



Guidelines

**For**

**Mental Health Treatment**

**Service Providers**

August, 2010

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# 1. CONTACT/REFERENCE INFORMATION

## 1.1 WorkSafeBC Contact Information

Payment Services  
(604) 276 3085  
Toll free 1 888 422 2228

Provider Referrals  
(604) 231 8887  
Toll free 1 866 481 8887

To fax reports and invoices:  
(604) 233 9777  
Toll free 1 888 922 8807

For inquiries about clinical issues please contact:  
Health Care Services - Psychology Consultant  
(604) 232 7787 ext. 8327

For inquiries about practice issues please contact:  
Psychology Services  
(604) 233 5313  
Toll free 1 888 967 5377 ext. 5313

For inquiries regarding the Provider Network please contact:  
Health Care Services – Program Manager  
(604) 231 7787

To update your contact or service information, please submit changes in writing to:  
Corporate Health Care Purchasing  
WorkSafeBC P.O. Box 5350 Stn  
Terminal Vancouver, BC V6B 5L5  
[purchase@worksafebc.com](mailto:purchase@worksafebc.com)

For general inquiries, please contact WorkSafeBC Call Centre:  
604 231 8888  
Toll free 1 888 967 5377  
[www.worksafebc.com](http://www.worksafebc.com)

## 1.2 Forms

Forms are available for download at:  
[www.worksafebc.com](http://www.worksafebc.com)  
-Health Care Providers  
-Forms

## **WorkSafeBC Online Information**

The WorkSafeBC has a Health Care Provider Centre site that can be accessed online at: [www.worksafebc.com](http://www.worksafebc.com). The Health Care Provider Centre is designed to help health care Providers better understand our programs, services and business process. The site is also an excellent resource for downloadable publications and provides links to various health and safety information.

## **2. BACKGROUND**

### **2.1 Purpose of the Guidelines**

These guidelines provide important information for those who provide mental health treatment services to Injured Workers. The guidelines provide an overview of WorkSafeBC, the claims process, the roles and responsibilities of various WorkSafeBC staff, and the procedures involved in the management of mental health treatment. This is not a stand-alone document and it is these guidelines must be used in conjunction with the Mental Health Treatment Services Agreement.

### **2.2 WorkSafeBC**

WorkSafeBC is a system governed by provincial legislation and its own internal policies and practice directives. A detailed description of the functioning of WorkSafeBC is beyond the scope of these Guidelines.

WorkSafeBC has been responsible for administering the provincial Workers' Compensation Act since 1917. The Workers' Compensation system is funded entirely by the Employers of British Columbia.

The mandate of WorkSafeBC is to assist the Injured Worker in their recovery and return to work. Mental health treatment is one way in which this is accomplished.

### **2.3 Claim Process**

Determination of an Injured Worker's benefit entitlement is made through an adjudicative process resulting in a claim decision. Benefits may include wage-loss replacement, clinical treatment, vocational assistance and awards for permanent functional impairment.

When a Worker has experienced a personal injury arising from job activities, he or she files an application for compensation. The Employer also submits an 'Employer's Report' and the Attending Physician completes a 'Physician's Report'.

If there is sufficient information on file, the application is adjudicated for initial entitlement. It is important to understand that adjudication and determination of benefits is an ongoing process for the duration of the claim. Previously adjudicated issues may be revisited for a number of reasons resulting in changes to the Injured Worker's entitlement.

## **2.4 Health Care Services**

Health Care Services manages the contract and fee schedule. If you have any questions regarding the parameters of the fee schedule, please contact the Program Manager within Health Care Services. The Program Manager is the only person who can ensure payment on your invoice.

## **2.5 Case Management Team**

WorkSafeBC claims are managed by a multidisciplinary Case Management Team. The Case Management Team brings together administrative and clinical specialists who can provide a comprehensive understanding of the issues relevant to an Injured Worker's situation. The Case Management team may include a Case Manager, a Team Assistant, a Psychology Advisor, Medical Advisor, Nurse Advisor and/or Vocational Rehabilitation Consultant.

### **2.5.1 Case Manager**

The Case Manager is responsible for the overall management of a claim. The Case Manager is charged with the authority to decide:

- Whether a presenting problem is deemed to be compensable (i.e. has been caused by a workplace incident resulting in injury);
- Whether and to what extent treatment services will be a WorkSafeBC responsibility (i.e. entitlement to benefits); and,
- Whether or not a referral to a vocational rehabilitation consultant is appropriate

In making these decisions, the Case Manager has access to a number of experts to assist in understanding the relevant clinical and vocational issues.

Team Assistant

The Team Assistant acts as a support and resource to the Case Manager for daily operations of their caseload. The Team Assistant may assist with referrals to external programs and with travel and other arrangements for workers.

### **2.5.2 Psychology Advisor**

The Psychology Advisor serves as a consultant to the Case Manager, providing psychological opinions and advice based on a review of information documented in the claim file. Psychology Advisors do not provide direct clinical care to Injured Workers. When appropriate, they may conduct assessments for the purpose of determining or confirming a diagnosis or deciding issues of causality. Psychology Advisors are all doctoral level Psychologists registered with the College of Psychologists of British Columbia.

### **2.5.3 Medical Advisor**

The Medical Advisor serves as a consultant to the Case Manager, providing medical opinions and advice based on a review of information documented in the claim file.

When appropriate, they may conduct assessments for the purpose of confirming a diagnosis or deciding issues of causality. Medical Advisors are all Physicians registered with the College of Physicians and Surgeons of British Columbia.

#### **2.5.4 Nurse Advisor**

The Nurse Advisor serves as a consultant to the Case Manager, providing professional opinions based on a review of medical information documented in the claim file. Opinions cover such areas as the nursing and health aspects of recovery and return to work planning. They also liaise with the Attending Physician, external health-care Providers and Employer, particularly to assist with return to work planning and support. Nurse Advisors are all Nurses registered with the College of Registered Nurses of British Columbia.

#### **2.5.5. Vocational Rehabilitation**

The Vocational Rehabilitation Consultant is responsible for assisting the Injured Worker with returning to the workforce. They provide practical help with job search skills, return-to-work plans and vocational redirection, if required.

### **3. PSYCHOLOGICAL SERVICES**

Psychological Assessment and Treatment Services are provided to Injured Workers through a combination of services provided through the Case Management Team and External Providers.

#### **3.1 Clinical Services Department**

Psychology Advisors are part of WorkSafeBC's Clinical Services Department. Psychology Advisors are assigned to a Service Delivery Location (SDL) and/or to industry specific teams throughout the province. Psychology Advisors participate as a member of the Case Management Team.

#### **3.2 Health Care Services Department**

The Psychology Services Provider Network is managed by WorkSafeBC's Health Care Services Department. Health Care Services is the main contact for contract related questions and quality concerns.

#### **3.3 Provider Network**

WorkSafeBC provides assessment and treatment services through external Providers. Injured Workers may be referred to hospitals, clinics, treatment programs or individual Providers, as appropriate.

If the claim is accepted and there is a psychological injury or other psychological issue, the Case Manager will consult with members of the Case Management Team for assistance in understanding the issues.

If a psychological assessment is required, it may be conducted by a Psychology Advisor or by a Provider. If Mental Health Treatment is appropriate, the Case Management Team will refer the Injured Worker to a Provider in the Injured Worker's community.

Where a Provider is not available, other arrangements may be made at the discretion of WorkSafeBC. Providers who accept such referrals are expected to adhere to the guidelines in this document.

It is beyond the scope of WorkSafeBC's mandate to provide treatment for pre-existing psychological conditions or concurrent issues that are problematic but are not related to the claim. This can sometimes appear to be at odds with the ethical responsibilities of the Provider, as he or she typically addresses treatment issues from the perspective of the whole person. WorkSafeBC recognizes that it is sometimes difficult for a Provider to limit treatment to only those aspects of a presenting problem that are related to a work injury, but this is required under policy and legislation. Please contact the Case Management Team if you have questions relating to issues for the Injured Worker that have not been accepted under the claim.

### **3.4 Confidentiality**

Under the Workers' Compensation Act, WorkSafeBC is empowered to collect and share any and all information deemed relevant to the adjudication and management of the claim. WorkSafeBC can obtain copies of hospital records, clinical records, employment and school records and any other information it requires to perform its duties under the Act.

When a Worker applies for a claim, he or she gives consent to the collection and use of personal information for the purposes of adjudicating and managing the claim.

Prior to beginning treatment, the Provider must explain the limits of confidentiality and informed consent to the Injured Worker in accordance with their ethical code, as well as in accordance with law and policy of WorkSafe BC.

The Injured Worker must be informed that when a decision on the file is appealed by either the Injured Worker or the Worker's Employer, the contents of the file are disclosed to both parties. This includes information in Provider records submitted to WorkSafe BC and potentially clinical notes, if these are requested by WorkSafe BC.

The Injured Worker now has access to documents on his/her claim file through an online portal. In addition, the Injured Worker may request a copy of a specific document or a complete copy of his or her claim file at any time.

Often the Injured Worker will ask the Provider for a copy of the reports submitted to WorkSafeBC. Providing reports is not recommended as it can lead to confusion and misinformation (e.g. if the report is in any way different from the report sent to WorkSafeBC or

it is received by the Worker prior to WorkSafeBC). The Injured Worker should obtain copies of reports from WorkSafeBC.

Disclosure of information through WorkSafe BC is not meant to discourage or limit discussion between the Worker and the Provider regarding the content of the information provided in the Mental Health Treatment template reports.

### **3.5 Clinical Care**

In the provision of Mental Health Treatment Services WorkSafeBC requires evidence-based treatment from all providers throughout all Treatment Services.

WorkSafeBC's primary goals are to return the Injured Worker to pre-injury psychological status as soon as possible and to support the Worker to re-establish an enduring attachment to the workforce.

The treatment plans and goals for the Injured Worker must be in alignment with the primary goals of WorkSafeBC.

### **3.6 Advocacy**

Most professional codes of conduct address the issue of clinical advocacy. Providers must give reasoned clinical opinion based upon objective observations of the Injured Worker's needs in all communication. This type of **clinical advocacy** is appropriate and encouraged; however, it must be clearly distinguished from **claim advocacy**. It is critical for Providers to refrain from advocating for the Worker with respect to legal, adjudicative, entitlement and benefit issues, as well as non-injury-related needs.

WorkSafeBC depends on Provider reports to understand the clinical status of an Injured Worker. Adjudicative decisions are based on this information. When a Provider takes a claim advocacy stance, his or her opinions can no longer be considered clinically objective. For example, it is inappropriate for the Provider to make such comments as "I think the Worker should be re-trained" or "this Worker's claim should be reopened".

## **4. SERVICE PROVISION**

Mental health treatment services must be provided within the structure outlined below.

### **4.1 Referral Process**

WorkSafeBC Registration Representatives of the Provider Referrals Department are responsible for facilitating referrals to Providers. A Registration Representative will contact a Provider from a list of contracted providers or an individual recommended by the Case Management Team.

If the Provider agrees to accept the referral he/she must **meet with the client within ten (10)**

**business days** from the date of contact by the Registration Representative.

The Registration Representative will ask the Provider to set up the initial appointment with the Injured Worker within **one business day** and confirm the appointment date by return telephone call that same day. **This is also required for any Treatment Extensions.**

The Provider must call Provider Referrals back. If the **Registration Representative does not receive the return telephone call, the referral will be terminated**, and the worker will be treated by the next available recommended provider. The Injured Worker will have been informed about the referral by the Case Management Team and will expect a call from the Provider.

Once the appointment is accepted, background information, and copies of the selected claim documents will be sent to the Provider. Any information supplied by WorkSafeBC is confidential and may not be passed on to third parties.

The Provider will receive a referral letter, which provides the clinical background and details about the service being requested. The letter is written by a member of the Case Management Team and includes expectations about the length and frequency of treatment, issues that need to be addressed, treatment goals, and treatment methods.

If the Injured Worker cannot keep the Initial Session appointment, the Contractor is responsible for rescheduling and meeting with the worker within five (5) business days from the original appointment date.

## **4.2 Mental Health Treatment Services**

A course of treatment typically begins with an 'Initial Session, resulting in a completion of the report template. The template is to be identified as the Initial Session Report. One or more months of treatment are authorized in association with this Initial Session. Throughout treatment, regular monthly Progress Reports must be submitted. When treatment is concluded, the completion of the report template, to be identified as the Discharge Report, must be submitted.

### **4.2.1 Initial Session**

The Provider will meet with the Injured Worker for an initial exploration of treatment issues. Based on the background information provided and the Initial Session, a written treatment plan will be developed within the Initial Session Report template.

The Initial Session is not a comprehensive psychological assessment. Under most circumstances, a comprehensive assessment will have been completed prior to treatment to clarify issues of causality, diagnosis, etc.

If the Provider is not in agreement with the Working Diagnosis given by WorkSafeBC, treatment must not proceed until the issues are clarified. The Provider must contact the Case Management Team to clarify the issues. If the treatment Provider proceeds with treatment, it is recognized that he or she agrees with the Working Diagnosis.

The Provider must contact the Case Management Team prior to continuing treatment if:

- The Worker's treatment requirements change after the referral;  
**OR**
- The Provider wishes to recommend a service different than the one requested

Any changes to the scope and intent of the contracted services must be discussed with the referring member of the Case Management Team.

Treatment must be outcome-oriented and within the Provider's area of training and expertise. WorkSafeBC strongly supports and expects evidence-based treatment approaches. Any questions or concerns about an individual treatment issue must be discussed with the referring member of the Case Management Team.

## **4.2.2. Treatment**

### ***4.2.2.1. Treatment Months***

Treatment sessions are authorized in treatment months. A treatment month is equal to a calendar month. For example, if the Initial Session takes place on August 15, 2010 the treatment month ends on September 14, 2010.

The Provider must complete and submit the Treatment Progress Report template after each treatment month. A report is due for each treatment month independent of the number of sessions - even when no session is conducted.

The number of approved treatment months will be specified in the referral letter

### ***4.2.2.2. Treatment Plans***

Treatment Plans are separated into 3 categories:

Adjustment to injury – Initial session and 1 treatment month

An Adjustment to Injury referral is made when it is deemed that the Injured Worker needs a brief period of support to adjust to the Workplace injury. No ongoing treatment is anticipated from this Treatment Plan.

Standard treatment – Initial session and treatment for 4 treatment months

A standard treatment referral is made with reference to the Working Diagnosis. Progress toward to identified treatment goals is anticipated.

Maintenance – 12 treatment months

The worker's psychological condition is considered plateaued however ongoing support is required in order to maintain previous treatment gains.

The treatment plan and the frequency of treatment sessions will be specific in the referral letter. Weekly one-hour sessions are typical for Adjustment to Injury and

Standard Treatment plans; however, there may be times when sessions are requested with greater or lesser frequency.

Any variation from the approved number and frequency of sessions must be pre-approved by a member of the Case Management Team. Additional sessions may be approved on an exceptional basis in order to address psychological emergencies.

Unused treatment sessions cannot be carried over into the next treatment month.

### Treatment Extensions

Treatment extension requests shall be made in the Progress Report prior to the last approved treatment month.

i.e.: For Standard Treatment: request an extension in the 3<sup>rd</sup> month of treatment  
i.e.: For Maintenance: request an extension in the 11<sup>th</sup> month of treatment.

Treatment extensions for Standard Treatment and Maintenance must be pre-approved by the referring member of the Case Management Team.

Extension requests are made via the Progress Report template. **If an extension is approved**, you will receive a referral from the Provider Referrals Department.

#### **4.2.2.3. Treatment Termination**

Treatment shall be terminated once the Provider has determined that:

- The Worker has returned to pre-injury psychological status;
- The Worker has reached a point of stability with no additional intervention likely to be helpful; or,
- The treatment goals have been achieved.

WorkSafeBC may terminate coverage at any time for treatment if:

- The Worker is no longer eligible for continuing services; or,
- The Case Management Team determines that continuing services are unlikely to be of value to address claim-related condition(s).
- At any time it is determined to be appropriate.

Termination of treatment does not imply that the Worker no longer has a need for psychological support or intervention. Termination of coverage for treatment does not alleviate the Provider from his or her professional obligations to bring about an ethically appropriate transition to other non-WorkSafeBC sponsored services.

### **4.3. Written Report Requirements**

There are three (3) types of reports within the template, which are required over the course of treatment (Initial, Progress and Discharge). All reports must be completed using the “Mental Health Treatment Report” form 10D6, which is available at [www.WorkSafeBC.com](http://www.WorkSafeBC.com) (A sample

of this template is provided in Appendix A).

A complete report entails:

- Completion of all template fields  
Note: Each field/box within the template is expandable. You may add your comments/opinions in provided fields.
- Reports must be completed regardless of the number of sessions completed in a treatment month – even if no sessions are completed within the treatment month.

#### ***4.3.1. Initial Session Report***

The purpose of this report is to document the results of the Initial Planning Session and to detail recommended treatment goals and methods. This report is used as a baseline from which to measure changes in clinical symptoms and provides information relevant for return-to-work planning.

- Initial Session Reports must be submitted within five (5) business days of the first appointment.

#### ***4.3.2. Treatment Progress Report***

The purpose of this report is to document progress towards the treatment goals specified in the Initial Session Report and to outline any need to modify treatment. Progress reports must include a revised treatment plan, if appropriate.

- Treatment Progress Reports must be submitted within five (5) business days from the end of a treatment month, regardless of the number of sessions used during that treatment month.

#### ***4.3.3. Treatment Discharge Report***

The Discharge Report is the final treatment report and its purpose is to provide a review of progress over the course of treatment and a final summary of the outcome.

- The Discharge Report must be submitted within five (5) business days of the last treatment session.

#### ***4.3.4. Consultation Documentation***

Consultation Documentation is a stand alone report that must be requested by Case Management Team to answer a specific question or questions. This is a supplemental document that addresses questions beyond the parameters of an Initial or Progress Report (e.g.: Graduated Return To Work Plan or Risk Assessment).

- The Consultation Document must be received by WorkSafeBC within ten (10) business days from the date of the request
- There is no report template for a consultation report.

#### **4.4. Verbal Communication**

**The Provider must speak directly to a member of WorkSafeBC Case Management Team by telephone:**

##### **Immediate Communication Required**

- When an incident occurs of accidental or traumatic nature during treatment.
- If the Contactor is not in agreement with the psychological diagnosis provided by WorkSafeBC. Treatment must not proceed until this issue is resolved.
- If there are indications that the Injured Worker is at risk of imminent harm to self or others.

##### **Within One Business Day**

- Following an emergency session.
- When the Worker has withdrawn from treatment
- If the Provider is considering a discharge for reasons of poor level of participation or attendance.
- If the Injured Worker fails to attend the scheduled Initial Session (first appointment).

#### **4.5. Submitting Reports and Invoices**

All reports and invoices must be faxed directly to WorkSafeBC via the contact numbers provided. Do not send reports or invoices directly to the Case Manager, Vocational Rehabilitation Consultant, Registration Representative, or Psychology Advisor.

Reports must be received by WorkSafeBC prior to making payments on invoices.

The Provider must submit invoices to WorkSafeBC Payment Services in the prescribed format within ninety (90) days, or earlier, of the completion of the Services or the Injured Workers' discharge in accordance with Schedule B. Invoices received after ninety (90) days from the completion of the Services may not be paid by WorkSafeBC.

All invoices must be completed using the "Invoice for Psychology Services" form 10D4, which is available at [www.WorkSafeBC.com](http://www.WorkSafeBC.com).

Missed, cancelled or late appointments are not billable. If you have questions regarding extenuating circumstances please contact the Health Care Services Program Manager responsible for Psychology Services.

##### **4.5.1 Fees**

It is necessary to have a referral from Provider Referrals for all psychological

services delivered to Injured Workers. Services that are not referred through Provider Referrals will not be reimbursed.

Providers may only charge fees according to WorkSafeBC's Mental Health Treatment Services fee schedule. Please refer to your contract for all information regarding fees and services for Mental Health Treatment provision. WorkSafeBC Case Management Team members are not able to authorize fees or services beyond the Mental Health Treatment fee schedule. Any invoices for fees or services not found within the contract and fee schedule will not be reimbursed.

Any additional costs, such as psychological test materials, computer software, workbooks and disbursement expenses cannot be invoiced.

Providers must not invoice Workers for any services.

# Appendix A: Invoice for Psychology Services



## INVOICE FOR PSYCHOLOGY SERVICES

This invoice must be submitted to WorkSafeBC within 90 days of date of last service. **All fields with \* are required for payment to be processed.** Failure to provide this information may result in processing delays. Please complete all other fields (if possible). Incomplete invoices may be returned for resubmission.

**PAYMENT SERVICES**  
Phone 604 276-3085  
Toll-free 1 888 422-2228

**FAX**  
**604 233-9777**  
Toll-free **1 888 922-8807**

**MAIL**  
Payment Services, WorkSafeBC  
PO Box 4700 Stn Terminal  
Vancouver BC V6B 1J1

Invoice number*	Invoice date* (yyyy-mm-dd)	Service location code	Contract ID
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### Payment information

Provider name	Payee number*		
Mailing address for payment	City	Province	Postal code*
Telephone number (please include area code)	Fax number (please include area code)		

### Service recipient information (worker or other person who received service)

Service recipient last name*	Service recipient first name*
Service recipient date of birth* (yyyy-mm-dd)	Service recipient personal health number (CareCard number)
WorkSafeBC claim number	Date of injury* (yyyy-mm-dd)

### Service information

Date of service* (yyyy-mm-dd)	Fee code*	Fee description*	Number of hours or part thereof* (number of units)	Rate per hour* (cost per unit)	Flat fee* (cost per unit)	Line item amount*
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
<b>Invoice total amount*</b>						<b>\$ 0.00</b>

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

# Appendix B: Mental Health Treatment Report



## MENTAL HEALTH TREATMENT REPORT

### CLAIMS CALL CENTRE

Phone 604 231-8888  
Toll-free 1 888 967-5377

### FAX

604 233-9777  
Toll-free 1 888 922-8807

### MAIL

WorkSafeBC  
PO Box 4700 Stn Terminal  
Vancouver BC V6B 1J1

Mental health treatment will only be paid for the period pre-authorized by WorkSafeBC. Extension requests must be submitted a minimum ten (10) business days before the end of the last treatment block.

If notice of approval or rejection of the treatment plan is not received, the provider should contact the WorkSafeBC officer by telephone to confirm receipt of the report.

Date of service <i>(Date of report yyyy-mm-dd)</i>
--

### Report type and blocks *(please check one)*

Initial Session report (PTR) <input type="checkbox"/>	Date of Initial Session <i>(yyyy-mm-dd)</i>
Treatment progress report (PPR) <input type="checkbox"/>	Current stream 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other <input type="checkbox"/> <i>(please specify)</i>
Treatment discharge report (PDR) <input type="checkbox"/>	

### Provider information

Name	Payee number
Mailing address/stamp	Phone number <i>(please include area code)</i>
	Fax number <i>(please include area code)</i>

### Worker information

Last name	First name	Middle initial	WorkSafeBC claim number
Is worker currently working? Yes <input type="checkbox"/> No <input type="checkbox"/>			

### Focus of treatment (primary working diagnosis)

Acute stress disorder <input type="checkbox"/>	Posttraumatic stress disorder <input type="checkbox"/>
Adjustment disorder <input type="checkbox"/>	Specific phobia <input type="checkbox"/>
Anxiety disorder <input type="checkbox"/>	Panic disorder <input type="checkbox"/>
Chronic Pain <input type="checkbox"/>	Unknown <input type="checkbox"/>
Cognitive disorder not otherwise specified <input type="checkbox"/>	Other — please specify:
Dysthymia <input type="checkbox"/>	
Family therapy <input type="checkbox"/>	
Major depressive disorder <input type="checkbox"/>	
Pain disorder <input type="checkbox"/>	

Other concerns (secondary diagnosis (es))?

Yes  No  If yes, please specify the secondary diagnosis

---

Has there been any change in diagnosis since previous treatment month?

Yes  No  If yes, please specify previous diagnosis

---

Has there been any change in treatment plan?

Yes  No  If yes, please describe your current treatment plan

**Current status of worker**

Any change in symptoms since previous treatment block?

Yes  No  If yes, please list the worker's current symptoms

---

**Please check one of the following for the current overall severity of psychological symptoms.**

1) No significant symptoms

2) Minimal or transient symptoms

3) Some mild symptoms, but generally functioning pretty well

4) Moderate symptoms/moderate impairment in functioning

5) Serious symptoms/serious impairment in functioning

6) Some danger of hurting self or others

If you have checked off either 5 or 6, has a risk assessment been completed? Yes  No

---

**Describe the impact of the worker's symptoms on:**

Activities of daily living (e.g. personal hygiene, sexual function, sleep, base household activities)

Social functioning (e.g. interaction with general public, relationships with family members, maintaining socially appropriate behaviour)

---

**What are the worker's current *limitations* related to the current psychological diagnosis (es) (i.e., activities that the worker is unable to do as a result of the psychological conditions(s))?**

*Note: Common limitations include limited ability to tolerate tasks with deadlines, time pressures and high expectations for productivity and the ability to tolerate tasks with frequent customer contact.*

---

**What are the worker's current *restrictions* related to the current psychological diagnosis (es) (i.e., activities that the worker must not engage in to avoid aggravation/exacerbation of symptoms and/or to avoid compromising the safety of self or others)?**

*Note: Common restrictions include participation in activities with a risk of injury due to concentration lapses and exposure to particular stimuli and/or environments.*

---

Is the worker ready for return to work from a psychological perspective?

Yes  No  N/A (worker at work)

If no, please specify how many treatment months are anticipated prior to return to work

---

List external factors likely to complicate or delay recovery

---

Does the worker seem motivated in treatment?

Yes  No  If no, please list any concerns

Are there any other issues or clinical relevance not covered above?

### Recommendations

No further mental health treatment required <input type="checkbox"/>	Extension of mental health treatment requested <input type="checkbox"/>
Please call me to discuss this case <input type="checkbox"/>	

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

DRAFT