



A New Life Is Possible One Step at a Time
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WA State Certified Domestic Violence
Perpetrator Treatment Program
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Treatment Program Contract

1. Treatment Requirements

- Understand that our program philosophy is based upon:
 - 1) The victim may not be blamed for the participant's abuse
 - 2) The perpetrator must stop all forms of abuse
 - 3) An abuser is to be held accountable for the abuser's actions
 - 4) The program's primary concern is for the safety of victims.

- To Complete Treatment (Exit Criteria):
 - 1) Complete both Phase 1 and Phase 2 requirements.
 - 2) Cooperate with all program rules throughout treatment.
 - 3) Stop any/all physically violent and threatening behaviors.
 - 4) Awareness and decrease of other forms of abuse, including controlling behaviors, while a client.
 - 5) Demonstrate ability to be nonabusive and noncontrolling in relationships.
 - 6) Develop and adhere to a Responsibility and Action Plan.
 - 7) Comply with court orders, other treatment conditions, and programs (i.e., Work Crew, Electronic Home Confinement, Work-Release, Substance Abuse Treatment, No Contact Orders, etc.).
 - 8) Sign all required releases of information.

- Phase 1 Requirements
 - 1) Complete a minimum of 26 weekly group sessions.
 - 2) Submit 15 journals.
 - 3) Read the treatment book twice and provide proof of completed assignments.

- Phase 2 Requirements
 - 1) Complete a mutually agreed upon schedule of group or individual sessions or combination of both not to be less than 6 monthly group sessions.
 - 2) One Feeling and Behavior journal or Control journal/each session.
 - 3) Keep Responsibility and Action Plan up to date.

_____ Client's initials

2. Attendance Policy

- Sessions are offered on a weekly basis with the minimum treatment consisting of 26 weekly sessions followed by a minimum of 6 monthly sessions. **Both of these periods are determined between client and counselor, based upon the client's group participation and ability to apply treatment in outside relationships.**
- You are responsible for maintaining consistent attendance, including selecting one group time that works best for you and making necessary adjustments to your work and personal schedule (including childcare; routine medical/dental appointments, etc.); as well as securing adequate and reliable transportation to/from group. Inability to maintain at least 50% attendance may result in dismissal from program.
- You are expected to attend weekly group sessions and are allowed 2 excused absences during Phase I to be used at your discretion. Additional absences for any reason (except for medical/family emergencies; court-mandated treatment, hearings, or incarceration; or inclement weather) will be considered unexcused.
- If you miss group unexcused, you will be charged your normal fee for the missed group, payable at the next group.
- If you arrive more than five (5) minutes late for your session, you will only be admitted at the discretion of the group leader.

- You must notify your group leader within 24 hrs. of your group time when an emergency prevents you from attending group. The leader will determine if your reason is judged to be an emergency. If deemed an emergency, please provide documentation of proof upon your return.
- If you are going on vacation or will otherwise have a pre-planned absence, please give your leader a note with your name and exact dates that you will be missing the group, as well as your date of return to group.
- You must be clean and sober the day of the group or you will be asked to leave the group without a refund. This session will be considered an unexcused absence.
- On any phone messages please leave a return phone number. Most business should be taken care of before or after group. Adequate time is given after the end of group to do so.

_____ Client's initials

3. Financial Terms and Conditions

Fees are as follows:

Intake/Assessment Fee	\$35
Group Session Fee	\$25 (Buy 4, Get 1 Free = \$20/Session)
Treatment Manual	\$25

- You are responsible for making consistent payments for services rendered.
- This is a "fee for service" program whereby you are receiving a service for a fee. Fees are due when the service is provided, unless prepaid.
- Clients who attend session without payment are expected to make payment before/at their next session. Failure to make up a missed payment under these conditions will result in suspension (not allowed to attend w/o payment) from the program. Absences due to suspension do not require payment. Two consecutive absences, due to inability to pay for services, will result in dismissal from the program.
- Payments may be made with cash, money order, cashier's check, or personal check in the exact amount of fee for service. Please make checks payable to: *Brad Peterson* or to: *A New Life Christian Counseling*.
- There is a return check fee of \$5 (due upon receipt) in the event of a NSF/Returned check, and we will no longer accept your checks for the remainder of the program.
- If cash payment is greater than the fee, the balance will be credited towards future fees, if no "change" is available.

_____ Client's initials

4. Confidentiality

- A Release of Information must be signed by the client as a condition of treatment to cover all agencies, legal entities, and relevant others involved in your case. These contacts may be consulted both during intake and during treatment.
- You are required to maintain confidentiality of group members, including their identity and personal, identifying information about them.
- This program may audio or video tape group sessions only when all participants grant written consent that gives details about the specific use(s) for the tape. We will obtain an additional consent statement from each participant to permit use of the tape for any purpose other than the purposes specified in the original consent.
- As required by Washington State Law, your right to confidentiality has the following limitations:
 - 1) Apparent danger to self or others or grave disability as a result of a mental disorder will be reported to the County Designated Mental Health Professionals.
 - 2) If reasonable cause exists to suspect child abuse, a report will be made to Child Protective Services.
 - 3) Threats made against a specific victim are reported to that person and the police.

_____ Client's initials

5. Administrative Requirements

- Report any changes to your address and/or phone number(s) to your facilitator in writing.
- Make and keep copies of all contracts, letters, notices, journals, letters, as well as any payment receipts as verification of your attendance and participation.
- Be prepared each group with your Treatment Manual, as well as extra paper/notebook for taking notes.

_____ Client's initials

6. Reports

- Reports regarding your attendance and progress are sent monthly to the referral source.
- Copies of monthly reports, or up-to-date progress reports, are available upon request at group sessions.
- Special letters, or progress reports requested outside of group sessions, will be charged a \$15 fee, payable at your next session. You must pay an additional consultation fee (\$50/hr.) for any individual time required to develop this report that exceeds 15 minutes.

_____ Client's initials

7. Group Use of Building

Our office is shared by other service professionals, therefore respect and courtesy towards the building, its grounds, its tenants, and other clients and occupants is requested.

- Please use center parking in middle of lot before 6 PM. Please do not block or impede driveways or fire lanes. After 6 PM, you may park in the front spaces, near the building.
- If you smoke, please smoke in your car and dispose of all butts and other litter properly.
- If you arrive more than 15 minutes early, please wait in your vehicle or quietly in upstairs office waiting area near the conference room. Please take care to not disturb other tenants or clients.
- No Bicycles, muddy boots/shoes, or excessively smelly or dirty clothing allowed in building. Please take precaution to carry extra clothing and shoes, if necessary, as well as a bike lock, if riding a bike.
- No FOOD is allowed in group room. Beverages are permitted unless causing a distraction.
- Please silence your CELL PHONE upon entering group room and discreetly leave the room during group if you must answer an emergency call.
- Please be courteous and respectful of others in building when entering/leaving building by not crowding or conversing in hallways, doorways, or stairwell.

_____ Client's initials

8. Session Length

- Group sessions are 90 minutes.
- You will not receive credit for a missed group or any group attended less than 50% (45 minutes).

_____ Client's initials

If you re-offend during the course on your treatment you will be required to start the program over from the beginning.

I have read and understand the terms and conditions of the treatment contract. I agree to abide by these standards. I also understand that any attempt to distort relevant material will be grounds for dismissal from treatment. I also understand that my program standards are set to meet the state requirements of WAC 388.60-140 which takes precedent over any terms and conditions of the treatment contract.

Client Signature

Date

Witness Signature

Date