



**NDCI**  
NATIONAL DRUG  
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**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

# Case Plan Development

Developed by:  
National Drug Court Institute

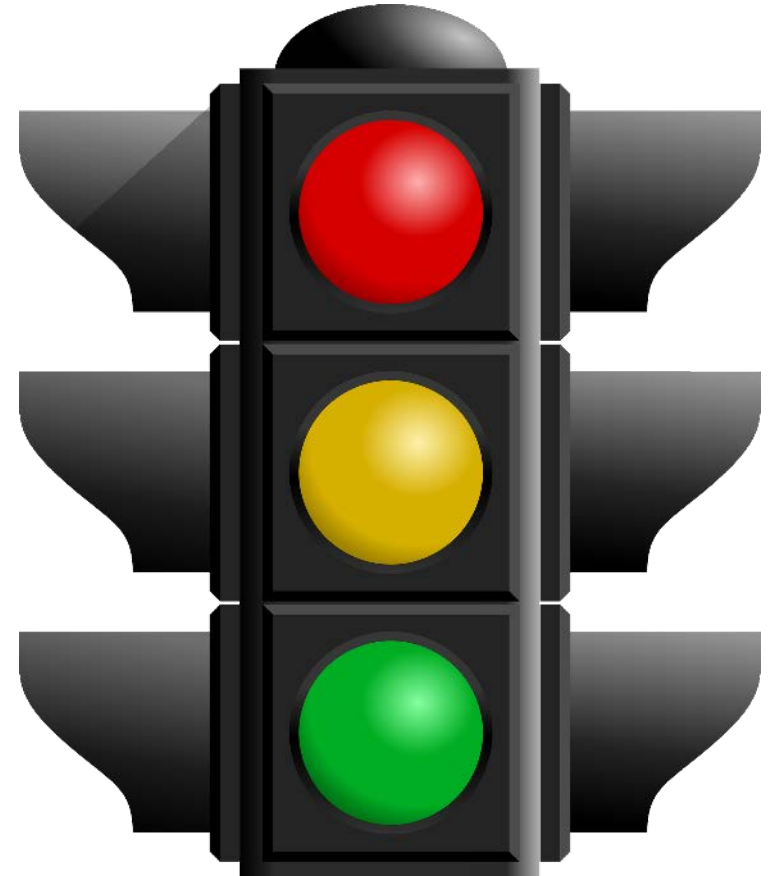
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# CASE PLANNING

Case planning is intended to **REDUCE** risk by targeting *criminogenic* needs

Providing services that are not needed or not related to risk (e.g.; self-esteem) may actually **INCREASE** risk of re-offending





# THERE IS NO SINGLE ROUTE TO SUCCESS



The destination is important, not just the journey



# DISTANCE VS RISK

**Crime desistance ≠ the absence of risk factors**

**EXAMPLE**

Giving up old criminal friends does not *automatically* teach someone how to find new, non-criminal relationships or how to participate in new kinds of activities

**These are skills that need to be developed**





# WHAT IS DESISTANCE?



- “Desistance is a decline over time in some behavior of interest.”
- Desistance from crime may be influenced by juvenile and criminal justice policy and practice. For instance, the Pathways to Desistance study (see Mulvey, 2011) has found that rates of rearrest and self-reported offending were not significantly different for youth who were put in institutional placement compared with those put on probation. In addition, community-based supervision and substance abuse treatment were found to reduce criminal offending. Furthermore, there is some evidence that incarceration reduces job stability, which in turn leads to criminal offending (e.g., see Sampson and Laub, 19976).

# DESISTANCE: A PROCESS NOT AN EVENT



**Crime desistance  $\neq$  the absence of risk factors**

*Criminal Lifestyle*

Arrest

Drug Court

*Giving up crime is a process that takes time and effort*

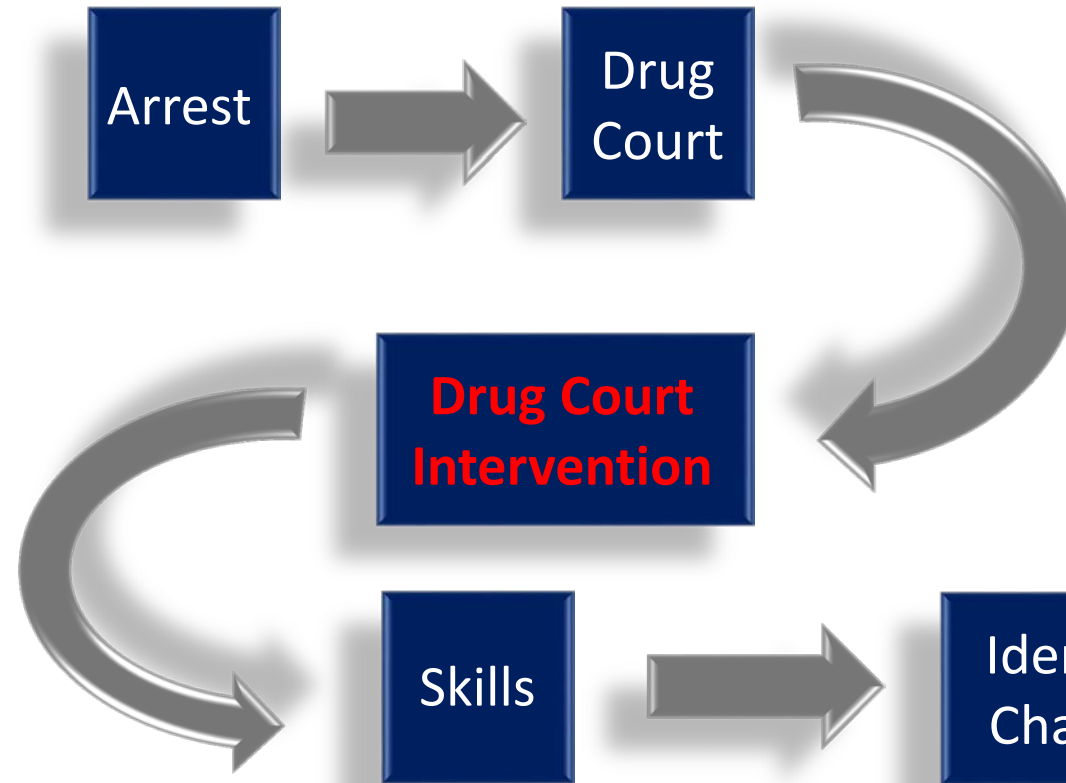
Drug Court Intervention

*Desistance is a process of adding to a person's skills and enhancing their strengths in positive ways*

Skills

Identity Change

*Crime Free Lifestyle*



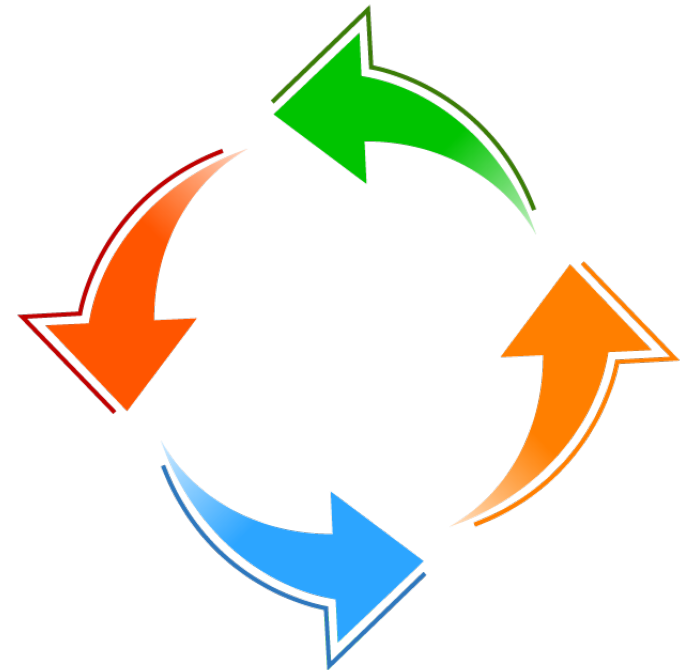


# TURNING POINTS

Researchers have identified certain situations – *turning points* – that move an active offender to desisting

**Marital status**

**Employment stability**



# ENHANCING DESISTANCE

## Protective Factors

- ✓ Age
- ✓ Quality Marriages & Employment
- ✓ Other Pro-social Relationships
- ✓ Education
- ✓ Volunteerism
  - ✓ From self focus to other focus
- ✓ Agency
  - ✓ Belief in ability to change





# TRANSITION TO THE COMMUNITY (REENTRY)

**The problem for people re-entering the community after incarceration is that they need to develop protective factors to insulate them from crime**

**Making this transition  
is a profoundly  
challenging task**



# “SPACE IN TIME”

- ✓ Managing cases must be considered within the context of time and opportunity
- ✓ While on supervision, POs have the opportunity to influence client change
- ✓ Change is fluid – continues ***AFTER*** supervision ended

## Goals During Supervision

Engage clients & build motivation

Assist in problem solving that leads to action

Provide feedback and support



# HOW TO IDENTIFY CASE PLANNING TARGETS

In order to understand which criminogenic factors are important for a specific client, a behavioral analysis is required

## *Key Questions...*

- ✓ Where did the crime occur?
- ✓ With whom did the crime occur?
- ✓ What was the crime, is this a repeat of an earlier pattern?
- ✓ Why did the crime occur (*what was the motivation and preceding events*)?

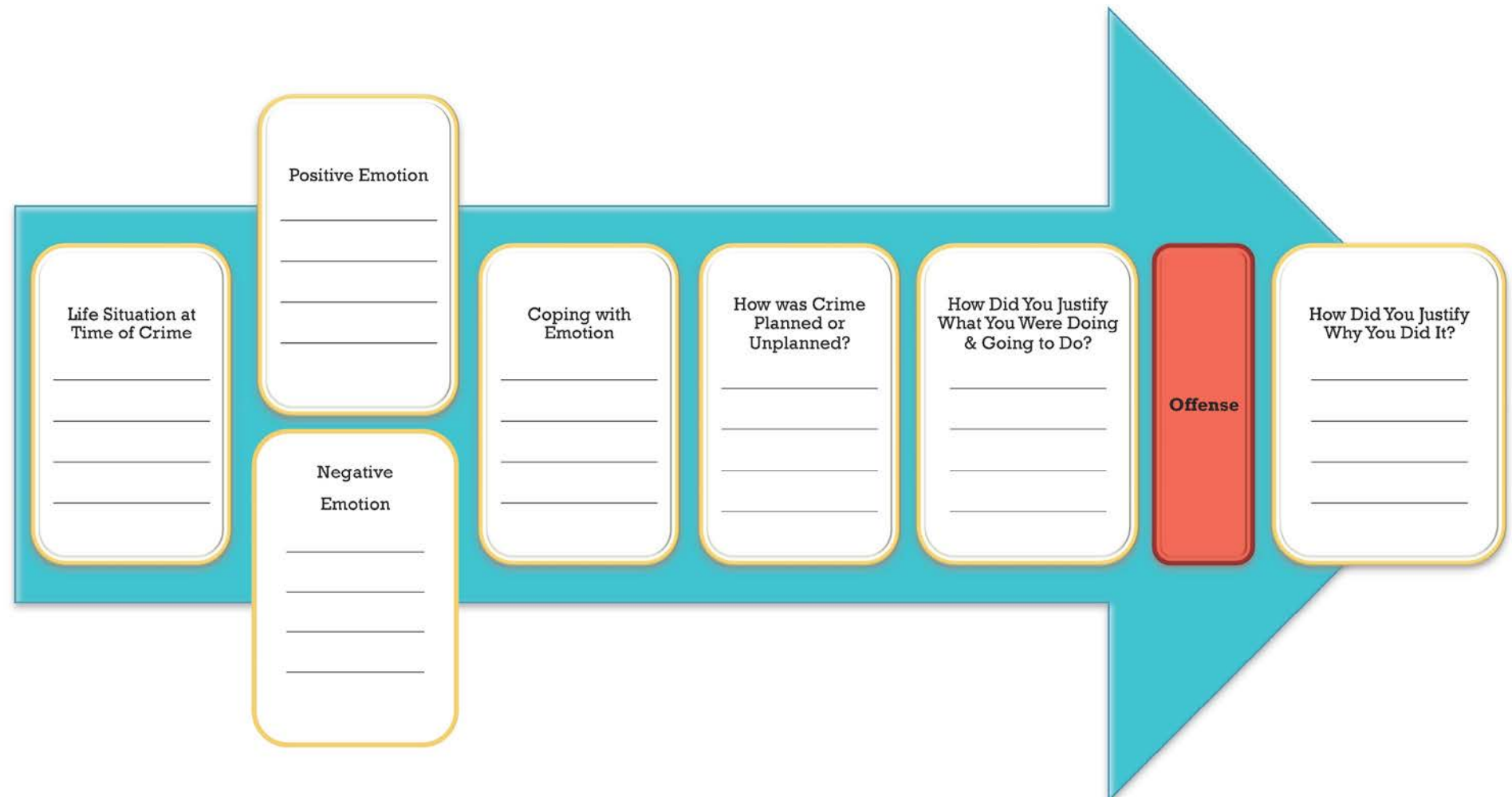
These factors reflect the intervention targets to be included in the case plan

Think of this as a roadmap of care





# BEHAVIORAL OFFENSE CHAIN



The diagram is a large blue arrow pointing to the right, representing the Behavioral Offense Chain. It contains several white boxes with yellow borders for notes. The boxes are arranged as follows:

- Life Situation at Time of Crime**: A box on the left with four horizontal lines for writing.
- Positive Emotion**: A box above the center with four horizontal lines for writing.
- Negative Emotion**: A box below the center with four horizontal lines for writing.
- Coping with Emotion**: A box in the center with four horizontal lines for writing.
- How was Crime Planned or Unplanned?**: A box to the right of the center with four horizontal lines for writing.
- How Did You Justify What You Were Doing & Going to Do?**: A box to the right of the center with four horizontal lines for writing.
- Offense**: A red box in the middle of the arrow.
- How Did You Justify Why You Did It?**: A box on the right with four horizontal lines for writing.



# HOW TO IDENTIFY RISK MANAGEMENT STRATEGIES

- ✓ **Look for consistency and patterns to define at-risk situations**
- ✓ **Higher risk clients warrant greater supervision to management their risk levels**
- ✓ **Think of this as a safety map**



# DISTINGUISHING BETWEEN THE CASE PLAN AND RISK MANAGEMENT STRATEGY

## Case Plan

- ✓ Prioritizes intervention targets based on need and risk
  - ✓ Target criminogenic needs
  - ✓ Target high risk cases
- ✓ Includes referrals and direct intervention during sessions

## Risk Management Strategy

- ✓ Intervention and supervision approaches to manage risk
- ✓ Includes
  - ✓ UA testing
  - ✓ Increased contacts
  - ✓ Curfews
  - ✓ Use of technology
  - ✓ Court special conditions





# FACTORS TO CONSIDER IN CASE PLAN AND RISK MANAGEMENT STRATEGY

- ✓ Housing
- ✓ Medical
- ✓ Mental Health
- ✓ Employment
- ✓ School
- ✓ Education
- ✓ Family
- ✓ Friends
- ✓ Activities
- ✓ Community
- ✓ Peer Support
- ✓ Recovery Coaches
- ✓ “Natural Support”



# FACTORS TO CONSIDER IN CASE PLAN AND RISK MANAGEMENT STRATEGY

## Housing

- ✓ Stability of accommodation is important in client success

## Medical

- ✓ Stability in medical condition may enhance client success
- ✓ Medical concerns will interfere with client success

## Mental Health

- ✓ Presence of acute symptoms and comorbidity with substance use and antisocial personality disorder increase risk or re-offending
- ✓ Noncompliance with medication will exacerbate client success



# FACTORS TO CONSIDER IN CASE PLAN AND RISK MANAGEMENT STRATEGY

## Employment

- ✓ Simple employment might not reduce rates of re-offending, clients with jobs remain crime free longer
- ✓ Those invested in work have improved outcomes

## School/Education

- ✓ Educational upgrading is important for long-term employment opportunities

## Family/Friends

- ✓ Pro-social family and friends are critical to client success
- ✓ It may be impossible for client to avoid all people in his/her life who are justice involved





## Activities

- ✓ Involvement in structured, productive leisure activities assist in client success

## Community

- ✓ Community support (clergy, stakeholders, volunteers, selfhelp sponsors, etc.) assist in client success

## Recovery Coaches

- ✓ Coaches provide support and direction that assist in client success

## “Natural Support”

- ✓ Factors (people/circumstances) the client is connected to in the community outside the courts



# RE-CONCEPTUALIZING THESE FACTORS INTO DOMAINS

## Internal Change

Factors within  
the client that  
influence  
outcome

## Social Capital

External  
supports that  
influence  
outcome

## Treatment Services

Knowledge and  
skills-based  
intervention  
that influence  
client outcome



# INTERNAL CHANGE

## **Commitment to Change**

- ✓ Motivation, behavioral indicators of commitment to change

## **Identity**

- ✓ Moving from active criminal identity to desisting offender

## **Hope**

- ✓ Expectation that change is possible (but will take effort)

## **Redemption**

- ✓ Giving back to address misdeeds

## **Agency**

- ✓ Belief by the client that they have the capacity to succeed





# SOCIAL CAPITAL

**Prosocial peers and role models,  
not restricted to family**

**Commitment to and satisfaction  
from employment**

**Support from someone, including  
those in authority**

**Prosocial leisure activities**



# TREATMENT SERVICES

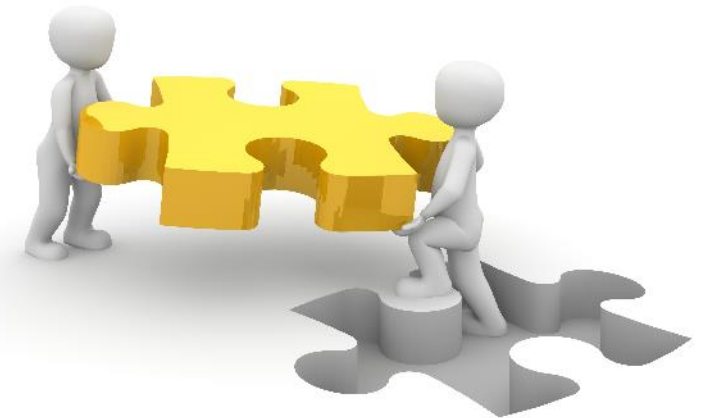
**Treatment (residential & outpatient)**

**Recovery coaches**

**Educational upgrading**

**Counseling and training to gain  
employment**

**Mental health referrals, compliance  
with medication**



# INTEGRATING CASE PLAN DOMAINS

A successful case plan must target, in order of PO prioritization from analysis of criminal conduct, criminogenic needs

New information regarding needs *may* dictate a change in the case plan

Change in risk during supervision *does* dictate a change in the case plan





# ASSESSING CHANGE IN NEED & RISK

Requires regular and standardized re-assessment of need and risk

Need can change over time – as one is addressed another may become more important

Risk, especially if POs consider acute dynamic risks can change even between sessions

The presence of protective factors appears to mitigate risk

- ✓ 2 clients with the same risk propensity but who differ regarding protective factors should be managed differently



# RESPONDING TO CHANGES IN NEED

## Increase in Need

- ✓ Targeting new need with rationale
- ✓ Document in case plan
  - ✓ Referrals
  - ✓ In-session strategies
  - ✓ Homework
- ✓ Target most pressing need until demonstrated improvement, then target next need

## Decrease in Need

- ✓ Client demonstrates gains in knowledge and skills from intervention
- ✓ Client behavior change over time within sessions



# RESPONDING TO CHANGES IN RISK

## Increase in Risk

- ✓ Change in case plan with documentation regarding rationale
- ✓ Change in risk management plan to mitigate increased risk with documentation regarding rationale

## Decrease in Risk

- ✓ Client understanding of risk factors and skills to manage such factors
- ✓ Increased protective factors
- ✓ Responsive to supervision and risk management strategies
- ✓ Increased social capital
- ✓ Prosocial identity





# CORE CORRECTIONAL PRACTICES (CCP)

- ✓ Clients whose POs are trained in CCP have 13% better outcomes
- ✓ Examples of CCP are Soaring2, STARR, and EPICS
- ✓ Soaring2 focuses on engaging clients to complement case planning



# SUMMARY

- ✓ Case plans focus on mitigating criminogenic needs, while risk management strategies focus on managing recognized risk
- ✓ These are case-specific and will change over time
- ✓ Attending to both will lead to improved client outcome, as will supporting clients' efforts to desist from crime



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# CASE PLANNING



# Nick, aged 26, male client on 12 months probation for multiple B&Es (x12) in homes and businesses

Nick's criminal history began at age 14 (thefts, possession cannabis) and has continued unabated with an 8 month period being drug free following completion of a residential treatment program 2 years ago. He has had 5 prior jail sentences and 3 failed probation orders. His crimes are all acquisitive to get money for drugs. His primary group of friends have similar backgrounds; they are constantly unemployed, abusing drugs and in and out of jail. Nick has grade 10 through upgrading in prison but no employment history. He rationalizes his crimes saying his addiction to cocaine is a disease (but he uses any drugs available) and that he is not hurting people because their loss is covered by insurance. He is routinely depressed, lacking in drive and presents as vulnerable with low self-esteem. He continues to live with his mother, who cannot bear to kick him out onto the street but realizes she cannot control Nick. A risk assessment places him at moderate-high risk to re-offend due age of onset of crime and frequency of criminal convictions.



# RNR ANALYSIS

Criminogenic needs include criminal history, criminal peers, criminal thinking, substance use, and poor employment.

Despite the serious drug use, criminal thinking and peers are equally important to target. It is unclear the cause of the drug use. It is also unclear if it is maintained due to hedonistic lifestyle or a way to manage negative affect.

Accommodation, prosocial support, and employment are also considerations, but less pressing in terms of immediate care. Implied is use of leisure time is problematic.





# CASE PLAN (RANK IN ORDER OF IMPORTANCE)

1. Within sessions with the PO, it is mandatory to address criminal thinking. Given the risk assessment, this could be augmented by referral to a T4C group or similar CBT approach to criminal thinking.
2. Given duration and seriousness of addiction, residential treatment is preferred. If that is not possible, referral to structured substance abuse program is essential. Urinalysis to monitor drug use.
3. Education and employment counselling by PO and referral to agency.
4. Lifestyle management in terms of accommodation and use of leisure time by PO.
5. Self care in terms of managing negative affect.

Note: Workbooks and self-help materials could be incorporated into each of these areas.

