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 ≠ the absence of risk factors

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

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

Crime Free Lifestyle
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
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

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
RESPECTING 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
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.
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.
**KEY REFERENCES**

**RNR**

**Case Planning**

**Risk Assessment**

**Desistance**

**Community Corrections**
- Pew (2008). *Policy Framework to Strengthen Community Corrections*
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.
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.