

Tools that motivate change

Why is Change So Hard?

- It requires motivation, a certain skillset, considerable time, self-control, tolerance for discomfort, and ongoing effort
- Setbacks are inevitable and discouraging
- Humans are NOT hard-wired for change



- No matter what internal motivation they may (or may not) have, many of our folks do not have the current resources and skill set to be successful.
- Motivation is rare, fleeting and not relevant in the beginning.

WELCO

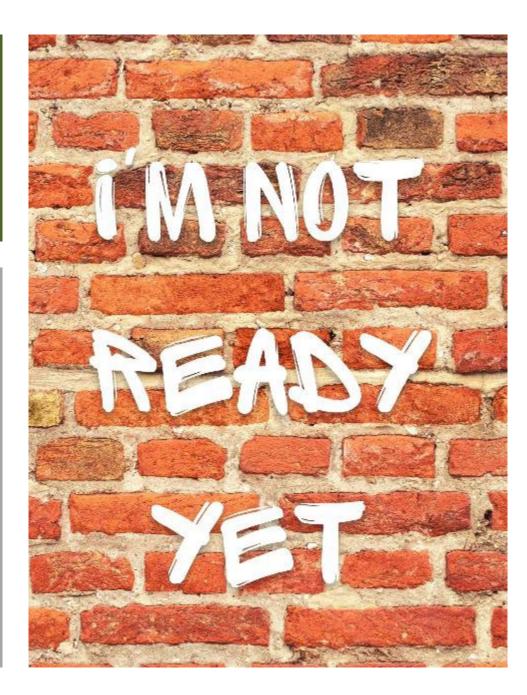
REALTY

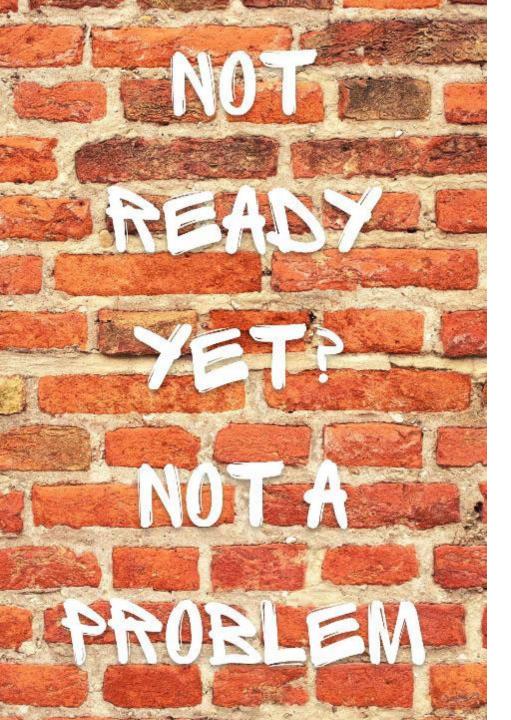
- How do we promote Engagement from the beginning?
- How to we encourage repetition of positive behavior and discourage negative behavior?
- How do we provide HELP, support and instill HOPE?

Common Initial Attitudes/Behaviors

- Denial, defiant
- Lying
- Suspicious
- Manipulative
- Antisocial
- Not motivated
- Positive drug tests

- Minimal effort
- Withdrawn
- Low selfesteem / no confidence
- Poor attitude
 - Easily overwhelmed





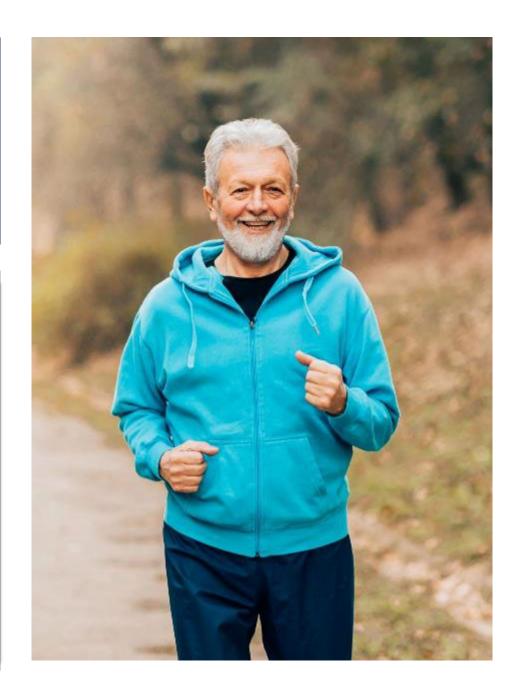
It's Okay if They Aren't Ready Yet

- We excel at getting them there!
- How do do that?
 - Staff/client relationship!
 - Staff engagement, MI
 - Identifying and addressing barriers to success (responsivity)
 - Instilling HOPE
 - Correct use of our tools <u>works</u>: incentives, sanctions, monitoring responses, and therapeutic teaching responses.

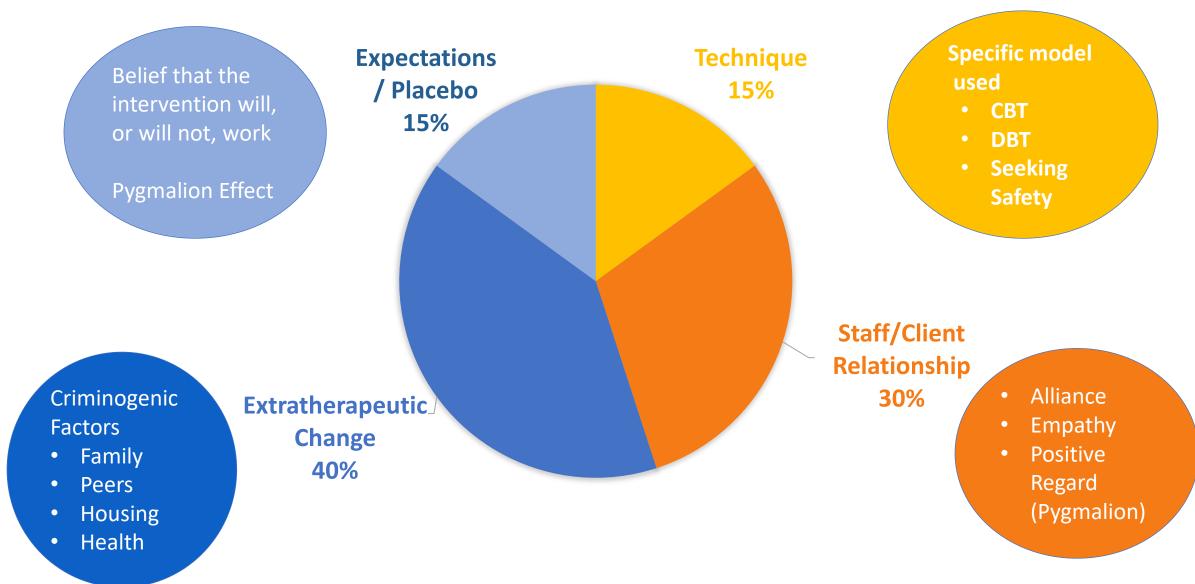
Our Goal Attitudes/Behaviors

- Honest, open
- Prosocial
- Responsible
- Changed to positive people, places, things
- Motivated

- High selfesteem / confidence
- HealthyCapable
- Support network



What leads to behavior change?



STAFF CLIENT RELATIONSHIP – 30% OF BEHAVIOR CHANGE

We are neurologically wired for connection

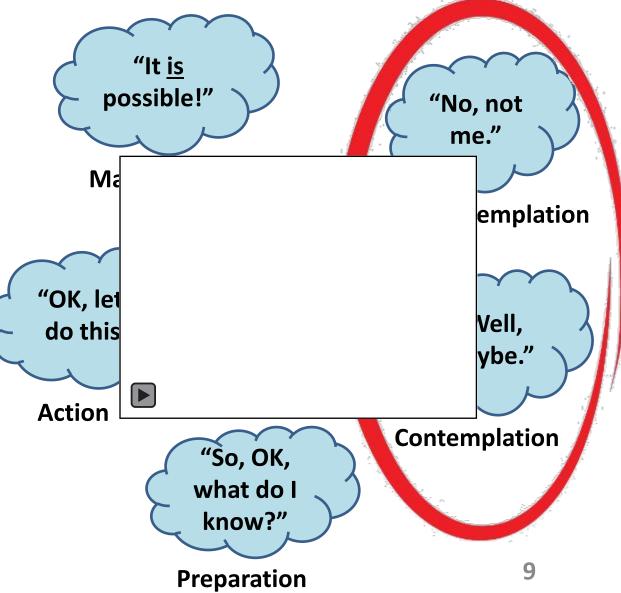
In brain imaging studies, **Perceived Social Isolation** was associated with changes in connectivity between and within different portions of the brain associated with:

- Diminished executive function
- Decreased ability to sustain attention, which impacts working memory, executive control, and maintaining task sets
- Hypervigilance to social threat and diminished impulse control



How We Motivate the Unmotivated

- Incentives & sanctions increase motivation, promote engagement
- Teaching responses teach new skills & behaviors
- Supervision allows us to detect and respond to behavior EFFECTIVELY
- Goal: "What do we want the them to LEARN?"



OPPORTUNITY AHEAD

 Our responses, applied correctly, help clients understand there are intrinsic reasons for engaging in positive behavior beyond avoiding punishment

HOW continuing/stopping that behavior

- Why Focus on Learning?
- We're modeling citizenship & creating opportunities for personal growth
- Our focus on learning helps them see how positive changes help THEM
- To create a learning opportunity, we must always be quite specific:
 - WHAT we liked/disliked and WHY

affects THEIR goals

BASIC PRINCIPLES OF REINFORCEMENT & PUNISHMENT

INCENTIVES

Positive *reinforcement*:

Give them stuff they like

Negative *reinforcement*:

• Take away stuff they don't like

SANCTIONS

Punishment:

Apply stuff they don't like

Response Cost:

• Take away stuff they like



OUR OTHER RESPONSES (Service Adjustments)



TEACHING RESPONSES

- Based on assessment and observation
 If they are struggling:
- They may need reassessment, more contacts, and DIFFERENT services or approaches to TEACH new behaviors
- They may need referrals to SUD or MH treatment

• HELP, <u>not punishment</u>!

When they **stabilize** we reduce:

- Because they're getting better now
- They are gaining independence in using the tools we have provided and using their recovery capital

MONITORING

Based on assessment and observation

If they are **struggling**:

- They may need MORE contacts, and DIFFERENT testing approaches (responsivity and accountability)
- You may need more *information* about what is going on with them
- SUPPORT and accountability, <u>not</u> <u>punishment</u>!

When they **stabilize** we reduce because they:

- Don't need as much of our time and attention anymore
- Need the opportunity to gain independence and start holding themselves accountable

Our Tools That Motivate Behavior Change – and Work!

<u>TEACHING RESPONSES</u> addresses underlying causes, treat behavior due to disorders, teach new skills

+

INCENTIVES

increase engagement, reinforce prosocial behavior and development of new skills

SANCTIONS stop undesired behavior

MONITORING ADJUSTMENTS

Provides crucial information

about client behavior and

progress, includes supervision

and case management, and

accountability

We use these tools in unison!

Using the Tools

- This week Jimmy missed a UA and lied, saying he was at the ER with his wife. He wasn't.
- He was ordered to test immediately. Subsequent test was positive for alcohol & THC
- But Jimmy went to Sober Bowling night, a community event suggested by his PO, and had a great time.

How do we respond?

- ✓ Teaching response
- ✓ Supervision adjustment
- ✓ Sanction
- □ Incentive?



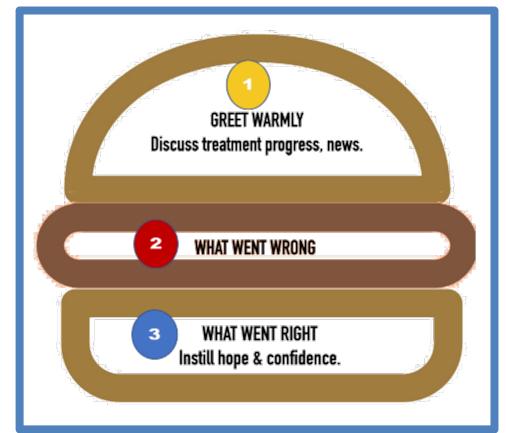
WWYD: Should Jimmy receive both an incentive <u>and</u> a sanction this week?

- 1. No, that would dilute the effect of the sanction and send a very confusing message to Jimmy.
- 2. Yes, we should reward positive behaviors even if there were also problems that week.



Receiving Both an Incentive <u>and</u> a Sanction? Yes!

- We never miss an opportunity to reinforce positive behavior – even if other things went wrong.
- We will carefully explain WHAT behaviors we are responding to.
 – Specifically, WHAT, WHY & HOW
- What do we want Jimmy to learn? Is our response the best way to teach it?



We avoid confusion by being SPECIFIC and helping clients see how change helps THEM achieve THEIR goals!

Tools For Behavior Change

TREATMENT RESPONSES address underlying causes, treat behavior due to disease, teach new skills

MONITORING ADJUSTMENTS

Provides crucial information about client behavior and progress, includes supervision and case management, and accountability

INCENTIVES

increase engagement, reinforce prosocial behavior and development of new skills

SANCTIONS stop undesired behavior

Teaching Responses

Teaching Responses are not "therapy"– that's for a licensed clinician! They're designed to help participants understand the <u>need</u> to change, <u>how</u> to change, and to <u>learn</u> new behaviors. (This may include referral to treatment)

They:

- ✓ <u>Respond</u> to behaviors due to disorders
- ✓ <u>Teach</u> new skills
- ✓ <u>Develop</u> understanding
- They are all about HELP & SUPPORT & should be our FIRST consideration!
- When clients struggle, we respond to their needs that's <u>not</u> a sanction.



Teaching Responses

- Staff explaining/confirming need for various SUD or MH treatment services
- Cognitive Social Skills training and practice
- Cognitive Problem Solving Assignments
- Change Talk
- Thinking report/essay
- Apology Letter/Accountability Statement
- Homework/ skills practice/ role-playing
- Volunteering (service in community) participant choice
- Cognitive exercises (behavior chain, cost/benefit analysis)



Behavior Chain

SITUATION A friend I hadn't seen in a long time showed up at my house. We started talking and goofing around. One thing led to another and we ended up going to his place. **Other friends** showed up at his place. I planned not to use, but I drank a beer and we ended up smoking weed in his basement.

Name: THOUGHTS I missed hanging out with him. planned to just drink a soda, but I didn't want my friend to think I was an asshole. I've been good for so long, I thought I deserved a break. I didn't think I would get caught because I'd just been called in to test that day.

Date:

FEELINGS At first, I felt like, "I got this." Then, I felt pressured, embarrassed, a little pissed and trapped. It was a bad idea but there was no way out of the situation now. so I just went with it. I thought, "Why not?"

ACTIONS I could've suggested we do something that didn't involve using or made up a story why I couldn't go out. Or I should have just told him I am in recovery. CONSEQUENCES

It was good to be with my friend again and feeling "normal" again. I could relax. It was cool to hang with our other friends. It was fun to be at his place.

I had over 90 days without using. I haven't been clean that long since I was a little kid. I blew it. Now I'm getting a sanction and I have to start over

-- - - - -

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TEACHING RESPONSES addresses underlying causes, treat behavior due to disease, teach new skills

MONITORING ADJUSTMENTS

Provides crucial information about client behavior and progress, includes supervision and case management, and accountability

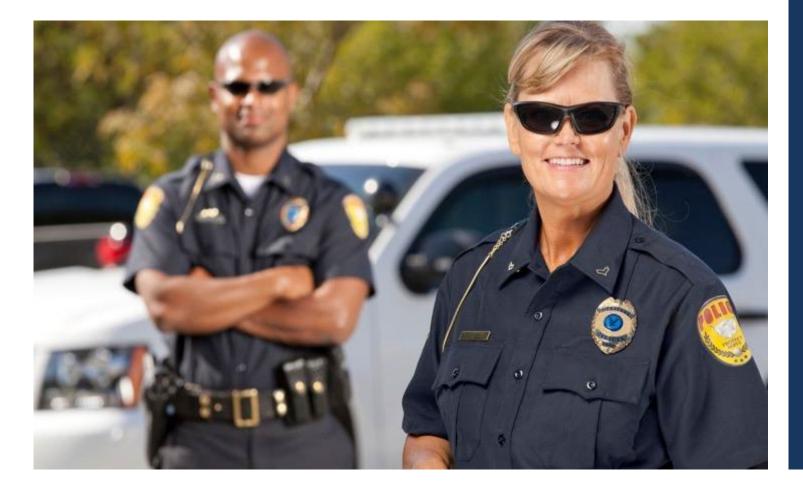
INCENTIVES

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SANCTIONS stop undesired behavior

How do you know how to respond to behavior if you don't know what behavior they're engaged in?

SUPERVISION ADJUSTMENTS



Supervision = <u>Support</u>

- Drug testing, contacts, field services, case management
- Not "Gotcha"
- Not just noticing when clients are struggling; but also noticing when they're SUCCEEDING and rewarding them
- Observation changes behavior (accountability) and motivates use of new skills



Reminder:

Reliable Detection (of Both Positive and Negative Behaviors)

- Allows us to respond IMMEDIATELY and APPROPRIATELY
- Motivates participants to use new skills
- Helps team gauge if treatment plan is working
- Consistency and Immediacy (<u>NOT</u> <u>severity!</u>) motivates change.

You are an Agent of Hope and Change

- Research shows a positive staff/ client relationship is crucial for engagement, instilling hope and supporting change
- We are role models. We model respect and we expect respect in return
- We provide specific feedback that promotes understanding of the need to change and how to do it!
- We model the change we are seeking and practice those skills with our clients
- We demonstrate positive regard and help probationers engage in their own change process
- We are HOPE Dealers!



SUPERVISION ADJUSTMENTS

Enhancements

- Re-assessment of criminogenic needs
- Increased contacts, home visits
- More/ different testing
- Technology
- Referrals to treatment and other services
- Curfew, GPS
- \circ Travel restrictions

Not sanctions! Help.

Reductions

- Fewer contacts
- \circ Fewer field visits
- Reductions or removal of curfew
- Decreased drug testing

Not incentives! Progress.

IMPORTANT: You don't want clients to consider spending time with you as a punishment. Remember the importance of your relationship for engagement and HOPE!



Monitoring = Support and Accountability

- You step in when your client is engaged in something risky, is learning a new skill, is trying something difficult or is struggling
- You step back when your client has mastered that skill so they can learn selfregulation, selfaccountability and independence



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Decrease or STOP a behavior (short term)

<u>Punishment</u> - only works if perceived as unpleasant and the consequence is associated with the specific behavior you want to stop – Be Specific!

Note: Clients with mental health disorders can be extremely sensitive and any criticism can be excruciating

Use twice the incentives and half the sanctions and go easy

Sanctions

- Judge/Team member disapproval
- Unpleasant community service (your choice, not theirs)
- Curfews
- House confinement
- Electronic monitoring
- Travel Restrictions
- Removal of privileges

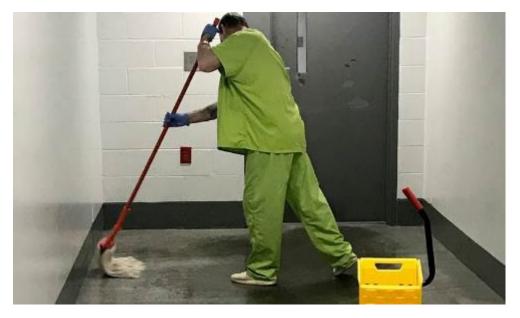


Sanctions should be Unpleasant, Not Harmful

Unpleasant community service

- Day at the dump, recycling center, park/waterway clean-up
- ✓ Cleaning the jail/detention, probation lobby
- ✓ Highway clean-up





About Jail/Detention

Jail should <u>rarely</u> be used

Only when client has engaged in:

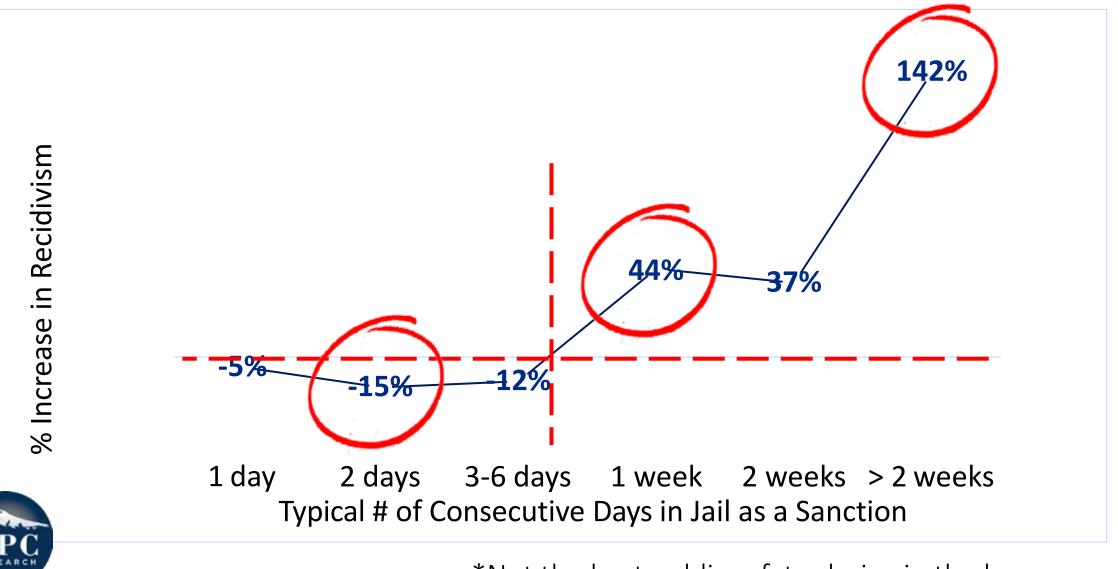
- ILLEGAL behavior
- Behavior that endangers others
- Behavior that compromises the effectiveness of the treatment court program (drug testing fraud, selling drugs to other probationers, damaging monitoring devices, etc.)



Why Not Jail?

- Doesn't change behavior Our clients are often habituated to punishment
- Doesn't teach the right messages
 - ✓ Jail disrupts obligations/prosocial behavior (treatment, employment, family)
 - ✓ Jail is filled with antisocial people, behaviors, ideas
 - ✓ Jail is not drug-free
 - ✓ Jail reinforces negative self-image (e.g., once a criminal always a criminal)
 - ✓ Jail creates learned helplessness ("I knew I couldn't do it")

Treatment Courts that typically user jail longer than 6 days have higher recidivism



*Not the best public safety choice in the long run



Focus on Fairness

- Sanctions are often misused and overused.
- EBP: Use the <u>least onerous</u> sanction needed to effect behavior change.
- Too excessive punishment can cause:
 - Fear, Anger Helplessness
 - Resistance Disengagement



Use graduated sanctions, appropriate for the magnitude of the behavior and current skillset of participant (proximal/distal).

Last Word About Sanctions

- If we're only talking about how to <u>punish</u> the participant, we missed an opportunity.
- Always ask, "WHY did this happen?"
 - Is desired behavior proximal v. distal?
 - Disease-related behavior?
- Is client getting the support they need in developing the needed skills?
- What GOOD things is client doing?
 - Recognize baby steps and give incentives!
- What do we want the client to LEARN?
 - Is a sanction the best way to teach this lesson?
- Are we instilling HOPE and positivity?



Tools For Behavior Change

<u>TEACHING RESPONSES</u> address underlying causes, treat behavior due to disorders, teach new skills

SUPERVISION ADJUSTMENTS

Provides crucial information about client behavior and progress, includes supervision and case management, holds clients accountable

INCENTIVES increase engagement, reinforce prosocial behavior and development of new skills

SANCTIONS stop undesired behavior



Incentives

Increase/ teach/ reinforce desired behaviors

- Feel good, are validating, build confidence
- Potential for LONG-lasting effects
- Model positive behavior (what you want them to do in place of the negative behaviors)
- Promote engagement & increase motivation



<u>What</u> Do We Reinforce?

Achieving <u>Desired</u> Behaviors:

- Showing up*
- Timeliness*
- Honesty*
- Neg UAs/ Blows*
- Complete classes (CBT, etc.)
- Treatment Progress
- Sobriety Milestones
- Helping Others (Clients, Community)
- Recovery Support Achievements
- Prosocial Achievements (job, GED, volunteer work)



What if we have no budget for incentives?

- You don't need gift cards! Some of the most powerful incentives 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 supervision & teaching responses and will help clients long after probation ends.
- Our consistent responses keep clients engaged until natural reinforcers kick in.

INCENTIVES: REWARDING BEHAVIOR

- Praise, cards, texts
- Certificates
- Tokens
- Gift cards
- Small items
- Fishbowl/wheel
- Travel allowance







You've got it made in the shade!! Subtract 8 HOURS of community service.

\$20 DISCOUNT on SUP FEES!

- Reduced community service
- \circ Fees waived, reduced
- Virtual reporting

Praise & Approval

- Never underestimate the redemptive value of the relationship
- Praise is free, easy to administer, unlimited in supply and powerful
- Can be used immediately
- Must be SPECIFIC





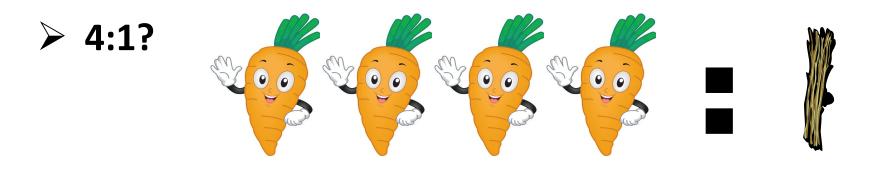




Lots of Ways to Convey Approval!

- Judge and team member praise
- Follow-up emails, texts, FaceTime
- Video clip messages to keep
- Handmade cards/ notes
- Letter home to loved one*
- Written commendation for the file

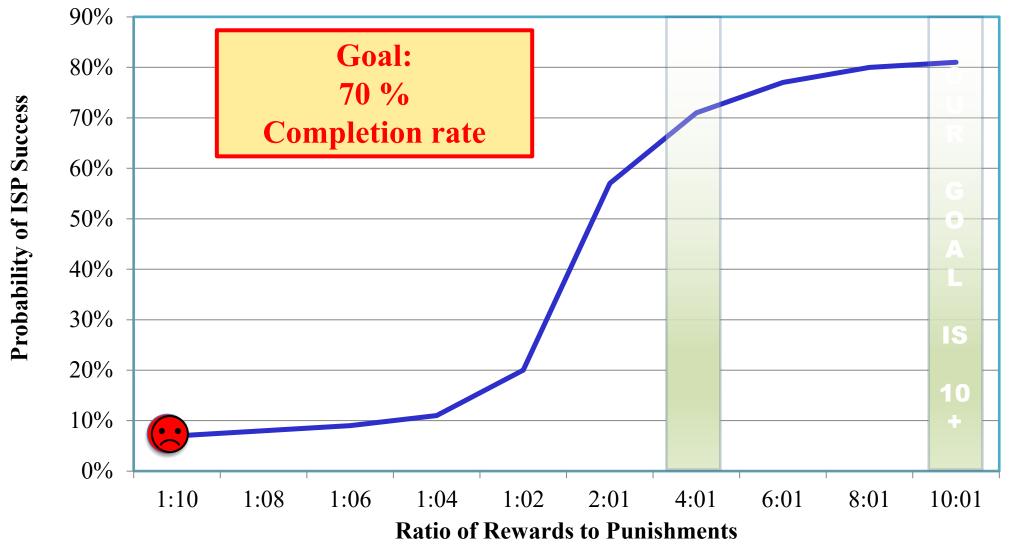
Incentives Should Far Outnumber Sanctions!



> 10:1 is better.



Ratio of Rewards to Punishments and Probability of Success on Intensive Supervision



Wodahl, E. J., Garland, B. Culhane, S. E., and McCarty, W.P. (2011). Utilizing Behavioral Interventions to Improve Supervision Outcomes in Community-Based Corrections. Criminal Justice and Behavior, 38 (4).

Essential Elements of an Effective Incentive

Must be delivered ASAP

Must be specific/ associated with the behavior (WHAT, WHY, HOW)

Must be valued by the client

Must be EARNED

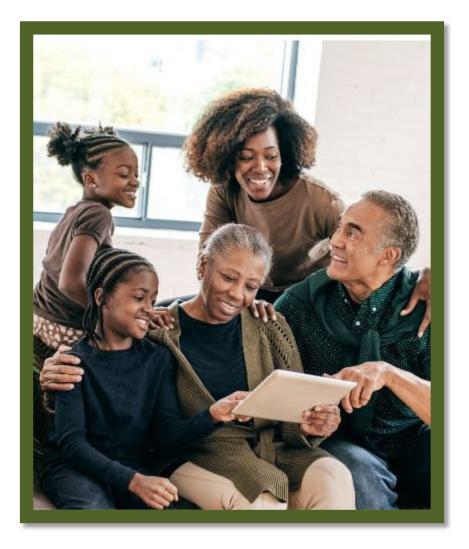
Incentives can have negative consequences if perceived as undeserved.

- Entitlement
- Complacency
- Undermines value of DESERVED praise
- Sends a message they are not being monitored closely or competently



Other Considerations

- Provision of basic needs is <u>not</u> an incentive (food, clothing, housing, bus passes) – this is support they need to engage in services and change behavior
- For youth: Identify allies in the family. Show them how to deliver incentives at home, too. (Praise from family, privileges)
- For those with mental health barriers, brain injuries: Take extra time & focus on learning



Finding the Right Incentive

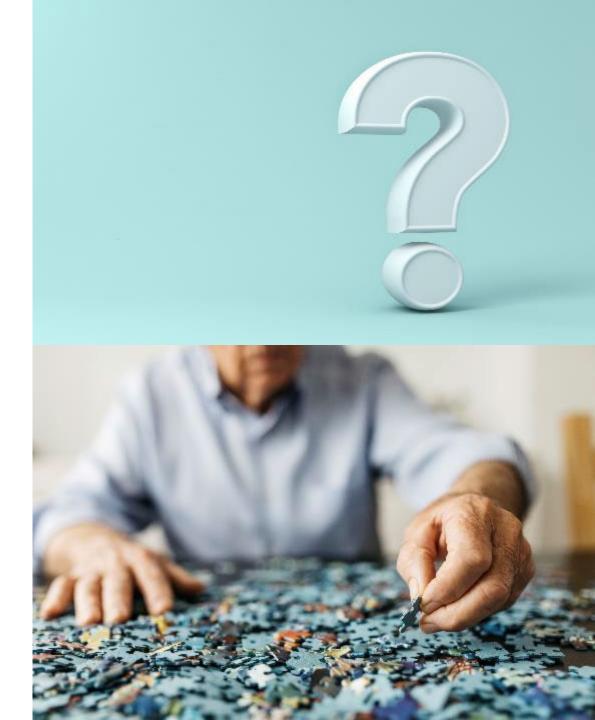


- An essential element of an effective response is that the response must be meaningful to the client
- Incentives only work if the client LIKES the reward
- How do we know what they like? ASK THEM!
- Even better, let them CHOOSE!
- Remember small rewards delivered correctly (WHAT, WHY, HOW) can have deep significance to the client

How do we

decide on the

best response?



First - 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?

Best Practice: Determine responses using a Decision Matrix

- **<u>3 STEPS</u> to help you decide how to respond**
- 1. Identify the behavior
- 2. Determine magnitude of response
- 3. Select the responses
 - a) Therapeutic (teaching) response
 - **b)** Monitoring response
 - c) Incentives and Sanctions (if appropriate)



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

Step 1. Identify the Behavior

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

Step 2. Determine the Response Level

		Proximal (Expect Sooner)	Moderate	Distal (Expect later)
Distal	Phase 1	Small	Medium	Large
	Phase 2	Small	Medium	Large
	Phase 3		Small	Large
L L	Phase 4		Small	Large
Prox	Phase 5		Small	Medium

Step 3. Choose the Responses (Paired with Judicial Approval/Verbal Praise) 3a. Therapeutic/Teaching Response

	3a. Ir	ng Response		
	Phase 1	Phase 2	Phase 3	Phases 4 and 5
Single Event	 Behavior Chain Cost/Benefit Analysis 	 Behavior Chain Cost/Benefit Analysis 	Behavior Chain	Behavior Chain
Continued Progress		 Discuss Change in LOC 	 Aftercare Fqcy Discuss Re- evaluating MAT/Medications 	 Aftercare Fqcy Discuss Re- evaluating MAT/Medications

3b. Supervision Responses

Phase 1	Phase 2	Phase 3	Phases 4 and 5	
Change in Curfew Status	Reduced Contacts Reduction in Home Visits	Reduced Contacts Reduce Home Visits Reduce in External Monitoring Devices	Reduced Contacts Decreased Drug Testing	

3c. Incentive Response

	Medium	Large
 Judicial approval (always) 	Any small and/or:	Any small, medium or:
Fish Bowl	 Choice of Gift Certificate 	 Framed Certificate
Decision Dollars	 Supervisor Praise 	 Travel Pass
Example for other participants in	Written Praise	 Larger Gift Certificate
court	 Positive Peer Board 	 Position as Mentor to New
 Handshake 	Certificate	Participants
Candy	 Reduction in CS hours 	
On the A Team	 Reduction in program fees 	
	 Judicial approval (always) Fish Bowl Decision Dollars Example for other participants in court Handshake Candy 	Judicial approval (always) Fish Bowl Decision Dollars Example for other participants in court Handshake Candy Any small and/or: Conditional Conditerational Condition

Sanction Matrix: "What do we want the participant to learn from this?"

Step 1. Identify the Behavior

Low (Less Immediate)	Moderate	High (More Immediate)	Very High
 Late for Scheduled Event Missed payment 	Missed UA Failure to Complete Assignments	Unexcused Absence tx Alcohol Use Drug Use Tamper with UA or device/dilute Dishonesty	Criminal behavior (new crimes, drinking and driving) Arrest

Step 2. Determine the Response Level

		Low	Moderate	High	Very High
Distal	Phase 1	Level 1	Level 2	Level 2	Level 4
	Phase 2	Level 1	Level 2	Level 3	Level 4
	Phase 3	Level 2	Level 3	Level 4	Level 5
	Phase 4	Level 3	Level 4	Level 5	Level 5
Prox	Phase 5	Level 3	Level 4	Level 5	Level 5

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

3a. Therapeutic/Teaching Responses

Level 1	Level 2	Level 3	Level 4	Level 5
Behavior Chain Cost/Benefit Analysis Skill Development Homework/Practice Homework chats	Level 1 plus: • Discuss LOC Review • Thinking Report • Doing things for others (homeless kits, letters to nursing home	Level 1, 2, plus: • Discuss Referral Medication Eval • Treatment Team Review/Round Table	 Discus 	2, 3, plus: ¹⁸ sessment

3b. Supervision Responses

Level 1	Level 2	Level 3	Level 4	Level 5
 ≤ 1 additional report days/week Homework chats 	 ≤ 2 additional report days/week Home Visit Curlew (FTC) Increased supervision at child visits 	 ≤ 3 additional report days/week Continuous Testing GPS/Electronic Monitoring Home Visit Increase trequency UA Test Additional Court Report Case Conference 	 ≤ 4 addition days/week Electronic M Device Case Confe Curfew 	Aonitor

3c. Sanction/Punishment Responses (Judicial Disapproval)

	Level 1	Level 2		Level 4	Level 5
Community Service	≤4 hrs	≤8 hrs	≤ 16 hrs	≤ 24 hrs	≤ 32 hrs
Curfew	≤ 3 days	≤ 5 days	≤ 7 days	≤ 10 days	≤ 14 days
House Arrest	≤ 24 hrs	≤ 72 hrs	≤ 5 days	≤7 days	≤ 14 days
Jail			≤ 24 hours	≤ 3 days	≤ 5 days
Other				Review Placement	Termination

*NPC Research: Contact Shannon Carey (careyift noresearch.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.

WWYD: Jimmy

- Jimmy is in Phase 1.
- He missed a UA and lied, saying he was at the ER with his kid. He wasn't.
- Subsequent test was negative.
- Jimmy went bowling with the peer mentors this week and had a great time.





Inappropriate Behavior

Sanction Matrix: "What do we want the participant to learn from this?"

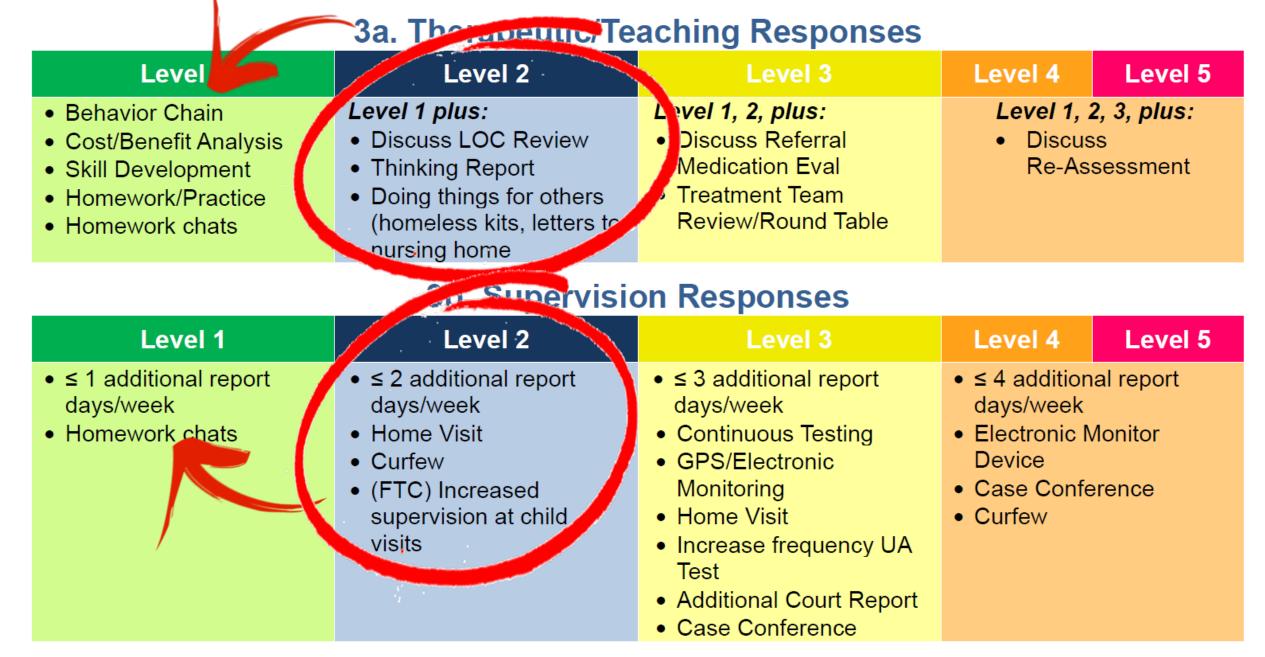
Step 1. Identify the **Behavior**

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

Step 2. Determine the **Response Level**

		Low	Moderate	High	Very High
Distal	Phase 1	Jevel 1	Lovel 2	Level 2	Level 4
	Phase 2	Level 1	Level 2	Level 3	Level 4
	Phase 3	Level 2	Level 3	Level 4	Level 5
	Phase 4	Level 3	Level 4	Level 5	Level 5
Prox	Phase 5	Level 3	Level 4	Level 5	Level 5

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



3c. Sanction/Punishman Responses (Judicial Disapproval)

	Level 1	Level 2	Level 3	Level 4	Level 5
Community Service	≤ 4 hrs	≤ 8 hrs	≤ 16 hrs	≤ 24 hrs	≤ 32 hrs
Curfew	≤ 3 days	≤ 5 days	≤ 7 days	≤ 10 days	≤ 14 days
House Arrest	≤ 24 hrs	≤ 72 hrs	≤ 5 days	≤ 7 days	≤ 14 days
Jail			≤ 24 hours	≤ 3 days	≤ 5 days
Other				Review Placement	Termination

No matter how frustrated and disappointed we are with Jimmy's noncompliant behavior, jail is NOT an option. A verbal reprimand (judicial disapproval) is a highly effective sanction. When combined with supervision and therapeutic/teaching responses there is often no need for any sanction beyond disapproval.

Positive Behavior

Moderate

Incentive Matrix: "What do we want the participant to learn from this?" Step 1. Identify the Behavior

Proximal (Expect Sooner)

- Attendance at treatment
- Attendance at other appointments
- Home for home visits
- Report to UA
- Timeliness
- Payment

Honesty
Testing Negative
Participating in Prosocial Activities
Employment
P

- Progress toward Tx Goals
- Progress in Tx

- Distal (Expect Later)
- Complete Tx LOC
- Extended Abstinence/Neg. Tests
 - **Treatment Goals Completed**
- Phase Goals Completed
- Program Goals Completed

Step 2. Determine the **Response Level**

		Proximal (Expect Sooner)	Moderate	Distal (Expect later)
Distal	Phase 1	Lovel 1	Level 2	Level 3
	Phase 2	Level 1	Level 2	Level 3
	Phase 3		Level 1	Level 3
	Phase 4		Level 1	Level 3
Prox	Phase 5		Level 1	Level 3

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

3a. Therapeutic/Teaching Response

Level 1	Level 2	Level 3		
Behavior ChainWhat did you learn chat	Behavior Chain Cost/Benefit Analysis Neassess LOC	 Behavior Chain Mentor Other Participants Reassess LOC 		
3b. Supervision Persponses				
Level 1	Leve'	Level 3		
 Change in Curfew Status Inspirational/celebratory text from supervision/case manager 	 Reduce Contacts Reduction Home Visits 	 Reduced Contacts Reduce Home Visits Reduce in External Monitoring Devices 		

3c. Incentive Respons

Level 2

Level 1

Judicial approval (always)

- Celebratory text from team
- Fish Bowl
- Decision Dollars
- Handshake

Candy

on the A Team

Any small and/or:

- Choice of Gift Certificate
- Example for others in court
- Written Praise
- Positive Peer Board
- Certificate
- Reduction in CS
 - Reduction ogram fees

Level 3

Iny small, medium or:

Framed Certificate

- Travel Pass
- Larger Gift Certificate
- Position as Mentor to New Participants



Positive Behavior

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

Step 1. Identify the Behavior

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

Step 2. Determine the Response Level

		Proximal (Expect Sooner)	Moderate	Distal (Expect later)
Distal	Phase 1	Small	Medium	Large
	Phase 2	Small	Medium	Large
	Phase 3		Small	Large
L L	Phase 4		Small	Large
Prox	Phase 5		Small	Medium

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

	3a. Therapeutic/Teaching Response					
	Phase 1	Phase 2	Phase 3	Phases 4 and 5		
Single Event	 Behavior Chain Cost/Benefit Analysis 	 Behavior Chain Cost/Benefit Analysis 	Behavior Chain	Behavior Chain		
Continued Progress		 Discuss Change in LOC 	 Aftercare Fqcy Discuss Re- evaluating MAT/Medications 	 Aftercare Fqcy Discuss Re- evaluating MAT/Medications 		

3b. Supervision Responses

Phase 1	Phase 2	Phase 3	Phases 4 and 5
Change in Curfew Status	Reduced Contacts Reduction in Home Visits	Reduced Contacts Reduce Home Visits Reduce in External Monitoring Devices	Reduced Contacts Decreased Drug Testing

3c. Incentive Response

		Medium	Large
•	Judicial approval (always)	Any small and/or:	Any small, medium or:
	Fish Bowl	 Choice of Gift Certificate 	 Framed Certificate
	Decision Dollars	 Supervisor Praise 	 Travel Pass
	Example for other participants in	Written Praise	 Larger Gift Certificate
	court	 Positive Peer Board 	 Position as Mentor to New
	Handshake	Certificate	Participants
	Candy	 Reduction in CS hours 	
•	On the A Team	 Reduction in program fees 	

Inappropriate Behavior

Sanction Matrix: "What do we want the participant to learn from this?"

Step 1. Identify the Behavior

Low (Less Immediate)	Moderate	High (More Immediate)	Very High
Late for Scheduled Event Missed payment	 Missed UA Failure to Complete Assignments 	Unexcused Absence bx Alcohol Use Drug Use Tamper with UA or device/dlube Dishonesty	Criminal behavior (new crimes, drinking and driving) Arrest

Step 2. Determine the Response Level

		Low	Moderate	High	Very High
Distal	Phase 1	Level 1	Level 2	Level 2	Level 4
	Phase 2	Level 1	Level 2	Level 3	Level 4
	Phase 3	Level 2	Level 3	Level 4	Level 5
1	Phase 4	Level 3	Level 4	Level 5	Level 5
Prox	Phase 5	Level 3	Level 4	Level 5	Level 5

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

3a. Therapeutic/Teaching Responses

Level 1	Level 2	Level 3	Level 4	Level 5
Behavior Chain	Level 1 plus:	Level 1, 2, plus:	Level 1, 2	2, 3, plus:
Cost/Benefit Analysis	 Discuss LOC Review 	 Discuss Referral 	 Discus 	8
Skill Development	 Thinking Report 	Medication Eval	Re-As	sessment
Homework/Practice	 Doing things for others 	 Treatment Team 		
Homework chats	(homeless kits, letters to	Review/Round Table		
	nursing home			

3b. Supervision Responses

Level 1	Level 2	Level 3	Level 4	Level 5
s 1 additional report days/week Homework chats	 ≤ 2 additional report days/week Home Visit Curfew (FTC) Increased supervision at child visits 	 ≤ 3 additional report days/week Continuous Testing GPS/Electronic Monitoring Home Visit Increase frequency UA Test Additional Court Report Case Conference 	 ≤ 4 addition days/week Electronic M Device Case Confe Curfew 	Aonitor

3c. Sanction/Punishment Responses (Judicial Disapproval)

	Level 1	Level 2	Level 3	Level 4	Level 5
Community Service	≤4 hrs	≤ 8 hrs	≤ 16 hrs	≤ 24 hrs	≤ 32 hrs
Curfew	≤ 3 days	≤ 5 days	≤ 7 days	≤ 10 days	≤ 14 days
House Arrest	≤ 24 hrs	≤ 72 hrs	≤ 5 days	≤7 days	≤ 14 days
Jail ≤ 24 hours			≤ 3 days	≤ 5 days	
Other				Review Placement	Termination

*NPC Research: Contact Shannon Carey (carey fit noresearch.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.

Link to video on using the matrix

https://vime o.com/5474 96224/d09c

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*NPC Research: Contact Shannon Carey (carey@nocresearch.com). Adapted from a matrix originally developed by the Marris County TX Treatment Court. Training

Capitalizing on Hope

- 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





AA is not always a good fit especially for <u>women</u>

Questions?



Questions, Training, TA?

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