

STOP Abuse Project

www.StopAbuseProject.org

Start of every group session:

Repeat together the building blocks of a "REAL Man": A real man is honest, accountable, strong, humble, kind, faithful, respectful, has self discipline and is a responsible good citizen who honors his word. He also has goals and a plan for his life.

Everyday, I must take accountability for:

- My actions
- My attitude
- My timeliness
- My financial obligations

(Going around the room) Today, I am thankful for: _____



New members (only) session #1, facilitator lead:

Your testimony must cover the following 10 issues. These are:

1. Lack of honesty in your life
2. Betrayal of others
3. Effects of your behavior on your family.
4. Effects of your behavior on your friends.
5. Effects of your behavior on others (employers, co-workers, teachers, etc)
6. Effects of your crime(s) on others and yourself
7. Effects of your behavior on your health
8. Whether you had lack of control over alcohol/drugs.
9. The role of seeking pleasure or avoiding pain in your past failures.
10. That you are now being honest and sincere, and you are willing to make a commitment to change - you must specify what your commitment to change actually is.

Batterers Intervention Program

Client Name: _____

Case Number _____

Referral Source: _____

PARTICIPANT RELEASE OF INFORMATION

To: _____

I authorize the release of any information I share in this interview to the Batterer's Intervention Program in which I will enroll. Please be advised that this program is under a continuing obligation to disclose any conduct you willfully choose to engage in which poses a threat to the victim, his or her property, or to third persons related to the parties.

(Continuing Duty to Disclose Information, -Fl. R..CR. 3.220(j).)

X

Client's Signature

X

Date

Assessor's Signature

Date

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Group Rules

1. You may not be allowed to join the session if you arrive late. (Timeliness)
2. Turn off all electronics before entering the session. (Respect)
3. You must pay the session fee, the day/time of the group. No Refunds. (Financial Responsibility)
4. You will be asked to leave if you are under the influence of alcohol/drugs. (Integrity)
5. You must refer to the victim of your abuse by their name. (Accountability)
6. You will be asked to leave if you use vulgar, abusive, racist, or sexist language. (Kindness)
7. You must not verbally or physically assault anyone in the group. The facilitator will be the sole judge whether or not your behavior was abusive. (Respect)
8. Members of the "Batterers Intervention Program" may miss up to 2 sessions total. Any missed sessions after 2 will be reported to the court/probation. (Accountability) To rejoin the group, there will be a \$30 "penalty" and all missed sessions must be made up. (Responsibility)
9. To remain in the program, you must participate when called upon and complete homework as assigned. Leaving early, sleeping, or non-participation will result in you not getting credit for that session. (Accountability)
10. You will be expelled from the program if you fail to keep group members identities, or details from group sessions confidential. (Respect)
11. You will be expelled from the session, and possibly from the program if you are uncooperative or disruptive. (Self-discipline)

Note: All violations will be reported to your probation officer and/or the court.

I have read the rules and had them explained to me by the program facilitator. I have also received a copy of these rules.

X

Signature

X

Date

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PARTICIPATION CONTRACT BATTERER INTERVENTION PROGRAM

1. I agree to complete an assessment and attend an orientation session prior to attendance in the group sessions.
2. I understand that I will be held accountable for all abusive and violent behavior both in and out of group sessions.
3. I agree to pay the weekly fee. Failure to pay the fee will result in being removed from the program.
4. I agree to pay the additional fee of \$30, for the course book. Program cannot be completed without course materials.
5. I agree to attend a minimum of 26 weekly group sessions and I must make up all group sessions I miss.
6. I understand that I will not be given credit for any session that I do not attend entirely; have not been assigned to unless authorized; I disrupt and directed to leave; I do not cooperate with the facilitators, or do not complete all assignments.
7. I understand that two (2) successive unauthorized absences may result in my termination from the program. A total of three (3) or more unauthorized absences during the 26-week intervention program shall result in an automatic termination from the program. I understand that terminations will be immediately reported to the court, probation and parole, or other referral source.
8. I agree not to attend a group session if I have used any intoxicating, or mood altering or illegal substances. I agree to inform my facilitator(s) if I am on medication, which could alter my appearances or conduct.
9. I agree to arrive at each group session in sufficient time (15 min) to pay my fee and begin the session on time. I understand that the doors may be locked once the session has begun and I will not receive credit for that group session.
10. I understand that I must complete the program with which I originally enroll unless approval to change programs is obtained from the court, probation and parole, or applicable referral source, the director of the current program I am enrolled in, and the program director of the program I am transferring to.
11. I agree not to prevent BIP staff from contacting my partner/ex-partner. I agree to keep the program informed of my current address, cell phone number, and the known address and telephone number of my partner/ex-partner.
12. I agree to observe confidentiality and not reveal any information about any of my fellow participants outside of group sessions.
13. I understand that any serious threats by me to do bodily harm to the victim or any other person, or threats to commit suicide will be reported to the appropriate authorities, and the victim, court, probation and parole, or other referral source. If there is any belief that child abuse or neglect has occurred, I understand that it will be reported pursuant to section 39.201, Florida Statutes.
14. I understand that this program is under a continuing obligation to disclose any conduct I willfully chose to engage in which poses a threat to the victim, their property, or to third persons related to the parties. (Continuing Duty to Disclose Information. Fla.R.Cr.P. 3.22(j))
15. I agree to complete all assignments and participate in group sessions. I understand that I will be expected to describe in group the abusive and/or violent behaviors that I have used against my partner/ex-partner and will focus only on my own behaviors.
16. I agree to not use sexist, racist, vulgar, aggressive, disrespectful, or homophobic language or other language of hatred in group.
17. I understand that the program may video or audio record any group session for the purpose of internal instruction, education, research or program monitoring.
18. I will develop a responsibility or safety plan that requires awareness of my abusive/violent behavior and patterns. I will work with the BIP program in understanding violence avoidance techniques and use them appropriately.
19. I authorize the certified program to release information to the agency that conducts my collateral treatment, if treatment is sought, and to the court, probation and parole, or other referral source.
20. I understand that I may be terminated from this program if I violate any part of this agreement or if I violate any order against me. Any failure to comply with this contract will be reported to the referral source within three (3) working days.

X

Print Participant's Name

X

Case Number

X

Participant's Signature

X

Date

Program Director or Designee

Date