT Intensive Group – x to x
- TIY Online Group – x to x

Other ACC services

Work Readiness programme	X	Skills Coaches	Advantage South / X	ACC to determine

Total expected package duration of all services listed above: 18 months to 2 years

If other ACC services have been listed in the table above, please describe how these services will support the recovery of the kiritaki:

A work readiness programme will support X back into work in a sustainable way.

7. Other information

Please provide the date of the last face-to-face meeting with the kiritaki that informed this report	Date: X
Please provide the proposed Progress Report submission date	Date: X
Date of disengagement by the kiritaki (if applicable)	Date: X
Please provide any other information that you consider relevant to assist in the recovery of the kiritaki: N/A	
<input type="checkbox"/> I have attached other documents, eg clinical reports. List these: N/A	

ACC8541 Wellbeing Plan

8. Provider declaration		
<input checked="" type="checkbox"/>	I have informed the kiritaki/guardian/safe contact/whānau that the information collected for this report will be sent to ACC to support decisions on treatment and rehabilitation needs. I have kiritaki/guardian/whānau authority for this.	
<input checked="" type="checkbox"/>	I confirm that the information contained in this report is accurate and that I have followed the standards set out in the Sensitive Claims Service operational guidelines.	
Lead Service Provider name: Diane Gillespie		Provider ID: PAG505
Supplier name: South Coast Psychology	Supplier ID: G09884	Date: X

In the collection, use, disclosure, and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982.