

### This workshop is aimed at counsellors who are new to providing services to ACC for Sensitive Claims

It will cover: The Engagement forms, Early Planning reports and Wellbeing plans

#### ACC Report Writing Service Requirements

- Current templates are used from the ACC website
- ACC will not accept handwritten reports
- Reports sent in a timely manner
- Reports are written in plain English
- They are written so that non –clinical staff can understand them
- All fields are completed
- The information reflects the clients current situation and shows planning with the client
- Answers to questions are succinct
- The provider’s name is included and signed
- The date of the last client session is included
- Evidence is included to support clinical opinions
- All forms are completed in partnership with the client

#### Some Common Issues encountered in report writing for ACC

- **Counselling/Reporting versus Advocacy** in our writing
- **Not over promising the client** what ACC will cover (N.B. travel, Independence allowance needs a 10% stable and permanent disability, **tell the client to contact their ACC service coordinator about this directly.** (N.B. Often people can remember large lump sums given in the 1980s- this is not the case now)
- **Attitude to the offender-** Not including names but can mention relationship e.g. stepfather. Also remember many clients have also acted out sexually.
- **Any abuse effects people differently** depending upon personality, attachment history, resilience, the meaning the client forms from the abuse, schemas formed etc. so each report is unique. **Events are not always traumatic.**
- **What to include** .ACC want to know all of the issues impacting on the client and their wellbeing regardless of cause BUT the treatment offered can only focus on the covered mental injury i.e. Sexual abuse focus. They may not have mentioned this to Dr seen for prior diagnosis e.g. anxiety. Timing here , should the client deal with other issues first or have non ACC support initially i.e. housing

## ACC Report Writing Suggestions

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- **Preparing clients** for assessments – what to expect
- **Differentiating** between ACC providers such as Counsellors, Assessors/Psychologists and Corrections psychologists i.e. what people do for their support
- **Objectivity**- we were not there, we cannot attest to the accuracy of what the client is saying
- **ACC6300-Authority to collect medical and other records**- include as much information as possible regarding GPs, Mental health contact, Social Welfare/CYFS/Oranga Tamariki especially if the client has moved around. **No proof is required by ACC that the abuse occurred, this additional information is to establish when the mental injury began and what the nature of that injury is/was.**
- **Reports need to be submitted within 10 working days of the last appointment.**
- **Wellbeing Progress reports are due every 3 calendar months , these can be tele-conferenced and a new Wellbeing Plan is due every 12 months**
- **Apply for 2 hours Active Liaison on the Early Planning Report to allow liaison with the Assessor**
- **Don't start seeing the client until you have got a Purchase Order Number from ACC**

### FAQs about claims in general that might affect your report

- **ACC can provide cover on a sensitive claim where:**
  - 1) There has been an event of sexual abuse or assault(s), or 'certain criminal acts', as listed in sections of the Crimes Act 1961 and **Schedule 3 of the AC Act 2001, and where-**
  - 2) **There is a mental injury** and the sexual abuse / assault event(s) is a material or significant cause of that mental injury, **and**
  - 3) **The event occurred in New Zealand** or, if the event occurred outside of New Zealand, the Client was ordinarily resident in New Zealand when the event occurred or they or their parent was paying tax in NZ at the time
- **Clients do not need to ask their GP to lodge a claim.** People can directly contact a therapist in their region via **FindSupport** on the ACC website.
- There is **no time limit** on when a claim can be made (many cases of sexual abuse occurred in childhood)

- **ACC can offer support sessions for clients family and whanau** to help educate whanau about the effects of sexual violence, process what has happened, identify coping strategies
- **ACC will cover most physical injuries if they have been caused directly by sexual violence**
- **Explain process** of being voluntary at all stages, they can opt for a 8 therapy sessions without a formal assessment or continue on to have an Early Planning report, then Supported Assessment report by an assessor usually a psychologist, Wellbeing Plan where goals for treatment are set and this will be reviewed. For an Independent Allowance then they see a further Assessor. As counsellors we can accompany the client to these appointments.
- **Declined claims:** Claims are declined if the mental injuries are not considered to be directly related to the sexual violence OR if there is not enough information in the time frame indicated by the client to make a decision about whether the case meets the criteria OR the client opts for the short term support instead of progressing to the Supported Assessment. This can be reviewed if the client re-engages.

### What is a Mental Injury (from ACC website)

**Mental injury is a legal concept rather than a clinical concept and as such is defined by legislation.**

In the Accident Compensation Act 2001 a mental injury is defined as:

**“A clinically significant behavioural, cognitive or psychological dysfunction” (s27).**

- Within the Sensitive Claims Unit, for a client to receive cover and entitlements, the mental injury must be significantly linked to specific sexual offences described in the Crimes Act 1961. These are referred to as Schedule 3 events.
- Schedule 3 events do not include witnessing others being abused or behaviours that would be seen as part of appropriate parenting (e.g., bathing or toileting a young child), or developmentally normal behaviour.

- The full list of schedule 3 events can be accessed via the following website:

<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100693.html>

THE ACC FORMS

Engagement Form

Step 1 Create a Real Me identity

Step 2 Click on: my acc.co.nz

Step 3 Enter details of Real Me

Step 4 Enter client details + submit

Step 5 Click on option to download PDF (own hard copy)

Only basic information re abuse events when, how many times. If client willing about what happened, how often, clients age at the time (will need this for Early Planning report). MUST GET CLIENT NAME AND D.O.B HERE

ACC 6242 Early Planning: Client Confirmation

Granting ACC an extension?

ACC 6300 Authority to Collect Medical and other records

**NB NEED TO ADD INFORMATION ABOUT MOST RECENT GP, DHBS, MENTAL HEALTH SERVICES ETC AS NOT ON THE FORM**

WRITING THE REPORTS

- Writing in the 3rd person to avoid advocacy or unintentional merging with the client. The story of the client is told by an outside observer. Use words like: HE, SHE, HIS, HER, THEY, THEIR.

Some Useful Phrases

- Client suggests that.....
- Client observes that.....
- Client reflects that.....
- Client comments that.....
- Client reports that.....
- Client states that.....
- These symptoms seem consistent with .....

- The ability of the client has been compromised by .....
- The client's behaviour has been heavily influenced by anti –social peers etc.
- The client has diminished personal resources exacerbated by reliance on alcohol
- The client is currently in a stable environment within their stress tolerance levels
- The client reports that they have experienced inconsistent as well as abusive and neglectful relationships with family members throughout their lives.

### ACC 6426 Early Planning Report

- **Describe abuse events information more detail**
- **Maybe use a time line to gather information regarding chronology**
- **Personal Wellbeing Index (PWI)- count all domains**
- **We have to find the Assessor and find out when they can start assessment and if they are happy to start without the medical notes**

$\text{Score} \times \% = \text{Index}$ 90
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### ACC Broad Overall Goals for the Clients Treatment – Wellbeing Reports

- To increase ego strength into a more positive outlook on life involving self-acceptance and an increase in social skills to promote more social interaction and a lessening of social isolation.
- To provide effective strategies to deal with PTSD, to assist in finding options for self- care other than dissociation using pornography or marijuana, to address the isolation and depression reported by the client and to assist the client to identify future life goals
- To assist the client to develop more prosocial skills of self –soothing rather than reliance upon drug and alcohol as well as developing self- awareness of the client's emotional needs in order to be proactive in their life to avoid at risk situations
- Increased awareness of triggers of aggressive behaviour so that alternative prosocial and assertive skills can be utilised by the client

- The client has developed self- regulations skills such that we can now address the emerging memories from a later sexual assault that has compounded and reinforced the self- harming behaviours that we have addressed so far.
- To gain more control of emotional regulation and stress tolerance skills, ameliorate the clients reported depression and anxiety, to continue to process his sexual abuse trauma PTSD symptoms and to reinforce chosen boundaries using more effective assertion skills.
- For the client to develop levels of self- acceptance and self- efficacy to enable them to function healthily in society

### Guidelines for writing goals



**Smart Goals =**

**Specific**

**Measurable**

**Attainable**

**Realistic**

**Time framed**

### Examples of Some Specific Goals Useful for Well Being Reports.

#### NB. YOU MUST USE THE ASSESSORS RECCOMENDATIONS FOR GOALS

- The ameliorate the intrusive memories of PTSD
- To assist the client to deal more effectively with the negative intrusive thoughts pertaining to her abuse
- To assist the client to transition from use of marijuana as pain relief to less harmful methods of pain relief.

- To assist the client to modulate the effects of depression and anxiety
- To contribute to the client's ability to reinforce chosen boundaries by using developed assertiveness skills
- To increase the client's stress tolerance skills
- To assist the client to gain more satisfactory emotional regulation
- To address the pain relief the client reports for his ongoing drug usage and finding possible alternative strategies for this.
- To address the depression and isolation reported by the client
- To assist the client to develop a vision for their future relationships/job seeking potentials/ connections to whanau and family
- To assist the client to be able to more readily draw on their inner resources
- To assist in resolution of anger towards the offender of their sexual abuse
- To assist in increasing the client's level of self-acceptance and being less self-critical especially in situations of stress
- To investigate the client's support system from family and whanau to assist the client to find suitable stable accommodation
- To assist the client to transition from the use of violence and intimidation to meet their needs to one of using assertion
- To assist the client to develop social skills to initiate and maintain conversations with others
- To enable the client to use self-moderating awareness/skills and strategies to address their fluctuating levels of depression

- To assist the client to acquire several methods of self- soothing skills when faced with situations that are frustrating or ones of perceived failure
- To assist the client to develop self- assertion skills so that she can more effectively negotiate the boundaries between herself and others
- Use of breathing techniques to assist in the greater stabilisation of sleep patterns
- The reduction of the intrusiveness of past traumatic memories
- Increasing the clients ability to name and communicate their inner states and sensations
- The client reports that he wants to feel 'normal'. He wants to not need anti-depression medication any more, to feel more connected to himself rather than feeling anxious or unworthy. He wishes to learn how to self soothe when he is in a new situation or one where he is feeling increasingly angry, and to feel that he does not need to seek perfection or be self- sacrificial in order to be worthy.

### Some Practicalities

- Need to use PWI scores and WHODAS scores no older than 3 months
- Use the ACC online calculator to give the overall score for the WHODAS
- Usual pattern is (1) Complete Wellbeing Plan, (2) Case Conference after 3 months (3) Progress report after 6 months (4) Case Conference after 9 months (5) New Wellbeing Plan
- ACC calculate on calendar months NOT number of client sessions so you might not have seen the client much.



**Useful concepts to consider in common areas of client difficulty (See handouts)**

**Stabilising the client**

- Connecting with inner resources
- Connecting to safe /calm place
- Relaxation technique, breathing exercises, stabilization exercises, abdominal breathing re-training exercise, tip of nose.
- Resourcing or resource installation
- Self- soothing techniques
- Emotional regulation and stress tolerance skills
- Sense of mastery in life

**TF- CBT – thinking, cognitions**

- Addressing negative cognitions
- Cognitive re-structuring, cognitive impairment
- An imbalance of positive/negative cognitions
- Addressing cognitive distortions
- Word finding difficulty
- Tangential thinking (i.e. avoiding, scattered thoughts)

**Some Useful Attachment Concepts**

- Inability to hold conflicting emotional states to provide a synthesis of action
- Limited ability to name and express feeling states
- Limited affect regulation that means the client often expresses anger and frustration rather than assertive behaviour

**How will these goals be achieved-**



**NB. Be Specific**

**Example      Goal :Reduction in Levels of Anxiety**

What for? What is your aim here?

e.g. So that the client can concentrate on work activities OR

So that the client can socialise with people OR

So the client can reduce the level of intrusive thoughts OR

So the client can gain more energy to be more productive

**What are you going to do with the client to achieve this?**

Use EFT – Tapping to target specific anxiety inducing memories or

Future templating of possible anxiety producing situation or

Using CBT to address ruminating negative thoughts or

Use relaxation techniques to allow the client to intervene in the habitual cycle of agitation or

Use Psychometrics to scope the range of the anxiety and then target specific memories using visualisations and role plays

**Some possible modalities to use :**

- By use of **TF-CBT, EFT or the 8 stage protocols of EMDR** . These will target the maladaptive accommodation of his neural networks to traumatic stimuli. By reducing the emotional content of the memories this will facilitate more integration of the intrusive episodic memories. The treatment will include use of positive visualisations and image transformation to change the way his brain has encoded the memories.
- **CBT** to address the persistent negative cognitions that means the client is more able to release feelings of sadness and self-blame
- **TF-CBT** to address the clients self- destructive cognitions that means that they have assumed responsibility for the sexual assault
- **EFT (Emotional Freedom Therapy)** to reduce the levels of guilt and shame which are preventing the client from being more assertive in their life

- **Role playing** to assist the client to develop more effective assertion skills or alternative strategies
  
  - **Future Templating** of possible future situations.
  - By the teaching of techniques to facilitate **connection to a safe calm place** in order to assist the client to regulate their behaviours in public places
  - **Relaxation techniques** and abdominal breathing re-training exercises to assist the client to use self- soothing techniques
  
  - **Psycho-education** in the typical dynamics of the sexual offender, the typical effects of sexual abuse, Domestic violence patterns
  - **Solution Focussed therapy** to re- focus the client to recognising and develop their own inner resources from past experiences.
  - **PTSD video technique** to lessen the excitory stimuli
  - **Body scans for the use of progressive relation techniques**
  - **Concentration skills** to assist the client to develop their focussing abilities
  - **Progressive exposure techniques** to expose the client to difficult stimuli
  - **Inner child work to develop greater self- acceptance and harmony with in the client**
  - **Prayer or meditation work**
  - **Re-working the ending of a memory** to have a more positive ending for the client
  - **Visualisation techniques to:**
    1. Create possible changes in behaviour options
    2. To assist in self- soothing
    3. To promote relaxation and non excitory body states
  
  - **Journalling**
  - **Distraction techniques**
  - **Interactive Drawing Therapy**
  - **Other strategies your training has shown you are :**
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Case Example: ***The Supported Assessment has indicated that the focus of the recovery work should be:***

1. Interrupting self- defeating schema and behaviour patterns,
2. Strengthening pro-social coping strategies in the face of stress and PTSD triggers
3. Emotional and self- regulation skills, including assertive communication, relaxation techniques
4. A safety plan of social support based upon the clients developmental needs
5. Inner child work and revisiting the abuse with an adult's personal resources
6. Strengthening the inner resources of the client so that he is more able to develop self- nurturing and self- protective strategies and develop more internal emotional support.

***What will the client be able to do differently if the treatment has been successful?***

The client will be able to sustain a deeper relationship with a partner without becoming overly jealous or sabotaging; he will be able to self- nurture more consistently; be able to emotionally regulate himself better without the use of drugs, and develop a range of pro-social coping skills.

**Recovery goal: Safety plan for emotional support to encourage pro –social coping strategies**

***Why has this goal been selected?*** The client in the past has used drugs to cope and dissociate rather than face life directly

***How will this goal be achieved?*** By developing a safety plan of options to use when he is tempted to use anti- social coping strategies

***Which practitioners will be involved*** in achieving this goal? xxxxxxxxx

***How will progress towards this goal be measured?*** Client self-report of putting plan into action

***What is the expected timeframe*** for achievement of this goal? 3 months

**Recovery goal:** Inner Child work to strengthen the ability to self- nurture and protect his traumatised inner self by revisiting the abuse scenario with the resources now of the adult

***Why has this goal been selected?*** The client has developed patterns of self- criticism and a lack of self- nurturance strategies

***How will this goal be achieved?*** Using inner child visualisation and rescue strategies, as well as developing a ‘safe place’ for internal self- soothing. This will be combined with strategies of identifying experienced nurturing and protection from Developmental Needs Therapy as suggested by the assessor.

***Which practitioners will be involved in achieving this goal?*** xxxxxxxxx

***How will progress towards this goal be measured?*** Client self- report of reduction of triggering by other people and ability to sustain closer intimacy with family members

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

**Recovery goal:** Emotional self- regulation skills

***Why has this goal been selected?*** The client has exhibited a lack of these in the past and hence needed to use external supports such as drugs in order to reduce negative trauma symptoms

***How will this goal be achieved?*** By using EFT to show the client how to deal with immediately overwhelming emotions, use of relaxation techniques, stress coping skills, visualisation and practice of upcoming stressful situations

***Which practitioners will be involved*** in achieving this goal? xxxxxxxxx

***How will progress towards this goal be measured?*** Client self- report

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

**Recovery goal: Identifying developmental needs**

***Why has this goal been selected?*** The client has a long history of attachment difficulties which self- reinforces his pattern of fears of abandonment by a partner and self- sabotage of close relationships

***How will this goal be achieved?*** By identifying his attachment pattern using an attachment psychometric, using this as a basis for developing relationship strategies and intimacy tolerance and then using modalities from Developmental Needs Meeting Strategy as suggested by the assessor. Some of the EMDR protocols of identifying strengths, positive memories and processing of negative memories will supplement this approach.

***Which practitioners will be involved*** in achieving this goal? xxxxxxxx

***How will progress towards this*** goal be measured? Client self- report

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