



COMMUNITY INSTRUCTION	Psychological and Counselling Service Referrals
COMMUNITY INSTRUCTION NO.	C31.7
SCOPE	Community Corrections and Offender Reintegration

PURPOSE

To provide instructions to Community Corrections and Offender Reintegration staff in respect to all referrals for counselling and psychological assessments and interventions for offenders.

NOTE: These do not cover psychological supports or interventions for ACT Corrective Services (ACTCS) staff.

PROCEDURES

1. Referrals to Intern Psychologists

- 1.1 Periodically, Intern Psychologists (IPs) will do a placement with Community Corrections as part of their study and registration requirements.
- 1.2 **Note:** It is the responsibility of ACT Corrective Services Management to verify the IP is a registered practitioner by confirming these details on the Australian Health Practitioner Regulation Agency (AHPRA) website.
- 1.3 Referrals to the IP will only be made by the Community Corrections Officer (CCO) where all of the following conditions are met:
 - a. where the CCO has first confirmed the offender's willingness to engage with psychological services
 - b. where the offender's case plan and proposed referral to the IP, has first been discussed and agreed with the CCO's Team Leader (TL)
 - c. the referral is targeted to address 'non-offence' related psychological issues (e.g., anxiety/stress management and not specialised treatments for sex offending, domestic violence etc.)
 - d. the presenting issues are not significantly complex, acute, or severe in nature. For example, referrals should not be made for offenders who are:
 - presenting in self harm and/or suicidal crisis
 - exhibiting acute psychotic symptoms
 - have multiple comorbid mental and physical health conditions
 - exhibiting high levels of aggression or violent behaviour in their interactions with staff or others.
 - e. the offender does not present with any other significant, overt, and predictable risks to the IP

- f. where the CCO has clearly documented the rationale for the referral (along with any inclusion or exclusion criteria and agreement by the TL) in the offender's file in the offender management system.
- 1.4 If the above conditions are adequately met, then the CCO will discuss the referral with the IP who in consultation with their Placement Supervisor will assess their capacity to provide the psychological service to the offender.
- 1.5 The IP and their placement Supervisor will consider a range of factors before accepting a referral. This includes the IP's capacity to provide assessments or interventions based on:
- a. their current workload
 - b. remaining time on placement
 - c. identified risk factors from working with the offender
 - d. the IP's experience
 - e. training and/or competency with respect to required assessment or interventions.
- 1.6 Once the referral is accepted or declined by the IP/their Placement Supervisor, the decision will be communicated back to the CCO who will document this in the offender's record in the offender management system.
- 1.7 The IP must notify the offender's CCO of any risk issues identified during their session/s with the offender, as soon as practicable. This includes, but is not limited to:
- a. threats by the offender to harm themselves or others
 - b. risks to ACTCS including employees and property
 - c. risks pertaining to the emotional or physical wellbeing of children.
- If the CCO is unavailable, the IP must notify the CCO's TL or if the TL is also absent, then the Director of Operations for Community Corrections.
- 1.8 The IP must not provide supervision to ACTCS staff nor must ACTCS staff provide clinical supervision for the IP. ACTCS staff may provide the IP with non-clinical advice and information relating to the offender, that is relevant to providing psychological services. At times, arrangements may be made for ACTCS staff who are registered psychology supervisors to provide supervision coverage in absence of the Placement Supervisor. These arrangements must be made in advance and approved by the Placement Supervisor, Director of Operations for Community Corrections and the ACTCS registered psychology supervisor.
- 1.9 IPs are required to complete and email a brief summary of their contact to the offender's CCO as soon as practicable after each session (and no longer than 3 days later). The email will then be uploaded by the CCO into the offender's case file in the offender management system. As per section 1.7 above, any risk issues identified by the IP must be immediately notified by the IP to the CCO.

2. Referrals to Counselling and Psychological Services employed directly by ACT Corrective Services

- 2.1 All referrals to ACTCS-employed Counsellors and Psychologists will come through the Offender Reintegration Corrections Programs Unit (CPU). These referrals will be targeted at addressing criminogenic risk factors as identified in the offender's Case Plan.
- 2.2 Referrals to these Counsellors/Psychologists may be required for individual assessments or interventions, particularly where an offender is assessed as not suitable for a group program for any reason or where more specialised interventions may be required.
- 2.3 Additional referrals to these Counsellors/Psychologists will only be made by a CCO where all of the following conditions are adequately met:
- a. where eligible, the offender has been referred to group-based programs. This enables an assessment to be conducted to ascertain suitability and, if not suitable, to identify additional treatment pathways
 - b. where the CCO has first confirmed the offender's willingness to engage with counselling and psychological services
 - c. where the offender's Case Plan and proposed referral to the Counsellor/Psychologist, has first been discussed and agreed with the CCO's TL and approval for progression provided by the Director of Operations
 - d. the referral is targeted to address specialised treatments (e.g., for sex offending etc) and the Counsellor/Psychologist has demonstrated competency and expertise in the treatment modality
 - e. the presenting issues cannot be addressed through other available internal or external counselling and psychological services (due to level of complexity or access issues, for example)
 - f. where the CCO has clearly documented the rationale for the referral (along with any inclusion or exclusion criteria and agreement by the TL in the offender's file in the offender management system
 - g. for case discussion and consultation where it has been first discussed and agreed with the CCO's TL and the Director of Operations.
- 2.4 If the above conditions are adequately met, then the CCO will discuss the referral with the Counsellor/Psychologist who will assess their capacity to provide counselling/psychological services to the offender.
- 2.5 The Counsellor/Psychologist will consider a range of factors before accepting a referral in consultation with their line manager. This includes their capacity to provide assessments or interventions based on:
- a. their current workload
 - b. identified risk factors from working with the offender
 - c. their experience, training and/or competency/expertise with respect to required assessment or interventions.

- 2.6 Once the referral is accepted or declined by the Counsellor/Psychologist, the decision will be communicated back to the CCO who will document this in the offender's record in the offender management system.
- 2.7 The Counsellor/Psychologist must notify the offender's CCO of any risk issues identified during their session/s with the offender, as soon as practicable. This includes, but is not limited to:
- a. threats by offenders to harm themselves or others
 - b. threats to ACTCS employees and property
 - c. any risks pertaining to the emotional or physical wellbeing of children.

If the CCO is unavailable, the Counsellor/Psychologist must notify the CCO's TL or if the TL is also absent, then the Director of Operations for Community Corrections.

- 2.8 The Counsellor/Psychologist is required to complete documentation of all sessions in the offender's case file in the offender management system.
- 2.9 *Reporting requirements:*

The Psychologist/s are required to provide the following reports:

Report Type	Description	Due Date
Treatment plan	Plan of work to be undertaken with community-based offenders, including: <ul style="list-style-type: none"> • Identified treatment areas and timeline of work • Proposed session frequency and duration • Expected completion date for treatment. 	Two (2) weeks from acceptance of client referral.
Mid-point review	A mid-point review of treatment progress and any proposed amendments to treatment plan.	Two (2) weeks prior to mid-point of proposed treatment, as detailed in treatment plan.
Final review	A summary of progress towards treatment goals and succession plan.	Four (4) weeks prior to completion of treatment, as detailed in treatment plan.
Other progress report	A review of treatment progress, as agreed between the parties, at other times throughout the treatment.	As required and agreed by the parties.

3. Referrals to Psychological Services contracted to ACT Corrective Services

- 3.1 All referrals to ACTCS-contracted Psychologist/s will come through the Offender Reintegration Corrections Programs Unit (CPU). These referrals will be targeted at addressing criminogenic risk factors as identified in the offender's Case Plan.

3.2 Referrals to these Psychologist/s may be required for the provision of individual assessment and/or treatment to offenders currently subject to community-based supervision, where the following circumstances are met:

- a. a conviction for a current or prior sexual or sexually motivated offence, where assessed by the Corrections Programs Unit as unsuitable for the Sex Offender Treatment Program (SOTP) or Sex Offenders with a Learning or Intellectual Disability (SOLID) due to offence ineligibility, intellectual disability, or other complex needs; or
- b. complex psychological or psychiatric diagnoses preventing other program engagement and impacting on effective offence-focused supervision.

3.3 Additional referrals to these Psychologist/s will only be made by a CCO where all of the following circumstances apply:

- a. the CCO has first confirmed the offender's willingness to engage with psychological services
- b. the offender's Case Plan and proposed referral to the Psychologist, has first been discussed and agreed with the CCO's TL and approval for progression provided by the Director of Operations
- c. the referral is targeted to address specialised treatments (e.g., for sex offending etc) that are within the field of expertise of the Psychologist
- d. the presenting issues cannot be addressed through other available internal or external psychological services (due to level of complexity or accessibility issues, for example)
- e. the CCO has clearly documented the rationale for the referral (along with any inclusion or exclusion criteria and agreement by both their TL/Director of Operations in the offender's file in the offender management system
- f. for case discussion and consultation where it has been discussed and agreed with the CCO's TL and the Director of Operations.

3.4 The Psychologist must notify the offender's CCO of any risk issues identified during their session/s with the offender, as soon as practicable. This includes, but is not limited to:

- a. threats by offenders to harm themselves or others
- b. threats to ACTCS employees and property
- c. any risks pertaining to the emotional or physical wellbeing of children.

If the CCO is unavailable, the Psychologist must notify the CCO's TL or if the TL is also absent, then the Director of Operations for Community Corrections.

3.5 *Reporting requirements:*

The Psychologist/s are required to provide the following reports:

Report Type	Description	Due Date
Treatment plan	Plan of work to be undertaken with community-based offenders, including: <ul style="list-style-type: none">• Identified treatment areas and timeline of work• Proposed session frequency and duration	Two (2) weeks from acceptance of client referral

	<ul style="list-style-type: none">Expected completion date for treatment	
Mid-point review	A mid-point review of treatment progress and any proposed amendments to treatment plan.	Two (2) weeks prior to mid-point of proposed treatment, as detailed in treatment plan
Final review	A summary of progress towards treatment goals and succession plan	Four (4) weeks prior to completion of treatment, as detailed in treatment plan
Other progress report	A review of treatment progress, as agreed between the parties, at other times throughout the treatment.	As required and agreed by the parties

4 Referrals to other external Psychological Services

- 4.1 Referrals to external Counsellors and Psychologists can also be sourced by offenders themselves, most typically through a Mental Health Plan which can be facilitated by the offender's General Practitioner. This will allow the offender to access a limited number of counselling/psychological sessions each year.
- 4.2 Alternatively, other counselling or psychological services are offered free of charge through other organisations. For example, the Capital Health Network offers a range of mental health programs including counselling and psychological therapies which can be found on their website: [Capital Health Network | For Consumers - Mental Health Programs \(chnact.org.au\)](http://chnact.org.au)

RELATED DOCUMENTS AND FORMS

- Case Note Policy



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ACT Corrective Services

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Document details

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