The Case Management Relationship and Process

Having discussed some of the more technical aspects of case planning, it is important to stress the process of case management, because much of this work occurs in meetings that involve a therapeutic relationship with clients. What should these interactions look like? How should counselors and case managers relate to clients as members of this planned change process? High-risk clients pose special challenges here, but they are the individuals who should be receiving the most services. Even so, their assessments will indicate that they have many risk/need factors. Some of these, such as substance abuse, will be chronic and especially challenging to deal with. High-risk clients also pose a risk to community safety, so they will need to be more intensively monitored.

At the outset, this relationship and process needs to be collaborative. There are a number of

benefits to involving the clients. First, the case manager should model effective planning and decision-making around life and day-to-day issues. Offender clients often have very poor skills in decision-making and goal-setting (see Chapter 8). The counselor should be aware that helping a client set goals is not just an exercise in paperwork, but rather a lesson in how this will need to be done for the remainder of the client’s life. Collaboration also strengthens the client’s commitment to the goals. Clients who have a role in setting the priorities of their case plan have more investment than they would have in a top-down, authoritative model where they have no voice.

Collaboration also affords clients an opportunity to explain constraints and to identify areas of support. We will learn, for example, whether they need transportation or whether a family member can provide child care. Because the client is present for the formulation of the case plan, expectations will be clearer and our ability to hold the client accountable for violations will be easier.

High-risk clients have many needs that we cannot address all at once. Setting too many goals is a prescription for failure, as clients incur violations when they are not able to do the undoable. Moreover, it is very discouraging to hear a long list of problems and defects during post-assessment meetings. Hearing that one has one defect after another is no way to boost self-efficacy or confidence in one’s ability to change. Therefore, a large part of the process involves setting priorities. We will have to give attention to problems that pose the greatest risk for future offending. Court requirements may need to be explained and addressed. Practical considerations abound, for example, what programs are available and what are the impediments to success (responsivity issues). We probably can only work on a few risk factors at a time.

Benefits are also to be gained from a strengths-based approach that involves both working from existing strengths (e.g., education, employment, parental involvement, family support) as well as building new ones (self-efficacy, decision-making skills). In keeping with emerging research on positive psychology (Seligman, 2002; Sorbello et al., 2002; van Wormer, 2001), which is finding many advocates among writers of gender-responsive approaches (Blanchette & Brown, 2006; Bloom et al., 2003; Morash, 2010; Van Dieten, 2008), we have to be building client resilience and empowering clients to make changes. A steady diet of discussing ones deficits can be so discouraging that we are more likely to create fear, dependency, avoidance, and anxiety rather than any desire to change.

What about the nature of the therapeutic relationship itself? In his classic book, The Helping Interview (originally published in 1969), which has been in print for decades, Alfred Benjamin discusses the importance of trustworthiness, genuine empathy, congruence, respect, honesty, warmth and openness, and boundaries. These are many of the traits discussed in Chapter 1 of this book. Some of these concepts are self-evident; some are not. Individuals with congruence, for example, present to the world a person who they actually are. They are not putting on airs or pretending to be someone they are not or imitating the feelings of another individual. For the most part, congruent people are more trustworthy than people who are trying to be someone they are not.

Empathy was discussed in Chapter 1 as an ability to take the perspective of another person, even when we have not experienced some of the discouragements of his or her life. It is not sympathy, which involves identifying with the client by indicating that you have the same thoughts or feelings. Instead, it involves skillful, reflective listening that clarifies and amplifies the person’s own experiences without injecting the counselor’s feelings. Empathy conveys some level of acceptance, but identifying with or always agreeing with the client will be counterproductive.

Recall that Donald Andrews (1980) explained the value of warmth and openness when he compared the effectiveness of warm, approachable probation officers to distant and authoritarian officers. The warm and approachable officers were more likely to impact the behavior of their clients than the distant, unapproachable officers. In fact, the distant officers had little to no influence on the future behaviors of their clients (see the discussion of role models in Chapter 8). This does not mean “making nice” all the time. Counselors and case managers have to maintain good boundaries with clients (see Chapter 2). For example, Andrews’s warm and open case managers were also firm but fair. They were not overly revealing of their personal lives. A boundary was defined in Chapter 2 as “the invisible line that separates individuals according to their needs, feelings, emotional health, privacy concerns, and other human issues.” Counselors must maintain a professional boundary; their relationship with the client is only appropriate to the job responsibilities at hand: supervision and providing resources to the change process. Intimacy, giving the client so much attention that the counselor cannot manage his or her own life or job, or too much caretaking, all step over the line.

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