# CASE PLANNING
## Bringing it all together

Case planning is a process of exchange between the probation officer (PO) and client that focuses on identifying targets for change, generating steps and resources, and developing a plan that will increase the client's success in meeting the mutually agreed upon goals. These goals may, or may not, include items from the terms and conditions. Sometimes terms and conditions are a sanction for committing the crime and are a task list of things that the client needs to complete (e.g., pay court fines). Other times there are items on the terms and conditions that either directly (e.g., attending substance abuse treatment) or indirectly (e.g., contact restrictions) relate to criminogenic needs. While the product of this process is a case plan document, the development of the document should not supersede engaging the client in the case plan conversation. If done well, case planning utilizes information from a variety of sources including the client, the PO, collateral information and the assessment tools, and generates enough information to complete a case plan document that provides a roadmap of change for the client. Case planning can be organic (i.e., arising informally from a conversation with the client), or planned and driven by attention to time or event factors, however, it is seldom a linear process. Most often, there is a great deal of negotiation about what the targets for change are and how to go about meeting the goals set based on those targets. Further, it is helpful to limit the number of goals in a case plan so that it is not an overwhelming feat for the client. Usually anywhere between one and three goals are recommended. Ultimately, case planning requires a great deal of flexibility within certain parameters and this document serves to describe those parameters.

### Using assessment information

The client's assessments provide us a good starting point about what areas we need to attend to. Assessment tools provide us with four types of information. They give us the client's level of risk for recidivism which informs us about the level of supervision and containment needed. They help prioritize the criminogenic needs, or the current drivers of crime, particular to that client. They provide us with information about the strengths and protective factors relevant in a client's life. And they provide us with an excellent opportunity to share this information with the client to develop discrepancy and clarify targets for change.

### Prioritizing criminogenic needs

While there are certain criminogenic needs that are more potent than others (e.g., the Big Four), what is of crucial importance is the relevant criminogenic priorities of the client we are case planning with. It is these relevant criminogenic needs that will provide us the best bang for our buck when addressed. We gather this information by looking at the subscale percentages for each of the assessment areas, or by consulting the graphic output that the assessment provides (as in the case of the CJRA). In the past, the three highest scoring scales were often prioritized. Rather than using that to determine which area(s) to address or if there are several criminogenic needs that are high priorities for the client, consider the following:

a) Start with the criminogenic need that is one of the Big Four (anti-social attitudes, beliefs, cognitions, companions, and low impulse control)
b) Start with the criminogenic need that the client is most motivated to change or the most concerned about

c) Start with what you think the client might have the most immediate success with
d) Start with the criminogenic need that seems to be the one that is driving antisocial behavior the most for this particular client
e) Start with the criminogenic need that might be connected to other needs (e.g., addressing peers may also address substance abuse issues and difficulties with the family)

**Maximizing strengths and protective factors**

Sometimes, focusing only on criminogenic needs means that we are emphasizing the pathology of the client or only focusing on what is wrong. Therefore, it is helpful to highlight and develop strengths and protective factors in the client, both internally and externally. We gather a client's strengths and protective factors through their assessments but also through conversations with them. In the literature on what helps clients desist (or stay away) from crime in the long run, there is an emphasis on strengthening the internal world of the client by developing human capital and supporting the external world of the client by supporting their social capital. Developing human capital means supporting the client's strengths, encouraging the client to recruit their strengths in the attainment of their goals, supporting their skill development and their motivation and efficacy related to change. Developing social capital means developing social bonds and networks that support change. Many officers use worksheets that help clients articulate what some of their strengths and supports are. Others discuss with clients what they see as characteristics that help them be successful. Still others ask about what strengths and supports a client wishes to develop.

In case planning, strengths and protective factors can play the following roles:

a) Developing or strengthening protective factors can be one focus of a case plan
b) Existing strengths can drive the conversation about the steps that the client will take in meeting certain goals
c) Protective factors can be sources of support when obstacles to the steps in the case plan are encountered

**Sharing feedback**

Providing feedback that is normative and well-timed can be an excellent tool to developing discrepancy and helping build a client's motivation to change. Studies have found that just the process of providing feedback can result in a change in behavior. Providing assessment feedback helps uncover what the client's motivations are for change and engages the client in a dialogue about change. A simple strategy for providing feedback is using the Elicit-Provide-Elicit format where the PO first elicits from the client permission to provide assessment feedback, then provides small chunks of information at a time, and follows up each chunk of information with eliciting from the client what he/she has understood. Here are some guidelines when providing feedback:

- Be familiar with the assessment you are providing the client so you can answer any questions they may have
- Avoid getting defensive or defending the assessment if they disagree or say the assessment is a bunch of nonsense – the point is having the client think about the information, not proving that the assessment is right
- Allow time for the client to respond verbally to the feedback you are providing by pausing while giving feedback. Some questions that might help are:

    - What do you make of this?
    - What is it that stands out the most for you?
    - What surprises you about this information?
    - What parts make sense?
    - What parts are hard to swallow?
- Watch for any change talk that arises from the client, because this will support the development of a case plan.
- When you are done, summarize before going to the next task and ask, "Are you ready to go on?"

**Attending to the client's priorities**

Clients come in with their own ideas about what needs to change in their lives. There will be times when the target you pick as a case plan goal is only tangentially related to a criminogenic need, but is clearly causing the client the most consternation (e.g., quitting smoking, changing jobs, getting a new car). These non-criminogenic priorities would also include paying attention to certain stability factors that might be getting in the way of the client moving forward like lack of accommodation, need for food, medication issues, childcare issues, etc. Addressing these stability factors will provide the client a stable platform from which to address their criminogenic needs. However, solely addressing these stability factors without attending to criminogenic issues will not reduce the likelihood of future criminal activity. Mutual agenda setting is a process that will help delve into what the client sees as his/her priorities. The process involves being transparent about what the assessments are indicating as change priorities and asking what the client believes their change priorities are. Again, some POs use worksheets to help the client identify his/her priorities or interests in terms of change. Others conduct a conversation to explore these with the client. Some questions that help this process include:

- "What would you like to accomplish in the next month?"
- "What are some things that are getting in the way of you being successful on probation?"
- "What are the top three things that you would like support with?"

It is definitely a client-centered approach to include these goals in the case plan, with the following two cautions:

a) The goal is not realistic, in which case help the client break the goal down into smaller, more attainable goals
b) The goal is not prosocial, in which case redirecting the client and reframing the goal will be necessary

**Structuring Goals and Steps**

Once the target area has been identified (based on assessment information, the client's strengths/protective factors, or the client's priorities), the next step is to develop a tangible, behavior-based goal related to the target area and then to develop steps that the client might take to meet the goal. Articulating what exactly the goal is requires some negotiation with the client. Helpful things to ask are:

- "What specifically do you want to have happen?"
- "You've identified something that's really important. If we had to break it down, what might be a small goal you would be willing to work towards?"

- "How might we phrase this so we can write it down?"

Once the goal is articulated (knowing that it may change as you proceed), begin the brainstorming process around what might be some steps the client could take toward achieving this goal. Again, the elicit-provide-elicit format and using other MI techniques such as expressing concern and providing a menu of options will be helpful.

Example #1: The assessment indicates that the top criminogenic need for the client is an antisocial attitude. In your conversation with the client as you provide assessment feedback to him, you ask how his attitude may have caused him problems. He responds that he doesn't think he has an attitude problem, but people in authority seem to think so. After exploring this you find out that the client's boss at work has given him similar feedback. You resist the temptation to write down "develop a better attitude" as a goal and begin to work on making it more specific and short-term. Here is a goal and corresponding steps you and the client come up with:

GOAL: Reduce the arguments with my boss from six to one a day.

STEPS: Between now and my next meeting with my PO, I will:

- Ask my PO or therapist for input about what skills will help me be assertive
- Role-play these skills with my wife (**engaging social capital**)
- Identify how my co-workers successfully manage difficult situations with my boss
- Utilize the skills I have learned in therapy and from my PO and write down what I tried and what the results were
- Make a list of the thoughts that go through my head when I feel angry
- Make a list of ways that I know I am getting angry before I act out
- Bring these lists to my meeting with my PO next month

Example #2: You would like to work on developing some strengths with your client. The client identifies her strength as her willingness to learn new things and in conversation with you relates that she would like to get her GED. Together, you develop the following plan:

GOAL: Take the GED test six weeks from today (on 2/1/12).

STEPS: Between now and my next meeting with my PO, I will:

- Call the GED prep-class today using the information my PO has given me
- Enroll in the GED prep-class by the end of this week
- Tell my sister that I am taking the test so she can watch my kids (**engaging social capital)**
- Tell my friend Jamie that I am taking the test so she can help me because she has already taken it (**engaging social capital)**

Example #3: Client identifies that he has been having trouble in his relationship with his wife and while you think that they have a perfectly fine relationship and that he has other, more important things to work on, you are able to see that perhaps helping him be successful in his relationship will provide him the stability and support he needs to focus on other areas. In conversation with the client, you both develop this plan:

GOAL: To increase my level of happiness with my wife from 5 (where I am now) to 8 (where I want to be).
STEPS: Between now and my next meeting with my PO, I will:

- Call one of the three therapist recommendations my PO has given me by the end of this week
- Talk with my wife about attending couples counseling
- Make a list of what would need to change in order for me to be at an 8
- Make a list of how I would know that my level of happiness is at an 8
- Share both lists with my therapist, PO and (if they recommend it) my wife

**Following up**

At subsequent meetings with the client, it is helpful to check in about any particular steps the client was to have completed or to find out about how the process is going for the client. Often, the plan needs to be updated and changed due to changing priorities for you or the client. It is helpful to assess the client's level of engagement with the plan as this is predictive of whether they will continue to follow through. Respond to any resistance or change talk that the client has to offer in relation to the change plan and his/her progress. Brainstorm solutions to any obstacles the client has encountered. Sometimes it can be frustrating when you have spent a great deal of time engaging the client in a case plan and the client does nothing to follow through. However, this can happen for a variety of reasons, and it may be important to understand what caused the interruption in the process. It could be that there is something else going on that is distracting the client from his/her goal; the client may have a different goal that is competing with the one he/she set with you; or, the client may be up against some old patterns that he/she wasn't able to identify at first. If the client has followed through with the steps laid out in the plan, provide affirmations and discuss what some of the changes the client is experiencing as a result. This will also help highlight any unpredicted benefits that the client is enjoying because of this change.

**Example #1: Clarifying expectations:**

Client: *"I know signing up for treatment was on my plan, but I thought you were going to send a referral first".*

PO: *"It seems that we had a misunderstanding, so let me clarify; my expectation is that you call treatment and schedule an intake. You can expect from me that I will send them referral paperwork but that is entirely separate from you calling them. Based on what I've said, tell me what your next step is."*

**Example #2: Brainstorming solutions:**

Client: *"I did what we agreed on and went to therapy, but I don't like the people in it and I don't feel like I'm getting anything out of it."*

PO: *"It's a difficult situation. I hear that you'd really prefer not to have to do the therapy group as it's not benefitting you right now and yet in order to complete your probationary requirements, you need to complete the group."*

Client: *"Yeah, I know that but why should I have to do something I'm not getting anything out of. What's the point? It's a waste of time."*

PO: *"It sounds really frustrating and I can see your point. It must also be frustrating for you to have me keep pushing you to go. I would also like to see you successfully complete probation. I wonder if we can brainstorm some ways to make the group more tolerable for you so that you can progress towards completion of your requirements."*

Client: *"I guess it would be helpful to brainstorm. I do want to finish up with probation."*

**Example #3: Competing concerns**

Client: *"Well I've just been stressed out. I'm really worried about being able to pay all my fees—restitution, etc. And I don't want to get in trouble. I know you probably think I'm just trying to get away with not paying my fines."*

PO: *"Actually, I appreciate that you are thinking about these things. Let's not get ahead of ourselves and instead let's focus on the things that need to get done more immediately."*

**Example #4: Distraction**

Client: *"I know I messed up and didn't do what we agreed last time. So now I'm probably going to be sanctioned."*

PO: *"You seem worried about what my response is going to be."*

Client: *"Well, yeah. Of course! I messed up and now you're probably upset with me."*

PO: *"Actually, I'm not upset but I am concerned about you. How is that for you to hear?"*

Client: *"Well…it feels good… I have been going through a hard time lately."*

PO: *"I'd like to hear more about that if you're willing to share."*

**Example #5: Affirming progress**

Client: *"Yes, I followed through and did the four steps we agreed upon."*

PO: *"That is excellent. Well done!"*

Client: *"I told you I'd do it."*

PO: *"How does it feel to have set your mind to something and been successful?"*

The process of case planning is a difficult one and is often a repetitive process. We plan, and re-plan with the client when things don't go the way we hope. It is this flexibility about how we help clients get to goals that is the marker of a strong working alliance. Capitalizing on the organic process of case-planning means recognizing in the moment that the client is ready to take some steps – this is more of an art than a science and learning this takes experience and time. However, good case-planning about relevant issues (versus non-specific terms and conditions) increases client engagement, solidifies motivation and supports success with behavior change.

**References**

Amrhein, P.C., et al., *Client Commitment Language During Motivational Interviewing Predicts Drug Use Outcomes.* Journal of Consulting and Clinical Psychology, 2003. 71(5): p. 862-878.

Bogue, B.M., A. Nandi, and A.E. Jongsma, *The Probation and Parole Treatment Planner*. Practice Planners, ed. A.E. Jongsma. 2003, Hoboken: John Wiley and Sons, Inc. 298.

Gollwitzer, P.M., *Implementation Intentions: Strong Effects of Simple Plans.* American Psychologist, 1999. 54(7): p. 493-503.

Miller, W.R. and S. Rollnick, *Motivational Interviewing: Preparing People for Change*. 2nd ed. 2002, New York, NY: Guilford Press. 428.