Importance of Therapeutic Alliance: Responsivity Issues in a Clinical Culture

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Critical process(es) reinforced:

1. Role of relationship between counselor and client in positive outcomes;
2. What is Therapeutic Alliance (TA)
3. How to facilitate (TA) in case management planning and case management plan when working with criminal offenders
4. How to integrate concepts such as Therapeutic Relationships/Therapeutic Alliance into your practice using RNR Model
Introduction to Day’s Content

- Alvis House (Columbus, OH)
- Crossroads Day Reporting Centre (CDRC) Toronto, ON
- The 2 facilities provide contextual background for day’s work (one is residential and the other community based)
- Goals and Objectives of each facility explored by reviewing who attends, what is attended to and how are goals and objectives accomplished
Model of Correctional Rehabilitation employed: Risk - Need – Responsivity: An Integrated Approach

1. Introduction/Overview of RNR – principles and practices

2. Brief Introduction to Good Lives Model (GLM)

3. Brief Introduction to the Desistance Paradigm
Overview of RNR: an Integrated Model of Offender Rehabilitation

Why an Integrated approach?

Why use RNR as the model to host integration?

What would RNR based integrated model of offender rehabilitation look like in practice?

Introduction to the Integrated Model using case examples from both Alvis House and CDRC
The role of relationships and the therapeutic alliance in assisting individuals transitioning and reintegrated upon release from prison

Importance of Line Staff

The extension of RESPONSIVITY principle in the RNR model of offender rehabilitation

How relationships and therapeutic alliance can be integrated into all models of offender rehabilitation

Integration of RNR, Desistance Paradigm and Good Lives Model into one cohesive model
Expectations for the Day

- Learn and Discuss both theory and practice in Rehabilitation of clients with offending behavior
- Have fun- challenge our thinking!!
- Group discussion through scenarios and questions
- Learn through case studies
List all the positive outcomes from having a good working relationship and alliance with your clients. Agree on your top 3 outcomes from having a positive working relationship.
60% of outcomes in therapy can be attributed to Alliance factors between client and counselor.

30% of outcomes in therapy can be attributed to Allegiance factors.

8% of outcomes in therapy due to model and technique.

Wampold, 2001
Relationships and therapeutic alliance (TA) when working with offenders is grounded in research on TA and psychotherapy in general (countless studies since 1950’s - see Horvath and Marx 1991, Horvath and Symonds 1991, Horvath and Bedi 2002, Horvath and Greenberg 1989 for summaries).

Therapeutic alliance also referred to as working alliance, working relationship, helping alliance, etc.

Based on counselor listening to client without being judgemental – key component of success.
TA and Psychotherapy Outcomes (cont’d)

- Emphasis is on the collaborative nature of the partnership between the counselor and client in therapy
- Mutual trust, liking, respect, caring, active commitment to goals of therapy and to means by which goals can be reached
- TA facilitates the work of intervention, “CHANGE” and is an important determinant of outcome
- TA is a variable common to all forms of successful psychotherapy/intervention
Correctional treatment practices/models include relapse prevention (and other CBT models), cognitive oriented therapies and motivational interviewing.

Effectiveness increases with collaborative client/counselor relationship with mutually agreed upon goals.

Positive therapeutic style including empathic, warm, rewarding and directive approaches.

Non-confrontational.
Therapeutic style does not preclude need for firmness, responsibility and accountability in addition to empathy, warmth and support, in fact a healthy balance is necessary

Randy Shively
Therapeutic relationships build trust and rapport
Training should enhance these skills
Andrew’s writings/theorizing (see Andrews and Keissling 1980) that preceded the Risk-Need-Responsivity model initially proposed that TA is a critical determinant in correctional treatment outcomes.
Therapeutic relationships with offenders should be characterized by mutual respect, openness, warmth and enthusiastic communication
Obstacles to Therapeutic Relationship

- Time not made to “know client” up front
- Therapists frequently fail to identify failing cases (Norcross, 2009)
- We fail to seek client’s buy-in
- We get into power struggles with clients
- Sometimes “our system” gets in the way
Mission of CDRC – “The CDRC hopes to contribute to community safety, decreased victimization and a significant drop in recidivism by assisting the high risk/high need offender’s successful transition and reintegration into the community. The CDRC meets the challenges by developing and implementing an individualized case management plan that targets services and community resources to offenders’ needs.”
CDRC Program Components

- Core objective at intake is a thorough risk/need assessment that leads to the development and implementation of a case management strategy.

- Risk/need assessment represents the initiation of the change process and is collaborative in nature.

- In addition to LSI-R (primary actuarial risk/need instrument used by CDRC), case managers use interviews, CSC files, collateral based information to determine needs necessary to facilitate successful transition to the community.
Proactive approach to reintegration

Assess needs and work collaboratively

Referrals come from Parole, Parole Board of Canada, self referrals

Prioritize needs
• Utilize community resources for resolution of needs

• Areas addressed include employment, educational upgrading, housing, substance abuse, personal/emotional

• Community partnerships developed and central to growth of CDRC

• RELATIONSHIPS CENTRAL TO SUCCESS OF CDRC
The CDRC strategy reflects up to date evidence-based practices in the field of effective correctional treatment and rehabilitation – consistent with Principles of Risk, Need and Responsivity.

Model adhered to by CDRC is one in which need is fused with risk. Need can reconstruct risk and determines correctional treatment/intervention as an effective risk minimization strategy.
CDRC assesses outstanding needs as they relate to community stabilization and recidivism

As we meet the challenge of addressing needs, the CDRC reduces RISK and, we hope, contributes to the defeat of recidivism

CDRC in operation since fall 2008 and over 500 individuals referred by Toronto area parole offices and Parole Board of Canada

Response from referred offenders and referral sources mostly positive
Participation increases once they perceive staff as caring individuals who want to see participants successful in transition and reintegration.

Flexibility of program and staff ensures each individual has the opportunity to interact with the program in a personally meaningful way — tailored to his/her needs.
Relationships and Therapeutic alliance is central to the process of case management and case management outcomes.

2012 study on client perceptions of case management process at CDRC.

Data collected from in-depth, structured, face to face interviews with 56 male, federal offenders referred to the CDRC by Toronto area parole offices.

Respondents ranged in age from 19 – 58 (mean age of 37).
Interviews were conducted between February 2011 and February 2012 and ranged in duration between 45 minutes and 3hrs.

Data emerged from discussions parolees engaged in about CDRC experience and their case manager(s).

Grounded theory approach used for thematic coding of emerging themes from interview data analysis (see Ulrich, Ricciardelli and Brown 2012 for expanded description on methodology).
Benefits offenders spoke of relative to assistance in transition and reintegration crossed diverse areas of assistance including professional and personal development and reintegration.

Central to emergent themes in interviews was offender perceptions of case managers and roles they played in positive outcomes and positive experiences related to CDRC participation.
Study Results (Cont’d)

- ASSISTANCE WITH PROFESSIONAL DEVELOPMENT AND REINTEGRATION:

- Offenders viewed CDRC as valuable resource in transition from prison living to community living

- They spoke of “long term support” and “understanding” provided by case managers

- Descriptors included comfortable, flexible and non-oppressive relationships developed with case managers – case managers “believed in me when no one else would”
ASSISTANCE WITH PERSONAL DEVELOPMENT:

This theme focused on support and assistance in emotional and personal development and positive perceptions of CDRC case managers.

Perceptions included “really considerate”, “able to speak openly and honestly” about their criminality and current circumstances.

Felt treated like “human beings” and case managers described as “good people” with whom they could be open and honest without feeling judged.
“I’m at a point in my life where I need things, right? That’s why I’m here. I know I need guys like (case manager) in my life right now. I made the call, nobody told me I had to call here, right?........I’m talking to these guys. (Case Manager) is a really good guy, right? It’s hard if you don’t have anyone and you’re on your own. And the one real lonely night. It’s scary.........Oh its just a slip, slips are going happen, they don’t have to happen but you go over the percentages and it’s going to happen. As long as it’s a slip.....As long as I wake up in the morning and make a call and say “hey listen, can I get some help here?
This guy is beyond a doubt probably one of the best, this guy should get an award for the crap he does, I mean this guy is without a doubt the easiest person to talk to, there is not a f____ thing you can’t tell this guy and there is no judgement.....He’s a very good man and I would go to the wall for him in a f____heartbeat and I’ve only known him for two years”
Personal development (Cont’d)

Perception of motivation not previously experienced resulting in a willingness to upgrade skills

Change in emotional experiences as a result of CDRC experience and relationship and interactions with case manager:
Feeling HOPEFUL in reintegration efforts and optimistic about life excluding crime
Expressing PREFERENCE to remain in community and increased comfort in community
Feeling WORTHY of care and support from others
CDRC case managers noted as helpful resource when respondents felt “overwhelmed” with demands of parole and/or reintegration.

CDRC staff described as providing “safe zone” where offenders could explore demands and complexities of post incarceration community living without “judgement or embarrassment”.

Case managers also described as providing encouragement at critical times (e.g., upon return to school or upgrading program), helped reinforce sense of self efficacy and easy to talk to, dependable, trustworthy.
Handout: Co-occurring Disordered Client- Case Study #1

How do you help this client?
Alvis House Multifaceted Human Service Agency

- Community residential services for offenders diverted from or coming out of prison

- Developmental Disability residential services for adjudicated and non-adjudicated individuals with severe behaviors

- Day Re-entry services (employment classes and job search)
Alvis House

- Meals on Wheels staff volunteers
- Client community services
- Leader in PREA implementation

“Community means building a life support network for the client, a model of caring which he/she can take with them when they leave”
Values and Beliefs of how to treat clients should be well articulated across agency

- Drives any successful organization
- Needed for staff training
- Highlights the clinical culture
- Becomes a standard to evaluate progress
- Defines operations and handling of clients
Value: Help our clients change their antisocial beliefs and behaviors and learn the skills necessary to live successfully in the community

Beliefs: All clients should be treated with respect and encouraged to develop their potential; our clients need to be held accountable for their actions; it is important to consistently offer behavioral incentives to encourage behavioral change
Values and Beliefs Exercise

What values and beliefs at your agency contribute to Therapeutic Alliance. If you do not know of any create some which will help your agency connect with offenders?
Risk – Need – Responsivity Model
Desistance Paradigm
Good Lives Model

Toward an integration of principles and unifying practice

Above models represent significant shift in attitudes from “Nothing Works” (Martinson 1974) to confidence in above strategies in reducing reoffending (late 1980’s to present)
Perceptions that literature is becoming increasingly inconsistent and contradictory re: goals of rehab and best practices

Lack of clear guidance to practitioners

Lack of clear models may be cause of perceived anomalies of practice and failures in programs
Most commonly associated with “what works” literature

- Treatment programs grounded in cognitive behavior theory - practice that is structured and implemented in systematic and therapeutically responsive manner are more likely to reduce risk of reoffending

- Focus of intervention is on management and reduction of dynamic risk factors (criminogenic needs) summarized by principles of risk, need and responsivity
Risk principle - the intensity of treatment delivered is related to each offender’s assessed level of risk

Risk principle/assessment informs selection of participants and intensity of service delivery

Need principle - targets for intervention should be factors related to offending (criminogenic needs) and informs program goals and content
Responsivity Principle

- Responsivity principle - the styles and modes of service incorporated into the treatment/intervention program; it should be matched to learning style of participating offender

- External and internal factors that can influence capacity to participate in and benefit from program

- Internal factors include: cognitive ability, learning style, strengths, personality, gender, culture, readiness to change. For example: internal responsivity requires therapists to match the content and pace of sessions to specific client attributes e.g. personality and cognitive maturity
Responsivity partly involves an individual’s motivation to engage in program and to commit to change.

Also primarily concerned with therapist and therapy/program features ……THUS concerned with adjusting treatment delivery in a way that maximizes change.

Andrews discussed therapeutic relationship as one important element in effective correctional programs.
Importance of Line Staff

Why is their importance minimized?

Lower pay

Less education

Stereotype of “Glorified Babysitter”

Often the least informed but the most held responsible
Importance of Line Staff

- Often know the clients the best: consistent, frequent and lengthy interactions with clients
- Best equipped to enact good behavior programming and cognitive programming
- On site to model de-escalation for clients
- Can gain accurate documentation of behaviors/changes
Line staff can be the most consistent and influential element in the offender’s life. They will make or break your program

Randy Shively
“I’ve come to the frightening conclusion that I am the decisive element in the consumer’s life. It’s my personal approach that creates the climate; it’s my daily mood that makes the weather. I possess a tremendous power to make a consumer’s life miserable or joyous. I can be a tool of torture or an instrument of inspiration; I can humiliate or humor, hurt or heal. In all situations, it is my response that decides whether a crisis will be escalated or de-escalated and a consumer humanized or dehumanized”

Haim Ginott
Small Group

1. Give examples of how Line Staff made the difference to your program.

2. What are practical ways to better support line staff and increase the importance placed on their jobs/roles?
Crime Desistance Paradigm

- How do proponents of CRIME DESISTANCE paradigm distinguish their approach from RNR Model???

- Understand the pathways leading offenders to DESISTANCE

- Desistance is to be conceptualized as a process - not an event

- Explain the change processes that are associated with offenders turning away from crime toward successful reintegration (McNeill et al 2005)
Desistance Paradigm (Cont’d)

- Seeks to understand HOW and WHY offenders desist from life of crime and successfully reintegrate

- What is behind the decision to choose the pro-social pathway
Questions asked of Desistance Paradigm: (Evans 2012)

- Is it possible for chronic offenders to change?
- What is the role of social circumstances in change process?
- Role of MOTIVATION??
In your opinions what are the essential factors which allow a repeat offender to desist from a life of crime? What do offenders tell you is most important for them to change?
Hope: It is central to Desistance process and represents a critical task for those involved in community supervision with offender (and for all other important relationships for offender)

Relationships: Build positive relationships, not only with professionals in correctional field, but with all individuals that matter to the offender, including positive relationships with the community

Strengths and Resources: Move beyond risk and need to incorporate strengths and resources (personal, social network and community based) to overcome barriers to desistance
Factors Influencing Desistance

- **Age**: seen as a powerful determinant

- **Marriage**: can break up routine of activity associated with criminal associates (Warr 1998)

- **Cognitive transformation**: creation of new self narratives (Maruna 2001)
Relationships/Social Networks

**Pygmalion Effect**: expectations of others lead to changes in self belief and subsequent performance (Maruna et al 2003)

**“Knifing Off”**: Cutting one’s bonds to their criminal past – *(when interviewing ex-offenders about their life course this is often seen as part of the turning point process)*

**Education**: facilitates community stability, gainful employment in field of choice, impacts positively other areas in one’s life and ultimately desistance from crime
A complex process, not an event, characterized by ambivalence and vacillation

About re-biography – changing identities (narratives); more than learning cognitive and behavioral skills for coping

Role of life events, meaning of those events for offender, inherently subjective therefore highly individualized, sensitive to diversity

An active process in which agency (self determination) is discovered and exercised
Case Study #2

Case of Robin Hood:

What will allow this offender to desist from crime?
“Reducing recidivism through helping offenders live better lives, not simply targeting isolated risk factors” (Ward et al 2006)

- “GLM approach claims the most effective way to reduce risk is to give individuals necessary conditions to lead better lives (“good lives”) than to simply teach them how to minimize chances of being incarcerated” (Ward and Stewart 2003)

- Intervention aims to help offender secure personal and social goods in addition to risk management and reduction
A strength-based approach

Aim of treatment is the promotion of “primary” goods or human needs that, once met, will enhance psychological well-being

Offenders, like all individuals, hold a set of primary goods, but they reflect the offender’s life values and personal identity

Ward et al. (2006, 2007) have proposed 10 classes of primary goods – see next slide
GLM Human Needs - Goods

- Healthy Living
- Knowledge
- Excellence in work and play
- Excellence in agency (self-management)
- Inner Peace
GLM Human Needs-Goods

- Relatedness (relating to others)
- Spirituality
- Happiness
- Creativity
- Pleasure (feeling good in the here and now)
Human Needs - Discussion

Which human needs often get neglected in your offender programs?
Risk - Need - Responsivity &

The Therapeutic Alliance:
Toward an Integrated Model of Offender Rehabilitation
With an increasing number of correctional rehabilitation programs currently in use, there is a corresponding inconsistency in terms of rehabilitation practice.

More models of practice may lead to confusion about best practices.

Three models presented here – RNR, the Desistance Paradigm and the Good Lives Model (GLM) share core features as well as highlight different processes.
Some literature reviewed suggests RNR may not be compatible with Desistance and GLM given its’ assumed lack of attention to motivation, relationships, flexibility and self identity.

BUT, as earlier slides reflected, diversity, flexibility, motivation and inspiring hope are not only consistent with RNR but are commonly perceived by clients of the CDRC – an RNR driven program.
Small Group Discussion of Models

- Which aspects of any of the models discussed are most meaningful to you?

- What have you seen that works in helping offenders and what is counter-productive?

- Why is there so much disagreement over rehabilitation with offenders? How would you bring practitioners together?
Responsivity is a core principle in the RNR model but “specific” responsivity is not always adhered to as originally designed and intended.

Both Alvis House in Columbus and The Crossroads Day Reporting Center (CDRC) in Toronto utilize the RNR model and place a great deal of emphasis on Therapeutic alliance.
Nature of relationships (staff/client, client/community)

Readiness for the program
Motivational practices when necessary

The importance of respect, support, personal "agency" and instilling hope for the future - all features of "specific responsivity" but under utilized in RNR - and should routinely integrate practices referred to above
The RNR model has been praised for its empirical research demonstrating effectiveness AND its structured approach to assessment of risk and need.

Although it has been criticized for its lack of comprehensive theory, all assessment and intervention techniques utilized by RNR are grounded in Cognitive Behavior Theory and Practice.

The model has been in effect at Crossroads CRF for approximately 20 years and at the CDRC since its doors opened in 2008.

The underlying theory can explain all positive changes as well as negative outcomes assuming program integrity is high among the staff utilizing the model.
Key Elements in Integrating

- Looking closely at Therapeutic Alliance early on in work with offenders

- Having offenders involved in goal construction and monitoring of own progress = buy in

- Looking at value of rebuilding whole lives that look at what is meaningful to offender
Critics also argue that goals of correctional systems are too heavily weighted to reduction of risk factors and not enough attention is given to a positive strength based approach.

Case Examples that follow will highlight how strength based examples can be utilized in an RNR model – more than mere risk/need and does accommodate motivation and readiness and a host of processes that facilitate development of Therapeutic Alliance.
Case #1 - John

- Highlighting community stabilization (or lack of) as well as emotional instability as barriers.

- John - 43 yr old multiple adult federal offender released from institution on Statutory Release date, residing at a Community Correctional Centre (CCC) in the west end of downtown Toronto.

- All adult offences related to thefts, robberies and B and Es to support longstanding drug use - Grade 9 education.
Case 1 (cont’d)

- No stable employment history. No permanent home/residence. 2 young daughters, 11 and 14 yrs of age, no meaningful relationship

- Most of adult life in prison

- Referred to CDRC for assistance in finding employment

- His stated goals during 1st visit – like to find a job, get an apartment and establish a relationship with daughters. Goals reinforced as modest and realistic and stated he was looking forward to release and remaining in community
Case 1 (Cont’d)

- During 2\textsuperscript{nd} visit (2 days later) mood increasingly subdued, quite a change in presentation from earlier visit. As he started to talk he became tearful stating his goals feel unrealistic and is overwhelmed. Felt he had no job skills, no education, no one would hire me, I have “let my daughters down before”. No stated urge for drug use. “I am better off in prison”

- All factors that threaten his ability to remain in the community are non-criminogenic in nature – not directly related to his offenses
For example, he is depressed, feeling hopeless, lacking a sense of self efficacy (I cannot get a job, have no skills, no education)

As case manager attempted to express statements of understanding, framing of goals in step by step approach, trying to elicit hope, reinforcing modest nature of goals and organization of approach designed to elicit beginnings of some self efficacy – belief in self

There was a large scrum/fight at the CCC involving close to 20 residents the following evening. John was implicated as a participant and was apprehended and returned to custody
Case 1 (cont’d)

- Parole officer stated that he did not do much to remove himself from situation when it started, suggesting he wanted to be implicated.

- Case Manager did not have enough time to develop a relationship with the individual, put a plan into place that was individually tailored to what was important in this case. His lack of hope for any community stabilization may have been a factor in prevailing mood and behavior resulting in suspension of parole.
Case 1 - Discussion

- Discuss as group important considerations in developing a case management plan.

- Should the supervising parole officer decide to cancel his suspension and return John to the community? How would you approach John and his circumstances in a manner that reflects the integrated RNR model discussed today?
This case seemingly illustrates an individual responding to parole and its conditions with extreme anger and such anger was becoming a threat to his ability to remain in the community. As a result of escalating behavior he was referred to the CDRC and was to attend 3 times per week and one of those visits being on the weekend.

Rahman was a middle aged man from Iran. Married with 3 adult children, he was charged and convicted of physically assaulting his only daughter (22yrs of age). A devout Muslim in practice, parole conditions forbid him from going to the Mosque.

Suspicious in general orientation to environment
Unable to live with wife upon release from institution but was able to visit her as long as he was home before curfew

Was unemployed although did work as a cab driver prior to incarceration

Was on welfare benefits and rented a room in a run down part of downtown Toronto – lived by himself

Upon first visit to CDRC was very angry in presentation, screaming very loudly, intimidating all guests in the office at the time, very disruptive.
CDRC case manager tolerated screaming while attempting to engage individual in conversation. Reflective statements communicating understanding appeared to have settling effect.

His frequency of visits to CDRC were reinforced and if he wished we could examine his parole conditions that were setting off his angry responses.

When he did calm down it was apparent that he was interpreting some conditions as unique to him when they were in fact standard conditions applied to all. As this was demonstrated to him he calmed in presentation and we could start setting goals.
Case 2 (Cont`d)

- His suspicious orientation decreased in intensity and he started to address his concerns in a logical, calm manner.

- As we did so, emerging concerns were absolute denial of his charges – he maintains that he never assaulted his daughter and any subsequent attempts at discussions related to anger and violence toward daughter were of no benefit because of his rigid insistence that there was nothing to discuss in this matter – we stayed away from it.
We focussed on other issues of importance to him and he was able to do so in a calm rational manner at all times.

Issues included inability to attend mosque, unable to live with wife and therefore waste money on two apartments that could be better spent on furnishing wife`s bare apartment and finally inability to obtain permission from parole to work as a cab driver.

His anger whenever he visited parole officer prevented his parole officer from willingly engaging in a discussion of issues.
It was explained to Rahman that his anger, which never subsided since release from prison was responsible for not being allowed to drive a cab. Concern for welfare of others, given his anger, was the issue here.

He could not live with his wife because of his unwillingness to discuss assault of daughter. They could not assess if his wife was at risk.

Finally, unable to attend Mosque because of his increasingly suspicious behavior toward everyone.
He was told at CDRC that this seemed to be unfair to both himself and the people who regularly attend the mosque as it was suggested by CSC that the mosque fed his suspicions.

The CDRC and Rahman addressed his concerns one by one. He only had 4 months to go before his sentence was over and then he could return to his wife and not waste his money on a room. Since he was unwilling to discuss his violence, the charges, conviction etc, he could not be expected to live at home. He did respond to a calm rational approach
If he was unwilling to discuss assault, they were unable to assess risk to wife if he was to live at home.

There was no documented history of physical violence toward wife in any of the CSC documents, collateral reports etc

In reference to parole's unwillingness to let him go to the mosque, CDRC suggested that maybe his eldest son, an RCMP candidate, could escort him. If he raised this possibility with his PO, maybe Parole would lift condition.

Finally, in reference to work, he was encouraged to take the same approach suggested for living at home – wait until his sentence is over in 4 months – not very long
As the relationship was allowed to develop between CDRC and Rahman, he felt increasingly comfortable talking about concerns openly and with apparent trust – as reflected in the following:

He started to discuss symptoms of anxiety, depression and PTSD resulting from the experience of being charged with assaulting his daughter and the self perceived impact it had in his community – spoke of frequent ruminations about how the community reacted to him.
Also related these symptoms to experience of imprisonment which included constant harassment and assault by other inmates

Post release anger referenced earlier in this case is likely hyper-arousal as part of traumatic experience in prison and post prison adjustment difficulties

With increased comfort in interactions with CDRC Rahman also spoke of being victimized by Canadian criminal justice system and overall experience led him to seek treatment
for depression and anxiety. Psychiatrist prescribes psychotropic medications for Major Depressive Disorder and Generalized Anxiety Disorder. He also spoke of disturbances in sleep patterns. As Rahman spoke freely about symptoms related to possible PTSD it became increasingly possible that the barriers to his community transition observed earlier were related to Post Traumatic Stress. A referral to a PTSD specialist, one that is familiar with the nuances of Rahman’s cultural background, was made by the CDRC.
Finally, the CDRC wrote a letter of support to Ontario Disability Support Program for consideration of disability benefits, pending the outcome of the assessment with the PTSD specialist.
Case 2 (conclusion)

- Rahman realized through regular visits to the CDRC that not everyone was against him, rational approaches could help him obtain the goals he determined were important.

- It was also discovered that these lessons were integrated beyond visits to CDRC and when he visited CDRC frequently after sentence completion he was driving the taxi again.

- He maintained the CDRC was critical in sentence completion. He felt respected when here and issues and anger when released from prison were no longer a mass puzzle for him to figure out.
Case 2 Discussion

- What were the elements which you feel most helped Rahman with his anger?

- How did the past correctional system hurt Rahman and act as an obstacle?

- If you were working with Rahman as he starts a job and returns home what would your case plan look like?
27yr old male 1st time federal offender, multiple provincial sentences. Identified as “gang” associate as opposed to gang member

Convicted of conspiracy to traffic schedule 1 substances, possession of weapons. Completed high school while in prison

Released to a shelter in run down high risk neighborhood of Downtown Toronto (high risk neighborhood means high rates of homelessness, drug use, drug sales, crime)
Case 3 (cont’d)

- Assessed by Parole Officer as high risk, and not believed to be acting in productive manner, i.e. not actively seeking employment, spending a great deal of time at shelter

- Referred to CDRC for increased monitoring and supervision and to assist with employment (a frequent generic referral that means parole officer wants offender coming to CDRC several times per week for increased monitoring of behavior)
Case 3 (cont’d)

- Upon presentation somewhat angry at having to attend the CDRC a minimum of 3 times per week, on top of weekly visit to parole office for supervision meeting as well as random calls to parole office for urinalysis testing

- Stated during intake that he is not familiar with CDRC, does not know why he has to come and assumes we are an extension of CSC/Parole Services. Initial attitude described as negative to CDRC
Cuong showed up regularly as scheduled, polite in conversation

He would typically spend time at one of our computer stations engaging in employment search. Had computer skills as he did not require any assistance in electronic job search, putting together a resume etc.

Cuong always spent time talking to CDRC case manager in his office prior to leaving
Case 3 (cont’d)

- He preferred to remain at the shelter which was interpreted by Parole Officer as lack of productive proactive behavior because he was determined to stay away from old associates – preferred to be by himself as it represented a protective mechanism against risk of re-engaging with associates he knew he had to avoid.

- Cuong was determined to stay out of trouble.

- Had long term plan to set up own internet company as consultant, marketing, product ratings and procurement, internet consulting.
Case 3 (cont’d)

- This was a venture he was going to pursue once his sentence was over in 6 months. When asked what was involved he talked about setting up site by himself as he could not afford to pay for services plus he stated he had the skills – math, ability to code, clear business plan.

- CDRC offered Cuong access to our computers 7 days/week.

- As he engaged more frequently and with comfort he increasingly opened up and behavior reflected growing trust between Cuong and CDRC.
Cuong became increasingly receptive to idea of part time work to pay for small purchases related to business and alternative to ongoing activity related to coding etc – he would need a break

1:1 conversations with case manager revealed a motivated individual that recognized time was on his side (shy of 28 when sentence is over) if he gave up lifestyle now. Obviously very skilled in areas related to venture

Discussed change in values experienced while in prison – prefers family, long term goals, pursuit of interests for reasons other than monetary gain
Case 3 (cont’d)

- Skills, dedication, hard work, change in lifestyle reinforced by CDRC

- Over time progress made and Cuong became increasingly even in temperament. Spoke of growing confidence since coming to CDRC as he initially unsure if he could it without assistance – spoke of role of CDRC in enhancing his sense of belief in self – self efficacy

- As sentence coming to an end company just about ready.
Case 3 (cont’d)

- At Warrant Expiry Date living sister to reduce personal overhead while business gets off ground

- Continues to avoid old associates, making new friends in area consistent with interests

- Continues to regularly stop by CDRC 4 months after warrant has expired to keep us informed about progress, support and offers us his expertise in CDRC/St. Leonard’s new ventures
What, if any, determinants related to Cuong’s post release success were related to the correctional approach utilized by the CDRC?

List and discuss as many things as possible that played a facilitating role in Cuong’s overall success. Where does he go from here?
What is it about “Therapeutic Alliance” which aids offenders in their quest for change?
Importance of Therapeutic Relationship with clients

Need an Integrated Approach to Rehabilitation

Need for Values, Beliefs to be taught and training to be ongoing
References