

Suggested Staffing Content with Treatment Providers

If you are uncomfortable or unsure about what should be discussed during staffings, hopefully the information below will be helpful. The idea is to have all efforts (of the offender, USPO, and vendor) working toward the same goals. The more that you can encourage treatment services to be geared towards supervision goals, the more effective their efforts will be at reducing recidivism. If they can address thinking errors during counseling, that reduces the efforts needed on your part.

Initial 3-Way Staffing

The counselor should already have the referral packet. In advance of the staffing, you can provide information on the criminal thinking styles and the Drivers and Interventions that you have identified in the case plan related to each dynamic risk factor. Begin by asking the offender what their goals of treatment are. This allows you to gauge their involvement in and thoughts about treatment. Then use the information they provide to reinforce what your goals and concerns for their treatment are. The more that you can merge the goals of supervision with the goals of the treatment plan, the better. Ideally, you should collaboratively develop a treatment plan (short and long-term goals with anticipated time frames, measurable objectives, type of treatment and frequency).

Cognitions

Drivers: General Criminal Thinking, both proactive and reactive, criminal thinking styles, lack of knowledge of thought processes

Interventions: MRT, Address Criminal Thinking Styles, Cog Models, Attitude toward supervision, role play, problem solving, discuss thinking styles in treatment

Social Networks

Drivers: no role models, antisocial established peer network, lack of prosocial leisure activities

Interventions: discuss prosocial leisure activities, encourage experiences to meet prosocial people, discuss social skills to attract prosocial people, discuss in treatment

Alcohol/Drugs

Drivers: poor coping skills, family members use/abuse, antisocial peers, unmedicated MH issues

Interventions: MRT, Address Criminal Thinking Styles, Cog Models, discuss thinking styles in treatment, discuss drivers and triggers

Monthly Staffings

Provide a supervision update including: Information on dynamic risk factors, Drivers/Interventions, Prosocial or anti-social issues identified through home, office or collateral contacts, UA testing results, and PCRA reassessment info. If in separate MH, SO or SA treatment, encourage communication among the two different counselors. Inquire of progress toward specific treatment goals and inquire what additional goals/objectives need to be accomplished for successful completion of treatment.

Discharge 3-Way Staffings

Ask the offender to discuss their future goals that they will continue to work on, what they have learned through treatment, what their triggers are, and if necessary, what community resource that they are transitioning to. Discuss with counselor the progress in completing the treatment goals outlined in their treatment plan. Discuss any concerns for the future and how the offender can reach out if he/she needs help.