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INTAKE FORM

FILE #

Voluntary

Mandated

Conviction – Pending

Date of Intake: _____

Last Name: _____

First Name: _____

Address: _____

City: _____

Postal Code: _____

Email Address:

Phone (h): _____

Phone (w): _____

Date of Birth: _____

Okay to Leave a Message: Yes No

Day/Month/Year

Emergency Contact Person (ie: spouse, parent, sibling, social worker, etc)

Name: _____ **Address:** _____

Phone#: _____ **Relationship:** _____

First Language: _____

Referred By: _____

Ethnic Background:

Anglo Canadian

North American Indian

Inuit

Aboriginal

Métis

Status

Non-status

Immigrant

recent immigrant (last 5 years)

Other (Specify) _____

Highest Level of Education (# of Years): _____

Employment Status: Full Time Part Time Casual Unemployed
 Student Self-Employed Retired Seasonal
 Homemaker Unable to Work Other: _____

Current Employer: _____ **Occupation/Title:** _____
Length of Employment: _____ **Work Shift:** _____

Served in Military: Yes No

Family Income: Social Assistance
 Gross Family Income
 0 – 9,999 30,000 – 39,000 10,000 – 19,999
 20,000 – 29,000 40,000 – 49,000 50,000 or more

Family Form

(Ex Partner)Partner/Spouse: _____

Phone (h): **Phone (w):** _____

Ethnicity of Partner: _____

Current Relationship Status:

Married _____ Common-Law _____ Separated _____ Divorced _____ Dating _____ Single _____

Length of Relationship: _____ Length of Separation: _____

Partner is accessing counselling: Yes No

Unknown

Restraining Order: Yes No

Past Relationships

Client has had previous long term relationship: Yes No # of times __

Was there Abuse in previous long term relationship? Yes No

Describe length of time & type of abuse: _____

Information regarding your child(ren):

Children:

Name	Sex	Birth date	Child is living with

Children Accessing Counselling: Yes No Unknown

Have you had involvement with Child and Family Services regarding any of the above children?

Past Current None

Reason for involvement?

Name of Worker: _____ **Phone:** _____

Have the children in the household ever seen your abusive behaviour? Yes No

Have you ever been abusive when you believed your children to be sleeping? Yes No

Have the children ever seen your partner with injuries resulting from abusive behaviours? Yes No

Prior Treatment or Counselling: Yes No **Type of Treatment:** _____

Where: _____

When: _____

Diagnosed with Medical Illness: Yes No **Specify:** _____

Physical/Mental Disability: Yes No **Specify:** _____

Reason for coming to the MAPS Program: _____

Who recommended that you come to MAPS? _____

FILE # _____

LEGAL INFORMATION

Have police been called to your home because of violence with the above named person? Yes No
How many times? _____

Have you ever been charged with assault or related crime as a result of domestic violence? Yes No
When? _____

Have you ever been convicted of or plead guilty to a charge related to domestic violence? Yes No
Are you on probation? Yes No

Incident Charge: _____ Current Incident Plea: _____

Probation Officer's Name: _____ Phone #: _____

Conditions of probation: No contact with victim Fine
 Yes Abstain from alcohol/drugs Counselling
 Other: Specify: _____

Dates of Probation: _____ to _____

Any other protection orders in place, i.e. Restraining Order, Exclusive Possession Order, etc?
 Yes No Date of Order: _____

Have you ever been breached for violation of a court order? Yes No

Have you been charged/convicted for other offenses since the age of 18? Yes No
If yes, please describe: _____

DV Arrests: Yes No # of times: __ **Other arrests:**

Do you have access to a gun or rifle? Yes No **Any other weapon** Yes No

Have you ever used violence against others? Yes No

Please Describe: _____

FILE # _____

ALCOHOL AND DRUG USE

- Do you feel that you are a normal drinker?..... Yes No
- Have you ever awakened the morning after some drinking the night before and found that you could not remember part of the evening before? Yes No
- Does your partner (parents, family) ever worry or complain about your drinking? Yes No
- Can you stop drinking without a struggle after one or two drinks? Yes No
- Do you ever feel bad about your drinking? Yes No
- Do friends or relatives think you are a normal drinker? Yes No
- Do you ever try to limit your drinking to certain times of the day or to certain places? Yes No
- Are you always able to stop drinking when you want to? Yes No
- Have you ever attended a meeting of AA? Yes No
- Have you gotten into fights when drinking? Yes No
- Has drinking ever created problems w/you and your partner? Yes No
- Has your partner/family members ever gone to anyone for help about your drinking? Yes No
- Have you ever lost friends, girlfriends/boyfriends because of your drinking? Yes No
- Have you ever gotten into trouble at work because of drinking? Yes No
- Have you ever lost a job because of drinking? Yes No
- Have you ever neglected your obligations, your family, or your work for 2 or more days in a row because you were drinking? Yes No
- Do you ever drink before noon? Yes No
- Have you ever been told you have liver trouble? Yes No
- Have you ever had delirium tremors, severe shaking, heard voices, or seen things that weren't really there after heavy drinking? Yes No
- Have you ever gone to anyone for help about your drinking? Yes No
- Have you ever been hospitalized because of your drinking? Yes No
- Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem? Yes No
- Have you ever been seen at a mental health clinic (gone to a doctor, social worker, clergyman) for help with emotional problems in which drinking has played a part? Yes No
- Have you ever been arrested, even for a few hours, because of drunk behaviour? Yes No
- Have you ever been arrested for drunk driving or driving after drinking? Yes No

File # _____

COUNSELLING HISTORYHave you had previous counselling? Yes No

Reason: _____

Where: _____

Are you presently receiving counselling anywhere else? Yes No

For what reason? _____

If yes, where: _____

Number of Sessions: _____

Have you ever needed any psychiatric help or been diagnosed with a psychiatric disorder? Yes No

Please specify: _____

Have you ever felt suicidal? Yes No

When was the last time? _____

Have you ever attempted to hurt yourself? Yes No

When was the last time? _____

Medical History

Medical concerns/disabilities: _____

How many times in your life have you been knocked unconscious? _____

How many times have you been admitted to the hospital for head injuries? _____

Medication: _____ Reason: _____

FAMILY OF ORIGIN

Type of abuse witnessed in childhood?

 Physical Emotional Sexual Financial

Type of abuse experienced in childhood?

 Physical Emotional Sexual FinancialParents marital status: Married Divorced Separated Never Married Other _____Alcohol/drug dependency in family of origin? Yes No

Whom?: _____

Suicide?: Yes No

Whom?: _____

Mental Illness?: Yes No

Whom?: _____

Amount of time (prior to age 18) spent living with someone other than parents:

_____ In Foster Care

_____ On the Street

_____ In Jail

_____ Other: _____

PRESENT LIFE STRESSORS:

Check any of the following that apply to you:

- | | |
|---|---|
| <input type="checkbox"/> Recent Separation | <input type="checkbox"/> Illness in the family |
| <input type="checkbox"/> Recent Divorce | <input type="checkbox"/> Custody issues |
| <input type="checkbox"/> Financial Difficulties | <input type="checkbox"/> Pending Court Appearance |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Parenting Difficulty |
| <input type="checkbox"/> Other Stressors: Please specify: _____ | |

How long have you experienced these stressors:

- For the past 6 months 12 Months More than 12 months

Where do you get personal support from:

- | | | | |
|----------------------------------|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Partner | <input type="checkbox"/> Church | <input type="checkbox"/> Counsellor | <input type="checkbox"/> Friend(s) |
| <input type="checkbox"/> Work | <input type="checkbox"/> Relatives | <input type="checkbox"/> Other (please specify): _____ | |

These Questions Are To Help You Think About Your Attempts To Have A Good Relationship With Your Partner

PLACE THE NUMBER OF THE ANSWER ON THE BLANK LINE NEXT TO EACH BEHAVIOUR.

0 – NEVER

1 – ONCE

2 – SOMETIMES

3 – OFTEN

How often in the last month have you:

- _____ Discussed issues calmly
- _____ Asked for partner's opinion
- _____ Apologized to your partner
- _____ Left the room to calm down when you felt yourself getting upset
- _____ Listened to your partner
- _____ Talked through a disagreement
- _____ Supported partner's decision to do something for her/him

In the last 6 months has your relationship:

- _____ Become more abusive
- _____ Stayed about the same
- _____ Become less abusive

What are some of the things that you have done to avoid being abusive?

What might happen if you do not stop being abusive?



Agreement for Counselling

The following are the conditions required in counselling at MAPS. These conditions are for the safety of my partner, my family and myself.

By signing this Agreement:

I pledge to avoid violence no matter what the circumstances.

I give permission for MAPS to have contact with my partner. I authorize MAPS to obtain any information relevant to my participation in the Men's Group. I also authorize MAPS to release information to relevant agencies when acting on my behalf.

I understand that if Child Welfare is involved, information regarding my attendance and participation may be provided to my Child Welfare Worker.

I understand that if I am on probation, information regarding my attendance and participation will be provided to my Probation Officer.

I understand that if I am referred by Northern Restorative Justice information regarding my attendance and participation will be shared with the case developer/coordinator.

I understand that, if requested by me, MAPS will provide written confirmation of my group attendance as well as dates of individual counselling.

I understand that the above is the only situation in which MAPS staff will intervene in court proceeding involving me, unless subpoenaed by court.

I understand that this counselling is confidential. **If my counsellor(s) feels there is a risk of violence towards anyone, they will take whatever legal steps necessary to prevent this. This includes contacting the person at risk, the police and/or child welfare if necessary.**

I understand that if I do not speak and understand English I may be referred to another agency. Information may be shared with an agency providing interpreters and the agency I am referred to.

SUPERVISION/OBSERVATION FORM/RESEARCH

I authorize MAPS to use any data from questionnaires administered for research and evaluation purposes. I am aware that data is anonymous to ensure my confidentiality.

FOLLOW UP

I agree to allow my counsellor(s) to contact me after we finish our work so that we can assess what changes I have made.

Client's Signature

Counsellor's Signature

Date _____

MAPS Counselling Contract for Phase I & Phase II of Program

Following initial intake interview, individuals will be referred to either the two stage model for the *Healthy Relationships* group, or to the open and closed group sessions.

In the Healthy Relationships group, there are two stages. The first stage will consist of twelve two-and-a-half-hours (2.5) psycho-educational sessions. The second stage of the group consists of eight one-and-a-half (1.5) hour process-oriented sessions.

We also have the following guidelines and expectations for the Phase I & II Men's programs.

GUIDELINES AND EXPECTATIONS FOR MAP'S GROUPS

Introductory Session: Joining the program requires attending an introductory group, signing the contract, completing the paperwork, and signing the release of information.

Length of the Program: We expect clients to attend 20 sessions to complete this program. If you have not made some progress on the goals as indicated on the MAPS Program Goal Sheet, you may be asked to complete additional sessions as indicated, start the program over, or you may be asked to leave the program.

Attendance: If you miss more than two consecutive sessions, we will be calling you to find out whether you intend to complete the program. Unexcused absences may lead to your discharge from the program. If you have been referred to this program by probation or child welfare, we will be notifying them of your discharge from the program. Excused absences are either absences arranged in advance or those excused by your facilitator.

Guidelines: We expect all group members to be on time for the group, to be alcohol and drug free during the time of the group, to attend on a regular basis, and remain free of abusive behaviour both during and away from the group.

Confidentiality: This means that anything you share with the group or with the facilitators is confidential within the agency. There are three exceptions to confidentiality. One is when child abuse is involved and another is when either yourself or someone else is in danger of being abused or hurt. The third exception is our contact with your current or former intimate partner. To be a part of this program, you will need to sign a release of information so that MAPS can contact your current or former partner.

Client's Signature _____ Date _____ / _____ / _____
Month Day Year

Facilitator's Signature _____ Date _____ / _____ / _____
Month Day Year



Program Goals and Expectations

These are the goals and expectations of the MAPS Healthy Relationships Program. For you to complete Stage I and II, we will expect you to work on each of these areas and show progress in those areas that are challenges for you.

1. **Attendance:** arrives at group session on time; contacts program in advance about absence; has legitimate excuse for absences.
2. **Sobriety:** attends group sober; complying with recommended drug/alcohol treatment.
3. **Non-Violence:** has not recently physically abused partner, children or others - no threats, intimidation or manipulation.
4. **Non-Abusive:** able to give and receive feedback in a respectful manner; not aggressive, behaviour does not result in other group members feeling unsafe.
5. **Mental Health:** mental health issues are not interfering with the group process; if on medication taking medication as prescribed by doctor; involved with individual counselling to deal with mental health issues.
6. **Acceptance:** acknowledges that there has been abuse in an intimate relationship.
7. **Accountability:** admits that violence and abuse exists, not minimizing, blaming or excusing the problem; takes responsibility for own behaviour.
8. **Uses Techniques:** takes steps to avoid abuse; refers to timeouts, self-talk, conflict resolution skills; follows through with homework or recommendations.
9. **Safety Plan:** takes steps to keep himself as well as family members, safe.
10. **Acknowledges Need for Help:** seeks information about alternatives; discusses options with others in the group; open to referrals and future support.
11. **Considerate & Aware:** lets others speak one at a time; acknowledges others' contributions; focuses on own issues; does not take an excessive amount of group time to explore his issues.
12. **Involved:** attentive body language and non-verbal responses; follows topic of discussion.
13. **Openness:** reveals struggles, feelings, fears and self-doubts; not defensive.
14. **Sensitive Language:** uses respectful language; does not use generalizations.
15. **Focuses on Self:** does not blame other individuals or systems for events in his life.

Print Name: _____

Date ____/____/____

Signature: _____

Witnessed by: _____

3. Have you had alcohol or drug issues in your life? If so, please describe the nature of your use.

4. Are you currently on any medication? Are there any medical conditions that you think I should know about?

5. Have you ever had any thoughts of suicide? (If yes, any current thoughts? Any current plan?) Have you ever attempted a suicide? If so, in what manner? What had been the outcome(s)? Have you ever required hospitalization as a result?

FAMILY OF ORIGIN:

1. (genogram family on back page)

2. What was it like growing up in your family?

MAPS

CONFLICT TACTICS SCALE

Name: _____

Date: _____

Measurement #: _____

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences.

Please circle how many times you did each of these things in **the past 7 days**.

If you or your partner did not do one of these things in the past 7 days, but it happened in the past then circle "7".

How often did this happen?

- 1 = **Once** in the past 7 days
- 2 = **Twice** in the past 7 days
- 3 = **3-5 times** in the past 7 days
- 4 = **6-10 times** in the past 7 days
- 5 = **11-20 times** in the past 7 days
- 6 = **More than 20 times** in the past 7 days
- 7 = Not in the past 7 days, but it **did happen before**
- 0 = This has **never happened**

1. _____ I showed my partner I cared even though we disagreed.
2. _____ I explained my side of a disagreement to my partner.
3. _____ I insulted or swore at my partner.
4. _____ I threw something at my partner that could hurt.
5. _____ I twisted my partner's arm or hair.
6. _____ I showed respect for my partner's feelings about an issue.
7. _____ I pushed or shoved my partner.
8. _____ I used a knife or gun on my partner.
9. _____ I called my partner fat or ugly.
10. _____ I punched or hit my partner with something that could hurt.

11. _____ I destroyed something belonging to my partner.
12. _____ I choked my partner.
13. _____ I shouted or yelled at my partner.
14. _____ I slammed my partner against a wall.
15. _____ I said I was sure we could work out a problem.
16. _____ I beat up my partner.
17. _____ I grabbed my partner.
18. _____ I stomped out of the room, house, or yard during a disagreement.
19. _____ I slapped my partner.
20. _____ I suggested a compromise to a disagreement.
21. _____ I burned or scalded my partner on purpose.
22. _____ I accused my partner of being a lousy lover.
23. _____ I said something to spite my partner.
24. _____ I threatened to hit or throw something at my partner.
25. _____ I kicked my partner.
26. _____ I agreed to try a solution to a disagreement my partner suggested.