For ongoing treatment to be approved, it must be clinically justified by satisfying the five principles of the [Clinical Framework for the Delivery of Health Services](https://www.tac.vic.gov.au/providers/working-with-tac-clients/clinical-resources/clinical-framework).

## Client details

*(The client has a current claim with the TAC and is seeking psychological treatment for their transport accident injuries.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Claim number |  | Date of accident |  | Date of birth |
| Xx/xxxxx |  | 15 / 7 / 17 |  | 10 / 7 / 74 |
| Client first name |  | Client last name |
| John |  | Smith |

## Referral

Who was the medical practitioner that referred this client to you?

|  |  |  |
| --- | --- | --- |
| Referrer’s name |  | Date of referral |
|  Dr x (Psychiatrist) |  | 15 / 6 / 19 |

|  |  |  |
| --- | --- | --- |
| Reason for referral |  |  |
| Client exhibiting trauma, anxiety and depressive symptoms post-MVA. |

## Current presenting problems

In order of priority, from most important to least important, list the problems that are currently preventing this client returning to valued roles in their family, social and productive work or related activities. For each problem give the key indicators, sign and symptoms associated with the problem.

|  |  |  |
| --- | --- | --- |
| Presenting problems  |  | Indicators, signs, symptoms |
| 1. |  Emotional Lability |  | Cries easily, rapid changes of state to anger/rage, detached unreal feelings, reduced frustration tolerance |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. |  Visual and somatic intrusions |  | Flashbacks to MVA and other life events, dreams/nightmares thematic of MVA and loss of control. Shame and guilt regarding being portrayed as reckless. |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. | Avoidance |  | Doesn’t drive car unless essential, avoids people and places that were previously frequented. |

|  |  |  |  |
| --- | --- | --- | --- |
| 4. | Cognitive “fallout” |  | Can’t remember things, can’t concentrate readily or as before (eg, when reading), tires easily |

|  |  |  |  |
| --- | --- | --- | --- |
| 5. | Loss of confidence/self esteem |  | Worried if he can ever do his job again, hard to think of alternatives and envisage confident competent engagement, confused about his emotional vulnerability. |

## Current and past diagnoses *(in accordance with DSM 5)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Diagnoses |  | Date of diagnosis |  | Are diagnostic criteria currently met? |  | Related to transport accident? |
| 1. |  Post Traumatic Stress Disorder |  | 1 / 7 / 19 |  | Yes |  | Yes |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2. |  Major Depressive Disorder |  | 1 / 7 / 19 |  | Yes |  | Yes |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 3. |   |  |  / /  |  |   |  |   |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 4. |   |  |  / /  |  |   |  |   |

|  |  |
| --- | --- |
| Did you treat this client prior to the transport accident? | No |

## Pre accident status

List the person’s pre accident status, including highest level of education achieved, employment at the time of the transport accident, other significant previous employment, social status and living arrangements. List pre accident issues including medical conditions.

|  |  |
| --- | --- |
|  | Pre accident status |
| 1. Highest level of education | Year 12 |

|  |  |
| --- | --- |
| 2. Employment at the time of transport accident | Restaurant manager |

|  |  |
| --- | --- |
| 3. Other significant previous employment | Local Government management position  |

|  |  |
| --- | --- |
| 4. Social situation and living arrangements | Lives with his partner and three children (aged 10-17) |

|  |  |
| --- | --- |
| 5. Pre-existing issues  | Worker’s Compensation claim for back injury – 2006 (Resolved) |

 *(Medical, Cognitive, Behavioural, Emotional, Social)*

## Identify risk factors for recovery

List priority risk factors likely to be barriers to a return to valued social and occupational roles.
*Risk factors may be physical, mental, social, cultural, occupational, legal*

|  |
| --- |
| The client seems vulnerable to his incapacity and its likely limitations looking forward. He seems symptom focussed. Not very psychologically minded. |

## Progress review

*(To be completed if the client has had 3 or more sessions to date).*

|  |  |
| --- | --- |
| Date of first session with yourself: | 1 / 7 / 19 |

|  |  |
| --- | --- |
| Number of sessions completed to date: | 6  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Goals to date |  | Progress that has been achieved *(Functional gains)* |  | Outcome measure scores *(Please provide the name of measure and score. See* [*tac.vic.gov.au/outcomes*](https://www.tac.vic.gov.au/outcomes)*.)* |
| 1. | Psychoeducation regarding trauma and depressive symptoms  |  | Client is engaging in treatment sessions and has become less self-critical with understanding of the PTSD syndrome |  |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2.  | Development of emotional and somatic self regulation skills. |  | The client can use diaphragmatic and mindfulness based breathing techniques, isometric exercises, and focussing techniques. Eg, observation of immediate environment and body sensations. |  |  BDI 30; BAI 31; PCL 63 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3.  | Introduction to elements of CBT. Eg, A thought is not a fact, Feelings aren’t always a good indicator of injury or threat |  | The client is increasing his awareness of cognitive distortions through completing homework reflecting on everyday events. |  |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4. | Graded return to previously enjoyable activities. |  | The client has gone to the movies and shopping mall in previous fortnight. He has also returned to walking the dog. |  |   |

## Client empowerment to manage their condition

*(Refer to Principle 3 of the Clinical Framework)*

Please comment on the client’s use of self-management strategies derived from treatment sessions.

|  |
| --- |
| The client reports fluctuating but slightly and gradually improving tolerance for people and activities. The client has become less pathologising about his thoughts, feelings and physical symptoms, often referring to a better understanding of PTSD and depression. The client reports family members volunteering positive statements about his demeanour whereas this did not occur in the past. |

## Agreed future treatment plan

*(includes individual and group treatment)*

What practical goals have been agreed with the client? How will these goals be achieved, by what date, and using what
progress measures?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Practical goals *(Refer to Principle 4 of the Clinical Framework.)* |  | Interventions/strategies*(Refer to Principle 5 of the Clinical Framework)* |  | Expected functional gains/outcomes*(Refer to Principle 1 of the Clinical Framework)* |  | Outcome measures *(e.g. DASS, PCL, PSEQ. See* [*tac.vic.gov.au/outcomes*](https://www.tac.vic.gov.au/outcomes)*. Refer to Principle 1 of the Clinical Framework.)* |  | Estimated date of achievement or review |
| 1. | Desensitize client to compartmentalized visual, somatic, emotional and cognitive intrusions related to the MVA and aftermath. |  | EMDR |  | Less intrusions and increased functioning in areas of driving, social outings, less reactionary behaviour, increased contemplation of RTW |  | PCL |  | 1 / 4 / 20 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2. | Integration of the trauma memory components into a cohesive narrative that places the event in conventional archiving memory rather than trauma memory centre |  | Trauma focussed CBT |  | Will be able to recount narrative with markedly less distress |  | BAI |  | 1 / 4 / 20 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3. | Reduce the obsessional components of depression and increase activity |  | CBT and activity scheduling |  | Increased exercise, increased activity (ADLs and recreation), increased engagement with family |  | BDI |  | 1 / 4 / 20 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4. |   |  |   |  |   |  |   |  |  / /  |

## Group treatment request

If the treatment plan includes group treatment for this client, please complete this section.
*(The goals of group treatment should be outlined with the agreed future treatment plan above).*

Please provide an outline of the group program. *(This may be an attachment if preferred.)*

|  |
| --- |
|   |

## Treatment requested for approval

|  |  |
| --- | --- |
| Duration of this plan: | 6 months  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total hours of individual mental health treatment: |  | Commencement date of requested services |  | Completion date of requested services |
| 13 |  | 15 / 10 / 19 |  | 15 / 4 / 20 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total hours of group mental health treatment: |  | Commencement date of requested services |  | Completion date of requested services |
| 0 |  |  / /  |  |  / /  |

## Client’s natural supports

Please describe intervention to engage and strengthen client’s natural supports *(e.g. family and community relationships)*

|  |
| --- |
| The client has been encouraged to reengage with the family using rudimentary communication skills of attending and reflective listening. He has also been encouraged to increase involvement in ADLs and to re-establish at least minimal social contact with preferred friends/relatives/work mates. |

## Expected transition to self-management

*In accordance with Principle 3 of the Clinical Framework, treatment must focus on empowering the client to manage their injury.*

Please outline the plan for reduction in treatment frequency and transition to self-management

|  |
| --- |
|  The client has been alerted to treatment intensity and duration will be related to a plan referenced to various goals of return to work (of some sort – original or other), increased engagement in recreational, social and personal development activities. Given the client’s current engagement and uptake of treatment initiated activities, it is anticipated that the move to self management will occur within 6 to 12 months.  |

|  |  |
| --- | --- |
| Date of expected discharge of client to self-management:  | 15 / 10 / 20 |

## Multidisciplinary coordination and medications

*(Refer to Principle 2 of the Clinical Framework)*

|  |  |
| --- | --- |
| Have you liaised with others in relation to multidisciplinary coordination and medications? | Yes |

List other providers of treatment to this person, including professional and other carers and their interventions including psychotropic medication prescribed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other provider/treatments*Names* |  | Current interventions/medications*Eg, Physiotherapy, drug name* |  | Date of your last contact with provider |
| 1. | Psychiatrist |  | Seroquel 100mg & Sertraline 50mg |  | 15 / 9 / 19 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2.  | GP |  | Reviews |  | 15 / 9 / 19 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3.  |   |  |   |  |  / /  |

## Vocational needs

What are your client’s vocational goals? How are you supporting your client to achieve these goals?

|  |
| --- |
| The client has indicated a preference to return to a less stressful job, rather than a management position. He is considering various options for self employment. The client has a skill set based on project management and procurement. He is motivated to RTW and may benefit from some vocational assistance, possibly midway through the treatment period. |

## Other comments and issues

Please note any other issues and needs for this person. This may include occupational, physical or social/family needs beyond those already expressed within this document.

|  |
| --- |
| The client occasionally has setbacks when he experiences other people driving recklessly or too close to his car. At these times he experiences and increase in anxiety and short periods of withdrawal/avoidance. We have discussed preparation for any outing as part of a necessary skillset to engage in life more fully. |

## Acknowledgement

This plan should be agreed to by the psychologist and the client to whom they are providing treatment.

I have discussed this treatment plan with my patient and I agree to discuss this plan with members of the TAC clinical panel as required. I understand that I can only bill the TAC for treatment that is directly related to my patient’s transport accident.

|  |  |
| --- | --- |
| Yes, |  I agree |

## Provider details

|  |  |  |
| --- | --- | --- |
| Provider name, address and phone number Use practice stamp where possible |  | Two signature options:1. Insert an image (jpg/png) of your signature in the field below and submit by email.
2. Print the form, sign by hand, scan and submit by email
 |
|  |  | Qualifications |
|  |   |
|  | Registration number |
|  |   |
|  | Days/hours available |  | Date |
|  |   |  |  / /  |
|  | Signature |  |  |
|  |  |

## Your privacy

The TAC will retain the information provided and may use or disclose it to make further enquiries to assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information.
Without this information, the TAC may be unable to determine entitlements or assess whether the treatment is reasonable and may not be able to approve further benefits and treatment. If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at [www.tac.vic.gov.au](http://www.tac.vic.gov.au)