



COMMUNITY INSTRUCTION	Psychological and Counselling Service Referrals
COMMUNITY INSTRUCTION NO.	C31.7
SCOPE	Community Operations

PURPOSE

To provide instructions to Community Operations 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 Operations 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 allocated supervising officer where the following conditions are met:
 - a. the supervising officer has first confirmed the offender's willingness to engage with psychological services
 - b. the offender's case plan and proposed referral to the IP, has first been discussed and agreed with the supervising officer'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. the supervising officer 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 information management system.
- 1.4 If the above conditions are adequately met, then the supervising officer 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 supervising officer who will document this in the offender's record in the offender management system.
- 1.7 The IP must notify the offender's supervising officer 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 supervising officer is unavailable, the IP must notify the supervising officer's TL or if the TL is also absent, then the Director, Community Operations.
- 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, Senior Director Community Operations, and the ACTCS registered psychology supervisor.
- 1.9 IPs are required to complete a case note on the offender information management system, containing a brief summary of their interaction with the offender. As per section 1.7 above, any risk issues identified by the IP must be immediately notified by the IP to the supervising officer.

2. Referrals to the Psychologist, Community Operations

- 2.1 This instruction refers to request of 1:1 intervention from the Psychologist, Community Operations to address the offender's criminogenic needs and any complex non-criminogenic needs that may be hampering the offender's capacity to comply with the conditions of their

order. This referral can occur concurrently with referrals to criminogenic programs provided by the Corrections Program Unit (CPU).

- 2.2 Prior to commencing the referral process, the supervising officer must include reference to the proposed interventions under the relevant domains in the case plan. This should include any relevant programs delivered by the CPU in addition to any proposed intervention from the Psychologist, Community Operations.
- 2.3 The supervising officer must seek the offender's consent for their referral to the nominated interventions. The supervising officer may use supervision appointments in the intervening period to provide encouragement and maintain willingness to engage in the proposed interventions until such time as the referral process is completed. These interactions must be case noted on the offender information management system as per the *Case Note Policy 2021*
- 2.4 The supervising officer will commence the referral process by completing a service referral on CORIS, as per the [Referral Process to Corrections Programs Cl.](#) When completing the service referral, the supervising officer must use the comments box to identify that the referral relates to the Psychologist, Community Operations (as well as any other programs deemed necessary and appropriate).
- 2.5 The supervising officer must also email the Psychologist, Community Operations, to flag the referral. At a minimum the email must include:
 - the date the service referral was submitted on CORIS
 - the offender's name and PID
 - the presenting issues that have prompted the referral to include the services of the Psychologist, Community Operations
 - the time left on the offender's supervised orderand any other information that may assist the Psychologist, Community Operations.
- 2.6 The Psychologist, Community Operations will consider a range of factors before endorsing/accepting or declining the referral. 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.
- 2.7 Once the referral has been reviewed, the Psychologist, Community Operations will email their recommendation to the CPU Team Leader and the Director, Programs and Interventions. This email will be included in the discussions at the service referral review meetings. The email must include the following information:
 - if the referral is endorsed/accepted, the first available appointment date with the Psychologist, Community Operations.
 - If the referral is declined, the rationale for that decision.
- 2.8 The outcome (recommendations) of the service referral will be determined at the relevant service referral review meeting. The CPU TL will case note the identified referral outcome,

including recommendations for suitable interventions, on the offender's electronic file within two (2) business days of this meeting, in accordance with the Case Note Policy 2021.

- 2.9 At the completion of each service referral review meeting, the CPU TL will email a list of the community offenders discussed at the meeting to the Community Operation TL group. The TLs will then advise the supervising officers to follow up on the recommendations made at the service referral review meeting for next steps.

3. Referrals to the Psychologist, Community Operations for accused people on supervised bail

- 3.1 Referrals to the Psychologist, Community Operations can also be made for accused people on bail who do not have a case plan generated through CORIS. In these instances, the supervising officer must case note the TL discussion around the referral, and include the referral on the accused person's Bail Support Plan.
- 3.2 The supervising officer must then complete a service referral on CORIS, using the comments box to identify that the referral relates to an accused person on bail for intervention from the Psychologist, Community Operations.
- 3.3 In addition to the service referral on CORIS, the supervising officer must also email the Psychologist, Community Operations, to flag the referral. At a minimum the email must include:
- the date the service referral was submitted on CORIS
 - the accused person's name and PID
 - the presenting issues that have prompted the referral to the Psychologist, Community Operations, and
 - the date of the accused person's next Court date

4. Provision of services and other requirements

- 4.1 The Psychologist, Community Operations must notify the offender's supervising officer 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 supervising officer is unavailable, the Psychologist, Community Operations must notify the supervising officer's TL or if the TL is also absent, then the Director, Community Operations.

- 4.2 The Psychologist, Community Operations is required to complete documentation of all sessions in the offender's case file in the offender management system.
- 4.3 The Psychologist, Community Operations is required to provide reports to the allocated supervising officer and their TL as per the following table:

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.

5. Referrals where an offender is already engaged with an external psychologist or counselling service

- 5.1 Where an offender is assessed as medium risk or above (which requires the supervising officer to complete a general service referral) and is also already engaged with an external psychologist or counselling service, the supervising officer must make note of this in the comments box in the general service referral.
- 5.2 Should the offender disengage from the external service provider, and it has been determined that a referral to the Psychologist, Community Operations is required, the supervising officer must create a new version of the case plan to create a general service referral, as per the instructions at section 2 of this instruction.
- 5.3 If it has been determined that the referral to the Psychologist, Community Operations is urgent, the supervising officer may commence this process with an email to the Psychologist, Community Operations first (including the information as stated at point 2.5 above), however the supervising officer must complete the general service referral within two days of this email being sent.

6. Referrals to Psychological Services contracted to ACT Corrective Services

- 6.1 All referrals to ACTCS-contracted Psychologist/s will be made by CPU. These referrals will be targeted at addressing criminogenic risk factors as identified in the offender's Case Plan, and

will only be made by CPU once they have determined that the need will not (or cannot) be met through either program attendance or 1:1 intervention with the Psychologist, Community Operations.

- 6.2 CPU TL may determine that 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-focussed supervision.
- 6.3 Prior to entering a case note on the offender information management system to indicate that the matter has been referred to a contracted service provider, the CPU TL will consult with the Director, Programs and Interventions, who has the financial delegation to approve the referral to a contracted service provider.
- 6.4 While providing intervention to the offender, the contracted service provider (Psychologist) must notify the offender’s supervising officer 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 supervising officer is unavailable, the Psychologist must notify the supervising officer’s TL or if the TL is also absent, then the Director, Community Operations.

- 6.5 The contracted service providers are required to provide the reports to the allocated supervising officer and their TL as per the following table:

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

7. Referrals to other external Psychological Services

- 7.1 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.
- 7.2 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
- Referral Process to Corrections Programs CI

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