

# B.R.I.D.G.E.S.

Alisha Guthery Counseling, LLC/ Northwest Family Life

## CONTRACT FOR TREATMENT

### I. PURPOSE/PHILOSOPHY

Our mission at Alisha Guthery Counseling, LLC/Northwest Family Life is to assist individuals and families in finding hope and helping when facing the intense pain of domestic violence. Our primary concerns, both legally and ethically, are victim safety and eliminating violence in the home.

Demanding standards are set for staff, which require extensive education and experience, qualifying them to work in this field. Collectively we aim to provide the most effective treatment possible to assist you in building better relationships and end ineffective patterns of behavior.

By entering this program, you acknowledge a need to become accountable for your behavior. Accountability in this program means that you agree to stop all forms of controlling and abusive behavior, to not blame anyone else, including victims, for your choice of actions, and to be concerned with victim safety and the well-being of others as well as yourself. We require that you commit to this account and agree to follow the program's guidelines in your attempt to make positive changes in your life.

Client initials \_\_\_\_\_

### II. TREATMENT GOALS

Our goal is to facilitate opportunities for healing and change. We honor each person with respect, dignity, and personal responsibility. Our commitment is to provide you with a safe, confidential setting to do your work.

General treatment goals are as follows:

- Protect the safety of all individuals
- Take personal responsibility for one's behavior and remain accountable Understand the effects of abuse
- Change attitudes of power and control in relationships
- Learn skills to recognize and manage emotions
- Heal from the violence and abuse both personally suffered and inflicted on others.
- Develop a healthy support system
- Develop a sense of self-worth

Client initials \_\_\_\_\_

### III. CONDITIONS OF TREATMENT

Alisha Guthery Counseling, LLC/Northwest Family Life

Phone: (206) 372.6782 Fax: (425) 669.9973

aguthery@nwfamilylife.org

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## A. Client Rights:

- To receive services appropriate for your situation;  
To be treated with respect and dignity and receive non-discriminatory
- treatment sensitive to differences of race, culture, language, sex, age, religion,
- disability, marital status, and sexual orientation;
- To be fully informed of:
  - an assessment of your situation in a language you understand
  - your treatment plan (as outlined in this document)
  - the expected length and cost of the program, including fees for all services
- To give input and accept or refuse any proposed treatment.

Client initials \_\_\_\_\_

## B. Client Responsibilities:

- Attend regularly (see attendance below) and pay for services according to your arranged financial agreement;
- Sign consent forms for Alisha Guthery Counseling, LLC/Northwest Family Life staff to exchange information with the victim(s), probation officer(s) and court representative(s), or other treatment agencies;
- Obtain any other evaluation(s) requested by Alisha Guthery Counseling, LLC/Northwest Family Life in a timely fashion;
- Participate in groups, share honest information and respect the confidentiality of other clients. **You must not disclose to anyone outside the group the identity of, or information about, other participants;**
- Follow the conditions of any applicable probation, parole, or other court requirements;
- Report any incidents of violence or controlling behavior to your facilitator before your next group (leaving a voicemail message is sufficient);
- Do not come to a group under the influence of recreational drugs or alcohol;
- Work towards program completion;
- Make a good-faith effort to resolve all complaints regarding the program with the facilitator; and
- Schedule and keep all appointments and keep payments current.
- If a problem with these conditions arises, an attempt will be made to remedy it. However, if the problem persists, it may be grounds for termination of treatment.

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## **C. Conditions Deemed Unacceptable for Complete Intake:**

The participant can be dropped from the intake process for:

- Any effort to coerce, control, or manipulate the program or the intake process
- Any effort to interfere with contact with the victim or to coerce the victim
- Withholding any information for any reason
- Violating any court orders
- Not adhering to the terms and conditions of the program or intake process
- Not complying with other treatment programs
- Any new offenses of any kind, including non-domestic offenses
- Posing too high a risk to self, other, or community in the opinion of the program
- Not having a positive attitude towards personal responsibility and the need for a change of belief systems that support the use of control, abuse, and violence
- In the opinion of the program, other conditions or circumstances compromise our ability to provide safe, effective, and victim-safety-oriented intervention

Client initials \_\_\_\_\_

## **D. Conditions Deemed Unacceptable for Treatment:**

- Acts of violence, abuse, or control, including verbal abuse, name-calling, or threatening behavior
  - Demonstrated lack of motivation
  - Not meeting attendance requirements
  - Not meeting financial obligations
  - Criminal activity, whether “caught” or not
  - Unwillingness to participate in a recommended ancillary treatment
  - Use of the legal system to harass, harm, or control a victim
  - Ongoing sexual disorder
  - Mental illness that interferes with treatment
  - Unwillingness to cooperate with program rules
  - Unwillingness to provide the requested information
  - Severe cognitive impairment
  - Taking legal action, or threatening legal action, against Alisha Guthery Counseling, LLC/Northwest Family Life staff or group members
- We may close your file “non-compliant” if we become aware of the above.

Client initials \_\_\_\_\_

## **IV. CLIENT COMMITMENT**

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## A. Treatment Group:

Treatment Groups consist of up to 12 clients who meet weekly for a 90 minutes class with a facilitator to engage in facilitated interactions and required activities designed to assist the client in their endeavor to attain their specific therapy goals.

Client initials \_\_\_\_\_

## Required accomplishments during B.R.I.D.G.E.S involvement include:

- Committing no physical, sexual, and/or property violence
- Showing an awareness of one's pattern of violence and control (including history, triggers, and specific coping styles and their function)
- Accepting responsibility for personal violence as actions of choice without blaming the victim, others, circumstances, or the relationship
- Demonstrating an ability to tolerate strong thoughts and feelings in one's self and others and responding to them in non-violent, non-controlling, and non-abusive ways
- Attending all group sessions as required (see *Attendance* below); AND Remain current on the payment agreement.

Client initials \_\_\_\_\_

## B. Attendance:

- You are responsible for your attendance.
- Missing three (3) weekly treatment sessions (excused or not) in three months (25%) constitutes "out of compliance" (see below).
- Missing four sessions in a row is grounds for automatic termination from the group.
- If you accrue three missed sessions, you must schedule a make-up session with your facilitator to regain "compliance" regarding attendance. They are \$125 for a 50-minute session.
- Missed sessions without notice are billed the usual fee unless arranged in advance with your facilitator.

Client initials \_\_\_\_\_

## C. "Out of Compliance":

"Out of Compliance" is used when a client violates the treatment contract. The designation is accompanied by serious remedial action (e.g., being set back to the beginning of group treatment). Sometimes, a recommendation may be made to a probation officer to consider legal consequences.

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## D. Confidentiality:

All information concerning the name or identity of any person who has sought treatment or received treatment at Alisha Guthery Counseling, LLC/Northwest Family Life and its affiliates and any information relating to treatment is strictly confidential, except in cases where there are limitations and/or where there is informed consent.

- **Group Confidentiality:** All names and information shared within group settings shall remain confidential. Names or information should not be discussed outside of the group setting.
- **Limitations:** As prescribed by state law, your confidentiality will be limited by the following:
  - Neglect, physical abuse, or sexual abuse of children;
  - Any threats of harm toward a specific person or yourself deemed serious by Alisha Guthery Counseling, LLC/Northwest Family Life;
  - Any reports of direct violation of probation will be reported to your probation officer;
  - Apparent danger to self or others or grave disability from a mental disorder must be reported to the County Designated Mental Health Professional and
  - Limitations as agreed upon by the participant in writing (e.g., on signed Releases of Information).
- **Consent for Release of Information:** This program requires that you consent to the exchange of information about your case to and from all agencies (including prior and current treatment agencies, lawyers, courts, parole/probation officers, and other legal entities) and any relevant persons involved in your situation, including any current intimate partnerships developed while in the treatment program.
- **Case Consultation / Supervision:** Alisha Guthery Counseling, LLC is an affiliate of Northwest family life; as such only Alisha Guthery Counseling, LLC and the directors will have access to your file; however, supervision does occur for each client, and your case will be discussed.
- **Subpoena:** Alisha Guthery Counseling, LLC cannot protect the material in your file against being duly subpoenaed by a court of law.
- **Victim Contact:** Alisha Guthery Counseling, LLC requires your consent to contact any victim of violence you have committed (whether or not you were charged), to advise the victim of your status in the program, encourage the use of available community resources for domestic violence victims, and to verify and assess their safety. Alisha Guthery Counseling, LLC also requires a "Release of Information" for any successive intimate partners in the treatment program to ensure ongoing protection.

Client initials \_\_\_\_\_

## E. Drug and Alcohol Policy:

Alisha Guthery Counseling, LLC/Northwest Family Life  
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- The program's policy regarding the use of drugs and alcohol includes a provision that the participant must attend treatment sessions free of drugs and alcohol.
- You agree to follow the court's treatment requirements if this policy pertains to you.
- You agree to discuss with the facilitator additional treatment recommendations your assessor gave.

Client initials \_\_\_\_\_

## F. Reports:

- Monthly Compliance: Monthly reports of attendance and compliance on standardized forms are provided.
- Special Reports: Special reports, court testimony, and summaries must be requested two weeks before the time you need them. There is an additional charge for these reports, which must be paid before the information is released.

Client initials \_\_\_\_\_

## V. FINANCIAL TERMS AND ARRANGEMENTS

Fees are due at or before the time of service and may be determined by a sliding scale for clients with minimal assets and no applicable insurance. Refusal to keep current on balance may be grounds for being out of compliance or termination. If private-pay fees are unpaid after 60 days, your case may be turned over to collections.

<b>Standard Fee Schedule for B.R.I.D.G.E.S Treatment Program</b>	
On-boarding Meeting (1 hour session)	<b>\$125/hour</b>
Court Reports	<b>\$20/month</b>
Court Testimony (does not include travel time or milage)	<b>\$300/hour</b>
Treatment Group (weekly)	<b>\$50/week</b>
Individual Counseling Therapeutic Phone Calls	<b>\$125/hour</b>
<b>Person(s) or institutions responsible for the bill</b>	
Name:	Contact Information:

Client initials \_\_\_\_\_

By signing the below, I am I understand that if I do not comply with the all of the above agreement, I may be terminated from the B.R.I.D.G.E.S program.

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Alisha Guthery Counseling, LLC/ Northwest Family Life

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Client Signature

Date

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Group Facilitator Signature

Date

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