

# Sensitive Claims Treatment Reviews

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Provider Forum

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May 2026



He Kaupare. He Manaaki. He Whakaora.  
Prevention. Care. Recovery.



Whāia, whāia  
Whāia, te tika  
Whāia, te pono  
Whāia, te aroha  
Mō te oranga tāngata  
Kia puta ki te whai ao,  
Ki te ao mārama  
Haumi e, hui e, tāiki e

ACC's Purpose Karakia

Striving to do what is right

Undertaking to act justly

Being considerate of everyone

That it may improve the lives of all











Sensitive claim provider forums are a place discuss the work you all do, to ask questions, and to share ideas

Content is as accurate as we can make it but ultimately the presenters opinions and don't always represent ACC's official position on every matter discussed

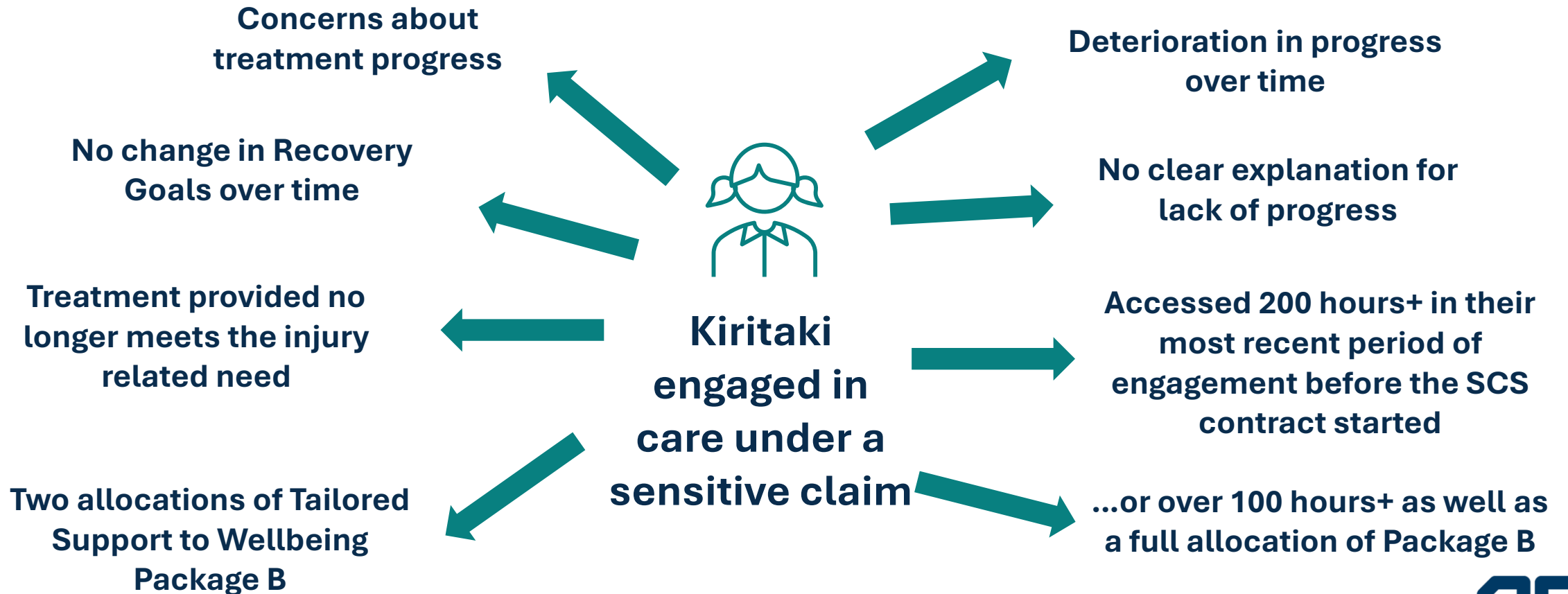
Content will be general and without focus on individual cases

Some topics will be more suited to supervision – e.g. specific client scenarios

-  Mute your mics when not talking
-  Feel free to use raise hand function to ask questions or provide comment
-  Ask questions or comment about ..... using the chat function
-  We want a 2-way conversation rather than a presentation
-  As this is a two way conversation it is not possible to get consensus on consent for recording, so forums are not recorded.
-  Be mindful of using AI tools that might infringe on others' privacy
-  Take notes as needed
-  Slides cannot be directly shared, although will be hosted under provider resources

# Treatment Reviews

## When might they be requested?



# Treatment Review Scope

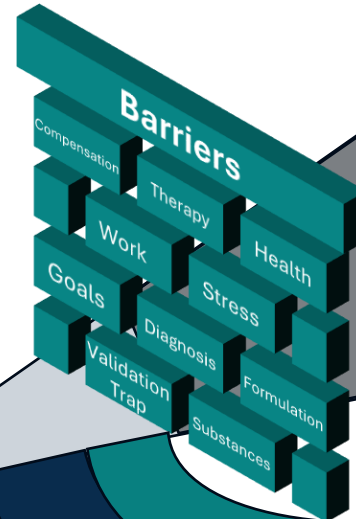
CURRENT PRESENTING DIFFICULTIES



CURRENT PLAN & PROGRESS



BARRIERS TO RECOVERY



GOALS



INDEPENDENT



Continue Treatment

Different Treatment

No More Treatment

New Specialist Cover Assessment?



# Why Treatment R

Version  
as at 29 March 2025



## Accident Compensation Act 2001

Public Act 2001 No 49  
Date of assent 19 September 2001  
Commencement see section 2

Act name: substituted, on 3 March 2010, by section 5(1)(a) of the  
Government Act 2010 (2010 No 1).

Contents

3 This Act comes into force on 1 April 2002.

**Purpose**  
The purpose of this Act is to enhance the public good and reinforce the social contract represented by the first accident compensation scheme by providing for a fair and sustainable scheme for managing personal injury that has, as its overriding goals, minimising both the overall incidence of injury in the community, and the impact of injury on the community (including economic, social, and personal costs), through—

- (a) establishing as a primary function of the Corporation the promotion of measures to reduce the incidence and severity of personal injury;
- (b) providing for a framework for the collection, co-ordination, and analysis of injury-related information;
- (ba) ensuring that the Corporation monitors access to the accident compensation scheme by Māori and identified population groups in order to deliver services under this Act in a manner that supports access to the scheme by injured Māori and injured persons in those population groups;
- (c) ensuring that, where injuries occur, the Corporation's primary focus should be on rehabilitation with the goal of achieving an appropriate quality of life through the provision of entitlements that restores to the maximum practicable extent a claimant's health, independence, and participation;
- (d) ensuring that, during their rehabilitation, claimants receive fair compensation for loss from injury, including fair determination of weekly compensation and, where appropriate, lump sums for permanent impairment;
- (e) ensuring positive claimant interactions with the Corporation through the development and operation of a Code of ACC Claimants' Rights:

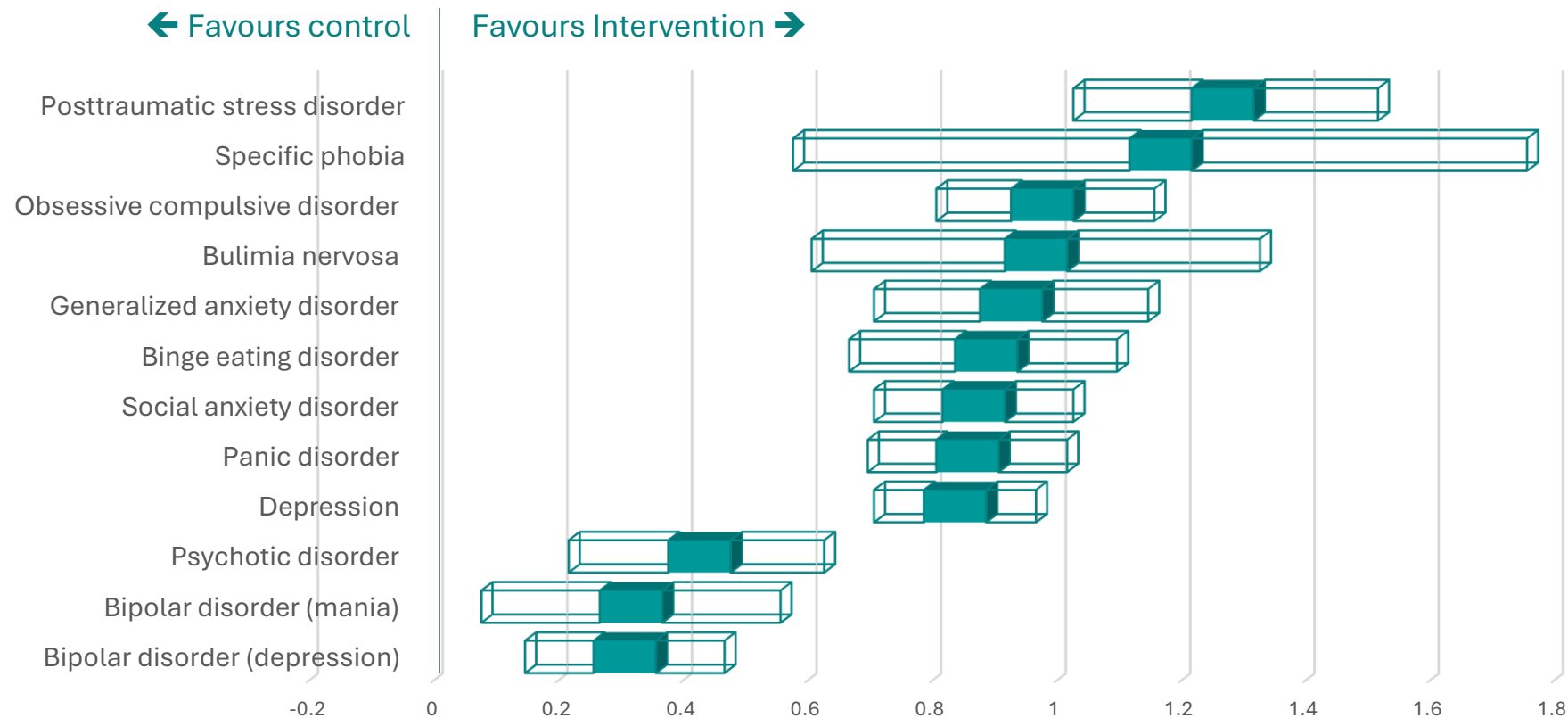
# Looking at PTSD as an example

What does a treatment dose often look like and why a review of progress/barriers at 200 sessions is probably a good idea

# Rehabilitation for consequences of sexual assault

## – PTSD example

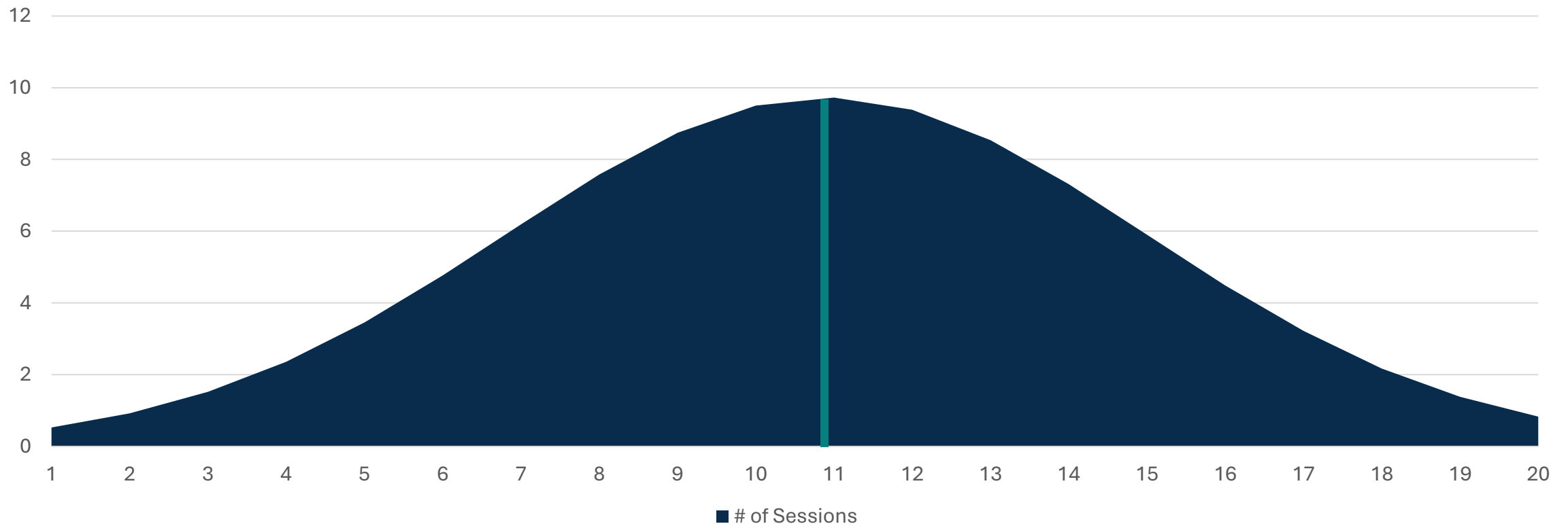
Evidence based treatments for PTSD are some of the most effective therapies we currently have with the largest meta-analysis of its kind finding an effect size of 1.27



# Rehabilitation for consequences of sexual assault

## – PTSD example

These outcomes are typically achieved in an average of 10.9 sessions (Std Dev 4.1)



# Rehabilitation for consequences of sexual assault

## – PTSD example

There are several Evidence Based effective therapies that are recommended for PTSD

- Prolonged Exposure (PE) 10-15 Sessions
- Eye Movement Desensitization and Reprocessing (EMDR) 3-12 Sessions
- Trauma-focused Cognitive Behavioural Therapy (TF-CBT) 8-16 Sessions
- Cognitive Therapy or PTSD (CT-PTSD) 6-12 Sessions
- Cognitive Processing Therapy (CPT) 8-16 Sessions

Australian guidelines for the prevention and treatment of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD.

<https://www.phoenixaustralia.org/australian-guidelines-for-ptsd/>

Burback, L., Brult-Phillips, S., Nijdam, M. J., McFarlane, A., & Vermetten, E. (2024). Treatment of posttraumatic stress disorder: a state-of-the-art review. *Current neuropharmacology*, 22(4), 557-635.



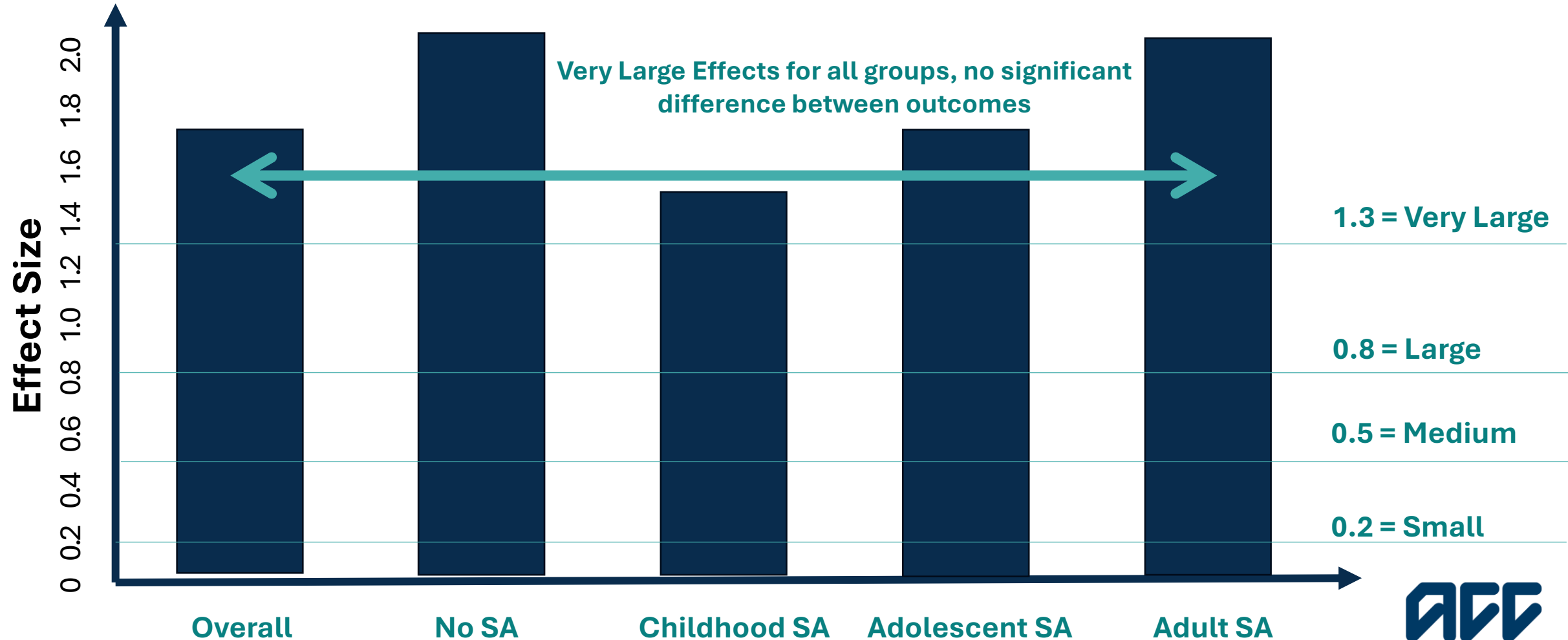
Yes but...



# Trauma type & Outcome

## PE or EMDR for Severe PTSD (with 92% having 1+ comorbidities) n=165

Wagenmans, A., Van Minnen, A., Sleijpen, M., & De Jongh, A. (2018). The impact of childhood sexual abuse on the outcome of intensive trauma-focused treatment for PTSD. *European journal of Psychotraumatology*, 9(1), 1430962



# Trauma type & Comorbidity

**A large meta-analysis investigating the impact of comorbidity on outcome of treatment found a significant positive association between comorbidity and effect size for PTSD/sexual abuse survivors.**

Olatunji, B. O., Cisler, J. M., & Tolin, D. F. (2010). A meta-analysis of the influence of comorbidity on treatment outcome in the anxiety disorders. *Clinical psychology review*, 30(6), 642-654.

**“The evidence does not currently support the recommendation for a stabilization phase prior to providing trauma-focused treatment in persons with cPTSD, or related severe or complicated presentations of PTSD.”**

De Jongh, A. D., et al. (2016). Critical analysis of the current treatment guidelines for complex PTSD in adults. *Depression and anxiety*, 33(5), 359-369.

**Several studies show no difference in positive outcomes on PTSD symptoms or dropout for those with CPTSD as opposed to PTSD when they engage in evidence based trauma therapies for PTSD symptoms. There also does not appear to be a clear benefit or need for an extended ‘stabilisation’ phase before treatment.**

De Jongh, A. D., et al. (2016). Critical analysis of the current treatment guidelines for complex PTSD in adults. *Depression and anxiety*, 33(5), 359-369.

Gahnfelt, H., et al. (2025). 8-day intensive treatment programme for PTSD and complex PTSD vs treatment as usual: a clinical trial. *European journal of psychotraumatology*, 16(1), 2553422.

Jensen, T. K., et al. (2022). Complex PTSD and treatment outcomes in TF-CBT for youth: a naturalistic study. *European Journal of Psychotraumatology*, 13(2), 2114630.

Hoeboer, C. M., et al. (2021). Does complex PTSD predict or moderate treatment outcomes of three variants of exposure therapy?. *Journal of Anxiety Disorders*, 80, 102388.

Voorendonk, E. M., et al. (2020). Trauma-focused treatment outcome for complex PTSD patients: Results of an intensive treatment programme. *European Journal of Psychotraumatology*, 11(1), 1783955.



While individual responses inevitably vary, and some clients may require preparatory or stabilisation work, different treatment approaches, or additional support to re-engage with life roles once PTSD (or other) symptoms have subsided, the evidence that most individuals benefit meaningfully from evidence-based trauma therapies within fewer than 20 sessions highlights the importance of asking a critical question, particularly when a client has engaged in around 200 sessions of treatment:

*What is getting in the way of rehabilitation?*





# Fostering autonomy

## NZ Psychologists Code of Ethics - Psychologist

*“Psychologists shall avoid exploiting the trust and dependency of clients. They shall foster client **autonomy and self-determination** throughout the professional relationship.”*— Principle 1: Respect for the Dignity of Persons and Peoples, Section 1.1 (General Respect)

## NZAP Code of Ethics - Psychotherapists

*“Psychotherapists shall maintain appropriate boundaries and **avoid creating relationships that foster dependency or undermine client autonomy.**”*— Principle: Autonomy and Integrity

## NZAC Code of Ethics - Counsellors

*“Counsellors shall seek to increase the range of choices and opportunities for clients, **promoting autonomy rather than dependency.**”*— Ethical Principles of Counselling

## RANZCP Code of Ethics - Psychiatrists

*“Psychiatrists should **promote recovery and autonomy**, avoiding actions that foster unnecessary dependence on psychiatric care.”*— Principle 3: Promote Recovery and Autonomy



# Stopping ineffective therapy

## NZ Psychologists Code of Ethics - Psychologist

*“Psychologists shall **terminate an intervention when it is clear that the client is not benefiting from it**, or when the client requests termination, and shall offer to help the client find alternative services if needed.”*

— Principle 2: Responsible Caring, Section 2.4

## NZAP Code of Ethics - Psychotherapists

*“Psychotherapists have a primary obligation to act in the best interests of clients. **Continuing treatment that is not beneficial breaches this obligation.**”*— Principle: Beneficence

## NZAC Code of Ethics - Counsellors

*“Counsellors shall take all reasonable steps to protect clients from harm, including **avoiding continuing a counselling relationship that is no longer beneficial.**”*— Section 5: The Counselling Relationship

## RANZCP Code of Ethics - Psychiatrists

*“Psychiatrists should **discontinue treatments that are ineffective or no longer indicated**, and assist patients to access appropriate alternatives.”*— Principle 2: Best Interests of the Patient



# Why Treatment Reviews Matter

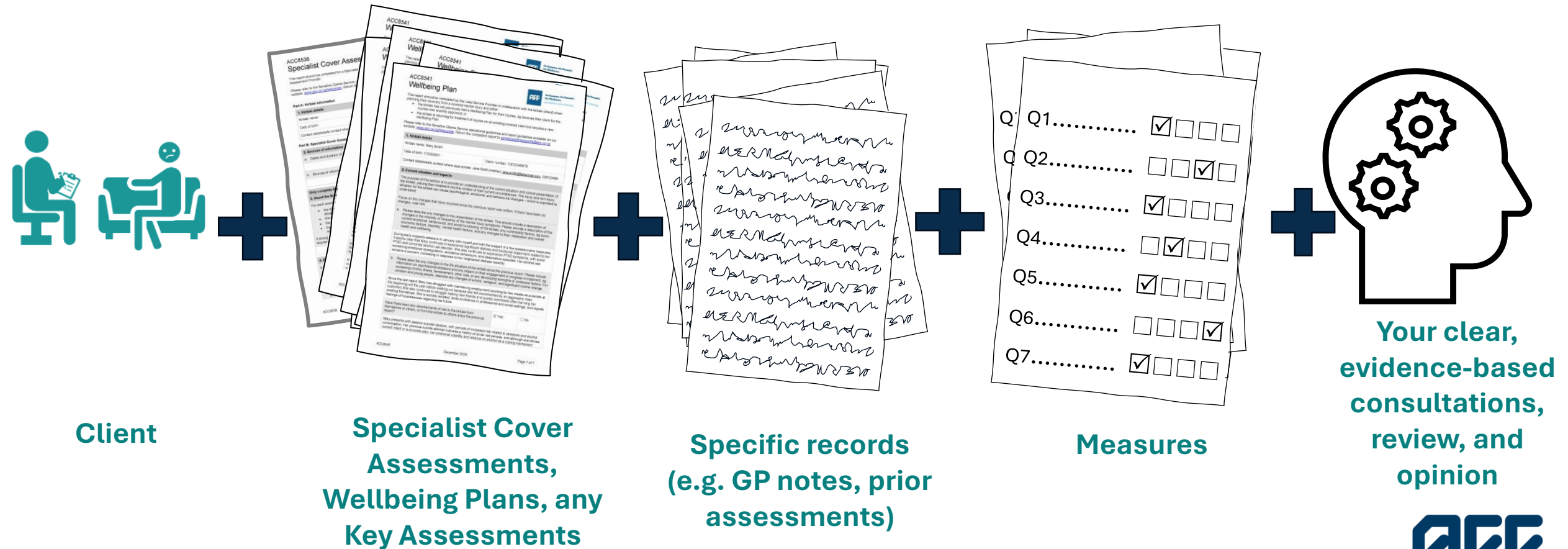
Critical Step when progress towards rehabilitation has not been achieved

**Independent** review of treatment progress, allowing the reviewer to step back from it all.

The intent is **not to criticise** practitioners but rather to provide a comprehensive and descriptive review of the various barriers to recovery.

Typically progress should have been expected likely some time ago by the time a review is requested, so it is very important to highlight **barriers to recovery**, potential **harms of ongoing ineffective treatment**, and **what has possibly been missed** (e.g. differential diagnoses, external stressors, physical health demands, etc...)

# Sources of information



# Sources of information

Important to get a longitudinal perspective



# Schedule 3 Events

Version as at 29 March 2025

Accident Compensation Act 2001

Schedule 3

**Schedule 3**  
**Cover for mental injury caused by certain acts dealt with in Crimes Act 1961** s 21(2)

Section	
124A	Indecent communication with young person under 16
128B(1)	Sexual violation
129(1)	Attempted sexual violation
129(2)	Assault with intent to commit sexual violation
129A(1)	Inducing sexual connection by threat
129A(2)	Inducing indecent act by threat
130	Incest
131(1)	Sexual connection with dependent family member
131(2)	Attempted sexual connection with dependent family member
131(3)	Indecent act with dependent family member
131B	Meeting young person following sexual grooming, etc
132(1)	Sexual connection with child under 12
132(2)	Attempted sexual connection with child under 12
	Indecent act on child under 12
	Indecent communication with young person under 16
	Sexual violation with young person under 16

- Note any new disclosures
- Any deeper understanding of past events
- Reflect on how these may affect treatment

## Section 5 – Treatment Progress Review

### a. Summary of treatment

Please provide a summary of what treatment the kiritaki has received and the treatment progress they have made since starting with their current Lead Service Provider.



**Current treatment goals**



**How appropriate the current goals are in addressing the presenting difficulties?**



**Changes to functioning as a result of the treatment**



**Any unexpected issues that have impacted on treatment goals and progress**



**Adjunctive treatment(s) being provided including both ACC and non-ACC services.**

# Section 5 – Treatment Progress Review

## GOALS



Current  
treatment  
goals



How appropriate the  
current goals are in  
addressing the  
presenting  
difficulties?

**S**pecific

**M**easurable

**A**ction-Oriented

**R**ealistic

**T**ime-bound

# Treatment Progress Review

Changes to functioning?



Treatment for  
the covered  
mental Injury



Changes to  
functioning as a result  
of the treatment

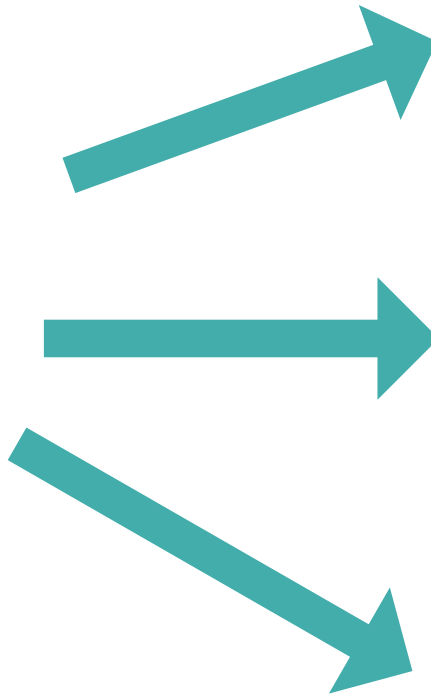


# Treatment Progress Review

Unexpected issues that have impacted progress



**Any unexpected issues that have impacted on treatment goals and progress**



## **Significant new stressors**

Stressors and/or new mental health diagnoses or vulnerabilities

## **Physical Challenges**

Any not sensitive claim related physical conditions or symptoms that are impacting symptoms or treatment

## **Social**

Social circumstances, housing, finances, location, transport

## Section 5 – Treatment Progress Review

### b. Barriers to treatment

Please describe any barriers to treatment and discuss how these are impacting treatment gains and whether the barriers are currently being addressed.



# Barriers to Treatment Progress

- Poor engagement
- Low motivation
- Ongoing or new trauma
- Life stressors/changes
- Physical health issues
- Unaddressed pre-existing difficulties
- Barriers to access (transport, finances, child care, etc....)
- Stigma or shame
- Poor Social support

- Inaccurate diagnosis or missed comorbidity
- Lack of good collaborative formulation
- Poor or non-existent treatment plan
- No clear goals that motivate or matter to the kiritaki
- Failure to address cultural and identity factors

- Non Evidence Based therapy for the kiritaki's covered mental injuries
- Comorbidities that remain unaddressed
- Excessive focus on regulation and validation without any focus on change
- Fragmented care systems
- Poor fit with therapist
- Poor delivery of therapy

- Unrealistic expectations of "complete" recovery
- Poor self efficacy
- Attachment to client/therapist
- Loss of capacity/opportunity to work or engage in meaningful activity
- Reliance on compensation



**Kiritaki engaged in care under a sensitive claim**



- **Accurate diagnoses**
- **Collaborative & Explanatory Formulation**
- **Good Treatment Plan**



**High quality Evidence Based Treatment**

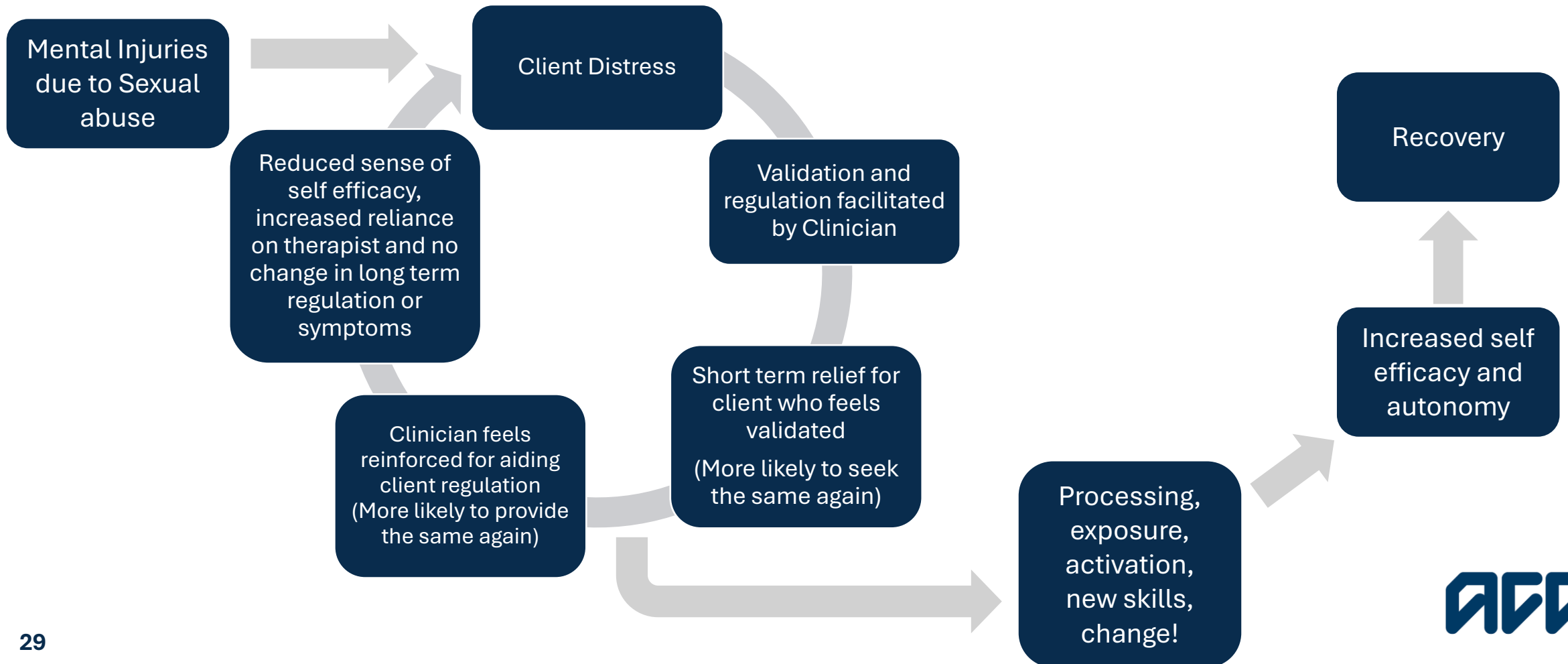


**Recovery and a life not ruled by trauma without ongoing therapy**



# Getting stuck in short term coping trap

## Therapist validation trap



## Section 5 – Treatment Progress Review

### d. & e. Recommendations

Please provide any relevant recommendations for:

- Further treatment
- Changes to treatment goals or treatment methods
- Adjunctive treatment you consider should be provided either via ACC or non-ACC services
- Addressing any treatment barriers.

After discussion with the kiritaki and Lead Service Provider, please outline any recommendations for treatment or rehabilitation that should not continue for the kiritaki, and the rationale for this.

# Sensitive Claims Treatment Reviews

## Summary & Final Considerations



He Kaupare. He Manaaki. He Whakaora.  
Prevention. Care. Recovery.

# Summary & Considerations

- Treatment Reviews are about supporting recovery, not judging providers
- Be thorough, respectful, and clinically sound
- Engage with kiritaki and providers meaningfully
- Recommendations should be clear, actionable, and justified

# Discussion

What does this bring to mind?

- Keep in mind that this is not the forum to discuss individual cases but rather broader issues, thoughts, processes.

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