



# THE CENTER

## POSITIVE+SOLUTIONS

### ENROLLMENT & PARTICIPATION AGREEMENT

#### Positive Solutions

#### I. INTAKE CHECKLIST

1. Please complete this entire packet and bring to your pre-scheduled intake appointment.
2. Contact John C. Johnson at (530) 295-4203 or [johnj@thecenternow.org](mailto:johnj@thecenternow.org) to schedule an intake appointment.
3. Collect the following items to bring to the intake appointment:
  - i. Photo ID
  - ii. Court order (if applicable)
  - iii. Court and/or probation referral (if applicable)
  - iv. Order/referral from other agency (if applicable)
  - v. Restraining orders (if applicable)
  - vi. \$35 intake fee (cash or check, payable to "The Center")

#### II. PROGRAM DESCRIPTION

The Positive Solutions program exists for those wanting to overcome patterns of abusive behavior and learn to navigate conflict more effectively. All the classes in Positive Solutions are based on the foundational elements of Non-Violent Communication (NVC) by Marshall Rosenberg.

The classes are: Men's Alternatives to Abusive Patterns (MAAP) and women's Changing Abusive Patterns (CAP). Classes are "open," meaning they are on-going such that participants start and end according to their start date. All of the classes are currently gender-segregated, follow the same curriculum (based on NVC), and meet the criteria for CA State Certified 52-week Batterer's Intervention Programs (BIP). These classes cover two distinct areas:

1. 12 weeks of core anger management concepts and tools;
2. 40 weeks involving a full range of awareness training and practice pertaining to feelings, wants vs. needs, communication, relationships and parenting.

In Positive Solutions we believe abusive behavior is learned, often related to adverse childhood experiences "ACES," and can be unlearned. Focus is placed on three (3) principal areas:

- (1) Providing tools or alternatives to stop the abusive behavior now. Individuals will learn that violence is not an appropriate tool for solving problems and will learn alternative responses.
- (2) Developing an appreciation of feelings and emotions. Participants will develop an awareness of their own emotional capacity and learn techniques for expressing the full range of human emotion.
- (3) Becoming aware of and changing the attitudes and false expectations that have contributed to engaging in abusive behavior.

The group model is our primary tool in working together throughout the 52-week program. This provides a safe environment for participants to relate to others' experiences, learn to accept responsibility for their actions, and develop skills to more appropriately respond to conflict.

The full course of MAAP & CAP is 52 weeks. According to the law, participants who are court ordered are expected to be in this program for a minimum 12 months, and must complete the program within 18 months. Previous participation greater than 15 months prior will not be counted. Dropped participants will be allowed to re-enroll based on space availability. A new intake fee & enrollment paperwork will be required. Clients may be subject to additional program requirements.

### III. PARTICIPANT INFORMATION

<b>Name:</b>	<i>(first)</i>	<i>(middle)</i>	<i>(last)</i>
<b>Address:</b>			
<b>Referred By:</b>	<input type="checkbox"/> Family Court <input type="checkbox"/> CPS <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Self <input type="checkbox"/> Other <i>(specify)</i> Specific contact info:		
<b>Reason for Referral:</b>	Brief Description:		
<b>Contact:</b>	Email:		Phone:
<b>DOB:</b>		<b>Marital Status:</b>	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Dating <input type="checkbox"/> Single
<b>Ethnicity:</b>		<b>Primary Language:</b>	
<b>Veteran Status:</b>	<input type="checkbox"/> Yes <i>(please provide any relevant details, e.g. PTS)</i>		<input type="checkbox"/> No
<b>ACES:</b>	Please complete Attachment #1: "Adverse Childhood Events"		
<b>Addiction:</b>	<input type="checkbox"/> alcohol <input type="checkbox"/> drug(s) – <i>please list below</i> <input type="checkbox"/> past/sober – <i>(please describe)</i>		
<b>Housing:</b>	<input type="checkbox"/> rent/lease <input type="checkbox"/> mortgage <input type="checkbox"/> transitional housing <input type="checkbox"/> homeless <input type="checkbox"/> other – <i>(please describe)</i>		
<b>Disabilities:</b>	<input type="checkbox"/> none <input type="checkbox"/> physical <input type="checkbox"/> mental <input type="checkbox"/> developmental <input type="checkbox"/> other – <i>(please describe)</i>		
<b>Income:</b>	<input type="checkbox"/> employed    gross monthly income=\$_____		
	<input type="checkbox"/> unemployed		
<b>Health Insurance:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Provide copy of insurance card <input type="checkbox"/> No		

### IV. FAMILY & EMERGENCY INFORMATION

<b>Significant Other:</b>	<i>(first)</i>	<i>(middle)</i>	<i>(last)</i>
<b>Address:</b>			
<b>Contact Info:</b>	Email:		Phone:
<b>Children:</b>	#1 <i>(name, gender, age)</i>		#2 <i>(name, gender, age)</i>
	<input type="checkbox"/> lives with you		<input type="checkbox"/> lives with you
	#3 <i>(name, gender, age)</i>		#4 <i>(name, gender, age)</i>
	<input type="checkbox"/> lives with you		<input type="checkbox"/> lives with you
	#5 <i>(name, gender, age)</i>		#6 <i>(name, gender, age)</i>
	<input type="checkbox"/> lives with you		<input type="checkbox"/> lives with you
<b>Emergency Contact:</b>	Email:		Phone:

## V. PROGRAM REQUIREMENTS

Please read and initial the following program requirement:

- \_\_\_ Consistent attendance
- \_\_\_ Punctuality, being on time (*participants may be no more than 15 minutes late; otherwise you will be marked as unexcused absent*)
- \_\_\_ Advance notice (*ideally at least 24 hours*) of expected absence will be excused
- \_\_\_ No more than two unexcused absences within the first twelve weeks
- \_\_\_ No more than three unexcused absences during the program
- \_\_\_ No more than eight total absences (excused or unexcused) during the program
- \_\_\_ Participation in group
- \_\_\_ No violence toward other members or facilitators
- \_\_\_ No property damage to classroom environment
- \_\_\_ Reporting of any incidents of abuse between your partner and yourself to the facilitator, and if appropriate, to the group
- \_\_\_ Notifying the facilitator (*ideally with 7 days notice*) of necessary reports to other agencies
- \_\_\_ No mental or physical impairment from drugs or alcohol when at group
- \_\_\_ No discussion or breaking confidentiality of the other group members outside of the group
- \_\_\_ Payment of the agreed-upon fee each session. After two missed payments, you will be put **ON-HOLD** until a payment plan is agreed to and or payments resume.
- \_\_\_ Payment for all unexcused absences
- \_\_\_ You may be dismissed from the class and/or the program if you are disruptive, not participating or not showing growth and improvement

## VI. DEFINITIONS OF ABUSE

### Threats

- Threatens to take the children away from you if you don't behave.
- Threatens your family or future partners.
- Threatens to hurt you or your children.
- Threatens to turn you in for outstanding citations, non-compliance with immigration or welfare.

### Emotional

- Withholds affection.
- Demands you anticipate their every need.
- Claims they have a right to be angry/rationalizes their behavior.
- Says you'll never get a job or make enough to live on.
- Say you're an unfit mother/father/partner.
- Says you don't deserve anything. It's your fault. You can't do anything right. Who would want you?
- They are the head of the household, must be submissive/obedient, they are the knowledgeable one, the expert, more logical.
- Undermines your sense of power or confidence.
- Manipulates you with lies, contradictions, or promises. Changes the rules. Plays mind games, re-writes history.
- Refuses to communicate, silent treatment, withdraws sexually or emotionally.
- Abandons you when you need support the most.
- Laughs at you when you're trying to be serious.
- Accuses you of having affairs.

### Verbal

- Calls you: Stupid, filthy, lazy, nasty, ass, idiot, fat, ugly, a whore, slut, bitch, etc.
- Degrading, put down jokes, judgmental remarks and slurs. Shames, embarrasses, ridicules you.
- Raises their voice in an argument or to control you.
- Telling you don't know what you're talking about/ignoring your input.
- Gets in your face & yells or screams.

### **Physical**

- Hit, slap, punch, shove, bite, cut, strangle, kick, burn, pinch, spit on you or poke you in the chest repeatedly.
- Throws objects at or restrain you. Attempts to drown you. Pulls your hair/drags you by your hair.
- Hurts you with an object or deadly weapon (a gun, knife, baseball bat, brick, chain, hammer, scissors, rope, belt buckle, extension cord, branch, bottle, acid, bleach or scalding water, hot food or drink).
- Endangers you or your children through reckless driving.
- Traps you in a room and dares you to argue with them.
- Kills, threatens to kill, or neglect pets to punish you.
- Keeps you from calling for help or other support.
- Abandons you or locks you out of the house.

### **Sexual**

- Forces you to have sex when you don't want to.
- Forces you to perform sexual acts you don't like (anal sex, foreign objects, oral sex, etc.).
- Criticizes your sexual performance.
- Denies you sex.
- Forces you to have sex with or to watch others have sex.
- Forces you to view pornography / engage in his sexual addiction.
- Threatens to hurt you if you don't desire sex.
- Sex is a said or unsaid duty you must perform.

### **Children**

- Picks on children from your former relationship, more demanding or strict, etc. than with mutual children.
- Blames you for the children's misbehavior.
- Children become the pawn to outmaneuver, gain control over partner. Tell children negative remarks about you in private.
- Argue in front of the children and tries to make you look bad in front of the children.
- Too rough with children

### **Property**

- Breaks furniture, floods rooms, ransacks or dumps garbage in your home.
- Slashes tires, breaks windows, steal, tamper with parts or puts foreign substances in the gas tank of your car.
- Destroys your clothing, jewelry, family photos or other important personal items that are important to you.
- Rips the phone off the wall or disable the phone.
- Target practice inside the house.
- Forces you to sign over property or give them your personal possessions.

### **Financial**

- Forbids you to work, handle your own money, or make decisions.
- Force you to sign over property or give them your personal possessions.
- Refuse to surrender control of money.
- Says everything belongs to them.

### **Harassment**

- Continuous calls/voice mails, fills up message center of phone-"blows up" your phone.
- Stalking – follows you everywhere.
- Repeatedly shows up at your house or work uninvited.
- Social Networking harassment, constant posts on walls.

### **Intimidation**

- Get in your face & yells or scream.
- Harsh looks, gestures, or actions.
- Plays with, displays, or cleans weapons during a conversation.
- Makes sudden loud noises or movements to scare you or prevent you from sleeping.
- Frightens you or children.

### **Isolation**

- Taking away car privileges or having only one vehicle that is preempted by them.
- Discourages you from contacting family/friends.
- Insists on accompanying you whenever you leave the house.
- Monitors your whereabouts.

## VII. RELATIONSHIP BETWEEN OUR CHILDHOOD & ADULT BEHAVIORS

Adverse Childhood Experiences (ACEs) are traumatic events that happen between ages 1 and 17. These negative experiences affect a child's brain and health as they grow into adults. Very young children ages 0-3 are particularly vulnerable to traumatic events happening around them. ACEs can affect a person's health and well-being throughout their lifetime, including why we find ourselves in relationships involving violence.

Please read and complete the below ACES Questionnaire.

### INSTRUCTIONS:

- Each of the questions are to be answered based on your own experience before your 18<sup>th</sup> birthday.
- For each "yes" answer, add 1. The total number at the end is your cumulative number of ACEs.

#	QUESTION	YES or NO
1	Did a parent or other adult in the household often or very often: a) Swear at you, insult you, put you down, or humiliate you? OR b) Act in a way that made you afraid that you might be physically hurt?	
2	Did a parent or other adult in the household often or very often: a) Push, grab, slap, or throw something at you? OR b) Ever hit you so hard that you had marks or were injured?	
3	Did an adult or person at least 5 years older than you ever: a) Touch or fondle you or have you touch their body in a sexual way? OR b) Attempt or actually have oral, anal, or vaginal intercourse with you?	
4	Did you often or very often feel that: a) No one in your family loved you or thought you were important or special? OR b) Your family didn't look out for each other, feel close to each other, or support each other?	
5	Did you often or very often feel that a) You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR b) Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	
6	Were your parents ever separated or divorced?	
7	Was your parent/caregiver: a) Often or very often pushed, grabbed, slapped or had something thrown at him/her? OR b) Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? OR c) Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	
8	Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?	
9	Was a household member depressed or mentally ill, or did a household member attempt suicide?	
10	Did a household member go to prison?	
<b>TOTAL(s)</b>		

**VIII. FEE AGREEMENT & AUTHORIZATION FOR RELEASE/EXCHANGE OF INFORMATION**

<b>FEE AGREEMENT</b>			
<b>\$35 Intake Fee:</b>	<b>Paid:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Weekly Fee:</b>	\$ _____ _____ \$90/PDA
<b>Program:</b> <input type="checkbox"/> CAP <input type="checkbox"/> MAAP		<b># Weeks:</b> <input type="checkbox"/> 12 <input type="checkbox"/> 52	
<b>Referral Source:</b>	<input type="checkbox"/> Family Court <input type="checkbox"/> CPS <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Self		
<b>Progress Reporting:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Returning:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>RELEASE/EXCHANGE OF INFORMATION</b>			
<p>I hereby AUTHORIZE the sharing of verbal &amp;/or written information regarding myself, _____ (client), regarding participation &amp; progress to be exchanged/released between The Center for Violence-Free Relationships and:</p> <p><input type="checkbox"/> El Dorado County Superior Court</p> <p><input type="checkbox"/> Child Protective Services (CPS)</p> <p><input type="checkbox"/> El Dorado County Probation Department</p> <p><input type="checkbox"/> California Department of Corrections (Parole)</p> <p><input type="checkbox"/> Other: _____</p>			
This authorization is valid until _____ (date).			
Client Signature & Date:		Center Signature & Date:	

**This space is intentionally blank.**

# CAPIT & CPS RELEASE & INFORMED CONSENT

**Do you have child/ren under the age of 18 years? Yes / No**

For children under 18 years of age please fill out name, circle male or female, DOB, AND circle Y/N if Abuser is Parent.

**Number of children:** \_\_\_\_\_

		<b>Please circle one:</b>	<b>DOB</b>	<b>Ethnicity:</b> White non-Hispanic, Hispanic, Black non-Hispanic, Asian, Native American, Other (specify)	<b>Circle one, Abuser is parent:</b>
Clients Name		F/M			Y/N
Minor A - Name		F/M			Y/N
Minor B - Name		F/M			Y/N
Minor C - Name		F/M			Y/N
Minor D - Name		F/M			Y/N

AUTHORIZATION is hereby given for verbal / written information regarding the client's case to be exchanged / released between The Center for Violence-Free Relationships (The Center) and the following parties:

Client \_\_\_\_\_ El Dorado County Child Protective Services  
Initials

\_\_\_\_\_ El Dorado County, CAPIT (Child Abuse Prevention, Intervention, and Treatment) Program

This release is not an authorization for The Center's representatives to provide testimony in court.

The Center may provide services paid for by a contract between The Center and The County of El Dorado. I agree to have my name, demographic information, service dates and types, service goals, and progress toward these goals shared with The County of El Dorado. I understand that no other personally identifying information will be shared without my separate written consent, except for the following reasons:

- Court Order
- Confidential auditing from third party payers.

**THIS AUTHORIZATION EXPIRES ON** \_\_\_\_\_  
(3 months from today)

Client Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

<b>What services</b> are needed and <b>how many sessions</b> are needed monthly?	<b>For Staff Use Only:</b>
Case Management - _____ Clinical Therapy - _____ Support Group - _____ BIP - _____ Legal - _____ Other - _____	