Family Systems Management

14252 St. Andrews Dr. Suite 1 Telephone (760) 955-7374

Victorville, CA 92392 Fax (760) 955-9874

# 52-WEEK PROGRAM ENROLLMENT FORM

## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B: \_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_ S.S.N: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.L.# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proof of Enrollment By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proof of Completion By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\*\*Court Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Release of Information

**I understand each of the following points that I have initiated.**

\_\_\_\_\_\_ I authorize the exchange of information and unrestricted communication between *Family Systems Management*, the Court, the District Attorney’s office and the Probation department, collection agency of our choice, or the referring agency. I understand that periodic reports are required to be made by *Family Systems Management* for the purpose of evaluation of my case and for verification of my cooperation, attendance, progress and compliance with the conditions of my probation and the appropriateness of the referral.

\_\_\_\_\_\_ I also understand that any domestic violence (victim) will be contacted by *Family Systems Management* and I authorize that exchange of information between *Family Systems Management* and (victim) for the purpose of verification of progress in the program with regard to the violence or lack of violence in the relationship.

\_\_\_\_\_\_ I also understand that if I threaten harm to myself and/or another person including suicide and/or murder, *Family Systems Management* is mandated by law to report such threats to the appropriate authorities, to warn any intended victim(s) of such threats and any other action as specified by law.

\_\_\_\_\_\_ In addition, if I report involvement in any act against a child which is considered to be abuse, including physical violence and/or sexual molestation, *Family Systems Management* is mandated by law to report the involvement to the appropriate authorities and to take any action as specified by law.

\_\_\_\_\_\_ For the purpose of monitoring this program, there may be an occasion where monitors are present during group session. I agree to this for the purpose of evaluating the program. All client information shared during the session will be held confidential by these monitors.

I have read and understood this statement and I understand the contents and the ramifications that have been fully

explained to me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of *Family Systems Management.*  I agree, as appropriate, to these

limits of confidentiality for the term of my probation, the duration of my case with D.C.S. or the length of my participation

in any *Family Systems Management* program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Name (Please Print) FSM Staff Name (Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Signature Date FSM Staff Signature Date

###### DOMESTIC VIOLENCE INTERVENTION/CHILD ABUSE

###### INTAKE INTERVIEW AND ASSESSMENT

**(A court case number is necessary for you to enroll in the Family Systems Management Programs)**

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**Any D.V.I. provider is required by law to notify the alleged victim of your participation in their program. Any D.V.I. participant is required to divulge the following information, as it is known to be true.**

Name of alleged victim: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alleged victim’s last known address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Alleged victim’s home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please answer the following questions.**

1. Is there a restraining order against you? \_\_\_\_\_\_\_\_\_\_ If “Yes”, whom are you restrained from?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are you required to attend drug/alcohol treatment classes or programs? \_\_\_\_\_\_\_\_\_\_ If "Yes”, where are

you taking them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Are you required to participate in personal counseling/therapy? \_\_\_\_\_\_\_\_\_\_ If “Yes”, who are you seeing?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Are you currently on any medication(s)? This includes prescriptions and/or over the counter medication(s).

\_\_\_\_\_\_\_\_\_\_ If “Yes”, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the medication for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. Do you suffer from any medical or handicapping disability that your classroom instructor needs to be made

aware of? \_\_\_\_\_\_\_\_\_\_ If “Yes”, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. Do you or any members of your family have an open/active Children’s Service’s case? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If “Yes”, what is your social worker’s name and city location? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Closest relative living nearest to you? Name: \_\_\_\_\_\_\_\_\_ \_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Involvement:**

Have you ever been convicted for committing a violent crime? \_\_\_\_\_\_\_\_\_\_

If “Yes”, when/for what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently on probation? \_\_\_\_\_\_\_\_\_\_ Are you currently on parole? \_\_\_\_\_\_\_\_\_\_

If “Yes”, for what/how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anger Inventory: (30)** Read each statement and then mark the appropriate number to indicate how you generally feel. **1=Almost never 2=Sometimes 3=Often 4=Almost always**

1. \_\_\_\_\_\_ I am quick-tempered.
2. \_\_\_\_\_\_ I have a fiery temper.
3. \_\_\_\_\_\_ I am a hotheaded person.
4. \_\_\_\_\_\_ I get angry when I am slowed down by others’ mistakes.
5. \_\_\_\_\_\_ I feel annoyed when I am not given recognition when doing well.
6. \_\_\_\_\_\_ I fly off the handle.
7. \_\_\_\_\_\_ When I get mad, I say nasty things.
8. \_\_\_\_\_\_ It makes me furious when I am criticized in front of others.
9. \_\_\_\_\_\_ When I get frustrated, I fell like hitting someone.
10. \_\_\_\_\_\_ I feel infuriated when I do a good job and get a poor evaluation.

**Narrative:**

In your own words, describe the incident that “earned” you this class. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Who do you think was responsible for this incident becoming violent? For you having to take this class?

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**Program Reference:**

Circle the program that you would prefer to attend.

Victorville Location

Monday: DVI-(M) 9:30am-11:30am/DVI-(M) 5:30pm-7:30pm

Tuesday: DVI-(W) 4:00pm-6:00pm /DVI-(M) 6:15pm-8:15pm /PAR 6:15pm-8:15pm

Wednesday: DVI-(M) 10:00a-12:00pm /

DVI-(W) 6:00pm-8:00pm / DVI-(M) 6:00pm-8:00pm

Thursday: DVI-(M) 10:00a-12:00pm

Saturday: DVI-(M)-9:00am-11:00am / C/A 9:00am-11:00am

**Under penalty of perjury, I hereby swear that the answers I have given are truthful and that I have fully understood each questions.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant’s Signature Date**

Family Systems Management

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**Lethality Assessment**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MINUS 1 POPINT FOR EACH TRUE STATEMENT T F

1. This is my first or only serious act of domestic violence: \_\_\_\_ \_\_\_\_
2. Client has no other criminal history: \_\_\_\_ \_\_\_\_
3. Client has stable employment: \_\_\_\_ \_\_\_\_
4. Client has/does not have a drug or alcohol problem: \_\_\_\_ \_\_\_\_
5. Clients relationship with victim seems stable: \_\_\_\_ \_\_\_\_
6. Client takes responsibility for his/her abusiveness: \_\_\_\_ \_\_\_\_
7. Client is cooperative with police, court, DA, Probationer: \_\_\_\_ \_\_\_\_
8. Client has never threatened the victim: \_\_\_\_ \_\_\_\_
9. Client has never violated a restraining order: \_\_\_\_ \_\_\_\_
10. Client has no history of suicide attempts: \_\_\_\_ \_\_\_\_
11. Client has no history of serious depression: \_\_\_\_ \_\_\_\_
12. Client has no diagnosis of serious psychopathology: \_\_\_\_ \_\_\_\_
13. Client is in reasonably good health: \_\_\_\_ \_\_\_\_
14. Client has no weapons in his possession or proximity: \_\_\_\_ \_\_\_\_
15. Client is not on psychotropic medications: \_\_\_\_ \_\_\_\_

Plus 2 points for each true statement

1. Victim is afraid of client: \_\_\_\_ \_\_\_\_
2. Client has threatened the victim in the past: \_\_\_\_ \_\_\_\_
3. Client is very jealous: \_\_\_\_ \_\_\_\_
4. Client has committed other crimes of violence: \_\_\_\_ \_\_\_\_
5. Client has significant drug and/or alcohol problems: \_\_\_\_ \_\_\_\_
6. Victim was seriously hurt: \_\_\_\_ \_\_\_\_
7. Client possesses or is in close proximity to weapons: \_\_\_\_ \_\_\_\_
8. Client appears very bitter towards victim: \_\_\_\_ \_\_\_\_

Plus 3 points for each true statement

1. Client has threatened to kill/injure the victim: \_\_\_\_ \_\_\_\_
2. Client has stalked victim or others in the past: \_\_\_\_ \_\_\_\_
3. Victim has violated restraining orders in the past: \_\_\_\_ \_\_\_\_
4. Client has homicide or manslaughter arrest on record; \_\_\_\_ \_\_\_\_
5. Client has rape arrest on record: \_\_\_\_ \_\_\_\_
6. Client has been diagnosed with mental disorder: \_\_\_\_ \_\_\_\_
7. Victim is terrified of client: \_\_\_\_ \_\_\_\_
8. Client appears to be paranoid or delusional: \_\_\_\_ \_\_\_\_

Interpretation:

-1 to -15 = no apparent risk

+1 to +10 = LOW RISK

+11 to +16 = MODERATE RISK

+17 to +23 = HIGH RISK (EVALUATE FURTHER)

+24 to +40 = EXTREME RISK (EVALUATE FURTHER)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STAFF NAME STAFF SIGNATURE DATE





Family Systems Management

14252 St. Andrews Dr. Suite 1 Telephone (760) 955-7374

Victorville, CA 92392 The M.A.S.T. Fax (760) 955-9874

(Michigan Alcoholism Screening Test)

NAME: DATE:

**Please carefully read each of the following questions and circle the appropriate answer.**

Do you feel you are a normal drinker? YES NO

Have you ever awakened in the morning after some

drinking the night before and found that you could

not remember a part of the past evening? YES NO

Does your spouse or parents ever worry or complain

about your drinking? YES NO

Can you stop dinking without a struggle after one or two drinks? YES NO

Do you ever feel bad about your drinking? YES NO

Do friends or relatives think that you are a normal drinker? YES NO

Do you ever try to limit your drinking to certain

times of the day, or certain places? YES NO

Are you always able to stop drinking when you want to? YES NO

Have you ever attended a meeting of Alcoholics Anonymous? YES NO

Have you ever gotten into a fight when drinking? YES NO

Has drinking ever created problems with you and your spouse/partner? YES NO

Has your spouse (or other family members) ever

gone to anyone for help about your drinking? YES NO

Have you ever lost friends or girl/boyfriends because of drinking? YES NO

Have you ever gotten into trouble at work because of drinking? YES NO

Have you ever lost a job because of drinking? YES NO

Have you ever neglected you obligations, your family, or your

work for two or more days in a row because of your drinking? YES NO

Do you ever drink before noon? YES NO

Have you ever been told that you had liver trouble? Cirrhosis? YES NO

Have you ever had delirium tremens, severe shaking, heard voices,

or seen things that were not there after heavy drinking? YES NO

Have you ever gone to anyone for help with your drinking? YES NO

Have you ever been in a hospital because of drinking? YES NO

Have you ever been a patint in a psychiatric hospital/ward

of a general hospital where drinking was part of the problem? YES NO

Have you ever been arrested, even for a few hours,

because of drunk behavior? YES NO

Have you ever been arrested for drunk driving? YES NO

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**PROPENSITY FOR ABUSIVENESS SCALE**

\*\* PART 1

For each of the statements below, please circle the number to the right of the statement that most accurately describes how it applies to you, from 1 to 5.

**1=Completely undescriptive of you, 2= Mostly undescriptive of you, 3= Partly undescriptive & partly descriptive, 4= Mostly descriptive of you,**

**5= Completely descriptive of you**

1. I can make myself angry about something in the past just by thinking about it. 1 2 3 4 5

2. I get so angry, I feel that I might lose control. 1 2 3 4 5

3. If I let people see the way I feel, I’d be considered a hard person to get along with 1 2 3 4 5

\*\* PART 2

For each of the statements below, please indicate how true it is about you by circling the appropriate number.

**1=Never true, 2= Seldom true, 3= Sometimes true, 4=Often true, 5=Always true**

4. I see myself in totally different ways at different times. 1 2 3 4 5

5. I feel empty inside. 1 2 3 4 5

6. I tend to feel things in a somewhat extreme way, experiencing either great joy or intense

despair. 1 2 3 4 5

7. It is hard for me to be sure about what others think of me, even people who have known me

very well. 1 2 3 4 5

8. I feel people don’t give me the respect I deserve unless I put pressure on them. 1 2 3 4 5

9. Somehow, I never know quite how to conduct myself with people. 1 2 3 4 5

\*\* PART 3

Please read each of the following statements and rate the extent to which it describes your feelings about romantic relationships by circling the appropriate number. Think about all of your romantic relationships, past and present, and respond in terms of how you generally feel in these relationships.

**1=Not at all like me, 2= Somewhat like me, 3= Very much like me**

10. I find it difficult to depend on other people. 1 2 3

11. I worry that I will be hurt if I allow myself to become too close to others. 1 2 3

12. I am somewhat uncomfortable being close to others. 1 2 3

\*\* PART 4

How often have you experienced each of the following in the last two months?

**0 =Never, 1= Occasionally, 2= Fairly often, 3= Very often**

13. Insomnia (trouble getting to sleep). 0 1 2 3

14. Restless sleep. 0 1 2 3

15. Nightmares. 0 1 2 3

16. Anxiety attacks. 0 1 2 3

17. Fear of women (for men); Fear of men (for women.) 0 1 2 3

18. Feeling tense all the time. 0 1 2 3

19. Having trouble breathing. 0 1 2 3

\*\* PART 5

Besides each statement, please circle the number of the response listed below that best describes how often the experience happened to you with your mother (or female guardian) and father (or male guardian) when you were growing up. If you had more than one mother/father figure, please answer for the persons who you feel played the most important role in your upbringing. (Father Mother or Guardian)

**1=Never occurred, 2= Occasionally occurred, 3= Often occurred, 4= Always occurred**

20. My parent punished me even for small offenses. 1 2 3 4 1 2 3 4

21. As a child I was physically punished or scolded in the presence of others1 2 3 4.

22. My parent gave me more corporal (physical) punishment than I deserved. 1 2 3 4

23. I felt my parent thought it was my fault when he/she was unhappy. 1 2 3 4

24. I think my parent was mean and grudging toward me. 1 2 3 4

25. I was punished by my parent without having done anything. 1 2 3 4

26. My parent criticized me and told me how lazy and useless I was in front of others. 1 2 3 4

27. My parent would punish me hard, even for trifles. 1 2 3 4

28. My parent treated me in such a way that I felt ashamed. 1 2 3 4

29. I was beaten by my parents. 1 2 3 4

Scoring the PAS: The total PAS score is found by adding the individual item scores. Individuals who score 57 or above are considered at risk for perpetrating emotional abuse and control, as well as physical abuse, upon their intimate partners.

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**DOMESTIC VIOLENCE INTERVENTION/ CHILD ABUSE PROGRAM**

**Definitions – Techniques**

**PHYSICAL ABUSE**

Physical abuse consists of any physical contact perpetrated against another person with the intent to hurt, scare, or intimidate. Such contacts include, but are not limited to touching, pushing, slapping, hitting, punching, or using any foreign object. Such abuse includes but not limited to, use of size, voice volume, or tone to accomplish excising power or control over the victim.

**Stopping Physical Abuse:**

Physical abuse can be stopped by:

1. Recognizing when you are beginning to get angry by monitoring your physical symptoms, such as increased breathing, pulse/heart rate, flushing, clenched fists, or raised voice volume.
2. Taking a time out in which you leave the premises for at least an hour and do brisk walking. During the time out, you must not drive, drink or use drugs, go to places or to people who use drugs, or engage in violent behavior. When you return, you may begin talking to your mate, but if the anger resurfaces, take another time out and when you return do not talk about the problem until you are both calm.
3. Call your group leader and talk to him or her so that the group leader can help you control violence.
4. Call a local hotline, the number of which is (760) 240-8255.

**VERBAL ABUSE**

Verbal abuse consists of any words, phrases, or terms, which are spoken or written with the intent to hurt, intimidate, scare, threaten, demean or belittle the recipient. Such abuse includes voice tone, volume, or body language.

**Controlling Verbal Abuse:**

1. Recognize that you do not hurt those you love or care about.
2. Speak in low, respectful tones.
3. Do not threaten or belittle.
4. Communicate by using “I” statements rather than by using “You” statements or accusatory statements.
5. Never say anything that is meant to hurt, embarrass, shame, belittle, demean, or sadden your mate.
6. Treat your mate the same way you did on your first date when you went out of your way to impress her/him with how worthy a partner you are.

**EMOTIONAL ABUSE**

Emotional abuse consists of creating a climate of control through fear and intimidation. This may be done through statements such as “Do that and you will never see your children again”, “How would you like your employer to find out what you are like at home.” It may be through destruction of pets or property or may be the raising of the hand or fist to create fear and intimidation.

**Stopping Emotional Abuse:**

1. Recognize that your partner has the right to live without fear or intimidation.
2. Pay attention to your own behavior and become aware of when you are manipulating to gain fear and intimidation, and then begin to communicate openly about what it is that you want or feel using “I” statements.

**SEXUAL ABUSE**

Sexual abuse consists of achieving sexual contact by means of force, the threat of force, coercion, of intimidation without her/his permission, or against her/his will. Sex is defined as any contact with the part of another’s body, which is considered a sexual organ, or a sexually erotic part of her/his body. Against her/his will means that she/he has said no or indicated that she/he does not want to have sex.

**Stopping Sexual Abuse:**

1. Realize that sexual abuse is AGAINST THE LAW!
2. Recognize that your partner has the right to engage in sex or not to engage in sex as she sees/he sees fit because she/he has the ultimate right to control what she/he does with her/his body.
3. If you are very sexually turned on, use some other source of sexual gratification, such as masturbation.

**ECONOMIC ABUSE**

Economic abuse consists of controlling money, or access to money, or by restricting the free access to money, credit cards, bank accounts, financial assets, or other financial or monetary resources. Such access can be limited by threats, intimidation, hiding resources, or by requiring the receipt of anything in return for such access.

**Stopping Economic Abuse**

1. Recognize that your partner has the right to joint financial resources under California Law!
2. Recognize that your partner is someone you are involved with and toward whom you have feelings, and that you don’t deprive those you care about of access to money or assets.
3. Give free access to your partner of al assets, accounts and valuables; then talk openly with her/him about money management issues with respect and dignity.

**I have received a copy of this document.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Name (Please print) FSM Staff Name (Please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Signature Date FSM Staff Signature Date

Family Systems Management

# FEE ASSESSMENT ACKNOWLEDGEMENT

As a result of your conviction, you have been ordered to attend a designated program ***at your own expense.***

**The law requires you to pay for services based on your ability to pay.**

(The Treatment Program to which you have been assigned is a privately ran agency and is not subsidized by San Bernardino County)

**You are expected** to provide the program with adequate financial information to determine your ability to pay. Failure to provide the requested information could result in the program charging you the maximum fees allowed. Should you have significant change of financial circumstances, you may request the program to conduct a fee re-assessment. If you are indigent or have a very low income, you may be assigned community service hours in lieu of partial payment. The program may also conduct a fee assessment periodically during the time that you’re in treatment.

You are expected to pay the fees at the time of service, unless otherwise negotiated with the program. You must have your exact weekly class fee, FSM will not provide change The amount of your fees and your payment history will be report to the Court, your DPO and/or your monitoring agency on a quarterly basis or as otherwise requested by the court or referring agency.

**Individual Income**

Net wages, salary, bonuses, tips, commissions $

Net profits from self-employment $

Social security $

Retirement $

Unemployment compensation $

Worker’s compensation $

Veteran’s benefits $

AFDC $

General Relief $

SSI $

Other: $

TOTAL INCOME: \_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROOF OF INCOME SUBMITTED: \_\_\_\_\_\_\_\_YES\_\_\_\_\_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_\_\_

CLIENT DECLINES PROOF OF INCOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You have been assessed the following fees:**

$ Intake/Enrollment Fee Weekly Session Fee $

\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_HRS Community Service Hours Per-Week/Total Hours Ordered

**I certify that I have read and received a copy of this form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Name (Please print) FSM Staff Name (Please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Signature Date FSM Staff Signature Date