

# Termination should be the **ONLY** thing you *can* do, or the absolute **LAST** thing you do.

## Have we done all that we should before we terminate?

### First question(s):

- WHAT assessments and screens did we do?
- Did we miss any? Are there others we should consider?
- WHEN were they last done?
- Did we address everything that the assessment said?
- What has been done to address recovery capital?
- When was the last home visit and check on the recovery environment?
- What was the expected dosage of treatment and interventions per assessments, and did we get to that dosage? Why? Why not?
- Did we tick off the big-ticket items? SUD, MAT, Co-morbid mental health, physical health, housing, trauma, criminal thinking, recovery planning and practice? Anything else?

Why are you terminating? Direct threat to public safety (not to self)? Are you frustrated?

The purpose of incentives, sanctions and therapeutic responses is to keep folks engaged in treatment long enough and to assist with learning to change behavior. We **MUST** acknowledge every baby step and build on it. We **MUST** detect every good choice, baby step, and reward it ASAP. THAT is how behavior changes. We must measure against their baseline, and meet them where they are, and where they want to be. YOU and the team are NOT the yardsticks for success. Measure against their capabilities as they currently exist...then build them in the correct direction. The research is clear, incentives change behavior -sanctions don't (they only provide a temporary time out). If you want change, focus on incentives and therapeutic responses. Dosage matters, they need enough dosage of the team and treatment to meet their individual needs.

Because we want to give drug court participants with the reoccurring, relapsing disease of drug dependency every opportunity to succeed, it is a best practice to try several different interventions before terminating a participant for non-compliance or continued alcohol and/or drug use. Our ultimate goal should be to graduate our admissions because clearly, drug court participants that graduate remain productive, law-abiding citizens at much greater percentages than others who do not complete or do not chose drug court. To help with this, here is a checklist of suggestions for interventions.

What is your ratio of **incentives** to sanctions?

How close to 10-1 are you?

## Incentives.

- Judicial praise-most powerful
- Team acknowledgment
- Hold the person up as a positive example
- Invite peer approval (applause and cheers)
- All Star Board(s)
- Certificates noting specific achievements
  - Attendance (#1- proximal goal-show up)
  - On time awards
  - Honesty
  - Honesty when it's hard
  - Probation certificates
  - Treatment Certificates
  - Team Certificates
  - Court Certificates
  - Promotions to phase up in Court
  - Separate phase up for treatment accomplishment
  - Class participation, and completion certificates! MRT, Seeking Safety, Parenting, Anger Management, nutrition, cooking skills, financial management, got a drivers' license. Other issues and needs as assessed and accomplished.
  - Got a "paycheck job".
  - Got a raise!
  - Got a GED or is enrolled in college or trade school
  - Positive peer activities
  - Leading meetings, attendance at recovery events
  - Stopped smoking, starting a walking group of folks in recovery.
  - Helping others, including fellow participants
  - First 48, 72, 96 hours negative tests with perfect attendance...etc.
- High fives, fist bumps, two thumbs up, team salutes in Courtroom
- Applause
- Standing Ovation, do "the Wave"
- Tokens (decision dollars, coins, chips) with exchanges for raffle drawings, Drug Court Store, or other incentives
- Fishbowl, spinning wheel
- Removal of negative things like fines, dismissal of "junk charges", removal of community service hours.
- One-time, 1-hour extension of curfew

- Reduction in testing or supervision fees
- First call in Court and you get to leave
- Fast pass for urine testing
- Dedicated parking spot
- Zoom court session.
- Gift cards, gift certificates, donated passes (movie, bowling, yoga, etc)
- Small tangible items of significance (bracelets, pins, key chains with court logo, etc)
- Candy bars and other snacks
- Reduction of a sanction imposed for noncompliant behavior during the same week (ex. Reducing 12 hours of community service to 8 hours.)

Intermediate incentives for baby steps that are HUGE. EVERY TARGET BEHAVIOR should be rewarded in some manner. Focus on target behaviors and proximal goals!

- Showing up when it was hard
- Telling us BEFORE the test that it is positive
- Use smiles, decision dollars, tokens and pass the good news to the next service provider.

## Supervision Responses

- Review assessment(s) and screens.
  - how long since the last one?
  - What has been done pursuant to the assessments? Do they need more, or less support?
  - Time for another? (issues emerge over time).
  - Time for different screens for emerging concerns?
- Increase home visits, office visits
- Examine home environment and recovery environment with ASAM in mind. Watch for Maslow's issues, and in home victimization.
- Adjust curfew if enforced, electronic monitoring of place or substances, or both.
- Increase testing to support recovery and add extra alternative hours to testing (look for patterns)
- Broaden your UA panels and throw in some different drugs
- Mix up testing modalities
- EtG, EtS, breath testing for alcohol and alcohol-based products
- Double up your core correctional practices, including incentives, skill building, role playing, role modeling, examining thinking errors, building critical thinking skills.
- Re-examine and reinforce people, places, things.
- Facetime, DUO visits throughout the day and night
- Text and short videos for identified behaviors (tied to the behavior). "You showed up early today! Well done" "Thank you for helping "X" today".
- Assign pro-social baby steps, (very short term) then reward lavishly. TEACH
- Instill hope and motivation.

- Always use “sandwich” method during visit. [good stuff, not so good stuff, end with good stuff]
- Leave with reminder of what’s next (memory deficits)
- Daily calendar skills, text reminders of appointments, testing, court sessions, etc.

## Therapeutic Responses (Teaching responses applied by the Court and team)

- Apologize to the Court or others for the problems they caused
- Ask participant what they need to help them do the program
- Complete a Motivational Interviewing Balance Sheet
- Complete a Thinking Report
- Appear alone with the drug court team to discuss issues of concern
- Review history, look for periods for compliance, and determine what worked when they were compliant-pursue the strengths and successes.
- Paper on consequences
- Paper on what causes dilute tests
- Paper on triggers
- Paper on dealing with stress and a plan
- Paper on what makes you feel good without alcohol or drugs
- Paper on reasons to quit
- Paper on people to call, including contact numbers
- Paper on choices and when to make them
- Paper on what the violation was, and how to handle it differently (behavior chain)
- Behavior chain to identify triggers leading to recurrence that they didn’t notice
- Essays and research on specific issues.
- Pro-social events for peers
- Pro-social videos for peers on something they are good at.
- *Participant chooses* a volunteer project that helps others in the community (Court may partner with homeless shelters, food bank to provide safe, supervised opportunities to help. Person may write letters to nursing home residents, soldiers, etc.)
- Essay, art, poster, or photography contests (“What Recovery Means to Me”, My Recovery Journey”, etc.)

## Treatment Responses (Recommended by Licensed Clinician only)

- Review assessment(s) and screens.
  - How long since the last one(s)
  - Is the case plan in accord or do we need to re-think it with participant?
  - Do we need to repeat or extend the range of the screens?
  - Assess for Recovery Capital, Life Skills, Mental Health, Trauma, Grief and loss, Seeking Safety, etc.
- Medically Assisted Treatment options for SUD and other early recovery disorders?

- Re-visit **level of care** and housing. Have they had sufficient dosage of treatment at the correct level and duration?
- Is the model of treatment appropriate for this person, is it normed and validated, delivered with fidelity to the model? Are “boosters” needed?
- Treatment matching? Different voice, vendor, approach may help.
- Medical issues? Teeth, heart, hepatitis, STD, etc. They distract from treatment focus.
- Workbooks and short skill development interventions to address specific issues: e.g.: Relapse, drug specifics,
- Journaling
- Begin physical exercise to assist with recovery (esp. Methamphetamine)

## Sanctions

- Judicial expression of concern, disapproval or disappointment. (most powerful)
- Sit in Jury Box, or penalty box
- Last call on calendar
- Watch traffic court or boring calendar
- Holding cell for short time. (an hour or two, not overnight)
- Intermediate intervention via probation (“stink eye”)
- Unpleasant community service of *your choice*, not theirs (that’s volunteerism)
- Sit in office without any electronics and “write a plan”
- Personalized sanctions (take skateboard, require attendance at a detention rather than watch a sports game, etc.
- Moderate period of house arrest or GPS monitoring (3-7 days)
- Moderate period of earlier curfew (3-7 days)
- Suspension of driving privileges
- Short-term (a few days) daytime attendance at jail (no overnight)
- Custody NOT appropriate for prophylactic incarceration, housing, or hold for treatment.
- Custody only as a last resort, for public safety to others, or conduct that threatens the integrity of the Court itself. All custody only for brief periods of time. (Best outcomes at @48 hours)

Always use the sandwich technique

**Incentives**

**Sanctions**

**Incentives**

## Jeff's 6Rs of Discipline and how to apply them in Drug Court

1. **Related**. The consequence should be logically related to the behavior. Jail time (time out) is appropriate if they have been doing things that are not legal or are endangering or disturbing to themselves or others (e.g. fighting or acting out in treatment often, frequently and flagrantly disregarding rules, associating with drug users, forging signatures, etc.) Jail time doesn't make as much sense for failure to attend treatment sessions or get a job (we are punishing them for not doing something they should by locking them up where they still can't do it.) For these kinds of infractions additional work (e.g., writing a paper on a subject relevant to the problem or community service until they find a job) is more logically related.
2. **Reasonable**. Always consider what we have asked them to do that they have not done that is resulting in a sanction or therapeutic response. This gets back to what is proximal and what is distal. In delivering sanctions and/or therapeutic responses we should always consider what can be expected of the individual at this point in the drug court process (proximal) and what we cannot expect of the individual given where they are in the process (distal). Do not give them a sanction that is more than they can reasonably handle or that is going to distract from rather than add to their ability to comply. In other words, you wouldn't want the sanction to be so time consuming that it was going to make it even harder to get to their treatment sessions, work, etc. You wouldn't want it to be something that they are physically or emotionally unable to do. The severity should be proportional to the severity of the infraction. The goal here is not to punish (or "get even") with them but to change behavior. The sanction or therapeutic response should be seen as a tool for accomplishing that.
3. **Responsible**. It should be clear, to us and to them, that they are responsible for the consequences through the choices that they make, and we have not just arbitrarily decided to deal out this "punishment". Two things are required for this: 1) They should know in advance what the consequences will be for a specific behavior. This is the reason for a chart or matrix of incentives, sanctions, and therapeutic responses. However, you do not want the chart to be so specific that it does not allow for exceptions based on individual needs and circumstances or restricts us from giving out a needed response based on those individual needs. This will result in a feeling of unfairness. If something comes up that is not on the list and the individual did not realize that it would result in a specific consequence, then a warning that a future violation will result in a consequence is required by the fairness rule. 2) The consequence should be administered as soon after the violation as possible and it should always be made clear to them what behavior resulted in this consequence and why.
4. **Respectful**. Sanctions and therapeutic responses should be administered in a respectful, non-punitive fashion. Our attitude should convey that this is not being done because we are angry but because they have knowingly made a choice that

results in this consequence. This decreases their ability to blame us rather than take responsibility for it themselves.

5. **Reconcilable.** It is important that they know what they need to do to recover from this mistake and get back into good grace with the program. It should be clear at the moment what all the consequences are, both immediate and future (e.g., will it delay their program completion, will a future violation of the same rule result in a compounded consequence, etc.) so that down the line they do not feel that old mistakes are still being used against them. Once they have paid the consequences through whatever sanction we have given them they should have a sense of hope and freedom to move forward.
6. **Recurrence** (relapse), Chronic Brain Disease. We are dealing with a disease of the brain, body, and emotions. Alcohol and other drug use is a symptom of the disease and recurrence can very easily be a valuable tool and learning experience. Some people experience multiple recurrences before they “get it.” We need to be patient and not too quick to terminate individuals with a substance use disorder until they have every opportunity to practice the skills, they are learning to live a life in recovery and the skills to know what to do if they suffer a recurrence.