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RESET Professional

Counselling in Melbourne (CIM) — Treatment Summary Report

CONFIDENTIAL

A — PARTICIPANT AND PROGRAM DETAILS

Name	James Thorton
Program ID	CIM_RESET_TEST001
Registered	31-08-2026 09:54:59
Program	RESET Professional — 10-Week Anger Management & Emotional Regulation Program

B — ATTENDANCE & PARTICIPATION RECORD

Program structure: 10 weekly sessions (Week 0 Intake through Week 9 Closure), delivered online. The DAR-5 is administered at Weeks 0, 5 and 9; the CAS at Weeks 0 and 9.

WEEK	SESSION / TOPIC	DATE	STATUS
0	Intake: Assessment, Orientation & Goal-Setting — CAS + DAR-5 administered	30-08-2026	**Attended**
1	Understanding Anger: What It Is and Where It Comes From	07-09-2026	**Attended**
2	Triggers, Patterns and the Anger Cycle — Personal Mapping	31-08-2026	**Attended**
3	Accountability Without Self-Blame: Ownership of Behaviour	22-09-2026	**Attended**
4	Impact Awareness: How Anger Affects Others	29-09-2026	**Attended**
5	Beliefs, Values & Stories — DAR-5 mid-program re-administration	05-10-2026	**Attended**
6	Regulation Skills: In-the-Moment Strategies	12-10-2026	**Attended**
7	Communication, Conflict and Connection	19-10-2026	**Attended**
8	Consolidation: Healthy Relationships, Maintaining Change & Relapse Prevention	26-10-2026	**Attended**
9	Closure: Debrief, Outcome Assessment & Certification — CAS + DAR-5 re-administered	27-10-2026	**Attended**

Sessions attended 10 of 10 **Attendance rate** 100%

Completion of this program requires attendance at a minimum of 8 of 10 sessions. Assessment rows (Weeks 0, 5, 9) are highlighted above.

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C — OUTCOME ASSESSMENT: DAR-5 + CLINICAL ANGER SCALE (CAS)

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Assessment framework: Two validated, free-access instruments are used in combination across three timepoints.

TOOL	ITEMS	WHAT IT MEASURES	CLINICAL CUTOFF / RANGE	ADMINISTERED
DAR-5	5	Frequency, intensity, duration, aggression, and interference with social functioning over the preceding 4 weeks.	Score 5–25. Clinical threshold: ≥12 indicates problem anger warranting intervention.	Weeks 0, 5 and 9
CAS	21	Intensity and maladaptive expression of clinical anger including work performance, sleep, decision-making and interpersonal relationships.	Score 0–63. 0–13: Minimal · 14–19: Mild · 20–28: Moderate · 29–63: Severe	Weeks 0 and 9

Both instruments are self-report. The psychologist's clinical observations in Sections D and E are an integral part of this report.

C1 — DAR-5 SCORES ACROSS PROGRAM

TIMEPOINT	SCORE	CLINICAL STATUS
Week 0 (Intake)	16 / 25	Above threshold (≥12)
Week 5 (Mid-program)	11 / 25	Below threshold (<12)
Week 9 (Discharge)	7 / 25	Below threshold (<12)

C2 — CAS SCORES: INTAKE VS. DISCHARGE

CAS SUMMARY	WEEK 0	WEEK 9	CHANGE
CAS Total Score	27	6	↓ 21 pts
Severity band	moderate	minimal	

Clinical domain breakdown

DOMAIN	WEEK 0	WEEK 9
Work performance / cognitive	3 / 6	1 / 6
Interpersonal interference / affective	2 / 6	0 / 6
Sleep, decision-making, physical and behavioural	12 / 24	1 / 24
Personal insight, awareness and commitment to change	7 / 15	1 / 15
Risk factors / future focus	3 / 12	3 / 12

- Work performance / cognitive: improved from 3 to 1 / 6 (a reduction of 2 points).
- Interpersonal interference / affective: improved from 2 to 0 / 6 (a reduction of 2 points).
- Sleep, decision-making, physical and behavioural: improved from 12 to 1 / 24 (a reduction of 11 points).
- Personal insight, awareness and commitment to change: improved from 7 to 1 / 15 (a reduction of 6 points).
- Risk factors / future focus: unchanged at 3 / 12.

Domain mapping confirmed by the treating psychologist, N. Lindley (AHPRA PSY0001127336), prior to use in this report.

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C3 — OUTCOME VISUALISATIONS

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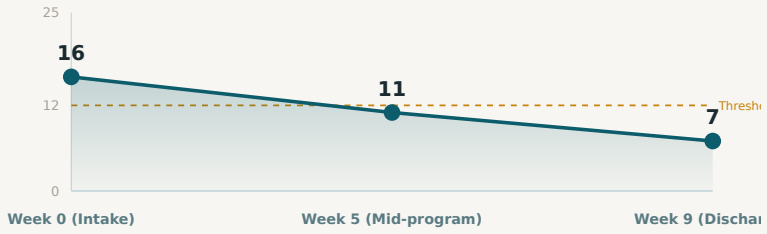


Chart 1 — DAR-5 trajectory across three timepoints.

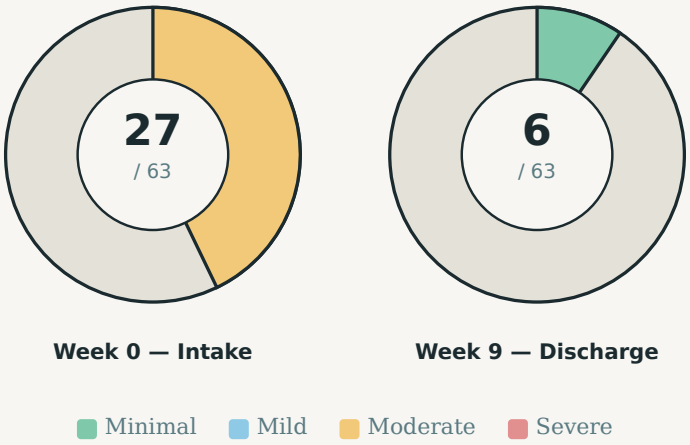
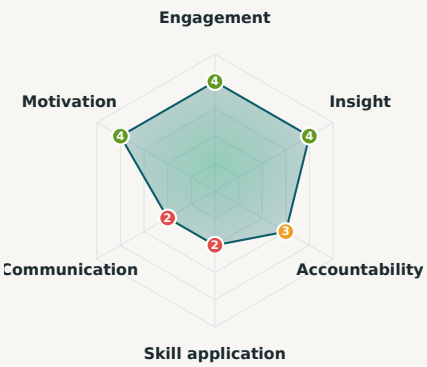


Chart 2 — CAS intake vs. discharge.



RATING SCALE INDEX — WORDING PENDING CLINICAL CONFIRMATION

1 2 3 4 5

Chart 3 — Clinical Observation Profile

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C4 — CLINICIAN'S INTERPRETATION OF ASSESSMENT RESULTS

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James presented with a moderate-to-severe anger profile at intake (DAR-5: 16/25, CAS: 27/63), consistent with clinically significant problem anger warranting structured intervention. By discharge, both measures had fallen well below clinical threshold (DAR-5: 7/25, CAS: 6/63), representing a substantial and consistent reduction across the ten-week program.

Note for referring party: Both instruments are self-report. The psychologist's clinical observations in Sections D and E are an integral part of this report.

D — CLINICAL OBSERVATIONS: ENGAGEMENT & PROGRESS

Rating scale: 1–No insight/engagement · 2–Minimal · 3–Moderate · 4–Good · 5–Excellent/consistent.

DOMAIN	RATING	CLINICAL OBSERVATION
Engagement & attendance	**4 / 5**	Good
Self-awareness & insight	**4 / 5**	Good
Accountability & ownership	**3 / 5**	Average - needs work
Skill acquisition & application	**2 / 5**	Unaware and lacking
Communication & relational skills	**2 / 5**	Poor - needs work. Biggest change to improve anger
Motivation for sustained change	**4 / 5**	Excellent

E — CLINICAL SUMMARY NARRATIVE

James engaged consistently and openly across the program, showing particularly strong gains in self-awareness and insight into his anger triggers. Communication and relational skills showed the least improvement of the six domains and represent the clearest area for ongoing focus.

F — CLINICAL RECOMMENDATIONS & MAINTENANCE PLAN

Based on the outcome measures and clinical observations across the ten-week program, the following maintenance and follow-up recommendations are made. James should continue to apply the emotional regulation strategies introduced in Weeks 5 through 7, particularly the in-the-moment de-escalation techniques he demonstrated competence with during role-play exercises in the final third of the program.

Given that communication and relational skills showed the least improvement across the six observed domains (rated 2/5 at discharge, unchanged from the mid-program assessment), it is recommended that James pursue either continued individual sessions with a focus specifically on interpersonal communication, or consider a structured communication skills group program as a complementary intervention. The gap between his strong self-awareness gains (4/5) and his comparatively weaker communication application (2/5) suggests the insight is present but has not yet reliably translated into changed relational behaviour under stress.

It is further recommended that James's support network — particularly his partner, given the relational focus of several disclosed incidents during the program — be offered the opportunity to engage in a small number of conjoint or family sessions, should James consent. This is not a requirement for programme completion but is noted as a clinically indicated next step given the interpersonal nature of several trigger patterns identified during the mapping exercises in Weeks 2 through 4.

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A follow-up check-in at three months post-discharge is recommended to confirm the durability of gains, particularly given that risk factors / future loads were not in that show-up no measurable improvement (unchanged at 3/12 from intake to discharge). This suggests James's forward-looking risk awareness may benefit from brief, targeted follow-up rather than a full re-engagement in the structured program.

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G — COMPLETION RECOMMENDATION

✓ Program completed with demonstrated engagement and meaningful insight development. No further structured intervention recommended at this time.

H — CERTIFICATION & SIGNATURE

I confirm that the information contained in this Treatment Summary Report is accurate to the best of my professional knowledge and has been prepared in accordance with the ethical guidelines of the Australian Psychological Society (APS) and the standards of AHPRA.

Reporting psychologist: **Neoma Lindley**, BA (Psych) PG Dip (Psych) · AHPRA: PSY0001127336

Signed: 15-09-2026 · Practice: Counselling in Melbourne (CIM)

IMPORTANT DISCLAIMER — FOR LEGAL AND COURT USE. This Treatment Summary Report is a clinical document prepared by a registered psychologist. It describes the participant's engagement, progress, validated assessment scores, and the psychologist's clinical observations and recommendations. It does not constitute a forensic risk assessment, a psychiatric evaluation, or a prediction of future behaviour. Completion of this program and the findings herein should not be interpreted as a guarantee that the participant will not engage in harmful behaviour in the future. This report is provided to the named recipient only and is subject to legal professional privilege where applicable.

This report was finalised on 15-09-2026 by Neoma Lindley.

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