

# Intervene NOW! Participant Contract



\* This agreement is between SOCIAL CHANGE Services, a for-profit company owned and operated by Lori Steffen, 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:

## 1. COMMITMENT TO NONVIOLENCE

Initials \_\_\_\_\_

- I will not use physical, emotional, or sexual violence towards others, or myself.
- I will not use verbal and mental abuse toward others, including all threats of violence or suicide, name-calling, or intimidation.
- I will not physically, sexually, verbally, or emotionally abuse my children.
- I will not injure or destroy pets or property as a means to hurt or control others.
- I will not engage in abuse of drugs or alcohol, and will not in other ways inflict harm upon myself.
- 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.
- I will not withhold child support, not 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 behavior.
- 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).
- 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.

## 2. SOCIAL CHANGE SERVICES COMMUNICATION WITH OTHERS

Initials \_\_\_\_\_

- I have correctly given SOCIAL CHANGE Services the address and phone number of my partner, ex-partner (wife or girlfriend), and/or complainant as well as my own, and will immediately inform SOCIAL CHANGE Services of any changes therein.
- I understand SOCIAL CHANGE Services may contact my partner, ex-partner(s), and/or complainant to tell that person when I started the program, explain the commitment to nonviolence which I have made, tell her when I stop attending, report my progress, invite her to evaluate my progress, refer to women's support programs or suggest other options for her children's safety and wellbeing, and give her or her

counselor or agent any or all information that SOCIAL CHANGE Services, in its sole discretion, deems necessary. I understand that her reports of good progress and/or that I do not need to be in the program etc. will not necessarily be used to determine successful or unsuccessful completion of the class.

- 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.
- 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.
- Should I become involved with the court or 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.
- I will cooperate with future requests to sign additional release forms.
- I understand that information will be shared by SOCIAL CHANGE SERVICES staff under circumstances including:
  - If we are ordered by the court to testify or release records.
  - 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.
  - 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.
  - 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.
- Reports to probation officers and others will include:
  - Reoffenses of violence towards anyone
  - Violations of court orders
  - Missed appointments and compliance with other program rules
  - Program progress
  - Information relevant to safety, assessment and treatment planning

### 3. WAIVER OF CONFIDENTIALITY

Initials \_\_\_\_\_

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 any legally binding confidentiality privileges which are available to clients of licensed social workers, psychologists or physicians. I do understand, however, that SOCIAL CHANGE Services will share information only as agreed upon in this agreement or as required by the law or the legal system.

#### 4. COMMITMENT TO GROUP CONFIDENTIALITY

Initials\_\_\_\_\_

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

Initials\_\_\_\_\_

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

#### 6. ATTENDANCE AND FEE REQUIREMENTS

Initials\_\_\_\_\_

- I am expected to attend every session. I agree to pay \_\_\_ per meeting. I must pay as I go. I will not be allowed to attend if I do not bring payment. 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 will pay for the missed class.
- 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, doing extra homework that covers the topic of that class, but also having extra sessions added to the minimum requirements).
- 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.
- There will be additional fees for the intake interview, the exit evaluation interview, and any other meetings which are deemed necessary for continuation or successful completion of this program.

#### 7. OUTSIDE SERVICES

Initials\_\_\_\_\_

If related personal problems exist or surface, such as alcohol or drug abuse, or mental health problems, I will seek appropriate treatment as a condition of my continued involvement with SOCIAL CHANGE Services. I will cooperate with measures to assess such problems, if so requested by SOCIAL CHANGE Services.

#### 8. DURATION OF PARTICIPATION IN PROGRAM

Initials\_\_\_\_\_

Participants are generally expected to participate for a minimum of a year as part of the requirements for successful completion, unless program staff and referral source have agreed upon a shorter time.

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:

- **Identifying and expressing your feelings appropriately**
  - Client learns how to use Time-Outs in a non-controlling manner in order to avoid committing violence.
  - Client can identify and express feelings in journal entries and/or in class discussions.
  - Client has learned to identify physical and behavioral signs of anger.
- **Conflict and stress management skills**
  - Client demonstrates ability to manage stress effectively.
  - Client has been violence free for at least six months.
  - Client can reduce emotional stress, as well as de-escalate self, through positive self talk.
  - Client is able to share knowledge of these concepts with others.
- **Recognizing effects, signs and indicators of domestic violence**
  - Client understands the different types of abuse, and the effects that each can have on victims, as well as children who witness the abuse.
  - Client is able to recognize minimization, denial and blaming in self and others.
  - Client acknowledges complete responsibility for his/her violence.
  - Client is able to teach peers behavioral skills and educational concepts.

**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.
- Client does not have an untreated substance abuse problem.                      **Initials**\_\_\_\_\_

**I understand that I may be terminated from this program if I do not abide by this agreement, 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** \_\_\_\_\_

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