



NDCI
NATIONAL DRUG
COURT INSTITUTE

Principles for Choosing Effective and Appropriate Responses

Session 5

©NDCI, November 2021

The following presentation may not be copied in whole or in part without the written permission of the author of the National Drug Court Institute. Written permission will generally be given upon request.

Tools for Session:

- Participant Workbook
- SSCC Worksheet



START
What do you want to *start* doing in your program?



STOP
What could you stop doing to address current problems?



CONTINUE
What's working in your program and you want to *continue*?



CHANGE
What do you want to *change* in your program?



START	STOP	CONTINUE	CHANGE

Session Goals

1. Teach team members how to select the appropriate type and magnitude of response to participant behavior
2. Help team members address the issue of multiple behavioral problems and multiple responses.



The Bottom Line

Consequences for participants' behavior are predictable, fair, consistent, and administered in accordance with evidence –based principles of effective behavior modification.



Certainty & Immediacy

The higher the risk level, the less room there is for error in fidelity

Certainty

Consistent, reliable surveillance

- Twice-weekly random drug testing
- 1 to 3 home visits
- Weekly P.O. sessions

Immediacy (celerity)

Bi-weekly status hearings to begin; monthly thereafter for the first year

Behavioral Goals

Proximal goals

Distal goals

Mastered goals

START



Proximal Goals

- **Capable of doing, even if difficult at first** (*e.g., showing up, being truthful*)
- **Sometimes capable of doing easily right away, but chooses not to**
- **Start with a warning, then select from moderate sanctions and escalate progressively from there**
- **Copious low-magnitude incentives**





Distal Goals

- Incapable of doing readily or requires substantial effort
- Start with treatment adjustments and/or low-magnitude sanctions and escalate slowly
- Copious low-magnitude incentives (*rewarding baby steps*)

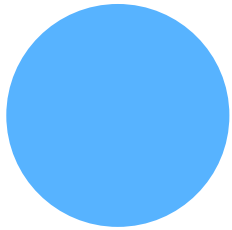




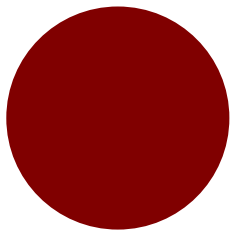
Mastered Goals

- Reliably doing well
- Thin rewards and introduce more advanced goals

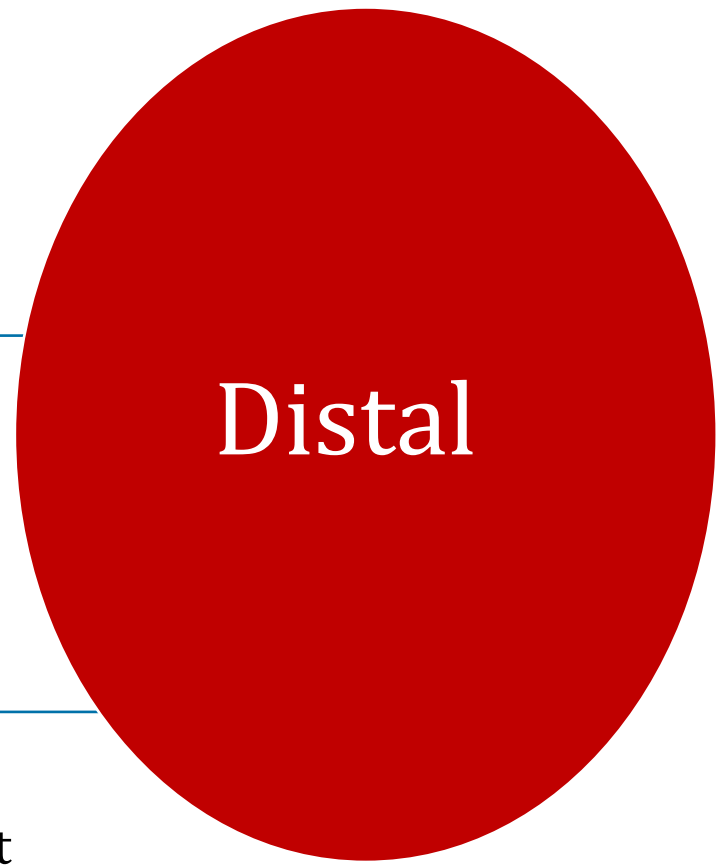




Abstinence

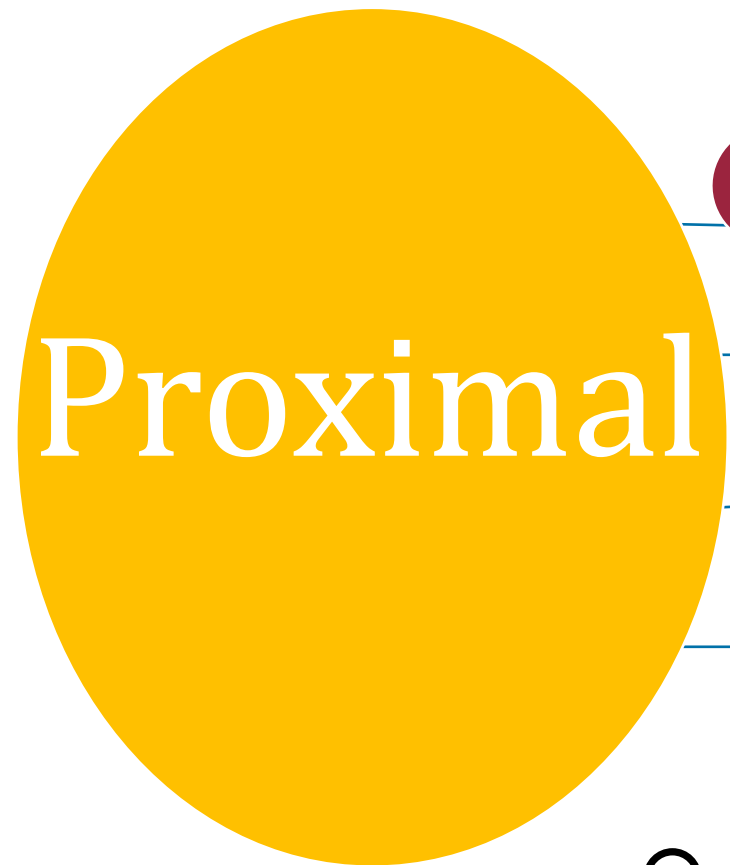


Admit
Addiction



Distal

**Far
Harder
Distal**

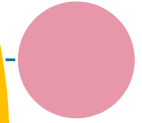


Proximal

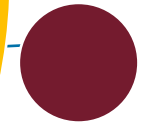
**Near
Easier
Proximal**



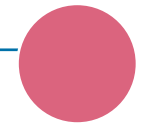
Be honest



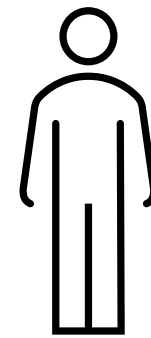
Show up:
treatment
drug tests
court



Be on time



Try



mastered

Activity: Proximal, Distal, Magnitude?



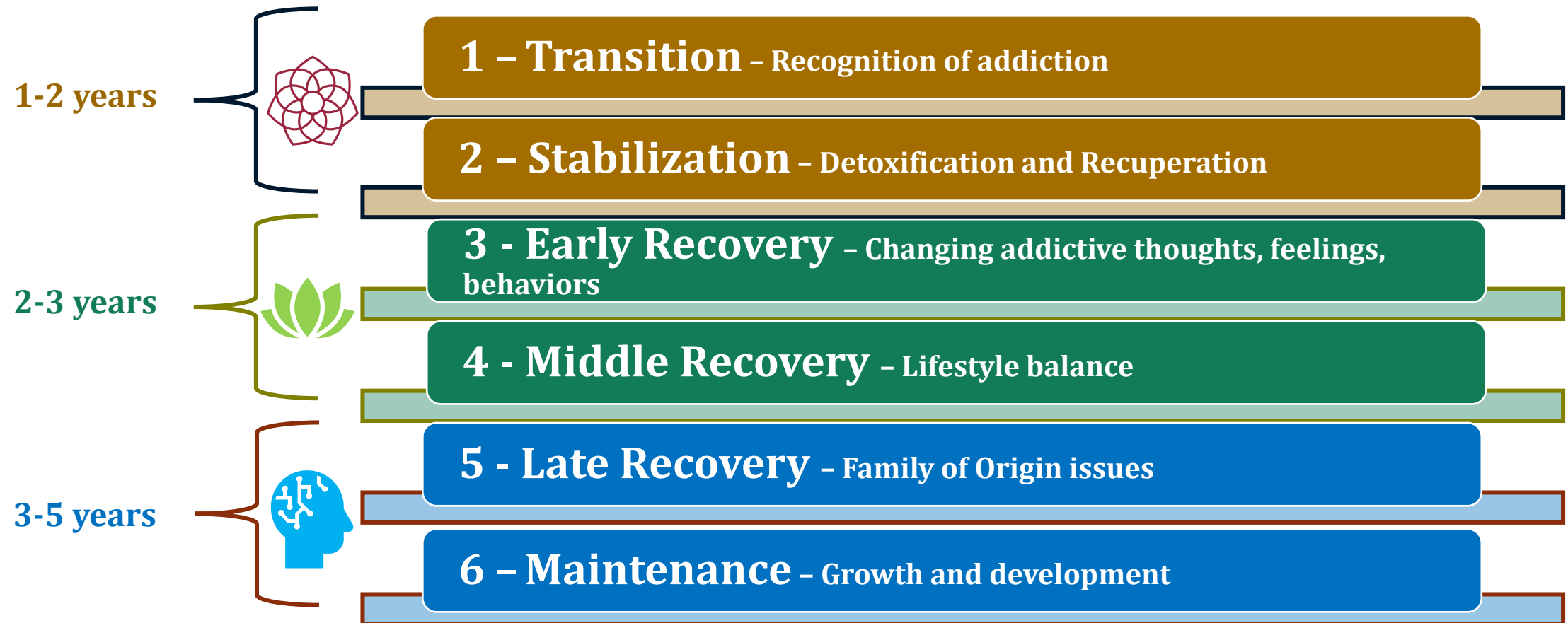
residential facility because I felt like

When deciding how to respond to a return to substance use after months in treatment court, be mindful that even if in the final phase of your program, a participant is likely still in early recovery.



Developmental Model of Recovery

Marlatt and Gorski



FAQs for Behavioral Goals

Is honesty proximal or distal?

- Concrete facts vs. abstract concepts or insight
- Becoming honest should be a treatment plan early goal

Motivation for change or a “good attitude”?

- Sanction or reward tangible behaviors, not intangible traits
- Motivation often *follows* behavioral change
- Often culturally influenced or biased

FAQs for Behavioral Goals

When do we use jail sanctions?

- When an imminent public safety risk exists
- General rule: after ~4 to 6 proximal infractions
- Usually not for distal infractions unless resulting from egregious or repeated proximal infractions

Does abstinence ever become a mastered goal/proximal?

- Behaviors required to sustain abstinence can be mastered in ~90 to 180 days of *clinical stability; SUD remission*
- However, because addiction is a chronic disease, SUD recurrence can happen even after stability

Shaping Behavior

Phase specificity

- Focus first on proximal goals and stability, then introduce new distal goals for growth

Specific responsivity (order & sequence)

1. **Responsivity needs** (e.g., homelessness, mental illness, withdrawal symptoms, drug cravings, anhedonia)
2. **Criminogenic needs** (e.g., addiction, delinquent peers, lack of daily structure or routine, poor problem-solving skills)
3. **Maintenance needs** (e.g., lack of job skills, illiteracy)
4. **Restorative justice needs** (e.g., community service, restitution)
5. **Other** (non-exigent) humanitarian needs

Clinical case manager is essential personnel

Multiple Responses

General Rules (not empirically tested):

Multiple Achievements

- Rewards may be combined or aggregated after ~ first 60 to 90 days (*e.g., 2 low-magnitude rewards = 1 moderate reward*)

Multiple Infractions

- Concentrate on 2 to 3 proximal goals per phase (*avoid ratio burden*)
- Avoid combining sanctions until participants are clinically stabilized (*no aggregation to include jail detention*)

Multiple Responses

General Rules (not empirically tested):

Achievements and Infractions

- Rewards may reduce sanctions if achievements are not yet mastered (*negative reinforcement*)
- Sanctions should not reduce rewards but may be administered concurrently or consecutively

Treatment Adjustments

- Treatment adjustments should never be used as a reward or sanction
- Sanctions should be held temporarily in abeyance if they would interfere with treatment adjustments

Addressing Multiple Behaviors

General Rules (not empirically tested)

- 1. Crises or immediate demands**
- 2. Mastered infractions (recurrence)**
- 3. Achievements (proximal or distal)**
- 4. Proximal infractions**
- 5. Distal infractions**
- 6. Optimism for the future**



Remember

The most effective sanction for preventing future misbehavior is not the one you just used.

It's the one in your back pocket.



NADCP

National Association of
Drug Court Professionals

QUESTIONS?

