

ARise

**Treatment
Court Institute**

2024

Practical Guide to Incentives, Sanctions and Service Adjustments

Susan Alameda, MSW

Project Director

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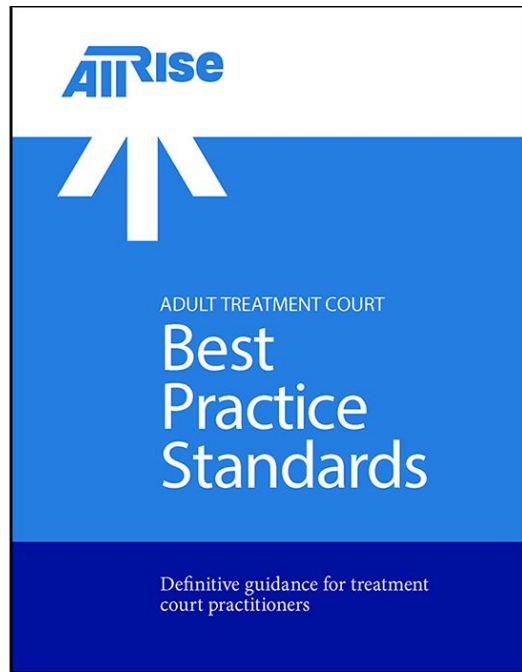
Disclosure

- This project was supported by BJA Grant # 15PBJA-23-GK-02438-DGCT awarded by the Bureau of Justice(BJA). The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office.
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The Background

- Based on scientific theories and research that date back to the beginning of the 20th Century.
- Our response (or lack of response) to participant behavior will make the behavior more or less likely to reoccur.
- Contemporary studies applying behavioral learning science to criminal justice populations, including treatment courts, have led to researched-based principles.
- Behavior Science and Addiction Science

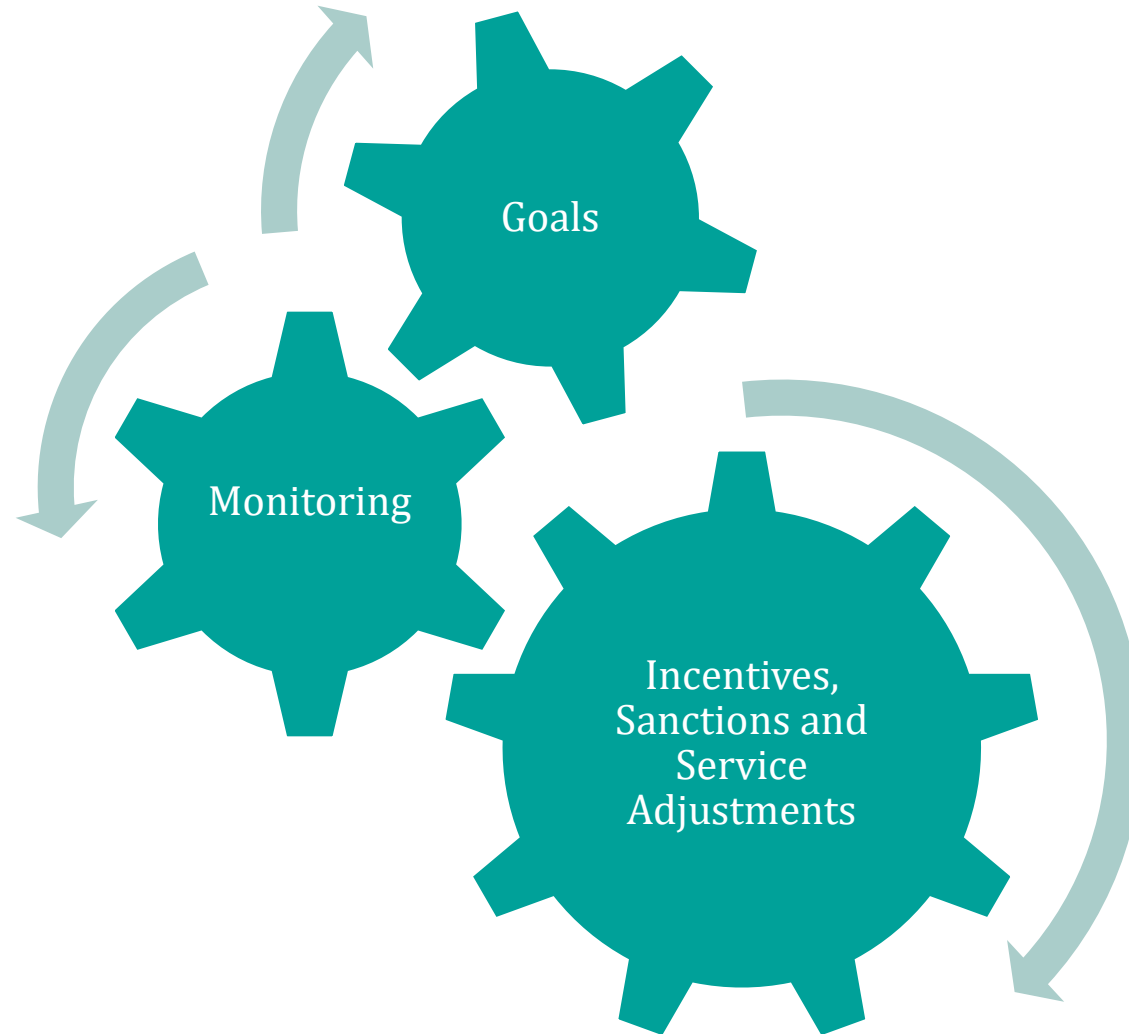
Adult Treatment Court Best Practice Standards



- Standard IV- Incentives, Sanctions and Service Adjustments
- AllRise.org

The Basics First

Understanding of goals and appropriate monitoring will set your team up to select the best responses to behavior



Target Population



High-Risk

- Significant risk of committing a new crime – high recidivism.
- Difficulty in less intensive dispositions, such as probation.
- Have a moderate to severe substance use disorder.

High-Need

- Compulsive substance use
- Serious and persistent mental health or trauma issues
- Other significant treatment or social service needs.

See Standard I. Target Population

Proximal Goals



Can meet in the short term and sustain for a reasonable period of time.

Not necessarily easy, but it can be accomplished.

Identify any barriers

Distal Goals



Treatment court conditions that participants are not yet capable of achieving or can only achieve intermittently or for a limited time.

Abstinence is a distal goal for the early phases of treatment court.

Managed Goals



Conditions that participants have met and sustained for a significant period.

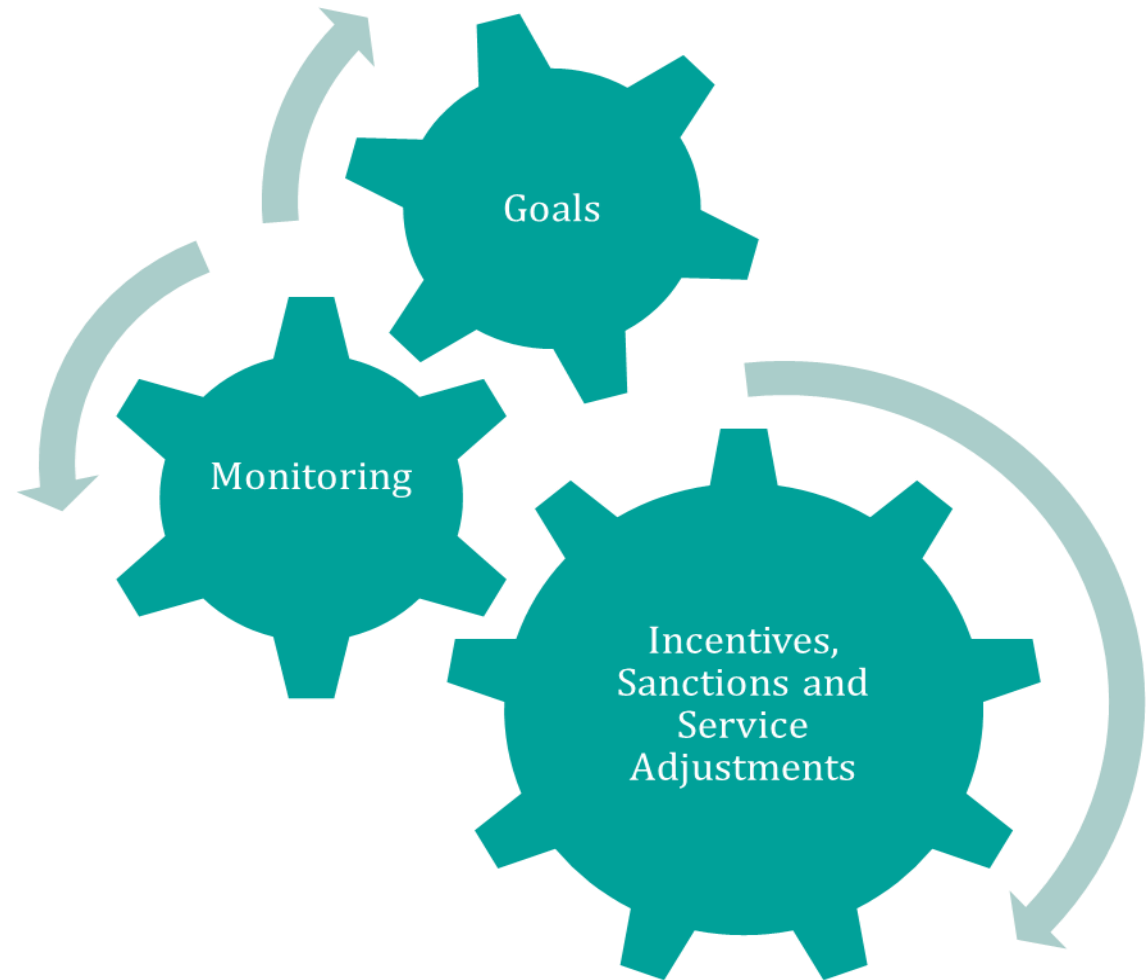
Not required to perform goals perfectly, but well enough to satisfy program expectations.

Activity: ID behaviors as either proximal or distal for a new, Phase I Participant

- Attendance
 - Truthfulness
 - Responding to treatment
 - Abstinence from drug(s)
 - Get tested (UA)
 - Motivation for change
 - Take care of family and or dependents
 - Get job
- Proximal
 - Proximal
 - Distal
 - Distal
 - Proximal
 - Distal
 - Distal
 - Distal

Reliable and Timely Monitoring

Critical for effective
behavior modification



Most Influential Factors

CERTAINTY

- Ratio of incentives to achievements or sanctions to infractions.
- The larger the ratio, the better the effects

CELERITY

- Time between an achievement or infractions and the delivery of the response.
- Associated with the behavior

Participant Monitoring

The whole team needs to be a part of this. All information is needed to determine response

Effective Drug Testing procedures

Supervision- office visits, home/field visits

Search and Seizure

Treatment reporting timely information on attendance, participation and reduction of symptoms.

Incentives

High Frequency

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 coin)

Tangible Prizes- (gift cards, phone cards, mugs, diapers, health snacks)

Incentives



Point System-(A ledger of a person's accomplishments- can exchange for a tangible prize)

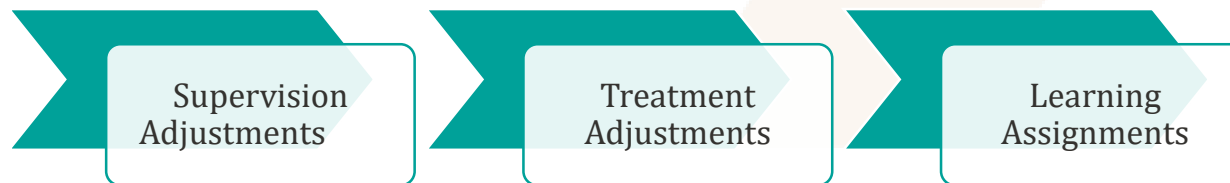
Fishbowl Drawing

Financial Waivers- Reduction in fines, fee, treatment costs.

Reduced non-service obligations- (move to the head of line at drug testing or in court, reduce required number of community service hours

Service Adjustments

- The participants **want** incentives and they do **not want** sanctions, but they **need** service adjustments.
- Infractions of distal goals receive service adjustments until participant have developed the skills and resources need to accomplish these goals. (the goals become proximal)



Supervision Adjustments

- May include increase or decrease of status hearing, sessions with community supervision officers, drug and alcohol testing, or home visits.
- Reduced only once the participant has **psychosocial stability**- stable housing, reliable attendance, therapeutic alliance, and clinical stability (input from team “experts” supervision and treatment to determine)

Treatment Adjustments

- Considerable clinical expertise is required to assess participants' treatment needs, refer them to appropriate services, and adjust the services if they are insufficient or no longer required.
- Under no circumstance should non-clinically trained treatment court team members impose, deny, or alter treatment services if such decisions are not based on clinical recommendations of qualified professionals.

Treatment Adjustments

- Please review Standard V: Substance Use, Mental Health, and Trauma Treatment and Recovery Management and Standard VI: Complementary Services and Recovery Capital for a more detailed explanation of the range of treatment and complementary services.
- If a participant is attending treatment but is not improving, then the treatment should be adjusted to serve the person's needs and preferences better.

Treatment Adjustments

- If a participant disagrees with staff about recommended treatment options, treatment professionals should make every effort to reach an acceptable agreement with the participant for a regimen that:
 - a. Has a reasonable chance of therapeutic success
 - b. Poses the fewest necessary burdens on the participant
 - c. Is unlikely to jeopardize the participant's welfare or public safety.

LEARNING ASSIGNMENTS

- Delivered as a service adjustment to help participants avoid distal infractions
- Learning assignments should never be framed as a punish, but an opportunity to improve one's adaptive functioning
- Learning assignments are delivered to help participants understand their condition, identify their risk factors for symptoms or infractions and develop better problem-solving skills.

LEARNING ASSIGNMENTS

Activity Log

Cognitive
Behavioral
Therapy (CBT)
Assignment

Essay
Assignment

Journaling
Assignment

Life Skills
Assignment

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

Jail Sanctions

- Used primarily for proximal behaviors only after numerous lesser sanctions have been attempted and failed, unless immediate risk to public safety exists.
- Not for distal goal infractions.
- Brief, pre-defined time period (No more than 3 to 6 days or less)
- Not in the first 30 – 60 days of treatment court
- Not for treatment.
- Nor for overdose prevention.
- Not for preventive detention.

Negative side effects to sanctions

Learned Helplessness

Ratio Burden

Ceiling effects

Short-lived effects

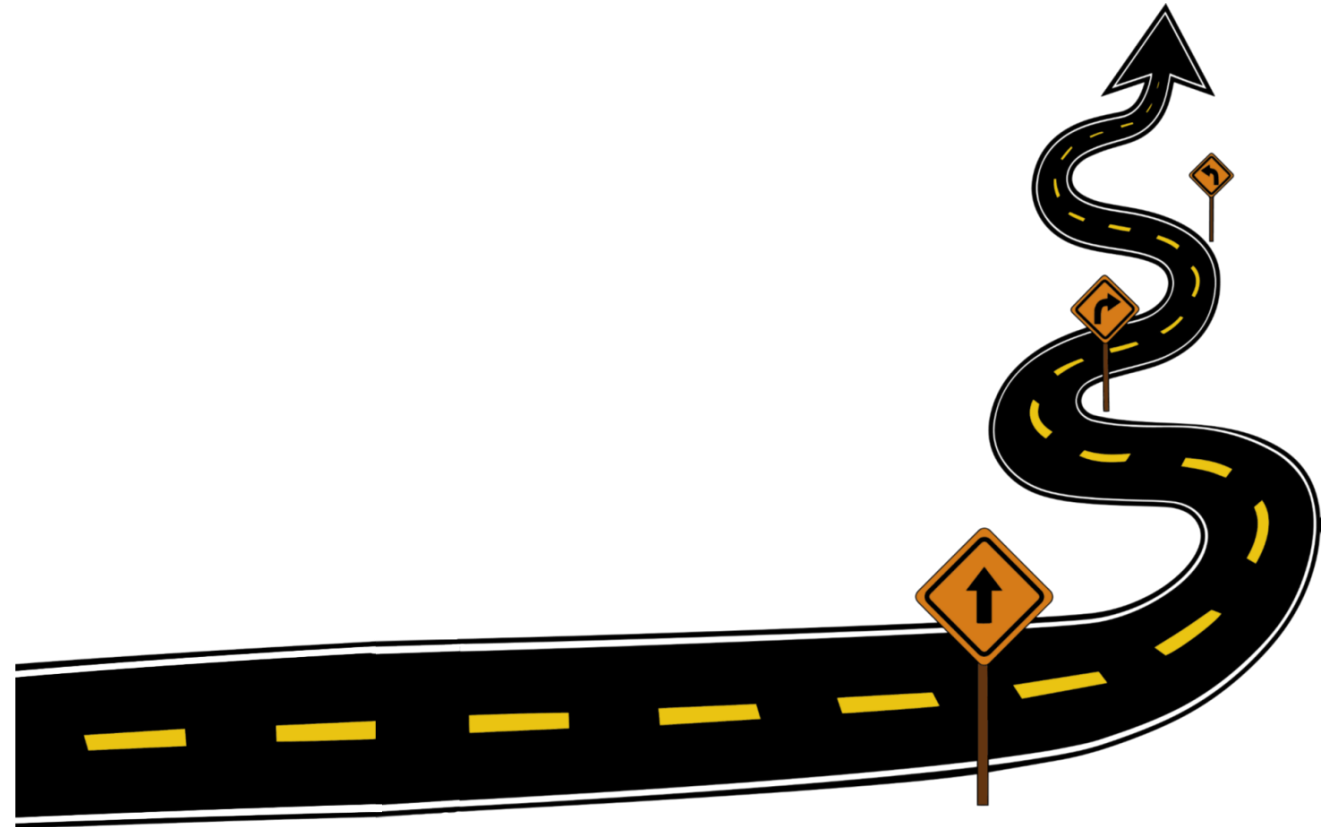
Doesn't teach what to do

Goldilocks effect

Words of caution

Do not demote back a phase

Respond to behavior and move forward



Guideline or “Menu”



Incentives

Low

Moderate

High

Sanctions

Low

Moderate

High

Reference Guide for Standard IV: Incentives, Sanctions, and Service Adjustments



INCENTIVES AND SANCTIONS TABLE

Track and monitor all low, moderate, and high-magnitude incentives and sanctions in one table to support the work of your clinical services.

INCENTIVES

LOW MAGNITUDE	MODERATE MAGNITUDE	HIGH MAGNITUDE

SANCTIONS

LOW MAGNITUDE	MODERATE MAGNITUDE	HIGH MAGNITUDE

SERVICE ADJUSTMENTS TABLE

Track and monitor all suspension, reduction, and increase adjustments, including magnitude in one table to support the work of your clinical services.

Suspension/Reduction	Treatment Adjustments	Leaving Assignments

<https://allrise.org/publications/incentives-and-sanctions-list/>

Choosing Responses

Proximal Goal Infractions

- 1st-2nd –verbal warning reminding about program P&P concerning avoidable infractions, emphasize staff take these seriously, explain why taken seriously, and deliver a clear warning of what will happen if the infractions happen again.
- Then, move on to moderate-magnitude sanctions
- After four to five undeterred proximal infractions, serve as a broad guideline for considering a high magnitude sanction. Staff judgement required and caution with jail sanctions for persons with trauma history or severe mental health or substance use disorders.

Choosing Responses

Distal Goal Infractions

- Response with a service adjustment, not a sanction.
- If attending treatment and not getting better, adjust services.
- Reevaluate to identify potential obstacles such as language barrier, co-occurring mental health disorders, trauma history, culturally related barriers or stress reactions.
- If services not available that are needed should not be sanctioned or sentenced more harshly for not responding to inadequate care.

Choosing Responses

Managed Goal Infractions

- Remember not perfectly or with ease, should be taken seriously but should not lead to an overreaction.
- Effort to understand what happened and what is needed to get the person back on track quickly.

HOW WE DECIDE



Staffing Framework

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

Procedural Fairness



- ✓ Advance notice (with flexibility)
- ✓ Opportunity to be heard (required if facing loss of liberty or property)
- ✓ Equivalent responses for equivalent conduct
- ✓ Respect and dignity
- ✓ Clear rationale
- ✓ Punish the act, not the person
- ✓ Expressed optimism and therapeutic motives

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**Thank
You** 

Karen Cowgill

PROJECT DIRECTOR, ALLRISE