

# Guide to completing the Sensitive Claims Cover Determination Report (ACC290)



Under our new Clinical Pathway, this report is used to ensure ACC receives enough information to make a claims decision.

Providers trained to carry out a DSM-IV diagnosis can complete this form as part of the client assessment process. In addition ACC will consider diagnoses using other relevant clinical tools where that is appropriate to the client's needs. For ACC to consider a diagnosis of mental injury using an alternative clinical tool, information on why it is reasonable to use that tool should be supplied.

It's important that you provide as much information as possible in each section of the report, as this will help ACC make a decision on cover for the claim, and treatment, as quickly as possible.

Below our clinicians have highlighted the information we require under some of the key sections of the report.

## Section 3: About The Events

We can only approve a claim if a client has a clinically significant mental injury which was caused by an event listed under Schedule 3 of the Injury Prevention, Rehabilitation, and Compensation Act 2001.

It's important that you provide full information about the event (or events). If the client is unable to relay full details of the event(s), please provide information as to the potential reason for this (eg the client was under the influence of substances at the time).

If memories have been recovered, please provide as much detail as possible with regards to this. If the client was pre-verbal at the time of the abuse, please provide details of how the abuse has come to light.

Please also include the reason why the client is presenting for ACC rehabilitation at this time, ie current stressors.

## Section 4: Injury Description and Diagnosis

A mental injury is defined in the Injury Prevention, Rehabilitation, and Compensation Act 2001 as 'a clinically significant behavioural, cognitive, or psychological dysfunction'. To help us determine if the client has a mental injury that meets this definition, we need you to provide detailed information in this section, including a diagnosis of a psychiatric condition based on the DSM-IV criteria (a checklist from DSM-IV is insufficient) or diagnoses using other relevant clinical tools.

You should state exactly how the person meets the criteria. For example:

- “The client experiences distressing dreams of the event up to four times a week, and they relive the abusive incidents during these nightmares. The client is emotionally and physically distressed on waking, and physiological symptoms of a pounding heart, sweating and muscle tension take up to 30 minutes to dissipate.”
- “The client experiences panic attacks approximately monthly. These occur when the client is required to pass the scene of the incident. The client experiences a pounding heart, trembling or shaking, a feeling of choking and dizziness, and fear of losing control. The client rates these at 7 on a 0-10 scale, where 0 = no distress, 10 = maximum distress.”

It's important that:

- attention is paid to all five axes of DSM-IV, including duration of symptoms and global assessment of functioning, and
- the appropriate codes are used.

Depending on your skills and qualifications, psychometric questionnaires should be used as a supplement to the interview data.

### **Section 5: Injury Consequences**

In this section you should provide a clear picture of the consequences of the mental injury for the client and their family/whanau. For example:

- “The frequency of the panic attacks and anxiety prevents the client from supporting their children at after-school activities. This has placed a strain on the family functioning by causing friction between the client and his/her daughter. The frequent arguments which have ensued result in increased anxious thoughts.”
- “Due to feelings of worthlessness and low self-esteem associated with the abuse, the client has refused promotional opportunities at work. The lack of career progression exacerbates these negative emotions and beliefs about their worth.”

### **Section 6: Health Conditions**

Please provide details of any other clinical diagnoses that are not related to the sexual abuse event(s), including what treatment the client has had (or is having) for these conditions.

You should also provide as much detail as possible regarding how these factors could affect the client's rehabilitation, and reference any information from external agencies.

### **Section 7: Agency Support**

To make an informed decision regarding cover and rehabilitation, ACC will access records from other agencies. Please help us facilitate this process by providing contact information and details of any reports.

If you have written or electronic information relating to any other agency involvement, please ensure this is sent with the ACC290 Report, as this will speed up the decision-making process for the client.

### **Section 8: Rehabilitation Plan**

Please document a clinical treatment plan to address the client's specific diagnosis should ACC approve the claim. ACC has a legislative mandate to ensure that treatment is necessary and appropriate, and of the necessary quality and duration. ACC seeks to provide objective, best-practice, evidence-based interventions that are clinically consistent and have demonstrable outcomes. This should be reflected in the treatment goals.

Treatment goals should be stated as SMART goals. The acronym SMART has a number of slightly different variations, which can be used to provide a more comprehensive definition for goal setting:

**S** – Specific, significant, stretching

**M** – Measurable, meaningful, motivational

**A** – Agreed upon, attainable, achievable, acceptable, action-oriented

**R** – Realistic, relevant, reasonable, rewarding, results-oriented

**T** – Time-based, timely, tangible, trackable.

These goals should provide evidence of treatment provision which is necessary and appropriate to address the covered injury. For example:

- “Following the establishment of rapport and a trusting therapeutic relationship, the initial stages of therapy will focus on identifying and challenging maladaptive thoughts and replacing them with more adaptive thought patterns.”
- “Using a structured approach to identifying and challenging maladaptive thoughts, the client will learn to self-monitor; understand the link between thoughts and distress; develop a process of rebuilding positive adaptive responses; and learn and practice self-management skills. Levels of distress will reduce as a result of this intervention, as evidenced by scores on a 10 point scale where 0 = low confidence in being able to alter thinking styles and 10 = high confidence in being able to alter thinking styles.”
- “The following sessions will expand on this approach, to provide the client with skills to challenge the maladaptive assumptions about themselves and their experiences which have arisen as a result of the sexual abuse.”
- “The use of this approach has been shown to reduce the intensity of depressive symptoms by increasing the ability to predict and make sense of one’s experiences in a balanced manner (Hawton, Salkovskis et al 1991).”

Setting goals in this way helps evaluate transfer of skills, and identifies the need to re-evaluate treatment/therapy when goals are not being met as initially expected.

Goals should include the development of a self-management plan. At the end of therapy the client will not necessarily be free of challenges, but neither is it inevitable that they will suffer severe long-term effects following sexual abuse. The aim is for the client to be able to utilise skills learned in therapy to cope with day-to-day stresses and to self-manage their emotional needs.

If you feel additional input is necessary to ensure the treatment plan is effective (eg you feel the client might benefit from anti-depressant medication, in order to increase their motivation to engage fully in therapy) you should state this.

It is also useful to consider such psychosocial factors in detail and determine the impact of these on the client’s current mental health condition. For historical presentations, consider and confirm why the client is seeking help at this time.

If there are special considerations with regard to cultural background (eg access to translation services or a culturally appropriate counsellor) please record these in the ‘general comments’ field in this section.

**We’re happy to answer your questions.**

If you’d like to know more, please call us on **0508 222 233** between 8.30am and 5.00pm Monday to Friday, or email [sensitiveclaims@acc.co.nz](mailto:sensitiveclaims@acc.co.nz) .