



Australian Government

Comcare

PUTTING YOU *FIRST*

PSYCHOLOGY/COUNSELLING TREATMENT NOTIFICATION PLAN EXPLANATORY NOTES

Comcare requires a Treatment Notification Plan (TNP) to be submitted when:

- > treating an injured worker for the first time, where more than five sessions are required
- > when there has been a gap in Psychology/Counselling treatment of greater than twelve months
- > the injured worker has changed Psychology/Counselling clinics
- > A fee will be paid for a fully completed TNP using item number COMPSYT1

LODGEMENT OF TNP

Fax: 1300 196 971

Post: GPO Box 9905 Canberra 2601

Email: clinical.panel@comcare.gov.au

1. HAS THIS INJURED WORKER ATTENDED YOUR PRACTICE PRIOR TO THE WORK-RELATED INJURY?

State any conditions present prior to this work-related injury that have required Psychology/Counselling treatment. Indicate the period of treatment. Please note that Comcare will only fund treatment based on the injured worker's needs resulting from the work-related injury.

2. REFERRAL

The SRC Act 1988 requires the injured worker to be referred to the Psychologist/Counsellor by a legally qualified medical practitioner. Please attach an up to date referral to the TNP.

3. CURRENT PROBLEMS OR BARRIERS RELATED TO THE WORK-RELATED INJURY

List in order of priority problems or barriers preventing improvement in mental health such as physical injury, environmental factors or behavioural issues (eg substance abuse).

4. CURRENT DIAGNOSES (DSM-IV MULTIAXIAL)

Completion of the DSM-IV section is not compulsory for non registered providers. Registered psychologists are requested to complete this section.

5. OTHER COMMENTS AND ISSUES

Please comment on the psychological capacity of the injured worker to return to pre-injury duties, modified duties or alternative duties. Please detail any opportunity you believe the injured worker has to return to meaningful work roles.

6. ADDITIONAL SERVICES

Please comment on the assistance that a rehabilitation provider or program may provide to the injured worker beyond that of what can be provided via your treatment plan. For example vocational rehabilitation.

7. AGREED TREATMENT PLAN AND MEASURES

Goal setting must be used in treatment management and should be established in conjunction with the injured worker. The establishment of goals ensures that the worker and clinician are focused on similar objectives of recovery and return to optimal level of function and work. Goal setting also ensures that appropriate measures are utilised to monitor recovery.

It is expected that treatment administered is consistent with the highest level of clinical evidence available. If there is little indication in the scientific literature of management of a specific condition, then it is expected the Psychologist/Counsellor will have a greater reliance on goal setting and monitoring of standardised measures to ensure optimal clinical recovery.

Standardised measures have the advantage of being sensitive to change which ensures that the impact of treatment is more likely to be established than non-validated measures. The reliability, validity and responsiveness of customised outcome measures are generally not known. However, where standardised measures are not available specific to goals, then customised measures should be administered.

8. PROPOSED TREATMENT PLAN

List the total number of services you expect to be provided over a set number of weeks. Provide start and end dates for treatment.

9. INJURED WORKER AUTHORISATION

The fee schedule has been developed to ensure that this TNP is completed as part of a consultation with the Injured Worker. Please ensure that you discuss and develop this TNP with the injured worker before they sign the plan.