

# Responding to Participant Behavior

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*Incentives*



*Treatment Adjustments*



*Sanctions*

# Team Staffing

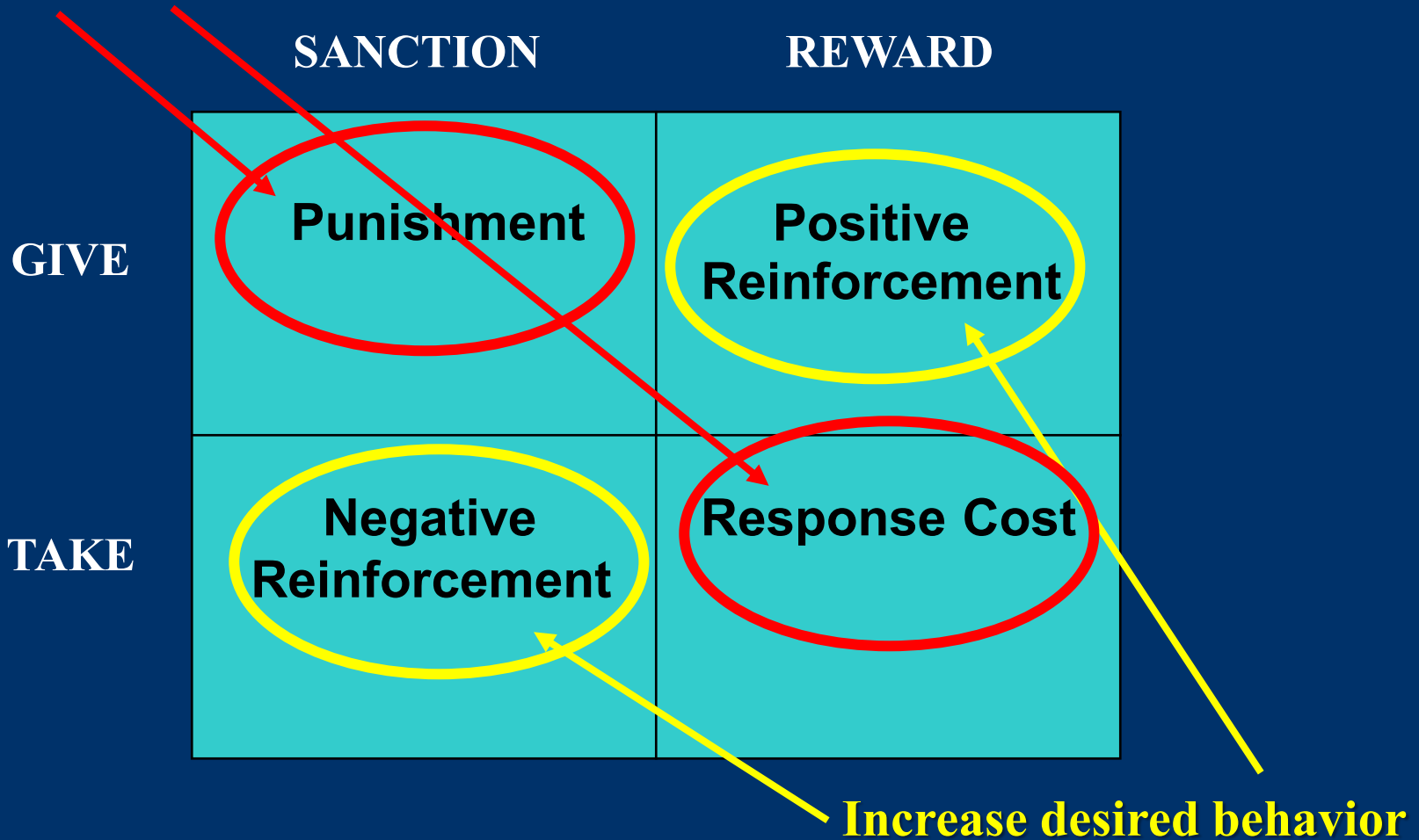
“Shirley had 3 positive drug tests this month. Should we . . .”

- (A) Sanction her?
- (B) Give her more treatment?
- (C) Reward her for the things she’s done well?
- (A) and (B) but definitely not (C) !
- (B) and (C) but definitely not (A) !
- It depends. Were her infractions (and achievements) proximal, distal, or mastered?



# Contingency Management

Decrease undesired behavior



# Use All of Your Tools

- Reduce undesirable behaviors and increase desirable behaviors (effects of punishment are short-lived)
- Positive reinforcement > negative reinforcement until stable and reliably engaged in a prosocial routine
- Excessive response cost can lead to snow-balling, abstinence violation effect (AVE), and dejection
- Treatment adjustments are not incentives or sanctions
- Supervision adjustments should be based on risk assessment and performance, not time



# Pitfalls of Punishment

- **Must be avoidable**
  - Learned helplessness (predictable and controllable)
  - Ratio burden
- **Ceiling effects (using up your ammo)**
- **Effects are short-lived**
- **Doesn't teach what to do**
- **“Goldilocks Effect”**
  - Balancing habituation vs. ceiling effects

# Jail Sanctions

- Interrupts treatment and supportive relationships
- Interactions with high risk and high need peers
- Triggers stress reactions (e.g., anxiety, drug cravings, hostility, depression, PTSD symptoms)
- Habituation to highest magnitude sanction
- Ceiling effect short of revocation
- After ~ 4 to 6 willful (“proximal”) infractions
- Not for difficult (“distal”) infractions
- No more than 3 to 7 days
- Jail is not therapeutic



# Shaping Behavior

- **Treat sick behavior, sanction bad behavior, and reward good behavior — and never confuse them!!**
- **Don't expect too much**
  - Learned helplessness, ratio burden, and ceiling effects
- **Don't expect too little**
  - Habituation, complacency
- **Proximal vs. distal vs. mastered goals**
- **Phase advancement**
  - What was once distal becomes proximal, and is eventually mastered



# Phase Advancement

1. **Responsivity needs** — interfere with rehabilitation (e.g., mental illness, homelessness, withdrawal)
  2. **Criminogenic needs** — cause or exacerbate crime (e.g., addiction, delinquent peers, criminal thinking)
  3. **Maintenance needs** — degrade rehabilitation gains (e.g., illiteracy, deficient job skills)
  4. **Restorative justice needs** — aid community reintegration (e.g., victim restitution, community svc.)
  5. **Non-exigent humanitarian needs** — cause distress (e.g., medical or dental problems)
- Each successful phase advancement increases the odds of subsequent successes, and vice versa



# Phase Demotion

- Often a sign that services were withdrawn prematurely
- Temporary regression and remedial plan (accelerated redemption)
- Avoid the Abstinance Violation Effect (A.V.E.) !



# **Treat or Punish?**

**Substance Dependence or Addiction**

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## Substance Dependence or Addiction

1. Triggered binge pattern
2. Cravings or compulsions
3. Withdrawal symptoms

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Abstinence is a distal goal

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Abstinence is a distal goal

## Substance Abuse

# Treat or Punish?

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Abstinence is a distal goal

## Substance Abuse



Abstinence is a proximal goal

# Treat or Punish?

## Substance Dependence or Addiction

1. Triggered binge pattern
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Abstinence is a distal goal

## Substance Abuse



Abstinence is a proximal goal

## Collateral needs

- Dual diagnosis
- Chronic medical condition (e.g., HIV+, HCV, diabetes)
- Homelessness, chronic unemployment

# Treat or Punish?

## Substance Dependence or Addiction

1. Triggered binge pattern
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Abstinence is a distal goal

## Substance Abuse



Abstinence is a proximal goal

## Collateral needs



Regimen compliance is proximal

- Dual diagnosis
- Chronic medical condition (e.g., HIV+, HCV, diabetes)
- Homelessness, chronic unemployment



# Delivery of Responses

- **Addressing multiple behaviors**

1. Exigencies or crises
2. Mastered infractions (relapse)
3. Achievements (proximal or distal)
4. Proximal infractions
5. Distal infractions



- **Explaining each response**

1. Reminder of phase expectations
2. Review of progress to date
3. Characterize as proximal, distal, or mastered
4. Tie these factors to the choice of response
5. Optimism and therapeutic motive (recency effect)





# Readings

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