

Incentives, Sanctions, Monitoring & Therapeutic Responses:

How to Motivate Lasting Change Part 2

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Staffing



Staffing is a Team Activity

*Put your heads together to
come up with the best
ideas*

*What does each team
member bring to the table?*



Video: Hernandez on the info
his team brings



Understand each other's roles and what you bring to the staffing table

Stay in your lane

Changing behavior requires information

Get your business done up front

Consult the Rainbow Dude

HOW WE DECIDE

- Responses to behavior
- Changes in treatment
- Changes in supervision



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?

New Video: NZ court


Tool #2

*for efficient, well-informed
staffing meetings
and decision making*

Participant Staffing Sheet



WHAT'S THE BEST FORMAT FOR SHARING? Staffing Sheets.

TREATMENT COURT CASE STAFFING SUMMARY			
	Client: Doe, Jane	DOB: 08/31/1982	Date: 4/1/2019
	SPN/Case #: 12345678 / 12345671010	Officer: Vincent	
	Phase: 2	CSR Hours: 60/60	Sobriety Date: 9/15/2018 (last pos)
	Intake Date: 8/17/2018	Class A/B Misd.	Referral method: ACOCS- violations
	ODI/TDI Status: TDI eligible		Suspension dates: N/A
	Current Risk: Moderate	Current Needs: Moderate	
Risk/Criminogenic Need	Status/Progress/Plan *Focus on Goals for Top 3		
1. History of antisocial behavior (Criminal History)	Presenting charge: Forgery, possession, paraphernalia		
2. Antisocial personality patterns (Consider Trauma History)	No indication of anti-social personality		
3. Antisocial Cognition (Criminal Thinking)	On Step 2 of MRT		
4. Antisocial Associates	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. 1. Current Goal - focus on more peer mentor activities.		
5. Family/Marital Situation	Accomplished goal! Jane moved out of her (using) boyfriend's house last weekend and is living with her mother who is supportive of treatment		
6. School/Work Performance	Making progress on her GED 2. Current Goal: Schedule math test by 3/15/2019		
7. Living Situation	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 plan.		
8. Substance Use Disorder/Treatment progress *(ASAM: 6 dimensions of clinical assessment)	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. 3. Current Goal: Client is engaged with treatment and is currently working through plans for responding to specific triggers.		
STAGES OF CHANGE	Jane is in the action stage on the majority of her goals and appears to have internalized the desire to make changes in her life. She is struggling with the wish to spend time with old friends, although she knows they are not good for her.		
Benchmarks accomplished towards phase advancement	Jane has completed all required Phase 2 benchmarks and is filling out application for Phase 3		
Barriers to services and intervention/plan	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.		
Summary of Successes	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.		
Summary of Infractions	Client is doing very well. No issues with non-adherence.		
Recommended Court Responses	<p>Incentives: Judge acknowledgment of progress, 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.</p> <p>Other responses: 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).</p>		


- Practice tip: Use a separate page for each client.
- The old docket sheet method provides very little info— mostly what went wrong.
- **We need room for: What went RIGHT this week.**
 - Treatment progress, program compliance, testing, promotion, stage of change, etc.
 - Response history: incentives and sanctions
 - Little details (weekend plans, job promotions, a new baby) that the judge can discuss.

Recommendation

① _____

② _____

③ _____



Staffing Sheets Should Include...

- Central 8 risk factors/ criminogenic needs
- A summary of both compliant and noncompliant behavior
- A place for ALL proposed responses based on response matrix
- A complete response history (incentives, too)
- Recommended treatment-related questions/topics for the judge to ask participant

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Phase Completion Date		Drug Test/Device						
Phase 1	10/15/18	Current Device	drug patch			Date Ordered:		10/15/18
Phase 2	1/15/19	Current Device				Date Ordered:		
Phase 3		Positive UA's						
Phase 4		Dilute UA's						
Residential	NA	IOP/SOP	11/14/17	Boosters		NA	DWI Edu/RO	NA
Prior Court Reviews								
Date	Incentive	Other response/sanction						
8/17/2018	Judge welcome to program							
9/1/2018	Applause and recognition of showing up	Disapproval from judge for lateness to several appointments						
9/14/2018	Applause - good decision dollars for making all appointments							
9/30/2018	Special recognition from the judge for being on time							
10/14/2018	Recognition from team and choice of gift card for accomplishing first three goals							
10/30/2018	Judge acknowledgement of attendance at all appointments, engagement in treatment plan	Behavior chain for use						

Video: Greenlick – Well-informed judge
(honesty)



And so I think giving him a lot of support

Coaching the Judge

VTCs typically take participants based on veteran status and mix participants at different risk and need levels

Team members (particularly treatment, supervision and case managers) should coach the judge in responding to individual participant behavior

Video: Papack/Henandez - Coaching the Judge
Incentivize the little steps

IN STAFFING

Remember to focus on the positives as much or more than the negatives



- Incentives delivered correctly promote engagement and *motivate change*
- Our goal is RECOVERY, not “compliance”

“Pay attention to whether the participant is doing time or doing change”

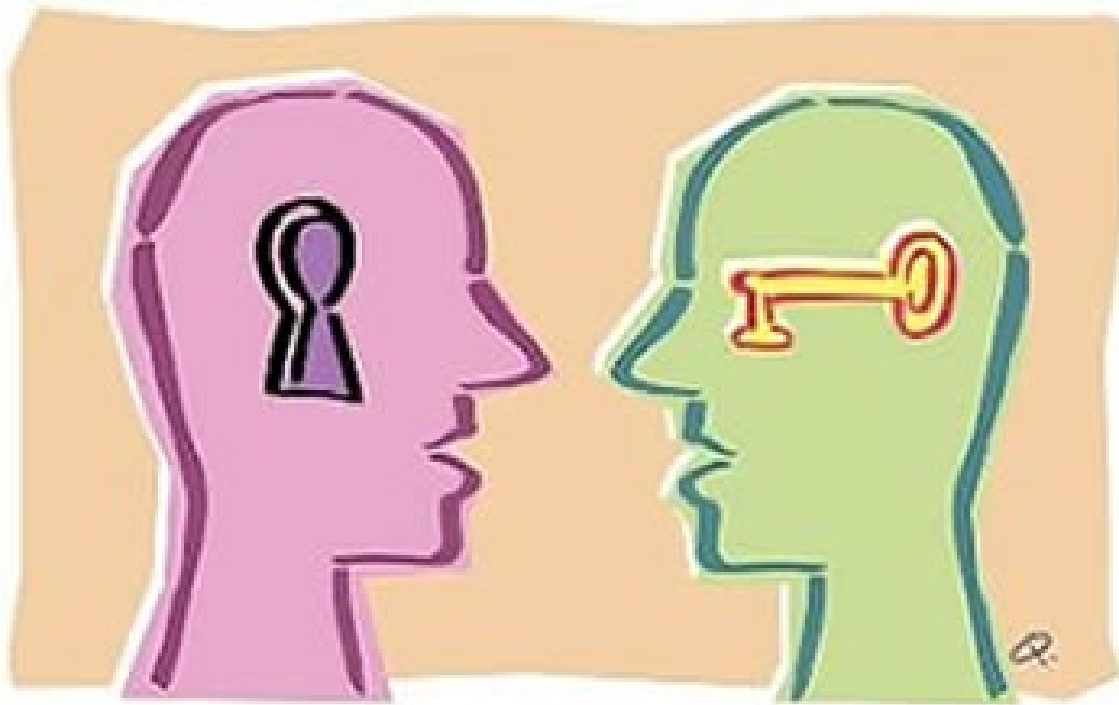
-David Mee-Lee

Video: Papack/Hernandez – Focus on Incentives
Progress not Perfection

Court



SETTING THE STAGE FOR EFFECTIVE COMMUNICATION



Establishing Trust,
Rapport and Safety



**OUR CLIENTS WILL LIE,
MANIPULATE US,
PUSH OUR BUTTONS
AND BREAK OUR HEARTS**

**Try to find something you
like about every client—
some little seed
of potential.**



Develop Rapport (Putting clients at ease increases their ability to listen to you and understand the message)

- ***“Never forget how scary you look.”***
- **Bad experiences with authority figures, esp.**
- **Judges, DA’s, Law enforcement, even Probation**
- **We have the power to send them to jail.**

Work on connection and demonstrating respect, understanding and positive regard

Video: Greenlick – First Day in Court

IT'S ALL IN THE DELIVERY

“Its not just what
we say, it's HOW
we say it.”



Judge Morris: Sarcasm

Things that shouldn't have to be said

State v. Lemke, 434 P. 3d 551 (Wash. Court of Appeals, 1st Div. 2018) **No judge wielding the power of the State in any courtroom has any good reason to call a litigant a "fucking addict" and "just a criminal."** The judge's manifestation of personal animosity toward Lemke is not something we can write off as a byproduct of the informal and confrontational culture of drug court. A "fair trial in a fair tribunal is a basic requirement of due process." *In re Murchison*, 349 U.S. 133, 136, 75 S.Ct. 623, 99 L.Ed. 942 (1955). The sentence must be reversed.

AGAIN, IT'S ALL IN THE DELIVERY

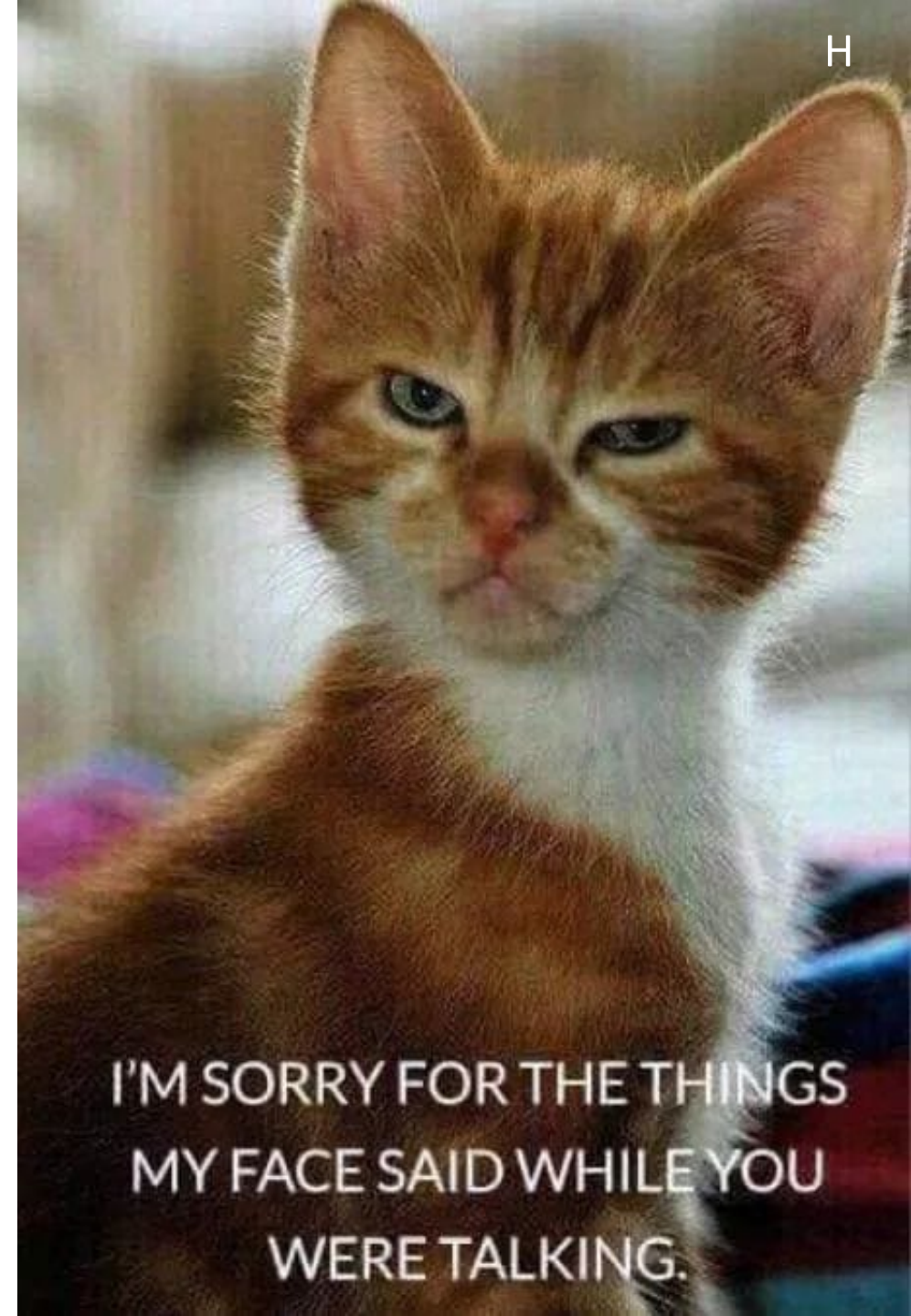
“Its not just what we say, it's HOW we say it.”



Tone Matters

Your face matters

- Control your face
- Watch for “leaking” body language
- Listen for the positive
- No “Judge Judy”
- No snarky comments
- No shaming, humiliating or attacking
- Respectful, firm, clear
- **The judge sets the tone**



Video: Kyle – Judge sets the tone

Video: Deliver Sanction with Respect and Humor

Deliver Responses With Care

- Be patient and explain
- Be consistent
 - When clients are treated differently, explain WHY
- Model respect
 - Speak respectfully, and expect respect in return
 - No blindsides
 - Listen, give opportunity to explain, even when clients are difficult

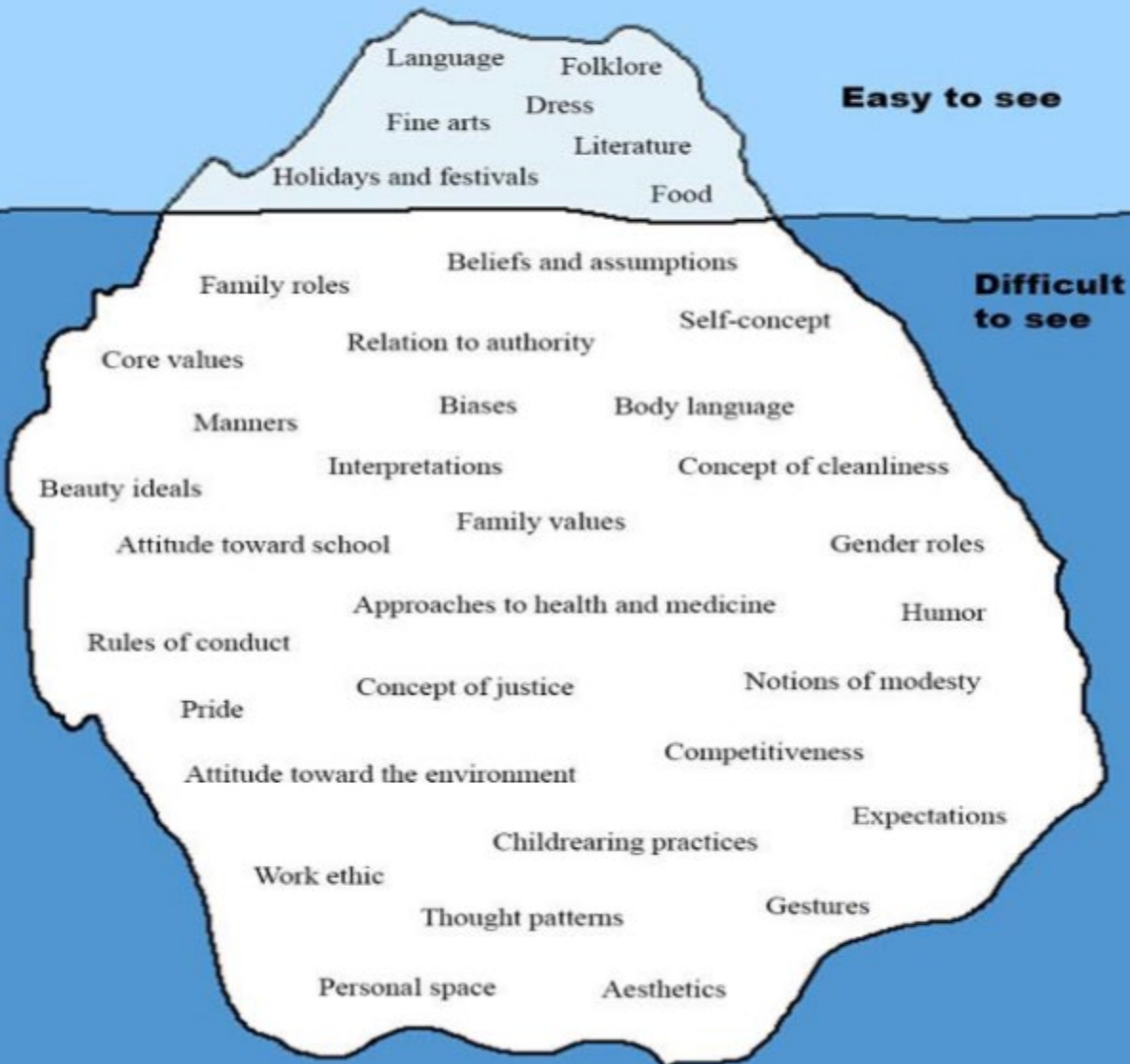


Sensitivity to Differences



- Our participants are diverse!
 - Social, economic, education
 - Ethnic, religious, cultural differences
 - Physical, medical, mental health factors, too
- People from different backgrounds may have a different frame of reference, different norms and expectations
- They may misinterpret our words / intentions.

The Cultural Iceberg



Ask questions
and
LISTEN

Understand Who You are Speaking With



- Many participants have co-occurring disorders which can make it more difficult for them to understand and follow directions.
- Addicted and traumatized brains hear, retain, and interpret differently.
- High risk/high need is a group that yearns for validation.
- What does, “You’re doing great” mean?
- We must be specific.
- They may not yet understand the value of prosocial behavior.
- Clients don’t know what “normal” is.

Rob

- Rob is in trouble yet again after many alcohol and drug violations
- Rob has a terrible attitude and resistance to treatment
- He has been defiant and disrespectful to staff and to other participants (Rob says, “This is a bunch of bullshit”)
- Deputy Jones (Sheriff) saw Rob drinking a beer at the rodeo. Rob shot him the bird and chugged it
- Team feels they have exhausted all sanctions and treatment options
- The team unanimously calls for termination

How do you feel about Rob? How many of you have had a Rob?



Let's Learn Some More About Rob

- Treatment 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, he was served with papers, where his son's mother was seeking full custody.

Does this change how you feel about Rob?





**It Gets
Worse...**

More about Rob's Week

- **After a quarrel, his son told him he was a “dope-head loser,” a “horrible father” and he wanted to live with mom.**
- **His new girlfriend gave him gonorrhea.**
- **All of this happened a week after he decided to wean himself off his anxiety meds.**
- **He's sick of probation and just wants to do his time.**
- **Rob expects termination and doesn't want to fight it.**

How do you feel about Rob now?



The importance of *knowing* our participants

One Last Detail About Rob

- Rob served in Iraq and Afghanistan
- Two tours
- No combat but worked at mortuary
- A friend was killed next to him by a sniper just before returning home

**Does this change how you respond
to Rob's behavior?**

*We only know what the client will share.
This requires positive staff/participant
relationships (Alliance, empathy, positive
regard).*



Some clients don't want to be touched. Ask treatment.

ASSUME TRAUMA

- It's not just a "female problem."
- Many do not recognize trauma.
- Many won't talk about it.

➤ **Best Practices:**

- Screen for trauma
- Gender-specific dockets
- Put all rules in writing.
 - Use sanction forms.
- Use MI techniques.



The first 60 seconds of a Panic Attack

Stop It!

You're Okay

Breathe

Hurry up and go away!

Focus

I have to do this!

You're not going to die

You're almost done

There's nothing to fear

OMG I'm going to faint!

!!!!!!

There's nothing to panic about!

Help!

Deep breath Hold.... Exhale

Relax

I HATE This!

I'm so tired of this!

Stop thinking about it

I hope nobody's looking

Why Me?

I can't breath!

S
t
o
p
!

Think happy thoughts

Relax

You can do this

You're free to leave

I have to get out of here

TRAUMA: WHAT HELPS

➤ APPROACH

- With caution, slowly
- Create a safe space
- Seat client “facing danger”

➤ COMMUNICATE

- What happens next
- Put rules in writing
- Calm, slow, clear
- Use MI techniques
- Instill hope

➤ AVOID

- Over-reacting (Don’t take outbursts personally)
- Sarcasm, shaming
- Triggering behavior, touch?

➤ RESPOND

- Patience
- Flexibility
- Positivity
- Gentle Humor



Judge Greenlick: Now it's my turn

How To Deliver Effective Responses

A Magic Formula for Learning Opportunities:

- Identify behavior to be rewarded/ punished.
- Tell person specifically **WHAT** behavior you liked/ disliked.
- Tell the person **WHY** you liked/ disliked it.
- Discuss short and long-term costs/ benefits of the behavior? (**HOW** it effects goals?)
- Pair the approval / disapproval with the **RESPONSE** (incentive / sanction).



The Script

- I really liked how you showed up on time for Tx because it shows me you are considerate and responsible; and you won't miss information that will really help you.
- Right now, how do you think being on time for treatment has or will help you?
- Can you see where it might have any long term benefits for you?*
- I'm going to give you a raffle ticket for your timely behavior.



WHY WE DO IT

This method helps clients internalize:

- “I’m not just doing this to get off probation.”
- There are more intrinsic reasons for this change: boss, spouse, teacher, etc.

We must change the internal tape from:

**“I need to be on time to treatment
so I don’t get in trouble” to:**

“I NEED TO LEARN SO I CAN GET BETTER.”

VIDEO: Judge Bloch - Airplane Mask

Sanction Script

- It was not appropriate that you fell asleep in treatment because it's disrespectful and you missed important information that could help you succeed.
- Right now, how do you think falling asleep in treatment has or could hurt you?
- Can you see where continuing the behavior might cause any problems for you down the road?
- Let's discuss what you could've done instead, and how that would've looked (thoughts/ behavior).
- I'm going to give you a 8:00 p.m. curfew for 5 days. I recommend an early bedtime so this doesn't happen again.”

VIDEO: Greenlick - Kratom Defense

DELIVERING SANCTIONS



- **First**, listen to client's side of the story.
- Explain **WHY** the sanction was chosen.
- Explain why this sanction is **FAIR**.
- Client will often be distracted and upset.
- Use **“Sanctions Form”** to record the specific reasons for sanction.
- Give client a copy.
- **Don't rush through it!**
- Legal Reasons as well/Due process

End on a Positive Note

- Ending on a negative does NOT motivate change – it stifles change
- Positive messages motivate change
- Show the client that you see the “big picture.”
- She’s a good person who made a mistake. Don’t let mistakes define the individual
- Highlight their efforts, progress– despite current setbacks.
- Talk about what she did right this week.
- Demonstrate progress HAS been made:
 - Ask, “How would you have reacted to this 6 months ago?”



A Word About Fairness

- Behavior Modification Principle: Humans Need /Expect Fairness
- **Commitment** increases when the process is perceived as fair.
 - If not, clients disengage.
- Young clients and those with MH issues require special attention
- Take the time to listen
- Take the time to explain



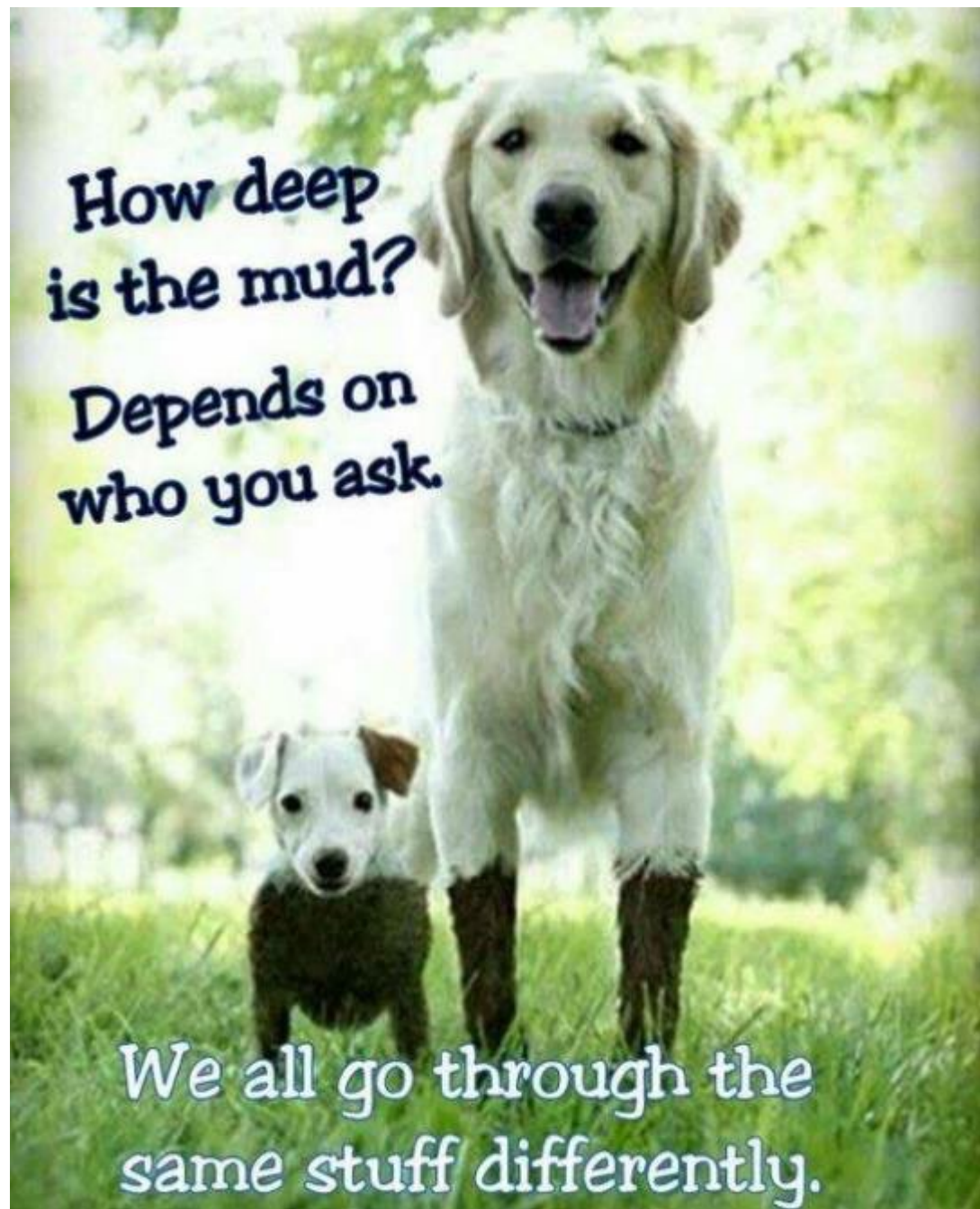
Fair doesn't mean the same.



Equality



Justice



Fair Isn't

everyone getting
the same thing.

Fair Is

everyone getting
what they need in order
to be

Successful!

Things to Talk About

Excellent resource: NADCP Judicial Bench Card

<https://www.ndci.org/wp-content/uploads/2019/02/Judicial-Bench-Card.pdf>

TRAUMA

RELAPSE

M.I. TIPS

Judicial Bench Card

General Questions

- 1 What types of things did you do or can you do to help maintain sobriety?
- 2 What reconnections or new activities have you built into your life?
- 3 What are some of the community supports you can access?
- 4 What challenges did you face, and how did you handle them?

Other Questions

**FINAL
PHASE**

C.B.T

Capitalizing on Hope at Court Review

- Seeing is believing: New clients need to see it all
- Take incentives first— unless a “teachable moment.”
- Utilize mentors or your alumni group (Peer Support)
- Generously use incentives until “natural” reinforcers kick in.
- **If we do our job correctly, natural reinforcers will kick in and our clients will WANT recovery**

Sober Sisters



*AA is not always a good fit for
women*

VIDEO: Judge Greenlick - Mindfulness

Questions?



Handouts

(available on conference website for this session)

- Behavior modification Matrix
- Staffing Sheet
- Incentives (how-to with examples)
- Participant data sheet
- Participant news form
- Bench Card – Script
- Due Process – Waiver Script



Questions, Training, TA?

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