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.
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.
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.
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: ______________________________________________________
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
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: _________________________________________________
6. 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? _______________________________________________
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
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? ______________
Has counseling been recommended? If yes, is your child(ren) currently in therapy and has it been helpful? ____________________________________________

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

Is your child’s teacher aware of the ongoing conflict between you as parents?

How does your child (ren) handle conflict with peers? ________________________________

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

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

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.)

How long were your parents married or together? ________________________________

If divorced, how old were you? __________________________________

Do you have any brothers and sisters? ________________________________

What reason were you given for your parent’s separation? ______________

What do you remember feeling about their divorce/separation? ________________________________

What were the custody arrangements? Were you able to see both parents? ______
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? _________________________
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?
NO

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
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?  ____________________________
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? ________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________