

When Incentives and Sanctions Don't Work

Responding to Addiction Driven Non-Compliance

Presented by: Shane Wolf, Director of e-Learning

© All Rise, February 2025.

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

Disclosure

 This project was supported by Grant Number DCT9924C0001-00, which was awarded by the Office of National Drug Control Policy (ONDCP) of the Executive Office of the President. Points of view or opinions in this document are those of the author and do not necessarily represent the official position of the Executive Office of the President.



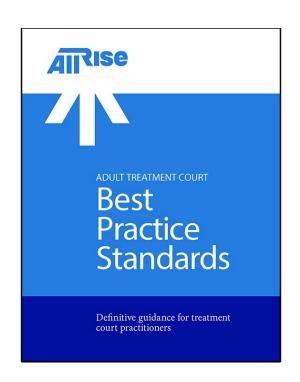




- Gain an understanding of proximal, distal, and managed goals for the high-risk/high-need population.
- Learn different responses to behavior with incentives, service adjustments, and sanctions.
- Explore reasons why behavior may not change and ways to address it.

Adult Treatment Court Best Practice Standards

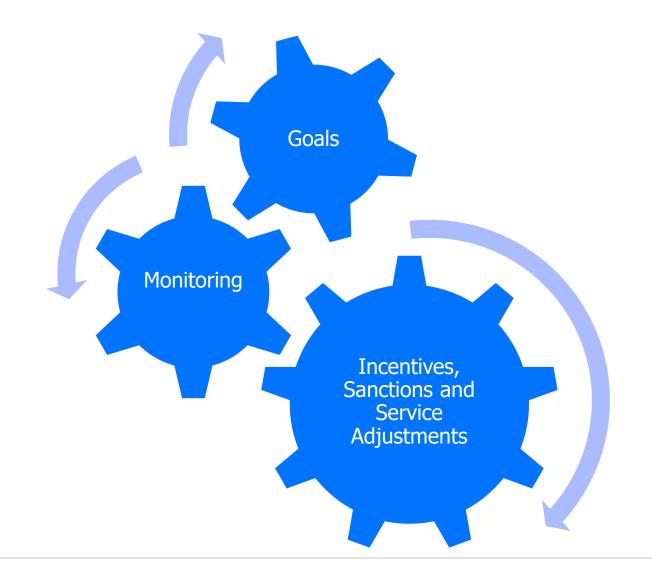




- Standard Incentives, Sanctions and Service Adjustments (ISSA)
- Standard Substance Use, Mental Health, and Trauma Treatment and Recovery Management
- Standard Complementary Services and Recovery Capital
- AllRise.org

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 - Target Population

Is your expectation too high?

Realistic Goals

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

Goals and Phases

Phase expectations should be based on realistic goals. Not too much in the beginning and demonstration of recovery capital in later phases.

- Acute Stabilization and Orientation
- Psychosocial Stabilization
- Prosocial Habilitation
- Life Skills
- Recovery Management

What do you have in your toolbox?

Incentives, Sanctions, and Service Adjustments

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

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 <u>want</u> incentives, and they do <u>not</u> <u>want</u> sanctions, but they <u>need</u> service adjustments.

• Infractions of distal goals receive service adjustments until the participant has developed the skills and resources needed to accomplish these goals. (the goals become proximal)



Take note



- Supervision Adjustments are reduced only once the participant has <u>psychosocial stability.</u>
- Treatment Adjustments- Only made by clinically trained treatment court team members actively working with the participant
- If a participant is attending treatment but is not improving, then the treatment should be adjusted to better serve the person's needs and preferences.





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.



Adjusting Treatment and Service Options



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



AllRise.org

Responses to Benavior

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.





Distal Goal Infractions

- Response with a service adjustment, not a sanction.
- Managed Goal Infractions
- Remember not perfectly, 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.



Ment Doesn't Work



5 Reasons Why Response Strategies Don't Work

- 1. Not enough time
- 2. Program deficiencies
- 3. Severity of disorders
- 4. Insufficient recovery capital
- 5. Ineffective or poorly executed strategy

Incentives are Ineffective When...

- 1. When not experienced as rewarding by the participant
- 2. When participant is <u>unable</u> to perform desired behavior
- When not used to acknowledge incremental progress—baby steps
- 4. When not reliably and closely associated with the behavior
- 5. When programs fail to leverage the power of intangible rewards, including the opportunity for reward



Sanctions are Ineffective When...

- 1. When injurious, shaming, or unfair
- 2. When not associated with the behavior (lack of immediacy, intervening behaviors)
- 3. When misbehavior is not reliably detected and quickly addressed (lack of certainty)
- 4. When participant has "little or nothing to lose" (*maximize incentives and therapeutic responses*)
- 5. When used in the absence of incentives



Sanctions are Ineffective When...

When any of the following develops:

- Learned helplessness
- Ratio burden
- Ceiling Effect
- Not being taught what to do
- "Goldilocks effect"



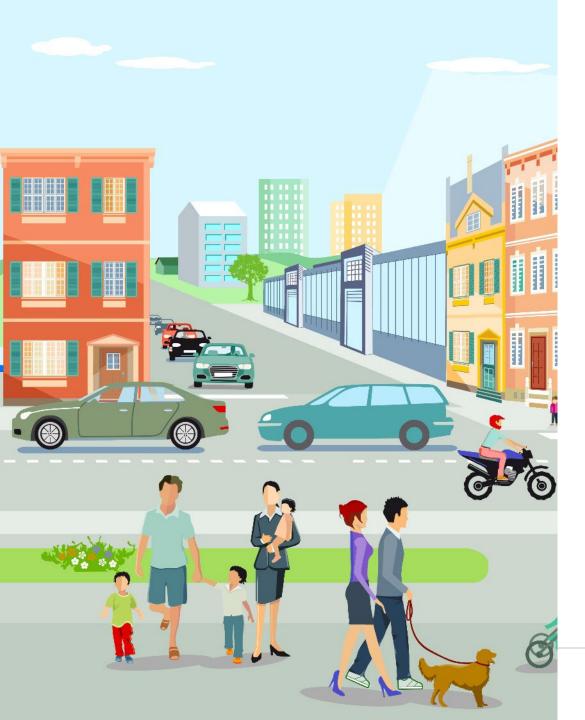
When it Doesn't Work

- 1) Be patient
- 2) Detect & correct program deficiencies
- 3) Rely more heavily on incentives
- 4) Choose the right sanction at the right intensity
- 5) Revaluate how you are using jail
- 6) Adjust treatment
- 7) Increase recovery capital



The necessary ingredient for success

Recovery Capita



Recovery Capital

 The breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from SUD.

 The sum total of a person's resources that can be brought to bear on the initiation and maintenance of recovery.

Recovery Capacity

Recovery Capital





A Recovery "Pantry"

- Lots of Resources (options)
- Ability to handle different situations
- Can deal with an emergency



Depleted Recovery Capital

Obstacle to recovery is not insufficient pain or punishment, but the absence of hope, connectedness, and potential for fulfillment.

The catalytic turning point for those with depleted recovery capital is more likely to be seeing an achievable top, not hitting bottom.





Ask the Expert

https://allrise.org/trainings/ask-the-expert/



Scheduled times with experts on various key topics

Submit a Question

Submit a question to the All Rise team

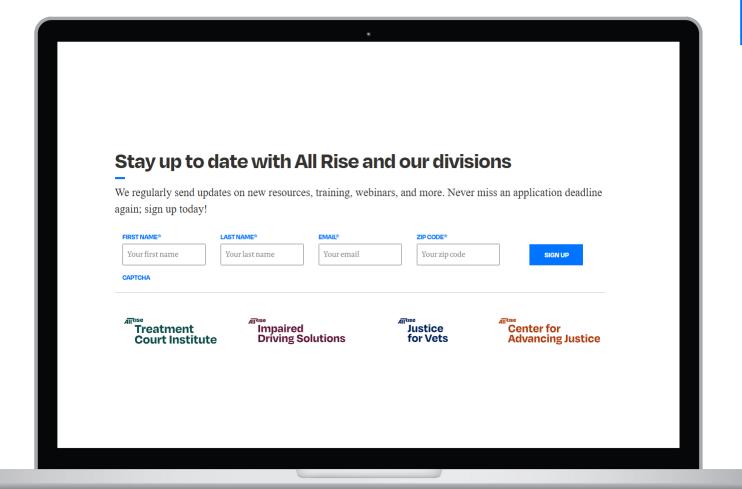
Schedule a Consultation

Schedule a consultation with the All Rise team



All Rise Email Blast

Scroll to the bottom of AllRise.org to sign up!





Evaluations



- 1. On your compatible phone or tablet, open the built-in camera app.
- 2. Point the camera at the QR code.
- 3. Tap the banner that appears on your phone or tablet.
- 4. Follow the instructions on the screen to complete the evaluation.
- 5. After completion, you will be provided with a certificate that can be saved and printed.



Thank You

Shane Wolf

Director of e-learning

swolf@allrise.org