

## **ALLIED HEALTH RECOVERY REQUEST – PSYCHOLOGICAL EXAMPLE 1**

### **GINA JONES:**

Mrs Jones is employed full-time as a Residential Care Worker for young people with complex support needs who live in an out-of-home-care residence.

Mrs Jones is married and leads a busy lifestyle rearing her three children and she is also the primary carer for her mother. Mrs Jones enjoys playing and coaching netball.

On two separate occasions over two shifts Mrs Jones was assaulted by a young person after he was agitated. On the first occasion she was verbally abused, on the second occasion (20 February 2017) she was physically assaulted, sustained minor bruising and was required to take evasive action after the behaviour continued to escalate.

Mrs Jones is motivated to return to her pre-injury work as a Residential Care Worker and also return to coaching and playing netball.

Mrs Jones has been progressing well with treatment, has a supportive employer who has addressed her security concerns and clarified behavioural management strategies for the young resident. A workplace rehabilitation provider is assisting with Mrs Jones' return to work. Mrs Jones' anxiety has been escalating since discussions commenced regarding return to work, however, she feels her anxiety will dissipate once she commences the return to work process.

Mrs Jones has developed specific client steps and actions in consultation with the psychologist in order to achieve her SMART Client Goals. As this is a complex case requiring a collaborative approach improving Mrs Jones work capacity, social engagement and confidence, the psychologist has requested a further 1 hour of case conferencing (in addition to the pre-approved 2 hours of case conferencing<sup>(1)</sup>) with the NTD, Dr Louise, the workplace rehabilitation provider and employer to keep them appropriately informed in regard to Mrs Jones' return to work throughout the AHRR period.

<sup>(1)</sup> *Guidelines for claiming workers compensation*

# Allied health recovery request

For use with NSW CTP personal injury and workers compensation injury claims.

AHRR number	Date of request (DD/MM/YYYY)			
<input type="text" value="1"/>	<input type="text" value="26/04/2017"/>			
<input type="checkbox"/> Physiotherapist	<input checked="" type="checkbox"/> Psychologist	<input type="checkbox"/> Counsellor	<input type="checkbox"/> Osteopath	<input type="checkbox"/> Chiropractor
<input type="checkbox"/> Accredited exercise physiologist	<input type="checkbox"/> Other:	<input type="text"/>		
Referred by (where relevant)	Phone number			
<input type="text" value="Dr Louise"/>	<input type="text" value="1234 5678"/>			

## Section 1: Client details

Client name	
<input type="text" value="Gina Jones"/>	
Date of birth (DD/MM/YYYY)	Phone number
<input type="text" value="01/10/1971"/>	<input type="text" value="1223 5564"/>

## Claim information

Insurer	
<input type="text" value="Back to Work Insurance"/>	
Claim number	Date of injury/accident (DD/MM/YYYY)
<input type="text" value="B123456"/>	<input type="text" value="20/02/2017"/>

## Section 2: Clinical assessment

Diagnosis
<input type="text" value="Provisional diagnosis of adjustment disorder with anxiety"/>

Have you liaised with the treating medical practitioner?  Yes  No

Is your diagnosis consistent with the medical practitioner's diagnosis of the compensable injury?

Yes  Unknown  No (if no, please provide details in the last box in section 2)

*Clinical assessment continued over...*

Current signs and symptoms – include reported/observed and relevant objective measures

Difficulty sleeping has increased with anticipated RTW. Worker said she feels this will be manageable once RTW commences  
 Irritability  
 Nausea  
 Impaired memory  
 Feelings of being overwhelmed

Depression Anxiety Stress Scale showed a severe elevation on anxiety, normal on depression and moderate on stress.

Details of any pre-existing factor(s) directly relevant to the compensable injury

Nil

Details of any other providers treating the client and whether you have liaised with them

Discussions with Dr Louise  
 Mrs Jones has been her patient for the past 10 years. Prior to the workplace incident, she said Ms Jones lead a busy lifestyle with three children and is the primary carer for her mother. She had a positive outlook and actively exercises playing high grade netball.

Mrs Jones has declined taking medication to assist with her sleeping, as she was managing this well until discussions commenced regarding her anticipated RTW. She feels her escalating anxiety will dissipate once she commences the RTW process.

There is a review with NTD on 01/05/2017. Discussed the diagnosis of post traumatic stress disorder with Dr Louise. Although there were two incidents leading to Mrs Jones' diagnosis, they were within two shifts where the young person involved with the assault demonstrated escalating challenging behaviour. It was agreed that Mrs Jones has not described severe or persistent acute stress reactions, although she is reporting re-experiencing and hyperarousal symptoms. Mrs Jones does not appear to be exhibiting significant clusters of symptoms for a PTSD diagnosis. A provisional diagnosis of an Adjustment Disorder with Anxiety is more likely.

Mrs Jones generally reports a good relationship with the young person involved in the work incident, has a long history working in residential care and reports a positive supportive relationship with her employer.

Workers compensation: Do you have a copy of the position description/work duties?

Yes  No If no, contact the insurer

### Section 3: Capacity

	<b>Pre-injury capacity</b> (describe what the client did before the injury(s) related to this claim)	<b>Capacity at initial assessment or last AHRR</b> (whichever is most recent)	<b>Current capacity</b> (describe what the client can do now)
<b>Work</b> (occupation, tasks, days/ hours worked)	Residential care worker for young people with complex support needs who live in out-of-home-care. 34 hours per week (2 x 10hrs sleepover shifts + 2 x 7hrs day shifts - set days) Facilitate emotional development, promotion of pro-social behaviour, engaging young people in activities and assisting with domestic duties including washing, cooking and shopping.	At initial - not working, interested in returning to work but worries it is not safe to do so. Anxious that behavioural management strategies have not been implemented with the young person concerned.	Anticipate RTW next week. Workplace assessment completed this week by WRP. Feedback positive from Mrs Jones. Although anxiety is heightened regarding RTW, employer was able to address security concerns for Mrs Jones and clarify that behavioural management strategies are in place.

	Pre-injury capacity (describe what the client did before the injury(s) related to this claim)	Capacity at initial assessment or last AHRR (whichever is most recent)	Current capacity (describe what the client can do now)
Home (self care, domestic, caring)	<p>Independent in all house duties Husband assists with cooking and outdoor chores.</p> <p>Mrs Jones and her husband divide caring duties; taking children to daily activities as required.</p> <p>Assists mother with upkeep of house, shopping and appointments.</p>	<p>Restless</p> <p>Difficulty falling asleep, and waking early in distress with reminders about the assault at work. Sleeping 3 hours per night.</p> <p>Taking children to activities. Managing family commitments but commented that she is easily frustrated and raising her voice at her children.</p> <p>Finds house keeping relaxing and satisfying provided she gets the time to complete it.</p>	<p>Sleeping 5 hrs per night - was sleeping 6 hours per night however, with anticipated RTW this has decreased. Continue to monitor.</p> <p>Taking children to activities. Managing family commitments but reports she is easily frustrated and raising her voice at family members. Has been arguing with her husband.</p> <p>Mrs Jones anticipates her heightened anxiety will settle once RTW is commenced.</p> <p>Finding it difficult to manage all her carer commitments and additional appointments with WRP/ work. These have been arranged on days when she usually cares for her mother.</p>
Community (driving, transport, leisure)	<p>Independent in all driving. Residence is situated in a geographical area with poor public transport.</p> <p>Actively plays and coaches netball.</p>	<p>Independent in all driving, initially sweating when she entered the car, but is managing with self talk techniques.</p> <p>Continues to coach netball but not training or playing netball herself since the incident. Physical nature of the sport increases her distress as it reminds her of the workplace incident.</p>	<p>Independent driving without anxiety.</p> <p>Continues to coach netball and is training with her team but is still not competing. Although she is keen to return to playing netball, she reports that she would like to RTW first and rebuild her confidence. She is less hypervigilant with the contact nature of her sport.</p>

Are there any factors that have impacted on progress since treatment commenced or may impact on future recovery? If so, what are your recommendations to address these barriers (specific management strategies, referral to other services)?

Have discussed with Mrs Jones that the amount of time, organisation and planning she requires to meet her family needs may be adding to her levels of stress and challenging her coping mechanisms. Will continue to review and prioritise activities; to pace and reduce time and management pressures. Inform support team to make appointments in consultation with Mrs Jones where possible.

WRP involved. Mrs Jones has a positive relationship with her employer who is proactively negotiating solutions to enable Mrs Jones to feel safe in her recovery at work. Continue to review symptoms and concerns as Mrs Jones manages her RTW.

## Section 4: Recovery plan

Date your services

first commenced (DD/MM/YYYY)

07/03/2017

Number of sessions provided to date

6

AHRR start date (DD/MM/YYYY)

16/05/2017

AHRR end date (DD/MM/YYYY)

24/07/2017

GOALS: must focus on work or functional outcomes to provide the direction for treatment and recovery and may carry over more than one AHRR. They must also be SMART.

CLIENT GOAL 1

Mrs Jones will return to work to her previous role as a residential care worker 34 hours per week by 19 June 2017

STEPS: are activities/behaviours the client needs to be able to do to achieve their goal. The steps and actions listed are intended to be achieved in this AHRR period.

Client steps (to achieve in this AHRR period)	Client action plan (self management strategies)	Service provider's action plan
<p>Mrs Jones will gradually increase her shifts in a RTW plan and return to her previous duties by 19 June 2017.</p> <p>01/05/2017 - RTW for 2x7 hour shifts (14 hours/ week)</p> <p>22/05/2017- maintain 2x7 hour shifts and upgrade to 1x10 hour sleeper shift (24 hours/week).</p>	<p>Attend case conferences as scheduled.</p> <p>Use mindfulness techniques to assist in recognising triggers and manage feelings of irritability at work.</p> <p>Practice relaxation techniques to manage anxiety including controlled breathing.</p>	<p>Send update to NTD ahead of case conference.</p> <p>Reinforce arousal and general anxiety management strategies, (including mindfulness, controlled breathing).</p>

Client name  
Gina Jones

Claim number  
B123456

AHRR number  
1

Client steps (to achieve in this AHRR period)	Client action plan (self management strategies)	Service provider's action plan
13/06/2017 - maintain above and add 2nd 10 hour sleepover shift (34 hours/week).	Challenge catastrophic thinking with thought diary.	Graded exposure to work and incident cues and activity scheduling.  Motivational interviewing to align behaviour with core values Continuing to challenge catastrophic thinking and unrelenting standards.

**CLIENT GOAL 2** Mrs Jones will be able to manage her daily routine and family's daily demands across her working week by 19 June 2017

STEPS: are activities/behaviours the client needs to be able to do to achieve their goal. The steps and actions listed are intended to be achieved in this AHRR period.

Client steps (to achieve in this AHRR period)	Client action plan (self management strategies)	Service provider's action plan
Plan the day ahead with assistance of husband  Minimal out of work hours appointments	Discuss plan with her husband to assist with scheduling work, home and family life.  Assert appointment times with the support team that suit her during the week to assist her to manage her schedule.  Use mindfulness techniques to assist in recognising triggers and manage feelings of irritability at home.  Practice relaxation techniques each day and wind down with meditation before going to bed. Maintain regular bedtime routines.  Utilise pacing techniques, asserting self and asking for help when needed.	Reinforce arousal and general anxiety management strategies (including mindfulness and controlled breathing).  Motivational interviewing to align behaviour with core values. Continue to challenge catastrophic thinking and unrelenting standards.  Discuss appointment times with the support team as this is heightening anxiety.

ADD

DEL

This request was completed in consultation with the client who agreed to the recovery plan:

Yes  No Date (DD/MM/YYYY) 26/04/2017

## Section 5: Services requested

Service type (include consultation type and other services - eg aids/equipment)	Number of sessions	Frequency/timeframe (eg 1 x week for six weeks)	Service code (if applicable)	Unit cost/specify	Total
Standard consultations	3	weekly	PSY002	\$183.60	\$550.80
Standard consultations	2	fortnightly	PSY002	\$183.60	\$367.20
Standard consultations	1	3rd weekly	PSY002	\$183.60	\$183.60
					<b>\$1101.60</b>

ADD

DEL

Case conferencing only	Number of hours	Frequency/timeframe	Service code (if applicable)	Unit cost/specify	Total
Case conferencing	1.0		PSY004	\$183.60	\$183.60

**Overall total (total of all cells above) \$1285.20**

Workers compensation: Would you like the assistance of an Independent Consultant?

Yes  No

### Rationale for services requested (include/attach additional information to assist insurer decision making)

Mrs Jones had been making good progress with improved sleep patterns, until the recent anticipated RTW. To assist her to manage the RTW, this AHRR has requested increased frequency of sessions initially increasing from fortnightly to weekly during the commencement of her RTW. With this additional assistance it is anticipated that Mrs Jones will continue to improve her work capacity, social engagement and confidence.

Continued psychological intervention will assist Mrs Jones to return and maintain her employment. Regular communication with the support team through this critical time is important in assisting Mrs Jones RTW, therefore an additional hour of case conferencing has been requested beyond those pre-approved.

Client name  
Gina Jones

Claim number  
B123456

AHRR number  
1

Anticipated date of discharge (DD/MM/YYYY)

24/07/2017

## Section 6: Service provider details

Service provider name

Ms Psychologist

Practice name

Recovery

Suburb

Sydney

State

NSW

Postcode

2000

Phone number

1234 5687

Fax number

1234 9876

Email

Ms.Psychologist@recovery.com.au

Best time/day to contact

1pm to 2pm Monday to Friday

SIRA (formerly known as WorkCover)  
workers compensation approval number (if relevant)

12345

Signature

Note: All SIRA approved practitioners must ensure their contact details with SIRA are up to date. Email your current details to [compliance.info@sira.nsw.gov.au](mailto:compliance.info@sira.nsw.gov.au)

Provider stamp (if available)

## Section 7: Insurer decision

Approved  Declined  Partially approved

Workers compensation: An Independent Consultant review to be arranged:  Yes  No

If declined or partially approved please provide reasons

Decision maker's name

Phone number

Signature

Date (DD/MM/YYYY)

INSURER UNLOCK

Client name  
Gina Jones

Claim number  
B123456

AHRR number  
1

**CC: treating medical practitioner and other treatment practitioners where involved**

Catalogue No. **SIRA08033**  
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INSURER LOCK

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