



RESET Professional

Counselling in Melbourne (CIM) — Treatment Summary Report

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.

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).

Personal insight, awareness and commitment to change: improved from 7 to 1 / 15 (a reduction of 6 points).

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

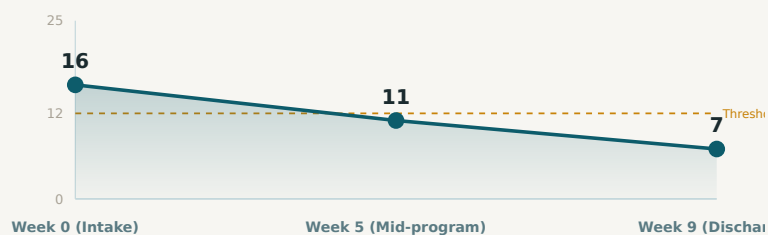
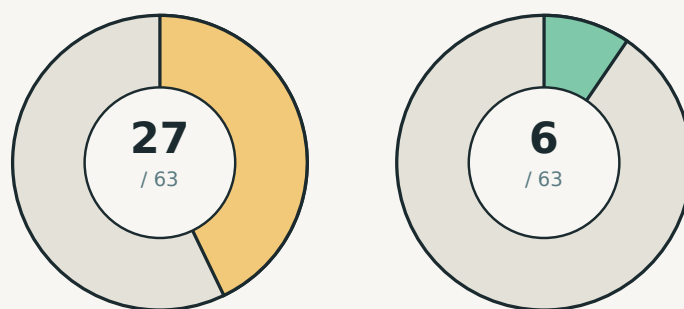


Chart 1 — DAR-5 trajectory across three timepoints.

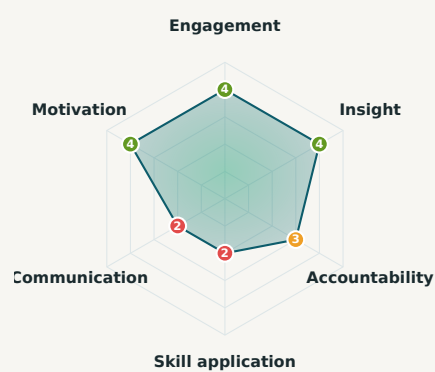


Week 0 — Intake

Week 9 — Discharge

Minimal Mild Moderate Severe

Chart 2 — CAS intake vs. discharge.



RATING SCALE INDEX — WORDING PENDING CLINICAL CONFIRMATION

1 2 3 4 5

Chart 3 — Clinical Observation Profile.

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. The trajectory across all three timepoints shows steady, sustained improvement rather than a single pre/post shift, which is a more reliable indicator of genuine behavioural change.

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. He was able to articulate the connection between early relationship experiences and his current reactive patterns by Week 5, and applied this understanding practically in subsequent sessions. His accountability, while improved, remains an area for continued attention — James still occasionally externalises responsibility for conflict onto others before catching and correcting the pattern himself, though the correction now happens noticeably faster than at intake. Communication and relational skills showed the least improvement of the six domains and represent the clearest area for ongoing focus. Overall, James's engagement and motivation throughout the program were genuine and consistent, and the quantitative outcome measures corroborate the clinical impression of meaningful, durable change.

F — CLINICAL RECOMMENDATIONS & MAINTENANCE PLAN

Needs further one-on-one sessions to continue improvement, with particular focus on communication and relational skills given these showed the least improvement across the six observed domains.

DOCUMENT — TEST DOCUMENT — TEST DOCUMENT — Document doesn't look right? [We'll help you out!](#) — TEST DOCUMENT — TEST DOCUMENT — TEST D

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. This Treatment Summary Report is a clinical document prepared by a registered psychologist. It does not constitute a forensic risk assessment.