Webinar Transcript - Case Planning

OK, welcome to the National Criminal Justice Training Center webinar, Case Planning. My name is Greg Brown, and I will be moderating for you today. This webinar was provided under an award provided by the Bureau of Justice Assistance, BJA; Office of Justice Programs, US Department of Justice. The opinions expressed by presenters in their oral or written material are theirs alone and do not necessarily reflect or represent those of the National Criminal Justice Training Center of Fox Valley or the Department of Justice.

Today, I'm pleased to introduce Dr. Anjali Nandi. Anjali is an associate with the National Criminal Justice Training Center and a human service consultant. She is a member of the International Motivational Interviewing Network of Trainers, a licensed addictions counselor in the State of Colorado, and a nationally certified masters addictions counselor.

My name is Greg Brown. I'm a program manager at the National Criminal Justice Training Center, and we'll be moderating for you today and helping get your questions answered. So, Anjali, with that, the time is now yours.

Awesome. Thank you so much. And welcome, everyone. So what we're going to talk about is, how to case plan. And all of us, I think, either don't have case plans or use a variety of different things to guide what we do with the people that we serve.

There is no right way. However, there are principles that we ideally need to follow when we're thinking about how do we use our time most effectively with this person in front of me? And case plans are informed by assessments and are very individualized.

So we'll start there. We'll talk a little bit about how you put together a case plan, and then we'll talk about how do you navigate prioritization when there are maybe 17 different things that are happening. How do you know what to start with. Again, I just want to say, no right way, but my hope is by the end of this conversation, you'll have a little better understanding of what a case plan might look like.

So let's start with why change is so hard and therefore, what we need to pay attention to when we're thinking about case planning. Ideally, a case plan is about things that a person is struggling with, not things that they already are doing. So ideally, the case plan is not, continue to do what you're doing, it's let's figure out what is really important to you that you're currently struggling with so that we can help you change. And because of that, we're starting this conversation with why change is so hard.

So I've put a few bullets here on this slide about what makes change difficult, but I'm wondering if you all could be thinking about what I'm missing here or what you would add to what makes change so hard. So of course, it's really difficult to change a habit, and it's not just because we're used to it or it's comfortable, but because neurologically, in our brain, habits have certain pathways that are connected and myelinated in our brain. And because of that, if we have to change a habit, it's not like going down one single new path, it's actually unraveling a whole host of things that are really connected.

So habits is not just because it's comfortable, it's also a neurological thing. Several of you are typing into the chat some of the things that are not mentioned on this slide, which I love. So thank you so much for doing that.

So there's lack of support. Yes, change is really difficult when it's not supported. And it's not supported either by the people around us. So maybe I'm trying to stay away from alcohol or trying not to use substances or whatever it is. And if people around me are doing exactly that, they're using substances, it's going to be very hard for me to change that behavior. So that lack of support is really, really key.

Of course, the fear of the unknown. I think there's a saying about that, something like better the devil you know than the devil you don't or something related to that. So the fear of the unknown is real, and a couple of you have put it in there, of course, environment, family and friends, those kinds of things. Yeah.

And then Chantel was mentioning the lack of belief that they can actually do it or that they deserve something better. So this is really great, this lack of belief, the belief in my ability that I can actually do something is called self-efficacy. I'm actually going to type that into the chat here because it's a really, really important thing.

I could know how, but if I don't believe that I actually can change, it's going to be very difficult for me to change. So self-efficacy is the belief in my ability that I can actually do something. And then the other piece that you're bringing up is that if I don't believe I deserve better, then I likely won't do something different.

So that's really important. And I think in the conversation about change planning or case planning, it's really important to talk about that piece, about how we do deserve a different life or something different.

And then substance use and addiction, for sure, really, really difficult. It makes change even harder when the behavior is so connected to our reward system, when the behavior that we're trying to stop feels so good, why would we not do that. And the really difficult thing is that most of the behaviors that are difficult to change give us a reward immediately and the punishment later.

So think about substance use. It's the easiest example. It feels good right now. Yes, I'm going to get in trouble. Yes, my probation officer might sanction me in some way, et cetera, but that comes later. Right now is when I get the reward, and those are the most difficult behaviors to change, behaviors that reward us immediately and we end up experiencing consequences way down the road, and the consequences are not guaranteed. Because I could get away with it. Maybe it won't show up in my UA, whatever. So thinking about that reward piece is really important.

Past failures, of course, Miranda mentions, which is incredibly important to think about, like, what are some changes that you've made in the past? How have they gone when you've been unsuccessful? What has worked or hasn't worked? That's the really juicy conversation to have when we're talking about case planning.

And then when we talk about behavior change, it's very difficult if all we're talking about is don't do this particular behavior, what we should be talking about is, what are you moving towards, meaning what are you saying yes to, or what are you bringing into your life, not just what you're stopping, but what you're bringing into your life. So it's sort of a version of what Chantel is saying in the chat, that it's positive things to replace the habits. And it's also this mind shift around what am I saying yes to versus what am I saying no to.

So it's very, very difficult. Maybe you all can relate if you're trying to change maybe a food pattern and you're trying to say no to sugar, for example, it's really important to not just tell yourself I'm saying no to sugar, but to tell yourself, I'm saying yes to whatever it is. I'm saying yes to feeling better. I'm saying yes to not feeling so inflamed or whatever it is, whatever-- a tummy ache or whatever we're talking about. So really, really good that those were awesome pieces to add. Thank you.

Other things on this slide that I just want to mention is that even though we say a lot of times that we need to be motivated to change, sometimes the motivation actually comes once we start. So it's important to just take action. Just start.

There's another saying to fake it until you make it, in AA, that's used a lot, and that's part of it. Just start, get started, and then the motivation will come once you just tell yourself it's not an option, which is the discipline piece.

So we all know that change is really difficult. And if we don't have these conversations, the conversation about what makes it difficult for this individual in front of you, your case plan is going to be a little empty. It's going to be a little hollow.

And maybe some of you are wondering what, exactly, when we're talking about case plan, what does that mean? In probation, we're required to have a case plan within *x* number of days of the client starting with us. Maybe some of you have those requirements. I'm not sure. If you do, type it into the chat. I'd love to know.

And case planning, even in treatment-- treatment planning or service planning-- it's a part of what people say on one of those evidence-based practices, but what exactly is a case plan? So let's just chat about that for a second.

So in a case plan, what we need or what it does for us is it provides us direction. It provides us direction around what we, you and I, are doing together. It's so important because, otherwise, we're just moving around, bumbling along, being reactive to things as opposed to being really proactive about what are the things that we want to address and the goals that we want to achieve together.

So in a lot of ways, it's a contract between me and the client, the person I'm serving, around what we are going to accomplish together. Not that crises don't happen and we have to step away from the case plan every once in a while, but it gives us a really good picture of our journey, what our journey is going to look like together. So it gives us direction. And so the needs assessment that we do happens first. So we first do an assessment, and then the assessment tells us what needs to be in the case plan.

So we start with an assessment, and then we move into the case plan. And the case plan is informed by the assessment, but it's also informed by what the most immediate needs are. And Kathy, thank you for putting that in the chat. You said you have to start one within three weeks, right. So oftentimes, there are deadlines related to how quickly we need to get our case plans done. Great. OK.

So it has direction. Case plans also need to have a clear statement about what we're working on and then incremental steps about how we get there. So the case plan cannot be a statement like, complete probation successfully. That's just lovely and broad or you complete treatments, not a case plan.

It's really broken down way better into some incremental steps, into these little, much smaller buckets. And ideally, we update our case plan on a regular basis. You could, potentially, update your case plan every time you meet with the person. It could be every other time you meet with them. So it's really important to be thinking about case plans in these small chunks of things.

Very often, when I'm talking about case plans with folks, with practitioners, whether it's probation officers or case managers or reentry folks, what they'll say is, oh, we kind of do this, we just don't write it down. So the conversation will be something like, how are you doing, Client? Client says, oh, I just lost my job. And the person says, OK, what happened? They talk through it, and then they come up with a plan.

Like, all right, between now and the next time I see you, go talk to this resource person. Go apply for five jobs, et cetera, and then bring me back this little sheet that I've given you to tell me how many jobs you've applied for. That, essentially, if we write that down, could be the starting of a case plan.

So you may be doing some of this, but it's incredibly helpful to write it down so that both you and the client are on the same page. And because when you write something down and then you look back at it with the client, it actually increases the amount of dopamine they get when they accomplish some of these incremental steps.

So I actually like to make these incremental steps pretty accomplishable, doable for the client. It's really easy to do in some ways. Oh, my gosh. Chantel, you are speaking Greg's language. Yes, we'll talk about proximal and distal goals, for sure. So yeah, hang on to that for a few more minutes.

So yes. Nico was saying, it's similar to triaging needs and then assessing specific steps into some kind of a plan. I'm guessing the P stands for plan. Nico, what's II? It's IIP, I think. Immediate plan? Not sure. Intervention plan? I could go on guessing. But Nico, if you don't mind typing it into the chat what's IIP, that would be great.

So we need direction. Individual improvement plan. Yes. That's great. Yes, individual improvement plan. I love it. And love those words because I feel like in my life, not work but in my life, I probably need an individual improvement plan. Right, Greg? You and I should get on that. There are so many things in our lives I think we could be better at and we could change or shift.

Yes, we're very good at helping people look at their lives. We're not so good at looking at our own.

Yeah, for sure. Cool. I love it. I'm going to take that down as homework. I'm going to work on just a few things on my own individual improvement plan.

So we've talked about direction and incremental steps. It's also important to figure out what are we going to do? How are we going to celebrate when we are able to achieve some of these steps? So try and reward, not just the entire goal getting accomplished, but reward even the incremental steps.

And by reward, I don't mean necessarily gift cards or some financial something. It could be a celebration. It could be praise. It could be getting to pick from a fish bowl or whatever, candy, whatever it is, but some kind of a celebration.

One of the strategies that we've used, we've done this with youth and then transitional age youth, the ones between 18 to 24. And it's been so successful, we've actually done it with adults, and they've enjoyed it as well. We've done a case plan with steps written in a tic-tac-toe format. I think you know what I'm talking about. Or you could even do it in a bingo card, but we keep it really simple.

And so it's a three by three, and if they get a straight line or a diagonal line, horizontal, vertical, whatever, as soon as they accomplish it, we celebrate that a lot. I suppose you could do it in a bingo card fashion. But we've done that with our folks to really get them excited about accomplishing their goals and providing rewards as they do.

We've also done this pretty cool thing, and we did this with several youth, one of our officers came up with a little racetrack and a little bitty car that the client really identified with, a little toy car. And so the toy car is sitting on the racetrack, and then there are different steps along the way that the race car has to get to, and each of these steps are part of the case plan.

And so every time the client would come in, the officer would say, OK, so take your race car and where are you now? And they'd say, OK, this is where I am. And every so often they'd have a diversion, like oh, my gosh, I've lost my job, or I got evicted or something like that.

And there needs to be a branch off, a side road that the client takes with this little car in order to accomplish a different goal, which we draw on this little racetrack. And then they come back to continuing to achieve all of the things that they wanted to in the first place.

So I hope some of those visuals are helping. Please type into the chat if you have other ideas of how you help make case plans come alive, because a lot of our clients are really visual. They like being able to see what is the progress that they're making. So these tic-tac-toe things, the bingo, the racetrack, sometimes you could even try it as an escape room, use that analogy to talk about going through all of these steps in case plans.

So if you have ideas of other ways to make it come alive, please, please put it in the chat. I would love to learn more, and I'd love for you all to share fun ways that you've done it as well.

So rewards, and then it's really important that we have a timeline. You may have heard this a little bit in the language that I've used so far, something like between now and the next appointment or by the end of the month, essentially, by when are you going to accomplish this? Because you and I both know there are a lot of things we'd love to do and then never get to.

How many of us put the same darn thing on our New Year's resolution list? Because sometimes we don't have a timeline associated with it. So having a timeline, really, really important.

And then talking through, what's the safety net? When you get stuck, what can we do? Who do you reach out to? Who supports you? What can we really do to help when things go awry? Because things do go off track.

The proverbial race car hits some kind of a speed bump and gets knocked off or gets a speeding ticket along the way or whatever it is. So we need backup plans, and that's what the safety net is.

And then how are we going to hold the client accountable, and who's going to help with the accountability? And that's part of the conversation that's really helpful when talking about a case plan is, how are we going to make sure that we're actually doing what we say we're going to do?

Do we follow up every week? Do we follow up every month? Does the client text us when a particular thing is done? What does that look like, and are there other people in the client's life who can really help hold them accountable?

Chantel just shared, you ask them what they want to do personally and then basically, do a strategic plan together. Yes. So this is really important. A case plan does not just have to be about all of the bad things in their life that they have to make better. That's not the case.

A case plan, ideally, contains things that they want to work on as well, things that are really important to the client. It has to matter to the client. So it's not just the court-ordered thing. Though, every so often, if I do have a super high-risk client, I'll say, you pick a goal, and I'll suggest a couple of goals as well.

So you get one, and then we pick one from what I come up with. And what I come up with is based on concerns that I have or assessment information or those kinds of things. So yeah, not just the court order things, for sure. Great. OK.

So I use the term high risk, and I just want to make sure we're thinking about who needs a case plan. Now, in an ideal world, everybody could use a case plan. You and I could use a case plan about our own lives, for sure. If you go to a life coach or something like that, they'll come up, essentially, with a plan with you or a nutrition coach, they'll come up with some kind of a plan.

So plans are used quite a lot, but we don't have all the time in the world. We have a lot of clients. I'm not sure if you can relate, but this is the truth for our officers. Lots of clients on their caseload, not enough time. And so we have to triage a little bit.

And ideally, you're doing case plans with your high-risk, high-needs people, meaning the people who are at most high risk for recidivism, high risk for harm to somebody else or to themselves. So maybe high risk DV cases, for example, or maybe there's sort of an unpredictable substance use or mental health issue going on that we really need to get stabilized as quickly as possible.

Or maybe there's a lot of criminal thinking going on, and we really need to work on a little bit of shifting that mindset. So that's all the risk pieces. Or maybe they're high-need stuff, like the substance use, mental health stuff.

And then also instability. And by that I mean that their basic needs are not met, and frequently, that's where we start. We start with basic needs because it's really, really difficult to focus on high-order things when we don't have food or shelter or we don't just feel safe. So high risk and high needs.

So type into the chat, folks, what are your risk assessments that you use right now? I know we did an assessment webinar a little bit ago, and some of you had said that you use the ORAs, but what else? The LSI. PCRA. Great.

And Crystal and Brandy, does the PCRA give you-- so several of you use the PCRA. Does that give you, not just the risk score, but does it also give you needs and some protective factors as well? And while you're answering-- oh, wonderful. OK. Yazzi is great. The North Point Compass. Yeah, very similar to--

All of these tools are really fantastic. They're what we call third generation or fourth-generation tools. They're predictive of future risk. They also give us need information. They give us some protective factors like what's going well for the client, which is really helpful. Wonderful. OK. Great.

So what do we target? Let's say we have the client. The assessment tells us that all of these things happening. They don't have housing. Maybe they are using substances. They have a mental health-- some symptoms, but we can't quite tell exactly what's going on.

So lots of different issues that might be going on. Where do we start? What do we target? And so what's on this slide are just ideas, not in this order, or they're not prescriptions. It's just ideas of what to think about when you pick things for a case plan.

And I just noticed in the chat a few other things. Jenne says, we're working on identifying the assessments we want to use. Greg, if you don't mind typing into the chat, any information, or you can come off mute and share about some of the tribal assessments that are currently being worked on and what the status is. That would be great. So you all do a comprehensive behavioral health assessment, which is wonderful.

And the only thing then that you might be missing, because it's a biopsychosocial assessment, is you'll end up just missing some of the risk predictors. So I'm not saying that a biopsychosocial or a behavioral health or a psychosocial assessment, that's great. It's wonderful. The problem with those assessments is they don't tell us the level of somebody's risk for recidivism.

So they're really helpful in the behavioral health field, but if you are working with a criminal justice client, it's helpful to know what is driving that criminal behavior. And that's what some of our risk-and-need tools do, like the CiDRA for youth or the LSI Compass, PCRA, all of those.

What they do is they tell us about risk for recidivism, meaning risk for committing another crime. So again, I don't want to say that being a psychosocial assessment or a biopsychosocial is not good or a comprehensive behavioral assessment. That's all fantastic and wonderful and really important. And the only bit that you're missing then is the risk for recidivism.

And so then Jenne, Gregg typed into the chat that there's currently work being done on an assessment tool for tribal jurisdictions. They're working on validating it. So hopefully next year, at the AIJC Conference, they'll release it to everybody. Yeah, super exciting.

So let's say the risk-and-need tool or the biopsychosocial tells us that there are a ton of things to focus on. Where do we start? In an ideal world, we only pick one or two things to focus on, at the most, three things to focus on. Any more than that, and it's overwhelming. It becomes too much. We lose the client.

So given that we're only trying to pick maybe two things and there are 12 things on the table, where do we start? So I'd love for you to think about some of these things. Think about, of the 12 things that we could be focusing on, is the client motivated to change any one of these. And maybe let's start there. Because if the client is motivated for something and we start there, then we're likely to get a success, a win there. And then motivation feeds on itself.

So is there something that the client is motivated to do? Maybe we start there. Maybe you take an entirely different thinking and you think about what is creating the most amount of risk or killing the client first. What is tripping them up the most? What is getting in their way the most? What's creating the most amount of risk?

It could be the people they hang out with. It could be the fact that they are unhoused right now. It could be the fact that they don't have access to medication. But it could be what's contributing to the most amount of risk for them is their thinking. So something to just keep in your thinking in the back of your brain is, what is causing risk for the client, for committing another offense or staying involved in the criminal justice system?

So what's contributing to risk? And the really cool thing is with risk-and-need assessments, those assessments tell us where the risk is coming from, what's creating the most amount of risk for people.

You could also think about it very differently and start with something that's connected to other things. So if I help the client change this behavior, does it then link to all of these other behaviors? Meaning, if we focus on peers and developing a larger pro-social peer network, does that take care of not just the peers, but also, the substance use, potentially?

So those are examples of connections. There are many things that are connected together, and is there one that if you touch, you'll actually positively impact a whole bunch of other things, and maybe we start there. Maybe, instead, we start with an easy win.

We start with something that's super simple. The client feels really overwhelmed. They don't know whether they can trust you, et cetera. Start with an easy win. Start with something that they can accomplish and get super excited about that.

Also, think about starting with the things that are most proximal in terms of their ability to change. So Chantel had asked a little bit about proximal versus distal. Proximal behaviors are those most immediately within our circle of influence that we either have already or can change pretty quickly.

They can also be proximal expectations, meaning things that I want right now, that I can expect you to accomplish right now. Distal things are things that we would love to see from the client, but take a while. So start with the proximal step. Start with the steps that we can expect to have happen right now.

So an example-- and this is a silly example, but it really helps me in my brain. Let's say you have a client who is truly addicted to substances. Because they are addicted, full abstinence, sobriety, all of that is actually a distal goal. They may be able to hold it together for a minute, and then they'll relapse, and so on and so forth. Because when somebody is truly addicted, they're not going to be able to change that quickly.

So full-fledged, complete abstinence sobriety might be something I wait on talking about or wait on putting on the case plan. What I want right now is for them to show up to their UAs. Or maybe what I want most immediately is for them to engage in treatment.

So even though the distal goal is sobriety, I'm going to work on the small things that lead up to sobriety, the most immediate things that we can expect people to accomplish. So showing up to their UAs, showing up to treatments, making that first call for their intake appointment. Those kinds of things are proximal behaviors.

Being able to navigate a complicated conflict situation, that might be a distal behavior, but calling to make an appointment for an intake might be a proximal behavior. So we start with the proximal step. Any questions about what target and how to make some decisions about where to start? Any questions about that?

If you do have any, please type them into the chat. So let's dig into a few examples. So when we say proximal prosocial things, these are behaviors that the client already has, positive ones that are easy. We don't have to focus a ton on these, if they're easy for the client. If they're not, then we focus on them.

So there's an example that I use is, I have a client who always shows up on time for my appointments. Always. And so that's not something I need to put in my case plan. However, proximal pro-criminal behaviors are habits of skills that they use to engage in criminal activity or maybe just noncompliance, and they need quick attention. These are the things that we have to pay attention to right at the beginning and kind of work on and have a response for. These are the ones to not let go of.

So we start with these, these proximal pro-criminal behaviors. And what I've written on the slide is just examples, because it could be very different for your clients. And it'll depend from client to client too. So it's a super individualized thing that you're thinking about.

Distal behaviors are those that are far away from us. They're difficult. They require effort. They require time. And we have to develop a little bit of rapport and positive engagement and interaction before we get there. So it might need way more support, and it might need many steps along the way before we can come to whatever that distal behavior is.

So does this makes sense? Let me try and think of an example you might be able to relate to. Food is the easiest one that I can come up with, but if you want me to do a different example, I can. And I'm trying to make this relate.

So let's say you and I start a nutrition course-- we take on a challenge. And the place that we're going to has some kind of a challenge. Eat your vegetables challenge, let's say. The proximal behavior for the eat your vegetables challenge is our ability to buy vegetables-- you and I know how to do that-- and our ability to get the vegetables into our mouth. Great. We got that part.

The distal piece is, how do we make eating vegetables just a part of our routine? How do we make them a part of all of the foods that we actually love to eat? That would be distal. How do we start paying attention to nutrition, in general, not just vegetables? That's distal.

How do we pay attention to making sure that the ratios of the foods that we get are right. That would be a distal behavior. That would come later, and involves multiple changes.

So proximal would be being able to buy the vegetables, potentially cook the vegetables, and then plop them into our mouth. And then the distal ones are more complicated, require more layers. So antisocial attitude or pro-criminal attitude that Chantel is talking about is a distal behavior, for sure. It takes a while to shift.

And so the proximal thing might be to start with getting a job, a legitimate job. You start there. You don't start with changing their whole world. You start with getting a job. So again, those are some examples, but it changes from client to client.

So I can give you a ton of examples, but you're going to have to figure out for the particular client in front of you what is proximal, what do we start with, and then what do we focus on a little bit later. Greg, is there anything that you would add to any of that before we talk about the stages of change?

No, I don't think so. I think you touched on it a little bit, and maybe we can come back to this after you do a little bit more. But I was wondering, the accountability piece. And so we're talking about change things and timelining those. What about monitoring expectations around drug testing, curfew, daily planners, EHM, SCRAM, breathalyzers, those kinds of things. How do those fit into the case plan?

I mean, maybe you're going to get to that a little bit more later, but there is that accountability piece. It's about looking at dynamic risk factors, but it's also, controlling for static risk factors with some external containment.

Yeah. So the way we think about any behavior is we think about, in order to support behavior change, does this person need containment-type supports? Or in order to change this behavior, does this person need skills and support? Or in order to change this behavior, do they need something from the community or from the social support system?

So essentially, what we're talking about is containment, skill building, or capacity building, and then community engagement. And so all of the things that you mentioned are things that would fall under containment kinds of things. And when we start with change, containment is really helpful. It helps us stay accountable.

It's like having the clients call in daily to see if they have to do a UA. That's what starts the accountability, the practice. But we don't actually need a ton of structure or containment once that's become a habit or once that shift has happened. So it's important to figure out what is it that the person most needs in order to support their behavior change right now?

So for example, let's say we're talking about sobriety and initially, we're doing UAs, monitoring, whatever-- maybe you have a SCRAM unit or a TAG unit or whatever method you're using to monitor-- and then the client is doing really well, you could potentially take that away. Let's say at some point, they relapse, before just putting them back on UAs or whatever it is, take a pause to figure out what would be most helpful right now.

Did the person relapse because they do need the structure? Did the person relapse because they actually need some skill building? They need relapse prevention skills or something like that-- in which case, we increase or provide some treatment support? Or does the person need some prosocial support or support in the community or a combination of all of these things? That's also an answer.

So I wouldn't just sort of kneejerk increase accountability. I would just think a little bit about what would be most helpful. But you are right, Greg, that when we start any behavior, we start with a ton of accountability or sort of structures in place to help people stay accountable. Great. OK, if you have any other questions, please don't hesitate. Put them in the chat.

And we're going to talk about stages of change. So, folks, if you are still at your computers and have a keyboard and all of those things, you might be able to give me a thumbs up or some kind of an emoji telling me if you all know stages of change or whether it would be helpful to do a quick review. So in the chat, just give me some kind of a-- OK, so several thumbs up. This introduction. Love a quick review. Got it.

So a lot of people with thumbs ups, well done. My folks with thumbs ups, please jump in if you feel like I've missed something. So make sure that for those of you who are really familiar with stages of change that I don't miss something important to share. All right, so let's do a quick review.

So the stages of change model was put together actually quite a while ago by several researchers who were looking at the way we, as human beings, change behavior. And they picked two behaviors, in particular-- smoking cessation, so stopping smoking, and then weight loss. And they chose these two behaviors because it's easy to measure whether somebody is doing well or doing badly. How many cigarettes are you smoking is sort of an easy measure. And what's your weight on the weighing scale is an easy measure. Are we progressing in the right direction?

And what they wanted to figure out is, is there a pattern for how people go through a particular change process? And so they found that there is, indeed, this cycle or the stages that people go through when they're trying to change behavior. And then they found that it's not just for smoking cessation and weight loss, it's really for a lot of different behaviors, even behaviors that are work related.

So when there's something new that somebody comes up with and says, oh, at work, we're going to try this thing, case plans, for example, all of us, even sometimes just internally, go through these stages of change. So that's the backstory.

So what they found was most often the place that we start is by saying there's no reason to do it. I don't have a problem. I don't want to change. You're the one with the problem. Let's say your supervisor says, hey, one of these evidence-based practices is doing case plans. You may not say it out loud, but in your head you're like, nope. Who needs a case plan? I do really good notes anyway. I don't need one. I'm fine without it. It's just normal, natural stuff.

And that first stage is something that we all go through. Sometimes we're not super aware of it, but we all go through. And in the stages of change model, it's called pre-contemplation. And it's called that because we're not thinking that this is a problem. It's before we're thinking that there exists a problem.

So maybe other people are saying, maybe Greg says to me, hey, you've been procrastinating a lot lately. I've noticed some of your stuff is late. And I would be in the pre-contemplation stage if I say to Greg, that's not true, or I'm not the one who turned it in late. I turned it in on time. You're the one who processed it late or whatever.

I get-- I say to Greg. No, that's not me. Or I say, another pre-contemplation response is, yeah, but everybody else does it. Yes, Greg, I know I'm late in turning this thing into you, but everybody is late. So that's a really common kind of pre-contemplation response.

So type into the chat some of the pre-contemplation responses that your clients give you, whether it's about substance use or changing friends or any of it. What are some examples of pre-contemplation statements that our folks make. Type into the chat, what kinds of things do they say to us?

Yeah, it's not a problem. It's my peers that have the problem. Or, yeah, I've tried to change before. It didn't work for me. It's normal where I'm from. That's a really good one.

Oh, I just forgot, or some kind of-- yeah, I did the assignment, but I lost it. I love that. Great. What we've been doing, there's no reason to change. I'll start it next week. Without meaning it.

If they mean it, that's one thing, but yeah. Crystal, that's a great one. No one is worried about this, but you. I've had a client say that to me. No one is worried about this, but you. You're the only one who has a problem with me continuing to use meth. Seriously. I had a client say that.

And to be fair, the client is continuing to work and those kinds of things. So relatively doing OK, but continuing to use meth. And he said to me, you're the only one with the problem.

So other examples. I'm only here because I had a bad attorney. Yep, I don't need to change. Great. Great. OK, awesome example. So those are all pre-contemplation examples.

As a practitioner, it's really important to recognize when people are in pre-contemplation, because the last thing we want to do is try and convince them to change. So our case plan needs to really be thinking about what stage of change are they in and therefore, what kinds of steps do we have to come up with.

So if somebody is in pre-contemplation, do not, please, convince them that they are wrong because you'll just get into an argument with them. And instead, the case plan might be about trying something or investigating something or gathering information about or something different. Or you wait on the pre-contemplation behavior and pick a different behavior.

And you might need to just continue to talk about, how do you know when this is truly a problem. When people say, no one is worried about it but you, great. What would people say if they were worried about it, might be a helpful question, to get that. But your goal in pre-contemplation is help to raise doubt. That is the goal for you. When people are in pre-contemplation, your goal is to raise doubt.

As soon as there's a little doubt in their brain, they move to the contemplation stage. And the contemplation stage is where they start to think maybe this is a problem. Maybe or maybe not. All my friends do it. Well, maybe I have a problem because I'm the only one in trouble.

Or even though my friends do it, maybe it is an issue. Lots of people are saying it's an issue for me. Or gosh, I don't want my kids to see me like this. But no, if I hide it better, it'll be OK. Do you feel that? What's that back and forth called? Feeling multiple ways about something, what's that called? Type that into the chat. Any guesses?

In the contemplation stage, it's actually characterized by this thing, this going back and forth. Ambivalence. Excellent. Yes. Yes, it's ambivalence. Feeling multiple ways about something.

On the one hand, I really want to. On the other hand, I don't. Or on the one hand, I think I have a problem. And so our goal in the contemplation stage is to really explore the ambivalence and as you explore it, to start to tip the balance. And you tip the balance towards preparation.

So the goal is, explore ambivalence, tip the balance. And questions that you can ask are, what would life look like without the negative behavior? What would be better? What would be worse? All of those things. And essentially, motivational interviewing, as Chantel was pointing out, is the driver through or the way in which we can really help drive people through the stages of change.

So if motivational interviewing is something you haven't taken, I would definitely recommend thinking about it. It's just a great way of engaging people and talking about how to move them through the stages of change.

I should say, though, even if we don't have conversations, people naturally move through these stages, and that was the most, to me, the coolest thing that these researchers of stages of change found is that even without any intervention, people would move slowly through these stages. So they don't need us. We help the process move along a little bit faster, but we're not necessary to the process.

You know that people are in determination or preparation stage when they say things like, yeah, I do have a problem. I'm going to do something about it, just not today. I'll do it next week, or I'll do it next month, or soon. Or maybe they're experimenting a little bit. They're trying to stay sober during the week and then using on the weekends, whereas before, they were using the whole time.

Or maybe they say to you, well, I know I've said in the past that I don't want to go to treatment, but what would that look like if I did? That's preparation stage, asking questions like that, thinking about it in their head. Your goal, in preparation, is to help them commit to a timeline, even if it's a super small behavior or a super small step.

And this is why case plans are really incredibly helpful. Contemplation, preparation into action, the case plan helps people move into action. So your case plan should be about behaviors that people are in contemplation or preparation about. That's why that case plan is super helpful.

Action is when they're actually doing whatever the behavior is. They've made the change. They're engaging in it. If the behavior was show up to treatment, they've started. When people are in action stage, our goal is to really support it and to remove any barriers that they're experiencing.

When people have been in the action stage for six months or longer, they move to maintenance. And of course, from action or maintenance, we can fall back to old patterns.

So that was a quick recap of stages of change. Folks who are familiar with stages of change, please type into the chat if there is anything that I missed that you tend to really appreciate about stages of change. So please type that into the chat. And while you're doing that, I'll tell you just a couple more things.

We can be in different stages of change for different behaviors. So let's say on your case plan, you're thinking about two things. You're thinking about employment, a client's currently unemployed, and maybe you're also thinking about starting treatment. So let's just get those two, starting mental health treatment.

It could be that the person is in preparation stage for starting treatment, but totally in pre-contemplation for being employed. So they're not keen on-- they don't feel like it's an issue. You have to work with those two behaviors a little differently. So don't think that just because the client is in one stage of change for one behavior that that applies to other behaviors. We're in different stages of change for different behaviors.

And then one more piece-- well, maybe a couple more pieces. Things change pretty quickly in terms of stages of change. So you could have a great conversation with somebody, set up an awesome case plan. They are ready to go into action stage. They leave your office. They run into their friends, and now they're in pre-contemplation.

So please don't worry. That does happen, and it's OK. But every time we're able to move people through the stages, we actually can do it faster the next time around. So do not worry if they come back to you and you are so excited to hear the action that they took and they say, nope, I didn't do anything. All right? Normal part of the process. So really meeting them where they are, which is part of what Chantel is talking about in the chat. Thank you for that. Great.

And then one last thing about stages of change that sometimes their behavior might be in a particular stage, but they're thinking about that behavior is in a totally different stage. For example, I have lots of people who are staying sober because they have to be. They're being monitored. They're holding it together. But their thinking is as soon as I'm off probation, I'm going to be using again. Maybe you have folks exactly like that.

So their behavior is in the action stage, but their thinking is in pre-contemplation. I don't have a problem. It's just the system that has a problem. As soon as I'm off probation, I'm going to be using again. Or as soon as I'm out of treatment, I'm going to be using again.

And so really, support their behavior because they're in the action stage, and then see if you can find ways to challenge some of that thinking. The subtle way to do it is to say, gosh, this is incredible that you've really been able to stay sober for so long. This is amazing. What are you noticing is better about your life? What are some skills that you've been using to help stay sober, because this isn't easy for other people? So that's a sneaky way of moving that thinking out of pre-contemplation.

I hope that was helpful, not just for people who've never heard of stages of change, but also, for folks who have. And again, if there's anything that I've missed, please do type it into the chat, so we can continue to make sure that we've talked about it all.

When we're case planning, it's important to also think about rewards. Great. Thanks, Jenne. I appreciate that. So it's also helpful to think about what are some rewards that we can help provide people. And our reward system gets stimulated in multiple different ways. It's not just by receiving a gift that we feel rewarded. We actually also get rewarded when we shift how much structure we're experiencing.

So remember when Greg said monitoring, curfew checks, EHM, maybe texting every day or whatever that intense structure, we'll feel rewarded when the structure is loosened. So that's one of the ways to support rewards.

Another way to have people feel like they're getting rewarded is through their relationship. You saying positive things, you praising them, that's another way to use the reward system to support change. It's also really helpful to talk about the skills that they are building. How are you doing this, Client? It's so hard to stay sober. How are you managing?

Or you were able to get a job in record time. How did you do it? What skills did you use? Asking the client to talk about themselves in that way where they'll say, oh, it was nothing, but actually, their reward system is firing.

Ask them about the skills, like, gosh, you were able to problem solve that really well. How did you do it? Any other person would have fallen apart, and yet you managed so beautifully. So talking in that way, asking them to talk about the skills that they're building also helps their reward system.

Obviously, what helps the reward system is continuing to think about their motivation and particularly, intrinsic motivation. So how is this feeling for you? What is shifting about how you think about yourself, your identity? All of those are intrinsic values, all of that.

And then the last piece, which is, I think, the most common, is what we call contingencies. Or when you do this, you get this, so some kind of a reward. So when you do this, you get to pick from the fishbowl. Or instead of coming to see me, you can do a phone appointment.

Doesn't always work. I have a client who I said, "Client, you've been doing so well, et cetera. How about instead of coming in to the office, we just do a phone appointment the next time?" And he immediately said, "No, no, I like coming into the office because you all have snacks in the waiting room." So coming into the office was a reward for him. Yeah. Great. Awesome.

I know. Some of you are laughing. I mean, sometimes it's a reward for me just to not see the person and just do a phone appointment, but not always for the client. Yeah. Great. Yes, self-efficacy improves the tend to. Wonderful. OK.

So we've talked a little bit about rewards, which are incentives. That's a different way of talking about it. Sanctions are helpful, but based on the research, not as helpful as incentives.

So punishing people or sanctioning people helps if it's immediate. It happens immediately after the behavior, and it makes sense in their brain. But in the long run, sanctions alone don't work. Incentives seem to work way stronger than sanctions.

So think about ways in which you can incentivize behavior. And again, the previous slide talks about incentives don't just have to be gifts or gift cards or any of that, it can be so many different things.

Ideally, the incentive or the sanction matches the difficulty of the behavior. So if it was a little behavior, it's a little incentive. If it was a huge behavior, you make a huge, big deal of it. So one silly example that we use is, when people are progressing through treatment, the probation officer gives them kudos all the way along. When they complete treatments, we make a big deal of it. We create a little certificate for them.

And sometimes if I'm in the office, the probation officer will come in and ask me to give it to them. Or if somebody's graduating from a program, we actually have one of our judges come in and do a little graduation ceremony for several of our clients. So we try and match the magnitude of the incentive or the sanction, for that matter, to the kind of behavior.

We also try and make it as meaningful to the person as possible, and we connect the sanction or the incentive to the behavior so that they understand what we're talking about. So we don't just say, gosh, you're doing such a good job. We connect it better. You're doing such a good job at whatever, at problem solving, at showing up, at slowing down and thinking things through, whatever it is.

So it really needs to be meaningful and connected.

Ideally, it happens as soon as the behavior happens, though I know in our system, that's really, really hard. So the immediacy matters. And you're always thinking about in service of change. I'm not incentivizing or sanctioning the behavior just for fun. I'm trying to do it in order to support change.

So if, let's say I've incentivized a particular behavior, and I always praise them and now, it's become natural, then maybe I can back off on that and do something different. Praise a different behavior or really try and support a different behavior.

Ideally, we have way more incentives than we do sanctions. It doesn't have to be just in the one conversation, but ideally, across the relationship with the client, there should be at least times 4 incentives for every sanction or even if it's a verbal sanction.

Really be thinking about motivation versus skill. Is the person not doing this behavior because they don't know how or because they don't want to? Don't want to is about motivation. Don't know how is about skill.

And let's make sure that our response addresses that, because if they don't want to, then it's a conversation with them about, what's going on, what stage of change they're in, all of that stuff that we just talked about. But if it's skill, then maybe we are punishing something unnecessarily, and we need to really support their efficacy, their ability, their skills.

Be careful about using treatment as a sanction. And so the conversation that we always have is that a sanction is not, go do something that's actually good for you, the treatment, for example, but we talk about it in terms of therapeutic responses. So maybe even consequences is not the perfect word. I should probably change that word on the slide to therapeutic responses.

The way I phrase it is, Client, we really want to support you, and we know that you've been trying hard, and things have not been working out. And we want to make sure that you are receiving the most amount of support possible, so we're going to provide some more therapeutic support to really provide you the skills or support that you need. That would be the way to talk about therapeutic support or therapeutic responses or therapeutic consequences.

I wouldn't say, Client, you relapsed, therefore, some more treatment. Because then in the client's brain, treatment is the punishment, and we don't want them to view treatment that way. We want to view treatment as a supportive thing. Anything else about what's on the slide?

Type into the chat if I've missed something or if anything is complicated or just annoying or difficult to understand. Yes, Greg.

So let me ask you, I know in your jurisdiction, you have an amazing work release program, and it's really a punishment for people. That's the way the court looks at it. But I often hear the language, this is being used to stabilize you, which means it's a therapeutic response, and it's providing a service to them. Can you walk through those things?

Because I think a lot of tribal jurisdictions are in similar kinds of boats with either creating EHM programs or curfews or things that seem like they're punitive and that may be a piece of it to contain their behavior, but also, they may be therapeutic.

Yeah, and sometimes that's true. So our work release program has a ton of support built in. So part of the work release program is they have a case manager. It helps them get jobs, helps them figure out housing once they're out.

There's treatment that's offered within the facility so that they don't have to go somewhere to get the treatment. Many of that treatment is free to them. So if they were out and about in the community, they would be paying for treatment, whereas at work release they're not.

We also started up this pretty neat program, this AcuDetox program at work release, and we've trained some peer support specialists to provide AcuDetox, which is auricular acupuncture, acupuncture of the ear. And so we have peer support specialists providing free treatments for clients in work release.

So there are lots of benefits to being there, and it is a stabilizing factor. And how we phrase it to the client really matters. So the phrasing, "Client, you are so risky that we are going to start in work release with you," is very different from, "We want to set you up with the best possible way to succeed, and we want to help stabilize you as quickly as possible and give you all the tools that will help you be successful.

And so we're starting you in work release because they have all of these lovely things to offer." So that's, I think, a different way of looking at something that could, potentially, be a sanction and quite frankly, is a sanction but praised as a therapeutic support.

Miranda says, your court is really into restorative justice? Yes. And wrapping people with services for success. So that's a different way of phrasing it, for sure. Yeah.

So how do we get started with this case plan? We first, identify the target. So let's say a target is finding housing. We develop a little bit of discomfort because without discomfort, the person is not going to want to commit to anything.

So maybe the conversation is, how's it going right now. Client says, "Oh, you know, I'm homeless, but it's not that bad. I just figure it out. No problem." And you don't want them to stay that. You want them to feel or you want them to voice that it is actually a problem, if it is.

Now, it could be that it's fine for the client, but if it is, go there. So that might sound something like, I really hear you that it's working so far. What are some of the downsides of being unhoused? Or what are some of the ways in which it hasn't worked for you in the past? What are some of the not so good things that have happened to you while you've been unhoused?

That's how you develop that discomfort. You'll get helping them get uncomfortable with staying the same. You explore a little bit of ambivalence, and maybe you have ways in which you make changing a little bit easier, meaning you're supporting, you're making change become a little bit easier.

And that's what we talk about when we say utilize friction. What that means is make the good behaviors easy and the behaviors that you want to stay away from, make them more difficult. So an example would be, let's say in order to get housing, you need them to meet with somebody.

Remove any friction by inviting that person, the case manager, the housing case manager, whoever it is, into your appointment or calling that person while your client is with you or whatever it is, whatever you need to do to remove any barriers, so that the client is really on board and ideally is arguing for change. Make sure there are rewards associated with it, and then any time a client is successful, go nuts. Celebrate it. Get excited with the clients so that their reward system also picks up on that.

Sometimes it's a bit embarrassing. I think, for my clients because I get super excited when they are able to accomplish something. And it's really, really funny to see them go from super serious. I'm at probation, and this is not a place where we laugh, to have a little smirk on the side or look at me and say, I guess I did fine. That's sometimes the most I get out of them.

So prioritizing. We talked a little bit about how to prioritize, which is to be thinking about, what is the client most motivated to do? What's causing them the most amount of risk or hurting them the most? What's an easy win, perhaps? What is something that if I attend to might really help in other places?

Or just start with some basic needs-- food, clothing, shelter, transportation, access to medication, attending to medical issues, whatever those are, that's the stability factor-- safety kinds of things. Maybe we start there in our case plan.

So here are some questions that might be helpful for you to get started when you're thinking about how do you ask a client what to put on the case plan. So an example might be, what do you want to accomplish in the next month? What are things that are getting in your way? What are the top three things that you want support with?

If your client can read and write, you could have a little worksheet that has just circles on it, and you hand it to the client and say, "Client, I want you to think about your life. And write down into these circles all of the different aspects of your life that you want support with or that are actually going really well. And let's talk about all of it."

Because sometimes, even when things go well, they might need a little bit of support. So you can see it whichever way you want, but what are some of the top three things? So let's say they complete that worksheet or they answer your question, then you start to get a little more specific. So let's say you start-- I'm going to back it up here-- what would you like to accomplish, or the top three things?

And let's say they say something like, "Well, I just want to be done with probation." You have to narrow it down a little bit. "Okay, great. We're on the same page. I want you to be done with probation as well, or I want you to be successful as well.

So what needs to happen? What specifically needs to happen in order for you to be successful or in order for you to have completed probation successfully?" Whatever it is. So start to get specific. So you start broad, and then you try and get specific with them. Maybe you say, you've identified something that's really awesome. If you had to break it down, what would be some small goals?

So always praise and then shift. So the phrasing that I often think about is connect, then redirect. So connect is, you've identified something that's really important. And now, you're redirecting, you're focusing a little bit. If we had to break it down into some small things, what would that look like?

Maybe you're trying to write down, and they're giving you a ton of information. You say, how can you phrase this so we can write it down together, so we know what we're talking about. And there are times where I have the client fill out the case, but sometimes I'm doing it, writing things down for them. Sometimes they're writing it down.

Here might be an example. So let's say the goal is to start treatment, the easy-- easiest one for me to pick. The steps might be, call this particular treatment provider by this particular date, to schedule an intake. Do you see how specific that statement is. Here's the expectation by when and exactly what you're going to do, and see how small the goal is.

The goal isn't complete treatment successfully or learn everything in treatment. The goal is just get started. Enroll. Now, maybe your clients are way more sophisticated than mine, and you can move faster than this. But a lot of my clients, this is how practical we need to be, how step-by-step we need to be.

So call the treatment provider, arrange transportation, or figure that out, and then complete intake by whatever date, and then call whoever you are-- Case Manager, probation officer, reentry person. Call me to let me know that it's done and when you're starting. So that's the accountability piece.

Here's a different example. Take the GED test six weeks from today. So between now and the next meeting, what are we going to do? We'll call the prep class. And here's the number for the prep class. You'll enroll in the prep class, and you'll do that by the end of this week. So see, there's time set up for everything.

I'm going to tell my sister that I'm taking the test. If you can watch my kids, and then I'm going to tell my friend that I'm taking the test so she can help me study, because she's already taken it. So these are just examples. They may not be totally relevant for you, but this is how specific we're getting.

Because ideally, what we're focusing on is partnering with the client to come up with something that we then refer back to over and over and over again and change as things are going on. So it's a dynamic document.

You may have heard of SMART goals. The document ideally is specific, so the goals are super specific and measurable. You saw how specific. And when I think about measurable, I think of can I check it off? Is it something that we can say, yeah, we did it?

So measurable is not be a better person or be a better parent. That's not measurable because how do we measure that? And as soon as you answer the question, how do you measure that, that's what should go on your case plan. So super measurable. Can I check it off? I know I'm a better parent because we are maybe fighting less than three times a week or whatever. So measurable.

Is it achievable from the client? Can the client actually do it? Is it attainable for them? Is it realistic? And then do we have some kind of timeframe or time limit?

So ideally, your case plan has these SMART goals in it. It's current, it's helpful, and it's flexible, because things change. So we might need to abandon a particular goal. And if you remember the race car analogy, we may need to construct a side street and then a flyover bridge or something in order to be flexible. And then you're also thinking about what are some of these proximal behaviors that need to attend to that can work towards some of these distal things?

Greg, I am so proud of myself that I have left enough time for questions.

Yeah. All right. So do you think you covered the proximal and distal? Because my question was, proximal and distal and how should we look at those in case planning and how we respond differently to noncompliance?

So yeah, we covered proximal and distal in terms of case planning, but what we didn't talk about is how to respond to noncompliance. So we respond more-- what's a good word? We respond, I want to say harshly, but that's not the word I want to use.

We respond swiftly and with more oomph when people are not engaging in proximal behaviors that they should be. And we respond very gently when people are messing up distal behaviors.

So I'll give you an example. Complete abstinence. Oh, thank you. Somebody gave me a thumbs up. Awesome. Great. OK, so that made sense to you.

The proximal behavior-- we do this a lot in our drug court. So we have a felony drug court where we have people who are pretty high risk, lots of substance use, et cetera, et cetera. Our expectation, because they are deeply addicted to substances, the distal behavior is abstinence. But the proximal behavior is showing up to your UAs and showing up to treatment and showing up to probation officer appointments. That is the expectation right now.

So when they don't, we sanction those a little heavier, but when they relapse, we're not as heavy with our sanctions because we know that part of behavior change means taking three steps forward and 17,000 steps back. That's just how behavior change works.

So we're easy on the distal behaviors, and I don't mean we let them walk all over us, but we're a little more gentle, we're less harsh with those sanctions and that noncompliance. But we are pretty clear, like honesty, showing up to your UAs, showing up to treatment.

There's a zero tolerance around missing those things, because our clients are capable of doing that. We remove every possible barrier. We provide bus passes. We make sure that their treatment is super accessible to them.

They're given a generous timeframe that they can get there, all of these things. And so the expectation is that they show up. And perhaps I sound really harsh right now, but our clients are able to show up in their lives for other things that they want, so we know that they can show up for these things.

Can a client commit to 18 months of sobriety right on day one? No. That's just not how addiction works. And so we're gentler with those distal behaviors. So, Greg, I hope I answered that question.

You did. How do we know if it's intrinsic or extrinsic behavior, and can something start extrinsically and move to intrinsic? I think you touched on that, but I don't know if you wanted to say more about that.

Yeah, for sure. On some level, I'll take either. It doesn't matter to me whether it's extrinsic or intrinsic. When I start with the client, I'll take any motivation. So extrinsic motivation is, I'm doing this because you're telling me to. I'm doing this because the judge said so. I'm doing this because I don't want to go back to jail or whatever it is. So those are all extrinsic. I'm doing it for external reasons, not because I want to.

So I'll take extrinsic to start. However, as people start to change, I will ask intrinsic level questions, and that will sound like, "I know, Client, that you're doing this because you don't want to go to jail. I get that part." And, "In what way is changing this behavior helping you?"

Or, "You said you don't want to go to jail, but how come?" "Well, I really want to see my kids." "Got it. So your kids are really, really important to you. What is that about? What is it that you want your kids to know about you?"

And now, we're talking about more intrinsic things-- values, motivation about themselves, their identity. All of that is intrinsic. But it's not always how we start behaviors.

So intrinsic versus extrinsic, I'll take any motivation, but if the motivation is purely extrinsic, I will start to have conversations pretty quickly with folks around what's the intrinsic driver for change. And then Jenne added a comment as well that sometimes parents think we're not being harsh enough.

Gosh, I cannot tell you how many times parents will call us and say, why are you not doing anything? Because the youth that we supervise, the parents want us to parent their kids. They want us to play that role. So yeah, it's really, really tricky. I love that you brought that up.

Greg, I think we have time for one more question.

How about if we have a really criminal person. What would a case plan look like for that person? Maybe they're not interested in substance abuse treatment, mental health treatment, really doing anything. I mean, we get those kinds of people on supervision. What might be the case plan look for that kind of person, and then we can close it out.

Yeah. So usually, when somebody says, what if we have a really criminal person, what that usually means is their risk level for recidivism is pretty high, but the drivers for that high risk come from attitude orientation, like their orientation towards crime, that it's okay to commit crime. The values support criminal behavior. They're surrounded by people who model that for them. That's usually what all of that means.

So I don't want you all to think that there are just criminal people in the world. But if we can break it down to talking about thoughts, values, attitudes, who they're influenced by, those kinds of things. And it's helpful to break it down because that tells us then how to construct our case plan.

So if we do have somebody like this, sometimes on the case plan are some really basic expectations, like you show up to our appointments. Another pretty basic expectation could be enrolling in a cognitive behavioral treatment program, which really helps with shifting some of this thinking. So CBT-type programs are things like thinking for a change. Maybe some of you have heard of that, or moral recognition therapy, that's another CBT program. Or quick skills.

Greg, I think we did a webinar on cognitive behavioral stuff, and there are some resources in there. And one of the recordings that we did was on cognitive skill building. So if you want some ideas of what CBT looks like.

So let's say your colleagues or anybody says, what do I do with somebody who's just criminally high risk? What do I do? CBT is usually really helpful. And then very clear expectations and boundaries. Structure is super incredibly helpful. Good.

So thanks, Anjali. Thanks for the great involvement. For additional information on TTA services, go to our website, and this is going to conclude our webinar for today. Thank you so much, Anjali, and thanks, everybody, for participating. Have a great rest of your week, and we'll see you in a couple of weeks.