



# Defining Proximal, Distal, and Managed Goals

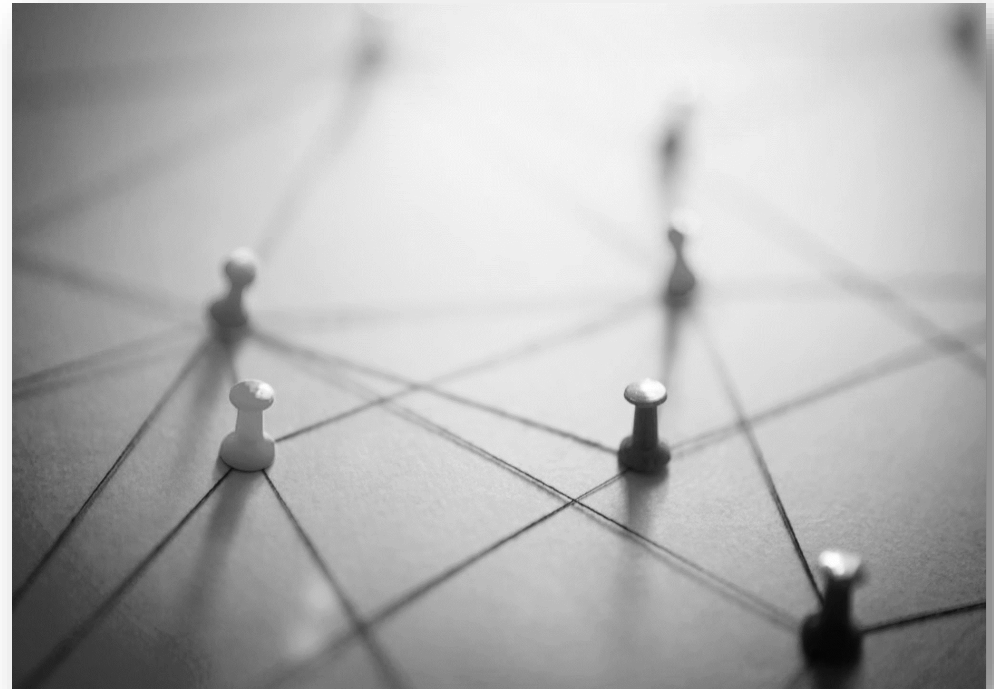
RISE24

Presented by All Rise project directors Karen Cowgill and Matthew Ouren

# Session Objectives



- Gain knowledge on the difference between proximal, distal, and managed goals
- Learn what type and magnitude of response is best for each goal
- Discuss how response strategies address participant needs to teach new skills and bring about behavior change



# The Basics First

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

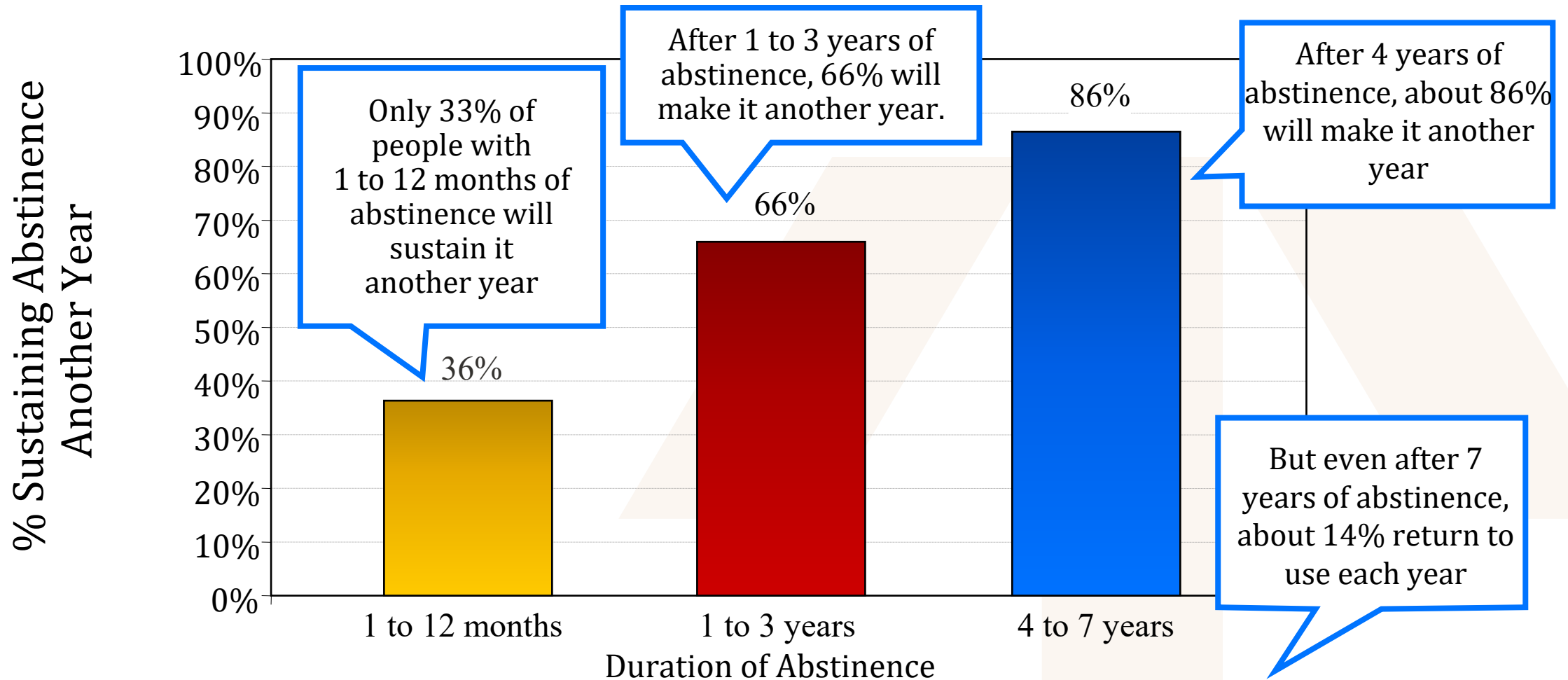


# Why are goals important?



- Goals give us focus
- Allow us to measure progress
- Keeps us locked in and undistracted
- Help us overcome procrastination
- Give us motivation

# Likelihood of Sustaining Abstinence Grows Over Time



# Stages of Change in Recovery





# Proximal Goals





# Proximal Goals



- Can be met in the short term and sustained for a reasonable period.
- Not necessarily easy, but it can be accomplished.
- The court uses incentives and sanctions to address compliance or non-compliance of proximal goals.

**Truthfulness**

**Delivering a  
Valid Drug  
Test**

**Attendance**

**Admit**

# Proximal Goals (cont.)

## Attendance is often a proximal goal –

- Participants can attend sessions, such as court, treatment, and supervision appointments.
- Participants can deliver valid drug or alcohol test specimens.
- **NOT** meeting these requirements is often willful or reflects inattention to one's responsibilities.

## Truthfulness is a proximal goal –

- Dishonesty about missing a counseling session is a proximal infraction, **whereas** denying that they have a problem or need counseling is distal.

# Proximal Goals (cont.)



If participants have the requisite skills and resources to accomplish these goals, incentives and sanctions can effectively enhance their attentiveness to and compliance with conditions.

# A word of caution and considerations to think about

## RESPONSIVITY FACTORS:

- Participants with serious and persistent mental health disorders or lacking reliable transportation may not be able to attend counseling sessions or other services reliably.



# Responsivity Factors (cont.)



- Gender
- Age
- Ethnicity
- Learning Style
- Motivation to change
- Cognitive abilities



# Choosing Responses

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

# Distal Goals



# Distal Goals

- Not easily achievable without help.
- Intermittent achievement but not sustainable.
- **Service adjustments** are needed to accomplish these goals.

**Adaptive  
Life Skills**

**Responding  
to  
Treatment**

**Attitude  
Change**

**Problem-  
Solving  
Skills**



# Distal Goals

- Starting and succeeding at a job
- GED
- Remaining abstinent from drugs and alcohol
- Support groups



# Responses – Distal Goal Infraction

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

Abstinence should not be considered a proximal goal until participants with a **compulsive substance use disorder** have achieved early remission (at least 90 days of clinical stability).

American Psychiatric Association [APA], 2022



# Managed Goals



# 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.

Once a goal is considered managed, it is appropriate to reduce the magnitude of the incentive.

# Managed Goals (cont.)

## Example:

- Participants have attended scheduled group counseling sessions for several weeks, so group attendance can likely be considered managed, even if the person is not contributing actively to the group.

# Reasons and Responses to Managed Goal Infractions



## “Pink Cloud”

- Overly confident
- Let their guard down
- Stop practicing skills

## Insufficient Preparation

- Advanced to quickly and not adequately prepared for transition

## Testing the Limits

- Testing the limits for program tolerance due to lessened treatment and supervision requirements

## Symptom Reoccurrence

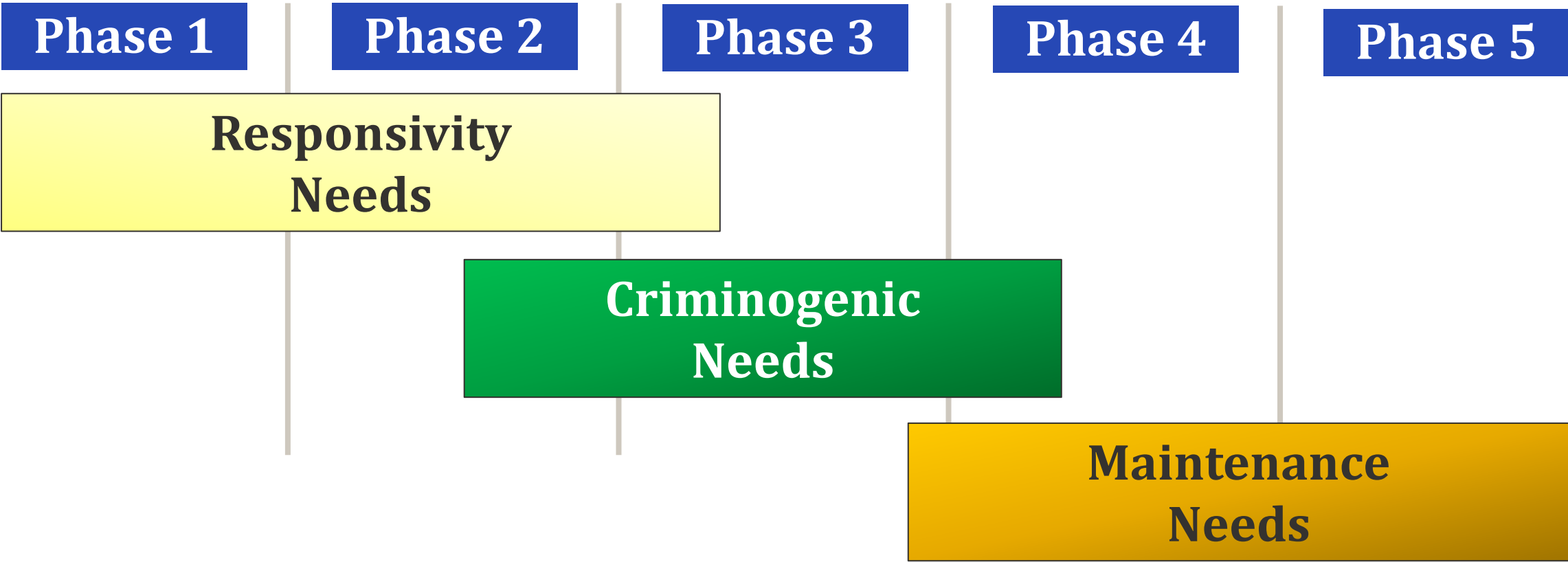
- Faced with worsening stressors
- Resurgence of cravings, mental health, or trauma symptoms

# Application





# Timing Matters



# RISK

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## HIGH RISK:

- Compliance is more difficult
- Be intentional at incentivizing productivity, pro-social endeavors
- Responds to positive reinforcement

## LOW RISK:

- Compliance is easier
- Use negative reinforcement

# NEED

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## HIGH NEED:

- Abstinence is distal (eventually, behaviors required for abstinence can be mastered, but even after mastery, recurrence is a risk, requiring treatment, not punishment)

## LOW NEED:

- Abstinence is proximal (mastery of behaviors required for abstinence can occur quickly)

# HOW WE DECIDE



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



Participant's Name: Click or tap here to enter text.      Date of Hearing: Click or tap here to enter text.

1. Who are they in terms of risk/need?

- HR/HN       LR/HN  
 HR/LN       LR/LN

2. Where are they in the program (Phase)?

- Phase 1  Phase 2  Phase 3  Phase 4  Phase 5

3. Why did this happen(circumstances)?

Click or tap here to enter text.

4. Which behaviors are we responding to?

<b>PROXIMAL BEHAVIORS</b>	<b>INCENTIVE</b>	<b>SANCTION</b>	<b>MAGNITUDE</b>
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<b>DISTAL BEHAVIORS</b>	<b>INCENTIVE</b>	<b>SANCTIONS</b>	<b>MAGNITUDE</b>
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<b>MANAGED GOALS</b>	<b>INCENTIVES</b>	<b>SANCTIONS</b>	<b>MAGNITUDE</b>
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<b>SERVICE ADJUSTMENT</b>	<b>SUPERVISION</b>	<b>TREATMENT</b>	<b>LEARNING ASSIGNMENT</b>
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

5. How do we deliver and explain the responses?

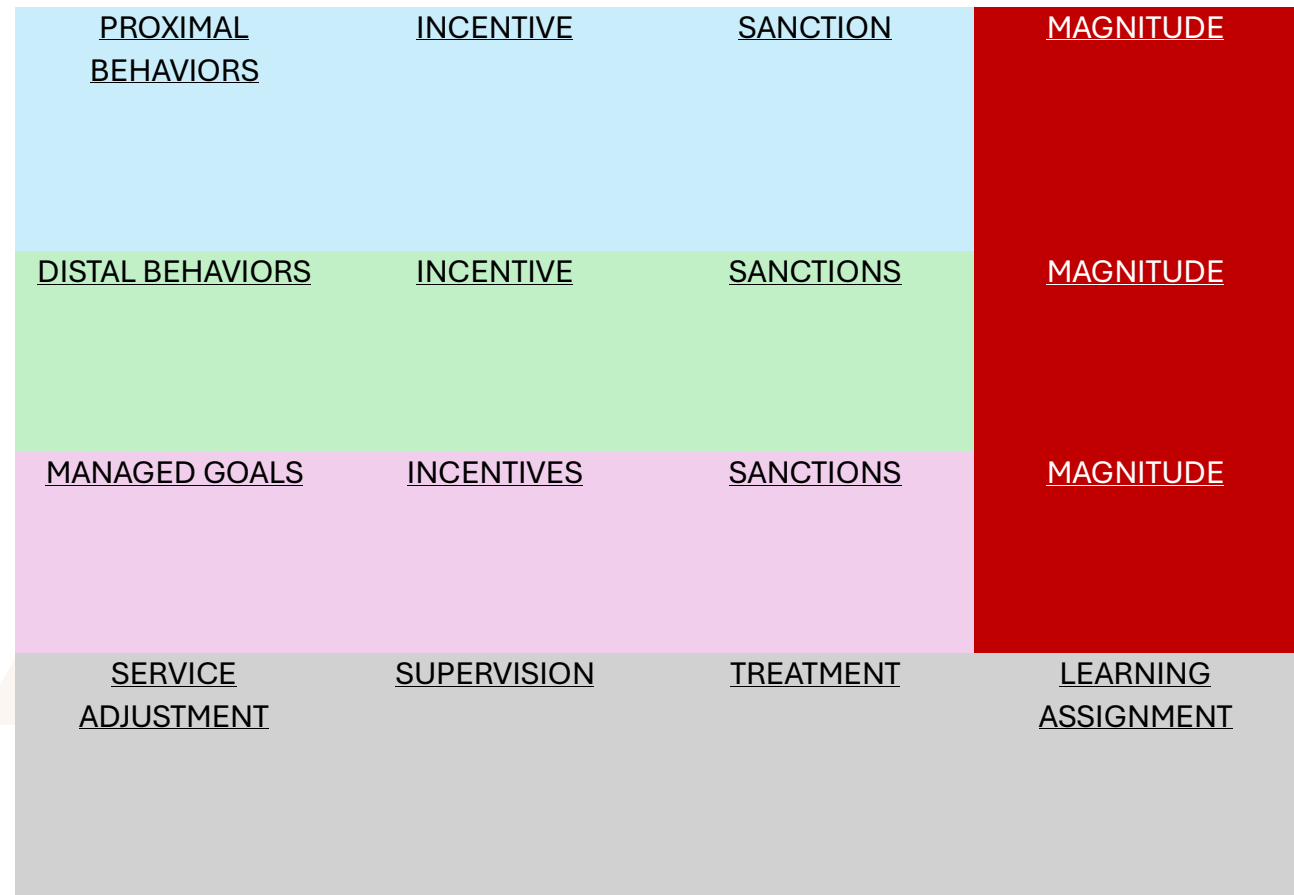
# Staffing Framework

## A Practical Application Guide

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# Magnitude of response

- Have a menu of options-(low, moderate, and high)
- Respond to all behaviors
- Can give incentives, sanctions, and service adjustments at each court appearance. You should!
- The best is to stay centered, not too low or too high.
- What will impact THIS participant?



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



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

This guide offers helpful tips and cautions garnered from professional experience and research findings to assist the reader in applying responses effectively. It is not intended to be an exhaustive list. Treatment courts are encouraged to develop their own responses and to gauge the effectiveness of their responses within their programs. Some incentives in this guide (gift cards, concert tickets, other prizes, etc.) may not be allowable purchases under a federal or state grant award. Refer to the grant program solicitation and funding agency if you have questions about the allowability of incentive costs. Finally, this guide does not refer to the specific target behaviors that the incentives, sanctions, and service adjustments should be used to address.

The treatment court applies evidence-based and procedurally fair behavior modification practices that are proven to be safe and effective for high-risk and high-need persons. Incentives and sanctions are delivered to enhance adherence to program goals and conditions that participants can achieve and sustain for a reasonable time, whereas service adjustments are delivered to help participants achieve goals that are too difficult for them to accomplish currently. Decisions relating to setting program goals and choosing safe and effective responses are based on input from qualified treatment professionals, social service providers, supervision officers, and other team members with pertinent knowledge and experience. Choosing an effective response requires treatment courts to accurately classify program goals according to their difficulty level before considering what responses to deliver for achievements or infractions. The following list provides an explanation of goal categories:

**Proximal goals** are treatment court conditions that participants can meet in the short term and sustain for a reasonable period of time, although they might not be motivated or accustomed to meeting these goals. Proximal goals are not necessarily easy, but they can be accomplished and maintained with a reasonable degree of effort by the individual.

**Distal goals** are treatment court conditions that participants are not yet capable of achieving or can achieve only intermittently or for a limited time. Service adjustments rather than sanctions are required for not meeting distal goals until participants are clinically and psychologically stable and have acquired adequate coping skills to accomplish these goals.

**Managed goals** are treatment court conditions that participants have met and sustained for a significant period. Participants are not required to perform these goals perfectly, but should do so well enough to satisfy program expectations consistently in the foreseeable future.

Review Standard IV, Incentives, Sanctions, and Service Adjustments in the [Adult Treatment Court Best Practice Standards](#)

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HIGH
value tangible rewards* drawings* cial waivers* advancement incentives

HIGH

**INCENTIVES AND SANCTIONS TABLES**

Create your own tables of low-, moderate-, and high-magnitude incentives and sanctions so you are ready to respond to your clients' behavior.

**INCENTIVES**

LOW MAGNITUDE	MODERATE MAGNITUDE	HIGH MAGNITUDE

**SANCTIONS**

LOW MAGNITUDE	MODERATE MAGNITUDE	HIGH MAGNITUDE

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**SERVICE ADJUSTMENTS TABLE**

Create your own table of supervision adjustments, treatment adjustments, and learning assignments so you are ready to respond to your clients' behavior.

Supervision Adjustments	Treatment Adjustments	Learning Assignments

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

# ACTIVITY

**Objective: ID the behaviors that are proximal and distal in this scenario.**

**Meet Jason**





## **Activity: ID the behaviors that are proximal and distal in this scenario.**

Jason is a participant in your ATC who has been diagnosed with a severe substance use disorder and PTSD. He is currently in phase 1 of your program. During staffing, the treatment provider indicated that Jason has failed to attend treatment consistently and hasn't been truthful during the times he has shown up. In addition, Jason doesn't appear to be responding to treatment. Probation expressed frustration with Jason's lack of motivation for change.





## Activity: ID the behaviors that are proximal and distal in this scenario.

Jason is a participant in your ATC who has been diagnosed with a severe substance use disorder and PTSD. He is currently in phase 1 of your program. During staffing, the treatment provider indicated that Jason has failed to **attend treatment** consistently and hasn't been **truthful** during the times he has shown up. In addition, Jason doesn't appear to be **responding to treatment**. Probation expressed frustration with Jason's lack of **motivation for change**.





# Questions & Answers

Thank  
You 