

CLIENT NAME: _____ OTHER PARENT'S NAME: _____

CHD # _____ FCS # _____ CASE # _____

Intake Therapist: _____

Intake #1 Date: _____ Intake #2 Date (if needed) _____

The Center for Healthy Development

1. Keep in mind that the Safe Families class is NOT appropriate for any family where there has been severe domestic violence (use of/or threats to use weapon, threats of death, injury), recent domestic violence (within the last 6 months), ongoing threat of violence or ongoing significant risk of violence, ongoing alcohol/drug abuse, or any indicator of untreated mental illness (thought disorder, bipolar disorder, impulse control problems, etc.).
2. Keep in mind as you conduct this interview that in addition to the situations mentioned above, you will be assessing for: ability to benefit from the group intervention; violence to self and others; and any other concurrent treatment needs.
3. Please make sure before starting the interview that you have the Client Information sheet completed.
4. Please explain confidentiality and its limits as well as mandated reporting of abuse before conducting this interview. **This is repeated in the Structured Intake for the Safe Families: A Group Intervention for Parents with Children at Risk.**
5. Please have the client sign the two (2) attached copies of the policy statement; one is for their files and the other is for our files.
6. Explain the Oath of Confidentiality for the class and have the parent sign the document.

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NEW SKILLS & CHOICES PARENTING PROGRAM INTAKE

Class Enrollment Requirements and Policies

(Please read to parent and ask for questions)

The Center for Healthy Development

100 N. Winchester Blvd., Suite 260
Santa Clara, CA 95050

1. Both parents must have an intake interview and be enrolled in the same class series; otherwise enrollment will be delayed. If both parents cannot start at the same time, we will ask you to take the matter back to court or work it out between yourselves and then contact CHD staff.
2. Each parent will be responsible for their own fee based on their household income. If the parent qualifies for First 5 funding (there is a child in either household under the age of 6 years), and at least one parent lives in a FIRST 5 qualifying zip code area, there will be a co-pay of \$ _____ per parent for each intake session and each group session. The total program fee will be determined when a specific program has been assigned. Each parent will pay for the intake interview and at least six (6) group sessions in advance. The remainder must be paid in full by the halfway point of the program.
3. We are asking you not to initiate any new litigation to modify custody or visitation during the New Skills and Choices Program unless there is an emergency; however, you do have a right to do so.
4. There will be no passing of court papers, support payments, subpoenas, mail, or personal items in the CHD building or parking lot. This policy is designed to maintain a safe environment for both parents. The only exception to this policy is if it has been previously agreed upon in a co-parent session held at The Center for Healthy Development (CHD) and both parents have agreed.
5. CHD staff will not appear in court to testify and will not subject CHD, its records or staff to subpoena and we will not talk to court mediators, assessors, or evaluators. This is your understanding as a condition of your enrollment in the New Skills and Choices Program.
6. Attendance at the first class of any New Skills and Choices Program is mandatory. You will be terminated from the New Skills and Choices Program for any of the reasons listed below; if you are terminated, Family Court Services and the other parent in your case will be notified.

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- a. Absences: You will be allowed one (1) absence from the Parents in Conflict Program and will be terminated if a second (2nd) absence occurs. You will be allowed two (2) absences from the Safe Families Program and will be terminated if a third (3rd) absence occurs. Please arrive on time for class. You will be denied entry to class if you are more than 10 minutes late; this will be considered an absence and can result in termination. If you are terminated, it is your responsibility to re-enroll by the end of your originally assigned class. There are no refunds.
 - a. Disruptive Behavior: You are expected to participate in the classes in a respectful manner and not be disruptive to the other members of the class. If the class facilitators feel that your behavior is disruptive or disrespectful, you will be asked to leave that class and it will count as an absence. At the facilitator's discretion, you may also be terminated from the New Skills and Choices Program.
 - b. Fees: We ask for the cost of the intake appointment and the entire class series at the time of the intake. If you are not able to do this, the minimum that we can accept is the cost of the intake appointment and six (6) classes. The remaining balance is due by the halfway point in the program. If the fees are not paid in full by the fourth (4th) class of the Parents in Conflict Program, you will be terminated. If the fees are not paid in full by the sixth (6th) class of the Safe Families Program, you will be terminated. There are no refunds.
 - c. Substance Use: Alcohol and/or drug use will not be tolerated. Individuals who appear to CHD staff to be under the influence of alcohol or other substances will be asked to leave immediately and will be terminated from the class.
7. At the completion of a New Skills and Choices Program, you will be given a certificate noting each class session that you attended. You are responsible for providing a copy of the certificate to Family Court Services.
 8. This intake will not be considered complete until all requested documents are provided to CHD. These include, but may not be limited to, a copy of the court order requiring attendance in this program, a copy of each parent's photo identification, a copy of any current restraining orders, and a copy of any criminal convictions.
 9. Sessions may be video taped exclusively for consultation with our New Skills and Choices Programs consultation group, staff training purposes and facilitator education. These tapes will be erased or recorded over.

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10. The clinicians working at CHD are mandated reporters by the State of California and are required to report any disclosures or suspicions of child abuse, elder abuse, or dependent adult abuse. Further, if either parent says anything that leads the intake therapist or group facilitator to suspect that he/she intends to harm herself/himself or another person, then those disclosures or suspicions would also be reported to the proper authorities.
11. Please arrive on time for class. You will be denied entry to class if you are more than 10 minutes late.
12. For safety reasons, we ask you to come to these sessions alone except for a neutral support person who may accompany you to and from the CHD offices, and who may wait for you in areas adjacent to CHD or in the parking area but not on the premises. Do not bring any individual who has ever been abusive or violent, or who you have reason to believe is at risk for being abusive or violent, to you, your children, or any other person.
13. Your signature signifies your understanding of, and agreement with, the policies of the New Skills and Choices Program at the Center for Healthy Development.

Parent (Please print): _____ **Date:** _____

Parent Signature: _____

Intake Therapist (Please print): _____ **Date:** _____

Intake Therapist Signature: _____

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OATH OF CONFIDENTIALITY

I, _____, agree with the Center For Healthy Development's Oath of Confidentiality. This means that I will share no knowledge regarding the identity of group members nor discuss any information disclosed by group members when I am outside of CHD sessions. This includes, but is not limited to, the halls and parking lots at CHD. However, I understand there may be some exceptions to the rules of confidentiality (such as in court ordered cases, or situations of danger wherein an individual expresses intent to cause serious harm to oneself or another).

Group Member's Name (Please print legibly)

Group Member's Signature

Date

Witness/Group Facilitator's Name (Please print legibly)

Witness' Signature

Date

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RECENT FAMILY HISTORY:

1. Who has legal custody of your child/children? _____
2. Did you bring a copy of the court order? _____
3. **How long were you and the other parent together?** _____
4. How recent was the separation? _____
5. ***Do you have a current parenting and visitation plan?** _____
 - a.) **Is it completed?** _____ Yes _____ No _____ Temporary _____
 - b.) **Please describe:** _____
 - c.) **Where do the exchanges take place?** _____
7. Are you and the other parent on speaking terms? _____
8. Are you able to be in the same room as the other parent and be respectful? _____
9. ***How recent was the separation?** _____
10. ***How many court filings have there been over custody and visitation?** _____
How many have you initiated? _____
11. ***Is there a pending case in Family Court?** _____ If yes, what is the issue? _____

***Status:** _____ Mediation _____ Assessment _____ Evaluation _____
12. ***Have there ever been any recent incidences of domestic violence?** _____
If yes, please describe: _____

13. ***Is there any history of stalking?** _____
14. ***Are you presently or have you ever had to live in the shelter?** _____
15. ***Do you have a confidential address?** _____ If yes, why? _____

16. ***Do you have any felony criminal charges against you?** _____ If yes, what are they? _____
17. ***Do you have any past or pending DV felony criminal charges against you?** _____
If yes, what are they? _____
18. Do you have any criminal convictions? _____ If yes, what are they? _____

19. Have you been enrolled in a 52 week Batterer's Intervention program, Parenting without Violence or Anger Management program? _____
If yes, where? _____

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20. ***Are there restraining orders in place?** _____ (If yes, please attach a copy to the file.)
21. ***Have the police been called to enforce the order?** _____
22. When was the most recent incident? _____
23. ***Number of times the police have been called?** _____
24. Please give us a brief history of any incident that resulted in a restraining order?

25. ***Please describe in as much detail as possible the kind of conflict or violence your child (ren) has witnessed between you and the other parent.**

26. ***Have there been allegations of either physical or sexual child abuse?** _____
27. ***Has there been a Child Protective Services report?** _____
28. Who made the report and describe the complaint? _____

29. How many reports to CPS have there been and who made them? _____

30. Date of most recent report? _____
31. ***Does the child have supervised visits or exchanges with either parent?** _____
If yes, please state where, with whom, why (DV related?) and for how long has this happened? _____

RELATIONSHIP HISTORY:

32. Are you presently married or living with someone? _____
If yes, what is their name? _____
33. Do they have any children living with you? _____
If yes, please provide name(s) and age(s): _____

34. How many times have you been married or lived with someone else? _____
35. Do you have any children from other relationships? _____
If yes, please provide name(s) and age(s): _____

36. Are there any children with special needs? (This would be a child that is not developing as the parent would like or has any concerns about cognitive/physical

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development including ADD or ADHD-like symptoms)? _____

(If so and family qualifies for FIRST 5 free assessment: Provide parent with the phone number for the Center for Achievement & Learning: 408-793-5959.

37. ***How do you coordinate (how successful/problematic) with the other parent a consistent schedule for the youngest child about feeding, sleeping, medical care and changes in the child's daily needs?** _____

38. Who is your primary support person in parenting your child (ren)? _____

39. What do you think is the reason for the separation from the other parent? _____

40. ***If you were able to identify it, what would you indicate is the primary reason you and the other parent cannot resolve your disputes?** (*Watch for "other" focus and follow up*). _____

41. ***In what ways has the behavior of your child (ren) changed since your divorce or separation?** _____

42. Do any of your children have behavior problems at home? _____

43. ***How do you discipline your children?** _____

44. Is your discipline working? Why/why not? _____

45. How were you disciplined as a child? _____

46. How does your child (ren) perform at school? Do they have academic or behavioral troubles? If yes, what interventions have been tried? _____

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47. Has counseling been recommended? If yes, is your child(ren) currently in therapy and has it been helpful? _____

48. ***Do you believe your child could benefit from a support group for children for children with separated parents?** _____

49. Is your child's teacher aware of the ongoing conflict between you as parents?

50. How does your child (ren) handle conflict with peers? _____

51. How do you respond to your child (ren)'s conflict with siblings or peers?

52. ***Were the police ever called because of your behavior towards your former partner or children?** If yes, please describe (How many times?) _____

53. What are your worries for your child (ren)? _____

FAMILY OF ORIGIN HISTORY:

(Intaker: Be aware these questions will lead the client away from the current life situation, so do not let them ramble. The point is to gather information on how they learned to interact in spousal/parental relationships.)

54. How long were your parents married or together? _____

55. If divorced, how old were you? _____

56. Do you have any brothers and sisters? _____

57. What reason were you given for your parent's separation? _____

58. What do you remember feeling about their divorce/separation? _____

59. What were the custody arrangements? Were you able to see both parents? _____

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60. Was there drug or alcohol abuse by either parent? _____
If yes, what substances did they abuse? _____

61. Was there domestic violence in your parents' relationship? _____

62. Were you physically or sexually abused as a child? If yes, by whom? _____
If yes, please describe _____

***DANGEROUSNESS RISKS:**

63. What was the most violent episode you recall from your childhood? _____

64. ***What was the most violent thing you did in your youth?** _____

65. How were you disciplined/ arrested for that violence?

66. Have you ever physically abused or mistreated an animal? YES NO
If yes, please describe the incident(s): _____

67. Have you ever been arrested for anything else? _____

68. ***What, if any, weapons do you own (guns, knives, etc.)? Check court orders – most DV convictions are not allowed to own weapons. If not a probation referral, surrendering weapons to a third party should be a condition of participation in the contract.** _____

69. What access to others' weapons do you have? _____

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70. If yes, please describe your experience with weapons. _____

_____.

71. Have you ever served in the military? YES, Number of years: _____ NO
If yes, did you receive special training? YES, What? _____ NO
If yes, please describe your combat experience. _____

_____.

72. Have you had any police training or experience?
YES, Number of years: _____ NO
If yes, please describe where and what kind. _____

_____.

73. Have you had any experience as a security officer of any kind (including as a bar
bouncer)? YES, Number of years: _____ NO
If yes, please describe what kind of experience and for how long. _____

_____.

74. Were you or a sibling ever sexually molested or abused by a family member or
anyone outside your family? YES NO
If yes, please describe. _____

_____.

EMOTIONAL HEALTH:

75. Have you ever attended a domestic violence or parenting without violence
program in the past? YES NO
If yes, how many weeks did you participate and what was the outcome?

_____.

76. Have you ever participated in a support group for victims? _____
Where? _____ Are you still in the group? _____

77. Are you presently in counseling and/or have you ever received counseling or
psychotherapy in the past? YES NO

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If yes, please describe when and for what reason(s). _____

78. What pressures or stresses do you currently experience? _____

79. Describe any extremely distressing experiences you have had in your life: _____

****(Intaker: Watch for signs of dissociation or other difficulty with the next questions. If client is unable to complete the PTSD assessment, or if the number of symptoms is high, the client may be inappropriate for the group. Check with a supervisor to determine if individual therapy should be recommended to resolve some of the trauma before group is attempted.)***

80. Do you currently experience any of the following?

- | | |
|--|--|
| _____ Nightmares | _____ Loss of memory for aspects of distressing events |
| _____ Flashbacks to distressing events | _____ Feeling detached or estranged from other people |
| _____ Intrusive thoughts of distressing events | _____ Difficulty falling or staying asleep |
| _____ Re-experiencing distressing events | _____ Irritability or outbursts of anger |
| _____ Distress or anxiety related to cues from distressing events | _____ Difficulty concentrating |
| _____ Going out of your way to avoid reminders of distressing events | _____ Easily startled |

81. Have you ever been in or would you consider being in counseling to get help for the number of the experiences we just talked about? _____

82. What would it be like for you to be in a group of people who shared their stories about violence?

83. How would you rate your self-esteem currently on a scale of 1 – 10, with 10 being highest? _____

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84. How would you rate each of your children's self-esteem currently on a scale of 1 – 10, with 10 being highest? _____

85. How would you rate your happiness currently on a scale of 1 – 10, with 10 being highest? _____

86. ***How often do you drink alcohol and how much do you drink?** _____

87. ***How often do you use other drugs, and in what amount?** _____

88. ***Do you believe that you currently have or *ever* had an alcohol or drug problem?** YES NO
If yes, please describe: _____

89. ***Have you ever been arrested or convicted due substance related offenses?**
YES NO If yes, please describe: _____

90. What are your hopes and/or expectations of participation in this class? _____

