The Practical Application of Incentives and Sanctions

Part 1 - Staffing

Helen Harberths, J.D
Shannon Carey, Ph.D.
First: Remember what we’re dealing with
The enemy (addiction) is a difficult opponent. Brains take time to heal. Change is hard.
What leads to behavior change?

- Belief that the intervention will (or will not) work
- Expectations / Placebo
  - 15%
- Technique
  - 15%
- Therapist/Client Relationship
  - 30%
- Extratherapeutic Change
  - 40%

Specific model used
- CBT
- DBT
- Seeking Safety

Criminogenic Factors
- Family
- Peers
- Housing
- Health

Alliance
- Empathy
- Positive Regard

Lambert and Barley 2001; Soto 2011
“All Behavior is followed by a consequence, and the nature of that consequence modifies the organisms tendency to repeat the behavior in the future”

- B.F. Skinner

(Appplies to humans as well as rats! But people need a sense of fairness)
Certainty

Consistent Detection
(Behavior and Immediate Consequence)

Reliable detection
(Detection allows the gathering of information needed by judge and team to determine appropriate response)

Speeding ex.

Supervision
Reliable Detection

- Urine drug testing at least twice per week
- Random testing all 7 days
- Continuous detection methods (patches, bracelet)
- Electronic monitoring
- Home visits (Extend supervision into natural social environment - work, home, school, street, cell phones)
- Include law enforcement on the team
- Case manager, supervision, treatment
Proximal? Distal? What the heck is that?

Proximal = Proximate/Close

NOW

- Show up
- Try hard
- Tell the truth

Proximal ≠ Easy

- Proximal should be based on what the individual participant is capable of, and has the tools available to do, at the time
- Proximal at program start is what we need them to do first
- Behaviors and thoughts that are distal should become proximal over time as the brain heals and the tools are learned if we provide appropriate treatment and interventions that help participants internalize their change
Proximal? Distal? What the heck is that?

Proximal = Proximate/Close

- Show up
- Try hard
- Tell the truth

Distal = Distant

- Abstain from use
- Accept disease
- Work recovery
Video: Greenlick on honesty
WHAT THE TEAM BRINGS

Changing Behavior Requires Information
Understand each other’s roles and what you bring to the staffing table
Video: Hernandez on the info his team brings
The Bench

• Cannot delegate decisions
• Should be the predominant voice in the room in Court.
• Should spend three minutes with each person...good or bad.
• Should focus on teachable moments.
• MUST HAVE GOOD INFORMATION
Attorneys

• Lawyers are there for legal reasons. Protect the record. Protect the Constitution. Motivate positively.

• Prosecutor’s are there to assert public safety concerns (with probation, Court and LE)
  ✓ Share new criminal activity, or old activity just coming in
  ✓ Associates
  ✓ Share public safety perspective

• Defense attorneys are there to monitor and ensure due process and may have the hardest job
  ✓ Share any legal complications
  ✓ Must negotiate difficult ethical issues
  ✓ Has a duty to the client that is different than all others
Attorneys

• Prep for the Staffing! Reports matter
• Work together to address legal issues up front

Counsel’s job is to make the law meet the needs of the treatment team.
Supervision and Case Management

• Is responsible for knowing what is happening outside the court and treatment arenas.
• Home visits are paramount
• Report to team on
  ✓ Assessments,
  ✓ Testing results, and working with treatment
  ✓ Information from case management
• Is in constant communication with treatment

Get your work done up front, meet with treatment, and form consensus, distribute information for rest of team in advance
Treatment

• At a minimum, the following data elements should be shared:
  ✓ Assessment results pertaining to a participant’s eligibility for Drug Court and treatment and supervision needs (Provide a diagnosis)
  ✓ Attendance at scheduled appointments
  ✓ Drug and alcohol test results, including efforts to defraud or invalidate said tests
  ✓ Case management/treatment plan and attainment of goals, such as completion of a required counseling regimen
  ✓ Homework assignments completed or currently working on
  ✓ Current level in treatment (and what they need to do to move forward)
  ✓ Any barriers to progress
  ✓ Evidence of symptom resolution, such as reductions in drug cravings or withdrawal symptoms
  ✓ Evidence of treatment-related attitudinal improvements, such as increased insight or motivation for change
  ✓ Adherence to legally prescribed and authorized medically assisted treatments
  ✓ Procurement of unauthorized prescriptions for addictive or intoxicating medications
  ✓ Menacing, threatening, or disruptive behavior directed at staff members, participants or other persons

• Must follow confidentiality standards (see NADCP’s BP standards for more info), but provide sufficient information to help with the message.

Get your work done up front, meet with supervision and form consensus, distribute information for rest of team in advance
• The people who are doing direct services are the ones who know what is going on. **Their recommendations are paramount.**
  Unless public safety or due process is compromised, follow their lead.
• If you can live with the consensus, do so.
• Fighting **does not occur** in open court.
• The worst possible thing? The team is wrong and in two weeks, you can fix it.
In a drug court model, rather than abandoning their roles, the involved disciplines expand them. The disciplines collaborate on a single mission to create a more effective and efficient system.

But you never abandon your role, or your ethics.
Each team member has a specific role
Disagreement is healthy and needed.
We all share common goals:
  – Public safety
  – Program completion
Many of our team members face ethical dilemmas
Activity Time!
Pull out your cell phones

How to Vote:
Send Text to Phone Number: 22333

Text: shannoncarey897
One of her clients, Amy, has confessed to her that she smoked “K-2/ Spice,” a substance that Sandra knows is not routinely tested for.

Amy deeply regrets the decision and wants to know if she should be honest and tell the judge.

The team judge routinely sanctions this type of behavior with 3 days of jail.

Without Amy’s confession, no one would ever know.
What would you do?

A. Encourage honesty. Warn her jail is likely. Don’t mention the truth about K-2 testing. Seek permission to disclose to team/advocate.

B. Tell all to Amy: K-2 won’t show up on a drug test. If she’s silent, no one will know. Don’t tell team.

C. Encourage honesty. Don’t tell her about testing and the jail. Ask permission to disclose to team. Advocate hard for lesser sanction.

D. Disclose the K-2 use even if client objects. Advocate for sanction reduction.
COUNSELOR: CHERYL

- Client, Rob, is in trouble yet again after many alcohol and drug violations.
- He has severe anxiety issues, along with a terrible attitude and resistance to treatment.
- Deputy Jones (Sheriff) saw Rob drinking a beer at the rodeo. Rob shot him the bird and chugged it.
- The team unanimously calls for termination.
Cheryl Gets Rob to Open Up

• Cheryl met with Rob. One of Rob’s few redeeming factors is that he is an extremely proud, devoted father who shares custody of his 13-year-old son, Rob, Jr.

• Rob confided days before the incident, was served with papers, where his son’s mother was seeking full custody.

• It gets worse...
Rob’s Bad Week

- After a quarrel, his son told him he was a “dope-head loser,” a “horrible father” and he wanted to live with mom.
- Rob’s new girlfriend gave him gonorrhea.
- All of this happened a week after he had finally weaned himself off of his anxiety meds.
- **Rob insisted she must not tell the judge and team.**
- Rob expects termination and doesn’t really want to fight it.

• Cheryl firmly believes Rob needs to remain in the program to get him through this rough patch.

• These troubling events could be the catalyst for a long-awaited breakthrough for Rob.

• Though clients sign confidentiality waivers, Cheryl is not sure how much she should share.
What would you do?

A. Tell the team **everything**; advocate for treatment.

B. Tell the team about everything except the STD. The team doesn’t need to know that.

C. Don’t disclose any confidential info. Say, “There are some big issues that I’m not at liberty to disclose, but please trust me on this one.”

D. Urge the client to be honest with the team and not give up. Say little at staffing, but urge all to reconsider termination.
STAFFING CONSIDERATIONS

BEHAVIOR RESPONSES:

• **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 or distal?
• **WHAT** is the response choice/ magnitude?
• **HOW** do we deliver and explain response?

TREATMENT / SUPERVISION CHANGES?
New Video: NZ court
What leads to behavior change?

Belief that the intervention will (or will not) work

Expectations / Placebo
15%

Criminogenic Factors
• Family
• Peers
• Housing
• Health

Extratherapeutic Change
40%

Technique
15%

Specific model used
• CBT
• DBT
• Seeking Safety

Therapist/Client Relationship
30%

• Alliance
• Empathy
• Positive Regard

Expectations / Placebo
15%

Lambert and Barley 2001
Central 8 Risk Factors

1. History of antisocial behavior (Criminal History)
2. Antisocial Attitudes
3. Peer Associations
4. Antisocial Personality
5. School/Employment
6. Substance Abuse
7. Living Situation
8. Family/Marital

Clients have a variety of **Criminogenic needs**:  
- Subset of risk factors  
- Dynamic, live and changeable

Adapted from Iowa DOC training materials 34
Addressing Risk Factors (Need) in staffing and court

Source: Andrews (2006)

**Dynamic risk factors are Criminogenic Needs that can change!**

<table>
<thead>
<tr>
<th>Dynamic Risk Factor (Central 8)</th>
<th>Need/Case management/Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of antisocial behavior (Criminal History)</td>
<td>Build and practice positive/healthy behaviors by addressing the dynamic risk/needs below</td>
</tr>
<tr>
<td>Antisocial personality pattern (Check trauma history)</td>
<td>Learn problem solving skills, practice anger management</td>
</tr>
<tr>
<td>Antisocial cognition</td>
<td>Develop more pro-social thinking</td>
</tr>
<tr>
<td>Antisocial associates</td>
<td>Reduce association with criminal others (learn refusal skills)/increase association with positive peers</td>
</tr>
<tr>
<td>Family and/or marital discord</td>
<td>Reduce conflict, build positive relationships</td>
</tr>
<tr>
<td>Poor school and/or work performance</td>
<td>Work on good employee/study/performance skills</td>
</tr>
<tr>
<td>Poor living situation</td>
<td>Find appropriate housing</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Reduce use through integrated treatment</td>
</tr>
</tbody>
</table>
Staffing Sheets

• Staffing takes time
• CM should have up to the minute info
• Should address Central 8 risk factors/criminogenic needs
• CM recommended responses based on response matrix
• CM/Treatment should have recommended questions/topics for the judge to ask participant
<table>
<thead>
<tr>
<th>Risk/Criminogenic Need</th>
<th>Status/Progress/Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. History of antisocial behavior</strong> <em>(Criminal History)</em></td>
<td>Presenting charge: Forgery, possession, paraphernalia</td>
</tr>
<tr>
<td><strong>2. Antisocial personality patterns</strong></td>
<td>No indication of anti-social personality</td>
</tr>
<tr>
<td><strong>3. Antisocial Cognition</strong> <em>(Criminal Thinking)</em></td>
<td>On Step 2 of MRT</td>
</tr>
<tr>
<td><strong>4. Antisocial Associates</strong></td>
<td>Jane has been spending time with some old associates from high school who are currently using and who live near mom. Jane has also participated with peer mentors at bowling night.</td>
</tr>
<tr>
<td><strong>5. Family/Marital Situation</strong></td>
<td>Accomplished goal! Jane moved out of her (using) boyfriend's house last weekend and is living with her mother who is supportive of treatment.</td>
</tr>
<tr>
<td><strong>6. School/Work Performance</strong></td>
<td>Making progress on her GED</td>
</tr>
<tr>
<td><strong>7. Living Situation</strong></td>
<td>Accomplished sober housing goal! Jane moved out of her (using) boyfriend's house last weekend and is living with her mother who is supportive of Jane's treatment.</td>
</tr>
<tr>
<td><strong>8. Substance Use Disorder/Treatment progress</strong></td>
<td>Client has diagnosed severe substance use disorder (Heroin). Client is on Vivitrol and is tolerating it well. Client is in CBT and was late for last treatment session, but has attended all required sessions.</td>
</tr>
</tbody>
</table>

**Relevant Goals accomplished:**
- Current Goal - focus on more peer mentor activities.
- Current Goal: Schedule math test by 3/16/2019
- Current Goal: Client is engaged with treatment and is currently working through plans for responding to specific triggers.
<table>
<thead>
<tr>
<th>Benchmark accomplished towards phase</th>
<th>The Client has completed all required Phase 2 Benchmarks and is filling out application for Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barriers to services and intervention/plan</td>
<td>Client's mother is ill and may need to move into assisted living. If this happens, client will need new housing. Will monitor mother's condition. Continue with current treatment plan.</td>
</tr>
<tr>
<td>Summary of Successes</td>
<td>Jane moved away from unhealthy relationship with boyfriend and moved in with supportive mother. Accomplished sober housing goal! Completed all requirements since last court session.</td>
</tr>
<tr>
<td>Summary of Infractions</td>
<td>Client is doing very well. No issues with non-adherence.</td>
</tr>
<tr>
<td><strong>Recommended Court Responses</strong></td>
<td><strong>Incentive:</strong> Judge acknowledgment of completed goal - made good decision and important progress in moving out of boyfriend's house and in with mother - 12 Hour CSR Voucher, fish bowl for completing all requirements in last two weeks. Acknowledge she is filling out application for Phase 3. <strong>Other responses:</strong> Reinforce message that Jane should avoid her high school friends and focus on more peer mentor activities. Ask Jane to talk about activities she could do instead of spending time with old high school friends. Ask Jane to list her other current goals and plan for completing (see goals above and prompt her if she does not remember).</td>
</tr>
<tr>
<td>Phase</td>
<td>Completion Date</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Phase 1</td>
<td>10/15/18</td>
</tr>
<tr>
<td>Phase 2</td>
<td>1/15/19</td>
</tr>
<tr>
<td>Phase 3</td>
<td></td>
</tr>
<tr>
<td>Phase 4</td>
<td>Residential</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prior Court Reviews

<table>
<thead>
<tr>
<th>Date</th>
<th>Incentive</th>
<th>Other response</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/18/2018</td>
<td>Acknowledgement (atta boy) of attendance</td>
<td>Behavior chain for use</td>
</tr>
<tr>
<td>12/15/2018</td>
<td>Sobriety milestone - 3 months</td>
<td>None</td>
</tr>
</tbody>
</table>
Tools for Behavior Change: Basic Terminology

- **SANCTIONS**: Decrease or STOP behavior
- **INCENTIVES**: Increase or START behavior
- **Therapeutic Adjustments**: Treat behavior due to illness
- **Supervision/Drug tests**: Monitors behavior
Focus on Incentives

Number one incentive is acknowledgment from the judge
Video: Papack Dentist
INCENTIVES

• Tracking incentives increases use.
• Reinforcers should far outnumber punishers.
• How many incentives is enough?
Ratio of Rewards to Punishments and Probability of Success on Intensive Supervision

Goal: 70 – 80% Completion rate

What if we have no budget for incentives?

• You don’t need gift cards! (See handouts!)
• Some of the most powerful are **free**.
• The best, most long-lasting incentives are “**natural**”: paycheck from a job, diploma, regaining custody, repairing relationships, feeling better, etc.
• **Natural reinforcers** are the byproduct of good treatment, and will help clients long after probation ends.
• Our responses keep clients engaged until natural reinforcers kick in.
YOU’RE #1! Go 1st at court
Review!

YOU’RE DOING GREAT! You earned a “leave court early” pass!

Congrats! You have earned a Report by Skype Pass!

SKIP TO THE HEAD OF THE LINE! Go first at your next UA

You’ve got it made in the shade!! Subtract 8 hours of community service.
How Do We Know What Rewards Work?  
ASK THEM!

13. What are your favorite incentives? (Circle all that apply)
Fish Bowl  Spin the Wheel  Praise, positive feedback
Gift Card  Bus Passes  CSR Voucher
Skype report  Candy, treats  Certificate (Sobriety, etc.)
Praise, positive feedback  Other: (Specify)____________________

14. What are some fun things you do that help you stay sober?________________________________________________________
____
Effective Punishment

“4:1” Only Works if the “1” is Occurring
Punishment is NOT the goal of imposing of Sanctions

CHANGING BEHAVIOR IS THE GOAL

“What will they learn from the sanction?”
Jail

• Generally not teaching what you want them to learn
• Can make client’s situation much worse
• Hang out with the wrong people
• Should be reserved for serious infractions
  – Public Safety
  – Illegal activity
Courts that typically impose jail longer than 6 days have higher recidivism.
Jail Considerations

- Is the behavior dangerous to others? (Or impact the safety and integrity of the court?)
- What behavior do you want to stop? What is the intended impact of jail?
- What will the impact of jail be on others (employer, family, etc.)?
- What behavior do you want the participant to do instead?
- Are there other responses that might incentivize them to do the behavior you want them to do instead?
What else do you have?

- Day Reporting Center
- Daily drug testing
- Daily check-ins
  - PBTS
  - Patches
  - Probation
  - Court
  - Treatment
Alternatives to Jail

• Increase supervision
  – House arrest/GPS
  – Increase supervision appointments
  – Increased home visits
  – Increase court hearings
  – Curfew

• Other options (Focus on Learning)
  – Community service
  – Attend/watch court
  – Thought papers
  – Homework/Practice
  – Volunteering
  – Cost/Benefit
  – Behavior Chain

May need to develop new resources for some alternatives
Alternatives to Jail

Therapeutic perspective (Physical and Mental/SUD Health)

• Conduct a medical assessment (health issues) – Our participants are ill with a disease that often leads to criminal behavior
  – Include history of medication use

• Assess for medication assisted treatment (MAT)
  – Work with medical and treatment community
  – Prescribers
  – Treatment Providers
  – Know what’s available in your community and state
  – Education for the team – take NDCI’s online MAT course –

• Get them into pain management
  – Meditation, yoga, physical therapy, acupuncture

May need to develop new resources for some alternatives
Alternatives to Jail

Therapeutic perspective (Physical and Mental/SUD Health)

- Review level of SUD/MH care
- Enhance alliance with treatment and case manager/supervision
- Work with participant to discuss what treatment they will follow through with
- Work with participant on integrated case plan
- Spend more time with peer support (peer mentor, peer specialist)

May need to develop new resources for some alternatives
Staffing: Crafting Responses

Understand: this is about them, not you.

Responses are in the eyes of the behaver, not you.
CRAFTING RESPONSES

• Response matrix should have options keyed to clients current level of competence and motivation
• Matrices should have several options—No “one size fits all.”
• 10-20% of the time matrix may not work
• FOCUS ON THE BIG PICTURE AND LOOK FOR PATTERNS
• Consider: “What do you want the participant learn?”
CRAFTING RESPONSES - Scenario

• Carol is in Phase 2
• Positive EtG for Alcohol – 3\textsuperscript{rd} positive
• Perfect attendance at treatment and engaged in treatment

A copy of the following response matrix is on the NADCP conference app and website for this session
### Inappropriate Behavior

#### Sanction Matrix: “What do we want the participant to learn from this?”

**Step 1. Identify the Behavior**

<table>
<thead>
<tr>
<th>Low (Less Immediate)</th>
<th>Moderate</th>
<th>High (More Immediate)</th>
<th>Very High</th>
</tr>
</thead>
</table>
| • Late for Scheduled Event  
• Missed payment | • Missed UA  
• Failure to Complete Assignments | • Unexcused Absence tx  
• Alcohol Use  
• Drug Use  
• Tamper w/ UA or device  
• Dishonesty | • Criminal behavior (new crimes, drinking and driving)  
• Arrest |

**Step 2. Determine the Response Level**

<table>
<thead>
<tr>
<th>Distal</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td>Level 1</td>
<td>Level 2</td>
<td>Level 2</td>
<td>Level 4</td>
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<td>Phase 2</td>
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<td>Level 3</td>
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<td>Phase 4</td>
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</tr>
<tr>
<td>Phase 5</td>
<td>Level 3</td>
<td>Level 4</td>
<td>Level 5</td>
<td>Level 5</td>
</tr>
</tbody>
</table>
### Step 3. Choose the Responses (paired with Judicial Verbal Disapproval and Explanation)

#### 3a. Therapeutic Responses

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
</table>
| Behavior Chain  
- Cost/Benefit Analysis  
- Skill Development  
- Thought Restructuring  
- Homework/Practice Thinking Report | **Level 1 plus:**  
- LOC Review | **Level 1, 2, plus:**  
- Referral Medication Eval  
- Treatment Team Review/Round Table | | |
| | | | | |

#### 3b. Supervision Responses

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
</table>
| ≤ 1 additional report days/week  
Official Letter in File | ≤ 2 additional report days/week  
Home Visit  
Curfew | Continuous Testing  
GPS/Electronic Monitoring  
≤ 3 additional report days/week  
Home Visit  
Increase frequency UA Test  
Contingency Contract  
Additional Court Report  
Case Conference  
Curfew | ≤ 4 additional report days/week  
Contingency Contract Electronic Monitor Device  
Case Conference  
Curfew | |
"An old friend came to my house. We started talking about old times. One thing led to another and we ended up going to the club. I drank 3 bourbons and we smoked weed in the car later."

"I missed my friend and the good times we used to have. I thought I would just drink Coke at the club. I didn’t want him to think I was an asshole. I thought I’ve been good for so long, I deserve this break, and I probably won’t even get caught."

"At first, I felt like ‘why not’? Later, I felt trapped. There was no way to get out of this situation. I just hoped I wouldn’t get caught. I felt angry, and frustrated."

"I enjoyed being with my friend, remembering the good times and feeling “normal” again."

"I ruined my sobriety. I had over 90 days. I risked jail and even revocation."

"I could’ve made up a story why I couldn’t go out. I could’ve told him I was on probation. I could’ve suggested we do something else that didn’t involve drinking / weed."

---

**Behavior Chain**

**SITUATION**

"An old friend came to my house. We started talking about old times. One thing led to another and we ended up going to the club. I drank 3 bourbons and we smoked weed in the car later."

**THOUGHTS**

"I missed my friend and the good times we used to have. I thought I would just drink Coke at the club. I didn’t want him to think I was an asshole. I thought I’ve been good for so long, I deserve this break, and I probably won’t even get caught."

**FEELINGS**

"At first, I felt like ‘why not’? Later, I felt trapped. There was no way to get out of this situation. I just hoped I wouldn’t get caught. I felt angry, and frustrated."

**CONSEQUENCES**

"I enjoyed being with my friend, remembering the good times and feeling “normal” again."

"I ruined my sobriety. I had over 90 days. I risked jail and even revocation."

"I could’ve made up a story why I couldn’t go out. I could’ve told him I was on probation. I could’ve suggested we do something else that didn’t involve drinking / weed."

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Module 4 - 1

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<table>
<thead>
<tr>
<th></th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Service</td>
<td>≤ 4 hrs</td>
<td>≤ 8 hrs</td>
<td>≤ 16 hrs</td>
<td>≤ 24 hrs</td>
<td>≤ 32 hrs</td>
</tr>
<tr>
<td>Curfew</td>
<td>≤ 3 days</td>
<td>≤ 5 days</td>
<td>≤ 7 days</td>
<td>≤ 10 days</td>
<td>≤ 15 days</td>
</tr>
<tr>
<td>House Arrest</td>
<td>≤ 24 hrs</td>
<td>≤ 72 hrs</td>
<td>≤ 5 days</td>
<td>≤ 7 days</td>
<td>≤ 15 days</td>
</tr>
<tr>
<td>Jail</td>
<td></td>
<td></td>
<td>≤ 24 hours</td>
<td>≤ 3 days</td>
<td>≤ 7 days</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td>Review Placement</td>
<td>Termination</td>
<td></td>
</tr>
</tbody>
</table>
Incentive Matrix: “What do we want the participant to learn from this?”

**Step 1: Identify the Behavior**

<table>
<thead>
<tr>
<th>Proximal (Expect Sooner)</th>
<th>Moderate</th>
<th>Distal (Expect Later)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance at treatment</td>
<td>Honesty</td>
<td>Complete Tx LOC</td>
</tr>
<tr>
<td>Attendance at other appointments</td>
<td>Testing Negative</td>
<td>Extended Abstinence/Neg. Tests</td>
</tr>
<tr>
<td>Home for home visits</td>
<td>Participating in Prosocial Activities</td>
<td>Treatment Goals Completed</td>
</tr>
<tr>
<td>Report to UA</td>
<td>Employment</td>
<td>Phase Goals Completed</td>
</tr>
<tr>
<td>Timeliness</td>
<td>Progress toward Tx Goals</td>
<td>Program Goals Completed</td>
</tr>
<tr>
<td>Payment</td>
<td>Progress in Tx</td>
<td></td>
</tr>
</tbody>
</table>
Step 2. Determine the **Response Level**

<table>
<thead>
<tr>
<th></th>
<th>Easier/Proximal</th>
<th>Moderate</th>
<th>Difficult/Distal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Distal</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase 1</td>
<td>Small</td>
<td>Medium</td>
<td>Large</td>
</tr>
<tr>
<td>Phase 2</td>
<td><strong>Small</strong></td>
<td>Medium</td>
<td>Large</td>
</tr>
<tr>
<td>Phase 3</td>
<td></td>
<td>Small</td>
<td>Large</td>
</tr>
<tr>
<td>Phase 4</td>
<td></td>
<td>Small</td>
<td>Large</td>
</tr>
<tr>
<td>Phase 5</td>
<td></td>
<td>Small</td>
<td>Medium</td>
</tr>
</tbody>
</table>

**Prox**

- Distal
- Prox

This table illustrates the level of response to different phases, with higher levels indicating greater difficulty.
**Step 3. Choose the Responses** *(Paired with Judicial Approval/Verbal Praise)*

### 3a. Therapeutic Response

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Phase 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Event</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Behavior Chain</td>
<td>• Behavior Chain</td>
<td>• Behavior Chain</td>
<td>• Behavior Chain</td>
</tr>
<tr>
<td>Cost/Benefit Analysis</td>
<td>Cost/Benefit Analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continued Progress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Change in LOC</td>
<td>• Aftercare Fqcy</td>
<td>• Aftercare Fqcy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Re-evaluate Pharmacological</td>
<td>• Re-evaluate Pharmacological</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interventions</td>
<td>Interventions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 3b. Supervision Responses

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Phase 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Event</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Change in Curfew Status</td>
<td>Reduced Contacts</td>
<td>• Reduced Contacts</td>
<td>• Reduced Contacts</td>
</tr>
<tr>
<td></td>
<td>Reduction in Home Visits</td>
<td>• Reduce Home Visits</td>
<td>• Decreased Drug Testing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reduce in External Monitoring</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Devices</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 3c. Incentive Response

<table>
<thead>
<tr>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judicial approval (always)</td>
<td>Any small and/or:</td>
<td>Any small, medium or:</td>
</tr>
<tr>
<td>Fish Bowl</td>
<td>≤ 3 day reduction of curfew</td>
<td>Framed Certificate</td>
</tr>
<tr>
<td>Decision Dollars</td>
<td>Choice of Gift Certificate</td>
<td>Travel Pass</td>
</tr>
<tr>
<td>Example for other participants in court</td>
<td>Supervisor Praise</td>
<td>Larger Gift Certificate</td>
</tr>
<tr>
<td>Handshake</td>
<td>Written Praise</td>
<td>Position as Mentor to New Participants</td>
</tr>
<tr>
<td>Candy</td>
<td>Positive Peer Board</td>
<td>Reduction of Curfew</td>
</tr>
<tr>
<td>≤ 1 day reduction of curfew</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WWYD
Using the Matrix

• Identify the behavior
• Select the response level
• Select the response:
  – Sanction?
  – Therapeutic response?
  – Supervision response?
Diluted UAs

• Devon, 27, is Phase 3. When he was in Phase 1 and 2, he had a series of dilutes. 3 months ago, he had 2 more. Medical exam revealed no issues.

• Devon said he has a shy bladder and can’t go when under stress. He drinks a lot of water before hand so he can produce a sample.
Diluted UAs

• He had no explanation other than he drinks a lot of energy drinks to keep sharp at work.

• The judge put Devon on a 30-day behavior contract. During that time, Devon had no dilutes.

• Now, 3 months later, Devon has had another dilute. His treatment counselor says Devon is in the Contemplation stage of change.
How do you respond?

1. **24 hours of CS.** Devon has shown that he can produce a non-diluted sample.
2. Put Devon back on the **behavior contract** and nip this in the bud. If he succeeds, give him a CS voucher. If he fails, require CS.
3. **24 hours in jail.** Enough is enough.
4. No sanction, but **place Devon on the IVR call-in system for UA for the next 30 days.** If he is drinking, we will catch him. If he continues to have dilutes, sanction accordingly.
Questions, Training, TA?

Contact Us:

- Shannon Carey, Ph.D.
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- Hon. Peggy Davis
  pdslotusemails@gmail.com

- Hon. Diane Bull
  dspjut@me.com
Positive Behavior

Incentive Matrix: “What do we want the participant to learn from this?”

**Step 1. Identify the Behavior**

<table>
<thead>
<tr>
<th>Proximal (Expect Sooner)</th>
<th>Moderate</th>
<th>Distal (Expect Later)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance at treatment</td>
<td>Honesty</td>
<td>Complete Tx LOC</td>
</tr>
<tr>
<td>Attendance at other appointments</td>
<td>Testing Negative</td>
<td>Extended Abstinence/Neg. Tests</td>
</tr>
<tr>
<td>Home for home visits</td>
<td>Participating in Prosocial Activities</td>
<td>Treatment Goals Completed</td>
</tr>
<tr>
<td>Report to UA</td>
<td>Employment</td>
<td>Phase Goals Completed</td>
</tr>
<tr>
<td>Timeliness</td>
<td>Progress toward Tx Goals</td>
<td>Program Goals Completed</td>
</tr>
<tr>
<td>Payment</td>
<td>Progress in Tx</td>
<td></td>
</tr>
</tbody>
</table>

**Step 2. Determine the Response Level**

<table>
<thead>
<tr>
<th>Distal Response Level</th>
<th>Easier/Proximal</th>
<th>Moderate</th>
<th>Difficult/Distal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td>Small</td>
<td>Medium</td>
<td>Large</td>
</tr>
<tr>
<td>Phase 2</td>
<td>Small</td>
<td>Medium</td>
<td>Large</td>
</tr>
<tr>
<td>Phase 3</td>
<td>Small</td>
<td>Small</td>
<td>Large</td>
</tr>
<tr>
<td>Phase 4</td>
<td>Small</td>
<td>Small</td>
<td>Large</td>
</tr>
<tr>
<td>Phase 5</td>
<td>Small</td>
<td>Medium</td>
<td>Medium</td>
</tr>
</tbody>
</table>

**Step 3. Choose the Responses (Paired with Judicial Approval/Verbal Praise)**

### 3a. Therapeutic Response

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Phases 4 and 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Event</td>
<td>• Behavior Chain</td>
<td>• Behavior Chain</td>
<td>• Behavior Chain</td>
</tr>
<tr>
<td></td>
<td>• Cost/Benefit Analysis</td>
<td>• Cost/Benefit Analysis</td>
<td></td>
</tr>
<tr>
<td>Continued Progress</td>
<td>• Change in LOC</td>
<td>• Aftercare Fqcy</td>
<td>• Aftercare Fqcy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Re-evaluate Pharmacological Interventions</td>
<td>• Re-evaluate Pharmacological Interventions</td>
</tr>
</tbody>
</table>

### 3b. Supervision Responses

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Phases 4 and 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Change in Curfew Status</td>
<td>• Reduced Contacts</td>
<td>• Reduced Contacts</td>
<td>• Reduced Contacts</td>
</tr>
<tr>
<td></td>
<td>• Reduction in Home Visits</td>
<td>• Reduced Home Visits</td>
<td>• Decreased Drug Testing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reduce in External Monitoring Devices</td>
<td></td>
</tr>
</tbody>
</table>

### 3c. Incentive Response

<table>
<thead>
<tr>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any small and/or:</td>
<td>• ≤ 3 day reduction of curfew</td>
<td>Framed Certificate</td>
</tr>
<tr>
<td></td>
<td>• Choice of Gift Certificate</td>
<td>Travel Pass</td>
</tr>
<tr>
<td></td>
<td>• Supervisor Praise</td>
<td>Larger Gift Certificate</td>
</tr>
<tr>
<td></td>
<td>• Written Praise</td>
<td>Position as Mentor to New Participants</td>
</tr>
<tr>
<td></td>
<td>• Positive Peer Board</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Certificate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Reduction in CS hours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Reduction in program fees</td>
<td></td>
</tr>
</tbody>
</table>

*NPC Research: Contact Shannon Carey (carey@npcresearch.com). Adapted from a matrix originally developed by the Harris County TX Treatment Court. Training is recommended before use. Please do not change or revise without permission. While individual responses can change, the steps and their order should remain.*
Sanction Matrix: “What do we want the participant to learn from this?”

### Step 1. Identify the Behavior

<table>
<thead>
<tr>
<th>Low (Less Immediate)</th>
<th>Moderate</th>
<th>High (More Immediate)</th>
<th>Very High</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Late for Scheduled Event&lt;br&gt;• Missed payment</td>
<td>• Missed UA&lt;br&gt;• Failure to Complete Assignments</td>
<td>• Unexcused Absence&lt;br&gt;• Alcohol Use&lt;br&gt;• Drug Use&lt;br&gt;• Tamper with UA or device/dilute&lt;br&gt;• Dishonesty</td>
<td>• Criminal behavior (new crimes, drinking and driving)&lt;br&gt;• Arrest</td>
</tr>
</tbody>
</table>

### Step 2. Determine the Response Level

<table>
<thead>
<tr>
<th>Distal</th>
<th>Prox</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td>Level 1</td>
<td>Level 2</td>
<td>Level 2</td>
<td>Level 4</td>
<td></td>
</tr>
<tr>
<td>Phase 2</td>
<td>Level 1</td>
<td>Level 2</td>
<td>Level 3</td>
<td>Level 4</td>
<td></td>
</tr>
<tr>
<td>Phase 3</td>
<td>Level 2</td>
<td>Level 3</td>
<td>Level 4</td>
<td>Level 5</td>
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</tr>
<tr>
<td>Phase 4</td>
<td>Level 3</td>
<td>Level 4</td>
<td>Level 5</td>
<td>Level 5</td>
<td></td>
</tr>
<tr>
<td>Phase 5</td>
<td>Level 3</td>
<td>Level 4</td>
<td>Level 5</td>
<td>Level 5</td>
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</tbody>
</table>

### Step 3. Choose the Responses *(paired with Judicial Verbal Disapproval and Explanation)*

#### 3a. Therapeutic Responses

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Behavior Chain&lt;br&gt;• Cost/Benefit Analysis&lt;br&gt;• Skill Development&lt;br&gt;• Thought Restructuring&lt;br&gt;• Homework/Practice&lt;br&gt;• Thinking Report</td>
<td>Level 1 plus:&lt;br&gt;• LOC Review</td>
<td>Level 1, 2, plus:&lt;br&gt;• Referral Medication Eval&lt;br&gt;• Treatment Team Review/Round Table</td>
<td>Level 1, 2, 3, plus:&lt;br&gt;• Re-Assessment</td>
<td></td>
</tr>
</tbody>
</table>

#### 3b. Supervision Responses

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ≤ 1 additional report days/week&lt;br&gt;• Home Visit&lt;br&gt;• Curfew</td>
<td>• ≤ 2 additional report days/week&lt;br&gt;• Home Visit&lt;br&gt;• Curfew</td>
<td>• ≤ 3 additional report days/week&lt;br&gt;• Continuous Testing&lt;br&gt;• GPS/Electronic Monitoring&lt;br&gt;• Home Visit&lt;br&gt;• Increase frequency UA Test&lt;br&gt;• Additional Court Report&lt;br&gt;• Case Conference</td>
<td>• ≤ 4 additional report days/week&lt;br&gt;• Electronic Monitor Device&lt;br&gt;• Case Conference&lt;br&gt;• Curfew</td>
<td></td>
</tr>
</tbody>
</table>

#### 3c. Sanction/Punishment Responses *(Judicial Disapproval)*

<table>
<thead>
<tr>
<th>Community Service</th>
<th>Curfew</th>
<th>House Arrest</th>
<th>Jail</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 4 hrs</td>
<td>≤ 8 hrs</td>
<td>≤ 16 hrs</td>
<td>≤ 24 hrs</td>
<td>Review Placement</td>
</tr>
<tr>
<td>≤ 3 days</td>
<td>≤ 5 days</td>
<td>≤ 7 days</td>
<td>≤ 7 days</td>
<td>≤ 3 days</td>
</tr>
<tr>
<td>≤ 24 hrs</td>
<td>≤ 72 hrs</td>
<td>≤ 5 days</td>
<td>≤ 7 days</td>
<td>7 days</td>
</tr>
<tr>
<td>≤ 24 hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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