

CORNERSTONE COUNSELING BATTERERS PROGRAM INTAKE

Client Name _____ DATE _____

Criminal Case Number: _____ DOB _____

Family Law Case Number: _____

Court City _____

Probation County and Office Name _____

Home Address _____ H Phone _____

City _____ Cell #(s) _____

EMAIL1# _____ Email #2 _____

Drivers License # _____ Other ID Type _____

Victim Name _____ Birth Date _____

Victim Home Address _____ H Phone _____

City _____ Cell #(s) _____

EMAIL1# _____ Email #2 _____

Your Employer Name _____ Job Title _____

Work City _____ Annual Income \$ _____

Employer City _____ Years with company _____

Emergency Contact: Name _____ Phone _____

Attorney's Name (If Court Case) _____ Phone _____

Children's Names _____ Age _____ School _____ Issues? _____

Substance Abuse and Symptoms (Past and Current): _____ **Treatment:** _____

Past Arrest Charges (number and words) _____ **Year** _____ **Plea** _____ **Consequence?** _____

Do you own or have in your possession firearms, knives, or any other kinds of weapons? _____

Y _____ **N** _____ **If yes, please explain** _____

What do you expect to learn from this program? _____

Who can we call in the event of an emergency: _____ **Cell:** _____

Email of Contact: _____

Home Address of Contact: _____

CORNERSTONE COUNSELING BATTERERS PROGRAM INTAKE

Client Name _____

DATE _____

CORNERSTONE DOMESTIC VIOLENCE PROGRAM CONTRACT

- 1) I agree to pay my established fee of \$ 35 per class by two hours prior to the start of the class (Venmo/Zelle/Apple Pay/Cash). If I do not pay my fee I will not get a seat in the class that session and it may count as an absence and I will be charged an absence fee equal to my regular program fee.
- 2) I know I will not be considered completed with my financial commitment to Cornerstone if I do not pay all fees in full. I know I need to call **at least 24 hours** prior to missing a class or I will be charged **\$35** for that absence due the next day. Additionally, individual makeup options may be done with approval by Cornerstone/Court. Fee for those is **\$70 per session**.
- 3) I understand my regularly schedule program is held on zoom. I know that I am expected to attend attend a minimum of **52 sessions** Batters **Intervention (BIP) or other specified amount by the court**.
- 4) If I miss a program for any reason other than jail time or hospitalization, it will be counted as **one** of my **three allotted absences** for the 52-program program and I will be charged for the absence my usual session fee. Internet, Fires, Utility, Zoom issues and other absence reasons will need to be investigated to see if those will be counted or be excused. No Refunds will be issued if your class is no longer needed by Court or Probation.
- 5) I agree to allow Probation Staff to monitor and participate in my group treatment program and I will participate as usual. I also agree to allow the contents of my case file to be reviewed by the Ventura County Probation Department representatives.
- 6) I know that recording of any session is prohibited. I know I must demonstrate motivation to change the violent and coercive behavior. I agree to attend program sessions free of chemical influence unless previously approved by the group facilitator. I understand that if I violate this rule, I will be told to leave program that day, receive no credit for that session, and still be responsible for my establishehd fee for that day. Probation will be notified of this violation.
- 7) I agree to regularly and honesty participate in program sessions by arriving on time, followin all ZOOM rules as outlined on contract **Page 9**, honestly discussing my past violence and abuse, and completing all assignments.
- 8) I understand that if Cornerstone personnel determine that my behavior in program is disruptive or inappropriate in any way, I will be asked to leave that session and could be terminated from the program.
- 9) I understand that Cornerstone Personnel will attempt to contact the **victim** and any legal or social services personnel involved in my case. I agree to provide Cornerstone Personnel with the victim's phone number and will not to interfere with these contacts and her cooperation with the program. I understand that contacts will include (but are not limited to) this contract, discussions about my past violence, progress in using teachings, additional acts or threats of violence, and a risk assessment of potential violence. She will be encourage to report all abuse to the Police and Probation Officer.

Name of victim: _____ Last Phone: _____
Last Address: _____

- 10) Due to the nature of the program process and the fact that it often involves making a full disclosure with regard to many matters that may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you (the patient) nor your attorney, nor anyone else acting on your behalf will call on any Cornerstone Personnel member to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. If, however, you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$300 per hour for preparation, travel, and attendance at any legal proceeding.
- 11) I know my progress in the program will be disclosed in **Progress Reports** and telephone conversations with law enforcement and Probation Officers. These will contain: My attendance record, financial record, acts of additional abuse, threats or violence on others, cooperation and participation in the program. Facilitators will make judgements of my comprehension of program teachings and my attitude toward others. Also noted are my acceptance of responsibility for past or current abusive behavior. Other points that facilitators deem appropriate will also be included.
- 12) I agree to binding arbitration if any legal issues arise with Cornerstone Counseling Center and/or any of the Cornerstone Personnel. I agree to pay all legal expenses and loss of income incurred Cornerstone Counseling Center and/or any of the Cornerstone Personnel due to this action.

CORNERSTONE COUNSELING BATTERERS PROGRAM INTAKE

Client_Name _____

DATE _____

- 13) If at any time I become unfit for the program either due to mental health issues, substance abuse, or my overall attitude toward change (i.e., unwilling to follow contract terms, participation requirements, display aggressive actions, etc.) I will be notified that I should take a time-out, leave the program and Cornerstone will write up facts of this event and send this to Probation. You will be instructed on how to proceed with your Batters Treatment Program.
- 14) This program is not Individual Mental Health counseling. If you need individual mental health counseling, psychiatric treatment, psychological assessment, and/or substance abuse treatment, Cornerstone staff will refer you to other professionals for those services.
- 15) This program will not include any advise or teaching on personal legal matters. We do not have attorneys on staff and do not offer legal advice. See an attorney for those services.
- 16) I know that my attendance and progress is not a guarantee of termination of violent behavior.

Limits to your CONFIDENTIALITY

- I understand that **Cornerstone Personnel** will attempt to contact the victim in the case while I am in the program. I agree to give **Cornerstone Personnel** the victim's phone number and will not to interfere with these contacts and her cooperation with the program. I understand that contacts will include (but are not limited to) discussions about my past violence, progress in using teachings, additional acts or threats of violence, and a risk assessment of potential violence and all comments can be used in progress reports.
- I understand and grant permission for **Cornerstone Personnel** to contact my Probation Officer, all other treatment and providers, and any other persons connected with my case. I understand that progress reports will be written by Cornerstone personnel and will be submitted to the appropriate agency for review and can be passed to other providers if I transfer.
- If I am determined unsuitable for treatment at any time by Cornerstone staff, I will be asked to leave the program. I know that I may return to the program if my status of suitability changes. Cornerstone will inform Probation of this termination and note all facts.
- I will keep all comments made by other program members confidential. I know I am prohibited from disclosing of any information obtained through participation in the group or during group sessions regarding other participants in the program, their victims and/or current partners, and anyone else whose name is mentioned in group. This does include conversations, events, and the identity of other participants in the program. Violation of the terms of the confidentiality agreement shall require the removal of the defendant from the program and immediate return to Court
- Cornerstone could call and speak to **anyone** who answers my phone numbers regarding my case.
- I know that I must notify Cornerstone personnel of any additional **acts of violence or threats of violence**. Cornerstone Personnel will first encourage me to self-report them to Probation and law enforcement. Cornerstone Personnel will report these to Probation immediately. I know that if Cornerstone facilitators determine that I am a danger to the person or personal property of another, they will report it to law enforcement and attempt to warn the potential victim and any foreseeable bystanders.
- I understand that if Cornerstone personnel assess that neglect, emotional or physical abuse of children, dependent adults or elders has occurred or is occurring, Cornerstone personnel will **immediately** make a phone report to Protective Services followed with a written report in 36 hours.
- If Cornerstone personnel determine I have obtained a weapon, Cornerstone personnel is required to report this to police and Probation.
- If you are determined by Cornerstone personnel to be a danger to **self**, Cornerstone personnel will disclose such information to those we deem necessary to attempt to prevent you from self-harm.
- Cornerstone staff can share confidential information with the Batters Intervention Program Providers' Committee. The committee is comprised of program providers and probation officers supervising domestic violence cases in Ventura County. The committee oversees domestic violence cases and program standards. I authorize the release and exchange of all information, including but not limited to diagnosis, treatment plan, prognosis, progress, clinical test results, dates of treatment, client records, and summary of treatment to the above recipient solely for the purpose of case management and continuity of care. I understand that I have a right to receive a copy of this authorization. I also understand that any cancellation or modification of this authorization must be in writing.
- I will not hold Cornerstone Personnel liable for violating confidentiality for any reasons as noted.

Client Signature _____

Property of Cornerstone Counseling Center – Return to the Office at Time of Intake - 2025 Intake

Date _____

CORNERSTONE COUNSELING BATTERERS PROGRAM INTAKE

Client_Name_____

DATE_____

What is Domestic Violence (Various Types)?

- **Domestic violence** means willfully or recklessly causing or trying to cause bodily injury to a household member or placing a household member in fear or serious injury. There are many ways of exerting power and control over another person which are considered violent.
- **Physical Violence:** This includes striking, hitting, grabbing, slapping, shoving, pushing, kicking, choking, scratching, punching pulling, hitting with weapons or objects, stabbing or shooting.
- **Emotional Violence:** This includes a systematic attempt to control another person's thinking and control of another person's behavior by the threat or perceived threat of violence.
- **Sexual Violence:** This occurs when someone forces another person to have sexual contact by means of physical force or threats. Included are oral sex, sodomy, or forced sex with objects or with other people.
- **Economic Violence:** This involves control of another person's behavior through the threat of economic repercussions.
- **Verbal Abuse:** This involves consistent degradation of another person verbally.
- **All** these types of violence are ways in which someone can dominate, control and intimidate another person.
- **All** these types of violence have serious psychological and physical consequences for the victim and for the unintended victim such as children or other household members.

I understand English and have read and agree the above terms and conditions. I understand that my failure to comply with any of the above conditions will likely result in my dismissal from the program and Probation notification. This is always left up to the discretion of Cornerstone Staff.

Client Signature

Property of Cornerstone Counseling Center – Return to the Office at Time of Intake - 2025 Intake

Date

CORNERSTONE COUNSELING BATTERERS PROGRAM INTAKE

Client_Name _____ DATE _____

Client History and Abuse Assessment:

Please answer the following questions as best as you can. If you have any questions, please discuss them with therapist during your intake session.

Childhood information:

Cities you grew up in: _____ Other Facts: _____

Did your parents divorce? Y N If yes – how old were you and who did you live with most of the time?: _____

Where you arrested as a juvenile: y n if yes for what: _____

Did you graduate from HighSchool? Y N Name of School _____

Did you attend college? Y N Did you graduate college?: Y N

Did you consider yourself physically or psychologically abused as a child? Y N

If yes, please explain. _____

Who was the primary disciplinarian in your family? Father Mother Other _____

Please give examples of the types: _____

Did you ever know of or observe a parent or other adult physically or psychologically abuse another person? Y N

If yes, please explain. _____

Did you ever physically attack one of your parents or an adult in the home as a juvenile? Y N

If yes, please explain. _____

Have you ever been a victim of sexual assault by a family member or anyone outside your family? Y N

If yes, please explain. _____

Did you have any problems with violent behavior as a child or teenager? Y N

If yes, please explain. _____

Did you ever abuse a pet? Y N

If yes, please explain. _____

Relationship History:

How did you meet the victim/partner: _____ When? _____

How long were you together: _____ Did you marry?: Y N Marriage date: _____

Any separation? Y N If yes, when, why and for how long?: _____

How many episodes of violence have there been in the past year of the relationship?

Physical Property Sexual Psychological _____

How frequent have these abuse incidents been in the past six months? Please explain. _____

Have you noticed that the violence is increasing in severity and frequency over time? Y N

If yes, please explain. _____

If you have children, have they been involved in or observed any violent episodes between you and your partner? Y N

If yes, please explain. _____

How do you discipline your children? Please explain. _____

What kinds of injuries have your partners in the past sustained as a result of your violence?

Knocked or choked unconscious Bleeding Swelling _____

Wounds from use of weapons Broken nose Broken bones Scratches _____

Bruises Black eye Muscle sprains Needed surgery Other _____

Have you ever sought professional help in the past to stop the violence? Y N

If yes, please explain. _____

Did you or your partner use alcohol or other drugs prior to or during this incident? Y N

If yes, please explain. _____

Client Signature _____

Property of Cornerstone Counseling Center – Return to the Office at Time of Intake - 2025 Intake

Date _____

CORNERSTONE COUNSELING BATTERERS PROGRAM INTAKE

Client_Name _____

DATE _____

Batterers Program Treatment Goals:

The goal of the batterers program is to end the abusive behavior. This shall be achieved by confronting and dispelling the individual batterer's justifications for the use of violence within the relationship. Particular attention should be paid to the belief systems that promote the use of intimidation, violence and coercion against intimate partners and children.

Cornerstone's program curricula include the following themes, as specified in Penal Code Section 1203.097 (c)(1)(F), with cultural, ethnic, sexual orientation and class sensitivity.

- gender roles
- socialization
- the nature of violence
- the dynamics of power and control
- the effects of abuse on children and others

These themes shall be presented through education and group interaction for a thorough exploration and understanding of the following:

1. The specific elements of a violent incident and the forms of abuse including physical, emotional and sexual abuse, economic manipulation or domination, property destruction, terrorist threats, and acts jeopardizing the well-being and safety of children and other family members or friends.
2. Abuse, battering, and domestic violence as defined in this document.
3. Techniques for achieving non-abusive, non-controlling attitudes and behavior.
4. The batterer's intent to obtain power over and control of an intimate partner and how the use of violence and coercion achieves that intention.
5. The willful decision, not "the loss of control", to act violently.
6. Victim blaming, denial, minimizing, and other techniques for justifying the use of violence.
7. Beliefs that facilitate legitimize and sustain abuse and inhibit desistance including misogyny and entitlement/ownership of intimate partners.
8. The support and perpetuation of abuse based on traditional gender roles and privilege.
9. The unacceptable excuse of violence as a cultural norm.
10. The rationales of both majority and minority ethnic cultures, which provide support for denying and minimizing domestic violence, and which prevent widespread community condemnation of the violence.
11. The connections and similarities between domestic violence and racist oppression imposed by the dominant culture.
12. The batterer's identification of all abusive conduct, the pattern of that conduct, and the cultural supports that legitimize or excuse both individual acts and the larger pattern of battering.
13. How heterosexist and homophobic beliefs, attitudes, and behavior contribute to oppression, dominance and control.
14. The destructive impact the use of violence creates upon self esteem, affection, and upon the perceptions of adult and child victims and witnesses of domestic violence.
15. The impact of battering on children and the incompatibility of violence and abuse with responsible parenting.

Client Signature

Property of Cornerstone Counseling Center – Return to the Office at Time of Intake - 2025 Intake

Date

CORNERSTONE COUNSELING BATTERERS PROGRAM INTAKE

Client_Name_____

DATE_____

16. The adverse legal and social consequences imposed for abuse and battering including any violation of the terms of a criminal or civil restraining order.
17. How substance abuse does not cause violence but may substantially increase the risk of injury to victims. The risk of lethality is increased both during intoxication and withdrawal from substances.
18. How childhood events cannot be used to explain, excuse, or condone a batterer's present use of violence.
19. The erroneous concept of inter-generational inevitability of violence without denying the significance and pain of childhood experiences of violence.

Cornerstone Program promotes within the Batterer the following awareness, attitudes, and behavior:

1. Accountability as demonstrated by divestiture of all power and control over the victim/partner.
2. Elimination and reshaping of all behaviors, language, values and beliefs used to maintain power over intimate partners and support abusive conduct.
3. Respect for the equal rights of partners in a relationship.
4. Empathy for victims' experiences.
5. The financial, personal and social costs of abusive behavior to victims and their families.
6. Accountability, as demonstrated by acting promptly and comprehensively in meeting legal and financial obligations and paying restitution for losses to the victim of the battering and abuse.
7. The importance of the batterer demonstrating what has been learned and what commitment to change has been made.
8. The importance of and responsibility to become involved in community efforts to decrease domestic violence by:
 - a. Confronting other abusers in everyday situations.
 - b. Bringing other abusers into the program.
 - c. Encouraging non-violent attitudes and behaviors in the community by participation in educational functions and activities which promote non-violence in relationships.

I understand English and have read and agree the above terms and conditions.

Client Signature
Property of Cornerstone Counseling Center – Return to the Office at Time of Intake - 2025 Intake

Date

CORNERSTONE COUNSELING BATTERERS PROGRAM INTAKE

Client_Name _____

DATE _____

Program Topic Curriculum

CORNERSTONE BATTERERS TREATMENT LESSONS

Lesson	1.	Denial, Accountability, and the Costs of Domestic Violence	3
	2.	Definitions of Abuse, Domestic Violence, Cycle of Violence and Power and Control	5
	3.	Barriers To Change	6
	4.	What Recovering BATTERERS Want You To Know	8
	5.	Batterer Treatment Goals	9
	6.	Domestic Abuse Scale Questionnaire	11
	7.	Time-out! How and When to Take One	12
	8.	Power and Control in Relationships	13
	9.	Equality in Relationships	14
	10.	Comparing the These Two Wheels and Your Examples	15
	11.	Who taught you how to be a Man?	17
	12.	The Non-Violence Model	18
	13.	Response Choices with Your Partner and Others	19
	14.	Matrix of Responses Choices	20
	15.	Video Lesson - Why are you so Angry?	68
	16.	Assertive Requests	21
	17.	How Couples Work Together as a Team	22
	18.	Assertive Refusals and When Saying No Is Necessary	23
	19.	Active Listening Skills	24
	20.	Empathy: What does it mean and how to apply it	25
	21.	Feeling Word Vocabulary	27
	22.	Moods, Reactions and Meds and Guidelines to Fair Fights	28
	23.	Parenting Toolkit	29
	24.	Assertive Expressions: Definitions and Practice	30
	25.	The Power of Language	32
	26.	Motivation and Visualization and Communication Roadblocks	33
	27.	Anger Triggers	34
	28.	Identifying High Risk Situations	35
	29.	General Differences in Men's And Women's Communication Styles:	36
	30.	Things Partners do to Abuse Each other	37
	31.	Stress Signals and Relief	38
	32.	Understanding Jealousy	39
	33.	Stages of A New Relationship and How to Manage Them	40
	34.	Critical Moment Log Lesson	41
	35.	Adversity Response Choices (AQ) and Cognitive Distortions	42
	36.	The ABCD Format	43
	37.	Managing Tasks	44
	38.	Coaching Boys into Men	45
	39.	Why Battered Women Stay	46
	40.	Video Lesson – Telling Amy's Story (Verizon)	68
	41.	Batterer Thinking and Codependence and Managing Holiday Stress	47
	42.	Cultures and Characteristics	48
	43.	The Bully vs. The Bullied	49
	44.	Steps to De-Escalate Conflicts in Relationships	51
	45.	Drug Use and Anger	52
	46.	Checklist of symptoms leading to Relapse (For Addictions or Violence)	53
	47.	16 Motivators of Life	54
	48.	Networking Lesson (NQ) and the LCS Exercise	55
	49.	Couples Communication Model	56
	50.	Lesson on Attitude and Change – Part I and Dialogue Facts	57
	51.	Lesson on Attitude and Change – Part II – Your Legacy	58
	52.	The Road Map of Your Life Lesson	59
	53.	Work Trap – Balancing Work and Family	60
	54.	7-Step Model to Setting and Achieving Your Goals	61
	55.	Workplace Assertiveness	62
	56.	Lesson on Life – Sorting Through the Messages	65
	57.	Lesson on Life – Moving Toward Acceptance and Gratitude	66
	58.	Lesson on Life – Success, Money and Stuff	67
	59.	Video Lesson – Unforgivable (John Ritter)	68
		Reminders and Resource List	69

I understand English and have read and agree the above terms and conditions. Subject to change by Cornerstone.

Client Signature _____
Property of Cornerstone Counseling Center – Return to the Office at Time of Intake - 2025 Intake

Date _____

Cornerstone Counseling Center – Online Rules

805-390-6384

Ventura – Simi Valley – Thousand Oaks – Chatsworth – Agoura Hills

Scott Barrella, MS LMFT – Clinical Director and Facilitator

- All above contractual obligations still apply and you agree to these conditional online terms.

Virtual Group Rules

1. Camera must be on at all times (even if you leave and go to bathroom)
 2. Full face to top of shoulders in camera at all times
 3. If outside must have headphones/earbuds and be alone with back against wall
 4. No face masks allowed must see entire face
 5. No walking around
 6. No smoking
 7. No cooking
 8. No eating a meal
 9. Must have good lighting and be seen clearly
 10. Must be alone (if not must have wall behind you with headphones/earbuds)
 11. No Driving
 12. Must not be a passenger in a car
 13. If in a parked car must be alone and must have good lighting
 14. No filters allowed at all
 15. No lying down must be sitting upright directly in front of camera
 16. No watching TV
 17. Not be distracted doing anything other than group
 18. No children over the age of 2 allowed
 19. Participants must be dressed appropriately
 20. No answering or talking on another phone
 21. Provider must have defendant to sign rules at intake
 22. If a rule is broken defendant can be removed from the group with no credit given and no refund of fee
 23. These are not limited and can be amended; other rules will be added if needed
 24. Facilitator/Therapist camera must be on at all times
- If you go off camera or appear distracted, Cornerstone will ask you to conduct a 360 degree scan of your immediate area to ensure you are **alone, not using drugs and are not being distracted**. If you are out of compliance you will be disconnected and you will lose credit for the class.
 - Additional conditions may apply and those are at the discretion of Cornerstone Facilitators.

Client_Name_____ **DATE**_____

Notice of Complaint Process and Form:

- ## How to file a complaint:

- **Cornerstone Complaint Form:**

• Your Name: _____ DOB _____ Date: _____

- _____
- _____
- _____
- _____
- _____
- _____

- _____
- _____
- _____
- _____
- _____
- _____

If you have an urgent problem:

- I understand English and have read and agree the above terms and conditions.**

Date _____