



# Health Care Provider Invoicing and Reporting

## EXAMPLE MENTAL HEALTH TREATMENT PLAN: Complex Case

### How to Use This Document

The intended purpose of this document is to provide an example of the types of details and key information that should be included when completing a Mental Health Treatment Plan. The example includes:

- A summary of a case scenario
- Examples of relevant responses to each of the questions in the Treatment Plan form based on the case scenario provided

NOTE: Additional assistance with how to complete a Treatment Plan form may also be found in the Treatment Plan Guides on the [Treatment plan \(icbc.com\)](https://www.icbc.com).



#### Case Scenario:

This is the first Mental Health Treatment Plan (dated January 15, 2024) being submitted for a 50-year-old full-time taxi driver who was injured in a car crash two and half months ago. He is diagnosed with a concussion and severe depression. The patient has not returned to work since the accident. Prior history of depression and anxiety.

### PATIENT PERSPECTIVE/RATINGS

\* indicates required field

#### 1) How does the patient believe that they are recovering from a mental health perspective since this accident? \*

completely better  much improved  slightly improved  no change  slightly worse  much worse  worse than ever

#### 2) Psychological outcome measures:

GAD-7 Initial: 18 Current: 15

PHQ-9 Initial: 15 Current: 10

#### 3) Key subjective findings – (Optional)

- Patient reports frequent nightmares about the accident and is unable to sleep more than 1-2 hours at night

### OBJECTIVE FINDINGS

#### 4) From a mental health perspective, how is the patient progressing with treatment?

Please select at least one functional goal for the patient's return to work, return to activities of daily living, or return to school. \*



**Note:** If absent from work or school, must include goals to return to pre-accident function.



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**Note:** Select goals which are relevant to supporting a return to pre-accident function. Goals should be measurable, developed in collaboration with the patient and aligned with pre-accident function. Measurable functional progress to date should be included in this section. Functional goals for return to work, ADL or school must include:

- Goals (provide detail)
- Initial or previous findings
- Current findings
- Overall progress towards goal

## RETURN TO WORK:

First Functional Goal: **Behaviour**      Second Functional Goal: **Cognition**      Third Functional Goal:

Provide details on findings and progress for each goal selected. \*

### Initial/previous findings:

#### Goals:

- Behaviour - ability to drive in a safe, independent and confident manner as a full-time taxi driver
- Cognition – sustain cognitive alertness and navigate complex traffic situations while driving

#### Initial findings:

- Patient reports being unable to drive or be a passenger in motor vehicles
- Therapist observes inability to maintain focus and eye contact during session due to reported headache, dizziness and light/noise sensitivity

### Current findings:

- Able to ride as a passenger in the taxi to therapist's office 1x/week but has not attempted independent driving
- Tolerates a full treatment session while maintaining an increased level of alertness and engagement during session

### Overall Progress Towards Goal:

Resolved    Improved Significantly    Improved Moderately    Improved Minimally    Unchanged    Regressed

## RETURN TO ACTIVITIES OF DAILY LIVING:

First Functional Goal: **Behaviour**      Second Functional Goal: **Affect/motivation**      Third Functional Goal:

Provide details on findings and progress for each goal selected. \*

### Initial/previous findings:

#### Goals:

- Behaviour - facilitate sleep hygiene strategies to promote a consistent sleep/wake schedule and some consistent structure/routine to his day so that he can engage in personal care and household tasks
- Affect/motivation – improve mood symptoms to encourage increased social engagement with family and friends during the weekend

#### Initial findings:

- Patient reports sleeping 1-2 hours at night but then awoken by frequent nightmares
- Patient reports a lack of desire to interact with family/friends; and therapist observes patient is disheveled and unshaven

### Current findings:

- Using strategies, reports up to 4 hours of sleep at night but wakes with nightmares and requires 2-3 daytime naps
- Patient reports that he still has not attended any social gatherings or family events since the accident, but has walked with a neighbour

### Overall Progress Towards Goal:

Resolved    Improved Significantly    Improved Moderately    Improved Minimally    Unchanged    Regressed



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## RETURN TO SCHOOL:

First Functional Goal:

Second Functional Goal:

Third Functional Goal:

Provide details on findings and progress for each goal selected. \*

**Initial/previous findings:**

**Current findings:**

**Overall Progress Towards Goal:**

Resolved  Improved Significantly  Improved Moderately  Improved Minimally  Unchanged  Regressed

## 5) What primary evidence-based treatment modalities will be used to achieve these goals?

(check all that apply) \*



**Note:** As recovery progresses, treatment should demonstrate a transition towards independent self-management at home and in-community.

- CBT  ACT  Mindfulness based cognitive therapy  Exposure Therapy  EMDR  DBT
- Self-management techniques: provided imaginal exposure strategies to be practiced at home between sessions for trauma symptoms
- Education: collaboratively developed bedtime routine to facilitate sleep and provided sleep hygiene handout
- Medication: family physician recently increased the dosage of his pre-accident antidepressant
- Other: family physician referred him for psychiatric consultation

## 6) Any barriers delaying the patient's treatment progress? Additional Comments

- Exacerbation of prior mental health symptoms
- Financial stress and fear of losing job
- Ongoing post-concussion symptoms - consultation with specialist for ongoing symptoms of headache and decreased cognitive abilities may be warranted if these symptoms persist



**Note:** Treatment Plans should be evidence-informed, demonstrate functional progress, and be focused on optimizing function.

Approved treatments not used within the current treatment period do not roll over beyond the end date. For example, pre-approved treatments during the Early Access Period expire 12 weeks after the crash or once the number of pre-approved sessions have been used – whichever comes first.

## 7) Recommended Treatment \*

NUMBER OF TREATMENT SESSIONS (Completed to Date) 10	NUMBER OF APPROVED SESSIONS REMAINING 2	CURRENT TREATMENT FREQUENCY 1x/week
NUMBER OF ADDITIONAL TREATMENT SESSIONS (Requested) 10	ANTICIPATED END DATE OF RECOMMENDED TREATMENT April 30, 2024	RECOMMENDED TREATMENT FREQUENCY every 1-2 weeks



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8) Do you expect the patient to return to a pre-accident level of function at the end of this recommended treatment? \*

No, patient will require additional treatment following completion of this Recommended Treatment. (please explain)

Comments:

- Anticipate additional treatment required to manage mental health symptoms and support return to work goals
- Further treatment recommendations pending follow-up with psychiatrist



**Important:** Ensure to select [Request PDF Copy](#) after submission and an email containing a copy of the completed Treatment Plan and reference number will be sent.