



## ICBC Mental Health Treatment Plan Guide

### Obtaining Approval for Additional Treatment

Treatment Plans are a means of documenting our customers' recovery progress to date and the functional outcomes that they will achieve with further treatment. This information enables ICBC claim representatives to make timely and informed benefit decisions.

Practitioners are encouraged to proactively submit Treatment Plans as soon as they identify that the customer will require additional care beyond the early access treatment period.

Submit Treatment Plans using the Health Care Provider Portal (HCPP) or the Health Care Provider Invoicing and Reporting (HCPIR) application as outlined on the [Business Partners'](#) page. Once the practitioner has submitted a Treatment Plan, ICBC will respond with the funding decision upon consideration of the available information. If the Treatment Plan is partially approved or denied, reasons for the decision will be included in the response.

### Tips for Completing a Treatment Plan

- ICBC funds necessary treatment for accident related injuries that is provided by an authorized health care provider, using evidence-informed practice. Treatment Plans should therefore incorporate goals that focus on optimizing function including return to work and, that has a measureable and objective functional benefit to the customer.
- Treatment Plans that are not evidence-informed, do not demonstrate functional progress and are not focused on optimizing function may not be approved.
- Below is a list of each of the questions included in a Treatment Plan along with a description of the necessary information that practitioners should include. Practitioners are encouraged to write clearly and concisely, ensuring all questions have been completed.

### Q1. How does the patient believe that they are recovering from a mental health perspective since this accident?

- This question is intended to obtain the customer's perspective on their recovery status.
- Check only one of the boxes from the choices provided, based on the customer's response.
- If needed, the practitioner may add further context in the 'Key subjective findings' section in question 3 of the treatment plan form.

### Q2. Psychological outcome measures:

- If applicable, the practitioner includes both initial and current outcome measures as a comparison and measurement of recovery status and progress.
- Including the results of outcome measures (e.g., GAD-7, PHQ-9) is optional, but doing so provides important information with regards to tracking treatment-related symptomatic and functional change over time.
- Additional reference for more information on outcome measures:  
<https://www.camh.ca/en/professionals/treating-conditions-and-disorders/anxietydisorders/anxiety---screening-and-assessment>

### Q3. Key subjective findings

- This section is optional and can be used to include further information regarding the customer's recovery that might be relevant for the additional treatment being requested.

### Q4. From a mental health perspective, how is the patient progressing with treatment?

When completing this section the practitioner should take into consideration the customer's pre-injury activities and function. Select the relevant functional goal(s) **Cognition, behaviour,** and **affect/motivation** are closely interrelated. Comment on how these three factors are impacting the customer and their functioning. It is also important to highlight how the proposed mental health treatment is expected to positively impact the customer's functioning and how the mental health treatment provider is subjectively and objectively assessing such.

### Functional Goal:

**Cognition** = Includes mental processes of alertness and orientation to person, place and time; intelligence/estimated intelligence; memory; language; visuospatial functioning; attention and concentration; processing speed; executive functioning and reasoning; and motor functioning. (For more information, refer to Appendix)

**Behaviour** = How perceived or objective symptoms affect the patient's ability to perform/carry out specific tasks/behaviours on a day-to-day basis. In addition to the person's self-report, there are some objective aspects of a person's behaviour that are observable during mental health treatment. (For more information, refer to Appendix)

**Affect / Motivation = Affect** is the range of a person's observed emotional expression based on their speech, facial expression, and other behaviours such as tearfulness, their intonation of speech (normal, flat, monotone) or observed fear response (rapid breathing, increased startle response, jumpiness). Affect can range from flat, restricted, normal to labile. **Motivation** can be inferred by how a person answers questions (one word answers versus more fulsome responses), how they approach challenges (persisting versus giving up easily) and their general attentiveness and responsiveness when asked to participate. (For more information, refer to Appendix)

- Use the dropdown choices to select relevant functional goals and provide current functional abilities with respect to return to work, school, and / or activities of daily living.
- Focus should be on primary functional limitations that have resulted due to the accident.

### Initial/Previous and Current Findings:

- If this is the first Treatment Plan request, insert your initial assessment findings in the 'initial or previous findings' section.

For subsequent Treatment Plans, functional findings from the prior Treatment Plan should be used for the 'initial or previous findings' section for comparison and consistency.

- Comment on how the functional goal selected (Cognition, Behaviour or Affect/motivation) affects the customer's day-to-day activities and functioning. This includes return to work goals, return to activities of daily living, return to education, and socialization/interpersonal functioning. social interactions.

**NOTE:** If you are a practitioner starting treatment outside of the early access period, contact the ICBC recovery specialist by phone or email to obtain approval for one to two treatments so you can assess the new customer's injuries. Refer to [Tips-for-initiating-care-outside-early-access-period.pdf \(icbc.com\)](#) for more details.

**Overall Progress Towards Goal:**

- Check one of the choices presented to indicate the current status of the customer's overall progress towards recovery so far. This information will help with identifying trends in the customer's recovery.
- Goals should be developed in collaboration with the customer and should be aligned with pre-accident function.
- Once prior functional limitations have been indicated as "RESOLVED", the practitioner may choose a new functional goal if appropriate.

**Q5. What primary evidence-based treatment modalities will be used to achieve these goals? (check all that apply)?**

- The practitioner selects the treatment modalities/strategies being used to treat the customer's symptoms.
- Additional space is provided to include details under 'Self-management techniques', 'Education', 'Medication', and 'Other'.
- **NOTE:** if 'Other' is selected, please provide further details to avoid delays in treatment funding approval.

**Q6. Any barriers delaying the patient's treatment progress? Additional Comments**

- This section can be used by the practitioner to include additional information regarding the customer's recovery that may have not yet been addressed in the treatment plan form and may be relevant to assist with the treatment request.



- Information in this section could include any barriers to recovery and recommendations to address barriers, or a summary of plateaued or resolved goals relative to the previous treatment plan.

## Q7. Recommended Treatment

- Include treatment amounts and frequency in the boxes provided for both treatment completed to date, as well as for the additional treatment that is being requested outside of the early access period.

- How to complete this section:

### **Number of Treatment Sessions (Completed to Date):**

- The amount entered in this box should include the total number of treatment sessions that have been provided by the practitioner, including the initial assessment session.

### **Number of Sessions Remaining:**

- This amount is the number of sessions that ICBC has approved minus the number of sessions that have already been delivered to the customer.

### **Current Treatment Frequency:**

- The information entered in this box is the frequency of treatment at which the customer has been attending treatment at the time the Treatment Plan is being submitted.

### **Number of Additional Treatment Sessions (Requested):**

- The amount entered in this box should include the total number of new treatment sessions that are being requested.

### **Anticipated end date for recommended treatment:**

- The date entered in this box would be the estimated end date when the customer would be expected to be discharged from treatment.

### **Recommended Treatment Frequency:**



- The information entered in this box is the frequency of treatment at which the customer will be attending the additional treatment being requested.

**Q8. Do you expect the patient to return to a pre-accident level of function at the end of this Recommended Treatment?**

- The practitioner selects the appropriate choice from the dropdown menu.
- If 'no' is selected as a response, further explanation is required in the 'Comments' section to provide additional information. Refer to the dropdown choices on the treatment plan form for more context.

## Appendix

### General example:

A customer might report experiencing trauma and driving-related anxiety symptoms following a motor vehicle crash. Cognitively, they might report that they cannot concentrate and/or think that others are unsafe drivers and that they are at high risk of getting into another crash. If they do drive or are a passenger in a vehicle, they might report experiencing emotional symptoms of rapid breathing or increased startle response or jumpiness. The resulting behaviour is avoiding driving/being a passenger to avoid these symptoms of anxiety. The customer experiences less anxiety when they are not in vehicles, which then reinforces the avoidance of driving. This avoidance behaviour, however, has a negative impact on the customer's functioning, as they might not/believe they might not be able to return to work/attend school or manage important activities of daily living, such as going grocery shopping. The longer these avoidance behaviours persist, the more they get reinforced, but also, the greater the likelihood of ongoing functional impact.

### Cognition:

#### Subjectively:

- in the *attention domain*, a customer might complain of distractibility or being unable to follow a meeting in the workplace or being easily distracted.
- in the *memory domain*, a customer might complain of not being able to recall details of recent conversations with their family or a co-worker, in meetings, or forgetting why they went to the grocery store or whether they have taken their medication.
- in the *language domain*, a customer might complain of word finding difficulties or of knowing what they want to say, but not being able to express their thoughts.

These difficulties might also be observed objectively in mental health treatment sessions or inconsistencies in the customer's reports might be observed. For example, the customer cannot keep track of or recall strategies discussed in a counselling session and/or repeats

themselves, or the customer is disorganized and struggles to effectively communicate their thoughts. Alternatively, the customer might note that they cannot focus but recount the details of a recent medical appointment or podcast.

### Behaviour:

*Avoidance:* a customer might report avoiding certain activities, such as driving a car, because they are concerned that this will result in a worsening of panic symptoms. In this example, the behaviour of note is the avoidance.

*Active behaviours:* (e.g., practicing mindfulness techniques using an app on a daily basis) or,

*Passive behaviours* (e.g., sitting due to concerns that active exercise or stretching might worsen their pain).

Examples of aspects of a person's behaviour that are observable during mental health treatment include the fluency, volume, and rate of speech (slow, rapid or pressured), word-finding difficulties, whether the person can understand the discussion or requires repetition/clarification, eye contact, posture, pain behaviours (e.g., wincing), tearfulness or happiness, and whether the person is neatly or poorly groomed.

Sometimes observed behaviours are consistent with the customer's report (e.g., a person reporting that they are in pain and is observed to be wincing repeatedly or adjusting their position in their chair throughout the session). However, observed behaviours can also be inconsistent with a customer's self-report (e.g., a customer who reports they cannot tolerate lights/noise but who goes out to dinner at a restaurant with friends or to a concert).