

FAMILY SYSTEMS MANAGEMENT

14252 St. Andrews Dr. Suite 1
Victorville, CA 92392

Telephone (760) 955-7374
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)

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: _____

Alleged victim's home phone: _____ Work phone: _____

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? _____

5. Do you suffer from any medical or handicapping disability that your classroom instructor needs to be made
aware of? _____ If "Yes", what? _____

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? _____

7. Closest relative living nearest to you? Name: _____

Address: _____

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

- A. _____ I am quick-tempered.
- B. _____ I have a fiery temper.
- C. _____ I am a hotheaded person.
- D. _____ I get angry when I am slowed down by others' mistakes.
- E. _____ I feel annoyed when I am not given recognition when doing well.
- F. _____ I fly off the handle.
- G. _____ When I get mad, I say nasty things.
- H. _____ It makes me furious when I am criticized in front of others.
- I. _____ When I get frustrated, I fell like hitting someone.
- J. _____ 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. _____

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

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

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Telephone (760) 955-7374
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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

- | | | |
|---|-------|-------|
| 16. Victim is afraid of client: | _____ | _____ |
| 17. Client has threatened the victim in the past: | _____ | _____ |
| 18. Client is very jealous: | _____ | _____ |
| 19. Client has committed other crimes of violence: | _____ | _____ |
| 20. Client has significant drug and/or alcohol problems: | _____ | _____ |
| 21. Victim was seriously hurt: | _____ | _____ |
| 22. Client possesses or is in close proximity to weapons: | _____ | _____ |
| 23. Client appears very bitter towards victim: | _____ | _____ |

Plus 3 points for each true statement

- | | | |
|---|-------|-------|
| 24. Client has threatened to kill/injure the victim: | _____ | _____ |
| 25. Client has stalked victim or others in the past: | _____ | _____ |
| 26. Victim has violated restraining orders in the past: | _____ | _____ |
| 27. Client has homicide or manslaughter arrest on record; | _____ | _____ |
| 28. Client has rape arrest on record: | _____ | _____ |
| 29. Client has been diagnosed with mental disorder: | _____ | _____ |
| 30. Victim is terrified of client: | _____ | _____ |
| 31. 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

Client Name: _____ Date: _____

FSM Pre-Test: Please circle your answer for each of the following questions:

1. What is the primary goal of an intimate partner violence program?
 - A) Punishing the abuser
 - B) Empowering the victim
 - C) Changing abusive behavior
 - D) Legalizing violence

2. Which psychological theory is commonly used in intimate partner violence programs?
 - A) Psychodynamic theory
 - B) Cognitive-behavioral theory
 - C) Humanistic theory
 - D) Behavioral theory

3. What is the first step in cognitive-behavioral therapy for anger management?
 - A) Recognizing triggers
 - B) Suppressing anger
 - C) Blaming others
 - D) Reacting impulsively

4. Which factor is not typically considered a risk factor for becoming a batterer?
 - A) Witnessing domestic violence as a child
 - B) Having a high income
 - C) Substance abuse
 - D) Low self-esteem

5. What are the phases of the cycle of violence?
 - A) Tension-building, explosion, reconciliation, honeymoon
 - B) Honeymoon, abuse, detachment
 - C) Denial, anger, acceptance
 - D) Fear, manipulation, justification

6. Which of the following is NOT an effective communication skill?
 - A) Active listening
 - B) Assertiveness
 - C) Stonewalling
 - D) Using "I" statements

7. Which component is essential in a successful apology in the context of intimate partner violence?
 - A) Explaining reasons for the behavior
 - B) Expressing remorse
 - C) Blaming the victim
 - D) Minimizing the impact

8. True or False: Domestic violence is limited to physical abuse only.
 - a) True
 - b) False

9. What is the most common form of abuse in domestic violence situations?
- A) Physical abuse
 - B) Financial abuse
 - C) Emotional abuse
 - D) Sexual abuse
10. What percentage of domestic violence incidents involve alcohol or substance abuse?
- A) 10%
 - B) 25%
 - C) 50%
 - D) 75%
11. In the context of power and control in abusive relationships, which behavior is an example of using intimidation?
- A) Insulting the partner's appearance
 - B) Controlling finances
 - C) Threatening harm
 - D) Encouraging independence
12. What does each letter of the S.T.A.R. System stand for?
- a) Shift, The, Acquired, Response
 - b) Stop, Think, Act, Reward
 - c) Situation, Timing, Aggression, Repercussions
 - d) Stop, Thinking, About, Responding
13. Which is an effective coping strategy for managing anger more healthily?
- A) Bottling up emotions
 - B) Engaging in physical exercise
 - C) Isolating oneself
 - D) Escalating arguments
14. Which of the following is an example of emotional abuse?
- a) Physical assault
 - b) Threats of harm
 - c) Name-calling and belittling
 - d) Destroying property
15. What is the significance of accountability in the context of a batterer intervention program?
- A) Blaming external factors
 - B) Taking responsibility for one's actions
 - C) Denying any wrongdoing
 - D) Shifting blame to the victim

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The M.A.S.T.
(Michigan Alcoholism Screening Test)

Telephone (760) 955-7374
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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 drinking 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 patient 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 others. 1 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 exercising power or control over the victim.

Stopping Physical Abuse:

Physical abuse can be stopped by:

- A. 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.
- B. 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.
- C. Call your group leader and talk to him or her so that the group leader can help you control violence.
- D. 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:

- A. Recognize that you do not hurt those you love or care about.
- B. Speak in low, respectful tones.
- C. Do not threaten or belittle.
- D. Communicate by using "I" statements rather than by using "You" statements or accusatory statements.
- E. Never say anything that is meant to hurt, embarrass, shame, belittle, demean, or sadden your mate.
- F. 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:

- A. Recognize that your partner has the right to live without fear or intimidation.
- B. 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:

- A. Realize that sexual abuse is AGAINST THE LAW!
- B. 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.
- C. 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

- A. Recognize that your partner has the right to joint financial resources under California Law!
- B. 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.
- C. 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