

Approved Counselling Service

Initial Assessment Report

Instructions for the Approved Counsellor

A report in this format is to be provided to Victims Services once Approved Counsellors have provided clients with up to 2 hours of counselling.

The initial report is designed to capture counsellors initial assessment of clients. It covers multiple facets relevant to counsellor's comprehensive evaluation of clients' treatment needs.

- Information should be taken from clients only, and not include any information provided through a third party referral.
- 30 minutes from the initial 2 counselling hours may be used to complete this report.

Content prompts appear throughout the template. These are included as a guide only.

An electronic copy of this report can be downloaded from Victims Services website at:
www.victimsservices.justice.nsw.gov.au

When to submit

Approved Counsellors must submit this report to Victims Services within 4 weeks of completing the initial assessment.

Where to submit

Please email completed reports to Victims Services via vs@justice.nsw.gov.au

To assist with legibility, please ensure Initial Assessment Reports are typed not hand written.

Please contact the [Approved Counselling Programs](#) on **1800 633 063** if you require further information or guidance.

Practice/Service Standards for Approved Counsellors

The *Practice Standards for Approved Counsellors* outlines the roles and responsibly under the Approved Counselling Service (ACS). The Standards requires Approved Counsellors to provide high quality, ethical, professional counselling service to victims of crime.

Victims Services requires comprehensive reports from Approved Counsellor to assist Victims Services to make assessments and decisions about financial assistance, compensation, review of applications, legal purposes and assess whether the progress of treatment provided to a client when further treatment is recommended.

Inadequate reports will be subject to review and may affect your payment and status.

Approved Counsellors must:

- Provide a trauma informed approach and counselling to assist the client recover from trauma associated with the act of violence by providing a safe environment to talk about their experience in confidence.
- Inform clients of the purpose of the initial assessment and advise that reports will include their personal information as well as the counsellor's clinical impressions and treatment recommendations.
- Clients have the right to request a copy of the counselling reports required to be produced under the ACS. Clients may wish to share their reports with their solicitors or other government departments in support of public services or schemes. Clients MUST give their informed consent before counsellors release counselling to a third party.
- Not claim for more than 30 minutes for reporting writing.
- Not provide additional counselling (above the approved counselling hours) without prior approval .

- Request prior approval for phone counselling, Skype counselling, court support and travel requests.
- Inform Victims Services if a possible or potential conflict of interest conflict arises in relation to the service they provide to a victim of crime
- Not charge clients additional fees.
- Not provide the following counselling/therapeutic intervention Eye Movement Desensitisation and Reprocessing (EMDR), Hypnosis and Emotional Freedom Technique (EFT). Please refer to the Director of Public Prosecution's Prosecution Guidelines on the use of evidenced obtained through hypnosis and EMDR.

SECTION 1: Client's details

1. Reference No.	<input type="text"/>
2. Name	<input type="text"/>
3. Address	<input type="text"/>
4. Date of birth	<input type="text"/> (dd/mm/yyyy)
5. Report date	<input type="text"/> (dd/mm/yyyy)

SECTION 2: Approved Counsellor's details

6. Name	<input type="text"/>		
7. Practice address	<input type="text"/>		
8. Phone number	<input type="text"/>		
9. Email address	<input type="text"/>		
10. Discipline	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Psychiatrist

SECTION 3: Initial Counselling hours

11. Counselling sessions to date	<input type="text"/> / <input type="text"/> / <input type="text"/>	;	<input type="text"/> / <input type="text"/> / <input type="text"/>	;	<input type="text"/> / <input type="text"/> / <input type="text"/>	;	<input type="text"/> / <input type="text"/> / <input type="text"/>
12. Total number of hours used	<input type="text"/>						
13. Are you recommending the additional hours for the client?							
<input type="checkbox"/> No		<input type="checkbox"/> Yes ► If yes, please specify:		<input type="checkbox"/> 6 hours			
				<input type="checkbox"/> 8 hours			
				<input type="checkbox"/> Other ► please specify: <input type="text"/>			
14. Were there any counselling sessions provided to date funded from another source?							
<input type="checkbox"/> No		<input type="checkbox"/> Yes ► If yes, please provide details:					
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	No. of hours	<input type="text"/>	Funding	<input type="text"/>		
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	No. of hours	<input type="text"/>	Funding	<input type="text"/>		

SECTION 4a: Alleged act(s) of violence client seeks counselling for

15. Date(s) of alleged act(s) of violence / / ; / / ; / /

16. Type of violence (tick more than one box if several types of violence occurred during the act)

- | | | | |
|---|---|--|----------------------------------|
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Sexual assault | <input type="checkbox"/> Historic sexual assault | |
| <input type="checkbox"/> Child sexual assault | <input type="checkbox"/> Elder abuse | <input type="checkbox"/> Physical assault | <input type="checkbox"/> Robbery |

Description of alleged act(s) of violence

SECTION 4b: Details of other alleged act(s) of violence disclosed by client (if applicable)

17. Date(s) of other alleged act(s) of violence / / ; / / ; / /

18. Type of violence (tick more than one box if several types of violence occurred during the act)

- | | | | |
|---|---|--|----------------------------------|
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Sexual assault | <input type="checkbox"/> Historic sexual assault | |
| <input type="checkbox"/> Child sexual assault | <input type="checkbox"/> Elder abuse | <input type="checkbox"/> Physical assault | <input type="checkbox"/> Robbery |

Description of other alleged act(s) of violence

SECTION 5: Relevant background information

SECTION 6: Current presentation and behavioural observations

SECTION 7: Diagnostic impressions (diagnosis)

SECTION 8: Risk assessment

19. Is there a risk of harm to self or others?

☐

☐

SECTION 8: Risk assessment, cont.

20. Are there any presenting child protection risk factors?

Yes ☐

No ☐

21. Are there any presenting serious domestic violence risk factors?

Yes ☐

No ☐

SECTION 9: Counselling recommendations

22. Proposed interventions

23. Expected outcomes from counselling

SECTION 10: Alternate responses to counselling

24. Does the client require other services to address her/his needs?

☐ No

☐ Yes ► *Please specify your reasoning and any actions to support the client to access alternate services/support*

SECTION 11: Approved Counsellor comments

Where to submit this report

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