

## 2 Statement of Work – Psychological Counselling

### DEFINITIONS:

**“Adjunct Staff”** - refers to the Contractor’s clerical support

**“Contractor”** - refers to a licensed or chartered psychologist who is competent to provide assessment and counselling services to offenders. The Contractor is responsible for ensuring the clinical integrity, professionalism and ethics of offender assessment and treatment.

**“Clinical Hour”** - refers to the time spent with the offender and consists of a minimum of forty-five (45) minutes.

**“Discharge Date”** – refers to date that counselling with the offender is terminated.

**"Designate"** - refers to those individuals who meet the appropriate requirements and standards of the individual to whom they are designated.

**“Community Psychologist”** - refers to the CSC employed Psychologist who is responsible for psychological services in the district.

**“Education Placements”** - refer to Students and Interns working with the Contractor.

**“Session”** - consists of one (1) clinical hour.

**“Technical Authority”** - is responsible for all matters concerning the technical content of the Work under this requirement, and manages the non-clinical issues pertaining to the contract. The Technical Authority is a non-psychologist manager, the Regional Psychologist, the Senior Community Psychologist, or another psychologist. Clinical oversight of the work done by the Contractor for the purposes of quality assurance is the responsibility of the Regional psychologist, the Senior Community Psychologist, or another designated psychologist.

Any proposed changes to the scope of the Work are to be discussed with the Technical Authority and (where appropriate) the psychologist responsible for the clinical oversight of the work. Any proposed change can only be implemented by a contract amendment issued by the Contracting Authority.

**“Warrant Expiry Date or WED”** - The date on which a sentence imposed by the sentencing judge ends. This is the last day that the Correctional Service of Canada has jurisdiction over an offender.

### 2.1 Overview

To provide psychological assessment and counselling services to offenders as referred by the Parole Officer Supervisor or designate, (as appropriate) in consultation with a treatment/supervision team consisting of the Contractor, Parole Officer Supervisor, Parole Officer, and the psychologist responsible for the quality assurance of the contracted work.

The Contractor's facility must be a professional office setting, located within the Region identified in the Contract. The office must have easy access to local transit routes.

The Contractor should preferably have the capacity to schedule sessions so as not to interfere with an offender's work schedule. This may require provision of services during evenings or weekends.

## **2.2 Mandatory Requirements/Qualifications of Contractor**

### **2.2.1 Registration for Autonomous Practice of Psychology by Provincial Registering/Licensing Body**

The Contractor must be registered as a Psychologist or a Psychological Associate licenced for autonomous practice with the body that licences psychologists in the province in which the work is performed, with competence in correctional/forensic, clinical, or counselling psychology.

Any registered Psychologist provided by the Contractor to provide any of the services described herein must sign and assume accountability for his/her reports. All reports written by a subcontractor who is not a registered psychologist must be counter-signed by the registered psychologist named in the contract, or another registered psychologist delegated to assume responsibility for the work.

### **2.2.2 CSC Risk Assessment Training**

Contractors who are new to Correctional Service Canada will be required to attend a one-half (1/2) day Risk Assessment Information session. This is a mandatory Correctional Service Canada requirement, to ensure that the Contractor can provide services meeting CSC's standards of practice. The session is normally not billable, but exceptions may be made where circumstances require it, as determined by the Technical Authority.. Travel mileage will be reimbursed in accordance with Treasury Board guidelines: [http://www.tbs-sct.gc.ca/pubs\\_pol/hrpubs/TBM\\_113/td-dv\\_e.asp](http://www.tbs-sct.gc.ca/pubs_pol/hrpubs/TBM_113/td-dv_e.asp). Additional sessions may be also necessary, as negotiated by the Technical Authority, the psychologist responsible for quality assurance, and the Contractor. Such additional sessions are normally not billable, though again special circumstances may justify exceptions. Travel mileage will be reimbursed in accordance with Treasury Board guidelines: [http://www.tbs-sct.gc.ca/pubs\\_pol/hrpubs/TBM\\_113/td-dv\\_e.asp](http://www.tbs-sct.gc.ca/pubs_pol/hrpubs/TBM_113/td-dv_e.asp).

### **2.2.3 Knowledge of CSC Policies/Guidelines**

The Contractor's personnel shall carry out duties of their profession and training, while ensuring the safety and security of the institutional environment in accordance with:

- CSC's Mission Statement: [http://www.csc-scc.gc.ca/text/organi/organe01\\_e.shtml](http://www.csc-scc.gc.ca/text/organi/organe01_e.shtml)
- CSC Policy (Commissioner Directives and Standard Operating Practices) and Legislation: [http://www.csc-scc.gc.ca/text/legislat\\_e.shtml](http://www.csc-scc.gc.ca/text/legislat_e.shtml)
  - Pertinent Commissioner Directives which should be reviewed and adhered to are as follows:

- CD 240: Contracting
  - CD 568-1: Recording and Reporting of Security Incidents
  - CD 701: Information Sharing
  - CD 803: Consent to Health Services Assessment, Treatment and Release of Information
  - CD 840: Psychological Services
  - CD 843: Prevention, Management and Response to Suicide and Self Injuries
  - CD 850: Mental Health Services
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- The Corrections and Conditional Release Act (CCRA):  
<http://laws.justice.gc.ca/en/C44.6/34022.html#rid-34239>
  - Forensic Psychology: Policy and Practice in Corrections (1996). To be provided by the Technical Authority.
  - Excerpts from the on-line Psychology Manual, as judged appropriate by the Technical Authority or the psychologist responsible for quality assurance of the Contractor`s work
  - Professional Code of Ethics (e.g., The Canadian Code of Ethics for Psychologists)

#### **2.2.4 Education Placements**

Prior to delivering services to Correctional Service of Canada offenders, Educational Placement personnel will submit to the Regional Psychologist, Community Psychologist, or other psychologist responsible for quality assurance a current resume. Given a positive review of the resume, the student will undergo an check for appropriate security clearance prior to providing services to offenders.

### **2.3 Treatment Orientation**

The treatment/counselling orientation recommended by Correctional Service Canada (CSC) is cognitive-behavioural. The principal focus of treatment will depend on the nature of the referral and the offender's needs. The usual objectives of treatment include the reduction of risk to reoffend, and the amelioration of the offender's mental health and emotional or behavioural functioning, including feelings, attitudes, beliefs and behaviours that may be related to reoffending. The offender's motivation for the index offence (particularly in cases of sex offenders) should be addressed in this context.

### **2.4 Contractor Responsibilities**

The Contractor is responsible for:

- Assessment and treatment that meet CSC guidelines and standards;
- Timely delivery of required documentation;
- Participating in case conferences and case reviews;
- Providing documentation if appropriate delineating program philosophy, objectives, components, and staff credentials (resumes and registration documents); and
- Providing special reports or letters as requested.

## **2.5 Limits of Confidentiality**

Given the correctional model of treatment (as stated above) and that CSC maintains psychological and counselling reports on a computerized data base, limits of confidentiality are broad. It is understood that to maximize treatment effect, information must be readily exchanged among the treatment/supervision team members particularly as it applies to the offender's criminogenic factors. (For this reason, offenders must be advised of the Contractor's responsibility to report breaches of the law [such as illicit drug use] or violations of release conditions if they become known.) See the attached Annex A - Limits of Confidentiality and Consent to Participate in Psychological Assessment and Counselling Form.

## **2.6 Assessment of Suitability for Treatment / Treatment Plan**

Upon receipt of a referral for evaluation for treatment, the Contractor is authorized a maximum billing of four (4) billable hours for an assessment to determine the offender's suitability for treatment. This fee is intended to cover a file review, assessment interview(s) with the offender, and the time required to prepare a Treatment Plan report specific to the individual offender, outlining information below (using the attached Annex B - Psychological Counselling: Treatment Plan).

The Treatment Plan shall be submitted no later than six (6) weeks after the first Evaluation for Treatment session. The standard response time to a routine referral is ten (10) working days; the standard response time to an urgent referral is five (5) working days. If treatment is not appropriate, the Contractor must indicate this in a letter outlining the reason why treatment is not appropriate. This letter is to be submitted no later than three (3) weeks after the first Evaluation for Treatment Session.

In the event that an offender is assessed as not being suitable for treatment, the Contractor will submit a letter summarizing the assessment and indicating that treatment is not appropriate. This letter is billable up to a maximum of one (1) billable hour. All reports must be submitted in hard copy and electronically on a disk for uploading to OMS.

The **Treatment Plan** document will include information under the following headings.

### **2.6.1 Tombstone Data**

In addition to the standard tombstone data, the session frequency and estimated duration of treatment completion must be indicated, which will be based upon the clinician's assessment of the offender's needs, and the likely impact of treatment on the offender's emotional/behavioural functioning, including his/her risk to reoffend.

### **2.6.2 Relevant Background**

This section provides the context for the Treatment Objectives. This section must include a brief synopsis of the offender's criminal history/offence cycle, description of the index offence, and previous psychological and psychiatric assessments and diagnosis. This section may include relevant developmental, social, substance abuse, and interpersonal relationship histories.

### **2.6.3 Offender Presentation**

This section provides information on the offender's presentation during the assessment for treatment interview(s), his/her motivation for treatment, and attitude toward supervision.

#### **2.6.4 Current Mental Health Status**

This section provides information regarding the offender's current mental status and risk for self harm/suicide, indicating the circumstances that would increase this risk. In accordance with CSC policy, confidentiality of the offender's health information shall normally be maintained if it is not relevant either to the assessment or the management of risk to the offender or others.

#### **2.6.5 Recommendations to Manage Risk for Self Harm**

If the offender is assessed as being at elevated risk for self harm, give recommendations regarding how this risk can be managed in the community. (If the Contractor judges the offender to be at elevated risk for self harm at any time, he/she should immediately notify by fax the Parole Officer (or the Parole Officer Supervisor, the Technical Authority or the psychologist responsible for quality assurance of contracted psychological services, if the Parole Officer cannot be reached.) The Contractor should use Annex E, Psychological Counselling: Communication Form, to communicate this information.

#### **2.6.6 Current Treatment Objectives**

This section provides a synopsis to the Parole Officer of what could be accomplished in the short term (typically a three month time frame). Treatment objectives must be specific to the offender and relevant to reducing the risk to reoffend and/or the amelioration of the offender's mental health and emotional or behavioural functioning, including feelings, attitudes, beliefs and behaviours that may be related to reoffending. Treatment objectives should be relatively concrete and attainable in the short term, so that progress toward these objectives can be measured or observed. As treatment progresses, it is understood that these treatment objectives may be modified.

The level of treatment should be geared to the offender's need and/or risk level. It is understood that the treatment level for high-need or high-risk offenders should be intensive, that is, at least one treatment session per week until the level of need/risk is judged to be reduced. Frequency of contact after completion of assessment of suitability for treatment will be based upon the Contractor's assessment of the likely impact of treatment on mental health needs and/or risk to reoffend.

#### **2.6.7 Longer Term Treatment Objectives**

This section is used to propose future direction for treatment to address longer term treatment concerns, as they apply to the overall supervision plan, treatment needs (i.e., reducing risk of reoffending, and/or ameliorating mental health and enhancing emotional and behavioural functioning), and the offender's successful community reintegration. This should include a proposed frequency of contact.

#### **2.6.8 Current Risk Status**

This section provides an assessment of risk to reoffend written in a way helpful to Parole Officers. Current Risk Status is defined in terms of Risk for General Recidivism, and, if applicable, Risk for Violent Recidivism, and/or Risk for

Sexual Recidivism. These risk statements should be based on Static and Dynamic Risk Variables, as well as the results of actuarial risk instruments.

- Static Risk Variables: for example, criminal history, history of substance abuse, chronic unemployment, and anti-social/psychopathic orientation.
- Dynamic Risk Variables: for example, current maladaptive behaviour, substance abuse, poor anger management skills, poor attitude/motivation toward treatment and/or supervision, and criminal values.
- Actuarial Risk Estimates: where applicable, significant actuarial data should be referenced (e.g. GSIR, LSI-R, etc.) and interpreted in lay terms.

Current Risk Status should be summarized, referencing the key variables for each category, helping the Parole Officer to understand what the variables are and how they contribute to the risk for re-offending. The Contractor is required to summarize Current Risk Status by specifying:

- Risk for General Recidivism - indicate the level (Low, Medium, High) and delineate the relevant key variables.
- Risk for Violent Recidivism (if applicable) - indicate the level (Low, Medium, High) and delineate the relevant key variables.
- Risk for Sexual Recidivism (if applicable) - indicate the level (Low, Medium, High) and delineate the relevant key variables.
- Risk for CSC's staff (if applicable) - indicate the level (Low, Medium, High) and delineate the relevant key variables

### **2.6.9 Risk Management Recommendations**

As appropriate, state recommendations regarding:

- How risks can be managed in the community (e.g., urinalysis, participation in Correctional Service Canada core programs, enhanced supervision, change in curfew, etc.).
- What ancillary interventions may maximize successful community reintegration (e.g., job search skills, education/retraining, leisure activities, money management, etc.)

## **2.7 Treatment Authorization**

Upon submission of the Treatment Plan, the Contractor will be authorized a maximum of twelve (12) treatment sessions. The offender's status will be updated in writing by the submission of Interim Treatment Reports (using the attached Annex C - C.S.C. Psychological Counselling: Interim Treatment Report). All reports must be on a disk for uploading to OMS.

## **2.8 Interim Treatment Reports**

Interim Treatment Reports communicate to the Parole Officer an updated evaluation of the offender's current emotional/behavioural status, including an assessment of risk to reoffend, and the offender's progress toward the current treatment objectives.

Interim Treatment Reports are billable to a maximum of one billable hour. They are to be submitted in writing after every eighth (8<sup>th</sup>) session (or every three months, whichever is sooner), and include information under the following headings. (See also attached Annex C: Psychological Counselling: Interim Treatment Report) All reports must be submitted in hard copy and electronically on a disk for uploading to OMS

### **2.8.1 Tombstone Data**

See 2.6.1 above. In addition to the standard tombstone data the following must be indicated:

- The session frequency; if the frequency has changed this should be noted;
- Number of sessions (group or individual) the offender has attended since the last Progress Note (or Treatment Plan).

### **2.8.2 Offender Presentation**

See 2.6.3 above. This section provides information on the offender's presentation during treatment interview(s), his/her motivation for treatment, and attitude toward supervision.

### **2.8.3 Current Mental Health Status**

See 2.6.4. The Contractor should describe the offender's current mental status and risk for self harm, indicating the circumstances that would increase this risk and/or specifying the markers that suggest that this risk has increased.

### **2.8.4 Recommendations to Manage Risk for Self Harm**

See 2.6.5. If the offender is assessed as being at elevated risk for self harm, the Contractor should give recommendations regarding how this risk can be managed in the community. As well, the Contractor should immediately notify by direct contact by telephone or by fax the Parole Officer (or the Parole Officer Supervisor, the Technical Authority, or the psychologist responsible for quality assurance of contracted psychological services, if the Parole Officer cannot be reached). If immediate notification is made by telephone, the Contractor must follow this up within twenty-four (24) hours by faxing written notification using the attached Annex E – Psychological Counselling: Communication Form to provide this information. This service is not billable.

### **2.8.4 Current Treatment Objectives**

Per 2.6.6 above. Note any changes in treatment objectives and the rationale for same.

### **2.8.5 Progress toward Treatment Objectives**

Each of the Current Treatment Objectives that were listed in the previous section is evaluated in terms of the offender's progress (or failure to make progress) toward

achieving that objective. Behavioural examples should be cited to illustrate the progress and its significance to the overall supervision plan.

### **2.8.7 Longer Term Objectives/ Next Treatment Steps**

See 2.6.7 above

### **2.8.6 Current Risk Status**

Per 2.6.8 above

### **2.8.7 Risk Management Recommendations**

Per 2.6.9 above

## **2.9 Case Review for Continued Treatment Authorization**

Prior to the last authorized session (the 12<sup>th</sup> session if twelve sessions were authorized), the Treatment Plan and Interim Treatment Report shall be reviewed by the treatment / supervision team. The decision to continue treatment will be made on the basis of the team's input. It will be the responsibility of the Case Management Team to arrange a case review meeting. Barring operational difficulties, treatment will continue if the Contractor believes it appropriate, given a supportive assessment by the Case Management Team. Each subsequent block of 12 treatment sessions (maximum) will be preceded by a case review prior to further treatment authorization to be given by the Technical Authority or delegate. To avoid disruption in service, treatment authorization may be via fax. Unauthorized treatment sessions will not be remunerated. The case review is billable at a maximum of one billable hour.

## **2.10 Communication and Consultation**

At the Parole Officer Supervisor's request, the Contractor will provide feedback and consultation to the Parole Officer and Parole Officer Supervisor via brief informal telephone contact, case review meetings, or individual case conferences. Brief telephone contact is not billable.

### **2.10.1 Case Conference**

In addition to the Case Review, circumstances may demand that a case conference be held. The case conference may be held with or without the offender present as determined by the Case Management Team, in consultation with the Contractor. The case conference will involve the Contractor, Parole Officer, Parole Officer Supervisor, Technical Authority and/or Community Psychologist. The Case Management Team is responsible for scheduling the case conference. The case conference will be billed at a maximum of one billable hour.

### **2.10.2 Consultation**

The Contractor is required to immediately notify by direct contact by telephone or by fax the Parole Officer (or the Parole Officer Supervisor, the Technical Authority, or the psychologist responsible for quality assurance of contracted psychological services, if the Parole Officer cannot be reached) if the offender presents any indication of a breach of a condition of release, any violation of the law (such as the use of illicit drugs), or any increased risk to re-offend, to behave violently, or to



engage in self-harm or suicide. If immediate notification is made by telephone, the Contractor must follow this up within twenty-four (24) hours by faxing written notification using the attached Annex E – Psychological Counselling: Communication Form to provide this information. This service is not billable.

If an offender fails to attend a scheduled appointment, the Contractor must report the occurrence by fax (using the attached Annex F – Missed Appointment Form) within 24 hours of the missed appointment. This service is not billable.

### **2.11 Special Reports**

Occasionally, there will be a need for a Contractor to produce a special report for Case Management or National Parole Board purposes. These reports are billable to a maximum of one billable hour. (Refer to the attached Annex G – Correctional Service Canada - Special Report.) All reports must be submitted in hard copy and electronically on a disk for uploading to OMS.

### **2.12 Final Treatment Report**

On termination of treatment (this includes formal discharge, transfer to another District, revocation, and WED) the Contractor will submit a Final Treatment Report. The format and required content for this report is outlined in the attached Annex D - C.S.C. Psychological Counselling: Final Treatment Report, and parallels the format of the other reports required.

The Final Treatment Report will be submitted within ten (10) working days after the offender is discharged. In the case of an offender completing his sentence, the Final Treatment Report will be submitted at least five (5) working days prior to the Warrant Expiry Date.

The Final Treatment Report is billable up to a maximum of one billable hour.

Termination of treatment may occur at any time the Contractor deems that the offender is not benefiting from counselling or counselling is no longer required. The Contractor may recommend discharging the offender after consulting with the Regional Psychologist, Community Psychologist, other delegated psychologist / Parole Officer Supervisor or his/her delegate. A clinical note to this effect will be completed by the Contractor, to be placed on file.

All reports must be submitted in hard copy and electronically on a disk for uploading to OMS.

### **2.13 Continuity of Treatment**

It is the Contractor's responsibility to ensure that he/she provides back-up services when unable to provide services due to planned or unplanned absences. All cases must remain under the supervision of a registered psychologist at all times.

### **2.14 Treatment Documentation**

Correctional Service Canada maintains all offender documents on a computerized record management system (OMS). This requires that all treatment documentation be submitted on diskette or flashcard/USB stick (Microsoft Word compatible) accompanied by a signed hard copy. The National Parole Board no longer accepts faxed or mailed hard copies of offender documents; all documents must be accessible via the Offender Management System (OMS).

### **2.15 Assessments - Vocational, Educational and/or other Psychological**

Correctional Service Canada offenders undergo several batteries of vocational, educational, and psychological tests at various periods of their incarceration, and prior to being released into the community. The results of these tests are available to the Contractor. Given this, if the Contractor believes that additional testing is required to complete the Assessment for Treatment, the additional testing must be authorized in writing, in advance. The Contractor will submit to the Technical Authority a brief treatment rationale for the testing, a list naming the tests to be administered, and the total cost preparing a vocational, educational, and/or other psychological assessment. Assessments not authorized in advance will not be remunerated.

### **2.16 Information Sharing**

All treatment reports that are written for Case Management purposes (including for the National Parole Board) and/or those that contribute to decision-making shall be shared with the offender by the author of the report. Correctional Service Canada policy specifies that the author and offender will sign and date the report at the time that the report is shared. The signed copy and a diskette copy (Microsoft Word compatible) will be submitted to Correctional Service Canada per the usual procedure. Should the "wait for the offender's signature" compromise the timeliness of the report, a dated, hard copy of the report with only the Contractor's signature may be forwarded, provided that a hard copy, signed and dated by both the offender and the Contractor is submitted as soon as possible. The diskette copy of the report should accompany the initial copy so that the report may be uploaded onto OMS for timely distribution. In the event that the offender is temporarily detained, unlawfully at large, or revoked, the offender's Parole Officer will assume the information sharing responsibility. To ensure that the Final Treatment Report is shared, the signed copy will be submitted five (5) working days prior to the Warrant Expiry Date. All reports must be submitted in hard copy and electronically on a disk for uploading to OMS.

### **2.17 Attendance Sheets**

The Contractor shall maintain individualized attendance sheets (using the attached Annex H - CSC Psychological Counselling - Offender Attendance Confirmation Form) for all of his/her cases. Invoices may be accompanied by the attendance sheets.

### **2.18 Subcontracting**

Prior to delivering services to Correctional Service Canada offenders, all individuals will submit to the Community Psychologist or another designated psychologist a current resume, and subject to a positive review of the resume, will undergo an appropriate Correctional Service Canada security clearance.

All reports written by a subcontractor will be countersigned by a psychologist registered for autonomous practice in the province of work. Adjunct staff (clerical support) not

delivering direct services but with access to Correctional Service Canada documentation will undergo a Correctional Service Canada security clearance prior to handling the material.

### **2.19 Documentation Security**

It is the Contractor's responsibility to ensure that all Correctional Service Canada documents are handled, transported, and stored according to Correctional Service Canada document security guidelines. The Contractor will receive a copy of these guidelines upon the awarding of the contract. Once counselling with the offender is terminated, all Correctional Service Canada generated documents will be returned to Correctional Service Canada / Technical Authority no later than thirty (30) days from the date the offender's treatment is terminated.

### **2.20 Offender Activities on the behalf of Correctional Service Canada**

Should the Contractor request the offender to participate in volunteer community service activities, and if such activities are stated to be on the behalf of Correctional Service Canada, they must be authorized by the Technical Authority and/or the psychologist responsible for quality assurance of clinical aspects of the Contractor's work prior to the offender's participation.

### **2.21 Contract Management**

The Technical Authority will manage the non-clinical issues pertaining to the contract. Clinical oversight of the quality of work done will be the responsibility of the Regional Psychologist, Senior Community Psychologist, or another psychologist delegated the responsibility.

The Contractor may be requested to attend one (1) contract maintenance meeting with the Technical Authority per year. The purpose of this meeting is to discuss issues that may arise from the Statement of Requirements. This meeting is not billable.

The Contractor may also be requested to attend one (1) professional update session per year with the Regional Psychologist, Senior Community Psychologist, or another psychologist responsible for quality assurance of the work performed on contract. The purpose of this meeting is to discuss and receive information regarding changes or innovations in CSC assessment, treatment, and/or offender management protocols. This meeting is not billable.

### **2.22 Evaluation**

The Technical Authority, acting on behalf of the Minister, shall supply, complete and distribute a Standard Evaluation Form during the last few days of the contract period. The Contractor shall be allowed to review the completed evaluation and record any comments.

**ANNEX "A" - Limits of Confidentiality and Consent to Participate in Psychological Assessment and Counselling**

Psychologists must respect confidentiality and protect their clients' privacy. They must also explain the limits to confidentiality and privacy before they provide service. This form describes these limits and explains situations where psychologists are required and/or permitted to disclose information about you to others.

Psychological risk assessments are not confidential, so that anything that you say during an assessment interview could appear in the final assessment report. You may withdraw your consent to participate at any time during the assessment process, but once the assessment has been completed, your consent to distribute the resulting report is not required. If you do not consent to participate in the risk assessment process, the psychologist may still be required to complete a risk assessment based upon information already available on your files. Risk assessment reports are placed on your Case Management File, your file at the National Parole Board, your Psychology File, and on the Offender Management System (an electronic database). Correctional Service of Canada (CSC) employees, NPB employees, and those who perform services under contract for CSC who need this information to perform their duties, will have access to your Case Management files and the OMS system. Under the terms of the Corrections and Conditional Release Act, if you are ever released as a "high-risk" release, some of the information on your Psychology file may be made available to law enforcement agencies in your area of release.

There is a limited degree of confidentiality in psychological treatment or counselling. Direct access to your Psychology file can only occur under the supervision of a psychologist. Information that is not related to your risk to re-offend will be restricted to the Psychology file. Although access to your Psychology file, in order to review the quality of psychological services, or to complete psychological research, is allowed, information that can identify you will be protected. Anything discussed in counselling that is related to your risk to re-offend, however, including your progress in treatment, will be communicated to your Parole Officer, and will be summarized in Treatment Progress Reports that are distributed to the same files as are the psychological assessment reports described above. Psychological reports will be shared with you by the psychologist or, if this is not possible, by the Parole Officer.

There are situations where psychologists are legally required to break confidentiality. When there are reasonable grounds to believe that a child is, or may be, in need of protection, psychologists must report this information to a Child Protection Agency. If they have reasonable grounds, psychologists must also report the sexual abuse committed against clients by other identified health care providers. Psychologists have a duty to protect you and others from harm. This means that confidentiality will be breached if you are deemed to be at high risk for suicide or self-harm, or when identifiable third parties are at risk of being harmed by you. As well, psychologists are responsible for reporting to your Parole Officer any breach of release conditions or any violations of the law. Finally, you should understand that, in contrast to communications with a lawyer, psychological information is not legally defined as "privileged"; therefore, psychologists may be compelled to testify as a witness, or provide the Psychology file in its entirety, by an order of the court.

I understand this information and agree to participate in:

Psychological assessment \_\_\_\_\_

Psychological counselling \_\_\_\_\_

Name of Client \_\_\_\_\_ Signed \_\_\_\_\_

Psychologist \_\_\_\_\_ Date \_\_\_\_\_

I understand that by not signing this form, I am declining to participate in psychological assessment and/or psychological counselling. The psychologist will discuss the possible implications of this decision with you.

**ANNEX "B" Psychological Counselling: Treatment Plan**

Offender Name: \_\_\_\_\_ FPS \_\_\_\_\_ DOB: \_\_\_\_\_ WED: \_\_\_\_\_

Office: \_\_\_\_\_ Parole Officer: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Session Frequency/month: \_\_\_\_\_ Date of last written Note: \_\_\_\_\_

Since last Progress Note: (1) # of sessions: \_\_\_\_\_ (2) total # of sessions to date: \_\_\_\_\_

(3) # of missed sessions: \_\_\_\_\_ (4) estimated # of sessions to treatment completion: \_\_\_\_\_

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**Tombstone Data**

**Relevant Background**

**Offender Presentation**

**Current Mental Health Status**

Describe the offender's current mental status and risk for self harm, indicating the circumstances that would increase this risk.

**Recommendations to Manage Risk for Self Harm**

If the offender is assessed as being at elevated risk for self harm.

**Current Treatment Objectives**

**Longer Term Treatment Objectives**

**Current Risk Status** (static/dynamic/actuarial/risk to staff if applicable)

- Risk for General Recidivism - indicate the level (Low, Medium, High) and delineate the relevant key variables.
- Risk for Violent Recidivism (if applicable) - indicate the level (Low, Medium, High) and delineate the relevant key variables.
- Risk for Sexual Recidivism (if applicable) - indicate the level (Low, Medium, High) and delineate the relevant key variables.
- Risk for CSC's staff (if applicable) - indicate the level (Low, Medium, High) and delineate the relevant key variables.
- Risk for self harm/suicide - indicate the circumstances that would increase this risk and indicators / markers that this risk has increased)

**Risk Management Recommendations**

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Contractor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date \_\_\_\_\_

(if service was not provided by the Contractor)

Offender Signature: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

**ANNEX "C" Psychological Counselling: Interim Treatment Report**

Offender Name: \_\_\_\_\_ FPS \_\_\_\_\_ DOB: \_\_\_\_\_ WED: \_\_\_\_\_

Office: \_\_\_\_\_ Parole Officer: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Session Frequency/month: \_\_\_\_\_ Date of last written Note: \_\_\_\_\_

Since last Progress Note: (1) # of sessions: \_\_\_\_\_ (2) total # of sessions to date: \_\_\_\_\_

(3) # of missed sessions: \_\_\_\_\_ (4) estimated # of sessions to treatment completion: \_\_\_\_\_

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**Tombstone Data**

**Offender Presentation**

**Current Mental Health Status**

Describe the offender's current mental status and risk for self harm, indicating the circumstances that would increase this risk and/or specifying the markers that suggest that this risk has increased.

**Recommendations to Manage Risk for Self Harm**

If the offender is assessed as being at elevated risk for self harm.

**Current Treatment Objectives**

**Progress Toward Treatment Objectives:** (for Treatment Progress and Discharge Notes only. Address each of the objectives listed above, cite behavioural examples and significance re: supervision plan)

**Longer Term Treatment Objectives/ Next Treatment Steps**

**Current Risk Status** (static/dynamic/actuarial/risk to staff if applicable)

- Risk for General Recidivism - indicate the level (Low, Medium, High) and delineate the relevant key variables.
- Risk for Violent Recidivism (if applicable) - indicate the level (Low, Medium, High) and delineate the relevant key variables.
- Risk for Sexual Recidivism (if applicable) - indicate the level (Low, Medium, High) and delineate the relevant key variables.
- Risk for CSC's staff (if applicable) - indicate the level (Low, Medium, High) and delineate the relevant key variables.
- Risk for self harm/suicide - indicate the circumstances that would increase this risk and indicators / markers that this risk has increased)

**Risk Management Recommendations**

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Contractor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(if service was not provided by the Contractor)

Offender Signature: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

**ANNEX "D" Psychological Counselling: Final Treatment Report**

Offender Name: \_\_\_\_\_ FPS \_\_\_\_\_ DOB: \_\_\_\_\_ WED: \_\_\_\_\_

Office: \_\_\_\_\_ Parole Officer: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Session Frequency/month: \_\_\_\_\_ Date of last written Note: \_\_\_\_\_

Since last Progress Note: (1) # of sessions: \_\_\_\_\_ (2) total # of sessions to date: \_\_\_\_\_

(3) # of missed sessions: \_\_\_\_\_ (4) estimated # of sessions to treatment completion: \_\_\_\_\_

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**Tombstone Data**

**Offender Presentation**

**Current Mental Health Status**

Describe the offender's current mental status and risk for self harm, indicating the circumstances that would increase this risk and/or specifying the markers that suggest that this risk has increased.

**Recommendations to Manage Risk for Self Harm**

If the offender is assessed as being at elevated risk for self harm.

**Current Treatment Objectives**

**Progress Toward Treatment Objectives:**

Address each of the objectives listed above, citing behavioural examples and significance re: supervision plan)

**Longer Term Objectives/ Next Treatment Steps**

**Current Risk Status** (static/dynamic/actuarial/risk to staff if applicable)

- Risk for General Recidivism - indicate the level (Low, Medium, High) and delineate the relevant key variables.
- Risk for Violent Recidivism (if applicable) - indicate the level (Low, Medium, High) and delineate the relevant key variables.
- Risk for Sexual Recidivism (if applicable) - indicate the level (Low, Medium, High) and delineate the relevant key variables.
- Risk for CSC's staff (if applicable) - indicate the level (Low, Medium, High) and delineate the relevant key variables.
- Risk for self harm/suicide - indicate the circumstances that would increase this risk and indicators / markers that this risk has increased)

**Risk Management Recommendations**

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Contractor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(if service was not provided by the Contractor)

Offender Signature: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

**ANNEX "E" – Psychological Counselling: Communication Form**

(The Contractor prints this form on her/his letterhead)

# of pages including this one: \_\_\_\_\_ Date \_\_\_\_\_

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**To:** \_\_\_\_\_  
Parole Officer \_\_\_\_\_ Location \_\_\_\_\_

**To:** \_\_\_\_\_  
Parole Officer Supervisor \_\_\_\_\_ Location \_\_\_\_\_

**To:** \_\_\_\_\_  
Psychology Clerk \_\_\_\_\_ Location \_\_\_\_\_

**From:** \_\_\_\_\_  
Psychologist/ Psychological Associate \_\_\_\_\_ Signature \_\_\_\_\_

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**Re:** \_\_\_\_\_  
Offender Name \_\_\_\_\_ FPS \_\_\_\_\_ DOB \_\_\_\_\_ WED \_\_\_\_\_

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BREACH OF CONDITION OF RELEASE OR VIOLATION OF THE LAW:

Information obtained during the appointment of \_\_\_\_\_ indicated that this offender breached a the condition of release or violated the law, as follows:

\_\_\_\_\_  
\_\_\_\_\_

- This breach of condition/ violation of the law implies an increase in risk of reoffending  
 This breach of condition/ violation of the law does not imply an increase in risk of reoffending

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During the appointment of \_\_\_\_\_, I obtained information that indicates that this offender presents a SIGNIFICANT INCREASE IN RISK FOR:

- NON-SEXUAL VIOLENCE  
 SEXUAL VIOLENCE  
 SUICIDE/ SELF HARM  
 NON-VIOLENT OFFENDING  
 SUBSTANCE ABUSE

Explanation/reason for increase(s) of risk:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

cc: Parole Officer Supervisor



**ANNEX "F" - Psychological Counselling: Missed Appointment Form**

(The Contractor prints this form on her/his letterhead)

# of pages including this one: \_\_\_\_\_ Date \_\_\_\_\_

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**To:** \_\_\_\_\_  
Parole Officer \_\_\_\_\_ Location \_\_\_\_\_

**To:** \_\_\_\_\_  
Parole Officer Supervisor \_\_\_\_\_ Location \_\_\_\_\_

**To:** \_\_\_\_\_  
Psychology Clerk \_\_\_\_\_ Location \_\_\_\_\_

**From:** \_\_\_\_\_  
Psychologist/Psychological Associate \_\_\_\_\_ Signature \_\_\_\_\_

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**Re:** \_\_\_\_\_  
Offender Name \_\_\_\_\_ FPS \_\_\_\_\_ DOB \_\_\_\_\_ WED \_\_\_\_\_

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Date of missed appointment: \_\_\_\_\_

Time of missed appointment: \_\_\_\_\_

Client called to cancel: [ ] Yes [ ] No

Possible date of next appointment: \_\_\_\_\_

Possible time of next appointment: \_\_\_\_\_

Comments:

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**Parole Officer Response:** (reasons provided by the offenders for his/her failure to attend the above noted appointment)

**Parole officer's Acceptance of Next Appointment:**

[ ] Yes: I am accepting the proposed appointment for this offender.

[ ] No: I am proposing a different date/time for the next appointment for this offender, as follows:

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Parole Officer Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

cc: Parole Officer Supervisor

**ANNEX "G" - Correctional Service Canada: Special Report**

Offender Name: \_\_\_\_\_ FPS \_\_\_\_\_ DOB: \_\_\_\_\_ WED: \_\_\_\_\_

Office: \_\_\_\_\_ Parole Officer: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Date of last written report: \_\_\_\_\_ # of sessions to date: \_\_\_\_\_ # of missed sessions: \_\_\_\_\_

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**Reason for Special Report:**

**Relevant Background:** (e.g., brief personal & criminal history, factors related to prior criminal behaviour, general adjustment/psychopathology, treatment experience, recommendations from previous treatment providers or assessments)

**Progress towards Treatment Objectives:**

**Details of Special Report:**

**Current Mental Health Status:**

Information regarding the offender's current mental status and risk for self harm/suicide, indicating the circumstances that would increase this risk and/or specifying the markers that suggest that this risk has increased.

**Recommendations to Manage Risk for Self Harm**

**Risk Assessment:** (if applicable, comment on how changes in parole status will impact on risk)

- Risk for General Recidivism - indicate the level (Low, Medium, High) and delineate the relevant key variables.
- Risk for Violent Recidivism (if applicable) - indicate the level (Low, Medium, High) and delineate the relevant key variables.
- Risk for Sexual Recidivism (if applicable) - indicate the level (Low, Medium, High) and delineate the relevant key variables.
- Risk for CSC's staff (if applicable) - indicate the level (Low, Medium, High) and delineate the relevant key variables.
- Risk for self harm/suicide - indicate the circumstances that would increase this risk and indicators / markers that this risk has increased).

**Risk Management Recommendations**

**Recommendations for Further Psychological Treatment:**

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Contractor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(if service was not provided by the Contractor)

Offender Signature: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

cc: Offender File, Psychology file, OMS

