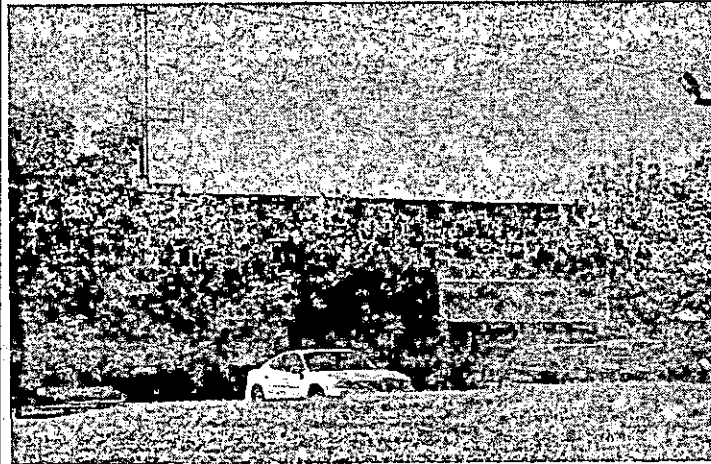


Getting to Know STIRRT Continuing Care

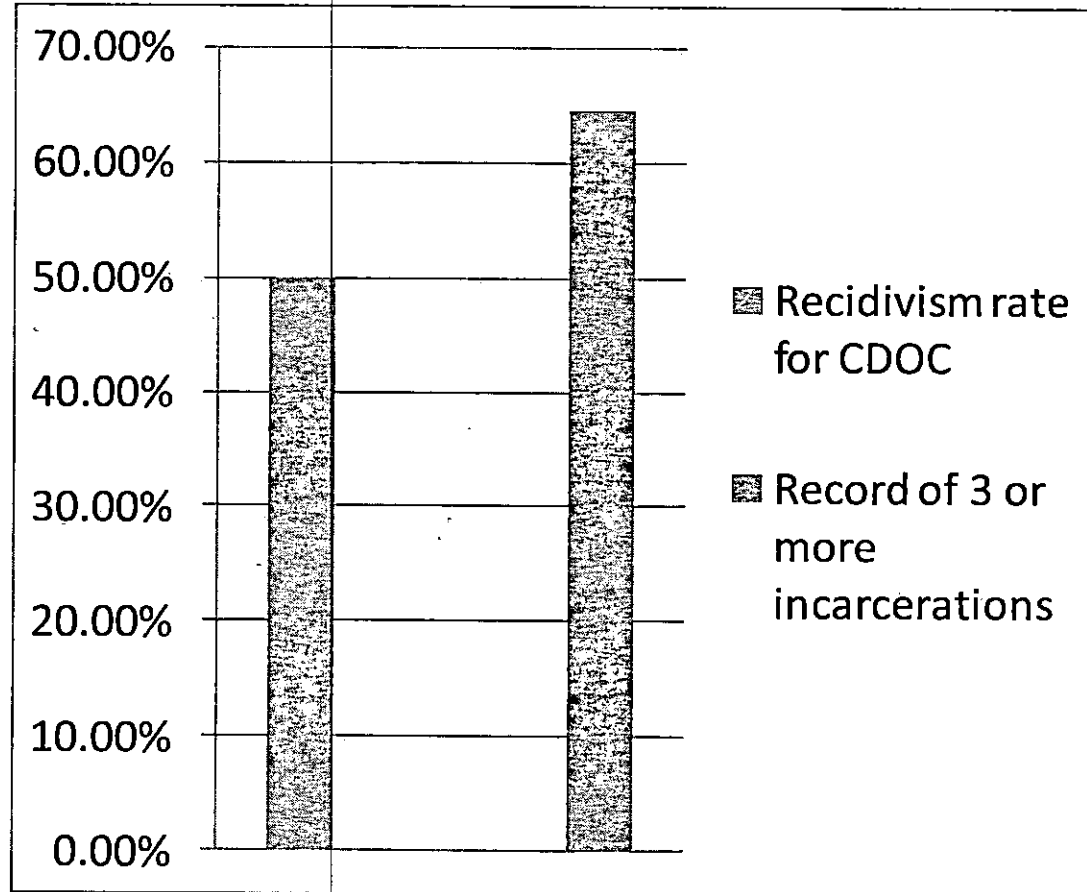
What is STIRRT?

Short Term Intensive Residential Remedial Treatment

- About
- Programs
- Referral Process
- Funding Sources

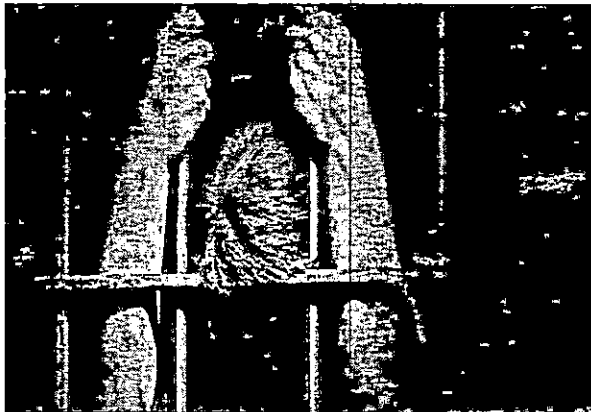


Recidivism Statistics

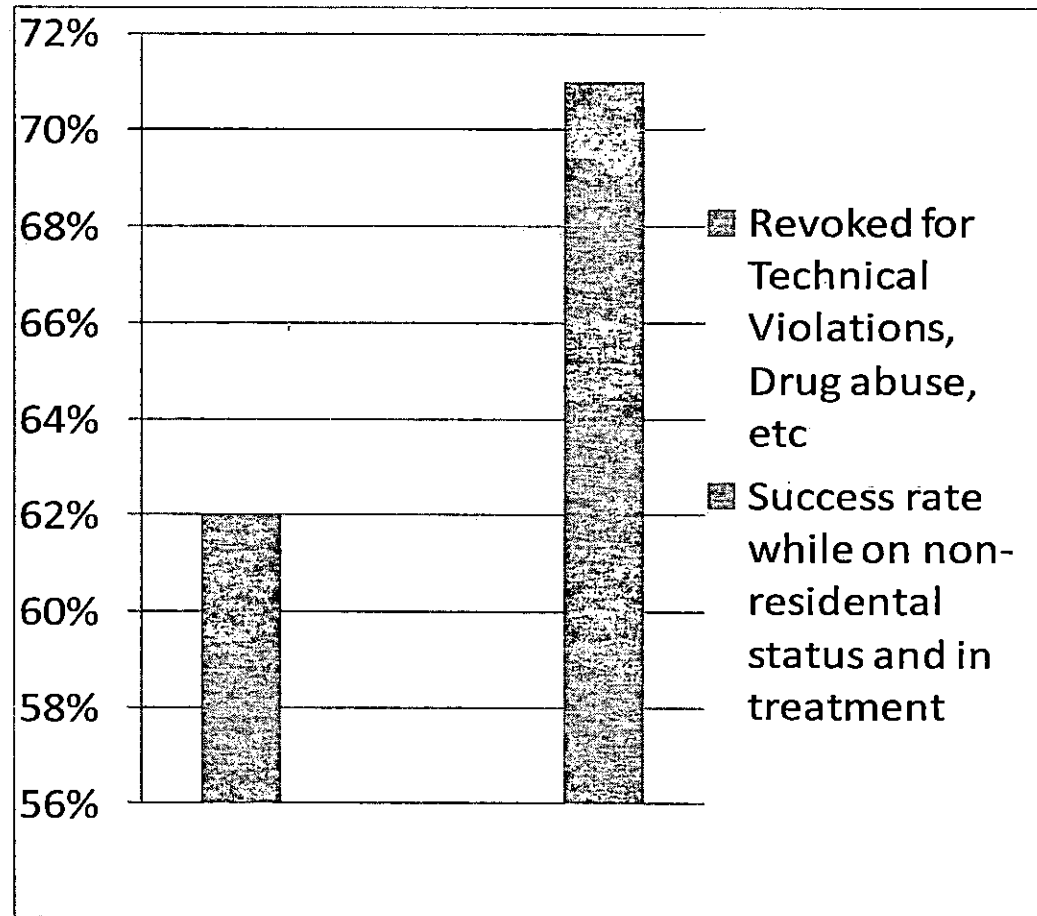


Annual State
Report Fiscal
Year 2013
Division of
Criminal
Justice
Colorado
Department
of safety 2013

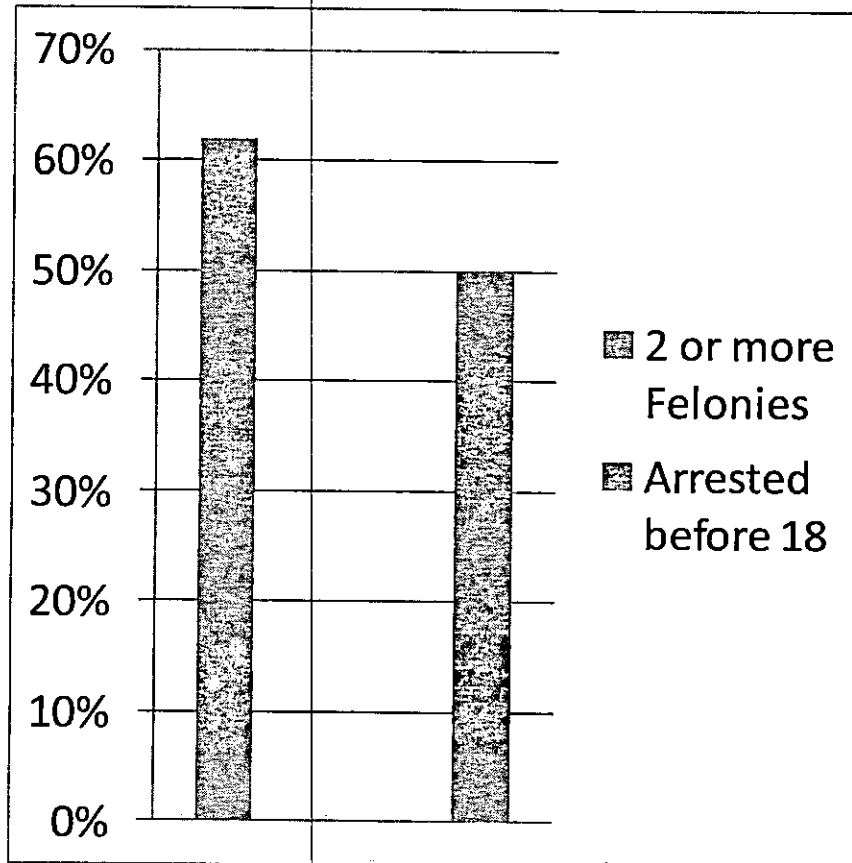
Treatment vs. Incarceration Statistics

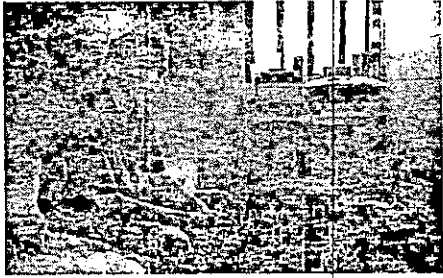


Annual State Report Fiscal Year
2013
Division of Criminal Justice
Colorado Department
of safety 2013

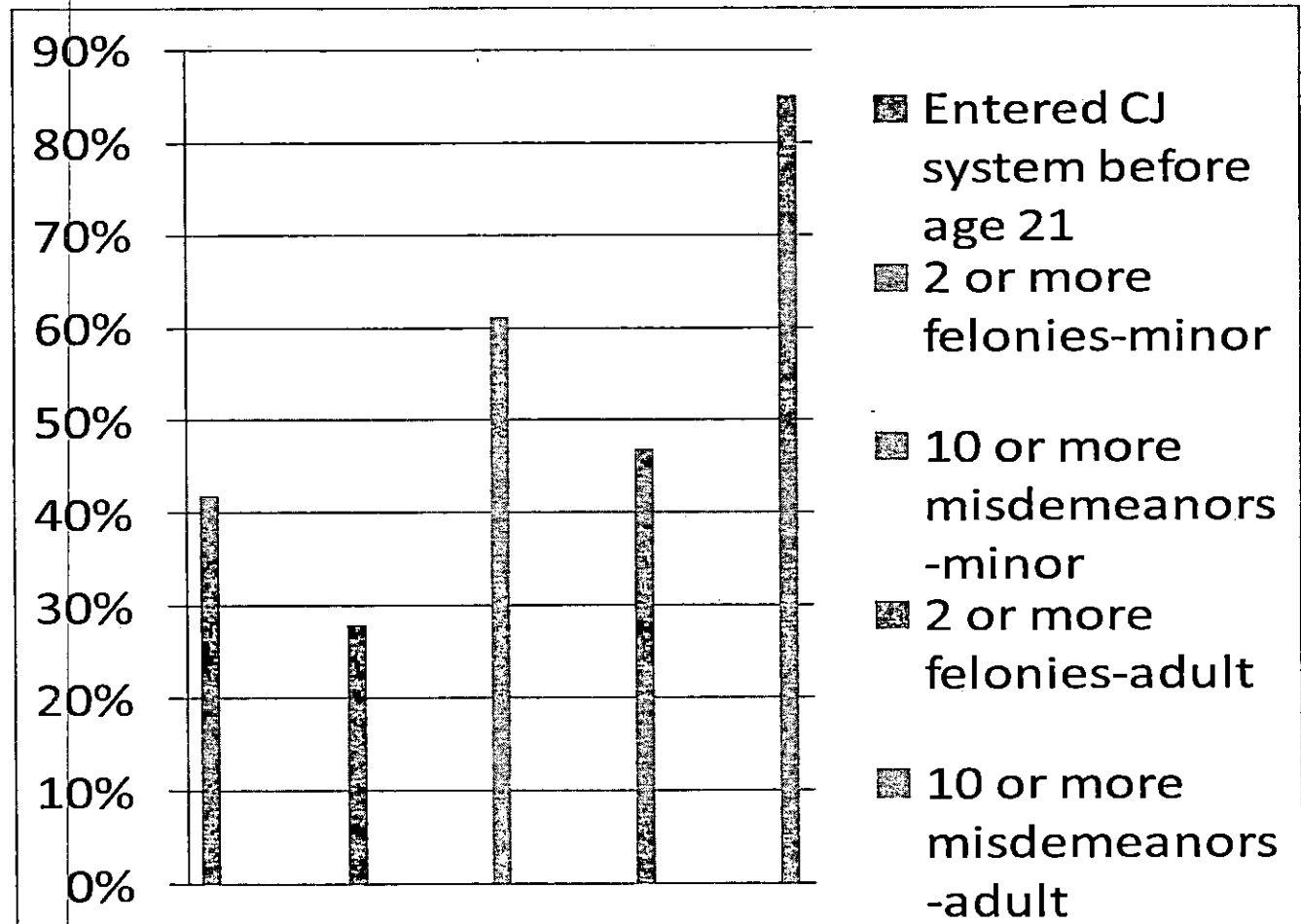


STIRRT CC Clients

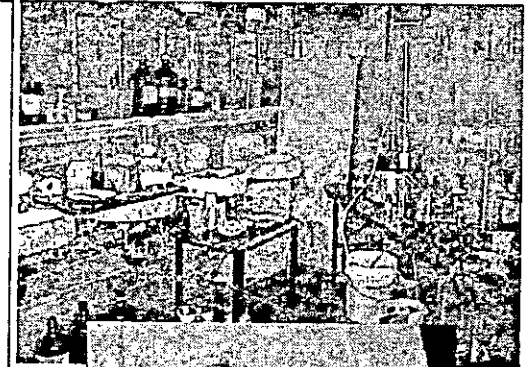
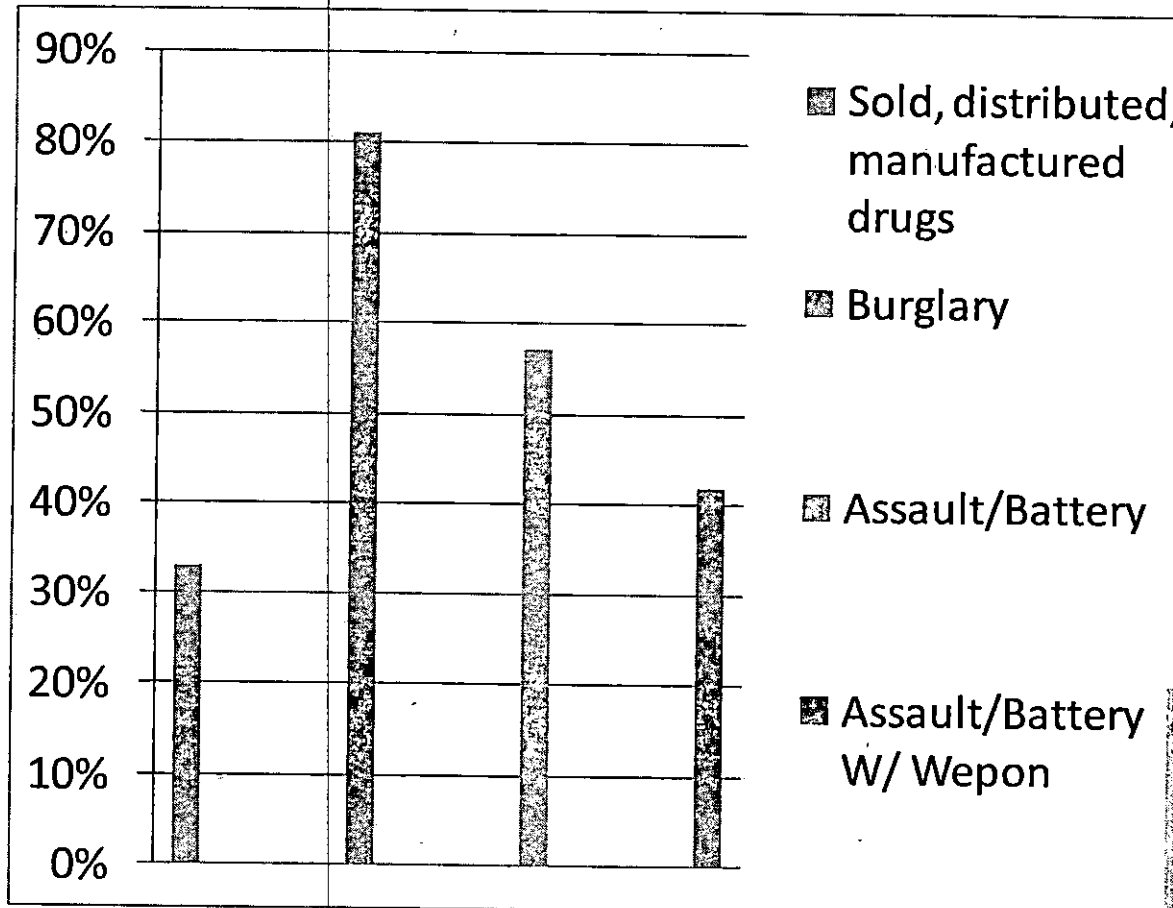




Legal (males)

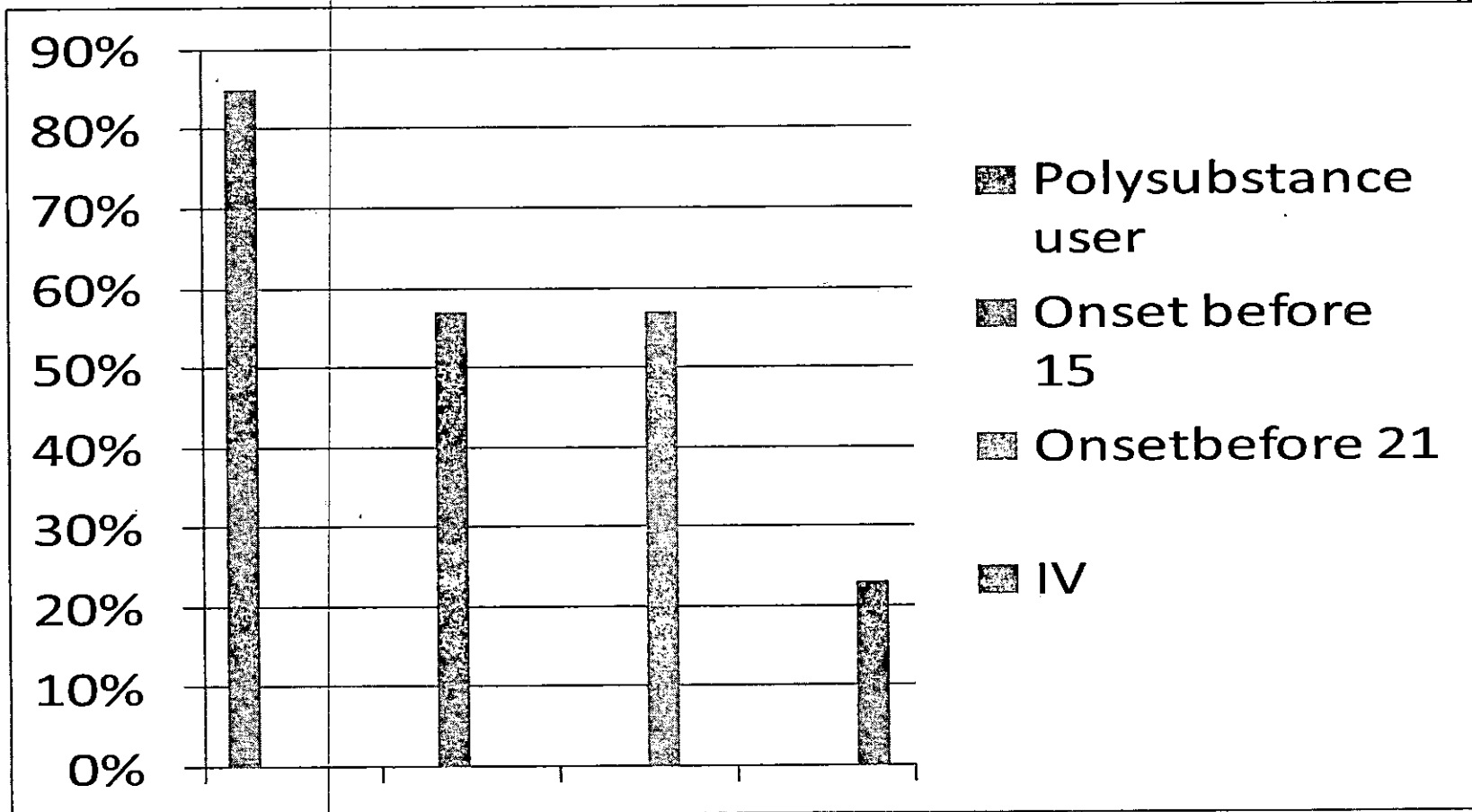


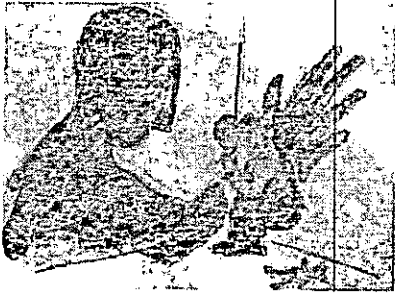
Crimes as Adults (males)



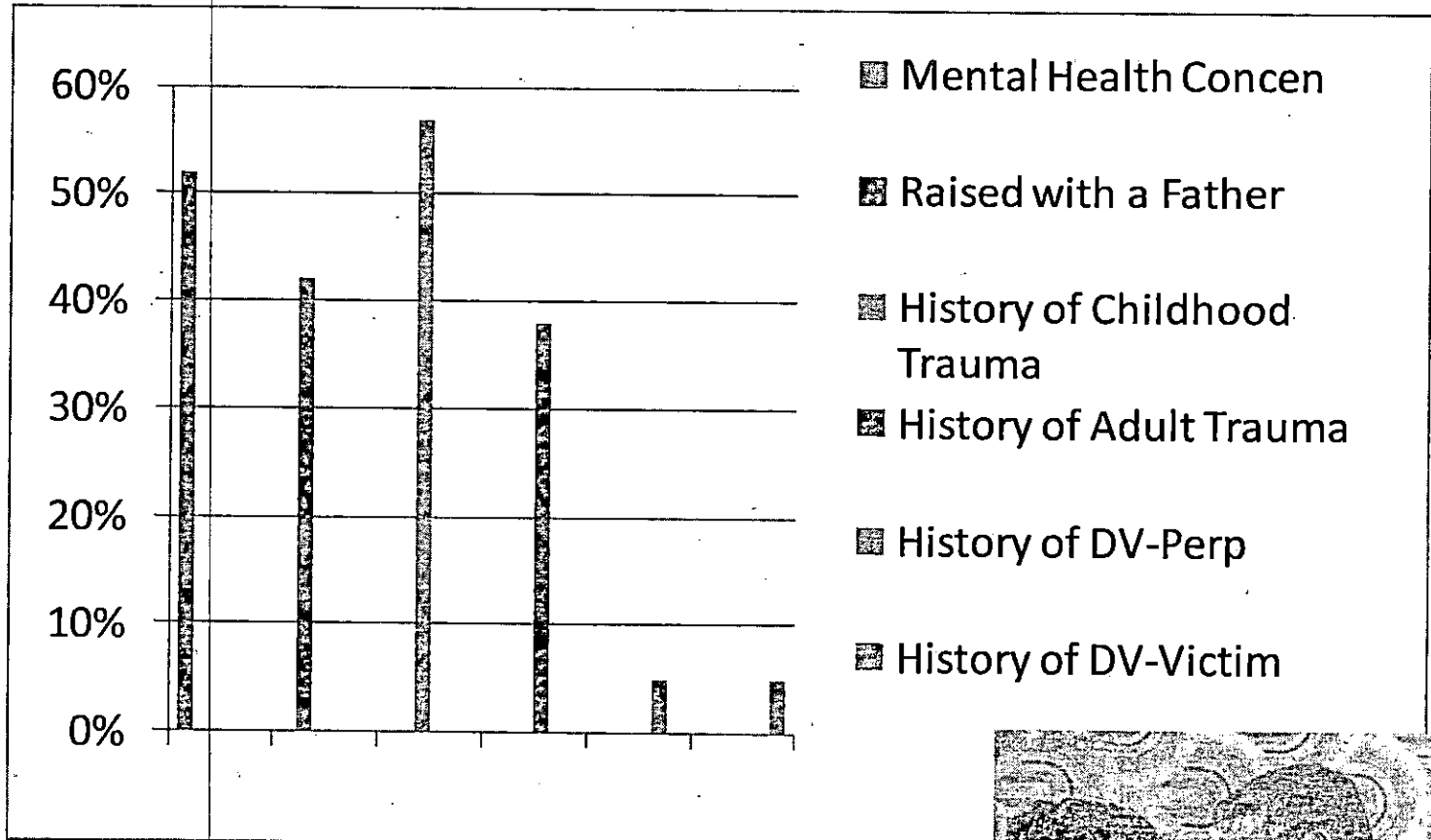


AOD (males)

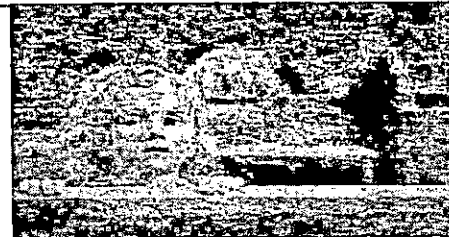
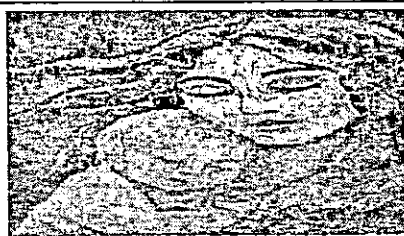
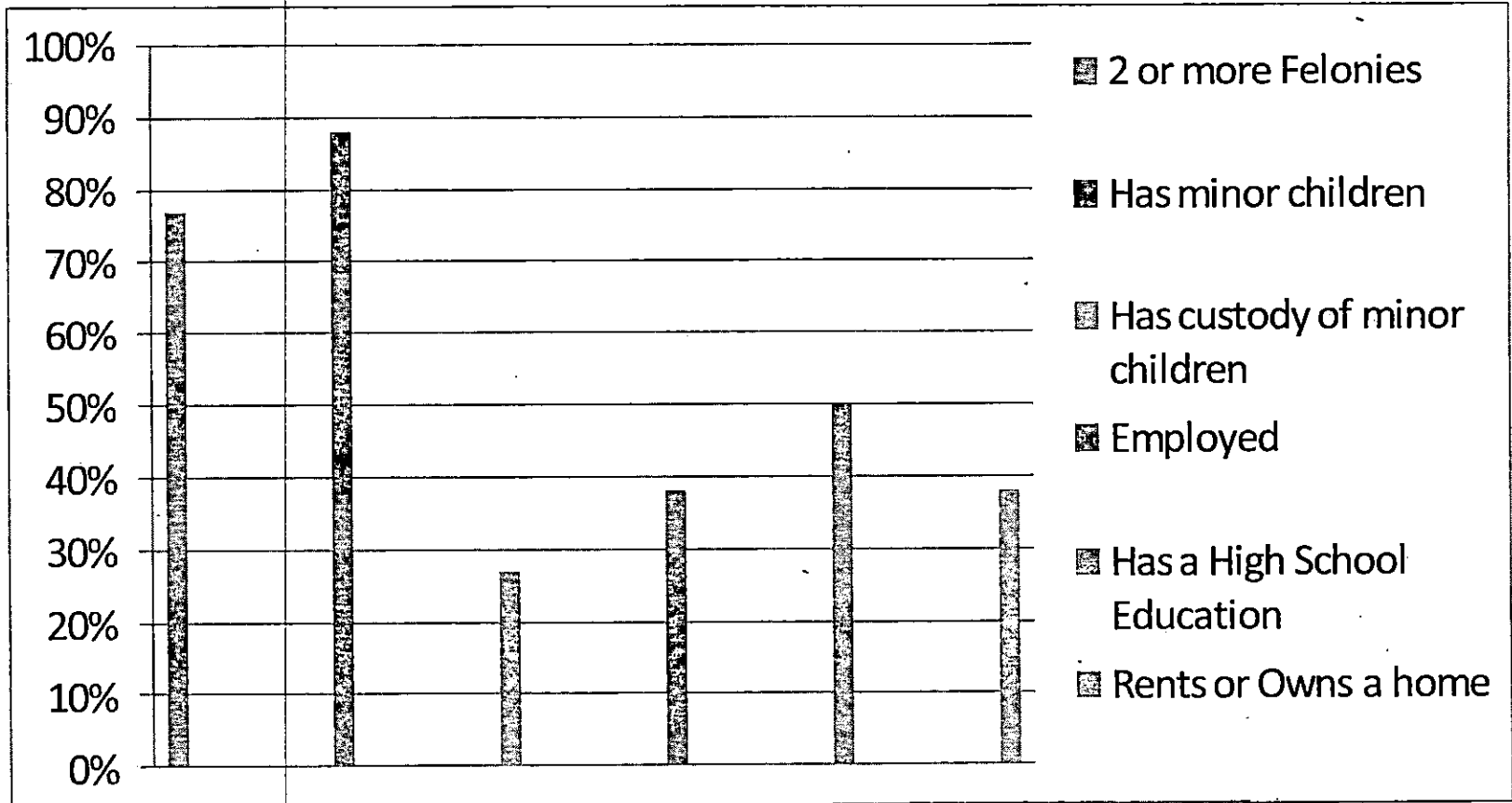




Mental Health (males)

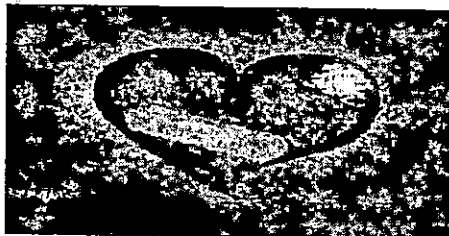
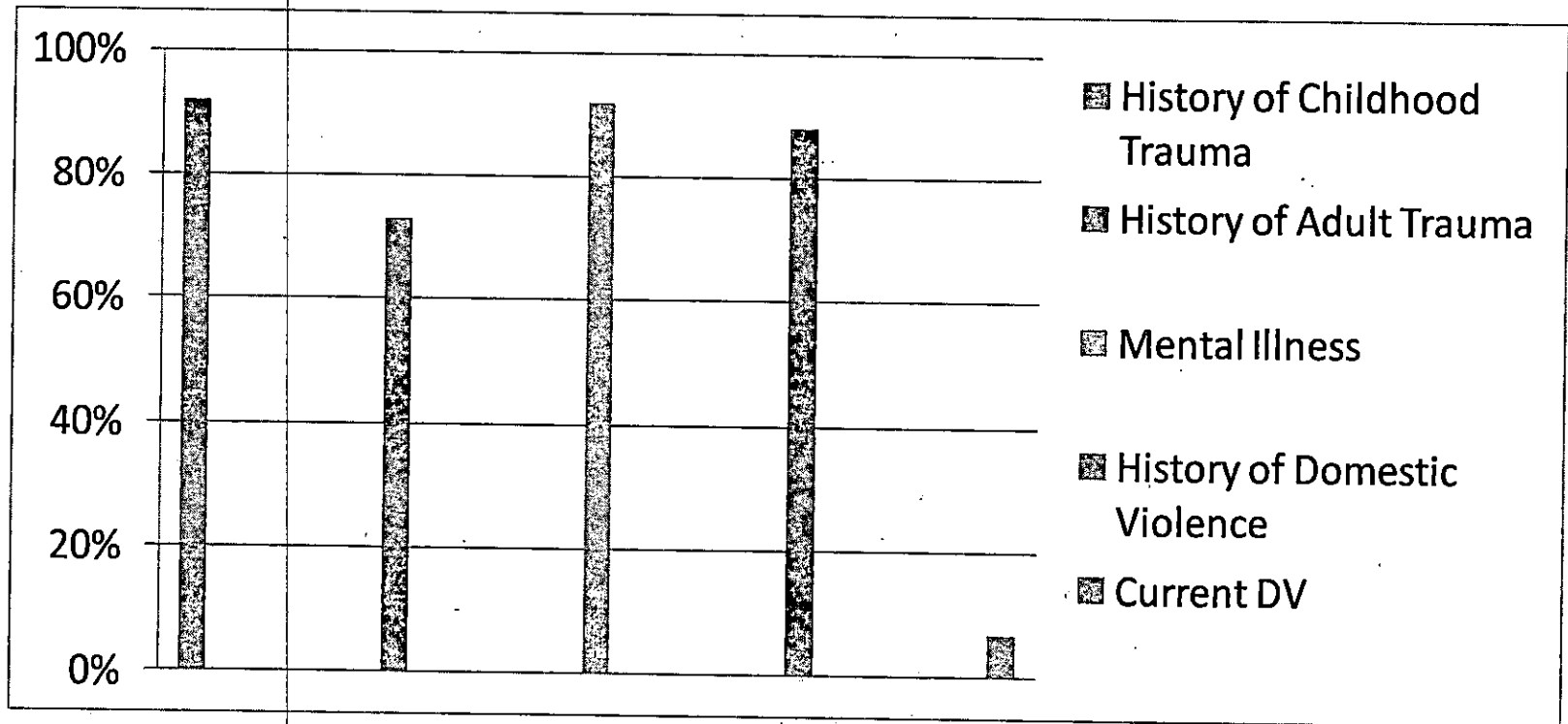


Case Management Needs (females)



Mental Health and Trauma

Statistics (females)



“What Works and What Doesn’t” *Dr. Edward Latessa*

#1 The RISK Principle (*WHO*)

Most intensive structured treatment & intervention programs are for offenders who:

- 1). Pose a higher risk of continued criminal conduct.
- 2). Have a higher probability of recidivating.

Placing lower-risk offenders in high risk offender programs:

- 1). Often increases failure rates
- 2). Tends to disrupt prosocial networks

#2 The NEED Principle (*WHAT*)

THE BIG FOUR:



1. Antisocial attitudes
2. Procriminal associates
3. Temperamental & antisocial personality patterns
4. History of antisocial behavior

THE REST:



5. Familial factors
6. Personal, educational, vocational or financial achievement
7. Prosocial leisure activities
8. Substance abuse

#3 The Treatment Principle (HOW)



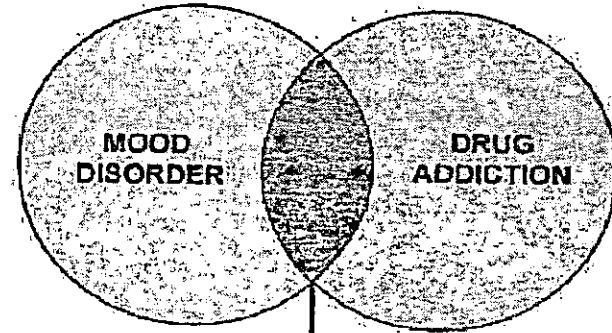
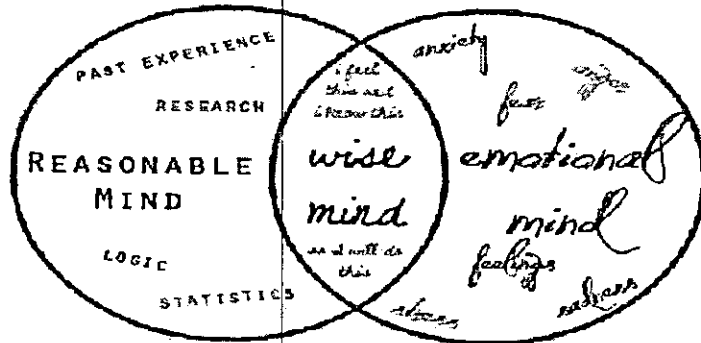
Most Effective:

- Behavioral
- Present circumstances
- Risk factors
- Action vs. talk oriented
- Structured
- Modeling/behavioral rehearsal
- Engender self-efficacy
- Challenge of cognitive distortions
- Problem-solving & self-control skills

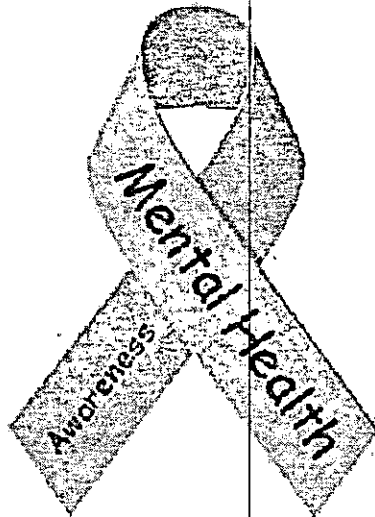
Done through:

- Structured social learning programs
- Cognitive behavioral programs
- Family-based interventions

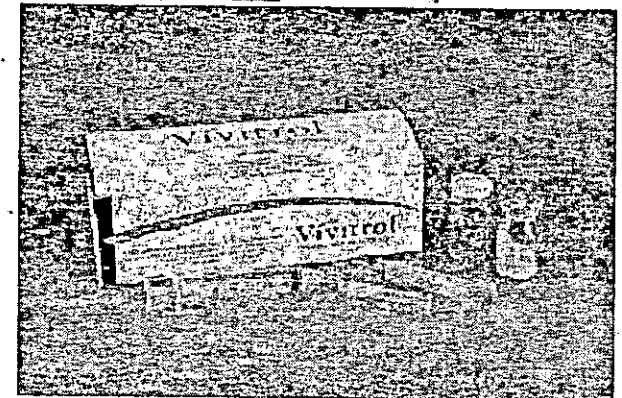
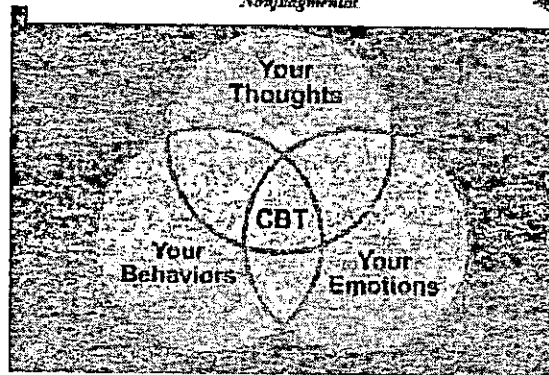
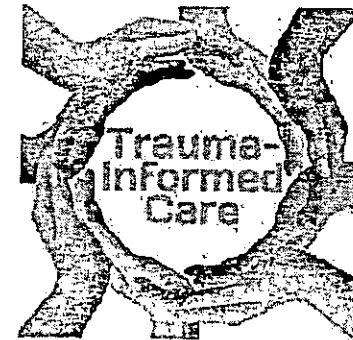
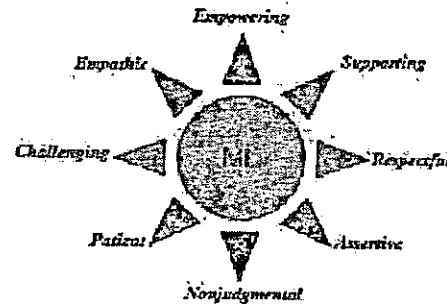
Therapeutic Tools



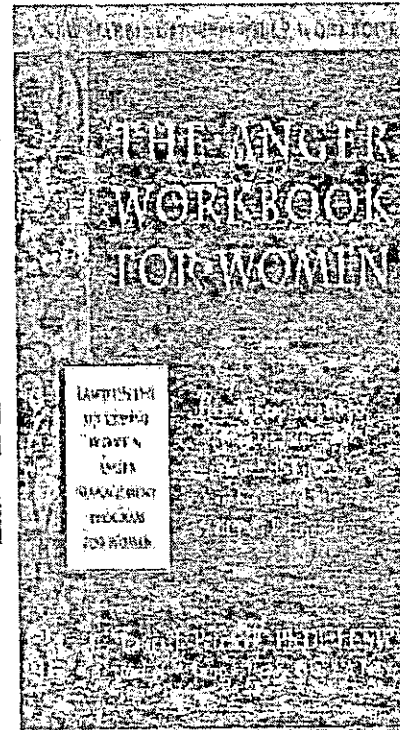
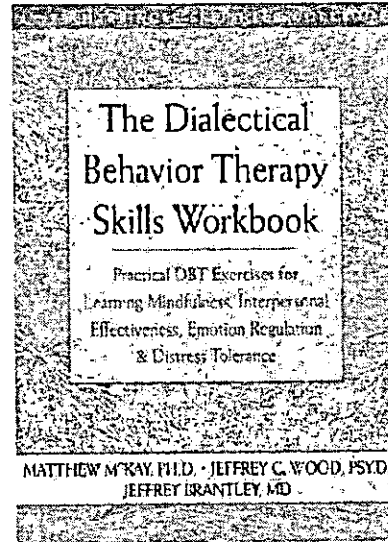
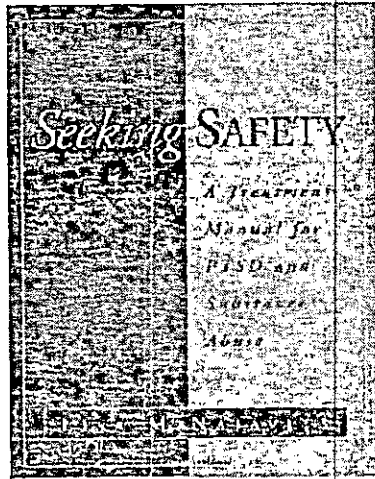
DUAL DIAGNOSIS



MI Relationship



Additional Curriculum



Parenting

STIRRT Curriculum



The Group Process

- **Support, Encouragement, Challenge, Skills Practice**



- **Scheduled flexibility**

6:00-6:10

**TAP Charts & Master
Assessment Plans**

6:10-6:30

Client Check in

6:30-6:45

**Review last group &
today's SSC curriculum**

6:45-7:10

**Small Group
Skills Practice**

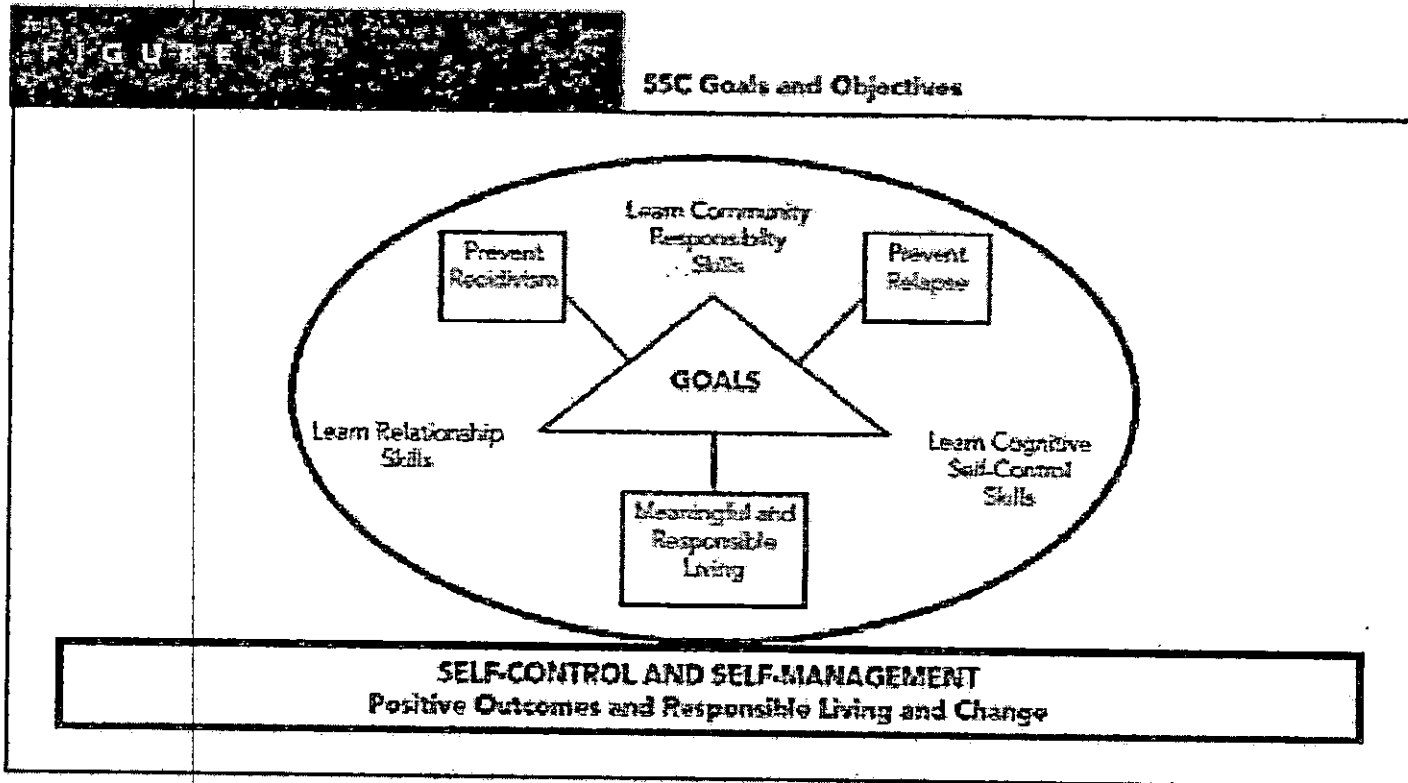
7:10-7:30

**Large Group
Discussions**

7:30-8:00

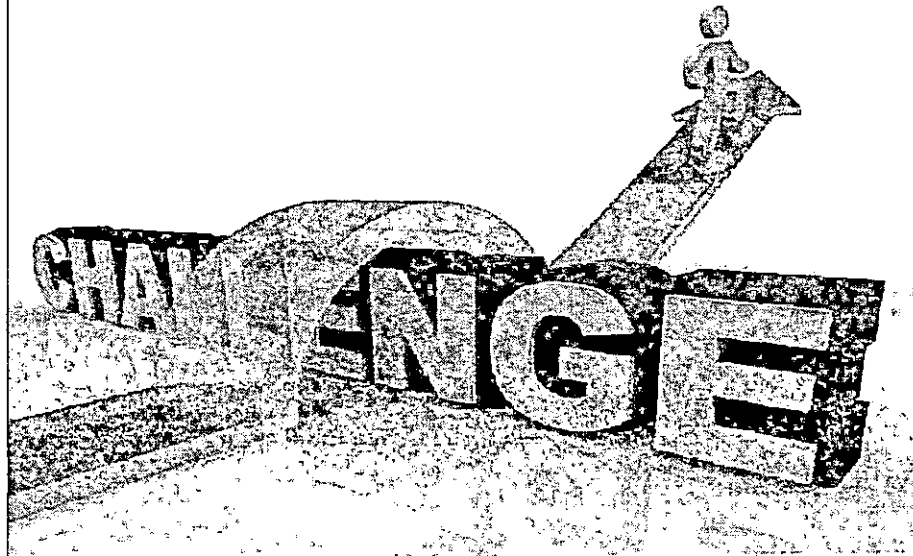
**Client Check Outs
& Take Away's**

Self-Control & Self-Management



SSC : 3 Treatment Phases

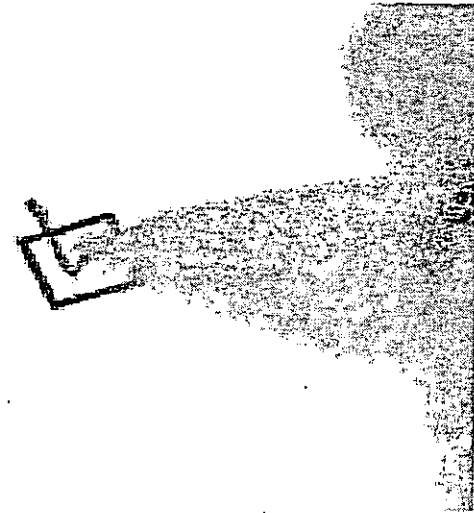
- Phase I - Challenge to Change



SSC : 3 Treatment Phases

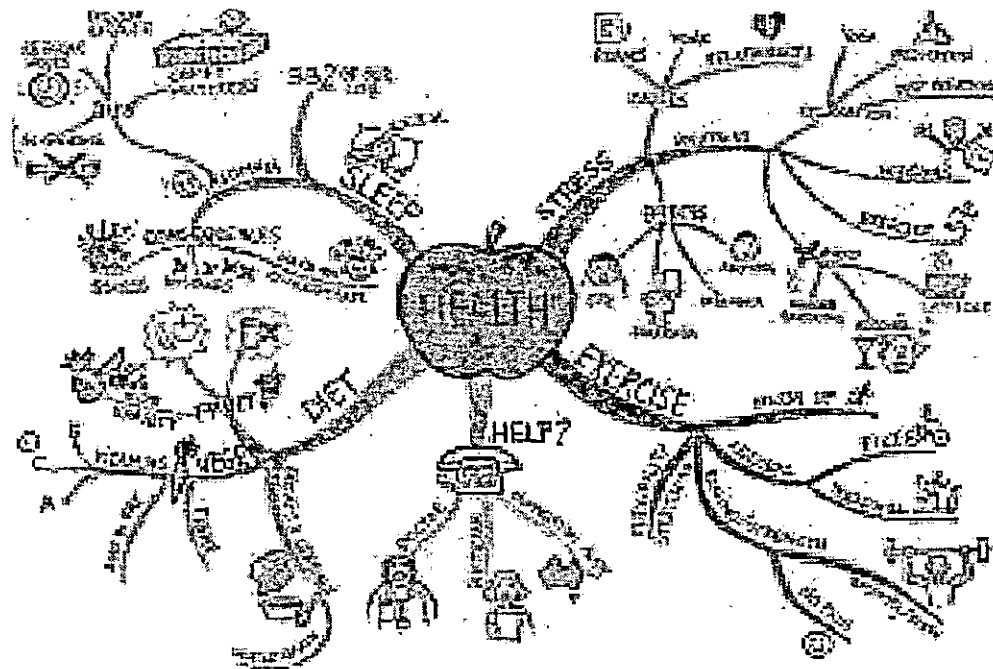
- Phase II - Commitment to Change

Yes



SSC : 3 Treatment Phases

- Phase III - Taking Ownership of Change



Summary

- Questions
- Observations
- Input
- Suggestions

