

Appendix

California Domestic Violence Law

1203.097. (a) If a person is granted probation for a crime in which the victim is a person defined in Section 6211 of the Family **Code**, the terms of probation shall include all of the following:

(1) A minimum period of probation of 36 months, which may include a period of summary probation as appropriate.

(2) A criminal court protective order protecting the victim from further acts of violence, threats, stalking, sexual abuse, and harassment, and, if appropriate, containing residence exclusion or stay-away conditions.

(3) Notice to the victim of the disposition of the case.

(4) Booking the defendant within one week of sentencing if the defendant has not already been booked.

(5) A minimum payment by the defendant of two hundred dollars (\$200) to be disbursed as specified in this paragraph. If, after a hearing in court on the record, the court finds that the defendant does not have the ability to pay, the court may reduce or waive this fee.

One-third of the moneys deposited with the county treasurer pursuant to this section shall be retained by counties and deposited in the domestic violence programs special fund created pursuant to Section 18305 of the Welfare and Institutions **Code**, to be expended for the purposes of Chapter 5 (commencing with Section 18290) of Part 6 of Division 9 of the Welfare and Institutions **Code**. The remainder shall be transferred, once a month, to the Controller for deposit in equal amounts in the Domestic Violence Restraining Order

Reimbursement Fund and in the Domestic Violence Training and Education Fund, which are hereby created, in an amount equal to two-thirds of funds collected during the preceding month. Moneys deposited into these funds pursuant to this section shall be

available upon appropriation by the Legislature and shall be distributed each fiscal year as follows:

(A) Funds from the Domestic Violence Restraining Order Reimbursement Fund shall be distributed to local law enforcement or other criminal justice agencies for state-mandated local costs resulting from the notification requirements set forth in subdivision

(a) of Section 6385 of the Family **Code**, based on the annual notification from the Department of Justice of the number of restraining orders issued and registered in the state domestic violence restraining order registry maintained by the Department of Justice, for the development and maintenance of the domestic violence restraining order data bank system.

(B) Funds from the Domestic Violence Training and Education Fund shall support a statewide training and education program to increase public awareness of domestic violence and to improve the scope and quality of services provided to the victims of domestic violence.

Grants to support this program shall be awarded on a competitive basis and be administered by the State Department of Health Services, in consultation with the statewide domestic violence coalition, which is eligible to receive funding under this section.

(6) Successful completion of a batterer's program, as defined in subdivision (c), or if none is available, another appropriate counseling program designated by the court, for a period not less than one year with periodic progress reports by the program to the court every three months or less and weekly sessions of a minimum of two hours class time duration. The defendant shall attend consecutive weekly sessions, unless granted an excused absence for good cause by the program for no more than three individual sessions during the entire program, and shall complete the program within 18 months,

unless, after a hearing, the court finds good cause to modify the requirements of consecutive attendance or completion within 18 months.

(7) (A) (i) The court shall order the defendant to comply with all probation requirements, including the requirements to attend counseling, keep all program appointments, and pay program fees based upon the ability to pay.

(ii) The terms of probation for offenders shall not be lifted until all reasonable fees due to the counseling program have been paid in full, but in no case shall probation be extended beyond the term provided in subdivision (a) of Section **1203.1**. If the court finds that the defendant does not have the ability to pay the fees based on the defendant's changed circumstances, the court may reduce or waive the fees.

(B) Upon request by the batterer's program, the court shall provide the defendant's arrest report, prior incidents of violence, and treatment history to the program.

(8) The court also shall order the defendant to perform a specified amount of appropriate community service, as designated by the court. The defendant shall present the court with proof of completion of community service and the court shall determine if the community service has been satisfactorily completed. If sufficient staff and resources are available, the community service shall be performed under the jurisdiction of the local agency overseeing a community service program.

(9) If the program finds that the defendant is unsuitable, the program shall immediately contact the probation department or the court. The probation department or court shall either recalendar the case for hearing or refer the defendant to an appropriate alternative batterer's program.

(10) (A) Upon recommendation of the program, a court shall require a defendant to participate in additional sessions throughout the probationary period, unless it finds that it is not in the interests of justice to do so, states its reasons on the record, and enters them into the minutes. In deciding whether the defendant would benefit from more sessions, the court shall consider whether any of the following conditions exist:

(i) The defendant has been violence free for a minimum of six months.

(ii) The defendant has cooperated and participated in the batterer's program.

(iii) The defendant demonstrates an understanding of and practices positive conflict resolution skills.

(iv) The defendant blames, degrades, or has committed acts that dehumanize the victim or puts at risk the victim's safety, including, but not limited to, molesting, stalking, striking, attacking, threatening, sexually assaulting, or battering the victim.

(v) The defendant demonstrates an understanding that the use of coercion or violent behavior to maintain dominance is unacceptable in an intimate relationship.

(vi) The defendant has made threats to harm anyone in any manner.

(vii) The defendant has complied with applicable requirements under paragraph (6) of subdivision (c) or subparagraph (C) to receive alcohol counseling, drug counseling, or both.

(viii) The defendant demonstrates acceptance of responsibility for the abusive behavior perpetrated against the victim.

(B) The program shall immediately report any violation of the terms of the protective order, including any new acts of violence or failure to comply with the program requirements, to the court, the

prosecutor, and, if formal probation has been ordered, to the probation department. The probationer shall file proof of enrollment in a batterer's program with the court within 30 days of conviction.

(C) Concurrent with other requirements under this section, in addition to, and not in lieu of, the batterer's program, and unless prohibited by the referring court, the probation department or the court may make provisions for a defendant to use his or her resources to enroll in a chemical dependency program or to enter voluntarily a licensed chemical dependency recovery hospital or residential treatment program that has a valid license issued by the state to provide alcohol or drug services to receive program participation credit, as determined by the court. The probation department shall document evidence of this hospital or residential treatment participation in the defendant's program file.

(11) The conditions of probation may include, in lieu of a fine, but not in lieu of the fund payment required under paragraph (5), one or more of the following requirements:

(A) That the defendant make payments to a battered women's shelter, up to a maximum of five thousand dollars (\$5,000).

(B) That the defendant reimburse the victim for reasonable expenses that the court finds are the direct result of the defendant's offense.

For any order to pay a fine, to make payments to a battered women's shelter, or to pay restitution as a condition of probation under this subdivision, the court shall make a determination of the defendant's ability to pay. Determination of a defendant's ability

to pay may include his or her future earning capacity. A defendant shall bear the burden of demonstrating lack of his or her ability to pay. Express findings by the court as to the factors bearing on the amount of the fine shall not be required. In no event shall any order to make payments to a battered women's shelter be made if it would impair the ability of the defendant to pay direct restitution to the victim or court-ordered child support. When the injury to a married person is caused in whole or in part by the criminal acts of his or her spouse in violation of this section, the community property shall not be used to discharge the liability of the offending spouse for restitution to the injured spouse, as required by Section 1203.04, as operative on or before August 2, 1995, or Section 1202.4, or to a shelter for costs with regard to the injured spouse, until all separate property of the offending spouse is exhausted.

(12) If it appears to the prosecuting attorney, the court, or the probation department that the defendant is performing unsatisfactorily in the assigned program, is not benefiting from counseling, or has engaged in criminal conduct, upon request of the probation officer, the prosecuting attorney, or on its own motion, the court, as a priority calendar item, shall hold a hearing to determine whether further sentencing should proceed. The court may consider factors, including, but not limited to, any violence by the defendant against the former or a new victim while on probation and noncompliance with any other specific condition of probation. If the court finds that the defendant is not performing satisfactorily in

the assigned program, is not benefiting from the program, has not complied with a condition of probation, or has engaged in criminal conduct, the court shall terminate the defendant's participation in the program and shall proceed with further sentencing.

(b) If a person is granted formal probation for a crime in which the victim is a person defined in Section 6211 of the Family Code, in addition to the terms specified in subdivision (a), all of the following shall apply:

(1) The probation department shall make an investigation and take into consideration the defendant's age, medical history, employment and service records, educational background, community and family ties, prior incidents of violence, police report, treatment history, if any, demonstrable motivation, and other mitigating factors in determining which batterer's program would be appropriate for the defendant. This information shall be provided to the batterer's program if it is requested. The probation department shall also determine which community programs the defendant would benefit from and which of those programs would accept the defendant. The probation department shall report its findings and recommendations to the court.

(2) The court shall advise the defendant that the failure to report to the probation department for the initial investigation, as directed by the court, or the failure to enroll in a specified program, as directed by the court or the probation department, shall result in possible further incarceration. The court, in the interests of justice, may relieve the defendant from the prohibition set forth in this subdivision based upon the defendant's mistake or excusable neglect. Application for this relief shall be filed within 20 court days of the missed deadline. This time limitation may not be extended. A copy of any application for relief shall be served on the office of the prosecuting attorney.

(3) After the court orders the defendant to a batterer's program, the probation department shall conduct an initial assessment of the defendant, including, but not limited to, all of the following:

- (A) Social, economic, and family background.
- (B) Education.
- (C) Vocational achievements.
- (D) Criminal history.
- (E) Medical history.
- (F) Substance abuse history.
- (G) Consultation with the probation officer.
- (H) Verbal consultation with the victim, only if the victim desires to participate.
- (I) Assessment of the future probability of the defendant committing murder.

(4) The probation department shall attempt to notify the victim regarding the requirements for the defendant's participation in the batterer's program, as well as regarding available victim resources. The victim also shall be informed that attendance in any program does not guarantee that an abuser will not be violent.

(c) The court or the probation department shall refer defendants only to batterer's programs that follow standards outlined in paragraph (1), which may include, but are not limited to, lectures, classes, group discussions, and counseling. The probation department shall design and implement an approval and renewal process for batterer's programs and shall solicit input from criminal justice agencies and domestic violence victim advocacy programs.

(1) The goal of a batterer's program under this section shall be to stop domestic violence. A batterer's program shall consist of the following components:

(A) Strategies to hold the defendant accountable for the violence in a relationship, including, but not limited to, providing the defendant with a written statement that the defendant shall be held accountable for acts or threats of domestic violence.

(B) A requirement that the defendant participate in ongoing same-gender group sessions.

(C) An initial intake that provides written definitions to the defendant of physical, emotional, sexual, economic, and verbal abuse, and the techniques for stopping these types of abuse.

(D) Procedures to inform the victim regarding the requirements for the defendant's participation in the intervention program as well as regarding available victim resources. The victim also shall be informed that attendance in any program does not guarantee that an abuser will not be violent.

(E) A requirement that the defendant attend group sessions free of chemical influence.

(F) Educational programming that examines, at a minimum, gender roles, socialization, the nature of violence, the dynamics of power and control, and the effects of abuse on children and others.

(G) A requirement that excludes any couple counseling or family counseling, or both.

(H) Procedures that give the program the right to assess whether or not the defendant would benefit from the program and to refuse to enroll the defendant if it is determined that the defendant would not benefit from the program, so long as the refusal is not because of the defendant's inability to pay. If possible, the program shall suggest an appropriate alternative program.

(I) Program staff who, to the extent possible, have specific knowledge regarding, but not limited to, spousal abuse, child abuse, sexual abuse, substance abuse, the dynamics of violence and abuse, the law, and procedures of the legal system.

(J) Program staff who are encouraged to utilize the expertise, training, and assistance of local domestic violence centers.

(K) A requirement that the defendant enter into a written agreement with the program, which shall include an outline of the contents of the program, the attendance requirements, the requirement to attend group sessions free of chemical influence, and a statement that the defendant may be removed from the program if it is determined that the defendant is not benefiting from the program or is disruptive to the program.

(L) A requirement that the defendant sign a confidentiality statement prohibiting disclosure of any information obtained through participating in the program or during group sessions regarding other participants in the program.

(M) Program content that provides cultural and ethnic sensitivity.

(N) A requirement of a written referral from the court or probation department prior to permitting the defendant to enroll in the program. The written referral shall state the number of minimum sessions required by the court.

(O) Procedures for submitting to the probation department all of the following uniform written responses:

(i) Proof of enrollment, to be submitted to the court and the probation department and to include the fee determined to be charged to the defendant, based upon the ability to pay, for each session.

(ii) Periodic progress reports that include attendance, fee payment history, and program compliance.

(iii) Final evaluation that includes the program's evaluation of the defendant's progress, using the criteria set forth in paragraph

(4) of subdivision (a) and recommendation for either successful or unsuccessful termination or continuation in the program.

(P) A sliding fee schedule based on the defendant's ability to pay. The batterer's program shall develop and utilize a sliding fee scale that recognizes both the defendant's ability to pay and the necessity of programs to meet overhead expenses. An indigent defendant may negotiate a deferred payment schedule, but shall pay a nominal fee, if the defendant has the ability to pay the nominal fee.

Upon a hearing and a finding by the court that the defendant does not have the financial ability to pay the nominal fee, the court shall waive this fee. The payment of the fee shall be made a condition of probation if the court determines the defendant has the present ability to pay the fee. The fee shall be paid during the term of probation unless the program sets other conditions. The acceptance policies shall be in accordance with the scaled fee system.

(2) The court shall refer persons only to batterer's programs that have been approved by the probation department pursuant to paragraph

(5). The probation department shall do both of the following:

(A) Provide for the issuance of a provisional approval, provided that the applicant is in substantial compliance with applicable laws and regulations and an urgent need for approval exists. A provisional approval shall be considered an authorization to provide services and shall not be considered a vested right.

(B) If the probation department determines that a program is not in compliance with standards set by the department, the department shall provide written notice of the noncompliant areas to the program. The program shall submit a written plan of corrections within 14 days from the date of the written notice on noncompliance. A plan of correction shall include, but not be limited to, a description of each corrective action and timeframe for implementation. The department shall review and approve all or any part of the plan of correction and notify the program of approval or disapproval in writing. If the program fails to submit a plan of correction or fails to implement the approved plan of correction, the department shall consider whether to revoke or suspend approval and, upon revoking or suspending approval, shall have the option to cease referrals of defendants under this section.

(3) No program, regardless of its source of funding, shall be approved unless it meets all of the following standards:

(A) The establishment of guidelines and criteria for education services, including standards of services that may include lectures, classes, and group discussions.

(B) Supervision of the defendant for the purpose of evaluating the person's progress in the program.

(C) Adequate reporting requirements to ensure that all persons who, after being ordered to attend and complete a program, may be identified for either failure to enroll in, or failure to successfully complete, the program or for the successful completion of the program as ordered. The program shall notify the court and the probation department in writing within the period of time and in the manner specified by the court of any person who fails to complete the program. Notification shall be given if the program determines that the defendant is performing unsatisfactorily or if the defendant is not benefiting from the education, treatment, or counseling.

(D) No victim shall be compelled to participate in a program or counseling, and no program may condition a defendant's enrollment on participation by the victim.

(4) In making referrals of indigent defendants to approved batterer's programs, the probation department shall apportion these referrals evenly among the approved programs.

(5) The probation department shall have the sole authority to approve a batterer's program for probation. The program shall be required to obtain only one approval but shall renew that approval annually.

(A) The procedure for the approval of a new or existing program shall include all of the following:

(i) The completion of a written application containing necessary and pertinent information describing the applicant program.

(ii) The demonstration by the program that it possesses adequate administrative and operational capability to operate a batterer's treatment program. The program shall provide documentation to prove that the program has conducted batterer's programs for at least one year prior to application. This requirement may be waived under subparagraph (A) of paragraph (2) if there is no existing batterer's program in the city, county, or city and county.

(iii) The onsite review of the program, including monitoring of a session to determine that the program adheres to applicable statutes and regulations.

(iv) The payment of the approval fee.

(B) The probation department shall fix a fee for approval not to exceed two hundred fifty dollars (\$250) and for approval renewal not to exceed two hundred fifty dollars (\$250) every year in an amount sufficient to cover its cost in administering the approval process under this section. No fee shall be charged for the approval of local governmental entities.

(C) The probation department has the sole authority to approve the issuance, denial, suspension, or revocation of approval and to cease new enrollments or referrals to a batterer's program under this section. The probation department shall review information relative to a program's performance or failure to adhere to standards, or both. The probation department may suspend or revoke any approval issued under this subdivision or deny an application to renew an approval or to modify the terms and conditions of approval, based on grounds established by probation, including, but not limited to, either of the following:

(i) Violation of this section by any person holding approval or by a program employee in a program under this section.

(ii) Misrepresentation of any material fact in obtaining the approval.

(6) For defendants who are chronic users or serious abusers of drugs or alcohol, standard components in the program shall include concurrent counseling for substance abuse and violent behavior, and in appropriate cases, detoxification and abstinence from the abused substance.

(7) The program shall conduct an exit conference that assesses the defendant's progress during his or her participation in the batterer's program.

1203.098. (a) Unless otherwise provided, a person who works as a facilitator in a batterers' intervention program that provides programs for batterers pursuant to subdivision (c) of Section

1203.097 shall complete the following requirements before being eligible to work as a facilitator in a batterers' intervention program:

(1) Forty hours of core-basic training. A minimum of eight hours of this instruction shall be provided by a shelter-based or shelter-approved trainer. The core curriculum shall include the following components:

(A) A minimum of eight hours in basic domestic violence knowledge focusing on victim safety and the role of domestic violence shelters in a community-coordinated response.

(B) A minimum of eight hours in multicultural, cross cultural, and multiethnic diversity and domestic violence.

(C) A minimum of four hours in substance abuse and domestic violence.

(D) A minimum of four hours in intake and assessment, including the history of violence and the nature of threats and substance abuse.

(E) A minimum of eight hours in group content areas focusing on gender roles and socialization, the nature of violence, the dynamics of power and control, and the affects of abuse on children and others as required by Section **1203.097**.

(F) A minimum of four hours in group facilitation.

(G) A minimum of four hours in domestic violence and the law, ethics, all requirements specified by the probation department pursuant to Section **1203.097**, and the role of batterers' intervention programs in a coordinated-community response.

(H) Any person that provides documentation of coursework, or equivalent training, that he or she has satisfactorily completed, shall be exempt from that part of the training that was covered by the satisfactorily completed coursework.

(I) The coursework that this person performs shall count towards the continuing education requirement.

(2) Fifty-two weeks or no less than 104 hours in six months, as a trainee in an approved batterers' intervention program with a minimum of a two-hour group each week. A training program shall include at least one of the following:

(A) Cofacilitation internship in which an experienced facilitator is present in the room during the group session.

(B) Observation by a trainer of the trainee conducting a group session via a one-way mirror.

(C) Observation by a trainer of the trainee conducting a group session via a video or audio tape.

(D) Consultation and or supervision twice a week in a six-month program or once a week in a 52-week program.

(3) An experienced facilitator is one who has the following qualifications:

(A) Documentation on file, approved by the agency, evidencing that the experienced facilitator has the skills needed to provide quality supervision and training.

(B) Documented experience working with batterers for three years, and a minimum of two years working with batterer's groups.

(C) Documentation by January 1, 2003, of coursework or equivalent training that demonstrates satisfactory completion of the 40-hour basic-core training.

(b) A facilitator of a batterers' intervention program shall complete, as a minimum continuing education requirement, 16 hours annually of continuing education in either domestic violence or a related field with a minimum of 8 hours in domestic violence.

(c) A person or agency with a specific hardship may request the probation department, in writing, for an extension of time to complete the training or to complete alternative training options.

(d) (1) An experienced facilitator, as defined in paragraph (3) of subdivision (a), is not subject to the supervision requirements of this section, if they meet the requirements of subparagraph (C) of paragraph (3) of subdivision (a).

(2) This section does not apply to a person who provides batterers' treatment through a jail education program if the person in charge of that program determines that such person has adequate education or training in domestic violence or a related field.

(e) A person who satisfactorily completes the training requirements of a county probation department whose training program is equivalent to or exceeds the training requirements of this act shall be exempt from the training requirements of this act.

Program Forms

Permission is granted for partial or complete use of these forms as long as this original source citation remains on each page.

Section A Clinician Assessment Forms

Domestic Violence Program Intake Form

Name: _____ Age: _____

DOB: _____ Place of birth: _____

Address: _____

Home Telephone: _____

Current employment: _____

Address: _____

Work Telephone: _____

Job description: _____

Monthly income before taxes: _____

Military service? Yes No Branch: _____

Rank at discharge: _____

Focus of military training: _____

Combat? (Where and when): _____

Race or Ethnicity: _____

Religion/spiritual orientation: _____

Clergy involved with family: _____

Current spouse/cohabitant:

Name: _____ Age: _____

DOB: _____ Place of birth: _____

Date of marriage/cohabitation: _____

Current employment: _____

Address: _____

Work Telephone: _____

Job description: _____

Monthly income before taxes: _____

Name, sex and ages of children with this partner (starting from oldest to youngest):

Previous spouses/cohabitants (past ten years)

#1: Name: _____ Age: _____

DOB: _____ Place of birth: _____

Address: _____

Home Telephone: _____

Date of marriage/cohabitation: _____

Date of divorce/separation: _____

Reason for divorce/separation: _____

Name, sex and ages of children with this partner (starting from oldest to youngest):

#2: Name: _____ Age: _____

DOB: _____ Place of birth: _____

Address: _____

Home Telephone: _____

Date of marriage/cohabitation: _____

Date of divorce/separation: _____

Reason for divorce/separation: _____

Name, sex and ages of children with this partner (starting from oldest to youngest):

In case of emergency, contact (other than partner):

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____

Comments:

Children (starting from oldest to youngest)

Name: _____ Age: _____

School/grade: _____

Name: _____ Age: _____

School/grade: _____

Name: _____ Age: _____

School/grade: _____

Name: _____ Age: _____

School/grade: _____

Name: _____ Age: _____

School/grade: _____

Name: _____ Age: _____

School/grade: _____

Medical problems with children:

Psychiatric problems with children:

Drug/alcohol problems with children:

How are/were your children disciplined?

Criminal Justice History

Client currently on:

Diversion for: _____

Since: _____

Probation for: _____

Since: _____

Parole: _____

Since: _____

Expected date of completion: _____

Name of supervising officer/agent:

Address: _____

Telephone: _____ FAX: _____

EMAIL: _____

Date of incident: _____ Charges: _____

Briefly describe incident:

How did police get involved?

Last court date: _____

Next court date: _____

Time spent in jail: _____

Where: _____

Final disposition:

Is there a current restraining order or stay-away order? YES NO

If yes, what are conditions:

Previous convictions, charges and dates:

Previous arrests but no convictions, charges and dates:

Previous incarceration, charges and dates:

Comments:

Medical History

Please list any past/current medical problems that you may have:

Current medications: _____

Hx of head injury: Yes No If yes, explain: _____

Physical activity per week (circle one):

Very active Active Not very active Not active

Describe _____

Current wt.: _____ Highest wt. past year: _____ Lowest wt. past year: _____ Height: _____

Hobbies/recreational activities: _____

Diet: _____

Past or current psychiatric problems:

Previous therapy or counseling? Yes No

Describe: _____

Name of therapist: _____

Phone: _____

Comments:

Family History

Mother: _____ Age: _____

Alive? Yes No Year died: _____

Father: _____ Age: _____

Alive? Yes No Year died: _____

Father's occupation:

Father's race or ethnic group: _____

Father's religion: _____

Father's education: _____

Mother's occupation:

Mother's race or ethnic group:

Mother's religion:

Mother's education:

Parent's married throughout childhood? Yes No

If no, you age at divorce: _____

Reason for divorce:

Did either of your parents remarry? Yes No If yes, please list:

#1: Stepparent married to my mother/father when I was age _____ until age _____.

Name: _____ Age: _____

Alive? Yes No Year died: _____

Divorced: _____

Reason: _____

#2: Stepparent married to my mother/father when I was age _____ until age _____.

Name: _____ Age: _____

Alive? Yes No Year died: _____

Divorced: _____

Reason: _____

Adopted? Yes No If yes, age _____

Do you have contact with biological parents? Yes No

If yes, explain how this happened: _____

For the most significant/influential stepparent complete the following:

Stepfather's occupation:

Stepfather's race or ethnic group:

Stepfather's religion:

Stepfather's education:

Stepmother's occupation:

Stepmother's race or ethnic group:

Stepmother's religion: _____

Stepmother's education: _____

Siblings (start from oldest to youngest)

#1 Name _____ Age: _____

Adopted? Y N Age adopted: _____

Highest grade completed: _____ Marital status: _____

Deceased? Y N Date: _____ Cause of death: _____

#2 Name _____ Age: _____

Adopted? Y N Age adopted: _____

Highest grade completed: _____ Marital status: _____

Deceased? Y N Date: _____ Cause of death: _____

#3 Name _____ Age: _____

Adopted? Y N Age adopted: _____

Highest grade completed: _____ Marital status: _____

Deceased? Y N Date: _____ Cause of death: _____

#4 Name _____ Age: _____

Adopted? Y N Age adopted: _____

Highest grade completed: _____ Marital status: _____

Deceased? Y N Date: _____ Cause of death: _____

List other siblings on additional pages.

Alcohol and drug use in family of origin:

Parent/Step-parent Name: _____

Psychoactive Substances:

_____ Alcohol (wine, beer, hard liquor)

_____ Sedative/hypnotics/anxiolytics ("downers", Quaalude, barbiturates, Valium, Seconal, etc.)

_____ Cannabis (THC, hash, etc.)

_____ Stimulants ("uppers", amphetamine, crystal meth, etc.)

_____ Opioids (heroin, morphine, codeine, dilaudid, etc.)

_____ Cocaine

_____ Hallucinogens ("psychedelics", LSD, peyote, PCP, STP, mushrooms)

_____ Others: (Steroids, Glue, Amyl-nitrate, ecstasy, MDA, etc.) _____

How did parent act while using alcohol/drugs?

How did it affect you?

Does client describe this parent/step-parent's use as problematic? Yes No
Explain:

Parent/Step-parent Name: _____

Psychoactive Substances:

- ___ Alcohol (wine, beer, hard liquor)
- ___ Sedative/hypnotics/anxiolytics ("downers", Quaalude, barbiturates, Valium, Seconal, etc.)
- ___ Cannabis (THC, hash, etc.)
- ___ Stimulants ("uppers", amphetamine, crystal meth, etc.)
- ___ Opioids (heroin, morphine, codeine, dilaudid, etc.)
- ___ Cocaine
- ___ Hallucinogens ("psychedelics", LSD, peyote, PCP, STP, mushrooms)
- ___ Others: (Steroids, Glue, Amyl-nitrate, ecstasy, MDA, etc.) _____

How did parent act while using alcohol/drugs?

How did it affect you?

Does client describe this parent/step-parent's use as problematic? Yes No
Explain:

Comments:

Domestic abuse in family of origin

___ Physical violence ___ Sexual violence ___ Psychological violence

Describe by whom towards whom and how old were you when this happened:

Did you ever witness any of the following acts by one of your parents?

Physical violence:

- Slapping
- Grabbing
- Punching
- Pushing
- Kicking
- Kneeing
- Choking
- Pushing to ground
- Biting
- Sitting or standing on
- Burning
- Drowning
- Hair-pulling
- Arm-twisting
- Hanging by neck, arms, or feet
- Handcuffing
- Tying up with rope
- Clawing or scratching
- Threatening with gun or knife
- Using knife or gun
- Threatening with object
- Using object

Sexual Violence:

- Forced intercourse
- Inserted objects
- Forced masturbation
- Forced anal intercourse
- Forced oral sex
- Beating on genitals
- Forced prostitution
- Forced pornography
- Forced sex with others

Psychological Violence:

- Social and emotional isolation
- Induced debility-producing exhaustion (sleep deprivation,
- Pathological jealousy
- Threats to kill, kill others, or suicide
- Verbal degradation
- Forced drug or alcohol administration
- Invalidating perceptions.
- Occasional indulgences to gain forgiveness

Please list and other acts of abuse:

Comments:

Child abuse in family of origin

Were any of these forms of abuse perpetrated towards you as a child?

☐ Physical abuse ☐ Sexual abuse ☐ Psychological abuse ☐ Neglect

Describe by whom:

Were any of these forms of abuse perpetrated towards your siblings?

☐ Physical abuse ☐ Sexual abuse ☐ Psychological abuse ☐ Neglect

Describe by whom:

Was the abuse ever reported to Child Protective Services? ☐ Yes ☐ No

If yes, what was the response?

Did anyone know about the abuse? ☐ Yes ☐ No

If yes, who was it, how did they find out, and what was their response?

Did you ever receive counseling for the abuse? ☐ Yes ☐ No

If yes, how was that experience?

If no, why not?

Did the abuser ever receive psychological treatment? ☐ Yes ☐ No

If yes, how did it help the situation?

Comments:

Education

Elementary School: _____

Graduated? Yes No Year: _____

Elementary School: _____

Graduated? Yes No Year: _____

Elementary School: _____

Graduated? Yes No Year: _____

High School: _____

Graduated? Yes No Year: _____

High School: _____

Graduated? Yes No Year: _____

High School: _____

Graduated? Yes No Year: _____

Jr. College: _____

Graduated? Yes No Year: _____

Jr. College: _____

Graduated? Yes No Year: _____

Jr. College: _____

Graduated? Yes No Year: _____

College (Major): _____

Graduated? Yes No Year: _____

College (Major): _____

Graduated? Yes No Year: _____

College (Major): _____

Graduated? Yes No Year: _____

Graduate (Major): _____

Graduated? Yes No Year: _____

Graduate (Major): _____

Graduated? Yes No Year: _____

Graduate (Major): _____

Graduated? Yes No Year: _____

What were your typical grades in elementary school? _____

What were your typical grades in high school? _____

What were your typical grades in college? _____

What were your typical grades in graduate school? _____

Did you have any particular problem areas in learning? ____ Yes ____ No

If yes, please explain.

Were you ever formally diagnosed with a learning disability? ____ Yes ____ No

If yes, what type of problem?

What type of help did you receive for your learning problems?

What type of help did you receive for the emotional problems described earlier?

Did any in your siblings ever have a psychological problem? ____ Yes ____ No

If yes, please explain.

What type of help did they receive for these emotional problems?

Did you ever have any medical problems as a child? ____ Yes ____ No

If yes, please explain.

Did either one of your parents (or stepparents) have medical problems?

____ Yes ____ No If yes, please explain.

Did any one of your siblings have medical problems? ☐ Yes ☐ No

If yes, please explain.

As a child or adolescent, were you ever involved with criminal justice system?

☐ Yes ☐ No If yes, please explain.

Did you receive any psychological help for these problems? ☐ Yes ☐ No

If yes, please explain.

Were any of your parents (stepparents) ever involved with criminal justice system?

☐ Yes ☐ No If yes, please explain.

Did they receive any psychological help for these problems? ☐ Yes ☐ No

If yes, please explain.

Were any of your siblings ever involved with criminal justice system?

☐ Yes ☐ No If yes, please explain.

Did they receive any psychological help for these problems? ☐ Yes ☐ No

If yes, please explain.

How many times did you move, when you were a child? _____
Please list places and length of stays.

Did you ever have positive adult role models as child? ____ Yes ____ No
If yes, who were they and how was the relationship a positive one?

Did you ever have access to a nurturing family environment either through a friend, neighbor or relative? ____ Yes ____ No If yes, please describe:

Comments:

Employment history

Previous employment:

Address: _____

Work Telephone: _____ How long: _____
Job description: _____

Reason for ending job: _____

Previous employment:

Address: _____

Work Telephone: _____ How long: _____
Job description: _____

Reason for ending job:

Previous employment:

Address:

Work Telephone: _____ How long: _____

Job description:

Reason for ending job:

Comments:

Spouse Abuse History Form

This form has been developed as a guide for licensed professionals in their assessment of adults who are experiencing domestic violence. This is **not** to be utilized as a psychometric test.

Never 0	Once 1	Twice 2	3-5 Times 3	6-10 Times 4	11-20 Times 5	> 20 times 6
-------------------	------------------	-------------------	-----------------------	------------------------	-------------------------	------------------------

Physical Violence:

Slapped:	0	1	2	3	4	5	6
Grabbed:	0	1	2	3	4	5	6
Punched:	0	1	2	3	4	5	6
Pushed:	0	1	2	3	4	5	6
Kicked:	0	1	2	3	4	5	6
Kneed:	0	1	2	3	4	5	6
Choked:	0	1	2	3	4	5	6
Pushed to ground or against other objects:	0	1	2	3	4	5	6
Bit:	0	1	2	3	4	5	6
Sit on or stood on:	0	1	2	3	4	5	6
Burned:	0	1	2	3	4	5	6
Spit on:	0	1	2	3	4	5	6
Drowned:	0	1	2	3	4	5	6
Hair pulled:	0	1	2	3	4	5	6
Arm twisted:	0	1	2	3	4	5	6

Head/body banged against wall:

0 1 2 3 4 5 6

Pinned to the ground or up against the wall:

0 1 2 3 4 5 6

Hung by neck, arms or feet:

0 1 2 3 4 5 6

Handcuffed:

0 1 2 3 4 5 6

Tied up with rope:

0 1 2 3 4 5 6

Clawed or scratched:

0 1 2 3 4 5 6

Forced to eat non-edible/poisonous substances:

0 1 2 3 4 5 6

Threatened with knife:

0 1 2 3 4 5 6

Threatened with gun:

0 1 2 3 4 5 6

Threatened with other object (list)

1 _____	0	1	2	3	4	5	6
2 _____	0	1	2	3	4	5	6
3 _____	0	1	2	3	4	5	6
4 _____	0	1	2	3	4	5	6

Knife used:

0 1 2 3 4 5 6

Gun used:

0 1 2 3 4 5 6

Hit with object (list object)

1 _____	0	1	2	3	4	5	6
2 _____	0	1	2	3	4	5	6
3 _____	0	1	2	3	4	5	6
4 _____	0	1	2	3	4	5	6

Other physical abuse:

1 _____	0	1	2	3	4	5	6
2 _____	0	1	2	3	4	5	6
3 _____	0	1	2	3	4	5	6
4 _____	0	1	2	3	4	5	6

Sexual Violence:

Forced to engage in vaginal intercourse:

0	1	2	3	4	5	6
---	---	---	---	---	---	---

Inserted objects: 0 1 2 3 4 5 6

Forcefully grabbed/touched genitals/buttocks/breasts:

0	1	2	3	4	5	6
---	---	---	---	---	---	---

Forced to engage in masturbation:

0	1	2	3	4	5	6
---	---	---	---	---	---	---

Forced to engage in anal intercourse:

0	1	2	3	4	5	6
---	---	---	---	---	---	---

Forced to engage in oral sex:

0	1	2	3	4	5	6
---	---	---	---	---	---	---

Beaten on genitals:

0	1	2	3	4	5	6
---	---	---	---	---	---	---

Genitals mutilated:

0	1	2	3	4	5	6
---	---	---	---	---	---	---

Forced prostitution:

0	1	2	3	4	5	6
---	---	---	---	---	---	---

Forced to engage in pornography:

0	1	2	3	4	5	6
---	---	---	---	---	---	---

Forced to have sex with other people:

0	1	2	3	4	5	6
---	---	---	---	---	---	---

Forced to view others having sex:

0	1	2	3	4	5	6
---	---	---	---	---	---	---

Other sexual abuse:

1 _____	0	1	2	3	4	5	6
2 _____	0	1	2	3	4	5	6
3 _____	0	1	2	3	4	5	6
4 _____	0	1	2	3	4	5	6

Psychological Violence:	Never	Rare	Occasional	Frequent	Don't' Know
	0	1	2	3	?

Isolation:

Locked in room or closet:	0	1	2	3	?
---------------------------	----------	----------	----------	----------	----------

Tied up with rope, chains, handcuffs, etc.:	0	1	2	3	?
---	----------	----------	----------	----------	----------

Forced to live in isolated setting:	0	1	2	3	?
-------------------------------------	----------	----------	----------	----------	----------

Refused to let socialize with family or friends:	0	1	2	3	?
--	----------	----------	----------	----------	----------

Prohibited use of telephone:	0	1	2	3	?
------------------------------	----------	----------	----------	----------	----------

Induced debility producing exhaustion:

Forced to take on role of servant:	0	1	2	3	?
------------------------------------	----------	----------	----------	----------	----------

Forced to clean house or work excessively long hours:	0	1	2	3	?
---	----------	----------	----------	----------	----------

Not allowed to sleep:	0	1	2	3	?
-----------------------	----------	----------	----------	----------	----------

Not allowed personal or rest time:	0	1	2	3	?
------------------------------------	----------	----------	----------	----------	----------

Monopolization of perceptions:

Pathological jealousy:	0	1	2	3	?
------------------------	----------	----------	----------	----------	----------

Controlled activities (money, socializing, etc.):					
---	--	--	--	--	--

	0	1	2	3	?
--	---	---	---	---	---

Whereabouts always checked up on:

	0	1	2	3	?
--	---	---	---	---	---

Forced spouse to live up to abuser's expectations:

	0	1	2	3	?
--	---	---	---	---	---

Stalked (following, harassing, vandalizing personal property, trespassing, theft, burglary, violating restraining orders):

	0	1	2	3	?
--	---	---	---	---	---

Threats:

Threats to kill spouse or children:

	0	1	2	3	?
--	---	---	---	---	---

Threats to kill others:

	0	1	2	3	?
--	---	---	---	---	---

Threats to commit suicide:

	0	1	2	3	?
--	---	---	---	---	---

Threats with weapons:

	0	1	2	3	?
--	---	---	---	---	---

Sham executions:

	0	1	2	3	?
--	---	---	---	---	---

Threats to take children:

	0	1	2	3	?
--	---	---	---	---	---

Degradation:

To depreciate; call stupid, worthless or other names:

	0	1	2	3	?
--	---	---	---	---	---

Public humiliation:

	0	1	2	3	?
--	---	---	---	---	---

Denial of power:

	0	1	2	3	?
--	---	---	---	---	---

Forced prostitution:

	0	1	2	3	?
--	---	---	---	---	---

Forced pornography:

	0	1	2	3	?
--	---	---	---	---	---

Rejection (emotional, intellectual, social, sexual, affectional)

	0	1	2	3	?
--	---	---	---	---	---

Alcohol or Drug administration:

Forced to use alcohol or other drugs:

0	1	2	3	?
---	---	---	---	---

Forced to participate in sale of drugs:

0	1	2	3	?
---	---	---	---	---

Denying her reality:

Told or convinced spouse is mentally ill:

0	1	2	3	?
---	---	---	---	---

Lying and manipulating spouse

0	1	2	3	?
---	---	---	---	---

Occasional indulgences:

Promises that abuse will stop

0	1	2	3	?
---	---	---	---	---

Animal and Property Violence:

Animal cruelty or torture	0	1	2	3	?
---------------------------	---	---	---	---	---

Killing pets or animals	0	1	2	3	?
-------------------------	---	---	---	---	---

Breaking property	0	1	2	3	?
-------------------	---	---	---	---	---

Throwing things	0	1	2	3	?
-----------------	---	---	---	---	---

Other Psychological abuse:

1. _____	0	1	2	3	?
----------	---	---	---	---	---

2. _____	0	1	2	3	?
----------	---	---	---	---	---

3. _____	0	1	2	3	?
----------	---	---	---	---	---

4. _____	0	1	2	3	?
----------	---	---	---	---	---

What was most life threatening act of violence you have perpetrated towards your partner? Please describe:

What was the most frightening act of violence you have perpetrated towards your partner? Please describe:

What was the most humiliating act you perpetrated towards your partner? Please describe:

What was the first incident of physical or sexual violence you perpetrated towards your partner? Please describe:

What is a typical incident of physical or sexual violence you have perpetrated towards your partner? Please describe:

What is a typical incident of psychological violence you have perpetrated towards your partner? Please describe:

Spouse Abuse Injury Form

This form has been developed as a guide for licensed professionals in their assessment of adults who are experiencing domestic violence. This is **not** to be utilized as a psychometric test.

Injuries Related to Physical Abuse:

- ☐ Unconsciousness
- ☐ Bleeding from cuts, bruises or lacerations
- ☐ Swelling
- ☐ Knife or gunshot wounds
- ☐ Wounds from the use of other weapons
- ☐ Broken nose
- ☐ Broken bones (i.e., fingers, arms, legs, toes, ribs)
- ☐ Scratches on body
- ☐ Bruises
- ☐ Black eye
- ☐ Muscle sprains, torn ligaments, etc.
- ☐ Injuries requiring surgery
- ☐ Miscarriage
- ☐ Burns
- ☐ Hair loss
- ☐ Fracture
- ☐ Broken tooth
- ☐ Broken/injured jaw
- ☐ Laceration
- ☐ Spinal injury
- ☐ Splinter
- ☐ Internal bleeding
- ☐ Eye injury
- ☐ Ear injury
- ☐ Nose bleed
- ☐ Throat injury
- ☐ Head injuries
- ☐ Other Injuries:

Injuries Relating to Sexual Abuse:

- ☐ Infections transmitted to the mouth or throat via oral sex
- ☐ Tears/lacerations of the labia
- ☐ Internal vaginal injuries
- ☐ Venereal disease or other infections transmitted via vaginal intercourse

- ___ Anal fissure or other tears in the rectal skin/muscle
 - ___ Venereal disease or other infections transmitted via the rectum
 - ___ Lower intestinal injuries
 - ___ Pregnancy
 - ___ Injuries of the mouth, teeth or throat
 - ___ Injuries of the penis/testicles
 - ___ Bleeding mouth
 - ___ Bleeding of the rectum
 - ___ Bleeding of the vagina
 - ___ Other Injuries:
-
-
-

Psychological Effects/Injuries

- ___ Poor appetite
- ___ Weight loss
- ___ Weight gain
- ___ Problems remembering things
- ___ Obsessions, compulsions
- ___ Hypochondria
- ___ Avoidant of family
- ___ Eating disorders
- ___ Insomnia
- ___ Feeling tired all or most of the time
- ___ Restless sleep
- ___ Fears and phobias
- ___ Frequent illnesses
- ___ Overly compliant:
- ___ Low self esteem, negative self concept
- ___ Emotional instability or emotional maladjustment
- ___ Reduced emotional responsiveness
- ___ Inability to trust others
- ___ Feeling inferior towards others
- ___ Frequent feelings of guilt
- ___ Depression
- ___ Prostitution
- ___ Fear of getting close to women
- ___ Fear of getting close to men
- ___ Alcohol/Drug Abuse
- ___ Abuse of pets or animals
- ___ Frequently feeling tense or nervous
- ___ Feeling isolated from others
- ___ Frequent feelings of loneliness

- ___ Few or no relationships with peers
- ___ Hyperactive, distractible
- ___ Low sex drive
- ___ Hypersex drive
- ___ Sexual difficulties (physical problems)
- ___ Not feeling satisfied with your sexual relationships
- ___ Confused about sexual feelings
- ___ Uncomfortable thoughts or feelings during sexual activity
- ___ Low frustration tolerance
- ___ Excessive dependency
- ___ Fear of strangers
- ___ Waking up in the middle of the night
- ___ Nightmares
- ___ Flashbacks
- ___ Eyelash/hair pulling
- ___ Other compulsive behaviors (eg, frequent washing)
- ___ Easily crying
- ___ Uncomfortable being close to others
- ___ Not needing or wanting relationships
- ___ Frequent worrying
- ___ Feeling separated from your body (out of body experience)
- ___ Physical complaints (headaches, stomach aches, nausea, dizziness, etc.)
- ___ Suicide attempts
- ___ Picking at your skin, nails, etc.
- ___ Frequent thoughts about the violence
- ___ Fears of being abused
- ___ Self mutilation
- ___ Anxiety
- ___ Aggression, destructiveness of property
- ___ Temper problems
- ___ Interpersonal conflict
- ___ Desire to hurt others
- ___ Desire to hurt yourself
- ___ Trouble breathing, heart palpitations, excessive sweating
- ___ Other :

1 _____

2 _____

3 _____

4 _____

Child Abuse History Form

*This form has been developed as a guide for licensed professionals in their assessment of adults who were physically, sexually or psychologically abused as children. This is **not** to be utilized as a psychometric test. In administering this inventory, ask the client the age range the abuse occurred, the frequency and the perpetrator. Use the guide below to note this information. Note other important characteristics or factors in the space provided.

<u>Age</u>	<u>Frequency</u>	<u>Perpetrator</u>	
Infancy: I	Never: N	Father: FA	Maternal Grandfather: MGF
Early Childhood: EC	Once or twice: OT	Mother: MA	Maternal Grandmother: MGF
School Age: SA	Regularly: R	Sister: SI	Paternal Grandfather: PGF
Adolescence: A	Frequently: F	Brother: BR	Paternal Grandmother: PGM
			Stepmother: SMA Aunt: AU
			Stepbrother: SBR
			Stepfather: SFA Uncle: UN
			Stepsister: SSI
			Other Relative: _____
			Other Non-Relative: _____

Physical Maltreatment:

Slapped: _____

Grabbed: _____

Punched: _____

Pushed: _____

Kicked: _____

Kneed: _____

Choked: _____

Pushed to ground or against other objects: _____

Bit: _____

Sit on or stood on: _____

Burned: _____

Spit on:
Drowned:
Hair pulled:
Arm twisted:
Head/body banged against wall:
Pinned to the ground or up against the wall:
Hung by neck, arms or feet:
Handcuffed:
Tied up with rope:
Clawed or scratched:
Forced to eat non-edible/poisonous substances:
Threatened with knife:
Threatened with gun:
Threatened with other object (list)
1
2
3
4
Knife used
Gun used
Hit with object (list object)
1
2
3
4
Other physical abuse:

Sexual Maltreatment:

 Forced/tricked child to engage in vaginal intercourse

 Inserted objects into child

 Fondled genitals/buttocks/breasts

 Parent/adult exposed self in front of child

 Parent/adult masturbated child

 Parent/adult masturbated self in front of child

 Forced/tricked child to engage in anal intercourse

 Forced/tricked child to engage in oral sex

 Child forced/tricked to engage to masturbate parent/adult

 Beaten on genitals:

 Genitals mutilated:

 Other sexual abuse:

Psychological Maltreatment:
Rejecting:

 Refusing to acknowledge:

 Refusing or help:

 Treating a child differently from others in ways that suggest dislike for the child:

Degrading:

To depreciate; calling a child stupid, worthless or other names:

Publicly humiliating a child:

Terrorizing:

Causing intimidation, fear, violent dread or fright:

Witnessing extreme violence towards others (including marital violence):

Witnessing the threat of serious injury or death, or the actual infliction of serious injury or death towards others:

Threats to kill:

Isolating:

Separating from others (not allowed to leave the house, living away from others):

Locking in a closet or room:

Not allowing to socialize with peers or other family members:

Corrupting:

Modeling pathological, violent, antisocial, or self-destructive behavior (i.e. other criminal activity):

Alcohol and drug abuse by parents/caretakers:

Encouragement of child to use alcohol and drugs by parents/caretakers:

Encouragement of child to participate pathological, violent, antisocial, or self-destructive behavior by parents/caretakers:

Exploiting:

Forcing the child to take on the role of a servant:

Forcing or coercing the child to partake in pornography or prostitution:

Denying emotional responsiveness:

Telling the child he/she is not loved, wanted, not their own (if untrue):

Parental abandonment:

Psychologically unresponsive:

Parent/caretaker unresponsive to the child's emotional needs:

Parent/caretaker passively rejecting the child:

Parent/caretaker being detached or uninvolved with the child:

Parent/caretaker interacting with the child only when necessary:

Parent/caretaker not displaying any pleasure in interacting with the child:

Parent/caretaker not responding positively toward the child's attempts to elicit interaction:

Parent/caretaker poor at comforting the child at times of distress:

Parent/caretaker does not share in the positive experience of the child:

Parent/caretaker withdrawn, does not display affect, depressed:

Parent/caretaker generally does not derive any pleasure or satisfaction from a relationship with the child:

Other Psychological maltreatment:

Neglect:

Parent/caretaker irresponsible or incompetent in managing day-to-day child-care activities:

Parent/caretaker failing to provide for the necessary health or physical care (food, clothing or shelter) of the child:

Parent/caretaker doing little to protect a child from the possible dangers inside or outside of the home:

Parent/caretaker lacking the skills or knowledge, or understanding, to provide consistent adequate care.

Other Neglect:

Child Abuse Injury Form

*This form has been developed as a guide for licensed professionals in their assessment of adults who were physically, sexually or psychologically abused as children. This is **not** to be utilized as a psychometric test. In administrating this inventory, and if time permits, ask the client specific details of the physical, sexual or psychological injuries.

Injuries Related to Physical Abuse

___ Unconsciousness:

___ Bleeding from cuts, bruises or lacerations:

___ Swelling:

___ Knife or gunshot wounds: _____

___ Wounds from the use of other weapons: _____

___ Broken nose: _____

___ Broken bones (i.e., fingers, arms, legs, toes, ribs): _____

___ Scratches on body: _____

___ Bruises: _____

___ Black eye: _____

___ Muscle sprains, torn ligaments, etc.: _____

___ Injuries requiring surgery: _____

___ Miscarriage: _____

___ Burns: _____

___ Hair loss: _____

___ Fracture: _____

___ Broken tooth: _____

___ Broken/injured jaw: _____

____ Laceration: _____

____ Spinal injury: _____

____ Splinter: _____

____ Internal bleeding: _____

____ Eye injury: _____

____ Ear injury: _____

____ Nose bleed: _____

____ Throat injury: _____

____ Head injuries: _____

Injuries Relating to Sexual Abuse (Briefly describe incidents)

____ Infections transmitted to the mouth or throat via oral sex: _____

____ Tears/lacerations of the labia: _____

____ Internal vaginal injuries: _____

____ Venereal disease or other infections transmitted via vaginal intercourse: _____

____ Anal fissure or other tears in the rectal skin/muscle: _____

____ Venereal disease or other infections transmitted via the rectum: _____

____ Lower intestinal injuries: _____

____ Pregnancy: _____

____ Injuries of the mouth, teeth or throat: _____

____ Injuries of the penis/testicles: _____

____ Bleeding mouth: _____

___ Bleeding of the rectum: _____

___ Bleeding of the vagina: _____

Psychological injuries/problems (Describe)

___ Poor appetite: _____

___ Weight loss: _____

___ Weight gain: _____

___ Lying and stealing: _____

___ Encopresis/enuresis: _____

___ Sucking, biting, rocking, head banging: _____

___ Inappropriately adult or infantile behaviors: _____

___ Learning difficulties: _____

___ Problems remembering things: _____

___ Inhibition of play: _____

___ Obsessions, compulsions: _____

___ Hypochondria: _____

___ Difficulty with peers: _____

___ Avoidant of family: _____

___ Adjustment problems in school: _____

___ Eating disorders: _____

___ Insomnia: _____

___ Feeling tired all or most of the time: _____

___ Restless sleep: _____

____ Fears and phobias: _____

____ Frequent illnesses: _____

____ Overly compliant: _____

____ Low self esteem, negative self concept: _____

____ Emotional instability or emotional maladjustment: _____

____ Reduced emotional responsiveness: _____

____ Inability to trust others: _____

____ Feeling inferior towards others: _____

____ Frequent feelings of guilt: _____

____ Depression: _____

____ Prostitution: _____

____ Fear of getting close to women: _____

____ Fear of getting close to men: _____

____ Alcohol/Drug Abuse: _____

____ Abuse of pets or animals: _____

____ Frequently feeling tense or nervous: _____

____ Feeling isolated from others: _____

____ Frequent feelings of loneliness: _____

____ Few or no relationships with peers: _____

____ Hyperactive, distractible: _____

____ Low sex drive: _____

____ Hypersex drive: _____

____ Sexual difficulties (physical problems): _____

____ Not feeling satisfied with your sexual relationships: _____

____ Confused about sexual feelings: _____

____ Uncomfortable thoughts or feelings during sexual activity: _____

____ Low frustration tolerance: _____

____ Excessive dependency: _____

____ Fear of strangers: _____

____ Waking up in the middle of the night: _____

____ Nightmares: _____

____ Flashbacks: _____

____ Eyelash/hair pulling: _____

____ Other compulsive behaviors (eg, frequent washing): _____

____ Easily crying: _____

____ Wanting to be closer to others than they want to be close to you: _____

____ Uncomfortable being close to others: _____

____ Others want to be closer than you want to be: _____

____ Not needing or wanting relationships: _____

____ Frequent worrying: _____

____ Feeling separated from your body (out of body experience): _____

____ Physical complaints (headaches, stomach aches, nausea, dizziness, etc.): _____

____ Suicide attempts: _____

____ Desire to hurt self: _____

____ Self mutilation: _____

____ Anxiety: _____

____ Aggression, destructiveness of property: _____

____ Temper problems: _____

____ Interpersonal conflict: _____

____ Desire to hurt others: _____

____ Trouble breathing, heart palpitations, excessive sweating: _____

____ Other :

1 _____

2 _____

3 _____

4 _____

Risk Checklist

This form has been developed as a guide for licensed professionals in their assessment of adults who are experiencing domestic violence. This is **not** to be utilized as a psychometric test.

The **Risk Checklist** should be filled out by the clinician during the assessment interview. This checklist consists of fifteen psycho-social factors/content areas that the clinician should consider when developing a comprehensive treatment plan. Each section either is either single or multiple choice. The clinician is encouraged to draw out the client's by asking for examples, narrative descriptions and the relevant affect and note this information in the clinical chart. Please note, that each choice has a corresponding paragraph in the **Recommendations and Report Paragraphs** section following the form. The clinician should refer to these paragraphs for guidance when developing the comprehensive treatment plan. A **Sample Report** is included so that clinicians can see how a final risk assessment report and recommendations, in conjunction with the violence history, may be structured.

1. Frequency of physical violence in past two years (check one only):

- ☐ more than 1x/wk
☐ 1x/wk
☐ 2-4x/month
☐ 1x/month
 _____ H
☐ 6-10x/yr
☐ 1-5x/yr
 _____ M
☐ less than once a year
 _____ L

2. Frequency of sexual violence in past two years (check one only):

- ☐ more than 1x/wk
☐ 1x/wk
☐ 2-4x/month
☐ 1x/month
 _____ H
☐ 4-6x/yr
☐ 1-3x/yr
 _____ M
☐ less than once a year
 _____ L

3. Severity of violence (Check highest level in past two years):

- ☐ prior hospitalization(s)

___ prior emergency medical care - no hospitalization
 _____ H
 ___ prior non-emergency medical care - no hospitalization
 _____ M
 ___ prior minor injuries - no medical care needed
 _____ L

4. Threats to kill (Check highest level in past two years):

___ Prior attempts to kill
 ___ Prior use of weapons
 _____ H
 ___ Prior threats to kill
 ___ Prior threats with weapons
 _____ M
 ___ Prior implied threats
 _____ L

5. Frequency of intoxication (Check highest level in past two years):

___ more than 1x/wk
 ___ 1x/wk
 ___ 2-4x/month
 ___ 1x/month
 _____ H
 ___ 4-6x/yr
 ___ 1-3x/yr
 _____ M
 ___ less than once a year
 _____ L

6. Frequency of alcohol use (Check highest level in past two years):

___ more than 1x/wk
 _____ H
 ___ 1x/wk
 ___ 2-4x/month
 _____ M
 ___ 1x/month
 ___ 4-6x/yr
 ___ 1-3x/yr
 ___ less than once a year
 _____ L

7. Frequency of drug use (Check highest level in past two years):

___ more than 1x/wk
 ___ 1x/wk

☐ 2-4x/month
☐ 1x/month
☐ 4-6x/yr
☐ 1-3x/yr
☐ less than once a year

H
 M
 L

8. Proximity of victim and offender (check all that apply):

☐ victim and offender work for same company
☐ victim and offender work in same general vicinity
☐ joint custody or visitation schedule
☐ victim and offender live in same neighborhood
☐ victim currently living with roommate
☐ victim currently living with family members
☐ offender on electronic monitoring
☐ victim and offender live in same city
☐ victim currently in battered woman shelter
☐ victim currently residing in secret location

H
 M
 L

9. Psychiatric Diagnosis (DSM-IV):

Axis I: _____
 Axis II: _____
 Axis III: _____

Severity of psychosocial stressors:

☐ Psychosocial and environmental stressors
☐ Problems with primary support group
☐ Problems related to social environment
☐ Educational problems
☐ Occupational problems
☐ Housing problems
☐ Economic problems
☐ Problems with access to health care services
☐ Problems related to interaction with the legal system/crime
☐ Other psychosocial and environmental problems

Axis IV (number of stressors): _____

Global Assessment of Functioning Scale (summary)

Very low (persistent danger of severely hurting self or others, persistent inability to maintain minimal personal hygiene, or serious suicidal act with clear expectation of death)

Low to Moderate (serious symptoms or any serious impairment in social, occupational, or school functioning)

High (superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.).

Axis V: _____

___ IV - 5-10 stressors	
___ V - Very low	
_____	H
___ IV - 3-4 stressors	
___ V - Low to Moderate	
_____	M
___ IV - 1-2 stressors	
___ V - High	
_____	L

11. Prior criminal history/activity (check all that apply):

___ crimes against people	
___ parole/probation violations	
___ crimes against property	
___ stalking behavior	
_____	H
___ drugs for sale	
___ alcohol related (drunk in public, driving offenses, etc.)	
_____	M
___ infractions and other low level misdemeanors	
___ possession of drugs	
_____	L

12. Violence towards others (check all that apply):

___ physical or sexual child maltreatment	
___ physical or sexual violence towards extended family members	
___ physical or sexual violence towards friends	
_____	H
___ psychological child maltreatment	
___ threats of violence towards extended family members	
___ threats of violence towards friends	

_____ M
 ___ no history of violence towards others
 _____ L

13. Victim's Involvement With Others:

___ victim dating other men prior/subsequent to separation
 ___ man has history of extreme jealousy (violence associated with jealous ideation)
 ___ man has made threats to kill partner if with another man (or woman)
 ___ man has made threats to kill other man (or woman)
 _____ H
 ___ man has history of jealousy
 ___ man preoccupied with woman dating others
 ___ woman wants to end relationship
 _____ M
 ___ neither man nor partner is dating other people
 ___ man has no history of jealousy
 ___ man wants to end relationship
 _____ L

14. Attitudes towards violence (check all that apply):

___ states that violence is justified in this and prior situations
 ___ denies responsibility for his violence / blames partner for violence
 ___ does not express remorse for violence
 _____ H
 ___ expresses remorse but minimizes responsibility for his violence
 _____ M
 ___ states that violence is never acceptable
 ___ expresses remorse for violence
 _____ L

15. Other factors

___ weapons accessible (including law enforcement personnel)
 ___ specialized training in violence (including law enforcement and military)
 ___ perpetrator physically abused a child - no treatment received
 ___ perpetrator sexually abused a child - no treatment received
 ___ perpetrator witnessed marital violence as a child - no treatment received
 ___ child custody proceedings in progress
 ___ other divorce proceedings in progress
 ___ other legal proceedings in progress
 ___ animal cruelty or torture

Other case-specific factors (cultural/ethnic/racial, disabilities, socioeconomic issues, subcultural, job stress, unemployment, acculturation stress, etc.):

Client Transmittal Summary

To: Group leader
From: Intake coordinator
Date:
Re: Client's name

THE FOLLOWING CLIENT HAS BEEN REFERRED TO YOUR GROUP. PLEASE CALL THIS CLIENT IMMEDIATELY TO SCHEDULE A FINAL SCREENING APPOINTMENT.

NAME: _____
ADDRESS: _____
CITY: _____ **ZIP CODE:** _____
HOME PHONE: _____
WORK PHONE: _____
PARTNER'S NAME: _____
ADDRESS: _____
CITY: _____ **ZIP CODE:** _____
HOME PHONE: _____
WORK PHONE: _____
DAY AND TIME OF GROUP: _____
WEEKLY FEE: _____
PROBATION OFFICER NAME: _____
PROBATION OFFICER TELEPHONE NUMBER: _____
PROBATION OFFICER FAX NUMBER: _____

Progress/Enrollment/Termination Report

Participant's name	Date of Birth	Date of this Progress Report
Date of Intake	Date Started Group	Probation Officer

CURRENT STATUS: (check one)

Currently enrolled___ Termination Recommended___ Graduation Recommended___
 Enrollment Denied___

ATTENDANCE REQUIREMENTS:

Total session attended___ Total number of excused absences___
 Total number of tardies___ Total number of unexcused absences/tardy___

PARTICIPATION: (circle one in each grouping)

Verbal: Minimal/Poor___ Fair___ Good___ Exceptional___ (check one)
 Homework: Minimal/Poor___ Fair___ Good___ Exceptional___ (check one)

VIOLATION OF COURT ORDERS

___ TRO/Stay-Away Order ___ Physical,sexual, psychological violence ___ Alcohol/drugs
 ___ Other:_____

REOFFENSES OF VIOLENCE:

Date: _____ **Incident:** _____

COMPLIANCE WITH PROGRAM RULES:

Fees:	___ Compliant	___ Non-compliant
Alcohol:	___ Compliant	___ Non-compliant
Drugs:	___ Compliant	___ Non-compliant
Confidentiality:	___ Compliant	___ Non-compliant
Reporting violence:	___ Compliant	___ Non-compliant
Attendance:	___ Compliant	___ Non-compliant
Punctuality:	___ Compliant	___ Non-compliant

NEEDS CONCURRENT ALCOHOL/DRUG/PSYCHIATRIC TREATMENT:

Yes___ No___ If yes, name of program/provider recommending: _____

COMMENTS:

Client Evaluation Form

Client's Name: _____ Date of evaluation: _____

Rate the client on a one to five scale for each criteria. If a criteria is not applicable for this particular client or evaluation period, circle N/A.

I. Identifying, regulating and expressing feelings appropriately

		Superior	Above average	Average	Below average	Poor	
1)	Is taking real & practice Time-Outs on a weekly basis.	5	4	3	2	1	N/A
2)	Completes anger journal on a weekly basis.	5	4	3	2	1	N/A
3)	Able to identify physical/behavioral signs of anger	5	4	3	2	1	N/A
4)	Can de-escalate feelings through using positive self talk.	5	4	3	2	1	N/A
5)	Demonstrates positive communication of anger .	5	4	3	2	1	N/A
6)	Can identify & positively communicate other feelings.	5	4	3	2	1	N/A

II. Conflict and stress management skills

7)	Can resolve conflict with partner non-violently.	5	4	3	2	1	N/A
8)	Demonstrates social problem solving skills with peers.	5	4	3	2	1	N/A
9)	Recognizes & addresses volatile situations.	5	4	3	2	1	N/A
10)	Utilizes various stress reduction techniques	5	4	3	2	1	N/A

II. Understanding of dynamics of domestic violence

11)	Can recognize when he/she is controlling others	5	4	3	2	1	N/A
12)	Is able to recognize and minimize denial and blaming	5	4	3	2	1	N/A
13)	Confronts and minimizes denial and blaming of others	5	4	3	2	1	N/A
14)	Acknowledges responsibility for his/her violence.	5	4	3	2	1	N/A

III. Program rules and group participation

15) Has completed additional homework assignments. N/A	5	4	3	2	1
16) Has not perpetrated violence for at least six months. N/A	5	4	3	2	1
17) Has attended the minimum number of sessions. N/A	5	4	3	2	1
18) Has paid all but standing balances. N/A	5	4	3	2	1
19) Actively works on personal problems in sessions. N/A	5	4	3	2	1
20) Addressing substance abuse issue(s) if applicable). N/A	5	4	3	2	1

COMMENTS:

Individualized Treatment Plan

Name of client: _____

Goal 1: To stop using of physical, sexual and psychological violence as a means to resolving interpersonal conflict.

Objective 1: Emotion regulation

Methods: Through the use of anger sensitization exercises, the Time-Out, the anger journal and cognitive restructuring techniques, clients are taught how to viscerally and cognitively identify their emotions, control their escalation and communicate their feelings and needs more effectively. These skills are practiced both inside the group process and through prescribed homework assignments.

Objective 2: Understand the dynamics of domestic violence

Methods: Through group discussion, lecture and homework exercises, client learn how alcohol & drugs and sex role attitudes may contribute to violent behaviors. Clients also are taught the effects of violence on children and how their own childhood experiences may have contributed their problem with violence.

Objective 3: Develop social problem solving skills

Methods: Through the use of behavioral techniques (I-feel statements, assertiveness exercises, empathy training) clients can practice constructive communication in the group. Client are also taught the use of stress management skills (Deep breathing, relaxation techniques, etc.) as a means to mitigate the impact of daily life stress on emotional and cognitive functioning. Clients are also given homework to practice these skills outside of the group.

Goal 2: _____

Objectives

Methods

- | | |
|----------|-------|
| 1) _____ | _____ |
| 2) _____ | _____ |

Goal 3: _____

Objectives

Methods

- | | |
|----------|-------|
| 1) _____ | _____ |
| 2) _____ | _____ |

Goal 4: _____

Objectives

Methods

- | | |
|----------|-------|
| 1) _____ | _____ |
| 2) _____ | _____ |

Client's Signature

Date

Domestic Violence Critical Incident Form

The Critical Incident Form is to be completed when any of the following situations occur:

1. Child/elder/adult dependent abuse reporting
2. Tarasoff reporting
3. Voluntary/Involuntary hospitalization
4. Reoffenses of physical, sexual or illegal psychological violence (threats, stalking)
5. Volatile/dangerous situations (including suicide, alcohol/drug issues)

Client's name: _____

Date of incident: _____

Describe critical incident:

With whom did you consult about this critical incident?

If no one was consulted, please explain.

What was the recommended course of action? (list recommendations)

Note the date and time each recommendation was implemented.

If the course of action involved contacting an outside party, who was contacted, what were they told, and when did the contacts occur?

Therapists Signature

Date

Victim Contact Form

Client's name: _____

Spouse/Partner: _____

<u>Date</u>	<u>Is client using A/M* techniques at home?</u>	<u>Has client been violent since last contact?</u>	<u>Comments** :</u>
-------------	---	--	---------------------

* Anger management techniques (time-out, communication skills, anger log, etc.)

** Describe briefly reoffenses or volatile situations (complete critical incident form)

Client Group Notes

Client's name: _____

<u>Date</u>	<u>Reports use of techniques?</u>	<u>Homework satisfactory?</u>	<u>Comments *</u>
-------------	-----------------------------------	-------------------------------	-------------------

*** Note reoffenses, the non-use of anger management techniques, non-completion of homework, volatile situations, etc.**

Section B

Client Treatment Forms

Program Rules Form

Welcome to Domestic Violence Treatment Program. The primary goal of this program is to help you learn to prevent physical, sexual, and psychological violence in your interpersonal relationships. In order to help you best reach this goal, we have found it necessary for participants to agree to the following guidelines.

Confidentiality: By law and professional ethics, your sessions are strictly confidential. Generally, no information will be shared with anyone without your written permission. If you are seeing another therapist or health professional, it may be necessary for us to contact that person so that we can coordinate our efforts. If this is necessary we will ask for your permission. There are, however, a number of exceptions to this confidentiality policy.

1. If we are ordered by the court to testify or release records.
2. If you are a victim or perpetrator of child abuse, we are required by law to report this to the authorities responsible for investigating child abuse.
3. If you are a victim or perpetrator of elder or adult dependent abuse, we are required by law to report this to Adult Protective Services or other appropriate authorities.
4. If you threaten harm to yourself or someone else, we may be required to call the police and warn the potential victim, or take other reasonable steps to prevent the harm.

If you are mandated by the court to attend these sessions, we will need to have your permission to speak with the probation department or other criminal justice agency that is monitoring your compliance with the court orders. In these conversations we will be reporting the following information:

1. Reoffenses of violence towards anyone
2. Violations of court orders
3. Missed appointments
4. Participation in session (verbal participation and completion of homework)
5. Compliance with session rules

It is also important that clients respect the confidentiality of your fellow session members. Therefore, it is very important that participants not disclose any information discussed by other group members to anyone outside of the session, including counselors, probation officers, partners, friends, and family members.

Partner contact. It is a requirement of your participation in Domestic Violence Treatment Program that counselors meet with your partner before you are accepted into the program. Once you are accepted into the program, we will have weekly phone contact with your partner to assess whether or not you have perpetrated violence and to receive feedback on how you are incorporating the educational material from your counseling sessions into your relationship. In

addition, every six weeks we will meet with you and your partner to evaluate your progress in counseling and determine if additional treatment options are necessary. If you are separated or divorced from your partner, we must have contact with any subsequent individuals with whom you become emotionally involved. This can be very difficult for some clients because it involves their telling their new partner about their history of violence. If you are truly committed to changing your pattern of coping with conflict and emotional stress, we strongly encourage you to inform any new romantic attachments of your history of violence and participation in this program. These partner follow-up policies are a requirement for all participants in our program.

Alcohol and other drugs. No alcohol or other drugs are to be used twenty-four hours before you attend each session. All clients are encouraged to abstain altogether while you are in the program. Some clients will be required to attend additional alcohol or drug treatment as a requirement for participation in the program.

Attendance. Members are required to attend the entire session (fifty minutes for individual sessions, one hundred and twenty minutes for group sessions). Once the group sessions begin, there will be no admittance and therefore latecomers will be considered absent. Give yourself plenty of travel time so that you arrive before the session begins. You are only allowed to miss one group session for every twelve-week cycle.

No violence in the session. This rule speaks for itself. This includes psychological violence as well. If you break this rule, it will result in automatic dismissal from the program. No weapons are to be brought into the building (including firearms, pocket knives, mace, etc.). If you break this rule, it will result in automatic dismissal from the program.

Emergencies: We are available in the evenings and on the weekends for emergencies. Leave a message on our voice mail and we will call you back as soon as we retrieve the message. If you need immediate assistance, call the office first for emergency instructions and leave a message. If you need to page us, use a touch-tone phone and dial () ____ - ____; after the brief message, punch in your phone number and we will call you back as soon as possible. There is no charge for brief phone calls. There will be a charge for extended calls (more than fifteen minutes), repeated phone sessions, or emergency sessions in person at the office or hospital.

Contact with other clients. At the beginning of a session cycle, we will encourage members to exchange telephone numbers. Each new member will be assigned a “buddy” who will help orient that person to the session process and be available during times of crisis.

Terminating treatment: You have the right to terminate or take a break from your treatment at any time without our permission or agreement. However, if you do decide to exercise this option, and you are on diversion or probation, your probation officer will be notified immediately. We encourage you to talk with us about the reason for your decision in a counseling session so that we can bring sufficient closure to our work together. In our final session we can discuss your progress thus far and explore ways in which you can continue to utilize the skills and knowledge that you have gained through your counseling. We will also discuss our concerns and recommend

ways to address them. Referrals will be given should you desire them.

Licensed mental health professionals are ethically required to continue therapeutic relationships only so long as it is reasonably clear that patients are benefiting from the relationship. Therefore, if we believe that you need additional treatment, or if we believe that we can no longer help you with your problems, we will discuss this with you and make an appropriate referral.

Please sign this form and keep a copy for yourself for future reference. Should you have any questions at any time, please ask.

I _____ (client's name) have read, understand and agree to the information and policies described in this program information form on _____ (today's date).

Client Signature

Therapist's Signature

Definitions of Physical, Sexual and Psychological Violence

Physical Violence

Slapped	Grabbed
Punched	Pushed
Kicked	Kneed
Choked	Pushed to ground
Bit	Sit on or stood on
Burned	Spit on
Drowned	Hair pulled
Arm twisted	Head/body banged against wall
Pinned to the ground/up against the wall	Thrown out of car, out window, etc.
Pushed down steps or onto ground	Hung by neck, arms/ feet
Handcuffed	Tied up with rope
Clawed or scratched	Forced to eat non-edible/poisonous
substances	Threatened with knife
Threatened with gun	Knife used
Gun used	Hit with object
Threatened with other object	

Sexual Violence

Forced/coerced partner to engage in vaginal intercourse
 Inserted objects into partner against her wishes
 Fondled genitals/buttocks/breasts against her wishes
 Exposed self in front of partner against her wishes
 Forced/coerced partner to expose herself
 Masturbated partner against her wishes
 Masturbated self in front of partner against her wishes
 Forced/coerced partner to engage in anal intercourse
 Forced/coerced partner to engage in oral sex
 Forced/coerced partner to masturbate you
 Partner beaten on genitals
 Partner's genitals mutilated

Psychological Violence

1. Threats to hurt or batter
2. Threats with weapons
3. Threats to kill
4. Terrorizing threats
5. Stalking

6. Isolation of victim (separation from social support systems)
7. Induced debility-producing exhaustion (preventing sleep, rest and personal time)
8. Monopolization of perceptions, including obsessiveness and possessiveness
9. Severe mental degradation (including humiliation, denial of victim's power, and verbal name-calling)
10. Forced drug or alcohol administration
11. Using intimidation (e.g., making violent gestures, smashing things, destroying her property, abusing pets)
12. Domination and control of partner
13. Mild mental degradation (including swearing and putdowns)
14. Altered states of consciousness/denying her reality
17. Withholding positive reinforcers
18. Threatening nonphysical punishment for noncompliance with requests, e.g. emotional distancing

Evaluation Guidelines

Licensed mental health professionals continue therapeutic relationships only so long as it is reasonably clear that patients are benefiting from the relationship. Therefore this Domestic Violence Program has a responsibility to you, the client, and the Adult Probation Department (if court mandated to treatment), to evaluate your treatment compliance and treatment progress on a regular and timely basis.

You will be formally evaluated each quarter (every twelve weeks). If, in the opinion of your therapist, you are not benefiting from the program, we are obligated to give you that feedback and develop a plan to bring your performance up to standard. Should your therapist determine that you are either not cooperating with the program rules and/or not making sufficient progress, you will be terminated from the program.

After attending 50 group sessions, you will be evaluated for graduation. This evaluation will be no different from the previous three evaluations except in the following way. This evaluation will include one of the following recommendations

1. A recommendation for graduation
2. A recommendation for continuation of treatment in this program
3. A recommendation for continuation of treatment in another program
4. An assessment of treatment failure

If you are recommended for graduation, after the final sessions an exit interview is conducted by group leaders. This is required by State law for the purpose of summarizing the group participant's progress in the program, as well as areas the client may still want to pursue improvement.

If you are recommended for continued treatment in this or another program, the therapist will make a recommendation as to what type of treatment you need and make appropriate referrals with the approval of the Adult Probation Department if you are court referred. If the therapist is recommending continued treatment in our program you will complete a form with your therapist outlining the recommended length of continuation as well as treatment goals.

If you fail the treatment program, you will be referred back to probation for further disposition.

The Domestic Violence Program has one primary goal: To prevent violence from reoccurring in your life. To reach this goal you will be learning skills or abilities in the following content areas. These are:

1. Identifying and expressing your feelings appropriately
2. Conflict and stress management skills
3. Recognizing signs and indicators of domestic violence

In addition, you will be evaluated as to your compliance with all the program rules (attendance, payment of fees, completion of homework, participation, etc.) Below are the criteria for each content area stated above that we will be evaluating your progress.

Identifying and expressing your feelings appropriately

1. Client takes real and practice Time-Outs on a **weekly** basis.
2. Client completes anger journal on a **weekly** basis.
3. Client demonstrates ability to identify physical and behavioral signs of anger.
4. Client demonstrates ability to identify and communicate other feelings.

Conflict and stress management skills

1. Client demonstrates ability to manage emotional stress effectively.
2. Client has been violence free for at least six months.
3. Client can reduce emotional stress through positive self talk.
4. Client is able to teach peers behavioral skills and educational concepts.

Recognizing signs and indicators of domestic violence

1. Client is able to recognize minimization, denial and blaming in self and others.
2. Client has been violence free for at least six months.
3. Client acknowledges complete responsibility for his/her violence.
4. Client is able to teach peers behavioral skills and educational concepts.

Follows all program rules

1. Client has completed all additional homework assignments.
2. Client has attended the minimum number of group sessions.
3. Client has paid all outstanding balances.
4. Client actively participates in group sessions.
5. Client does not have an untreated substance abuse problem.

I _____ (client's name) have read, understand and agree to the information and policies described in this program information form on _____ (today's date).

Client Signature

Therapist's Signature

Program Rules

This program is designed for men and women who have been violent, or who are at risk for becoming violent with a person with whom they are married to or intimately involved with. *Ongoing family safety is the primary concern with every client.* The focus of the program is strictly upon preventing physical, sexual and psychologically violent behaviors. Domestic Violence Treatment Program participants must understand and agree to abide by the following rules:

1. The program is a **minimum** of 52 group sessions. Court mandated clients may not complete these sessions in less than 52 weeks and within a period of 60 weeks from the first group session. Additional time may be recommended to probation if the program goals are not accomplished within this time period.

2. **ATTENDANCE:** Each session is important and you are expected to make this program a priority in your life. Absences and tardiness may be seen as a violation of your court order. You are allowed four (4) unexcused absences/no-shows. An **unexcused absence** is when you call the program less than one week prior to the appointment, for any reason, indicating that you cannot attend (canceled appointment). A **no-show** is when you miss a meeting and do not call the program prior to your scheduled appointment. All **unexcused absences/no-shows** will be charged at the assessed fee.

Vacations: Two (2) excused absences are allowed. An excused absence is when the client informs the counselor of a vacations or other preplanned missed sessions. These excused absences must be cleared with the group leader at least one week in advance of the missed session. There is no charge for these two missed sessions.

In addition, **no misses** are allowed in the **first six weeks**. Clients who miss any sessions during the first six weeks will be terminated from the program. Clients who miss more than the allowed absences may be terminated from the program.

All missed sessions must be made up. All absences must be made up within sixty (60) weeks after the official enrollment date in the program. Make-up sessions will be charged at the assessed fee.

If you miss more than the allowed number of absences you may be terminated from the program.

3. **PUNCTUALITY** is mandatory. When clients arrive more than fifteen minutes late, it will be considered an unexcused absence.

4. **CONFIDENTIALITY:** By law and professional ethics, your sessions are strictly confidential. Generally, no information will be shared with anyone without your written

permission. If you are seeing another therapist or health professional, it may be necessary for us to contact that person so that we can coordinate our efforts. If this is necessary we will ask for your permission. There are, however, a number of exceptions to this confidentiality policy.

1. If we are ordered by the court to testify or release records.
2. If you are a victim or perpetrator of child abuse, we are required by law to report this to the authorities responsible for investigating child abuse.
3. If you are a victim or perpetrator of elder or adult dependent abuse, we are required by law to report this to Adult Protective Services or other appropriate authorities.
4. If you threaten harm to yourself or someone else, we may be required to call the police and warn the potential victim, or take other reasonable steps to prevent the harm.

If you are mandated by the court to attend these sessions, we will need to have your permission to speak with the probation department or other criminal justice agency that is monitoring your compliance with the court orders. In these conversations we will be reporting the following information:

1. Reoffenses of violence towards anyone
2. Violations of court orders
3. Missed appointments and compliance with other program rules
4. Treatment progress (see Evaluation Guidelines)
5. Information relevant to safety, assessment and treatment planning

It is also important that clients respect the confidentiality of your fellow session members. Therefore, it is very important that participants not disclose any information discussed by other group members to anyone outside of the session, including counselors, probation officers, partners, friends, and family members.

We can not guarantee that confidentiality will not be violated by your fellow group members. In order to address this issue, we require that all group members sign a mutual agreement to confidentiality. Therefore, we ask that each person sign a *Group Therapy Confidentiality Agreement* prior to commencing your treatment. In this agreement we require you to promise to hold confidential all communications made by participants and all information obtained from or about any participant while in a group therapy session.

We ask participants to make these mutual promises of confidentiality to help to ensure that each member of the group will feel more comfortable revealing personal details about their lives enabling the therapist to obtain as much information as possible. This, of course, is necessary to receiving the maximum benefit from the treatment process.

5. **PARTNER CONTACT:** It is a requirement of your participation in the Domestic Violence Treatment Program that counselors talk with your partner before you are accepted into the program. Once you are accepted into the program, we will have at least monthly phone contact

with your partner to assess whether or not you have perpetrated additional violence and to receive feedback on how you are incorporating the educational material from your counseling sessions into your relationship. If you are separated or divorced from your partner, we must have contact with any subsequent individuals with whom you develop an intimate relationship. This can be very difficult for some clients because it involves their telling their new partner about their history of violence. If you are truly committed to changing your pattern of coping with conflict and emotional stress, we strongly encourage you to inform any new romantic attachments of your history of violence and participation in this program. These partner follow-up policies are a requirement for all participants in our program.

Exceptions to this policy will be determined by the program staff - examples would include when contact with a partner would present a danger to the client.

6. SAFETY

1. You must agree to remove any guns or ammunition from your house or car during the time you are in the program.
2. Volatile home situations take precedence over any other issues under discussion. Safety is the first concern of the group.
3. No violence, intimidation, or threats, in any form are allowed in the group or the agency staff.

7. FURTHER ACTS OF VIOLENCE OUTSIDE GROUP: Violence in a relationship is criminal behavior. Because there is no acceptable level of violence, group participants must understand that they will be held accountable for any additional acts of violence which occur while in the program. Any physical, sexual, and all forms of psychological violence must be reported to the group during the first hour of group. If any violence occurs and is not reported, this may be grounds for immediate termination from the group. As indicated above, additional acts of violence will be reported to your Probation officer.

IF YOU FEEL LIKE YOU MAY PRESENT A DANGER TO YOURSELF OR OTHERS YOU ARE EXPECTED TO CONTACT THE POLICE (911) OR THE COUNTY CRISIS LINE. IN NON-CRISIS SITUATIONS YOU SHOULD CONTACT YOUR GROUP LEADERS.

8. USE OF ALCOHOL AND NON-PRESCRIPTION DRUGS: NO DRUG OR ALCOHOL USE IS PERMITTED WITHIN 24 HOURS BEFORE GROUP STARTS. Any group member who comes to a session having violated this rule will not be permitted to participate in that session and will be asked to leave. We encourage all clients to abstain from all drug and alcohol use while in the program. If we assess that you have a substance abuse problem, you will be required to participate in a drug or alcohol program, whether or not it has been a factor in the commission of your crime.

9. CONTACT WITH OTHER CLIENTS: When you enter group counseling, we encourage members to exchange telephone numbers. We also invite continuing clients to help orient new

members of the group. We encourage group members to look to each other for support during crisis and non-crisis times as well.

10. **OTHER REFERRALS:** You must follow through with any referral deemed appropriate by group leaders and/or their supervisors. These referrals may include psychological assessment, a physical examination, a neurological exam or chemical dependency evaluation. If we make such a referral, we will give you a written statement which will include the type of evaluation, several names and addresses of qualified professionals and the reason we are making this referral. A copy of the written referral will be sent to the court.

Please sign this form and we will provide you a copy for yourself for future reference. Should you have any questions at any time, please ask.

I _____ (client's name) have read, understand and agree to the information and policies described in this patient information form on _____ (today's date).

Client Signature

Therapist's Signature

Group Therapy Confidentiality Policy

By law and professional ethics, your group and individual sessions are strictly confidential. Generally, no information will be shared with anyone without your written permission. If you are seeing another therapist or health professional, it may be necessary for us to contact that person so that we can coordinate our efforts. If this is necessary we will ask for your permission. There are, however, a number of exceptions to this confidentiality policy.

1. If we are ordered by the court to testify or release records.
2. If you are a victim or perpetrator of, or witness to, child abuse, we are required by law to report this to the authorities responsible for investigating child abuse.
3. If you are a victim or perpetrator of, or witness to, elder or adult dependent abuse, we are required by law to report this to Adult Protective Services or other appropriate authorities.
4. If you threaten harm to yourself or someone else, we may be required to call the police and warn the potential victim, or take other reasonable steps to prevent the harm.

If you are mandated by the court to attend these sessions, we will need to have your permission to speak with the probation department or other criminal justice agency that is monitoring your compliance with the court orders. In these conversations we will be reporting the following information:

1. Reoffenses of violence towards anyone
2. Violations of court orders
3. Missed appointments and compliance with other program rules
4. Treatment progress (see Evaluation Guidelines)
5. Information relevant to safety, assessment and treatment planning

Confidentiality With Regard to Fellow Group Members

We can not guarantee that confidentiality will not be violated by your fellow group members. In order to address this issue, we require that all group members sign a mutual agreement to confidentiality.

We ask that each person sign a *Group Therapy Confidentiality Agreement* prior to commencing their treatment. In this agreement we require you to promise to hold confidential all communications made by participants and all information obtained from or about any participant while in a group therapy session.

We ask participants to make these mutual promises of confidentiality to help to ensure that each member of the group will feel more comfortable revealing personal details about their lives enabling the therapist to obtain as much information as possible. This, of course, is necessary to

receiving the maximum benefit from the treatment process.

Contact with Your Partner

It is a requirement of your participation in this program that counselors talk with your partner before you are accepted into the program. Once you are accepted into the program, we will have at least monthly phone contact with your partner to assess whether or not you have perpetrated additional violence and to receive feedback on how you are incorporating the educational material from your counseling sessions into your relationship.

If you are separated or divorced from your partner, we must have contact with any subsequent individuals with whom you become emotionally involved. This can be very difficult for some clients because it involves their telling their new partner about their history of violence. If you are truly committed to changing your pattern of coping with conflict and emotional stress, we strongly encourage you to inform any new romantic attachments of your history of violence and your participation in this program. These partner follow-up policies are a requirement for all participants in our program.

Please sign this form and keep a copy for yourself for future reference. Should you have any questions at any time, please ask.

I _____ (client's name) have read, understand and agree to the information and policies described in this patient information form on _____ (today's date).

Client Signature

Group Therapy Confidentiality Agreement

I _____ (your name) promise to hold confidential all communications made by participants and all information obtained from or about any participant while receiving treatment in this program.

I am making this promise in consideration of the mutual promises made by all participants in this group and in return for benefits available from group therapy.

I understand that the purpose of this agreement is to help assure that each member of the group will feel more comfortable revealing personal information about themselves, enabling the therapists to obtain as much information as possible necessary for effective treatment.

Please sign this form and keep a copy for yourself for future reference. Should you have any questions at any time, please ask.

I _____ (client's name) have read, understand and agree to the information and policies described in this program information form on _____ (today's date).

Client Signature

Fee and Payment Policies

1. The cost of the intake session is \$_____ for all applicants to this program. The cost of the exit interview is \$_____ for all participants of this program.
2. At the intake session, the client's weekly fee will be assessed by the clinician conducting the assessment. Fees are based on income and number of dependents. Clients may be required provide verification of income for all reduced fees.
3. Fees are to be paid at the beginning of each group session.
4. If the client is unable to pay for a group session (or any portion of the fee), the client may pay for two sessions the following week (or the outstanding balance). If the client is unable to resolve the outstanding balance on the second week, **the client is responsible** for meeting with the group leader by the end of the second group, to set up a payment contract.

If the client fails to initiate this meeting, the client will be terminated from the program. Once the payment contract is set up, and if the client fails to follow through with the payment contract, the client will be terminated from the program.

Probation will be notified of all terminated clients.

5. Your fees may be paid in the form of cash, check or money order. A receipt for cash will always be provided. For intake fees, a receipt will be given at the first group meeting. Receipts for regular weekly fees will be issued at the group following payment.
6. Program clients are held responsible for any outstanding balances, even after they are no longer participating in the program.
7. There will be charge of \$_____ for all returned checks.
8. Client fees may be reassessed at the time of the progress report depending on changes in financial circumstances.

I _____ (client's name) have read, understand and agree to the information and policies described in this program information form on _____ (today's date).

Client Signature

A Sample Co-Payment Schedule (Group Treatment)

Gross Family Income Yearly/monthly	Spouse	<u>Weekly Group Fee</u>		
		1 child	2 children	3 or more children
\$36,000/\$3,000 or +	60	55	50	45
\$30,000/\$2,500 or +	55	50	45	40
\$24,000/\$2,000 or +	50	45	40	35
\$21,000/\$1,750 or +	45	40	35	30
\$18,000/\$1,500 or +	40	35	30	25
\$14,400/\$1,250 or +	35	30	25	20
\$14,400 or less	30	25	20	20

Agreed upon group fee: _____ Due on: _____

Conditions (if any):

Summary of Rules for Domestic Violence Program

1. **Attendance:** A total of **Four (4)** absences are allowed in 52 weeks.

Four (4) unexcused absences/no-shows are allowed. An **unexcused absence** is when the client calls the program less than one week prior to the appointment, for any reason, indicating that he/she cannot attend (canceled appointment). A **no-show** is when the client misses a meeting and does not call the program prior to his/her scheduled appointment. All unexcused absences/no-shows will be charged at the assessed fee.

In addition, **no misses** are allowed in the **first six weeks**. Clients who miss any sessions during the first six weeks may be terminated from the program. Clients who miss more than the allowed absences may be terminated from the program.

2. **Make up sessions:** All missed sessions (as allowed under section #1 of this contract) must be made up. All absences must be made up within sixty (60) weeks after the official enrollment date in the program. Make-up sessions will be charged at the assessed fee.
3. **Vacations: Two (2)** excused absences are allowed. An excused absence is when the client informs the counselor of a vacations or other preplanned missed sessions. These excused absences must be cleared with the group leader at least one week in advance of the missed session. There is no charge for these two missed sessions.
4. **Fees:** Client is to follow all **Payment and Fee Policies**.
5. **No drug or alcohol use 12 hours prior and subsequent to each session.**
6. Clients who are terminated from the program and then re-referred by probation will **not** be given credit for prior attendance.

I _____ (client's name) have read, understand and agree to the information and policies described in this program information form on _____ (today's date).

Client Signature

Authorization for Release of Information (Partner/spouse)*

The confidentiality of this record is required under the California General Statutes as well as Title 42 of the United States Code. This material shall not be transmitted to anyone without written consent or authorization as provided in these statutes.

I, _____, (client's name) authorize _____ (name of program or therapist) to exchange the below specified information with:

Name of client's partner

Partner's home address

Partner's home telephone number

Partner's work address

Partner's work telephone number

The following information will be shared with your partner:

1. Information about this program - our intervention techniques (such as time-outs) and homework assignments. We will inform your partner of our belief that violence in a relationship is a crime and our recommendation that the police be called and charges filled whenever violence occurs.
2. Limitation of Program: We cannot guarantee that you will stop your violence.
3. Your status in the program (continuing, completed, terminated, reinstated)
4. If the group leaders have reason to believe that your partner may be in danger, we are ethically and legally required by law to inform your partner of this assessment.
5. We will inform your partner of services available, such as shelters, counseling groups, how to use and file temporary restraining orders and how to receive assistance with the legal system.
6. Procedures for reporting any additional acts of violence, threats and/or intimidation to your Probation Officer.

The following information we will be requested from your partner:

1. Whether your partner feels safe.
2. Descriptions of any additional acts of physical, sexual or psychological violence.
3. Whether or not you are utilizing the behavioral exercises (time-outs, communicating feelings, etc.).

For the specific purpose of: Follow up for domestic violence treatment program

My birth date is: _____

Date of last contact: _____

This authorization will expire _____ days from date of signature. I also understand that this authorization may be revoked by me, in writing, at any time, except to the extent that action has already been taken.

Witness' signature

Client's signature

Date

Date

*It is a requirement of your participation in this program that counselors talk with your partner before you are accepted into the program. Once you are accepted into the program, we will have at least monthly phone contact with your partner to ***assess whether or not you have perpetrated additional violence and to receive feedback on how you are incorporating the material from your counseling sessions into your relationship.***

If you are separated or divorced from your partner, we must have contact with any subsequent individuals with whom you become emotionally involved. This can be very difficult for some clients because it involves their telling their new partner about their history of violence. If you are truly committed to changing your pattern of coping with conflict and emotional stress, we strongly encourage you to inform any new romantic attachments of your history of violence and participation in this program.

These partner follow-up policies are a requirement for all participants in our program.

Authorization for Release of Information (Probation/other)

The confidentiality of this record is required under the California General Statutes as well as Title 42 of the United States Code. This material shall not be transmitted to anyone without written consent or authorization as provided in these statutes.

I, _____, (client's name) authorize _____ (name of program or therapist) to exchange the below specified information with:

Probation officer's name

Probation officer's address

Probation officer's telephone number

Probation officer's fax number

Probation officer's email address

The following information will be shared with your probation officer:

1. Reoffenses of violence towards anyone*
2. Violations of court orders
3. Missed appointments and compliance with other program rules
4. Treatment progress (see Evaluation Guidelines)
5. Information relevant to safety, assessment and treatment planning

For the specific purpose of: Follow up for domestic violence treatment program

My birth date is: _____

Date of last contact: _____

This authorization will expire ____ days from date of signature. I also understand that this authorization may be revoked by me, in writing, at any time, except to the extent that action has already been taken.

Witness' signature

Client's signature

Date

Date

*If there are additional acts of violence, we will encourage you to notify the court and/or your probation officer, first thing the next business day morning. We will contact the court and/or probation officer immediately.

Section C

Client Handouts

How to stop the violence - NOW!

(From: Sonkin, DJ and Durphy, M (1997 rev.). Learning to Live Without Violence: A Handbook for Men. Volcano, California: Volcano Press)

The **Time-Out** is one method for stopping the violence from now on. This method has been successfully used by many men who have attended our program. All it takes is your conscientious effort to do this exercise faithfully.

Time-Out: Whenever you feel your anger rising, your body getting tense like it is going to explode, or you begin to feel frustrated or out of control, say out loud to yourself and your wife or lover:

"I'm beginning to feel angry and I need to take a Time-Out."

Leave your home for one hour (no longer and no shorter), during which you **cannot** drink and you should **not** drive (unless it is absolutely necessary). It is most preferable for you to go for a walk or run, to do something physical. If you begin to think about the situation that made you angry, just say to yourself: "I'm beginning to feel angry and I need to take a Time-Out." In this way you will be taking a **mental** Time-Out as well as a **physical Time-Out**.

When you return in one hour, check in and tell your partner that you have come back from your Time-Out and ask if she would like to talk with you. If you **both** want to discuss the situation, tell her what it was that made you feel angry. You may also want to talk about what it was like for you to take a Time-Out. If one of you doesn't want to talk about the situation, respect that person's need to not discuss it. In either case, if you find yourself feeling angry again, take another Time-Out.

Some topics of conversation may be too charged to talk about. If this is true in your situation, put that issue on the shelf for a while, acknowledging that it is too difficult for the two of you to discuss alone. Take these issues and others to a counselor to get some help working them out. Even if it's an important issue that is making you angry, think of your priorities. Nothing can be more important than stopping the violence!

How Time-Outs Work

Let's now look at the different aspects of the Time-Out to see how and why it works.

I'M...

An "I" statement. You begin by talking about yourself, and talking about yourself immediately puts you in charge of yourself. You aren't name-calling or blaming.

..BEGINNING TO FEEL ANGRY...

You are talking about how you feel. It's a direct communication.

Nothing unclear about this statement. Saying you feel angry may in fact make you feel **less** angry. Try it--you'll like it!

..I NEED TO TAKE A TIME-OUT.

Another "I" statement. You are also saying to your partner that you are not going to hit her; instead, you're going to do something else, take a Time-Out. Taking a Time-Out helps build up trust with the other person--that in fact there will be no violence.

..LEAVE FOR AN HOUR...

If you stay away for the full hour, you and she should be sufficiently cooled off by the time you return.

..DON'T DRINK, USE DRUGS OR DRIVE...

Drinking and drugs will only make the situation worse. Don't drive because there are already enough angry people on the roads!

..DO SOMETHING PHYSICAL...

Going for a walk, a run or a ride on your bicycle will help discharge some of the angry tension in your body.

..COME BACK IN AN HOUR - NO SOONER - NO LATER...

If you agree to come back in an hour, live up to your agreement. It helps to build trust. In addition, an hour will give you enough time to cool off.

..CHECK IN - TALK ABOUT WHAT IT WAS THAT MADE YOU ANGRY...

If you do no more than check in, you completed the exercise. If you go on to talk about what it was that made you angry, you get experience and practice in communicating and discussing emotional issues.

When there has been violence in a relationship, the trust factor drops significantly. This Time-

Out exercise not only helps to stop the violence, but also helps to rebuild trust. Trust takes some time to rebuild. Just because you may take one or two Time-Outs, it doesn't mean that everything is OK. Be patient! Concentrate on identifying your anger and taking your Time-Outs. The rest takes time.

IMPORTANT!

Be sure to tell your wife or lover about the Time-Out and how it works. You might even want to read this chapter aloud and talk about it together. No matter which way you do it, be sure she understands what the Time-Out is, how and why it works.

Time-Outs are hard to do!

Why? Because men grow up to believe that only a coward will walk away from a fight. Your impulse will be to stay and finish it, or at least get in the last word. But, think of what is most important to you. Is it more important to maintain your image as a "real man", or to stop the violence?

Many men have also expressed the fear that their partners will be gone when they return. This is part of the trust building; as each of you follows through with your part in taking a Time-Out, the trust will grow.

The other frequent problem men have with Time-Outs is staying away from alcohol. Many people use alcohol to treat loneliness, and you may feel quite alone during your Time-Out. Also, men will often go to a bar to hang out with their buddies when they need support or someone to talk to. We want to emphasize again that alcohol can make an argument much worse.

Don't Drink or Use Drugs!

Although taking Time-Outs may be difficult for you initially, they will get easier with time and practice.

Practice Time-Outs

Practice Time-Outs will help you to take your real Time-Out. What's a practice Time-Out? It's the same as a real Time-Out except for two things: First, in a practice Time-Out you are **not** feeling angry. Second, the practice Time-Out is only half an hour. It's just practice at saying the words and walking away. You tell your partner;

"I'm NOT beginning to feel angry but I want to take a Practice Time-Out."

The more you take practice Time-Outs, the easier it will be to take real Time-Outs.

The Anger Journal

(From: Sonkin, DJ and Durphy, M (1982, 1997 rev.). Learning to Live Without Violence: A Handbook for Men. Volcano, California: Volcano Press)

The Anger Journal is a powerful tool in helping men become more aware of their anger, how to control it and how to express it. Write down the date and intensity of your anger (1 being low level irritation or annoyance and 10 being very angry) Don't forget to recognize all the levels in between. Then note your physical and behavioral signs of that anger. Different levels of anger may have different bodily and behavioral signs. What was the situation where you felt this anger? You will discover that you will feel different levels of anger depending on the situation. Did you take a Time-Out? Watch to see if you stuffed, escalated or directed the anger. What type of "I statements" did you make out loud or in your head? What physical activity did you use during your Time-Out to calm yourself down? And lastly, be aware of your alcohol and drug use before and after these situations when you felt anger. We encourage you to write in it every day. But at the least, try to fill one out completely at least twice a week.

ANGER JOURNAL

Date		
Intensity (1-10)		
Physical Signs		
Behavior Signs		
Situation		
Did you Take a Time-Out?	Yes___ No___ Comments:	Yes___ No___ Comments:
Did you: Stuff it, Escalate it, or Direct it?	Stuffed it___ Escalated it___ Directed it___ Comments:	Stuffed it___ Escalated it___ Directed it___ Comments:
"I" Statements	I'm feeling:	I'm feeling:
Physical Activity		
Alcohol or Drug use?	Yes___ No___ Comments:	Yes___ No___ Comments: