

Demographic Information

Agency Name: _____

Date: _____

Primary Address: _____

1 - Satellite Address: _____

2 - Satellite Address: _____

List Supervisors (note location if needed)

List Facilitators

Group Types, Days, and Times

Is there an application on file?	Yes	No
Does the agency have more than one location?	Yes	No
If yes, does each satellite office have an abbreviated application on file?	Yes	No
Does the application have a copy of the curriculum?	Yes	No
Is it the same curriculum being used?	Yes	No
Does the application include other instructional material?	Yes	No
Is it the same material currently being used?	Yes	No
Does the application include intake and case management material?	Yes	No
Is it the same material being used?	Yes	No
Does the application include the names of all supervisors and facilitators?	Yes	No
Is the list of supervisors and facilitators consistent with the individuals currently delivering services?	Yes	No
Do all listed employees, have documentation regarding their training on file?	Yes	No

Is there anything in the agency's file that should be noted: _____

Evaluation of Assessment and Intake Procedure

Assessment

Does the evaluation include an assessment of the offender's history of:

Domestic Violence	Yes	No
Child Abuse	Yes	No
Sexual Abuse	Yes	No
Substance Abuse	Yes	No

Does the assessment include a lethality assessment (self & others) Yes No

Does it include a section on social and cultural considerations? Yes No

Is it signed by the offender and a witness? Yes No

If this is the offender's first offense in 7 years are they referred to the 26-week program?

Yes No

If this is the offender's second offense in 7 years are they referred to the 52-week program?

Yes No

If an offender is found to have a physical or mental limitation that keeps them from participating, does the agency refer them to qualified health care service and document such?

Yes No

Does the agency use the Consent Form developed by Nevada's Committee on Domestic Violence?

Yes No

CONTRACT (written agreement between offender and provider of treatment)

Does the Contract include:

An area where the offender agrees to submit a copy of:

The Police report	Yes	No
The Court order requiring him to participate in a program	Yes	No

Agency Name: _____ Date: _____

Any report concerning probation prepared by his parole
and probation officer Yes No

The results of any psychological evaluations Yes No

Sections where the offender agrees to:

Be free of all forms of violence, including, without
limitation, physical, sexual and psychological violence Yes No

Accept responsibility for his violent behavior Yes No

Refrain from using sexist or racist language in the group
counseling sessions Yes No

Pay any fee charged by the program Yes No

Refrain from using any alcohol or drugs during the period
in which he is participating in the program if the provider
of treatment reports that the offender has abused alcohol
or drugs Yes No

Openly express feelings and emotions in the group
counseling sessions Yes No

Refrain from discussing the identity of or communications
made by another offender in a group counseling session Yes No

Refrain from violating an order of a court including,
without limitation, a temporary or extended order for
protection against domestic violence, an order prohibiting
contact with a person who is a victim of domestic
violence by the offender, an order obligating the offender
to support his family, or a condition of probation Yes No

Refrain from communicating with or otherwise contacting
or attempting to contact a victim of domestic violence by
the offender who resides in a shelter for victims of
domestic violence Yes No

Refrain from visiting a shelter for victims of
domestic violence Yes No

Assist the provider of treatment in developing a written
plan of control Yes No

Use the plan of control Yes No

Agency Name: _____ Date: _____

Does the Contract include a section detailing the number of treatment sessions the offender must attend to complete the treatment and the number of absences from treatment sessions that the offender is allowed Yes No

Does it include a section detailing when the program will terminate the treatment of the offender Yes No

Treatment Plan

Is there a treatment plan? Yes No

Does the treatment plan correspond to the material in the assessment?
Yes No

Does the plan include information on:

Attendance Yes No

Participation Yes No

Completion of Assignments Yes No

Behavior & Attitudinal changes Yes No

Is the treatment plan reviewed at least once-a-month? Yes No

Do the facilitator and offender develop a safety plan as part of the treatment plan?
Yes No

Agency Name: _____ Date: _____

Evaluation of Curriculum and Group Process

Victim Issues & Safety

Was there any victim blaming in the group? Yes No

Explain? _____

Was there any evidence of collusion? Yes No

Explain? _____

Did the facilitators seem to believe that domestic violence is a form of a disease,
addictive behavior, or a learned and chosen behavior? _____

Was the group based on accountability and the development of concern and empathy for
victims?

Yes No

Format

Was the group conducted by a female and male facilitator? Yes No

Was the group 1 ½ hours in length? Yes No

Was the group gender specific? Yes No

Was the group size between 3 and 24? Yes No

Number of clients on roster? _____ Number of clients in group? _____

If treating offenders under the age of 18, do they have their own group?

Yes No

Curriculum

Does the curriculum used matched the one approved in the application material?

Yes No

Agency Name: _____ Date: _____

Does the curriculum include:

The patterns and cycle of violent or abusive behavior	Yes	No
How patterns and attitudes toward violent behavior in a family are often learned by the generations that follow	Yes	No
The ability to remove oneself from situations that have the potential of becoming violent before acting in a violent or abusive manner	Yes	No
Beliefs of offenders and myths relating to provocation	Yes	No
The use of a plan of control developed by a provider of treatment	Yes	No
Tactics used by an offender to obtain or maintain power over and control of a person who is a victim of domestic violence, including, without limitation, isolating the person, emotionally abusing the person, sexually abusing the person, intimidating the person and threatening the person	Yes	No
Methods of controlling violent behavior	Yes	No
Management of stress	Yes	No
Socialization of roles relating to gender and the effect of those roles on the beliefs and attitudes of the offender relating to his violent behavior	Yes	No
Resolution of conflict	Yes	No
Skills for effective communication	Yes	No
Taking responsibility for engaging in violent behavior	Yes	No
Personal and cultural attitudes toward the opposite sex	Yes	No
Cultural and societal bases for engaging in violent behavior, including, without limitation, values and beliefs relating to violent behavior	Yes	No

Agency Name: _____ Date: _____

Does the curriculum include (Con't):

Defining alcoholism and other forms of substance abuse and discussing the effect that substance abuse has on an offender and his family

Yes No

Skills related to parenting that focus on the effect of domestic violence on children

Yes No

Skills related to enhancing personal relationships

Yes No

Guilt and shame experienced by an offender relating to his violent behavior

Yes No

The ability to share power and decision making equally in a personal relationship

Yes No

Using a model for personal relationships that is based on nonviolence and equality and that incorporates the concepts of accountability for one's own behavior, negotiation, fairness, and equality concerning economic issues

Yes No

Identifying signs of a relapse in behavior and methods of preventing such a relapse

Yes No

Agency Name: _____ Date: _____

Evaluation of Facilitator

Facilitator Name: _____ Gender: _____

Is the facilitator on the original application? Yes No

If no, is there written approval from the Nevada Committee on Domestic Violence? Yes No

Do they have a Bachelor's degree or higher? Yes No

If no, is the population less than 50,000 and:

No other program within 50 miles? Yes No

Person has necessary skills and training to do job? Yes No

Meets all the other necessary requirements of a facilitator Yes No

Have they complete the original 30 hours of approved victim focused training? Yes No

Have they complete the original 30 hours of approved perpetrated focused training? Yes No

Have they completed 60 hours of in-service training? Yes No

Did the in-service training consist of participation and observation of a group, and then a discussion with providers and supervisor(s)? Yes No

Was any of the in-service training done by video tape? Yes No

If so, is the population under 50,000? Yes No

Was the tape approved by the Nevada Committee on Domestic Violence? Yes No

After viewing the video tape, did the person meet with another provider or supervisor to discuss the tape? Yes No

Agency Name: _____ Date: _____

Has the person ever been convicted of a crime involving moral turpitude? Yes No

Is the person free from violence in their own life? Yes No

Is the person currently abusing drugs or alcohol? Yes No

Have they earned at least 15 hours of approved training each year, for the last two years?
Yes No

If not approved, have they submitted a request to the Committee to have the training approved?
Yes No

Have any of those trainings been taken and counted within the last two years?
Yes No

Evaluation of Paperwork, Documentation, and Procedure

Victim Issues & Safety

Are the forms and files concerning victims kept separate from offender files?
Yes No

Who would a victim talk to? _____

Are they knowledgeable about safety planning? Yes No

About local victim services? Yes No

Who runs the shelter, and contact information? Yes No

Do they always instruct the victim to leave the relationship? Yes No

Does this agency provide couples counseling? Yes No

If Yes, do they provide counseling to couples where someone is in or was in violence intervention?
Yes No

If Yes, did the offender complete the program? Yes No

Does the victim feel safe and have a safety plan? Yes No

Has an offender received credit for violence intervention work because of previous A/D counseling?
Yes No

Have any of the offenders been ask to complete A/D counseling **prior** to their enrollment in Violence Intervention?
Yes No

Financial

Is there a written policy regarding sliding-scale fees? Yes No

If yes, what is it? _____

How are indigent clients noted in files or case management material? _____

Agency Name: _____ Date: _____

Has anyone been denied services solely on financial reasons? Yes No

If yes, explain? _____

Are there at least 5% of clients deemed indigent? Yes No

What percentage? _____

Written Reports

Do the written reports submitted to referral sources include:

Information on child Abuse Yes No

Information on Elder Abuse Yes No

Information on Domestic Violence History Yes No

 Including Information from Collateral Sources Yes No

Lethality Assessment (self and others) Yes No

Substance Abuse History Yes No

Social and Cultural considerations Yes No

Is the written report submitted in a timely manner (< 14 days)? Yes No

Is the report consistent with the evaluation? Yes No

Confidentiality

Are offender files kept in a secure location? Yes No

Are victim Files kept in a secure location? Yes No

Are facilitator and employee files kept in a secure location? Yes No

Does confidentiality appear to be appropriately maintained? Yes No

Progress Notes

Are progress notes completed on clients? Yes No

Agency Name: _____ Date: _____

Are they completed in a timely manner?	Yes	No
Are they done in a clear and informative manner?	Yes	No
Are they signed by the facilitator, with the appropriate credentials?	Yes	No
Is there any evidence that they were reviewed by a Supervisor?	Yes	No

Discharge Documentation

Once an offender completes the program and has adhered to all the rules in the contract, are they given a Certificate of Completion?

Yes No

Are offenders discharged or terminated if they:

Move?	Yes	No
Transfer to another program?	Yes	No
Violate the rules in the contract?	Yes	No

When an offender is discharged, does the agency notify:

The referring agency?	Yes	No
The offender, asking him to continue or have the court refer him to another program?	Yes	No

When an offender of concern is discharged, does the agency:

Notify each victim if possible?	Yes	No
Report the progress, concern, and recommendations to:		
Parole/Probation?	Yes	No
Prosecuting Attorney?	Yes	No
An agency providing protective services?	Yes	No
Require the offender to continue treatment or refers them to another program?	Yes	No

Evaluation of Supervisor

Have a Masters or Doctorate degree in a clinical human service from an accredited college or university?

Yes No

Have current license as psychologist, MFT, CSW, or MD? Yes No

If no, then do they have written approval from the committee to perform as a supervisor?

Yes No

Have at least 2 years of experience in supervising services to victims of perpetrators of domestic violence?

Yes No

If no, was the person employed on or before 8/2000?

Yes No

Have they completed the original 30 hours of victim issues training?

Yes No

If no, was the person employed on or before 8/2000?

Yes No

Have they completed the original 30 hours of perpetrator training?

Yes No

If no, was the person employed on or before 8/2000?

Yes No

Have they completed 60 hours of in-service training? Yes No

If no, was the person employed on or before 8/2000?

Yes No

Have they been convicted of a crime involving moral turpitude?

Yes No

Agency Name: _____ Date: _____

Are they free from violence in their own lives? Yes No

Do they abuse alcohol or drugs? Yes No

Do they conduct a monthly review of 10% of the records for each provider doing services?

Yes No

If yes, how do they document this, and how do they use this in supervision?

If no, why not, and what do they do instead? _____

Do they prepare an annual report concerning the performance of each provider?

Yes No

Were these reports forwarded to the Nevada Committee on Domestic Violence?

Yes No

Have they earned at least 15 hours of approved training each year, for the last two years?

Yes No

If not approved, have they submitted a request to the Committee to have the training approved?

Yes No

Have any of those trainings been taken and counted within the last two years?

Yes No

Facilitator Questionnaire

Name: _____ Gender: _____ Date: _____

Agency Name: _____

Supervisor's Name: _____

Days and Times you Co-Facilitate Groups: _____

1) Highest degree earned:

A) High School Graduate B) College Graduate C) Masters degree D) Doctorate

2) I work an average of _____ hours per week at this agency.

A) 0-10 B) 11-20 C) 20-40 D) 40-60 E) Over 60

3) Please check all types of supervision you receive with the corresponding frequency.

<u>Type of Supervision</u>	<u>Frequency</u> (Once yearly, Once quarterly, Once a month, Not Available, etc.)
Individual	
Group	
Observation of Group	
Observation of Assessments	
Critique of Written Material and Assessments	

4) How long have you worked with domestic violence offenders? _____

5) Have you ever worked with victims of domestic violence? Yes No

If yes, for how long and in what capacity? _____

6) In the event of an emergency during group, who would you call? _____
What is that phone number? _____

7) Have you ever been convicted for an alcohol/drug related charge? If so, how many times?

A) No B) Yes (Indicate Number of convictions) _____

8) Have you been convicted for any violence-related behavior? If so, how many times?

A) No B) Yes (Indicate Number of convictions) _____

9) Who operates the local victims' shelter? _____

10) What do you see as the primary purpose or mission for Batterer Intervention Programs? _____

10) When was the last training you attended? And, what did it cover? _____

11) Do you participate on any committees, councils, task forces, or boards concerning domestic violence? If so, explain: _____

12) How would you describe the model of treatment used here? The curriculum? _____

Thank you for completing this questionnaire.

Correctional treatment Consulting

Preliminary Analysis – The Application and Submitted Material

Agency Name: _____ Location (City): _____

Is there an application on file? Yes No

Does the agency have more than one location? Yes No

 If yes, does each satellite office have an abbreviated application on file? Yes No

Does the application have a copy of the curriculum? Yes No

 Is it the same curriculum being used? Yes No

Does the application include other instructional material? Yes No

 Is it the same material currently being used? Yes No

Does the application include intake and case management material? Yes No

 Is it the same material being used? Yes No

Does the application include the names of all supervisors and facilitators? Yes No

 Is the list of supervisors and facilitators consistent with the individuals currently delivering services? Yes No

Do all listed employees, have documentation regarding their training on file? Yes No

Is there anything in the agency's file that should be noted: _____

4) I work an average of _____ hours per week at this agency.

- A) 0-10 B) 11-20 C) 20-40 D) 40-60 E) Over 60

5) How long have you worked with domestic violence offenders? _____

6) Have you ever worked with victims of domestic violence? Yes No

If yes, for how long and in what capacity? _____

7) How long have you supervised employees and counselors in the domestic violence field? _____

8) In the event of an emergency during group, who would facilitators call? _____

_____ What is that phone number? _____

9) Have you ever been convicted for an alcohol/drug related charge? If so, how many times?

- A) No B) Yes (Indicate Number of convictions) _____

10) Have you been convicted for any violence-related behavior? If so, how many times?

- A) No B) Yes (Indicate Number of convictions) _____

11) Who operates the local victims' shelter? _____

12) What do you see as the primary purpose or mission for Batterer Intervention Programs? _____

10) When was the last training you attended? And, what did it cover? _____

11) Do you participate on any committees, councils, task forces, or boards concerning domestic violence? If so, explain: _____

12) How would you describe the model of treatment used here? The curriculum? _____

PLEASE ATTACH THE FOLLOWING:

1. Current copy of your license.
2. Documentation of your CEU training for the last 1 ½ years
3. Last annual report concerning the performance of all facilitators.

Thank you for completing this questionnaire, and providing such an important community service.

Correctional treatment Consulting

Supervisor's Questionnaire

Name: _____ Gender: _____ Date: _____

Agency Name: _____

Names of all persons Supervised: _____

Do you Co-Facilitate any of the offender groups? If so, please provide the Days and Times:

1) Highest degree earned:

A) High School Graduate B) College Graduate C) Masters degree D) Doctorate

2) What licenses do you currently hold? _____

3) Please check all types of supervision you provide to facilitators with the corresponding frequency.

<u>Type of Supervision</u>	<u>Frequency</u> (Once yearly, Once quarterly, Once a month, Not Available, etc.)
Individual	
Group	
Observation of Group	
Observation of Assessments	
Critique of Written Material and Assessments	