

APPENDIX B:
INTERVIEW QUESTIONNAIRES

Supervising Officers -Telephone Survey #1

Name of Supervising Officer: _____

Probation Officer__

Parole Officer__

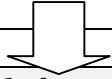
Survey #1 <input checked="" type="checkbox"/> Yes	Administer to all supervising officers
Survey #2 ___ ___ Yes No	Did you supervise sex offenders in Colorado Communities before the development of the Standards and Guidelines (before 1996)? When did you start supervising sex offenders? (enter year ___ __)
<p><i>The supervising officer may have several offenders in the CASE FILE SAMPLE. You need to get the therapist names for all of these offenders.</i></p> <p>FILL IN OFFENDER NAMES IN CASE FILE SAMPLE BEFORE THE INTERVIEW</p> <p>IF THE SUPERVISING OFFICER DOES NOT CURRENTLY SUPERVISE THE OFFENDER IN THE CASE FILE, FIND OUT IF ANOTHER OFFICER DOES OR WHAT HAPPENED TO THE OFFENDER</p>	Do you still supervise (_____) <input type="checkbox"/> =yes,0=no Offender's Name _____ If yes, who is their current tx provider _____ If no, who does or what happened? _____
	Do you still supervise (_____) <input type="checkbox"/> =yes,0=no Offender's Name _____ If yes, who is their current tx provider _____ If no, who does or what happened? _____
	Do you still supervise (_____) <input type="checkbox"/> =yes,0=no Offender's Name _____ If yes, who is their current tx provider _____ If no, who does or what happened? _____
	Do you still supervise (_____) <input type="checkbox"/> =yes,0=no Offender's Name _____ If yes, who is their current tx provider _____ If no, who does or what happened? _____

Use the introduction that describes the surveys to be administered (USE ONLY ONE):

Introductions:

Check appropriate box for this provider	
<input type="checkbox"/> Survey #1	<i>"I'd like to ask you some questions about your work with sex offenders and the other members of the sex offender treatment and supervision team. The interview should take about 45 minutes."</i>
<input type="checkbox"/> Surveys #1, #2	<i>"First I'd like to ask you some questions about your work with sex offenders and other members of the sex offender management team. Then I'd like to ask a few questions in regard to the standards and guidelines and changes you may have perceived since their initial implementation The interview should take about an hour."</i>

**Q5. When did you first receive training on providing supervision to sex offenders?
(insert year) — —**



Confirm that this was before or after the officer began supervising sex offenders by looking at the cover sheet.

- 1 Before officer began supervising sex offenders
- 0 After officer began supervising sex offenders
- 2 Has not yet received any training
- 8 Can't remember. (If officer does not remember just ask if it was before or after supervising sex offenders)



Q6. What type of training did you receive? (code up to 4)

Q7. Do you receive additional training or continuing education specific to sex offenders? (5.223)

- 1 Yes
IF YES, how often: _____
IF YES, what type of training: _____
- 0 No
- 8 Been here less than a year

Q8. Do you feel like you have an adequate amount of training to supervise sex offenders?

- 1 Yes
- 0 No. What would be useful?

(for probation officers)  (for parole officers) 
Q9. Do you attend SOS(Sex Offender Supervision) or RAM(Risk Assessment Management) Meetings?

- 1 Yes. How often _____
- 0 No
IF NO, do you attend an alternative to an SOS or RAM meeting?
 - 1 Yes. What? _____
 - 0 No. Would you like to attend something like this?

Q10. Have you ever attended the monthly SOMB meetings?

- 1 Yes, how many times? _____
- 0 No

Q11. Have you ever served on any of the SOMB sub-committees?

- 1 Yes, which? _____
- 0 No

"THE FOLLOWING QUESTIONS ARE ABOUT HOW YOU EXCHANGE INFORMATION WITH THE OFFENDER'S TREATMENT PROVIDER"

Q12. In general, how often do you talk to the treatment provider about specific cases?

(DO NOT READ RESPONSES, but circle as many as apply--try to get somewhat specific responses. For instance, if the respondent says "all the time," try to narrow that down. If s/he says "sometime a lot and sometimes never," try to find out in which situations the respondent speaks to the therapist frequently, and in which situations they never speak. Then try to code the responses in the following categories: add others if necessary)

- 1 Between daily and weekly
- 2 More than monthly but less than weekly (e.g., 2-3 times a month)
- 3 Monthly
- 4 Every couple of months
- 5 Never
- 6 For specific situations (depends on offender, when offender is "high risk", as needed, for deception)
- 7 Varies (probe, e.g., when do you and when do you not talk to therapists: _____
_____)
- 8 Other: _____
- 9 Other: _____

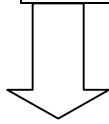
Q13. Do you receive WRITTEN progress reports from treatment providers for sex offenders on your caseload? DO NOT READ

- 0 No
- 4 Get updates through telephone calls. How often? _____
- 3 Sometimes, depends on provider. How often? _____
- 2 Sometimes. How often? _____
- 1 Yes. How often? _____

IF THEY RECEIVE PROGRESS REPORTS ASK Q14 AND COMPLETE THE TABLE BELOW:



Q14. What types of information do you typically receive about the offender in progress reports? DO NOT READ (Probe "anything else")



If the respondent indicates that s/he receives a "generic check list" or "gets updates," find out what is typically included:

(enter a 1 if mentioned)

	Treatment ATTENDANCE		General: How they've been doing
	Treatment PARTICIPATION		SEX HISTORY Information
	Treatment PROGRESS		Other (describe)
	Treatment PLAN UPDATES		
	Treatment COMPLIANCE		
	Treatment LEVEL CHANGES		
	Increased/Decreased RISK		
	New/Updated EVALUATIONS (psychosexual and risk)		
	VIOLATIONS		
	Following RULES /or not		
	POLYGRAPH results		
	POLY OR PLETHYS scheduled		
	Other TEST RESULTS		

See S & G 5.310 for circumstances where provider should contact the supervising officer

Q15. Other than progress reports under what circumstances does a treatment provider contact you about an offender?

DO NOT READ (probe--anything else?)

Place a "1" here if mentioned; OTHERWISE, LEAVE BLANK	
	Offender violates provider/client contract, including specific conditions of probation, parole or community corrections
	Evidence or likelihood of an offender's increased risk of re-offending
	When there is a reduction in frequency or duration of contacts
	When there is a change in treatment modality/treatment plan
	When offender is not complying with treatment
	To discuss/inform about employment issues
	To discuss/inform about housing issues
	To discuss payment for services
	To discuss/inform about offender's progress in treatment
	Offender could be danger to self or others
	To discuss/inform about new disclosures of victims
	To discuss inform/ about new disclosures of behaviors
	To provide information REQUESTED BY the supervising officer
	When arranging contacts between the offender and a child victim
	When there are plans for family reunification
	To discuss visitation supervisors for an offender's contact with children
	To discuss the results of polygraphs.
	Other, describe:
	Other, describe:
	Other, describe:
	Other, describe:
	Other, describe

Q16. For what reasons DO YOU usually contact a treatment provider?

(See section 5.200 for Supervising officer responsibilities)

DO NOT READ (prompt--anything else?)

	To refer an offender for evaluation/treatment
	To discuss/inform about results of polygraphs
	To discuss/inform about behavioral monitoring
	To arrange team conferences/staffings
	To obtain copies of the treatment plan/monthly reports or other information
	To obtain a risk assessment or information about offender risk
	To get updates about the offender
	To discuss plans for contacts with children
	To discuss family reunification
	To report about contact with victim
	To report contacts with potential victims
	To discuss specific incidents
	To discuss disclosures
	To discuss offender leaving the state or traveling
	To talk before the polygraph
	To request than an offender be terminated from treatment (if this is noted ask why that would occur)
	If the offender were to be violated or revoked
	General: Get information/check in
	Other, describe:
	Other, describe:
	Other, describe:
	Other, describe:
	Other, describe:
	Other, describe:

Q17. Do you think that you have an adequate amount of contact with the treatment provider?

- 1 Yes
- 2 Somewhat
- 0 No

IF NO OR SOME, what would be better?

**"THE NEXT SECTION IS ABOUT HOW POLYGRAPH EXAMINERS
FIT INTO YOUR WORK SUPERVISING SEX OFFENDERS"**

Q18. Do you receive copies of the polygraph report from the polygraph examiner?

- 1 Yes, always or almost always
- 2 Yes, more than half the time but not always
- 3 Yes, less than half the time
- 0 Never or seldom

Q19. How do you use the results of the polygraph?

Q20. Do you have input into the question content for the polygraph exam?

- 1 Always or most always (Is this useful, why?)

2 Sometimes (Is this useful, why?) _____

0 Never or seldom (Is there a reason?) _____

Q21. Do you talk to polygraph examiners about offenders on your caseload?

- 1 Yes (probe: under what circumstances/when does this happen, etc?)

2 Sometimes (probe: under what circumstances/when does this happen, etc?) _____

0 No (probe about possible reasons:) _____

Q22. Do you think the polygraph is useful or detrimental, or some of both in supervising and monitoring sex offenders?

1 The polygraph is useful

If the respondent thinks the polygraph is useful, find out why? If response is something like "can better manage" try to get more specific information. (DO NOT READ, insert a 1 for all positive responses, leave the remaining blank)

	To determine compliance
	To get sex history/learn more about disclosures/victims
	To gain insight about the offender
	To address denial
	To address specific situations (e.g., high risk, suspicions)
	To learn more about offender's risk of re-offending
	To keep them "honest"/promotes honesty
	Other:

0 Respondent thinks polygraph is detrimental. (*Probe, why?*)

**"NOW I'D LIKE TO ASK A FEW QUESTIONS ABOUT
CONSEQUENCES AND SANCTIONS USED WITH AN
OFFENDER"**

Q23. Do you sanction or impose consequences when an offender has deceptive polygraph results?

- 1 Yes
- 0 Depends or sometimes (*probe for reasons:*)

IF YES OR DEPENDS/SOMETIMES, what types of sanctions or consequences do you impose for deceptive polygraphs?

- 0 No

Q24. Do you sanction or impose consequences when an offender has inconclusive polygraph results?

- 1 Yes
- 1 Depends or sometimes (*probe for reasons:*)

IF YES OR DEPENDS/SOMETIMES, what types of sanctions or consequences do you impose for inconclusive polygraphs?

- 0 No

Q25. In what *other* types of situations do you sanction or impose consequences on an offender?

<i>List the situations</i>	<i>What types of sanctions/consequences are imposed for this situation?</i>

"NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE SUPERVISION AND TREATMENT TEAM AND HOW DECISIONS ARE MADE"

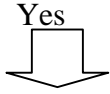
Q26. Typically, who is included as part of the supervision and treatment team for the sex offenders you manage? *DO NOT READ RESPONSES, BUT Probe: Is anyone else TYPICALLY included?*

(insert a 1 for all mentioned)

	Therapist
	Polygraph Examiner
	Victim Advocate/Therapist
	Other:
	Other:
	Other:

Q27. Typically, do ALL the team members meet as a group to discuss specific cases?

1



Do you meet over the phone or in person?

1 Phone
2 In Person
3 Both

How often do you typically meet as a team on offenders?

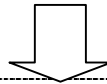
Do you think team meetings occur often enough?

1 Yes
0 No

IF NO, what would be more helpful?

2

SOME of the team members meet.



Which team members typically meet?

Why do some team members meet and not others?

Do you meet over the phone or in person?

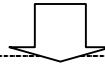
1 Phone
2 In Person
3 Both

How often do these team members meet to discuss offenders?

Do you think team meetings occur often enough?

1 Yes
0 No. What would be more useful?

0 NO, typically team members do not meet.



Why is that?

**IF NO, do you and team members have other ways to share information?
What?**

Q28. Are there certain DECISIONS about an offender that are always or almost always made by the entire team, that is (list all the people the respondent has mentioned in Q23)

1 Yes

2 Sometimes



IF YES OR SOMETIMES, what types of decisions are team decisions?

__Contact with children (Check if they mention contact with children)

0 No

IF NO



Typically, which decisions are NOT made by the entire team?

Insert 1	Decision	Who makes the decision
	Contact with children	

IF THE RESPONDENT HAS NOT ALREADY ADDRESSED DECISION MAKING PROCESS REGARDING CONTACT WITH CHILDREN, ASK Q26. OTHERWISE MOVE TO Q27.

Q29. Who makes the decision about contact with children (as an exception to the conditions of supervision)?


(If respondent indicates that the team makes this decision, and the Polygraph examiner is a member of the team, verify that the PE is included in the decision about contact with children.)

Q30. If a child victim has an advocate or a therapist, is this person involved in decisions to allow offender contact with the victim?

- 0 No
1 Yes, how?

- 2 Most children do not have an advocate or therapist

Q31. Are any of the offenders you currently supervise permitted contact with children?

- 0 No, PROCEED TO Q29.
1 Yes  continue with the questions on this page

How many offenders of the offenders that you currently supervise are permitted contact with children? __ __

Are restrictions associated with this contact?

- 0 No
1 Yes

IF YES, what are these restrictions?

What types of contact with children are permitted?

How was the decision made or for what reasons were these offenders permitted contact with children?

Are there additional provisions to the treatment/supervision of the offender that address monitoring the offender's contact with children? What are they?

Do offenders who are permitted contact with children meet the SOMB criteria for contact with children?

Note: The researcher should be thoroughly familiar with this section of the Standards and Guidelines.

1 Yes

IF YES, is this typically documented in the file?

0 No (*note any comments the respondent may have, e.g., we discuss over the phone, but no formal documentation*)_____

1 Yes. How?

0 No

Of the offenders currently on your caseload who have contact with children, are any of these children known victims of the offender?

3/7/0212/2/040 No

8 Don't Know

1 Yes

IF YES, do these victims want contact with the offender?

1 Yes

2 Some do, some don't

0 No

"I HAVE A FEW MORE QUESTIONS ABOUT THE TEAM"

Q32. Do the sex offender teams you work with experience conflict?

- 0 No
- 1 Yes. What causes conflict?

- 2 Some do, some don't. What causes conflict?

IF YES OR SOME, have you developed successful ways to resolve conflict?

- 2 No
- 3 Yes. What are they? What would be useful to others in the same situation?

Q33. What, if any, are the pluses about a team approach to managing and treating the sex offenders?

Q34. What, if any are the minuses about a team approach to managing and treating sex offenders?

"THE LAST FEW QUESTIONS IN THIS SECTION REFER TO THE SOMB STANDARDS AND GUIDELINES"

Q35. Are there problems or barriers to implementing the SOMB Standards and Guidelines?

- 0 No
- 1 Yes. What are they?

Q36. Have you found ways to overcome these problems and barriers?

- 0 No. What has gotten in the way of trying to overcome these problems?
- 1 Yes. What were they?

Q37. Which standards, if any, should be reconsidered? Why?

Q38. Do you think there are important issues that are not covered or are not adequately covered by the standards?

- 0 No
- 1 Yes. Which issues?

Q39. Do you think that the Standards and Guidelines are useful?

- 0 No. Why not?
- 1 Yes. Why?

Q40. Do you feel as if you have had input into the process of developing the standards?

0 No. Is there a particular reason why you feel you have not had input?

1 Yes. How have you had input?

Q41. Do you have suggestions for how the SOMB could be more effective in implementing the standards?

0 No

1 Yes. What are they?

Treatment Provider -Telephone Survey #1

Name of Provider:

Survey #1 <input checked="" type="checkbox"/> Yes	Administer to all providers
Survey #2 <input type="checkbox"/> Yes <input type="checkbox"/> No Qsurvey2.	Did you treat sex offenders in Colorado Communities before the development of the Standards and Guidelines (before 1996)? How long have you been treating sex offenders? (Interviewer, please code in months (____) Qtime.

Use the introduction that describes the surveys to be administered (USE ONLY ONE):

Introductions:

Check appropriate box for this provider	
<input type="checkbox"/> Survey #1	<i>"I'd like to ask you some questions about your work with sex offenders and the other members of the sex offender treatment and supervision team. The interview should take about ..."</i>
<input type="checkbox"/> Surveys #1, #2	<i>"First I'd like to ask you some questions about your work with sex offenders and other members of the sex offender management team. Then I'd like to ask a few questions in regard to the standards and guidelines and changes you may have perceived since their initial implementation The interview should take about ..."</i>

"FIRST I'D LIKE TO ASK YOU A COUPLE OF GENERAL QUESTIONS"

Q1YRS.Q1MOS.
How long have you been working with sex offenders? (years __ __, months __)

Q2COYRS, Q2COMOS. QHow long have you been working with sex offenders in Colorado?(years __ __, months __ __)

Q3. Have you ever worked as a victim therapist?

- 1 Yes
- 0 No

Q4. How many sex offenders do you currently treat? __ __

Q5. Do you currently supervise other providers?

- 1 Yes
 If Yes, how many?__ __ (Q5A)
- 0 No

Q6. Typically, how many therapists in the groups you run?__ __

Q7. Do you work with offenders in rural areas, urban areas or both?

- 1 Rural
- 2 Urban
- 3 Both

Q8. What proportion of your current adult clients are first time offenders?__ __ %
(insert 888 for dk)

Q9. Do you graduate offenders from your programs?

- 0 No
- 1 Yes
 How do you determine when they are ready to graduate?

(Q9A TO Q9E)

Q10. Do you work with offender family members?

- 0 No
- 1 Yes (circle all that apply)
 Who are they?
 - 1 Spouses male (Q10A)
 - 2 Spouses female (Q10B)
 - 3 Male Children (Q10C)
 - 4 Female Children (Q10D)
 - 5 Other Adult relatives:(who)_____ (Q10E)
 - 6 Other Child relatives: who)_____ (Q10F)
 - 7 Other:_____ (Q10G)

Q11A-Q11D. What would help your clients remain offense free while they are in the community?

Q12A-Q12D. What is the hardest part of the work you do?

"Now I'd like to ask a few questions about treatment plans for sex offenders"

Q13. Are treatment plans individually developed for each sex offender you treat or do they typically contain standard language that is applied to all sex offenders?

- 0 Typically do not do treatment plans
- 1 Individualized
- 2 Standard Language
- 3 Both

When developing treatment plans for sex offenders do you address:

	1=Yes 0=No	If YES, how is it addressed?
Q14.1A Contact with Children		Q14.2A
Q14.1B Victim Input		Q14.2B
Q14.1C Impact of the offense on the victim		Q14.2C
Q14.1D Relapse prevention		Q14.2D
Q14.1E		Q14.2E
Q14.1F		Q14.2F
Q14.1G		Q14.2G

Q15. Do you update the treatment plan in writing?

- 0 No
- 1 Yes

If yes, how often: _____ (Q15A)

Q15B. 1-Q15B.6 IF YES, do you provide other members of the treatment supervision team with treatment plan updates? (Do not read but circle all that apply)

- 1 Yes, supervising officer only
- 2 Yes, the PE only
- 3 Yes, supervising officer and PE
- 4 Other: _____
- 5 Other: _____
- 0 No

Q15C. If 1, 2 or 3, How do you provide these updates?

- 1 Usually by phone
- 2 Usually in writing (includes emails)

3 Sometimes the phone, sometimes in writing

- 4 Other: _____

"Now, I have some questions about how information is exchanged among members of the supervision and treatment team"

Q16. Generally, do you work only with probation officers, only with parole officers or is there a mix?

- 1 Work only probation officers
- 2 Work only with parole officers
- 3 Work with both
- 8 Don't know

Note: The answer to this question determines which of the following questions you ask.

Q17. IF TREATMENT PROVIDER WORKS WITH PROBATION OFFICERS, how many probation officers do you work with on your current caseload of sex offenders? _____

Q18. IF TREATMENT PROVIDER WORKS WITH PAROLE OFFICERS, how many parole officers do you work with on your current caseload of sex offenders? _____

DEPENDING ON WHETHER THE TREATMENT PROVIDER WORKS WITH PROBATION/PAROLE OR BOTH, ASK ONE OR BOTH SETS OF QUESTIONS BELOW

Q19. Do the PROBATION officers you work with typically send you PSIRs for sex offenders they supervise?

- 1 Yes, always or almost always
- 2 Yes, at least half the time but not always
- 3 Yes, but less than half the time
- 0 Never or very seldom

Q19A. If never or very seldom, do you request a copy of the PSIR?

- 1 Yes
- 0 No

Q19B. Do you receive copies of the PSIR after you make the request?

- 1 Yes, always or almost always
- 2 Yes, at least half the time but not always
- 3 Yes, but less than half the time
- 0 Never or very seldom

NOTE: If provider works with both, let them know you will be asking the next set of questions separately about the probation officers and parole officers they work with.

Q20. Do the PAROLE officers you work with typically send you PSIRs for sex offenders they supervise?

- 1 Yes, always or almost always
- 2 Yes, at least half the time but not always
- 3 Yes, but less than half the time
- 0 Never or very seldom

Q20A. *If never or very seldom, do you request a copy of the PSIR?*

- 1 Yes
- 0 No

Q20B. Do you receive copies of the PSIR after you make the request?

- 1 Yes, always or almost always
- 2 Yes, at least half the time but not always
- 3 Yes, but less than half the time
- 0 Never or very seldom

Q21. Do the PROBATION officers send you other information about the sex offender?

- 1 Yes
If yes, what types of information do you usually receive?(Q21A-F)
 - 1 Police Report
 - 2 Confidentiality Agreement
 - 3 Copy of the supervision plan
 - 4 Notification of a change in supervising officers
 - 5 Other: _____
 - 6 Other: _____

0 Never or very seldom
If Never or very seldom, what else would be useful? (Q21G-I)

2 I don't need anything else

Q22. Do the PAROLE officers send you other information about the sex offender?

- 1 Yes
If yes, what types of information do you usually receive? (Q22A-F)
 - 1 Police Report
 - 2 Confidentiality Agreement
 - 3 Copy of the supervision plan
 - 4 Notification of a change in supervising officers
 - 5 Other: _____
 - 6 Other: _____

0 Never or very seldom
If Never or very seldom, what else would be useful? (Q22G-I)

2 I don't need anything else

Typically, how often do you talk to the (PROBATION/PAROLE) officer(s) about a specific offender?

Q23A. Typically talk to PROBATION officers	Q23B. Typically talk to PAROLE officers
1 Between daily and weekly 2 More than monthly but less than weekly (e.g., 2-3 times a month) 3 Monthly 4 Ever couple of months 5 Never 6 For specific situations (<i>depends on offender, when offender is "high risk", as needed, for deception</i>) 7 Varies (probe for more information, e.g., when do you and when do you not talk to probation officers)_____	1 Between daily and weekly 2 More than monthly but less than weekly (e.g., 2-3 times a month) 3 Monthly 4 Ever couple of months 5 Never 6 For specific situations (<i>depends on offender, when offender is "high risk", as needed, for deception</i>) 7 Varies (probe for more information, e.g., when do you and when do you not talk to probation officers)_____
8 Other: _____	8 Other: _____

Do you make a note in the file when you contact PROBATION/PAROLE officer(s)?

Q24A. For PROBATION	Q24B. For PAROLE
1 Always 2 Sometimes 0 Never	1 Always 2 Sometimes 0 Never

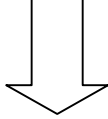
Do you provide PROBATION/PAROLE officer(s) with WRITTEN progress reports regarding offenders on your caseload?

Q25A. For PROBATION		Q25B. For PAROLE	
0	No	0	No
4	Provide updates through phone calls. How often?	4	Provide updates through phone calls. How often?
3	Sometimes, depends on officer. How often?	3	Sometimes, depends on officer. How often?
2	Sometimes. How Often?	2	Sometimes. How Often?
1	Yes. How Often?	1	Yes. How Often?

IF THEY RECEIVE PROGRESS REPORTS ASK Q__ AND COMPLETE THE TABLE BELOW, AND ASK IF THIS APPLIES TO PROBATION, PAROLE OR BOTH, AS APPROPRIATE.



What types of information do you typically provide about the offender in progress reports? DO NOT READ (Probe "anything else")



If the respondent indicates that s/he provides a "generic check list" or "updates," find out what is typically included. If the respondent works with both parole and probation officers, you may need to probe only once to see if they simply provide the same types of reports to both.

(enter a 1 if mentioned)

PROBATION	PAROLE	
Q26A.1	Q26B.1	Treatment ATTENDANCE
Q26A.2	Q26B.2	Treatment PARTICIPATION
Q26A.3	Q26A.3	Treatment PROGRESS
Q26A.4	Q26B.4	Treatment PLAN UPDATES
Q26A.5	Q26B.5	Treatment COMPLIANCE
Q26A.6	Q26B.6	Treatment LEVEL CHANGES
Q26A.7	Q26B.7	Increased/Decreased RISK
Q26A.8	Q26B.8	New/Updated EVALUATIONS (psychosexual and risk)
Q26A.9	Q26B.9	VIOLATIONS
Q26A.10	Q26B.10	Following RULES /or not
Q26A.11	Q26B.11	POLYGRAPH results
Q26A.12	Q26B.12	POLY OR PLETHYS scheduled
Q26A.13	Q26B.13	Other TEST RESULTS
Q26A.14	Q26B.14	General: How they've been doing
Q26A.15	Q26B.15	SEX HISTORY Information
Q26A.16	Q26B.16	Other (describe)
Q26A.17	Q26B.17	
Q26A.18	Q26B.18	

See S & G 5.310 for circumstances where provider should contact the supervising officer

Other than progress reports under what circumstances do you contact a PROBATION and PAROLE officers about an offender on your caseload?

DO NOT READ (probe--anything else? You will need to probe to determine whether the response applies to probation, parole or both, as appropriate) Place a "1" in boxes to the left if mentioned; OTHERWISE, LEAVE BLANK

PROBATIONON	PAROLE	
Q27.1	Q26B.1	Offender violates provider/client contract, including specific conditions of probation, parole or community corrections
Q27A.2	Q26B.2	Evidence or likelihood of an offender's increased risk of re-offending
Q27A.3	Q26A.3	When there is a reduction in frequency or duration of contacts
Q27A.4	Q27B.4	When there is a change in treatment modality/treatment plan
Q27A.5	Q27B.5	When offender is not complying with treatment
Q27A.6	Q27B.6	To discuss/inform about employment issues
Q27A.7	Q27B.7	To discuss/inform about housing issues
Q27A.8	Q27B.8	To discuss payment for services
Q27A.9	Q27B.9	To discuss/inform about offender's progress in treatment
Q27A.10	Q27B.10	Offender could be danger to self or others
Q27A.11	Q27B.11	To discuss/inform about new disclosures of victims
Q27A.12	Q27B.12	To discuss inform/ about new disclosures of behaviors
Q27A.13	Q27B.13	To provide information REQUESTED BY the supervising officer
Q27A.14	Q27B.14	When arranging contacts between the offender and a child victim
Q27A.15	Q27B.15	When there are plans for family reunification
Q27A.16	Q27B.16	To discuss visitation supervisors for an offender's contact with children
Q27A.17	Q27B.17	To discuss the results of polygraphs.
Q27A.18	Q27B.18	Other, describe:
Q27A.19	Q27B.19	Other, describe:
Q27A.20	Q27B.20	Other, describe:
Q27A.21	Q27B.21	Other, describe:
Q27A.22	Q28B.22	Other, describe

See section 5.200 for Supervising officer responsibilities

Under what circumstances does the PROBATION OFFICER contact (including emails, faxes, etc.) you ?

DO NOT READ (prompt--anything else?)

Insert a "1" if probation officer contacts the tx provider in this situation. If "1" Ask question in second column.	What percent of the probation officers that you currently work with contact you in this situation (enter actual percentage, e.g, 30%, 10%)?	
Q28A	Q28A.1	To refer an offender for evaluation/treatment
Q28B	Q28B.1	To discuss/inform about results of polygraphs
Q28C	Q28C.1	To discuss/inform about behavioral monitoring
Q28D	Q28D.1	To arrange team conferences/staffings
Q28E	Q28E.1	To obtain copies of the treatment plan/monthly reports or other information
Q28F	Q28F.1	To obtain a risk assessment or information about offender risk
Q28G	Q28G.1	To get updates about the offender
Q28H	Q28H.1	To discuss plans for contacts with children
Q28I	Q28I.1	To discuss family reunification
Q28J	Q28J.1	To report about contact with victim
Q28K	Q28K.1	To report contacts with potential victims
Q28L	Q28L.1	To discuss specific incidents
Q28M	Q28M.1	To discuss disclosures
Q28N	Q28N.1	To discuss offender leaving the state or traveling
Q28O	Q28O.1	To talk before the polygraph
Q28P	Q28P.1	To request than an offender be terminated from treatment (if this is noted ask why that would occur)
Q28Q	Q28Q.1	If the offender were to be violated or revoked
Q28R	Q28R.1	General: Get information/check in
Q28S	Q28S.1	Other, describe:
Q28T	Q28T.1	Other, describe:
Q28U	Q28U.1	Other, describe:
Q28V	Q28V.1	Other, describe:
Q28W	Q28W.1	Other, describe:

Under what circumstances does the PAROLE OFFICER contact (including emails, faxes, etc.) you ?

DO NOT READ (prompt--anything else?)

Insert a "1" if probation officer contacts the tx provider in this situation. If "1" Ask question in second column.	What percent of the probation officers that you currently work with contact you in this situation (enter actual percentage, e.g., 30%, 10%)?	
Q29A	Q29A.1	To refer an offender for evaluation/treatment
Q29B	Q29B.1	To discuss/inform about results of polygraphs
Q29C	Q29C.1	To discuss/inform about behavioral monitoring
Q29D	Q29D.1	To arrange team conferences/staffings
Q29E	Q29E.1	To obtain copies of the treatment plan/monthly reports or other information
Q29F	Q29F.1	To obtain a risk assessment or information about offender risk
Q29G	Q29G.1	To get updates about the offender
Q29H	Q29H.1	To discuss plans for contacts with children
Q29I	Q29I.1	To discuss family reunification
Q29J	Q29J.1	To report about contact with victim
Q29K	Q29K.1	To report contacts with potential victims
Q29L	Q29L.1	To discuss specific incidents
Q29M	Q29M.1	To discuss disclosures
Q29N	Q29N.1	To discuss offender leaving the state or traveling
Q29O	Q29O.1	To talk before the polygraph
Q29P	Q29P.1	To request that an offender be terminated from treatment (if this is noted ask why that would occur)
Q29Q	Q29Q.1	If the offender were to be violated or revoked
Q29R	Q29R.1	General: Get information/check in
Q29S	Q29S.1	Other, describe:
Q29T	Q29T.1	Other, describe:
Q29U	Q29U.1	Other, describe:
Q29V	Q29V.1	Other, describe:
Q29W	Q29W.1	Other, describe:

Do you think that you have an adequate amount of contact with PROBATION/PAROLE officer(s) regarding sex offenders on your caseload?	
Q30A. CONTACT WITH PROBATION	Q30B. CONTACT WITH PAROLE
1 Yes 2 Somewhat 0 No <u>If no or somewhat, what would be better?</u>	1 Yes 2 Somewhat 0 No <u>If no or somewhat, what would be better?</u>

Do you and the probation officer discuss sanctions and decide together what sanctions to invoke for treatment or supervision non-compliance?

Q31A. PROBATION	Q31B. PAROLE
1 Yes 0 No	1 Yes 0 No

"THIS NEXT SECTION IS ABOUT HOW POLYGRAPH EXAMINERS FIT INTO YOUR WORK REGARDING SEX OFFENDERS"

Q32. How many polygraph examiners do you work with on your current caseload of sex offenders? __ __

Q33. Do you receive copies of the polygraph reports from the polygraph examiner?

1 Yes, always or almost always
2 Yes, more than half the time but not always
3 Yes, less than half the time
0 Never or seldom

Q34A-C. How do you use the results of the polygraph?

Q35. How often do you talk to polygraph examiners about offenders on your caseload?

- 1 Between daily and weekly
- 2 More than monthly but less than weekly (e.g., 2-3 times a month)
- 3 Monthly
- 4 Less than monthly
- 5 Never
- 6 For specific situations (depends on offender, when offender is "high risk", as needed, for deception)
- 7 Varies (probe, e.g., when do you and when do you not talk to polygraph examiners): _____

- 8 Don't Know

Q36. Do you have input into the question content for the polygraph exam?

- 1 Always or most always (Is this useful, why?) (Q36A.1-3)

- 2 Sometimes (Is this useful, why?) (Q36B.1-3)

- 0 Never or seldom (Is there a reason?) (Q36C.1-3)

Q37. Do you talk to polygraph examiners about offenders on your caseload?

- 1 **Yes** (probe: under what circumstances/when does this happen, etc?) (Q37A1-3)

- 3 Sometimes (probe: under what circumstances/when does this happen, etc?) (Q37B1-3)

- 0 No (probe about possible reasons:) (Q37C1-3)

Q38. Do you think the polygraph is useful or detrimental, or some of both in supervising and monitoring sex offenders?

- 1 The polygraph is useful

If the respondent thinks the polygraph is useful, find out why? If response is something like "can better manage" try to get more specific information. (DO NOT READ, insert a 1 for all positive responses, leave the remaining blank)

	To determine compliance (Q38A)
	To get sex history/learn more about disclosures/victims (Q38B)
	To gain insight about the offender (Q38C)

	To address denial (Q38D)
	To address specific situations (e.g., high risk, suspicions) (Q38E)
	To learn more about offender's risk of re-offending (Q38F)
	To keep them "honest"/promotes honesty (Q38G)
	Other:
	(Q38H)
	(Q38I)
	(Q38J)
	(Q38K)

0 Respondent thinks polygraph is detrimental. (*Probe, why?*)

Q39A-C. How did you select the polygraph examiner?

Q40. Do you work with the offender to prepare him/her for the polygraph exam?

0 No

1 Yes

If Yes, how? (Q40A-C)

Q41. Are you satisfied with the polygraph services that are available to you?

1 Yes

0 No

If No, why? (Q41A-C)

"NOW I'D LIKE TO ASK A FEW QUESTIONS ABOUT CONSEQUENCES AND SANCTIONS USED WITH AN OFFENDER"

Q42. Do you sanction or impose consequences when an offender has deceptive polygraph results?

1 Yes

4 Depends or sometimes (*probe for reasons:*) (Q42A.1-3)

IF YES OR DEPENDS/SOMETIMES, what types of sanctions or consequences do you impose for deceptive polygraphs? (Q42B.1-3)

0 No

Q43. Do you sanction or impose consequences when an offender has inconclusive polygraph results?

- 1 Yes
- 2 Depends or sometimes (*probe for reasons:*) (Q43A.1-3)



IF YES OR DEPENDS/SOMETIMES, what types of sanctions or consequences do you impose for inconclusive polygraphs? (Q43B.1-3)

- 0 No

In what other types of situations do you sanction or impose consequences on an offender?

<i>List the situations</i>	<i>What types of sanctions/consequences are imposed for this situation?</i>
Q44A.1 TO Q44A.5	Q44B.1 TO Q44B.5


"NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE SUPERVISION AND TREATMENT TEAM AND HOW DECISIONS ARE MADE"

Typically, who is included as part of the supervision and treatment team for the sex offenders you manage? DO NOT READ RESPONSES, BUT Probe: Is anyone else TYPICALLY included?

(insert a 1 for all mentioned)

	Supervising Officer (Q45A)
	Polygraph Examiner (Q45B)
	Victim Advocate/Therapist (Q45C)
	Other: (Q45D)
	Other: (Q45E)
	Other: (Q45F)

Q46. Typically, do ALL the team members meet as a group to discuss specific cases?

1 Yes 

Q46A. Do you meet over the phone or in person?

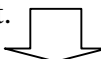
- 1 Phone
- 2 In Person
- 3 Both

Q46B. How often do you typically meet as a team on offenders?

Q46C. Do you think team meetings occur often enough?

- 1 Yes
- 0 No

Q46D.1-3. IF NO, what would be more helpful?

2 **SOME** of the team members meet. 

Q46E. Which team members typically meet?

Q46F.1-3 Why do some team members meet and not others?

Q46G. Do you meet over the phone or in person?

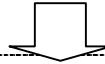
- 1 Phone
- 2 In Person
- 3 Both

Q46H. How often do these team members meet to discuss offenders?

Q46I. Do you think team meetings occur often enough?

- 1 Yes
- 0 **Q46J.1-3** No. What would be more useful?

0 NO, typically team members do not meet.



Q46K.1-3. Why is that?

Q46L.1-3. IF NO, do you and team members have other ways to share information? What?

Q47. Are certain DECISIONS about an offender always or almost always made by the entire team, that is (list all the people the respondent has mentioned in Q23)

1 Yes

2 Sometimes



IF YES OR SOMETIMES, what types of decisions are team decisions?

Q47A. __Contact with children (*Check if they mention contact with children*)

Q47B. _____

Q47C. _____

Q47D. _____

0 No

IF NO



Typically, which decisions are NOT made by the entire team?

Insert 1	Decision	Who makes the decision
	Contact with children Q47E	Q47E.1
	Q47F	Q47F.1
	Q47G	Q47G.1
	Q47H	Q47H.1
	Q47I	Q47I.1

IF THE RESPONDENT HAS NOT ALREADY ADDRESSED DECISION MAKING PROCESS REGARDING CONTACT WITH CHILDREN, ASK Q48. OTHERWISE MOVE TO Q49.

Q48. Who makes the decision about contact with children (as an exception to the conditions of supervision)?


(If respondent indicates that the team makes this decision, and the Polygraph examiner is a member of the team, verify that the PE is included in the decision about contact with children.)

Q49. If a child victim has an advocate or a therapist, is this person involved in decisions to allow offender contact with the victim?

- 0 No
- 1 Yes, how? (Q49A-C)

- 2 Most children do not have an advocate or therapist

Q50. Are any of the offenders you currently supervise permitted contact with children?

- 0 No, **PROCEED TO Q51**
- 1 Yes  continue with the questions on this page

Q50A. How many offenders of the offenders that you currently supervise are permitted contact with children? __ __

Q50B. Are restrictions associated with this contact?

- 0 No
- 1 Yes
- 2 Sometimes

Q50C1-3. IF YES or SOMTIMES, what are these restrictions associated with contact with children?

Q50D.1-3. For offenders you supervise who have contact with children, what types of are permitted?

Q50E.1-3 How was the decision made or for what reasons were these offenders permitted contact with children?

Q50F.1-3 Are there additional provisions to the treatment/supervision of the offenders who have contact with children that address monitoring this contact? (probe what are they?)

Q50G. Do offenders who are permitted contact with children meet the SOMB criteria for contact with children?

Note: The researcher should be thoroughly familiar with this section of the Standards and Guidelines.

1 Yes

Q50G.1 IF YES, is this typically documented in the file?

0 No (note any comments the respondent may have, e.g., we discuss over the phone, but no formal documentation)
(Q50G.1a-c)

1 Yes. How? (Q50H.1a-c)

1 No

Q50I. Of the offenders currently on your caseload who have contact with children, are any of these children known victims of the offender?

0 No

9 Don't Know

1 Yes

Q50J. IF YES, do these victims want contact with the offender?

1 Yes

2 Some do, some don't

0 No

"I HAVE A FEW MORE QUESTIONS ABOUT THE TEAM"

Q51. Do the sex offender teams you work with experience conflict?

0 No

1 Yes. What causes conflict? (Q51A.1-3)

2 Some do, some don't. What causes conflict? (Q51B.1-3)

Q51C. IF YES OR SOME, have you developed successful ways to resolve conflict?

5 No

6 Yes. What are they? What would be useful to others in the same situation? (Q51C.1-3)

Q52. What, if any, are the pluses about a team approach to managing and treating the sex offenders?

Q53. What, if any are the minuses about a team approach to managing and treating sex offenders?

"THE LAST FEW QUESTIONS IN THIS SECTION REFER TO THE SOMB STANDARDS AND GUIDELINES"

Q54. Have you ever been to a SOMB monthly meeting?

1 **If Yes, how many? __ __ (Q54A)**

0 No

Q55. Have you ever been on a SOMB subcommittee?

1 **If Yes, how many? _____ (Q55A)**

Which ones?

0 _____ **(Q55B-D)**

Q56. Are there problems or barriers to implementing the SOMB Standards and Guidelines?

2 No

3 Yes. What are they? **(Q56A-C)**

Q57. Have you found ways to overcome these problems and barriers?

0 No.

What has gotten in the way of trying to overcome these problems? **(Q57A.1-3)**

1 Yes. What were they? **(Q57B.1-3)**

Q58A-C. Which standards, if any, should be reconsidered? Why?

Q59 Do you think there are important issues that are not covered or are not adequately covered by the standards?

0 No

1 Yes. Which issues? **(Q59A-C)**

Q60. Do you think that the Standards and Guidelines are useful?

1 No. Why not? Q60A.1-3

1 Yes. Why? Q60B.1-3

Q61. Do you feel as if you have had input into the process of developing the standards?

2 No. Is there a particular reason why you feel you have not had input? (Q61A.1-3)

3 Yes. How have you had input? (Q61B.1-3)

Q62. Do you have suggestions for how the SOMB could be more effective in implementing the standards?

2 No

3 Yes. What are they? Q62A.1-3

Polygraph Examiner -Telephone Survey #1

Name of Polygraph Examiner:

Survey #1 <input checked="" type="checkbox"/> Yes	Administer to all polygraph examiners
Survey #2 <input type="checkbox"/> Yes <input type="checkbox"/> No Qsurvey2.	Did you polygraph sex offenders in Colorado Communities before the development of the Standards and Guidelines (before 1996)? How long have you been polygraphing sex offenders? (Interviewer, please code in months (____) Qtime.

Use the introduction that describes the surveys to be administered (USE ONLY ONE):

Introductions:

Check appropriate box for this provider	
<input type="checkbox"/> Survey #1	<i>"I'd like to ask you some questions about your work with sex offenders and the other members of the sex offender treatment and supervision team. The interview should take about ..."</i>
<input type="checkbox"/> Surveys #1, #2	<i>"First I'd like to ask you some questions about your work with sex offenders and other members of the sex offender management team. Then I'd like to ask a few questions in regard to the standards and guidelines and changes you may have perceived since their initial implementation. The interview should take about ..."</i>

"FIRST I'D LIKE TO ASK YOU A COUPLE OF GENERAL QUESTIONS"

Q1YRS.Q1MOS.

How long have you been working with sex offenders? (years __ __, months __ __)

Q2COYRS, Q2COMOS. How long have you been working with sex offenders in Colorado?(years __ __, months __ __)

Q3. Have you participated in the American Polygraph Association's 40 hour training on sex offender testing?

- 1 Yes
- 0 No.

Q4. Do you feel like you have an adequate amount of training to do the post conviction polygraph with sex offenders?

- 1 Yes
- 1 No. What would be useful?

Q5. Have you ever attended the monthly SOMB meetings?

- 2 Yes, how many times? _____
- 2 No

Q6. Have you ever served on any of the SOMB sub-committees?

- 3 Yes, which? _____
- 0 No

"THE FOLLOWING QUESTIONS ARE ABOUT HOW YOU EXCHANGE INFORMATION WITH THE OFFENDER'S TREATMENT PROVIDER"

Q7. In general, how often do you talk to the treatment provider about specific cases?

(DO NOT READ RESPONSES, but circle as many as apply--try to get somewhat specific responses. For instance, if the respondent says "all the time," try to narrow that down. If s/he says "sometime a lot and sometimes never," try to find out in which situations the respondent speaks to the therapist frequently, and in which situations they never speak. Then try to code the responses in the following categories: add others if necessary)

- 1 Between daily and weekly
- 2 More than monthly but less than weekly (e.g., 2-3 times a month)
- 3 Monthly
- 4 Every couple of months
- 5 Never
- 6 For specific situations (depends on offender, when offender is "high risk", as needed, for deception)
- 7 Varies (probe, e.g., when do you and when do you not talk to therapists: _____

- 8 Other: _____
- 9 Other: _____

Q8. Do you think that you have an adequate amount of contact with the treatment provider?

- 4 Yes
- 2 Somewhat
- 0 No

IF NO OR SOME, what would be better?

Q9. For what reasons DO YOU contact a treatment provider?

DO NOT READ (*probe - - anything else?*)

Place a "1" here if mentioned; OTHERWISE LEAVE BLANK	
	Offender tried to manipulate the polygraph
	Offender had new disclosures
	Offender failed the polygraph
	Offender needed different type of polygraph
	Offender was not prepared for the polygraph
	Offender had physical/mental conditions that prevented them from doing the polygraph
	Payment for the polygraph
	Report behaviors encountered during the polygraph exam
	Scheduling of polygraph exams
	To discuss the results of the polygraph exam
	Other, describe:
	Other, describe:
	Other, describe:

Q10. Do you send copies of the polygraph report to the treatment provider?

- 1 Yes, always or almost always
- 2 Yes, more than half the time but not always
- 3 Yes, less than half the time
- 0 Never or seldom

Q11. What type of information is included in this polygraph report?

DO NOT READ (*probe - - anything else?*)

Place a "1" here if mentioned; OTHERWISE LEAVE BLANK	
	Date of test or evaluation
	Name of person requesting exam
	Location of examinee in the criminal justice system (probation, parole, etc)
	Reason for examination
	Date of last clinical examination
	Examination questions and answers
	Any additional information deemed relevant by the Polygraph examiner, eg examinee's demeanor
	Reasons for inability to complete exam, information from examinee outside the exam, etc
	Results of pre-test and post-test examination, including answers or other relevant information provided by the examinee
	Test questions
	Other, describe:
	Other, describe:

Q12. Does the treatment provider give you input into the question content for the polygraph exam?

- 1 Always or most always (Is this useful, why?) _____
- 2 Sometimes (Is this useful, why?) _____
- 0 Never or seldom (Is there a reason?) _____

"THE FOLLOWING QUESTIONS ARE ABOUT HOW YOU EXCHANGE INFORMATION WITH THE OFFENDER'S SUPERVISING OFFICER"

Q13. In general, how often do you talk to the supervising officer about specific cases?

(DO NOT READ RESPONSES, but circle as many as apply--try to get somewhat specific responses. For instance, if the respondent says "all the time," try to narrow that down. If s/he says "sometime a lot and sometimes never," try to find out in which situations the respondent speaks to the therapist frequently, and in which situations they never speak. Then try to code the responses in the following categories: add others if necessary)

- 1 Between daily and weekly
- 2 More than monthly but less than weekly (e.g., 2-3 times a month)
- 3 Monthly
- 4 Every couple of months
- 5 Never
- 6 For specific situations (depends on offender, when offender is "high risk", as needed, for deception)
- 7 Varies (probe, e.g., when do you and when do you not talk to therapists: _____

- 8 Other: _____
- 9 Other: _____

Q14. Do you think that you have an adequate amount of contact with the supervising officer?

- 5 Yes
- 2 Somewhat
- 0 No

IF NO OR SOME, what would be better?

Q15. For what reasons DO YOU contact a supervising officer?

DO NOT READ (*probe - - anything else?*)

Place a "1" here if mentioned; OTHERWISE LEAVE BLANK	
	Offender tried to manipulate the polygraph
	Offender had new disclosures
	Offender failed the polygraph
	Offender needed different type of polygraph
	Offender was not prepared for the polygraph
	Offender had physical/mental conditions that prevented them from doing the polygraph
	Payment for the polygraph
	Report behaviors encountered during the polygraph exam
	Scheduling of polygraph exams
	To discuss the results of the polygraph exam
	Other, describe:
	Other, describe:
	Other, describe:

Q16. Do you send copies of the polygraph report to the supervising officer?

- 1 Yes, always or almost always
- 2 Yes, more than half the time but not always
- 3 Yes, less than half the time
- 0 Never or seldom

Q17. Does the supervising officer give you input into the question content for the polygraph exam?

- 1 Always or most always (Is this useful, why?) _____
- 2 Sometimes (Is this useful, why?) _____
- 0 Never or seldom (Is there a reason?) _____

Q18. Do you think the offenders you polygraph are adequately prepared for the exam by the treatment provider and the P.O.?

- 1 Yes
- 2 Sometimes
- 3 No, what would help?

"NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE SUPERVISION AND TREATMENT TEAM AND HOW DECISIONS ARE MADE"

Q19. Typically, who is included as part of the supervision and treatment teams?

1 Yes

0 No, Why?

Q19a. Typically, who (or who else) is included as part of the supervision and treatment teams? DO NOT READ RESPONSES, BUT PROBE: Is anyone else typically included? (Note: If PE is not part of the team he may not know the answer to these questions.)

Place a "1" here if mentioned; OTHERWISE LEAVE BLANK	
	Don't Know (Proceed to Q21)
	Therapist
	Supervising Officer
	Other:
	Other:

Q20. Typically, do ALL the team members meet or have a phone conference as a group to discuss specific cases?

9 DK

1 Yes



Q20PHONE. Does the team meet over the phone or in person?

1 Phone

2 In Person

3 Both

Q20OFTEN. How often does the team typically meet as a team on offenders?

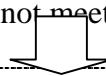
Q20ENOU. Do you think team meetings or phone conferences occur often enough?

1 Yes

0 No

IF NO, what would be more helpful?

2 **SOME** or **NO**, typically team members do not meet or phone each other.



Q20WHY. Why is that? DON'T READ

Don't need to

No time/too busy

Lack of preparation by other team members

The examiner is not really treated as part of the team

Other

Q20SHARE. IF SOME or NO, do you and team members have other ways to share information? What?

Q21. What, if any, are the pluses about a team approach to managing and treating the sex offenders?

Q22. What, if any are the minuses about a team approach to managing and treating sex offenders?

"THE LAST FEW QUESTIONS IN THIS SECTION REFER TO THE SOMB STANDARDS AND GUIDELINES"

Q23. Are there problems or barriers to implementing the SOMB Standards and Guidelines?

- 4 No
- 5 Yes. What are they?

Q24. Have you found ways to overcome these problems and barriers?

- 0 No. What has gotten in the way of trying to overcome these problems?
- 1 Yes. What were they?

Q25. Which standards, if any, should be reconsidered? Why?

Q26. Do you think there are important issues that are not covered or are not adequately covered by the standards?

- 0 No
- 1 Yes. Which issues?

Q27. Do you feel as if you have had input into the process of developing the standards?

4 No. Is there a particular reason why you feel you have not had input?

5 Yes. How have you had input?

Q28. Do you have suggestions for how the SOMB could be more effective in implementing the standards?

4 No

5 Yes. What are they?