

# COLLABORATIVE CASE PLANNING: USING MI FOR BETTER CASE PLANNING

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## JASON CHAPMAN

*Training and Quality Assurance Coordinator, JusticePoint*

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**Jason is a popular speaker at national conferences; he specializes in making behavioral interventions and peer support strategies practical for frontline justice and recovery professionals.**

# THE TROUBLE WITH WORDS

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**When I decided on the title, I had meant *collaborative case planning* to mean collaboration between the client and the case manager.**

**I hadn't been thinking about Collaborative COMPREHENSIVE Case Planning. If you came thinking this was about CCCP either you are in the wrong conference because:**

- 1. This is not about geopolitical history**
- 2. This workshop will still be 100% helpful and applicable to your needs**

## **COLLABORATIVE COMPREHENSIVE CASE PLANNING**

**How to integrate multiple providers and stakeholders into the case planning process, especially for clients with co-occurring issues.**

# PROBLEM AND PURPOSE

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- **What we think are collaborative case plans rarely are**
  - **Asking if they are “willing to” or “okay with” ≠ collaboration**
  - **Giving the choice of what to work on but not how ≠ collaboration**
  - **Power dynamics, pliance, and resistance all get in the way of collaboration**
- **Even if collaborative, case plans are administratively complete (service checklists / dates) they may still be behaviorally and motivationally weak**
- **Just because case plans provide different services or sequencing doesn't make them individualized**
- **Using MI skills does not mean you are doing MI**

**Knowing  
WHAT IT MEANS  
is different than  
knowing  
WHAT TO DO**

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**Knowing  
WHAT TO DO  
is different than  
knowing  
HOW TO DO IT**

# WHAT ALL CASE PLANS NEED



**Based on validated risk assessment**

- **CCCP require additional assessments as well**

**Target and sequence intervention on assessed criminogenic needs**

**Integrate responsivity**

**Behavioral skill-based goals**

**Use evidence-based interventions to reach goals**

**Provide dosage aligned to risk level**

**Dynamic, fluid, and frequently updated**

**Include behavioral reinforcement and accountability structure**

**Be personalized to the specific individual**

# CORE REFRAME



**CASE PLANNING IS**  
**a behavior change conversation**

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**NOT** *a planning task*



**CASE PLANNING IS**  
**what the client will do**

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**NOT** *what services the client receives*

# WHERE MI FITS

- **MI is not a step, it is a process**
- **MI is not a skill, it is a method**
- **You should always use the Spirit of MI**
- **You should often use the techniques of MI**
- **BUT, you are only “doing” MI when you are working on a change goal WITH someone, using the techniques of MI, and in the Spirit of MI**



## GOAL

**To increase the client’s intrinsic motivation and commitment to engage in specific, self-endorsed behavior changes that reduce criminogenic risk.**

# MI FOCUSED CASE PLANNING

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- **Evokes / Empowers personally meaningful reason for change**
  - **Values**
  - **Goal**
  - **Discrepancies**
- **Strengthens commitment language instead of compliance language**
- **Supports autonomy for a sense of fairness and “skin in the game”**
- **Helps the client connect the motivation → behavior change → progress → goal**
- **Creates directional motivation toward criminogenic need change**
- **Reduces resistance**

# WHEN THE GOING GETS TOUGH...

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- **Let go of the fixing reflex**
- **Listen to meaning not just words**
- **Ask for permission**
- **Get curious**
- **Listen and reflect**
- **Take an informed leap of faith**
- **Go slow to go fast**
- **Listen with accurate empathy**
- **Talk less, listen more**
- **Temporarily reduce the scale of work**
- **Focus on what (really)matters most to them**
- **Emphasize autonomy**
- **Normalize difficulty without removing responsibility**

**...THE TOUGH GET CURIOUS**

# ELICIT – PROVIDE - ELICIT

## 1 ELICIT WHAT THEY KNOW

“What ideas do you have?”

“What are your thoughts and feelings on this?”

“What do you know about this?”

## 3 PROVIDE INFORMATION OR PERSUADE

“When the courts look at this, they are probably seeing it differently...”

“I know a lot of my clients who tried this really had good experiences...”

“I think we could also consider trying...”

## 2 ASK PERMISSION

“Can I share a different point of view on that?”

“Would you be open to hearing some other thoughts?”

“Would you be willing to let me share some other information with you?”

## 4 ELICIT THEIR REACTION

“Hearing that, what are you thinking right now and for the next step?”

“So, where do you want to go from here?”

“What does hearing that mean to you?”

## REMINDERS

**Never persuade without permission**

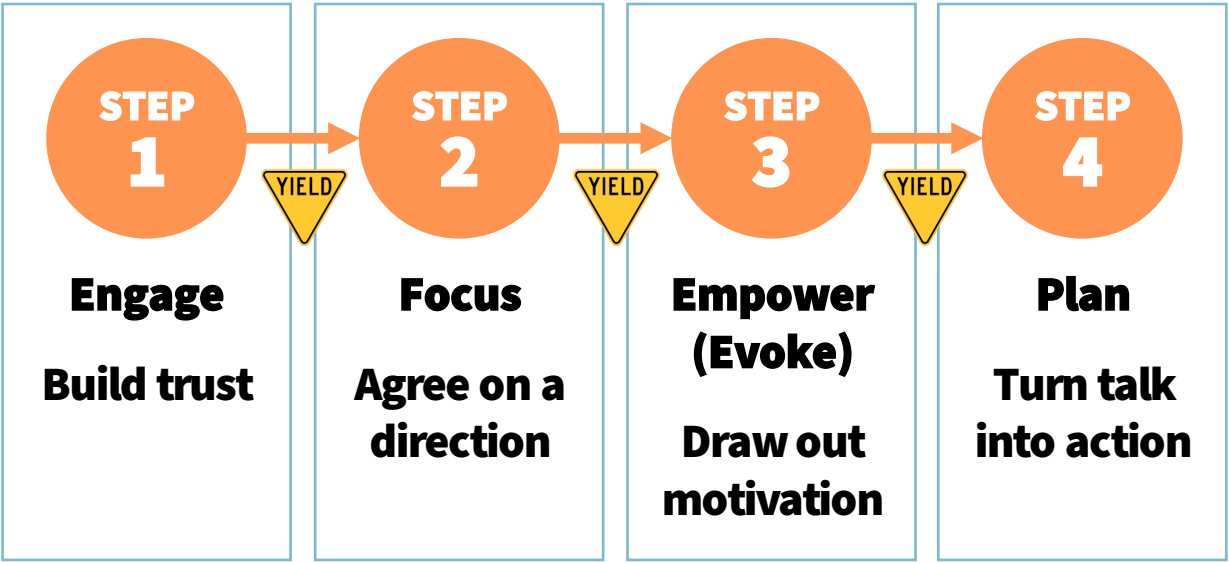
*Any non-neutral information or personal thoughts*

**Never finish with a closed-ended question**

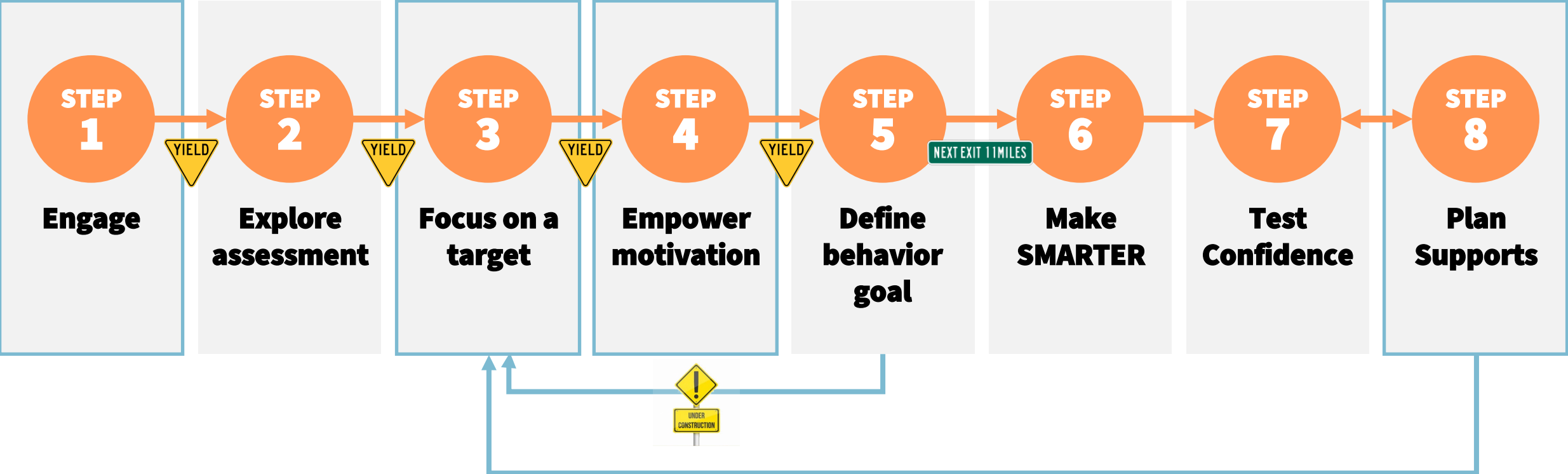
*“So now you know, right?”*

# THE 4 PROCESSES OF MI

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# THE 4 PROCESSES OF MI + CASE PLANNING SEQUENCE



# STEP 1: ENGAGE - INTRODUCE CASE PLANNING

STEP  
1

## Challenges

- **Seen as system-driven rules, conditions, and coercion**

## MI Shifts

- **Accurate empathy:** “Before we get into the plan, I want to understand are the things that matter most to you in this program?”
- **Non-judgmental listening:** “You don’t think this would be helpful to you.”
- **Transparency:** “The case plan is like our GPS for the case, and ‘recalculating’ is fine.”
- **Collaboration:** “This is something we build together to find what works for both of us.”
- **Emphasize autonomy:** “This is just a plan, what you decide to do is always up to you.”

## Decision Point

- *Did engagement improve?*
- *Does the client feel like they have a voice yet?*

# STEP 2: SHARE ASSESSMENT DATA

## STEP 2

### Challenges

- **Defensiveness, disagreement, labeling**

### MI Shifts

#### Elicit – Provide – Elicit

- **“What stands out to you about the assessment data?”**
- **“When you think about your crime history, does any of this seem familiar?”**
- **“What do you think fits or doesn’t fit you?”**
- **“What do you think are the main reasons you’ve broken the law?”**

### Decision Point

- *Is there any common acceptable ground?*
- *Does the client still feel like they have a voice?*

# STEP 3: FOCUS ON A TARGET

## STEP 3

### Challenges

- **Overwhelmed, minimal compliance as the easiest path**

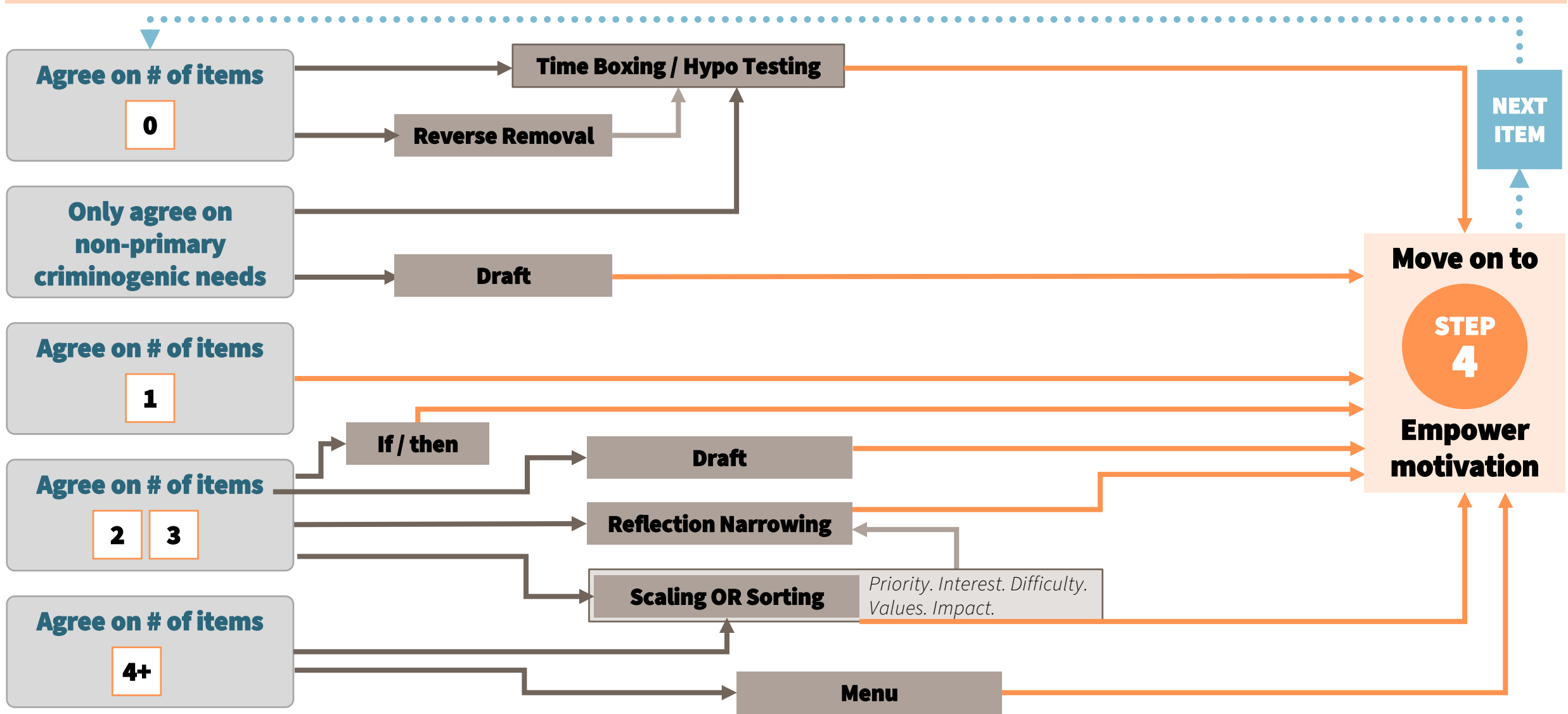
### MI Shifts

- **MI needs a specific change target**
  - **If there are too many targets or targets are unclear MI just goes in circles**
- **“In MI, focusing is a collaborative process of finding mutually agreeable direction.”**
  - *Miller & Rollnick*

### Decision Point

- *Do we have a single specific target?*
- *Does the client still feel like they have a voice?*

# FOCUSING STRATEGIES



# STEP 4: EMPOWER MOTIVATION

## STEP 4

### Challenges

- **Mandates, coercion, pre-contemplative, resistance**
- **“Yes, but” and “okay” are not empowered motivation**

### MI Shifts

- **Reframe as autonomy with structure:** “You may have to do this, but I would like input on the parts of it you can control...”
- **Finish line / future pacing:** “It is normal to not want to do this and finishing this could help you achieve some of what you want.”
- **Rewards and supports:** “What is something meaningful that could help motivate you in this area?”

### Decision Point

- *Are we hearing significantly more change talk than sustain talk?*
- *Does the client still feel like they have a voice?*

# DARNCAT



# STEP 5: DEFINE BEHAVIOR GOAL

## STEP 5

### Challenges

- **Compliance is NOT behavior change**
- **Checking a box is NOT behavior change**

### Identifying Behaviors

- **If you use compliance goals ALSO have a behavior change goal**
- **Miracle Questions\***
  - **“What will you be doing differently?”**
  - **“What would others see that was different?”**
  - **“What would you be doing that you aren’t doing right now?”**
  - **“What skills would you be developing that show you are making progress?”**

### Decision Point

- *What is the repeated behavior that would show progress in this criminogenic need area?*
- *Can the client imagine what would be different?*

# PHASE-BASED GOALS

**Phase-based goals are not covered in this workshop but, for anything other than the first 1 or 2 target behaviors, you only need the phase 4 goal.**

| Need                         | Phase 1: Stabilization   | Phase 2: Skill Building   | Phase 3: Generalization  | Phase 4: Maintenance   |
|------------------------------|--|---|--|--|
| <b>Substance Use</b>         | Attend treatment 3x / week   | Successful discharge from treatment   | More negative UA's than positive   | No positive UA's   |
|                              | Client attends and engages in discussion at least 5 times during each group.                         | Create, schedule, and track a plan for recovery support activities after treatment.         | Identify high-risk situations, practice what to do instead, and report on real life outcome. | Track any early warning signs of potential relapse and use a planned response. |
| <b>Anti-Social Cognition</b> | Regularly attend T4C   | Successfully complete T4C   | Decreasing violations???   | No violations???   |
|                              | Describe the topic of each class and identify other situations where the learned skill could be used | Practice thinking check-ins in a journal at least 3 times per week and at each appointment. | 3 times each week, record the name of the T4C skill and skill steps used in real life        | Report a real-life example of new thinking at each appointment.                |
| <b>Community Service</b>     | Choose a location for community service  | Complete 10 hours of community service  | Regular attendance at community service site   | Complete all community service hours   |
|                              | Create a plan, including location(s), on how to get community service hours completed                | Record positive self-talk that encouraged client to attend scheduled service.               | Create a schedule and plan for remainder of CS hours   | Maintain a consistent weekly schedule  |

# STEP 6: MAKE SMARTER

**STEP  
6**

- **Do not create SMART goals for more than the first 1 or 2 target behaviors**
- **For all other target behaviors only, create a placeholder for what the final goal might be**
- **You only need SMART goals for the next phase of the target behavior**
- **Anything more is optional**

|                 |                   |                   |                 |                   |                   |                                      |
|-----------------|-------------------|-------------------|-----------------|-------------------|-------------------|--------------------------------------|
| <b>S</b>        | <b>M</b>          | <b>A</b>          | <b>R</b>        | <b>T</b>          | <b>E</b>          | <b>R</b>                             |
| <b>Specific</b> | <b>Measurable</b> | <b>Achievable</b> | <b>Relevant</b> | <b>Time-bound</b> | <b>Energizing</b> | <b>Rewarded<br/>or<br/>Revisable</b> |

# EXAMPLES OF SMART GOALS

S

M

A

R

T

E

R

| Need                 | Phase 1: Stabilization  | Phase 2: Skill Building  | Phase 3: Generalization  | Phase 4: Maintenance   |
|----------------------|---|--|--|--|
| <b>Substance Use</b> | <b>Client is prepared for group and pays attention during group.</b>  | <b>Create and execute a plan for recovery support activities after treatment.</b>  | <b>Identify high-risk situations, practice what to do instead, and report on real life outcome.</b>  | <b>Track any early warning signs of potential relapse and use a planned response.</b>  |
|                      | <b>For 3 consecutive weeks, Client will text CM with one high-risk situation before each group session and one skill or strategy learned in group within an hour after group.</b> | <b>Client will attend at least 2 post-treatment recovery support activities per week for 4 weeks, log attendance, and update their written plan after each activity.</b> | <b>For 4 consecutive weeks, Client will verbally identify at least 2 anticipated high-risk situations and 2 strategies for each and will journal between sessions at least three times per week a high-risk situation encountered, the strategy used, and the outcome.</b> | <b>For 4 consecutive weeks, Client will journal at least 1 high-risk situations encountered, including the strategy used and outcome, and bring entries to each session.</b> |

# STEP 7: TEST CONFIDENCE

## STEP 7

### Challenges

- **Overconfidence**
- **Unrealistic goals**

### MI Shift

#### Scaling questions / confidence meter

- **“On a scale of 1-10, where 10 is 100% sure, how confident are you that you can meet this goal.”**
- **Follow-up, “Why that number instead of 1 number lower?”**

### Decision Point:

- *There is no decision point here (It will all make sense in Step 8)*

# STEP 8: PLAN SUPPORTS

## STEP 8

### Challenges

- **Self-awareness**
- **Enough trust to ask for help**

### MI Shift

- **Continue from the scaling question, “What could we do to raise your confidence score?”**
- **This is also responsiveness**
  - **What supports and / or accommodations can be made to give the best chance of success**
- **Communicate a growth mindset and normalize iteration**

### Decision Point:

- *Is the client confident enough to give it a try?*
- *Does the client have a more than reasonable chance of success?*

# COMMON FAILURE POINTS

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- **Lack of institutional support for ongoing MI training and support**
- **Skipping engagement**
- **Waiting until after case planning to empower motivation**
- **Overloading goals**
- **Ignoring responsivity**
  - **All the speed bumps, not just the barriers**
  - **Positive responsivity (strengths, supports, interests)**
- **Treating intervention completion as behavior change**
- **Treating compliance as behavior change**
- **Lack of flexibility and individualization**
- **Failure to regularly review and update the case plan**

## **Evidence Based Case Plans**

- **Target criminogenic needs**
- **Matches responsivity**
- **Behaviorally defined**
- **AND the client owns it**

**If the client didn't build it,  
then the system owns it - the  
client is just renting.**



## CONTACT INFORMATION

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### **JASON CHAPMAN**

*Training and Quality Assurance Coordinator, JusticePoint*

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**[jchapman@justicepoint.org](mailto:jchapman@justicepoint.org)**

**Cell: 262-825-4245**