**Supervision-Treatment Relationships**

**What works and recommendations for practice**

* **Communication:** Frequent and high quality
* **Roles:** Therapists and probation officers have an understanding and appreciation for each other’s roles
* **Collaboration:** Agents and treatment providers work together to meet both supervision and treatment goals

**“Linkages” and other collaboration strategies:**

* + Using regular cross-trainings where officers and providers train together
  + Using case management services
  + Resource sharing
  + Joint assessment of clients (e.g., SOTIPS)
  + Joint planning of client service goals
  + Mutual sensitivity to concerns of the other agency/program
  + Sharing of information
  + Staff meetings
  + Housing agents and providers closer together
  + Protocols for resolving conflicts

**Barriers to effective probation agent/therapist relationships and treatment/supervision goals**

* Poor communication (e.g., infrequent, late, poor quality, etc.)
* Not valuing treatment (more value in putting fear into clients)
* Belief that treatment providers do not motivate clients to take responsibility for their sex offenses
* Treatment provider inexperience or lack of sex offender treatment training
* Tough, unrealistic probation officers
* Conflict between therapy and probation goals
* High caseloads
* Technology burdens (i.e., GPS)
* Variability in rule interpretation and enforcement
* Lack of funding for treatment
* Variability of assessments
* Unclear graduation criteria

**Discussion**

* Do you agree with the factors that enhance the treatment-supervision relationship? What would you change/add?
* What have you found helpful in navigating conflicts with the therapist-agent relationship, including role overlap?
* What are the common goals of supervision and treatment?
* What is valuable about treatment?
* What is valuable about supervision?
* What is needed to maximize the value or contributions of both supervision and treatment?