

COACHING PACKET

Effective Case Management

One in a series of Coaching Packets designed to assist jurisdictions in the implementation of effective practices that will support successful offender outcomes

Author: Mark Carey, The Carey Group
Editor: Madeline M. Carter, Center for Effective Public Policy

2010



Coaching Packet Series 1: Creating a Blueprint for an Effective Offender Reentry System

- A Framework for Offender Reentry
- Establishing a Rational Planning Process
- Engaging in Collaborative Partnerships to Support Reentry

Coaching Packet Series 2: Delivering Evidence-Based Services

- Implementing Evidence-Based Practices
- Effective Case Management
- Shaping Offender Behavior
- Engaging Offenders' Families in Reentry
- Building Offenders' Community Assets through Mentoring
- Reentry Considerations for Women Offenders

Coaching Packet Series 3: Ensuring Meaningful Outcomes

- Measuring the Impact of Reentry Efforts
- Continuous Quality Improvement



This project was supported by grant number 2008-RE-CX-K001, awarded by the U.S. Department of Justice, Office of Justice Programs. Points of view in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Table of Contents

Introduction to the Coaching Packet Series.....	1
FY 2007 Prisoner Reentry Initiative (PRI) Grantees	2
Acknowledgments.....	3
Introduction to the Effective Case Management Coaching Packet.....	4
The Contents of this Packet.....	4
The Intended Audience for this Packet	4
How to Use this Packet.....	4
How to Seek Additional Information.....	6
Section I: Overview of Effective Case Management.....	7
The Characteristics of Effective Case Management.....	7
The Components of Effective Case Management	10
Section II: Effective Case Management Coaching Packet Checklist.....	26
Section III: Action Planning Worksheet.....	27
Section IV: References and Additional Resources	28

Introduction to the Coaching Packet Series

The Center for Effective Public Policy (the Center) and its partners, The Urban Institute and The Carey Group, were selected by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance to serve as the training and technical assistance providers to the Fiscal Year 2007 Prisoner Reentry Initiative grantees (hereafter “PRI grantees”). The project team served in this capacity from April 2008 to June 2010.

The Center is a nonprofit criminal justice consulting organization based in Silver Spring, Maryland. Since the early 1980s, the Center has provided training and technical assistance to the criminal justice field on a wide array of topics, including transition and reentry, and has administered a number of national projects of this kind. The Urban Institute was established as a private, nonprofit corporation in Washington, D.C. in 1968 and is a leader in prisoner reentry research, focusing on making best practice information accessible to practitioners and policymakers. The Carey Group is a justice consulting firm with extensive practitioner experience in evidence-based practices, strategic planning, community and restorative justice and corrections.

As a part of its technical assistance delivery to the PRI grantees, the Center developed a series of tools to assist grantees in specific areas of their reentry work. The final products of this work include eleven Coaching Packets in three series. These Coaching Packets offer practical value beyond the jurisdictions involved in this initiative and are available to criminal justice professionals and their partners interested in enhancing their strategies for reducing recidivism and improving offender outcomes.

Each Coaching Packet provides an overview of a specific topic as it relates to successful offender reentry, and offers tools and resources for those interested in exploring the topic in greater depth.

- *Series 1* provides a blueprint for an effective offender reentry system. This series provides a conceptual framework for addressing prisoner reentry at the policy level; outlines a strategic planning process to support implementation efforts; and explores the establishment of successful collaborative partnerships at the policy and case management levels.
- *Series 2* addresses key issues related to the delivery of evidence-based services to offenders. This series summarizes the key literature with regard to implementing evidence-based practices; explores advances in approaches to case management; addresses the important role of staff in changing offender behavior; and summarizes research and practice as it relates to working with women offenders, engaging families, and mentoring.
- *Series 3* provides guidance and tools to ensure that reentry efforts achieve their intended outcomes. This series describes methods to assess the effectiveness of reentry efforts and offers strategies for achieving continuous quality improvement.

FY 2007 Prisoner Reentry Initiative (PRI) Grantees

The Prisoner Reentry Initiative (PRI) – intended to support the development and implementation of institutional and community corrections-based reentry programs to help returning offenders find employment and provide other critical services – is a collaborative effort of the U.S. Department of Justice (DOJ), Office of Justice Programs, Bureau of Justice Assistance and the U.S. Department of Labor (DOL). Grants were awarded to state and local corrections agencies by DOJ to provide pre-release and transition services to offenders and were “matched” by DOL grants to faith- and community-based organizations (FBCOs) to provide post-release services, focusing on employment assistance and mentoring.

Thirty-five states received grants in three cycles of the Initiative during Fiscal Years 2006, 2007, and 2008.¹ Of these, 23 FY 2007 PRI grantees received assistance under this project. FY 2007 grants were awarded in the fall of 2007 and implemented from 2008 to 2010; however, some grantees will not complete their activities until 2011. The FY 2007 grantees provided technical assistance under this project included:

- ✓ ALASKA, Native Justice Center
- ✓ ARIZONA, Criminal Justice Commission/ Yuma County Sheriff’s Office
- ✓ CALIFORNIA, Department of Community Services and Development
- ✓ COLORADO, Division of Criminal Justice Services/City of Denver
- ✓ DISTRICT OF COLUMBIA, Government
- ✓ FLORIDA, Department of Corrections
- ✓ HAWAII, Department of Public Safety
- ✓ INDIANA, Department of Corrections
- ✓ IOWA, Department of Corrections
- ✓ KANSAS, Department of Corrections
- ✓ MAINE, Department of Corrections
- ✓ MICHIGAN, Department of Corrections
- ✓ MINNESOTA, Department of Corrections
- ✓ NEVADA, Department of Corrections
- ✓ NEW JERSEY, Department of Corrections
- ✓ NORTH CAROLINA, Department of Corrections
- ✓ OHIO, Department of Rehabilitation and Correction
- ✓ PENNSYLVANIA, Department of Corrections
- ✓ RHODE ISLAND, Department of Corrections
- ✓ TENNESSEE, Department of Corrections
- ✓ VIRGINIA, Department of Criminal Justice Services
- ✓ WISCONSIN, Department of Corrections
- ✓ WYOMING, Department of Corrections

¹ The PRI program will end when the FY 2008 grantees complete their activities.

Acknowledgments

Becki Ney, Principal, Center for Effective Public Policy, served as the PRI Training and Technical Assistance Program Project Director. Ms. Ney conceptualized and oversaw the development of the Coaching Packet series.

Madeline M. Carter, Principal, and Rachelle Giguere, Program Associate, Center for Effective Public Policy, served as the key editors for the Coaching Packet series. Ms. Giguere also provided extensive research support to the development of the series.

Special thanks are extended to Peggy B. Burke, Principal, Center for Effective Public Policy for her significant contributions to the early development of this Coaching Packet.

Introduction to the Effective Case Management Coaching Packet

The Contents of this Packet

This Coaching Packet provides:

- A definition of case management;
- A description of the key components of an effective case management approach as well as their most salient features;
- Illustrations of some of these features;
- A tool to determine your jurisdiction's strengths and gaps in the area of case management;
- An aid to developing plans to address identified gap areas; and
- References to additional resources on this topic.

The Intended Audience for this Packet

This Coaching Packet was originally developed to assist grant teams that were established to manage local PRI initiatives. The teams were composed of representatives from institutional and community corrections and faith-based or community organizations involved in the delivery of pre- and post-release services to offenders transitioning from prison to the community. The content of these Coaching Packets has much broader application, however; the information and tools contained within this Coaching Packet can also be used by teams of criminal justice professionals and their partners to assess the status of their efforts in implementing evidence-based practices and effective reentry services to offenders.

This Coaching Packet may also serve as a resource for professionals at all levels who are interested in learning more about this topic.

How to Use this Packet

SECTION I: READ THE OVERVIEW ON EFFECTIVE CASE MANAGEMENT.

This section of the Coaching Packet provides an overview of the principles leading to effective case management; and the features of preparing for the development of the case plan, the creation of a plan, supervising the case, and managing the case plan as the needs of the offender and circumstances dictate. Review its content and, if the information it contains is applicable to your work and addresses an area in which you feel you need to focus your efforts, use the tool in Section II to assess your jurisdiction's strengths and gaps in your case management efforts.

SECTION II: COMPLETE THE EFFECTIVE CASE MANAGEMENT COACHING PACKET CHECKLIST.

As a team, complete the Effective Case Management Coaching Packet Checklist. (Based upon the information you read in Section I, consider who may need to be involved so that you are able to answer the questions thoroughly.) Complete the checklist as a group and discuss your responses along the way.

- Rate each item listed in the checklist (yes, no, not clear).

- For items where your response is “not clear,” make note of the additional information the team needs to collect in order to be able to rate this item.
- Add additional items that may relate to your jurisdiction’s case management efforts that are not already included on the checklist.
- Develop a consensus-based response for each item on the checklist.
- Once the checklist is completed, consider your jurisdictions’ strengths in the area of case management. Make note of these.
- Next, consider your most significant gaps. Make note of these as well.

SECTION III: DEVELOP AN ACTION PLAN.

If, after completing the checklist in Section II, your team determines that further work on this topic is necessary or would be helpful, follow the steps below to identify your goals, objectives, and action items, and identify any additional assistance or expertise needed.

Working as a team, review your findings from the Effective Case Management Coaching Packet Checklist. Specifically:

1. Determine whether, based upon what you have read and discussed, you desire to advance your jurisdiction’s approach to case management.
2. If you determine you have a desire to improve in this area, write a goal statement that reflects where you want to be with regard to improving your current efforts. Your goal might be to “Establish a single, dynamic case management process that supports successful outcomes with offenders,” or another goal. Using the Action Planning Worksheet in Section III, note your goal in the area of case management.
3. Identify your three most significant strengths in this area and discuss how you might build on those to overcome some of your gaps.
4. Identify your three most significant gaps. For each gap, write an objective. Your objectives might be, “To establish a team-based approach to case management,” or “To establish a routine re-assessment and case management update process,” or “To develop a standard case management plan protocol and template,” or something else. Note your three objectives on the Action Planning Worksheet.
5. Add the following on the Action Planning Worksheet for each objective:
 - a. The specific sequential steps that must be taken to meet the objective.
 - b. The individual who will assume lead responsibility for this action item.
 - c. The completion date for this action item.
6. Discuss whether additional assistance or outside expertise is needed to successfully achieve any of your action items. For instance, explore whether additional literature, guidance from another practitioner over the telephone, examples of work products from other jurisdictions, or on-site technical assistance would be helpful options.
 - a. For each action item, identify those for which assistance/expertise is needed.
 - b. Identify the type of assistance/expertise needed.
 - c. Prioritize each of these need areas. If assistance/expertise will be limited, for which action items is assistance most needed?

- d. Begin exploring ways to secure the needed assistance/expertise.

How to Seek Additional Information

To download copies of the Coaching Packets, please visit the Center's website at <http://www.cepp.com/coaching.htm>. To obtain further information on the use or content of this or any of the Coaching Packets, or on the 2007 PRI Training and Technical Assistance Program, please contact:

Becki Ney
Principal
Center for Effective Public Policy
32 East Montgomery Avenue
Hatboro, PA 19040
Phone: (215) 956-2335
Fax: (215) 956-2337
Email: bney@cepp.com

Section I: Overview of Effective Case Management

A growing body of research on evidence-based practices has provided corrections professionals with the knowledge to develop interventions that are effective in changing offender behavior and reducing the likelihood of reoffense. Case management – which is gaining empirical support as an effective model for use with offenders² – is a key strategy in the application of these evidence-based practices.

The definition of case management used in this document is the:

Strategic use of resources – including staff time, correctional programs, and other types of resources – at the case level to enhance the likelihood of success following institutional release and discharge from supervision, decreasing the likelihood of offender recidivism.

*The Characteristics of Effective Case Management*³

Effective case management is characterized by a number of features.

EFFECTIVE CASE MANAGEMENT BEGINS WITH, AND IS BASED UPON, AN EMPIRICAL ASSESSMENT OF RISK AND CRIMINOGENIC NEEDS.

Case management begins with an empirically-based assessment of offenders' risk to reoffend, and their criminogenic needs.^{4,5,6}

- ✓ Research demonstrates that matching the intensity of interventions to the assessed level of risk (i.e., more intensive strategies for higher risk offenders) results in better offender outcomes.⁷
- ✓ Empirically-based tools should also be used to assess offenders' dynamic risk factors (commonly referred to as criminogenic needs). Research demonstrates that offender

² See Lipsey, 2009.

³ For additional information on effective case management, readers are referred to the Transition from Prison to Community (TPC) resources provided on page 28.

⁴ See the Implementing Evidence-Based Practices Coaching Packet for a primer on evidence-based practices, including the risk and need principles and other foundational concepts.

⁵ Risk/need assessments are distinguished from classification assessments conducted within institutions. Classification assessments are used to determine security levels and housing placement, and typically focus on offenders' safety concerns, likelihood for institutional misconduct and/or escape. Because classification assessments are important to maintaining safe and secure institutions, they should be conducted in addition to risk/need assessments.

⁶ Risk/need assessments are often supplemented with other assessments that explore in greater depth specific areas of concern (e.g., substance abuse, mental health).

⁷ Andrews & Bonta, 2007a.

outcomes are improved when intervention strategies address criminogenic (rather than non-criminogenic) factors.⁸

EFFECTIVE CASE MANAGEMENT IS COMPREHENSIVE.

In addition to addressing offenders' criminogenic needs, case management plans should also address offenders' stability factors.

- ✓ Stability factors are those conditions that can interfere with offenders' abilities to address their criminogenic needs (e.g., housing, medication, transportation).

EFFECTIVE CASE MANAGEMENT IS ONGOING.

Case management is a process that can begin as early as sentencing (or before) and should continue seamlessly until offenders are discharged from supervision.

EFFECTIVE CASE MANAGEMENT IS DYNAMIC.

As offenders' conditions change significantly either positively or negatively (e.g., successful completion of programs, compliance violations, loss of employment, family conflict), and as re-assessments reflect changes in risk levels or risk factors, case management plans are reshaped, reflecting updated goals and strategies.

EFFECTIVE CASE MANAGEMENT IS TEAM-BASED AND INCLUDES THE OFFENDER AS PART OF THAT TEAM.

Typically, several individuals – correctional counselors, reentry specialists, treatment providers, security staff and probation/parole officers, employment counselors, mentors, to name only a few – are involved in the day-to-day management of the offenders under their care or supervision. Establishing a team approach to case management provides a forum for these professionals to work together collaboratively – sharing information and perspectives, and working in parallel with one another rather than duplicating efforts or working in opposition to one another. The case management team might be led by an institutional staff person while the offender is incarcerated and by a community supervision officer while the offender is in the community (depending on the jurisdiction, institutional or community staff may or may not be titled as case managers, reentry specialists, etc.)⁹. The offender is always a member of the team. The composition of the case management team will change over time, depending upon the offenders' location (i.e., changes of institutional housing assignments, or transition from institutions to the community) and the progression of activities (i.e., changes in treatment plans, job assignments, etc.). The case management team's responsibilities include:

- ✓ Engaging offenders in the process of assessment, goal identification, and in developing a behavioral contract (the case plan) that outlines the steps offenders and others will take to attain those goals; and
- ✓ Identifying and facilitating access to interventions and strategies that will address criminogenic needs and stability factors.

⁸ Ibid.

⁹ Because titles and duties vary from jurisdiction to jurisdiction, throughout this document the term "case manager" is used to refer to corrections professionals in the institution or in the community who have responsibility for managing offenders' cases. The concepts provided in this Coaching Packet apply to a wide range of individuals involved in offenders' successful transition from prison to the community.

EFFECTIVE CASE MANAGEMENT RELIES ON THE APPROPRIATE TARGETING OF INTERVENTIONS.

An effective case management approach requires that the interventions delivered to offenders are evidence-based (i.e., that they adhere to the risk, need and responsivity principles; are delivered in the proper dosage and intensity; are skill-based; etc.) and that programs and services are available and accessible to offenders when and where they are needed. Through the assessment process, key targets for intervention are identified; the case plan documents a roadmap – or strategy – that defines the sequencing of these targets and the specific action steps that will result in their achievement.



EFFECTIVE CASE MANAGEMENT UTILIZES OFFENDER ENGAGEMENT TECHNIQUES AS A TOOL IN THE CASE MANAGEMENT PROCESS.

Offenders' cooperation and likelihood of successful completion of their case plans will increase to the extent that they are involved in developing their own plans – as opposed to being “told” what their plans will contain. To this end, an effective case management approach implies not only that a process for case management is in place but also that members of the case management team understand the important influence they can have on offenders' motivation¹⁰ and have the skills to effectively engage offenders in the change process (e.g., common techniques include Motivational Interviewing and cognitive reflective communication).

EFFECTIVE CASE MANAGEMENT IS SUPPORTED BY AUTOMATION.

In most corrections agencies today, case management information – including the assessments themselves or the data from the assessments, and case management plans – is stored electronically. Automating this information enables practitioners to:

- ✓ Input real-time information so that the case plan is current;
- ✓ Share assessment data and case management plans as offenders move between institutions and between institutions and the field;
- ✓ Share assessment data and case management plans among members of a case management team who may not be co-located;
- ✓ Aggregate assessment data and case plan information across the offender population to analyze trends, resource needs, etc.; and
- ✓ Analyze case information for purposes of measurement feedback.

¹⁰ See the Coaching Packet on Shaping Offender Behavior.

The Components of Effective Case Management

There are four central components to effective case management.

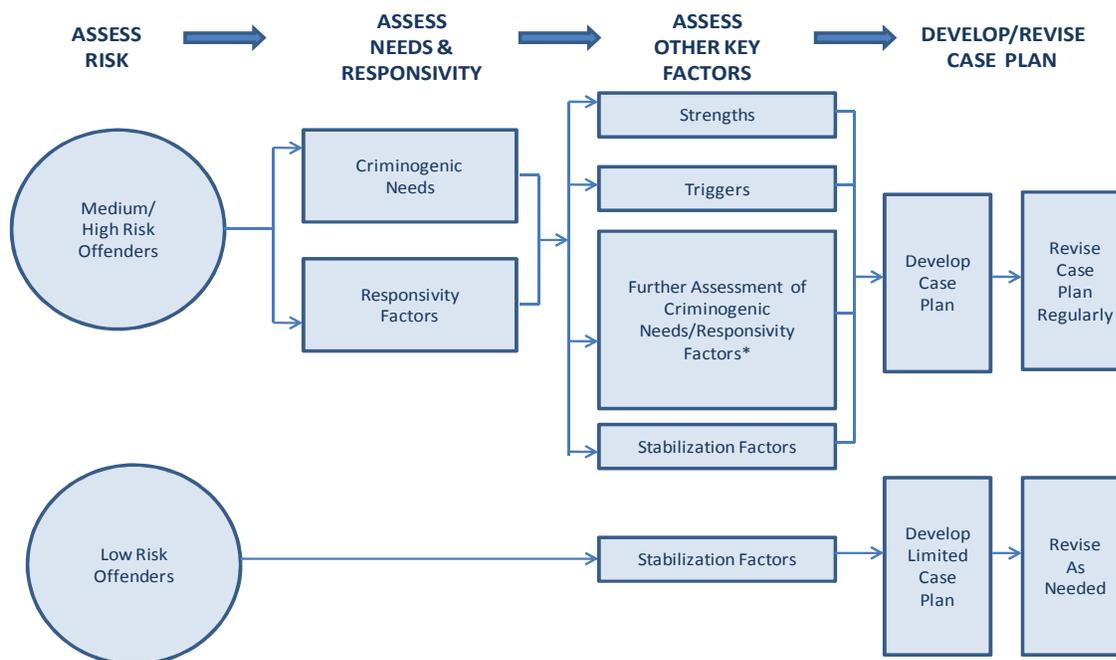
- ✓ Preparing for Case Planning
- ✓ Developing the Case Plan
- ✓ Delivering Effective Services
- ✓ Managing the Case

PREPARING FOR THE CASE PLANNING PROCESS

Case planning is not an event, it is a process. There are three reasons for this, each of which will be discussed in greater detail later in this document:

- ✓ The information that is needed to develop a thorough case plan typically becomes available over time. Rare is the case when risk/need and other assessment data, background reports, etc., is available immediately.
- ✓ It takes time to develop rapport and to fully understand offenders' circumstances, strengths, supports, and areas of concern.
- ✓ Case plans will necessarily change over time as offenders' conditions change.

Exhibit 1: Preparing for the Case Planning Process



**Some factors such as substance abuse and education (criminogenic needs) and mental health and functional level (responsivity factors) may require further assessments.*

See *Case Management: A Critical Element of the TPC Model* at www.prisontransition.com for a more detailed consideration of case management as it relates to offenders' level of risk.

Therefore, the initial period of contact – whether in an institution or in the community – should be focused on preparing for the case planning process by gathering foundational information, building relationships with offenders, and establishing expectations with them about the importance of developing and then following their case plans.

*A. Assessing Risk, Needs, and Responsivity*¹¹

Risk. Actuarial risk assessments – in combination with other assessment data – forms the basis of the case plan in much the same way that a battery of medical tests is used to assist doctors in prescribing courses of treatment. Risk assessment information should dictate the degree of intervention (e.g., intensity of supervision, intensity and duration of programming) based upon assessed level of risk to reoffend (i.e., highest levels of intervention matched to highest levels of risk).

Need. Criminogenic needs is the term used to describe the factors that have been demonstrated through research to be associated with and predictive of future criminal behavior. This information, also derived from administering actuarial assessments, is critically important to case planning as it identifies the specific conditions for individual offenders that, if successfully addressed, will decrease the probability of future crime. There are several important principles case managers should take into consideration in their case planning work:

- ✓ Because all criminogenic needs are not created equal – that is, some have greater influence on reoffense than others – case managers should rely heavily on this assessment data to determine which to focus on first (i.e., the “drivers”). For example, the most significant among the dynamic criminogenic needs (i.e., anti-social behavior, personality, attitudes, and peers)¹² have the greatest influence on criminal behavior and therefore should be prioritized for intervention. If, however, offenders also have addictions that interfere with their ability to cooperate with their case managers, attend and actively participate in cognitive-behavioral programs designed to address anti-social thinking and peers, or otherwise successfully manage their supervision, the addiction may have to be addressed prior to approaching other more salient criminogenic needs. On the other hand, offenders whose assessments indicate high scores on anti-social behavior, personality and attitude that also have employment concerns may not be successful in the workplace before these more predominant criminogenic needs are addressed.
- ✓ Research demonstrates that the dosage and intensity with which criminogenic needs are addressed are also relevant to successful outcomes. This issue will be explored in greater detail later in this Coaching Packet.
- ✓ In addition, research shows that addressing 4-6 criminogenic needs results in significantly better outcomes than does addressing 1-3.¹³ Therefore, case managers should plan to address at least four to six of the most influential criminogenic needs over the course of offenders’ involvement with the criminal justice system.

¹¹ A more thorough discussion of these and other evidence-based practices is included in the Implementing Evidence-Based Practices Coaching Packet. Therefore, readers are encouraged to review the Implementing Evidence-Based Practices Coaching Packet prior to further review of this Coaching Packet.

¹² Andrews, 2007; Andrews, Bonta, & Wormith, 2006, p. 11.

¹³ Andrews & Bonta, 2007a.

Beyond prioritizing “drivers,” targeting 4-6 of the most significant criminogenic needs through the use of evidence-based intervention strategies, and following the dosage and intensity principles, there is no “magic formula” for how many criminogenic needs are addressed at any one time or how best to sequence interventions. These are critically important decisions that must be considered carefully by the case manager, in collaboration with the offender and the case management team, and in light of resource availability and other individual case factors. This is the “art” of applying science to case management.

Responsivity. Because all people are not the same, when it comes to programming, “one size does not fit all.” Among other things, individuals differ with regard to their level of intelligence and functional abilities; their gender, developmental age and cultural backgrounds; and their mental health conditions. These differences have been demonstrated through research to have relevance to the effectiveness of interventions.¹⁴ This need for individualization is referred to as the responsivity principle, and is a key component to determining the best way to approach programming for offenders. For example, most offenders with anti-social thinking and deficits in problem solving skills can benefit from cognitive behavioral programs. However, if these offenders also have an anxiety disorder and low functional levels, they may be overwhelmed by the dynamic interaction of a group setting and/or may not be able to follow the discussion or complete assignments due to slower processing skills. For these reasons, case plans should be developed with sensitivity to the responsivity principle.

B. Knowing Offenders’ Strengths

Most high risk offenders have a variety of skill deficits – such as managing their emotions or learning how to develop new, prosocial friendships – that require attention. In addition, many also have a long history of failing at school, work, or in relationships. They may even be skeptical that yet another program will result in an improved lifestyle.

It is neither easy nor comfortable to learn new attitudes, skills, and behaviors. This is why people tend to gravitate toward behaviors and activities with which they have developed a level of comfort, and shy away from those they perceive themselves to be deficient in.

By identifying and drawing upon offenders’ strengths, case managers can reduce discomfort and resistance. For example, an offender who is skilled in watercolor may find it easier to develop prosocial friendships by attending an art class where she feels comfortable with the skill. In fact, she might be able to help fellow students with their artwork, paving the way for the establishment of new prosocial relationships.

For these reasons, case managers should explore offenders’ strengths and interests and use these as building blocks for action steps that will facilitate progress on addressing criminogenic needs.

¹⁴ Andrews & Bonta, 2007a; Cullen & Gendreau, 2000.

C. Identifying Offenders' Triggers

Criminal offenses are often preceded by triggering events. A man might get involved in a bar-room fight at the local pub as a result of ruminating over an angry encounter with his business partner. A husband might go to his brother's house and drive home drunk after getting into a fight with his wife. A woman might shoplift when she is feeling badly about herself.

Being able to understand and identify these triggers can help offenders to avoid encountering the events that begin these negative behavior cycles, and develop proactive plans to address these circumstances when they arise. For example, if an offender has a habit of using cocaine with his buddies with whom he plays basketball at the recreation center on Friday nights, a case plan strategy might be to find an alternative sport and a Friday night activity.

D. Addressing Stability Factors

Although not directly related to recidivism, other conditions in offenders' lives can interfere with their ability to be successful in the community. These "stability factors" include:

- ✓ Reliable public or private transportation (to facilitate access to employment, counseling, and probation/parole office visits);
- ✓ Sufficient financial support (to support basic human needs);
- ✓ Prosocial and sustainable housing;
- ✓ Government-issued identification (which is necessary to secure employment or sign a lease on an apartment); and
- ✓ Medical care to address chronic illness and/or maintain a supply of prescribed medications.

Case managers should assess offenders' stability factors prior to release from custody and while in the community and include action steps in the case plan that address any concerns that may be an impediment to offenders' ability to lead stable lives in the community.

E. Using Other Assessment Data

Actuarial risk/need assessment instruments are, in some cases, only the beginning of the assessment path. Depending upon the risk factors that are identified through the use of these tools, or the type of offender (e.g., sex offenders), further assessment(s) may be needed. For instance, tools are available to understand more fully the nature and extent of offenders' substance abuse or mental health conditions. Specific assessment tools have been developed for offenders who have committed sex offenses or those with a history of violence. These specialized assessments – as well as other reports and background information – add additional data about risk factors and intervention strategies that are also important considerations in the case planning process.

DEVELOPING THE CASE PLAN

For offenders, case plans are a roadmap to success. Like mapping out a journey from one location to another, case plan goals should be rooted in a clear understanding of the final destination offenders intend to reach; include specific steps to reaching these goals; and be accompanied by realistic timelines.

For the case manager, case plans represent a deliberate strategy for addressing the issues that will lead offenders toward success. At a minimum, what a case plan *is* is a written document that describes offenders' goals for the period of time they are incarcerated or on community supervision. What a case plan *is not* is a list of conditions or mandated actions the offender must follow.

In combination with other effective supervision practices, the use of individualized case plans has been shown to reduce new arrests and technical violations of offenders under community supervision.

Source: Taxman, 2008.

There are at least three strategies case managers should use in the development of case plans. These include involving offenders in constructing their plans; aligning case plan activities with interventions that address offenders' specific criminogenic needs; and crafting plans that are specific, concrete and easy to follow.

A. Engaging Offenders and Seeking their Active Involvement

Offenders who are involved in the development of their case plans are more likely to be motivated to work on the goals that they helped to develop. And, offenders who are more motivated are more likely to follow through on their commitments to complete the activities in their plans. One way to engage offenders is to share with them the results of their assessments; this will help them to see the connections between their behaviors, risk factors, and the interventions that support positive change.

Plans imposed upon offenders without their input or understanding of their rationale are often outwardly rejected or rejected passively through inaction or non-compliance.

Case managers should use Motivational Interviewing techniques throughout the case management process to engage offenders initially and keep them motivated over the course of time.

B. Aligning Strategies with Criminogenic Needs

The key to risk reduction for medium/high risk offenders is identifying and focusing evidence-based interventions on criminogenic needs.¹⁵ In fact, **research suggests that the more time corrections professionals spend with offenders on non-criminogenic needs, the higher the rate of recidivism.**¹⁶ The case plan should therefore directly address criminogenic needs and, as discussed earlier, those factors that are critical to offenders' stability in the community.

Checklists, automated drop down menus, and intervention directories are some of the ways agencies are assisting corrections professionals with the difficult job of matching interventions to criminogenic needs. Exhibit 2 is an example of the kind of guidance an agency might develop

¹⁵ Andrews, 2007; Andrews et al., 1990.

¹⁶ Dowden, 1998, in Andrews & Bonta, 2007b.

for staff to assist in this matching process. It represents both the kinds of programmatic guidance agencies might provide, as well as ideas about the ways case managers can use their one-on-one sessions with offenders productively.

Exhibit 2: Interventions Designed to Address Criminogenic Needs¹⁷

CRIMINOGENIC NEEDS	EXAMPLES OF APPROPRIATE PROGRAMMATIC INTERVENTIONS	EXAMPLES OF ADDITIONAL CASE MANAGEMENT INTERVENTIONS
Anti-social values and thinking	Cognitive behavioral programs: <ul style="list-style-type: none"> - Thinking for a Change (T4C) - Moving On - Cognitive Self Change (CSC) - Corrective Thinking/Truthought 	Use of thinking reports
Companions	Cognitive behavioral programs: <ul style="list-style-type: none"> - Thinking for a Change (T4C) - Moving On - A New Freedom: Phoenix (gangs) 	Referral to mentoring services
Emotional/skill building	Cognitive behavioral programs: <ul style="list-style-type: none"> - Aggression Replacement Therapy (ART) - Controlling Anger and Learning to Manage It (CALM) - Cognitive Self Change (CSC) 	Skill building exercises and role plays during one-on-one sessions
Family/marital	<ul style="list-style-type: none"> - Domestic violence program (either 26 or 52 week class) - Teaching Family Model (NIMH) 	Referral to counseling
Alcohol/drugs	<ul style="list-style-type: none"> - Local mental health program for three levels of substance abuse treatment - Strategies for Self Improvement and Change (SSC) - Drug Abuse Treatment Program (FBOP) 	Aftercare (including AA)
Education	<ul style="list-style-type: none"> - Adult Basic Education (ABE) vocational program - GED class 	Tutor and ESL in-house volunteers
Employment	<ul style="list-style-type: none"> - Careerlink - Occupational therapy 	Referral to one-stop centers and workforce development offices
Leisure	<ul style="list-style-type: none"> - YMCA/YWCA ex-offender LIFE program 	Referral to faith-based organizations; local recreational department activity directories

¹⁷ This exhibit is provided as an illustration and is not intended to be an endorsement of a specific intervention or set of strategies. For more information on each of these interventions, see the Additional Resources Section for a list of websites.

C. Adopting SMART¹⁸ Goals

Case plans that are concrete and short are likely to be most effective. The SMART guideline is a practical tool case managers can use to monitor their case planning techniques. Case plan goals should be:

- ✓ **Specific**, and linked directly to offenders' assessed criminogenic needs.
- ✓ **Measurable**, so offenders, case managers and others can easily assess progress, reward forward movement, or otherwise address impediments to success.
- ✓ **Attainable**, so that offenders are able to have confidence and success in reaching them. Goals that are outside the reach of an offender will heighten frustration and potentially reinforce past failures. Even small steps – setting an appointment, obtaining an application form – can represent a significant achievement for some offenders who have not experienced much success in the past.
- ✓ **Realistic**, in light of what is possible for offenders to accomplish given their abilities and the realities of the context in which they are operating. Securing a minimum-wage paying job may be a realistic step toward securing a position that offers greater professional advancement and salary potential once a positive work history is established or the economy improves.
- ✓ **Time-bound**, meaning that clear timelines are established for the accomplishment of each step and each goal. Deadlines should be established in consideration of that which can be realistically accomplished within a given period of time, but at the same time create a reasonable amount of pressure to move forward quickly.

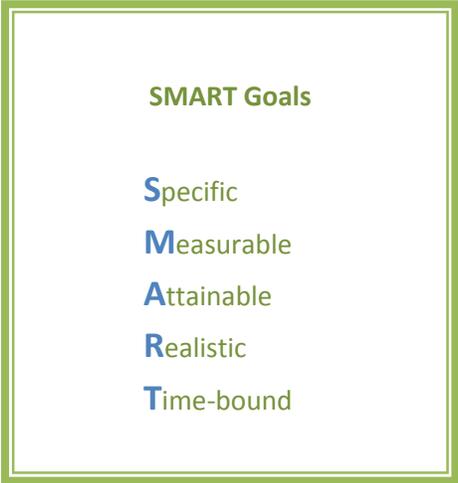


Exhibit 3 illustrates an example of a case plan that uses SMART goals. In this case, Jane's assessments revealed that she has three high priority criminogenic needs and three strengths. She identifies her drivers as anti-social attitudes and peers. The plan focuses on addressing this issue as the initial, primary goal. The case plan also includes triggers, the use of one of her strengths in her strategies, and ways to celebrate success.

¹⁸ This is an adaptation of Doran, 1981 and Miller & Cunningham, 1981 wherein in the original model, "A" represents goals that are "assignable" and "T" represents goals that are "timely."

**Exhibit 3: Example of a Case Plan
Risk Factor and Strengths Analysis: Jane**

Assessment Area	High Priority Criminogenic Needs	Areas in Need of Improvement	Areas of Strength
Attitudes/Beliefs	X		
Peers	X		
Temperament/Self Regulation		X	
Family			X
Substance Abuse			X
Employment	X		
Education			X
Leisure		X	

Sample Case Plan Goal: Jane

My goal is to:	This goal addresses the following assessment need:	The specific steps I will take to meet my goal are:	I will complete this step by:
<i>Develop the skills that will keep me from making decisions that land me back in the court system (i.e., problem solving skills).</i>	<i>Attitudes/ Beliefs</i>	<i>1. Sign up for the cognitive behavioral class, Thinking for a Change</i>	<i>March 6</i>
		<i>2. Attend the treatment readiness class</i>	<i>April 15</i>
		<i>3. Develop a payment and transportation plan for the class</i>	<i>April 30</i>
		<i>4. Attend and complete the class</i>	<i>September 20</i>
My primary triggers are:			
<i>-Depression and boredom lead me to hang out with people I often end up getting in trouble with. -When I have difficulty at work I tend to develop a negative, "I don't care" attitude.</i>			
I will celebrate the completion of this goal by:			
<i>Treating myself and my husband to a steak dinner at the Kingston Grill.</i>			
Strength(s) that can assist me in meeting my goals:			
<i>My positive, supportive relationship with my husband is one of my strengths. I will involve him in the things I learn in class by practicing my new skills with him at home.</i>			

DELIVERING EFFECTIVE SERVICES

Effective case management is not a passive activity in which case managers assist offenders in designing plans and then sit back and watches to see what unfolds. Instead, it is a dynamic process that requires active and ongoing engagement of both offenders and case managers. Effective case management includes the following six components.

A. Matching Interventions and Other Requirements with Risk Levels

No agency has sufficient resources to provide all offenders with all services. Even if they did, research suggests that this would be unwise. Matching the level of intervention to offenders' risk level (i.e., low intervention with the low risk, high intervention with the high risk) is one of the keys to reducing recidivism.¹⁹ As a result, corrections agencies around the country are developing formulas for staff to follow in the assignment of supervision requirements (e.g., contact standards), caseload sizes, and programming. Exhibit 4 shows an example of how one agency in Cook County, Illinois, has defined their supervision standards based on offender risk level.

Exhibit 4: Cook County Adult Probation Supervision Standards and Caseload Sizes

	Low Risk	Low-Med Risk	Med Risk	High-Med Risk	High Risk
Supervision Standards	Report by mail; in person every 3-6 months	Rotate monthly reporting: one in person and one by mail	Monthly in person; field visit every 6 months	Twice in person per month; field visit every 3 months	Weekly in person, 2 field visits per month; increase as needed
Expectations	Monitor court conditions using the least amount of resources	Monitor court conditions using the least amount of resources	Facilitate behavioral change with case plan addressing criminogenic needs, cog, MI, life skills	Facilitate behavioral change with case plan addressing criminogenic needs, cog, MI, life skills	Surveillance with treatment used sparingly if at all; enforcement and accountability is top priority
Preferred Caseload Size	400	240	80	40	40

Source: Circuit Court of Cook County Adult Probation Department Policy 09.16, Standard, Non-Specialized Supervision Offenders

¹⁹ Andrews, 2007; Andrews & Bonta, 2007a; Andrews, Bonta, & Wormith, 2006; Andrews & Dowden, 2007; Andrews, Dowden, & Gendreau, 1999; Bonta, 2007.

Other strategies agencies are beginning to employ include avoiding mixing low and high risk offenders – in treatment groups and even in supervision office waiting rooms. The rationale behind this is the fact that research suggests that mixing low and high risk offenders can have an iatrogenic, or contamination, effect. Case management strategies should therefore also take risk level into consideration in terms of the assignment to specific treatment groups (i.e., substance abuse for moderate versus high risk offenders) and office reporting days (e.g., Monday evenings are established as reporting days for low risk offenders).

B. Balance Control and Treatment Goals

Case managers fill multiple roles in their work with offenders. At times case managers must monitor adherence to established conditions, conduct home searches, or arrest offenders who have committed serious acts of non-compliance. At other times – indeed perhaps most of the time – case managers are working with offenders to address the risk and stability factors that, if addressed effectively, will result in reductions in technical violations and new offenses. While these roles may appear to be in conflict with one another, the most effective case managers are those who are flexible; are able to exercise their authority firmly but with fairness; build rapport with those with whom they are working; serve as good role models; are able to reinforce prosocial skills; and broker assistance for offenders.²⁰

Research shows that those with a “balanced” approach to supervision yield better results than those who adopt only one approach (i.e., strictly enforcement or strictly social work approach). In a study of parole officers in New Jersey, researchers found that officers with a social work orientation had higher rates of parolee revocation and reconviction than those with a balanced approach. And, previous research reveals that when an officer adopts only a monitoring and sanctioning approach recidivism rates are unaffected.

Sources: Paporozzi & Gendreau, 2005; Petersilia & Turner, 1993.

As a general rule, case managers should apply external controls when offenders cannot or will not control their behavior. In these circumstances, case managers should work with offenders to internalize prosocial attitudes, increase motivation, and build problem solving skills so that these external controls become unnecessary.

C. Establish a Therapeutic Alliance

Just as these roles can be difficult for case managers to balance at times, they can be difficult for offenders to understand. One thing all offenders have in common is their understanding that their case manager wields a great deal of power when it comes to judging their performance and level of compliance, and reporting this to others who can have significant influence on their lives (i.e., judges, paroling authorities). For this reason, case managers must be skilled in establishing a therapeutic alliance with offenders, and helping them to understand

²⁰ CEPP, 2009; see the Shaping Offender Behavior Coaching Packet for more information.

that they can monitor and, where need be, address offenders' lack of success while at the same time having their best interests in mind.²¹

D. Practicing Skills and Giving Homework

While some treatment interventions are strictly cognitive – that is, they address offenders' thinking – research demonstrates that cognitive *behavioral* interventions – those that address thinking *and* employ behavior change techniques – are most effective.²² The reason for this is probably quite clear. It is one thing to think about and understand the reasons for changing; it is quite another to practice the skills that will *result in* behavior change. While practicing the skills in a classroom is an excellent way to begin to master a skill, it is only when that skill is used in the offender's day-to-day life where it is likely to take hold on a more permanent basis.

Once developed, offenders need to be able to transfer newly acquired skills to different situations in order to deepen the learning process and increase their ability to exercise these skills under different circumstances. For example, many offenders lack the simple skill of asking for help. This is a skill that can and should be practiced in a small group setting where demonstration and feedback can be provided in a structured and emotionally safe environment. But being able to ask for help only under these circumstances is insufficient. Therefore, offenders will need to practice this skill in increasingly difficult situations – perhaps first at home, then with a friend, and finally on the job – and receive feedback (and where needed, correction) on their use of the new skill. As their comfort level with the skill increases, so to can the degree of discomfort of the situation in which they will apply it. This is how behavior change is learned – through repetition, feedback and evaluation, and increasing levels of difficulty.

While some skills will be learned and practiced within cognitive behavioral program settings, case managers can reinforce these learnings by also identifying and practicing skills with offenders, and giving homework assignments that follow the skill development pattern described above. These homework assignments can be included as action steps on their case plans.

E. Make Effective Use of Rewards, Punishers, and Incentives

Effective case management must also include methods to keep offenders focused on their goals, and encouraged to continue moving forward. Traditionally, corrections agencies have relied on sanctioning as the primary means for accomplishing this, however research suggests that the use of rewards/incentives is more powerful than the use of punishers.²³ Increasingly,

A ***therapeutic alliance*** can be described as:

- A positive working relationship
- Incorporating offender preferences and goals into treatment
- Listening without being judgmental or giving unwanted advice
- Communicating in an open, warm, and enthusiastic fashion
- A mutual respect and liking between the offender and correctional staff member

Adapted from: AMHD, 2009; Dowden & Andrews, 2004.

²¹ For more information on therapeutic style, see the Coaching Packet, Shaping Offender Behavior.

²² Bonta et al., 2008.

²³ Andrews & Bonta, 2007b; Gendreau & Goggin, 1996; Gendreau, Little, & Goggin, 1996.

Exhibit 5: California Division of Adult Parole Operations Behavioral Incentive Chart

BEHAVIORS	INCENTIVES
LEVEL A	
<ul style="list-style-type: none"> ▪ Positive attitude during office/field visit ▪ 30 days drug/alcohol free ▪ Positive report from collateral contacts ▪ Timely enrollment/reporting/attendance (STAR, Lit Lab, POC, Agent, etc.) ▪ Search for gainful employment 	<ul style="list-style-type: none"> ▪ Verbal recognition by Parole Agent ▪ Laudatory comments to family, peers, support systems
LEVEL B	
<ul style="list-style-type: none"> ▪ 60 days drug/alcohol free ▪ 60 days without missing appointments ▪ Obtained verifiable gainful employment ▪ Volunteer duty in the community or parole office ▪ Positive report from teacher/employer/therapist ▪ Prosocial behavior (positive parenting, conflict resolution, stable family relationships, etc.) ▪ Residential stability 	<ul style="list-style-type: none"> ▪ Verbal recognition by Parole Agent and/or Unit Supervisor ▪ Certificate of accomplishment presented by Parole Agent ▪ Clothing voucher/referral ▪ Travel pass
LEVEL C	
<ul style="list-style-type: none"> ▪ 90 days violation free ▪ 90 days of employment ▪ Six months stable residence ▪ Completion of program related to criminogenic needs ▪ Complete compliance with Case Plans ▪ Completed a school quarter/semester or 30 days regular GED attendance ▪ Complete GED or obtain high school diploma ▪ Satisfy restitution order 	<ul style="list-style-type: none"> ▪ Letter to parent/significant other ▪ Reduce reporting requirements ▪ Modify special conditions of parole ▪ Vouchers or gift certificates upon availability ▪ Gift items obtained through gift drive presented to parolee child (upon availability) ▪ Early discharge consideration ▪ Community celebration
LEVEL D	
<ul style="list-style-type: none"> ▪ Successful Discharge 	<ul style="list-style-type: none"> ▪ Community celebration/recognition ▪ Certificate presentation

corrections agencies are codifying through policy their intent to encourage offenders through the structured use of incentives. For example, California’s Division of Adult Parole Operations developed an incentives system to formally acknowledge and reward offenders for their accomplishments.

F. Make the Contact Count

The importance of one-on-one time between case managers and offenders cannot be underestimated. How that time is used is critically important. It can be used primarily to monitor compliance with conditions or, alternatively, to address or increase offenders’ motivation to work on criminogenic needs. Recent research has focused on the content of

these one-on-one sessions. According to James Bonta and his colleagues²⁴, probation/parole officers' contacts generally have a disappointing (i.e., neutral or negative) effect on offender behavior. "On the whole, community supervision does not appear to work very well, showing a two percent reduction in general recidivism and no impact on violent recidivism." However, this same study determined that when the corrections professional spends at least fifteen minutes with offenders employing behavioral techniques²⁵ and focusing on criminogenic needs, recidivism rates drop significantly. *The amount of time case managers spend with offenders in one-on-one sessions, how they choose to use that time, and their skills in employing behavioral techniques, make a considerable difference on offender outcomes.*

MANAGING THE CASE

It has already been stated that case plans cannot be thought of as one-time events but rather, as dynamic strategies that require constant review and updating. Case plans are the focal point of case managers' face-to-face time with offenders. In this way, they help case managers "make the contact count" by focusing discussions on risk reducing issues. Once case plans are used in this way, the dialogue between offenders and case managers shifts dramatically. For example, when an offender wants to stop attending a class, start attending college, or find a new job, the case manager might suggest, "Let's take a look at the goals and strategies in your case plan, and see whether your proposal supports the direction you've set for yourself." In addition, effective management of these cases will also require the involvement of others, and the exercise of specific skills on the part of case managers.

A. Be Flexible

Despite the best of intentions, rarely is a plan that is cast to paper followed to the letter. Anyone who has ever prepared a monthly budget knows how true this is. No sooner is a carefully planned budget put into place than an unexpected expense (for the unfortunate) or a raise or windfall (for the more fortunate) requires a new set of calculations. Case plans are no different: steps will be accomplished, goals achieved, and progress will be made. And stumbles, set-backs and other unexpected barriers will also inevitably occur. As case managers and offenders work together in their one-on-one sessions, each of these circumstances should be considered and mid-course corrections made.

Managing the case requires a great deal of flexibility on the part of case managers. One of the major advantages of having written case plans is that it focuses the attention on the matters that are most important. However, offenders often live chaotic lives, making it is easy for the "urgent to get in the way of the important." They may suddenly experience homelessness, lose a job, or find themselves in a dangerous situation with a gang member or peer. Case managers must be prepared to attend to these urgent matters which may temporarily detract from focusing on the important (i.e., the achievement of case plan goals). But the urgent should be managed as quickly as possible so that the focus on the important can be resumed.

²⁴ Bonta et al., 2008.

²⁵ The behavioral approach included the components of prosocial modeling, practice, prosocial reinforcement, antisocial discouragement, relapse prevention, and the use of homework assignments.

B. Monitor Dosage, Intensity, and Duration

Another feature of effective case plans is that they meet dosage, intensity and treatment duration requirements in order to maximize the treatment affect. As the risk level of offenders increases, the dosage (number of programming hours), intensity (number of sessions per week), and duration (length of time in programming) should increase as well. Exhibit 6 provides a guideline for case managers with regard to each of these issues.²⁶

Risk Level	Low	Moderate	Moderate/ High	High
Dosage	Not applicable	100 hours	200 hours	300 hours
Duration	Minimal	3-6 months	6-9 months	9-18 months
Intensity	Minimal	1x/week	2x/week	2 x/week or residential

Source: Bourgon & Armstrong, 2005.

C. Recognize Relapse as a Part of the Change Process

Few people take a straight line course to behavior change; those who have tried to lose weight or quit smoking know this all too well. Set backs are unfortunately quite common. Most chronic offenders have developed habits and behavior patterns that make relapse nearly inevitable. Relapse should therefore not be judged overly harshly but rather, acknowledged as a normal part of the change process. This is not to suggest that relapse should be condoned or ignored. To be sure, sanctions for certain kinds of relapses (e.g., increased drug testing for a positive urine test, establishment of curfew requirements for inappropriate behavior in the evening hours) are important behavior control methods and effectively demonstrate to offenders that their actions matter and have been met with disapproval. But when it comes to relapse, the goal should be to increase the length of the time between relapses and to turn them into learning experiences so they are less likely to occur in the future, rather than to establish unrealistic expectations that they will never occur in the first place, let alone be repeated a second time. In this way, relapses should be considered “teaching moments,” opportunities to reinforce rules and learn better skills for the future.

²⁶ This exhibit does not apply to sex offenders who have higher dosage requirements; see Beech, Fisher, & Beckett, 1998.

D. Use a Team Approach

Typically, multiple professionals work with a single offender simultaneously. For instance, offenders might be assigned to a probation/parole officer²⁷, one or more treatment providers or health care professionals, a professional mentor, and perhaps a social worker from another agency who is working on family reunification. It was once the case that each of these individuals would establish their own goals for working with the offender. At best, these goals were not coordinated and perhaps duplicated one another. At worst, they were in conflict with one another or left important areas unattended. By identifying all of the professionals involved in offenders' lives; bringing them together for joint case planning; opening lines of communication; and agreeing on the most important targets of change, incentives that will be used, and methods for ongoing progress monitoring, a seamless case management strategy can be established.

E. Involve Families

New research demonstrates that strategies targeting stronger relationships between offenders and their families correlate with better offender outcomes.²⁸ For this reason, corrections agencies and their partners are becoming increasingly interested in the role that families can play in promoting successful reentry. When case managers involve offenders' families in the case planning process there is a greater likelihood that the reentry effort will be successful.²⁹

This involvement will depend, however, on offenders' circumstances and on family members' abilities and willingness to participate. Oftentimes, family members experience significant hardships of their own and they simply cannot take on the additional responsibilities that come with having a family member incarcerated or under community supervision. In other cases, trust has eroded to a point that involvement in offenders' lives, regardless of how positively focused, simply isn't possible.

Fortunately, in most cases, offenders have prosocial individuals in their lives that are willing to support and encourage positive change. In these instances, these individuals should be identified and relationships nurtured. Involving families and other prosocial supports in case planning is an excellent way to reinforce the important influence they have on offenders' actions and to assure that they are working to support the same goals as offenders and the professionals with whom they are working.

F. Increase Offender Self-Efficacy

At some point, offenders are likely to become discouraged over set backs or a lack of progress in accomplishing their goals. They may encounter potential employers who do not want to hire ex-offenders, financial constraints that prevent them from living where they want, treatment program waiting lists, or peer pressure – or they may experience frustration over how hard it is to change. Even highly motivated

Self-efficacy is the belief that we can achieve what we set out to accomplish

²⁷ Referred to throughout this Coaching Packet as a case manager.

²⁸ See the Coaching Packet, *Engaging Offenders' Families in Reentry*, for more information.

²⁹ Niven & Stewart, 2005.

individuals will likely experience these setbacks multiple times. It is common to want to give up when this occurs, in much the same way that one may give up on a diet when weight loss comes too slowly.

Offenders often have low levels of self-efficacy and yet it is self-efficacy that provides us all with the resiliency to overcome barriers to success. Case managers can assist offenders in this regard by helping to manage expectations (i.e., things often don't work out as we expect, setbacks should be anticipated), and most importantly, to keep them focused and motivated to work on their case plans despite the occasional setback.

For corrections professionals and their partners in the reentry process, effective case management as described herein is perhaps among the most important of all activities, because it is through the ongoing, seamless and dynamic case management process that evidence-based practices are deliberately and strategically employed in an effort to reduce risk among those returning to the community.

Section II: Effective Case Management Coaching Packet Checklist

Case Management	YES	NO	NOT CLEAR	NOTES
1. Assessments of risk and criminogenic need are conducted early and form the basis of the case management plan.				
2. Assessments of risk and criminogenic need are repeated at appropriate intervals.				
3. The case management process is seamless from intake to post-supervision discharge.				
4. Offender strengths are assessed and used to develop case plan activities.				
5. Triggers are identified and relapse prevention strategies are identified.				
6. Offenders are active participants in the case planning process.				
7. Case plan goals/activities adhere to the SMART guidelines (i.e., specific, measurable, achievable, realistic, and timely).				
8. For moderate to high risk offenders, priority criminogenic needs are matched to evidence-based interventions.				
9. Case plans address stability factors – regardless of offenders’ level of risk.				
10. Case managers are skilled in communication techniques designed to enhance motivation and engage the offender in the process of change.				
11. Case managers balance their roles of assisting offenders in addressing their criminogenic needs, while using sanctions when necessary.				
12. Case managers reinforce and assist offenders in practicing new prosocial skills.				
13. Case managers use incentives to encourage offender progress.				
14. Case management teams are established and led by identified case managers.				
15. Case management teams include a diverse group of professionals who are involved in the day-to-day care of offenders.				
16. Families/significant others are involved in offenders’ case plans where appropriate.				
17. Case management plans are automated.				
18. Case managers use case plans as dynamic tools, referring to them during the majority of their sessions with offenders.				
19. Case managers modify case plans routinely as progress is made or new concerns arise.				

Section III: Action Planning Worksheet

GOAL:			
Objective 1:			
Tasks	Lead Person	Completion Date	Assistance/Expertise Needed
1.			
2.			
3.			
4.			
5.			
Objective 2:			
Tasks	Lead Person	Completion Date	Assistance/Expertise Needed
1.			
2.			
3.			
4.			
5.			
Objective 3:			
Tasks	Lead Person	Completion Date	Assistance/Expertise Needed
1.			
2.			
3.			
4.			
5.			

Section IV: References and Additional Resources

References

Adult Mental Health Division (ADHD) (2009). *The Therapeutic Alliance. Session One*. Available at: <http://www.amhd.org/About/ClinicalOperations/MISA/Training/Therapeutic%20Alliance%20Curriculum%20activity%20quiz.pdf>.

Andrews, D.A. (2007). Principles of effective correctional programs. In L.L. Motiuk & R.C. Serin (Eds.), *Compendium 2000 on Effective Correctional Programming*. Ottawa, Canada: Correctional Service of Canada.

Andrews, D.A. & Bonta, J. (2007a). *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation (2007-06)*. Ottawa, Canada: Public Safety Canada.

Andrews, D.A. & Bonta, J. (2007b). *The Psychology of Criminal Conduct* (4th ed.). Newark, NJ: Anderson.

Andrews, D.A., Bonta, J., & Wormith, J.S. (2006). The Recent Past and Near Future of Risk and/or Need Assessment. *Crime & Delinquency*, 52(1): 7-27.

Andrews, D.A. & Dowden, C. (2007). The Risk-Need-Responsivity Model of Assessment in Human Service and Prevention and Corrections Crime Prevention Jurisprudence. *Canadian Journal of Criminology and Criminal Justice*, 49(4): 439-464.

Andrews, D.A., Dowden, C., & Gendreau, P. (1999). *Clinically relevant and psychologically informed approaches to reduced reoffending: A meta-analytic study of human service, risk, need, responsivity, and other concerns in justice contexts*. Unpublished manuscript, Ottawa, Canada: Carleton University.

Andrews, D.A., Zinger, I. Hoge, R.D., Bonta, J., Gendreau, P., & Cullen, F.T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, 28: 369-404.

Beech, A., Fisher, D., & Beckett, R. (1998). *An Evaluation of the Prison Sex Offender Treatment Programme*. London, England: Home Office. Available at: <http://www.homeoffice.gov.uk/rds/pdfs/occ-step3.pdf>.

Bonta, J. (2007). Offender assessment: General issues and considerations. In L.L. Motiuk & R.C. Serin (Eds.), *Compendium 2000 on Effective Correctional Programming*. Ottawa, Canada: Correctional Service of Canada.

Bonta, J., Rugge, T., Scott, T., Bourgon, G., & Yessine, A. (2008). Exploring the black box of community supervision. *Journal of Offender Rehabilitation*, 47(3): 248-270.

Bourgon, G. & Armstrong, B. (2005). Transferring the principles of effective treatment into a "Real World" prison setting. *Criminal Justice and Behavior*, 32: 3-25.

Center for Effective Public Policy (CEPP) (2009). *Coaching Packet: Shaping Offender Behavior*. Silver Spring, MD: Author.

Cullen, F.T., & Gendreau, P. (2000). Assessing correctional rehabilitation: Policy, practice, and prospects. In J. Horney (Ed.) *NIJ Criminal Justice 2000: Policies, Processes, and Decisions of the Criminal Justice System* (pp. 109-176). Washington, DC: U.S. Department of Justice.

Doran, G.T. (1981). There's a S.M.A.R.T. way to write management's goals and objectives. *Management Review*, 70(11).

Dowden, C. (1998). *A meta-analytic examination of the risk, need and responsivity principles and their importance within the rehabilitation debate*. Unpublished Master's thesis. Ottawa, Ontario: Carleton University.

Dowden, C. & Andrews, D.A. (2004). The importance of staff practice in delivering effective correctional treatment: A meta-analytic review of core correctional practice. *International Journal of Offender Therapy and Comparative Criminology*, 48(2): 203-214.

Gendreau, P. & Goggin, C. (1996). Principles of effective correctional programming. *Forum on Corrections Research*. Ottawa, Canada: Correctional Service of Canada.

Gendreau, P., Little, T. & Goggin, C. (1996). A meta-analysis of adult offender recidivism: What works? *Criminology*, 34(4): 575-607.

Lipsey, M. (2009). The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. *Victims & Offenders*, 4(2): 124-147.

Miller, A.F. & Cunningham, J.A. (1981). How to avoid costly job mismatches. *Management Review*, 70(11).

Niven, S. & Stewart, D. (2005). Resettlement outcomes on release from prison in 2003. *Home Office Findings No. 248*. London, England: Home Office.

Paparozzi, M. & Gendreau, P. (2005). An intensive supervision program that worked: Service delivery, professional orientation, and organizational supportiveness. *The Prison Journal*, 85: 445-466.

Petersilia, J., & Turner, S. (1993). *Evaluating Intensive Supervision Probation/Parole: Results of a Nationwide Experiment*. Research in brief. Washington, DC: U.S. Department of Justice, National Institute of Justice.

Taxman, F. (2008). No illusions: Offender and organizational change in Maryland's Proactive Community Supervision efforts. *Criminology and Public Policy*, 7(2): 275-302.

Additional Resources

Burke, P. (forthcoming). *TPC Case Management Handbook: An Integrated Case Management Approach*. Washington, DC: U.S Department of Justice, National Institute of Corrections.

Burke, P. (2008). *The TPC Reentry Handbook: Implementing the NIC Transition from Prison to the Community Model*. Washington, DC: U.S Department of Justice, National Institute of Corrections. Available at: www.prisontransition.com and <http://nicic.gov/Library/022669> (In particular, see *Chapter 5: Case Management: A Critical Element of the TPC Model*.)

Center for Effective Public Policy (CEPP) (2007). *Increasing Public Safety Through Successful Offender Reentry: Evidence-Based and Emerging Practices in Corrections*. Silver Spring, MD: Author. (In particular, see *Section Six: Key Strategies in Effective Offender Management*.)

Resources for Interventions Listed in Exhibit 2

Thinking for a Change: <http://www.nicic.org/T4C>

Moving On: <http://www.orbispartners.com/index.php/programs/girls-moving-on/>

Cognitive Self Change: <http://www.nicic.gov/Library/021558>

Corrective Thinking/Truthought: <http://www.truthought.com/>

New Freedom: Phoenix (gangs): <http://www.newfreedomprograms.com/> & <http://www.gangprograms.com/index.php>

ART: <http://artgang0.tripod.com/ggconsultantsllc/index.html>

CALM: <http://www.mhs.com/product.aspx?gr=saf&prod=calm&id=overview> & <http://www.orbispartners.com/index.php/programs/calm/>

Domestic violence program (either 26 or 52 week class): Conduct an internet search of "domestic violence batterer intervention" to find resources within your state.

Teaching Family Model (NIMH): <http://www.teaching-family.org/programs.htm>

Local mental health program: Conduct an internet search to find resources within your state. See for example, http://www.norfolkcsb.org/substance_abuse.htm & <http://doc.delaware.gov/Programs/treatmentprograms.shtml>

Strategies for Self Discovery and Change: <http://www.sagepub.com/satreatments/tsadults.sp>

Drug Abuse Treatment Program (FBOP): http://www.bop.gov/inmate_programs/substance.jsp

ABE vocational program: Conduct an internet search of “Adult Basic Education” to find resources within your state.

GED class: <http://www.acenet.edu/Content/NavigationMenu/ged/index.htm>

Careerlink: <http://www.terra.edu/support/advising/ExOffenderasst.asp> and
http://careerlinkpittsburgh.com/index_flash.html

Occupational therapy: <http://www.ncbi.nlm.nih.gov/pubmed/15707129>

YMCA/YWCA ex-offender LIFE program: Conduct an internet search of “YMCA” or “YWCA” to find resources within your state.