

# Incentives, Sanctions and Service Adjustments

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# Behavior Modification 101

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**SANCTIONS:** Decrease or Stop Behavior

**INCENTIVES:** Increase or Encourage Behavior

**SERVICE ADJUSTMENTS:** Monitor and Treat Behavior

# Proximal Goals

- Can be met in the short term and sustained for a reasonable period.
- Not necessarily easy, but it can be accomplished.
- The court uses incentives and sanctions to address compliance or non-compliance of proximal goals.



# Proximal Goals

## TRUTHFULNESS

### Truthfulness is a proximal goal

- Dishonesty about missing a counseling session is a proximal infraction, **whereas** denying that they have a problem or need counseling is distal.

(Fisher, 2014; Matejkowski et al., 2011)

## ATTENDANCE

### Attendance is often a proximal goal

- Participants can attend court, treatment, and supervision appointments.
- Participants can deliver valid drug or alcohol test.
- NOT meeting these requirements is often willful or reflects inattention of responsibilities.

# Distal Goals

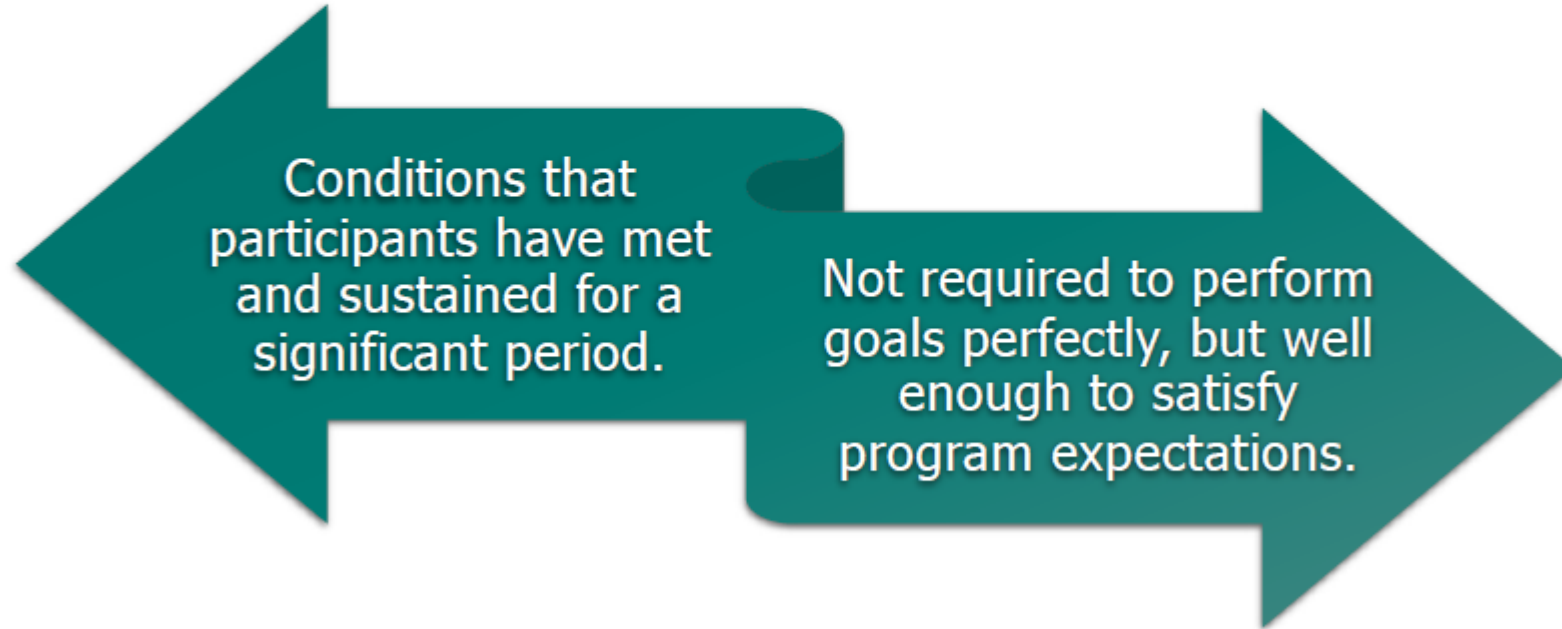
- Not easily achievable without help.
- Intermittent achievement but not sustainable.
- **Service adjustments** are needed to accomplish these goals.





# Managed Goals

- Appropriate to reduce the frequency or magnitude of incentives and move to focus on a more advanced goal.



# Critical Concepts

## CLINICAL STABILITY

No longer experiencing clinical symptoms that are likely to interfere with:

- Ability to attend sessions and benefit from the interventions
- Persistent substance cravings
- Withdrawal symptoms
- Anhedonia
- Executive dysfunction
- Acute MH symptoms
- Cognitive impairment

## PSYCHOSOCIAL STABILITY

- Secure housing
- Reliably attending appointments
- Clinically stable
- Developed a therapeutic alliance

## EARLY REMISSION

- DSM 5: defined as at least 90 days of **clinical stability**. (not meeting SUD criteria, except cravings).
- Early remission is not the same as sustained remission or recovery
- Early remission is typically achieved by the **end of the fourth phase** of treatment court.

# Incentives

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Verbal praise

Public recognition (applause, “atta boy” certificates, star boards)

Symbolic tokens (sobriety coins, phase advancement certificates)

Tangible prizes (gift cards, snacks, keychains)

Point systems

Fishbowl drawings

Financial waivers

Reduced nonservice obligations (reduction in community service hours, FIFO)



# Fishbowl Drawings

“Research indicates that the fishbowl procedure can bring about **comparable**, or even **better, outcomes** than providing participants with rewards for every achievement.” –*Judicial Benchbook*



Can include a variety of low, medium, and high value incentives

Important for the participant to know the behavior they displayed, which allowed them to draw from the fishbowl

Important to be **reinforced by the judge**

# Other low-cost incentives

I USED A  
TREATMENT SKILL!  
**100 POINTS**



**Report to Court by**  


**FAST PASS  
IN COURT**

1 Drug Court Decision Dollar 1

\$  \$

1 You made a good decision today! 1

**Subtract 8 HOURS of  
community service!**

**\$25 FEE  
DISCOUNT!**



# Incentives

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Think about what would be motivating for your participants

- Survey your participants – individualize incentives
- Some of the most effective incentives include those that give participants more freedom (more time, less financial burden, fewer restrictions)

You will change behavior and improve the long-term functioning of your participants faster and more effectively with incentives than you will with sanctions

# Incentives

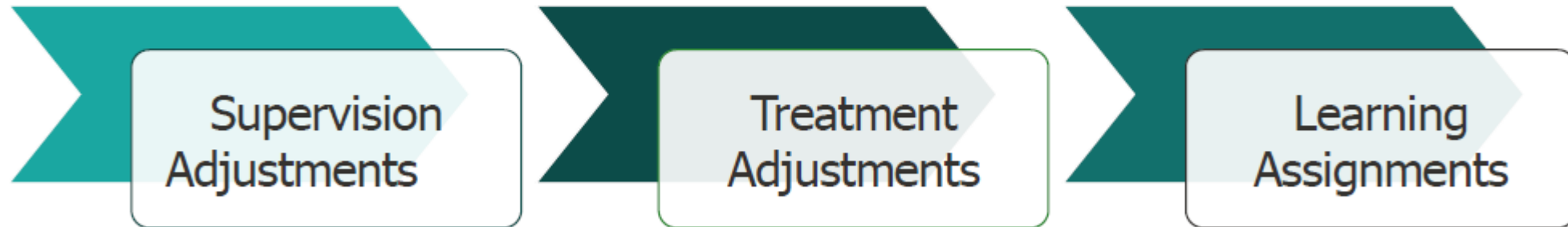
*High frequency of incentives*

Verbal Praise	• In phase 1 & 2 for attendance at EVERY session or appointment
Public Recognition	• Applause, achievement certificates in court hearings, sit in a place of honor in the courtroom
Symbolic Tokens	• Sobriety coins, etc.
Tangible Prizes	• Gift cards, phone cards, mugs, diapers, health snacks
Point System	• A ledger of a person's accomplishments – can exchange for a tangible prize
Fishbowl Drawing	• Opportunity for an incentive
Financial Waivers	• Reduction in fines, fees, treatment costs
Reduced Non-Service Obligations	• Move to the head of the line at drug testing, reduce required number of community service hours

# Service Adjustments



- Infractions of distal goals receive service adjustments not sanctions.
- The participants **WANT** incentives, and they do **NOT WANT** sanctions, but they **NEED** service adjustments.



# Supervision Adjustments



- Status hearing
- Sessions with community supervision officers
- Drug/alcohol testing
- Home visits



**CONTACT**

Use core correctional practices and motivational interviewing to bring insight and skills-building



**HOME /  
FIELD**

Identify potential safety threats in the participant's social environment and early signs of impending symptom recurrence

# Treatment Adjustments



Based on clinical recommendations of qualified and trained professionals only.

Supported by assessments and participant's treatment needs.

# Treatment Adjustments

If a participant is attending but not improving; Adjust treatment services to better serve their needs and preferences.

Reach an acceptable agreement with the participant for a regimen that:

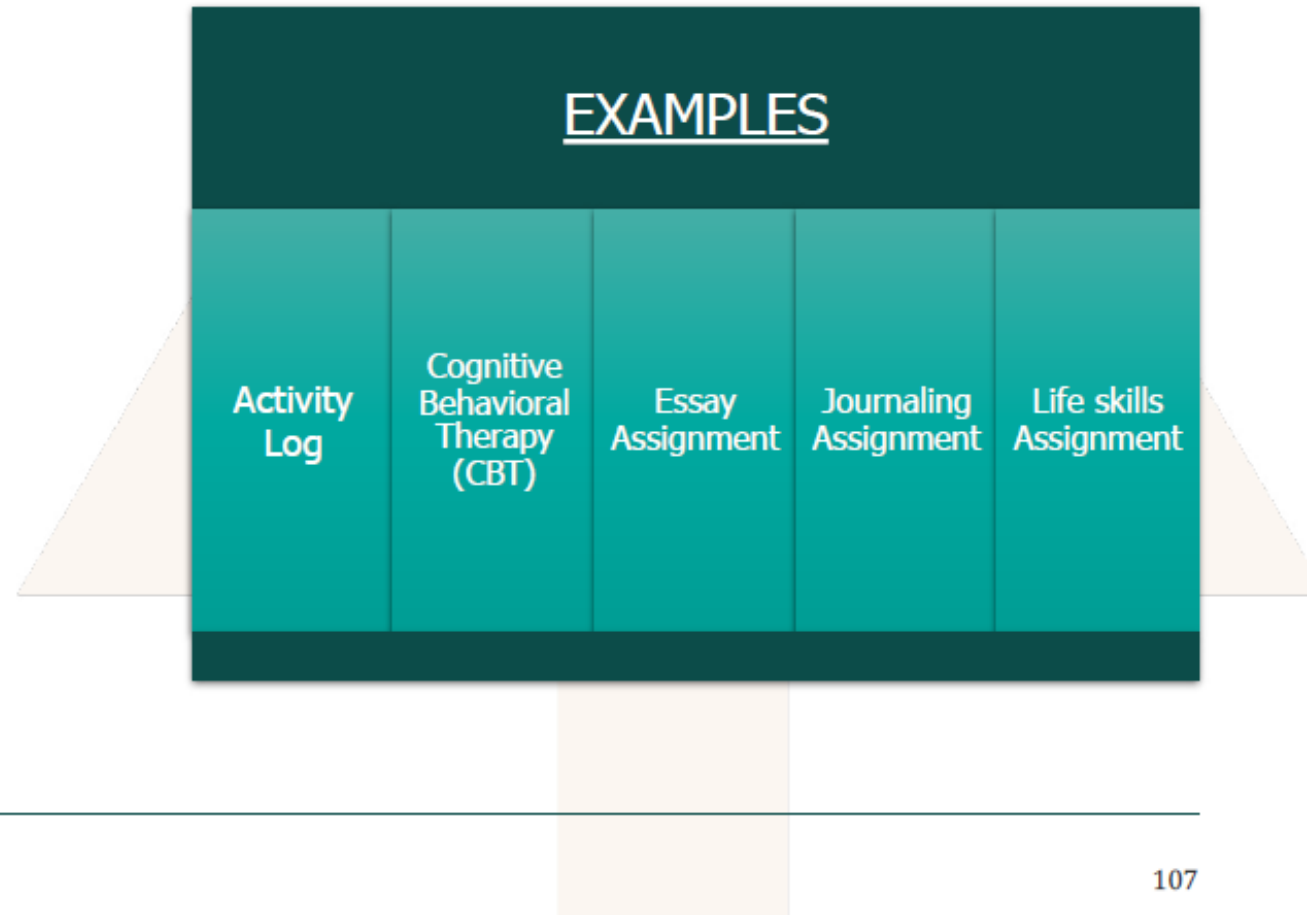
Has a reasonable chance of therapeutic success

Poses the fewest necessary burdens on participant

Is unlikely to jeopardize the participant's welfare or public safety.

# Learning Assignments

- Not a punishment
- Help participants avoid distal infractions
- Opportunity to improve one's adaptive functioning
- Help participants understand their condition and develop better problem-solving skills.



# Sanctions

Level	Type of Sanction
Low	Verbal warnings
Moderate	Courtroom Observations
Moderate	Instructive Community Service
Moderate	Curfew
Moderate	Travel or Association Restrictions
Moderate	Electronic Surveillance
High	Team Round Table
High	Day Reporting
High	Home Detention
High	Jail Detention

# Challenges and Side Effects of Sanctions

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Learned helplessness

Ratio burden

Ceiling effect

Short-lived effects

Not being taught what to do

Goldilocks effect





# Adverse Side Effects of Jail Sanctions:

## Jail Sanctions

Interruption  
of  
treatment  
and support

Interactions  
with high-  
risk peers

Stress  
reactions

Habituation  
to highest-  
magnitude  
sanction

Ceiling  
effects short  
of discharge

# IF jail is used, Best Practice recommends



Not in the first 30 – 60 days.

Only for proximal infractions after low and moderate sanctions have been unsuccessful.

No more than 3 – 6 days in length.

Not for distal infractions.

Not for treatment.

Not to deter overdose.

Not for preventive detention unless no less restrictive option is available.

Above all...

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**PROGRESS NOT  
PERFECTION**

# STAFFING FRAMEWORK



<b>Who</b>	<b>are they in terms of risk and need?</b>
<i>Where</i>	are they in the program (phase)?
<i>Why</i>	did this happen (circumstances)?
<i>Which</i>	behaviors are we responding to? proximal, distal, or managed
<i>What</i>	is the response choice/magnitude?
<i>How</i>	do we deliver and explain the response

# THE WHO

Risk and Need Matter

Who	Are they in terms of risk and need?

# RISK

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## HIGH RISK:

- Compliance is more difficult
- Be intentional at incentivizing productivity, pro-social endeavors
- Responds to positive reinforcement

## LOW RISK:

- Compliance is easier
- Use negative reinforcement

# NEED

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## HIGH NEED:

- Abstinence is distal  
(eventually behaviors required for abstinence can be mastered, but even after mastery recurrence is a risk, requiring treatment, not punishment)

## LOW NEED:

- Abstinence is proximal  
(mastery of behaviors required for abstinence can occur quickly)

# THE WHERE

- The participant's time in the program, current phase, and stage of recovery must be considered.

Where	Are they in the program (phase)?

# Different Places – Different Responses

- Phase and time in the program
- Psychosocial stability, early remissions- what stage of recovery
- Which behaviors have been mastered
- Previous responses for the same behavior
- Emphasis on the current phase – is it time to address this behavior differently than the previous phase

# THE WHY



The team should seek to find out the why behind the behavior.

Why	Did this happen (circumstances)?

# What's the Whole Story?

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Treatment, supervision, and defense can help lay out the story.

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Triggering event- Life Event, Seasonal

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Unavoidable or intentionally created situation

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Does conduct involve proximal, distal, or managed goals?

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Assess barriers facing the participant (Remember responsiveness, criminogenic and maintenance needs).

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# WHICH ONE

The magnitude of the response is influenced by the type of behavior, previous responses to the behavior, and the degree of control the participant has over the behavior.

Which	Behaviors are we responding to? proximal, distal, or managed

# THE WHAT

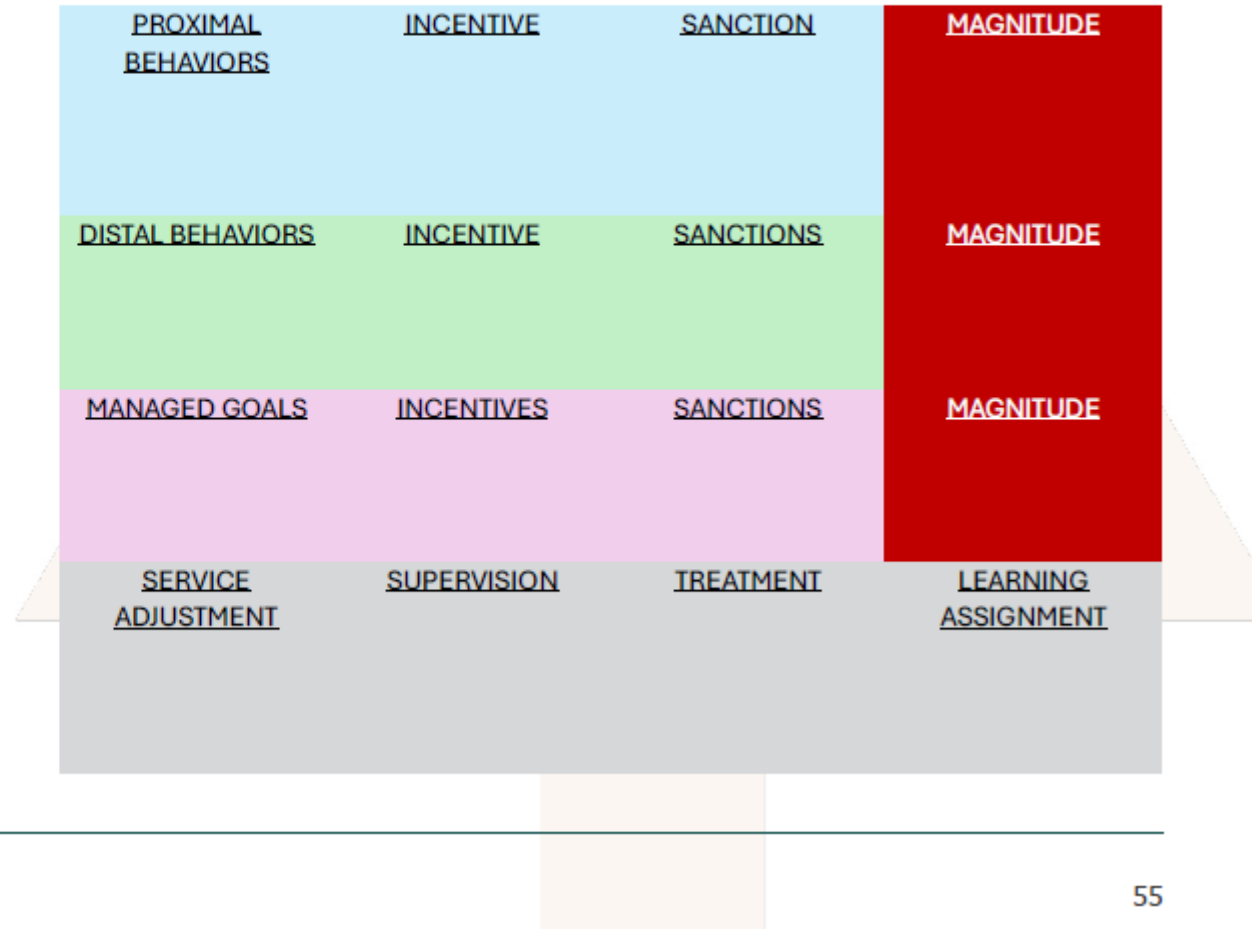


After proper analysis by the team, it's time to choose the appropriate responses.

What	Is the response choice/magnitude?

# Magnitude of Response

- Have a menu of options-(low, moderate, and high)
- Respond to all behaviors
- Can give incentives, sanctions, and service adjustments at each court appearance. In fact, you should!
- The best is to stay centered, not too low or too high.
- What will impact THIS unique participant?





# THE HOW

- How we deliver responses matters
- Impacts participant responsiveness
- Contributes to a sense of procedural fairness and judicial impartiality.

How	Do we deliver and explain the response

# Final Thoughts: Delivering the Response



- **Ask the team what is the best way to deliver the response**
- **Respect and dignity**
- **Clear rationale**
- **Punish the act, not the person**
- **Express optimism and therapeutic motive**