

Initial Psychology Assessment Report – Instructions

The [Initial Psychological Assessment Report](#) (IPAR) asks for **information necessary to make an acceptance decision on a claim**. WorkSafeNB must determine if the worker's injury or illness meets requirements for acceptance under the *Workers' Compensation Act*. In addition, if the claim is accepted under the *Act*, this report **helps us set the worker up for recovery success, offering a baseline for improvement**. WorkSafeNB employs psychology consultants with specialized experience in worker recovery and WorkSafeNB services. If you have any questions on treatment, return-to-work options, medications, and/or programs we offer and support, we encourage you to reach out. Email psychology-psychologie@ws-ts.nb.ca.

Please do not initiate treatment without prior approval from WorkSafeNB. Submit within 10 business days of completing the assessment. Use your MyServices account to submit quickly and securely.

Worker and Provider sections

Provide all requested information. If you do not have a WorkSafeNB provider number or don't know it, please call us toll-free at 1 800 999-9775.

Employer section

In addition to employment information, describe the **employer's description of the injury/incident**. You can find this information in the *Report of Accident or Occupational Disease – Form 67*, which you would have received with the referral. The employer's description may differ from the worker's account. Please provide any notable discrepancies in the "Comments" section. If you did not receive the *Report of Accident or Occupational Disease – Form 67*, please call us at 1 800 999- 9775.

Clinical report

Describe the **worker's reaction** at the time of the incident. Indicate, in your opinion, if the incident meets the **DSM-5 criterion** for a traumatic event (examples: exposure to actual or threatened death, serious injury or sexual violence)?

If there is a **delayed onset of symptoms**, indicate the date of the initial exposure. This may be a single event or repeated exposure. If it's a repeated exposure, please provide the approximate dates that the exposure occurred and the factors that triggered the current claim. It's important for WorkSafeNB to understand what triggered the present claim after considerable time has passed since an initial exposure. Describe the **development of the condition** since the initial exposure.

Identify and describe the current presenting **psychological symptoms**. Describe in detail the nature of the identified symptom(s). For example, instead of reporting "cognitive issues", describe the nature and severity (examples: "worker reports mild difficulty with memory and concentration" or "worker reports frequent nightmares regarding the workplace assault.")

Indicate any **barriers** or potential barriers to treatment and return to work. WorkSafeNB may be able to offer support. For example, we may ask an occupational therapist or claim manager to help with employee-employer relations or other concerns related to workplace.

Please provide a list of current **medications** – both prescribed and unprescribed. Indicate dosages if possible. This will help us understand the efficacy of the medication and possible opportunity for support. We may, for example, provide psychiatric/medical consultation for medication optimization.

Identify if there is a **pre-existing history** of mental health difficulties. If so, please describe and provide an opinion on the extent it may be contributing to or have contributed to the onset and maintenance of symptoms. A pre-existing mental health condition may complicate recovery; it does not necessarily affect entitlement to benefits.

Please report **psychometric test findings**. Though specific tests may differ across psychologists, WorkSafeNB requires a general measure of personality functioning with self-report validity indicators (examples: MMPI-2RF, PAI, MCMI), measures of anxiety and depression (examples: BAI, BDI-II, PHQ-9), and a measure of trauma-related

symptoms (examples: PCL-5, TSI). Provide descriptive labels and/or normative comparisons associated with test scores (example, depression score falls in the "severe" category; 85th percentile) rather than raw test scores.

Based on the DSM-5 diagnostic classification, please provide your **best working clinical diagnosis** or diagnoses. For each diagnosis, describe how the worker is currently meeting the diagnostic criteria and if and how it relates to the workplace incident. Please also indicate the sources of information that determined the diagnosis (example: file review, clinical interview/client self-report, diagnostic interview, psychometric testing, etc.). If you feel unable to provide a specific diagnosis or if the client does not fully meet DSM-5 diagnostic criteria for a particular disorder, please indicate this. It does not automatically preclude the provision of benefits or treatment services.

Functional abilities

Functional ability information helps employers keep the worker safely engaged in work activities.

Choose one of two options:

1. Psychological condition **is not limiting** return to work
2. Psychological condition **is limiting** return to work

Choose 1 if the worker can safely return to usual work duties with **no changes** to workplace environment or hours.

Choose 2 if the worker can safely remain in or return to the workplace **in some capacity with workplace accommodation**. Accommodation may include temporary reduction of hours with eventual gradual return, ergonomic modifications, change in workplace duties (alternate or modified duties), temporary work in a different environment (less noisy, fewer people), etc.

If you've selected option 2, **indicate "able" or "unable" for each of the functions listed**. Provide a brief functional assessment by identifying the worker's capabilities and required workplace accommodation.

If you're unsure of your client's job demands or how the injury or illness would affect your worker's job, please contact the WorkSafeNB case manager (by phone or through MyServices). A work-related functional evaluation or job task analysis may help you match the worker's functional capabilities with safe and appropriate work.

Note: Do not write an "off work" statement. Instead, identify functional restrictions that are limited to a particular location, type of work, period of time, etc. Indicate activities the worker can or cannot complete safely from a psychological perspective. Even working one hour per week can help a worker's recovery. Employers have a duty to accommodate reasonable restrictions and limitations. By having sufficient information, the employer can support the worker with safe and productive duties. In exceptional circumstances, a worker may be at such a low functional level that they cannot engage in any work tasks early in their recovery. In such instances, focus on describing your client's limitations/abilities in functional terms. WorkSafeNB will then determine the possible return-to-work options in collaboration with the employer. If the limitations identified cannot be accommodated by the employer, the worker will be placed off work.

Recommended accommodation

Use the **10 categories** to indicate any recommended accommodation(s).

1. Specific work duties/tasks
2. Specific work locations (where duties take place)
3. Specific environmental conditions (examples: stressful vs. non-stressful, loud vs. quiet)
4. Specific work times (examples: day/night, specific hours, part-time)
5. Specific populations (examples: men, children, elderly, transient persons, violent persons)
6. Ability to work independently (examples: work alone on tasks, work alone in physical location)
7. Supervisory responsibilities
8. Critical decision making (ability to consistently exercise sound judgment and insight)
9. Safety-sensitive work (risks associated with performance error due to fatigue, concentration, physical limitations)
10. Other – Use this space for any accommodation that does not fit into the above nine categories.

Describe each accommodation in full and add any necessary comments to help the employer make necessary adjustments. Indicate expected duration for the accommodations (example: 2 weeks, 4 weeks).

Treatment

Please identify recommended psychological treatment and any other associated treatment services (examples: occupational therapy, medication review). You may add more information in the "Comments" field to describe the recommended treatment plan more fully.

Other

Indicate if you would like to be contacted by a WorkSafeNB psychology consultant or claim manager. Our consultants are clinical psychologists who have specialized experience in worker recovery and WorkSafeNB cases. A consultant can help foster communication with the worker's case management team, ensure you have all relevant reports, and brainstorm potential solutions to therapeutic or administrative concerns.

Sign and date your report. If you send the report through MyServices, you do not need to add your signature. Your log-in access qualifies as identification.

Submit through MyServices

MyServices is a secure online platform, where providers can: upload reports, submit invoices; email claim managers and psychology consultants; check on invoice status; register for direct deposit; view direct deposit statements; and update banking information. To register, go to WorkSafeNB's [MyServices registration page](#) or call 1 800 999-9775.

Questions?

Toll-free 1 800 999-9775
M–F, 8 a.m. to 4:30 p.m.

psychology-psychologie@ws-ts.nb.ca

Fax

Toll-free 1 888 629-4722

Mail

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