

Intervene NOW! Intake Packet and Process

Dear Intervene NOW! Potential Client:

The Intake Process for Intervene NOW! is designed in part to help get you oriented into the program as well as help staff get to know you. Personalized learning objectives will be developed with your input. These learning objectives will be shared as appropriate with supervising probation officers, case managers, etc. Between approximately your 18th and 22nd sessions (adjusted according to the original minimum number of sessions which are set for you), follow up testing and interviewing will be done to gather data to indicate whether progress was made toward those learning objectives.

Please prepare the attached paperwork either in hard copy or, preferably, register at the secure client login on the homepage of www.socialchangeservices.com to create an online account through which you can fill out the various forms. Either way these forms need to be filled out in preparation for your first interview. Your first appointment, will be an opportunity to review the basics, get oriented to the requirements of the program, and do at least some of the assessment questionnaires. The second appointment will follow up on the initial discussion and the testing.

The following needs to be completed:

- client information form
- participant contract
- release of information for PO
- release of information for current partner
- release of information for victim (if different than partner)
- copies of police reports, and/or other paperwork related to situation for which being referred.

Locations:
14825 E. 42nd St.,
Suite 202
Independence, MO 64055

210 E North Av.,
Suite 102
Belton, MO 64012

Mailing Address:
14825 E. 42nd St.,
Suite 202
Independence, MO 64055

816-718-2208
Fax: 816-817-1481
LoriSteffen@

SocialChangeServices.com

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Intervene NOW! Participant Contract



*** This agreement is between Social Change Services, a for-profit organization, and the undersigned. Social Change Services shall include all agents, employees, individual contractors, interns and volunteers, and anyone acting on behalf of Social Change Services.**

I, _____ (participant), agree to the following:

Initials: _____

1. COMMITMENT TO NONVIOLENCE

- a) I will not use physical or sexual violence towards others, or myself.
- b) I will not use verbal and mental abuse toward others, including all threats of violence or suicide, name-calling, or intimidation.
- c) I will not physically, sexually, verbally, or emotionally abuse my children.
- d) I will not injure or destroy pets or property as a means to hurt or control others.
- e) I will not engage in abuse of drugs or alcohol, and will not in other ways inflict harm upon myself.
- f) I will earnestly try to find ways to stop controlling other people. I will not follow, harass, or attempt to hold on to a person who has expressed a wish to be free of me.
- g) I will not withhold child support, nor access to my children. I will not involve myself in legal actions toward my current or ex partners where the main goal is to hurt, harass, humiliate, or control her.
- h) I agree that the purpose of my being in this program is to become nonviolent, and I will act accordingly both in the program and in my personal life. I will participate openly, honestly and actively on a regular basis. I will abide by all program rules, and complete all assignments that are given to me by my group leader(s). *I will treat my group leader and other participants with respect.*
- i) ***If I break any of the above agreements for ending my violence, I will report this immediately to Social Change Services, and will openly talk about the problem. I will accept the consequences of such behavior, including possibly having my participation with Social Change Services extended, being terminated from the program, or other interventions.***
- j) ***I have been informed that Use of Cell phones and other electronic equipment while in class is prohibited. I may be dismissed from a class if caught using—in which case the class will not count toward the minimum number of sessions required.***

2. Social Change Services COMMUNICATION WITH OTHERS

- a) I have correctly given Social Change Services the address and phone number of my partner, ex-partner, and/or complainant, and will immediately inform Social Change Services of any changes.
- b) I understand Social Change Services may contact my partner, ex-partner(s), and/or victim to tell that person when I started the program, explain the commitment to nonviolence which I have made, tell him/her when I stop attending, report my progress, invite him/her to evaluate my progress, refer to support programs or suggest other options for the children's safety and wellbeing, and give his or her counselor or agent any or all information that Social Change Services, in its sole discretion, deems

necessary. I understand that reports regarding progress will not necessarily be used to determine successful or unsuccessful completion of the class.

- c) I give Social Change Services permission to give all relevant information to the individuals and institutions for which I have signed releases. **Social Change Services may contact other batterer intervention programs to inquire if I have attended and to obtain relevant records.**
- d) I have accurately reported whether I have previously attended a batterer treatment program and understand that Social Change Services may be in contact with that program. **I give Social Change Services my permission to verify my attendance for prior batterer treatment and to obtain all records regarding my case.**
- e) Should I become involved with other government agencies while attending the Intervene NOW! Program, I agree to notify Social Change Services of this and I give Social Change Services permission to give information about my progress to these agencies and to receive information about my case from these agencies.
- f) I will cooperate with future requests to sign additional release forms.
- g) I understand that information will be shared by SOCIAL CHANGE SERVICES staff under circumstances including:
 - 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
- h) Reports to probation officers and referring entities s will include:
 - 1. Evidence of reoffenses of violence towards anyone
 - 2. Evidence of violations of court orders, probation directives, etc.
 - 3. Missed appointments and compliance with other program rules
 - 4. Program progress
 - 5. Information relevant to safety, assessment and treatment planning
- i) Information on participation, etc. may be made available to state probation and parole, area court systems, law enforcement, etc. (primarily for purposes of monitoring compliance with Intervene NOW!)

Initials: _____

3. NOTICE REGARDING LIABILITY

I understand that Social Change Services is providing an educational service for me and will not be offering medical or psychological diagnosis, prognosis, or treatment, nor the same level of confidentiality privileges which are ordinarily available to counseling clients.

4. COMMITMENT TO GROUP CONFIDENTIALITY

I promise to hold confidential all communications made by participants and all information obtained from or about any participant while participating 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 of open communication while in this program. 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, helping to enable achievement of learning goals.

5. MONITORING OF MEETINGS

I understand that some group meetings may be observed for supervisory, monitoring, or training purposes. I understand that I will be informed whenever a meeting is being recorded or observed, and that such observers will be signing a confidentiality agreement.

6. ATTENDANCE AND FEE REQUIREMENTS

- a) I am expected to attend every session. I agree to pay up to \$25 (sliding fee scale)* per meeting in the form of a money order or prepayment online. I will not be allowed to attend if I do not bring payment unless I have made prior arrangements. I agree to give at least 24 hours notice for any missed meetings (except in the case of an emergency). I agree to abide by the decision of my group leaders on whether a missed session is excused or unexcused. If an absence is unexcused, I may be charged \$10-\$20 unexcused absence fee.
- b) Absences can be grounds for dismissal or for an extension in the time to complete the program. More than two unexcused absences in a month period will generally mean unsuccessful discharge from the program. If people continue in the program, absences (excused or unexcused), will have to be made up not only by paying the fee for that class, and doing extra homework that covers the topic of that class.
- c) PUNCTUALITY is mandatory. When clients arrive more than fifteen minutes late, it will be considered an unexcused absence. Tardies will be tracked and excessive tardiness can be grounds for dismissal. If instructor is more than 15 minutes late, participants will generally have the option of waiting until the instructor gets there and attending class as usual, or receiving a credit to be used toward a future class

7. OUTSIDE SERVICES

Initials: _____

If related personal problems exist or surface, such as alcohol or drug abuse, or mental health problems, especially those that may interfere with participation in class, I may be asked to seek appropriate assessment/treatment as a condition of my continued involvement with Social Change Services.

8. DURATION OF PARTICIPATION IN PROGRAM

Participants are generally expected to participate for 26 sessions as part of the requirements for successful completion.

9. **SUCCESSFUL COMPLETION OF THE PROGRAM WILL REQUIRE, BUT IS NOT LIMITED TO**, regular attendance, completion of homework, meaningful participation in class, following program rules, etc. Learning objectives include:

a. Decrease controlling behaviors.

- 1) Understand the Power and Control Wheel and the different types of abuse.
- 2) Be able to identify ways that one has been controlling in the past.
- 3) Identify societal and other messages that may have encouraged controlling behaviors.
- 4) Identify alternatives to controlling behaviors.

b. Decrease violence and other aggressive behaviors.

- 1) Learn how to use Time-Outs in a non-controlling manner.
- 2) Can demonstrate empathy, including for victim.
- 3) Can identify and express feelings in non aggressive manner.
- 4) Has learned to identify physical and behavioral signs of anger and escalation.
- 5) Has learned alternative methods of conflict resolution.
- 6) Has been violence free for at least six months.

c. Improve Stress Management Skills

- 1) Client has learned how to identify negative self talk.
- 2) Client can reduce emotional stress through positive self talk.
- 3) Client has learned more problem solving techniques.

d. Recognizing effects, signs and indicators of domestic violence

- 1) Client understands the different types of abuse, and the effects that each can have on victims, as well as children who witness the abuse.
- 2) Client is able to recognize minimization, denial and blaming in self (as well as classmates).
- 3) Client acknowledges complete responsibility for his/her violence.

Client has to have followed all program rules, including;

- Client has completed all homework assignments.
- Client has attended the minimum number of group sessions (which can be increased).
- Client has paid all outstanding balances.
- Client actively participates in group sessions.

I understand that I may receive verbal and/or written warnings regarding probationary status in this program (if I do not abide by this agreement) with terms for staying in the program, but that I may be terminated from this program (if I do not abide by this agreement, even without such warnings) and will be liable for all fees and expenses Social Change Services incurs to collect whatever fees I owe.

I HAVE READ, FULLY UNDERSTOOD, AND AGREE WITH THE ABOVE.

MY SIGNATURE _____ **DATE** _____

Social Change Services STAFF _____ **DATE** _____

14825 E. 42nd St. #202 Independence, MO 64054

(816) 718-2208

Intervene NOW! Intake Form

Social Change Services

Name: _____ Date of Birth: _____

Nickname: _____

PO: _____ Case Manager: _____ Ethnic background: _____

Employed Full-time Student Part-time Student Unemployed Self-employed

Occupation: _____ Employer: _____

Basic Contact Information

Street: _____ Town: _____ Zip Code: _____

Primary Phone: _____ Home Work Cell Can leave message Can Text

Secondary Phone: _____ Home Work Cell Can leave message Can Text

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

Relationship History

Married Not married, but living together Separated Divorced Never married

Partner's name: _____ Spouse Significant Other Her phone _____

Her mailing address: _____ Her age: _____

Do you currently live with your partner? Yes No

How long have you been with your current partner? _____

If currently married, how long have you been married? _____

If separated, when did you separate? _____

Is the victim in the incident for which you have been referred your current partner? Yes No

Yes, then Skip to the next section:

What is your relationship to the victim? _____

Victim's name: _____

Victim's address: _____

Victim's age: _____

Victim's phone: _____

What was the nature of the incident for which you were referred to this program?

Have there been other DV charges? Yes No

Were alcohol and/or drugs used before or during any of your violence? Yes No

Do you have weapons or have you been in possession of weapons in the last year? Yes No

If so, where are these weapons now? _____

Have you ever threatened to use a weapon on the victim or someone else? Yes No

Have you ever spied on the victim, your partner or another women? Yes No

Have you ever made a suicide attempt? Yes No

Have you ever threatened to kill yourself? Yes No

Health/Treatment History

Are you currently receiving any counseling, substance abuse treatment, etc.? Yes No

<i>Name of Program</i>	<i>Location of Program</i>	<i>Dates Attended</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever attended a batterers intervention or anger management class? Yes No

<i>Name of Program</i>	<i>Location of Program</i>	<i>Dates Attended</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been admitted to a psychiatric facility? Yes No

<i>Name of Program</i>	<i>Location of Program</i>	<i>Dates Attended</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently taking any prescription medicine? Yes No What? _____

Have you taken prescription medicines in the past? Yes No What? _____

Legal History

Have you ever been convicted of a crime? Yes No

If yes, what was the most recent? _____

What was your most serious crime? _____

Have you ever been incarcerated? Yes No When? _____

Are you on probation/parole? Yes No Until when? _____

Does your victim have a Order of Protection against you? Yes No

Has anyone ever had an Order of Protection against you? Yes No

Children:

<i>Names</i>	<i>Date of Birth</i>	<i>Child's Mother's Name</i>	<i>Child's Gender</i>	<i>Child Living w/you</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you required to make child support payments? Yes No Current? Yes No

Has a child abuse report ever been filed on you? Yes No

Was the allegation supported or denied? Yes No

Are you currently involved with the Children's Division? Yes No

If so, what is the name of the case worker? _____ Phone Number: _____

Signature: _____ Date: _____

Social Change Services
Intervene NOW!
DOMESTIC VIOLENCE OFFENDER EDUCATION GROUP
Authorization for Release of Information
(Probation/other)



This material shall not be transmitted to anyone without written consent or authorization as described below and/or in the participant contract.

I, _____, (client's name)
authorize Social Change Services Program Staff to exchange the below
specified information with:

Probation officer/attorney/case worker/other NAME

Probation officer's (or Other) address

Probation officer's (or Other) telephone number

Probation officer's (or Other) email address

The following information will be exchanged with this individual:

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

For the specific purpose of: monitoring of participation in Intervene NOW!
Domestic Violence Intervention (aka BIP) program.

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.

Client's signature

Witness 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.

**Social Change Services
Intervene NOW!**



DOMESTIC VIOLENCE OFFENDER EDUCATION GROUP

Authorization for Release of Information VICTIM

This material shall not be transmitted to anyone without written consent or authorization, subject to exceptions noted elsewhere.

I, _____, (client's name)
authorize **SOCIAL CHANGE** Staff to exchange the below specified
information with:

Name of client's victim

Victim's home address

Victim's home telephone number

Victim's work telephone number

The following information will be shared with your victim:

1. Information about this program - our intervention techniques (such as time-outs) and homework assignments. We will inform your victim 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 victim may be in danger, we are ethically and legally required by law to inform your victim of this assessment.
5. We will inform your victim 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.
 - Procedures for reporting any additional acts of violence, threats and/or intimidation to your Probation Officer.

For the specific purpose of: Follow up

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.

Client's signature

Witness' signature

Date

Date

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**Social Change Services
Intervene NOW!**



DOMESTIC VIOLENCE OFFENDER EDUCATION GROUP

Authorization for Release of Information **Partner**

This material shall not be transmitted to anyone without written consent or authorization, subject to exceptions noted elsewhere.

I, _____, (client's name)
authorize **SOCIAL CHANGE** Staff to exchange the below specified
information with:

Name of client's partner

Partner's home address

Partner's home telephone number

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.
 - Procedures for reporting any additional acts of violence, threats and/or intimidation to your Probation Officer.

For the specific purpose of: Follow up

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.

Client's signature

Witness' signature

Date

Date

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