Document Code: MP
Comment: SUCCEED

SUCCEED Discharge Report

Early Intervention Program for Workplace Trauma

Worker information

Worker's name	WorkSafeNB claim number (if known)	Date of birth (yyyy-mm-dd)

Occupation	Injury date (yyyy-mm-dd)	If cumulative/repeated exposure, indicate dates of exposure from to

Is worker currently working?	If yes...
☐ Yes ☐ No	☐ Regular hours ☐ Regular duties ☐ Modified hours ☐ Modified duties

Treatment

Treatment start date: Treatment end date:	Treatment delivery: ☐ In person ☐ Virtual	Number of sessions completed: of 6 sessions

Treatment motivation/engagement:

- ☐ Attended all sessions
- ☐ Arrived on time
- ☐ Completed between session exercises
- ☐ Appropriate use of self-disclosure
- ☐ Open to changing behaviour
- ☐ Low or questionable motivation for treatment. Please explain:

Treatment components delivered:

- ☐ Psychoeducation
- ☐ Safety/Stabilization
- ☐ Reprocessing of trauma using three-part narrative construction
- ☐ Discharge planning

Clinical report

Psychometric testing

		Symptom Severity Score		Functional Health Score	
	Analysis	Pre-treatment	Discharge	Pre-treatment	Discharge
Anxiety (GAD-7)	☐ Improved ☐ No change ☐ Worse				
Depression (PHQ-9)	☐ Improved ☐ No change ☐ Worse				
Trauma (PCL-5)	☐ Improved ☐ No change ☐ Worse				

Clinician rating of functional health at discharge

Work:
☐ Not at all difficult ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Activities of daily living:
☐ Not at all difficult ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Interpersonal relationships:
☐ Not at all difficult ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Current suicide risk:

☐ None ☐ Low ☐ Medium ☐High (If medium or high, please contact case manager and refer worker as appropriate.)

If concern of suicide, outline safety plan:

Current barriers to treatment and return to work:

☐ Urgent substance abuse issue
☐ Personality features
☐ Sleep issues
☐ Physical injury/pain
☐ No job attached
☐ Claim issues
☐ Lack of social support
☐ Employer/labour relations issues
☐ Legal issues
☐ Mistrust of WorkSafeNB
☐ Low motivation for return to work
☐ Low motivation for psychological treatment
☐ Other:

Recommendations

☐ Return to full duties
☐ Graded return to work with occupational therapy assistance
☐ Behavioural activation
☐ Substance use/addiction services
☐ Psychiatric review/psychotropic medication review
☐ Medical review
☐ Individual trauma focused psychological treatment to assist with the following ongoing concerns (please explain):

☐ Other:

Provider information

Name	WorkSafeNB provider number	Preferred method of contact
Email address	Phone number (include area code)	Fax number (include area code)
Signature (not required if submitting through MyServices)		Report date (yyyy-mm-dd)