# Sensitive Claim Service Report Templates

Report writing in a medico-legal setting

Jennifer Jones | Psychology Advisor, ACC



# ACC's Purpose Karakia

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

Striving to do what is right
Undertaking to act justly
Being considerate of everyone
That it may improve the lives of all

ACC

# Thank you

- Mute your mics when not talking
- Feel free to use raise hand function to ask questions or provide comment
- Alternatively, you can use the chat function
- Slides are to stimulate conversation
- Content is not recorded due to consensus of consent issues
- Be mindful of using AI tools that might infringe on others' privacy
- Take notes as needed
- Slides cannot be directly shared here but will be posted on the ACC website.

https://www.acc.co.nz/for-providers/provider-contracts-and-services/sensitive-claims-service/training-and-education

# What this discussion will cover

Medicolegal document vs clinical summary

Essential medicolegal questions

Clear and precise medicolegal writing

Clinical expertise, knowledge & individual formulation

Common issues needing clarification seeking

**Early Supports Plan | Cover and Wellbeing Plan | Specialist Cover Assessment**

# Why are ACC reports medicolegal reports?

**Sensitive Claims Service (SCS) assessment reports bring together clinical information to support legal decision making, treatment planning and financial entitlements**

**Legislation determines claim decision-making & entitlements**

- → The report is a **formal record** shared outside of the therapeutic context that informs legal decision-making, decision reviews and/or appeals
- → **Legislation** forms the framework within which clinical information is presented and considered
- → Medicolegal reporting can be uncomfortable due to rigidity of legislation
- → Clinical conceptualisation vs medicolegal conceptualisation
- → The various **ACC Acts** determine a claimant's specific **entitlements**
- → Balance between optimising accuracy while not disadvantaging kiritaki

# Medicolegal Basics – The 3 Gates

## 1

**S.3 event(s)**

**Is there enough detail to support the basis of the sensitive claim?**

Describe the act **briefly** but clearly enough for its nature to be understood. ACC decides whether the legal test is met.

## 2

**Mental injury**

**Is there a clinically significant change in behaviour, thinking or psychological functioning?**

Describe **how** the kiritaki experiences and expresses symptoms and how these meet clinical significance or diagnostic criteria.

## 3

**Causation**

**Is there a direct, material link between the S.3 event(s) and each proposed mental injury?**

Describe the **evidence** that forms the causal link and recognise other possible and legitimate contributing factors.

# The Power of the Gates

**1**

**S.3 event(s)**

☒ Event does not meet legislative definition
☒ Mental injury is not considered
☒ Causation is not considered

**2**

**Mental injury**

☑ Event meets legislative definition
☒ Mental injury symptoms do not meet clinical significance
☒ Causation is not considered

**3**

**Causation**

☑ Event meets legislative definition
☑ Mental injury symptoms meet clinical significance
☒ Causation is not evidenced

# Comparing three templates

| Template | Primary purpose | Expected clinical depth | Key precision points |
|---|---|---|---|
| **Early Supports Plan** | Event clarification, risk identification, presenting concerns and collaborative pathway planning. | Basis of the claim established and indication of corresponding clinical significance. Early canvas of needs, clinical history and kiritaki expectations to identify pathway. | • S.3 event(s) are clear<br>• Risk issues identified<br>• Pathway linked to kiritaki current presentation, history and entitlement decisions |
| **Cover and Wellbeing Plan** | Establish sufficient symptoms to meet clinical significance without need for a diagnostic specialist cover assessment. Demonstrate causal link between symptoms & S.3 event(s). | Not a diagnostic assessment; diagnosis not required. Symptoms and causation remain important. S.3 events and alternative explanations considered. | • S.3 event(s) are clear<br>• Symptom expression evidenced<br>• Symptom significance identified<br>• Causation evidenced |
| **Specialist Cover Assessment** | Comprehensive psychological or psychiatric assessment containing diagnostic and causation analysis. | Full and comprehensive integration of multiple sources of information and relevant history to achieve diagnostic clarity, causation, functional impact and treatment pathway. | • S.3 event(s) are clear<br>• Symptom/Diagnostic expression evidenced<br>• Alternative causation critically considered<br>• Causation evidenced<br>• Exacerbations identified<br>• MISCA updates clarified |

# Information support

**COMPREHENSIVE**

In scope & depth but succinct to read in a feedback session

**RELEVANT**

Clinical history
Experiential history
Current circumstances

**ACCURATE**

Reflects the evidence
Logical conclusions
Differentials & alternative causes considered

**CLEAR**

Ambiguity is avoided
Explain gaps and limits
Medicolegal answers

**MINDFUL**

Kiritaki & ACC decision maker's ability to read & understand the content

# Experience and individual expression of symptoms over time

**Onset**

- Informs **Gate 1**
- Informs **Gate 3**
- Informs **DMIS**

**Severity**

- Informs **Gate 2**

**Persistence**

- Informs **Gate 2**

**Fluctuations**

- Informs **Gate 2**
- Informs **Gate 3**

**Symptom Content**

- Informs **Gate 1**
- Informs **Gate 2**
- Informs **Gate 3**

**Functional impact**

- Informs **Gate 2**
- Informs **Gate 3**

# Precision & evidence establishes opinion strength

**LESS PRECISE**

**“It is my clinical opinion that the S.3 events caused the onset of PTSD. There are no other possible causes that could explain the client’s symptoms.”**

**MORE PRECISE**

**“E1 is not evidenced as impacting the kiritaki at the time or currently. E2 is evidenced as the cause of PTSD through symptom content of intrusions, triggers and avoidance. E3 worsened the impact of E2 but did not cause any additional symptoms or diagnoses.”**

**Connect each conclusion with the evidence that supports it**
**Show that you’ve weighed other reasonable explanations**
**Population based research is assumed as professional and applied knowledge**
**Individual kiritaki factors are essential**

# Terms with medico-legal weight

**Subsumed**

Incorporating symptoms or a separate condition inside of another

**Triggered**

Onset, recurrence or worsening?

**Exacerbated**

Assumes symptoms were already established

**Material cause**

Is there a direct causal line?

**Significant contribution**

How influential was the event when considering other contributions?

**Multifactorial**

Is the S.3 impact significant or meaningful?

**A medicolegal report can convey an explanation from the eyes of the kiritaki but follows the clinical evidence**
**Plot twists occur when the evidence is not followed**

# From information to formulation

S.3 event(s) and context

Symptom development

Clinical evidence

Non-S.3 impacts

Independent conclusion demonstrated with evidence

Treatment emerges

The formulation section can include a clinically (holistic) explanation of kiritaki mental health experience

The causal opinion section follows the clinical evidence and offers a medicolegal conceptualisation to isolate proposed mental injury

# Common issues that lead to clarification seeking by ACC

| | | |
|---|---|---|
| Too little S.3 event detail or ambiguous terms used | Several events without clear indication of an index causal impact or onset | DSM criteria listed without individual symptom expression details |
| Measures/scores outweigh other sources of clinical information | Assessment scope is too narrow and/or too shallow | Insufficient background and history |
| Timing used as the only causal evidence | Delayed onset without clinical explanation as to why | Other diagnoses or causes are not considered |
| kiritaki causal view replaces clinical analysis and independent conclusion | Strong conclusion without causal evidence | Historically accepted mental injuries and comorbid diagnoses not updated |
| Disproportionate symptom expression without a clear moderating variable | A clinical conceptualisation vs medicolegal conceptualisation | Treatment needs for other conditions not identified |

# Take-home messages & education sources

The kiritaki remains central

Clinical evidence answers medicolegal questions

Independent critical reasoning matters

Other explanations are included and weighed

Precision does not mean lengthy

Updated Functional Assessment Guide:
https://youtu.be/ptKeOYUEgVs

**Education sources:**

Report Guidelines
Operational Guidelines
Service Schedule
Current report templates
Accident Compensation Act 2001
S.3 of the Crimes Act
Previous causation presentation

Questions?

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