NADCP

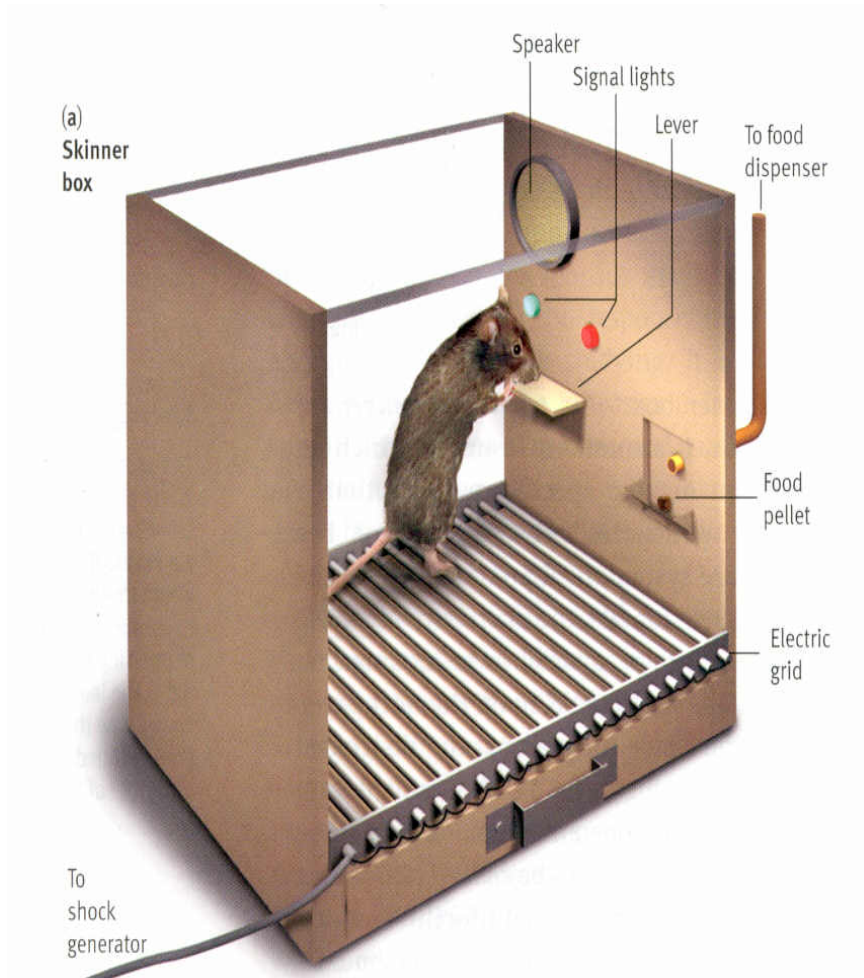# ALL RISE 20 VIRTUAL

May 26–29, 2020

General Session 4:

When Sanctions (and Incentives) Don't Work: Responding Effectively to Addiction-Driven Non-Compliance

Presented by
Terrence D. Walton, MSW

10:00 – 11:15 a.m. ET

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(a) Skinner box

Speaker
Signal lights
Lever
To food dispenser
Food pellet
Electric grid
To shock generator

- Classical Conditioning = Stimulus leads to a behavior

- Operant Conditioning = Behavior is followed by reinforcement or punishment = increase or decrease in that behavior
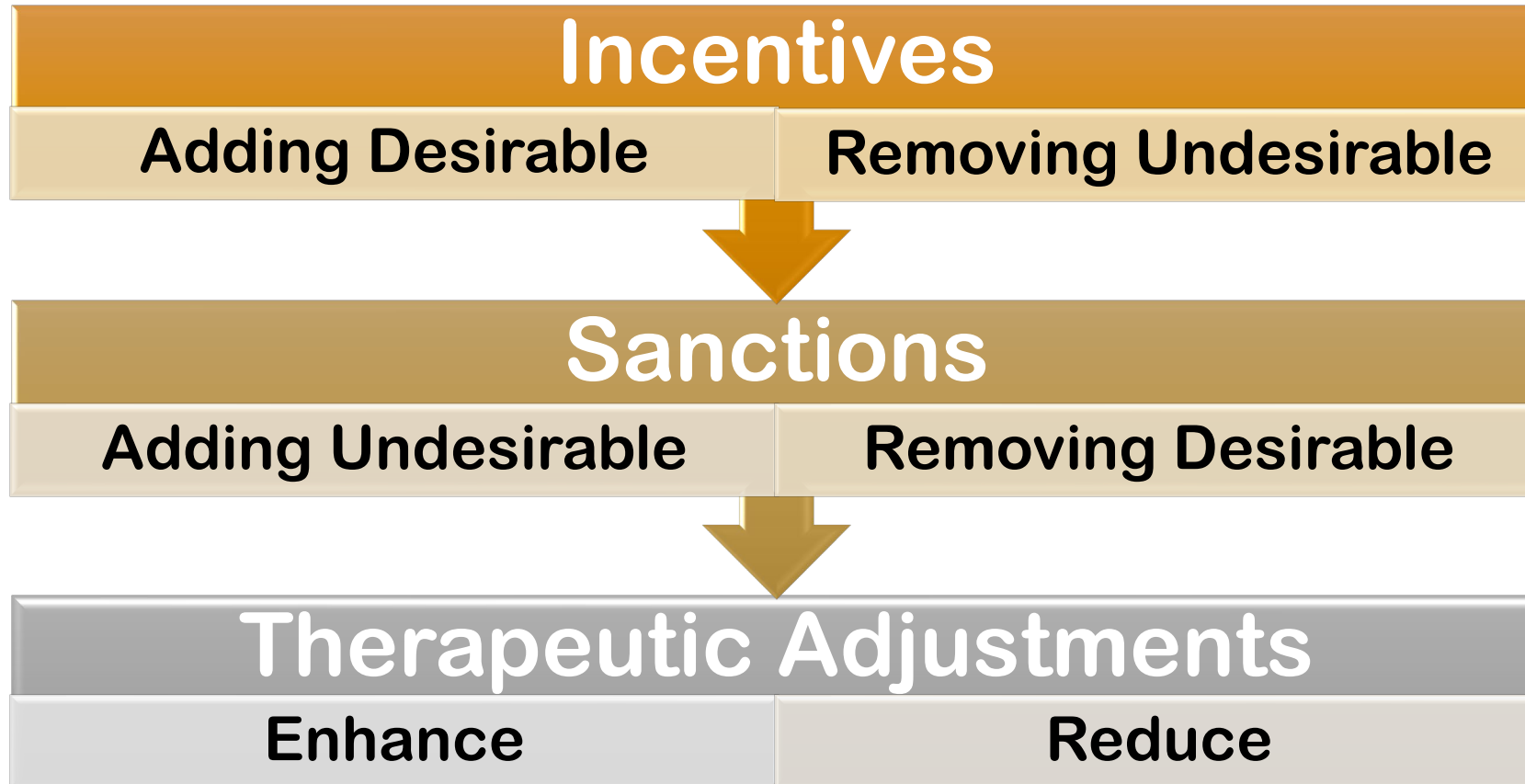
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- B.F. Skinner
- Provided something desirable (to increase and habituate response)
- Removed something undesirable (to increase and habituate response)
- Applied something undesirable (to decrease and eliminate response)

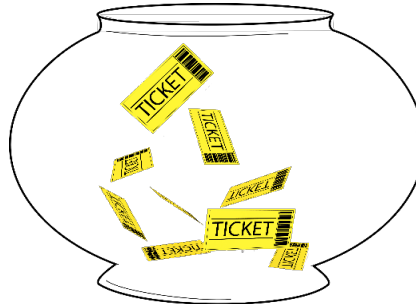Two Ways to Encourage, Discourage, & Treat
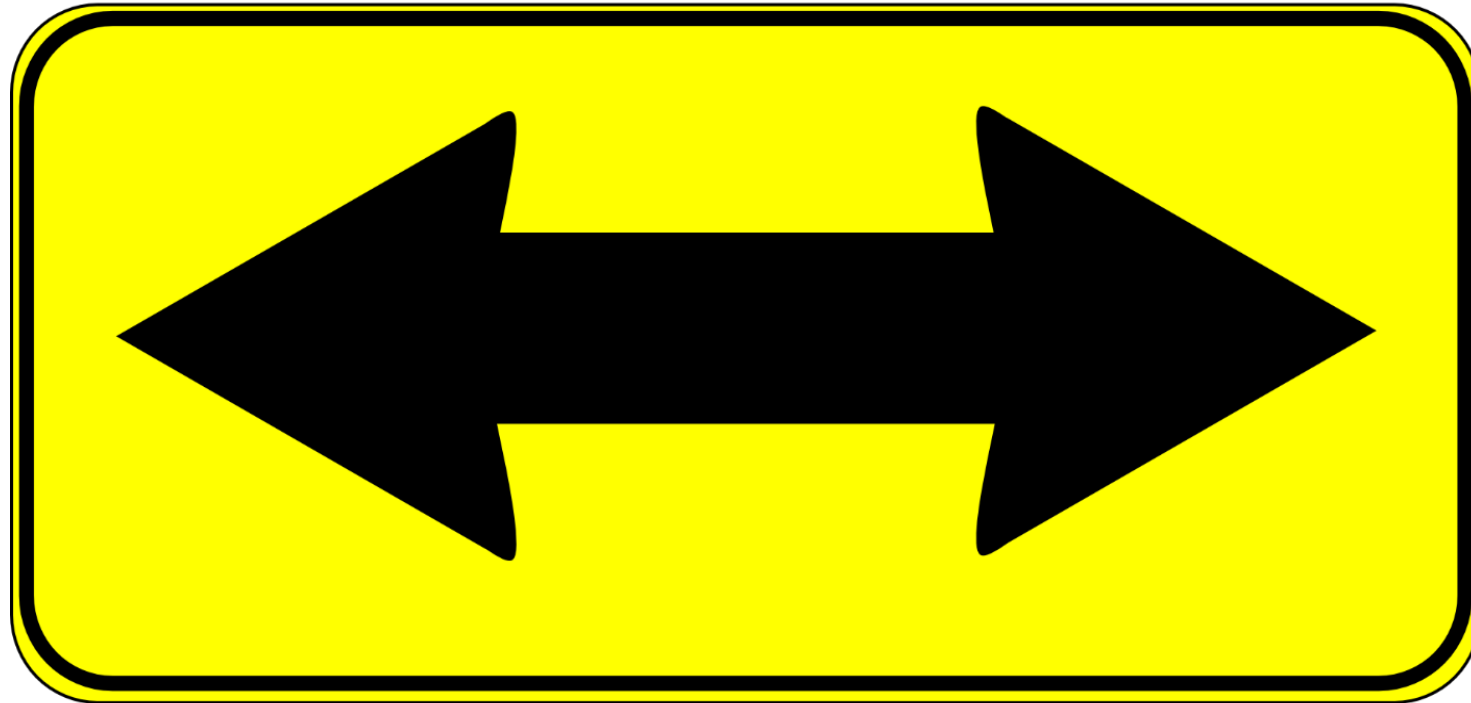
ENCOURAGING BEHAVIOR

Adding Desirable

Removing Undesirable

✔ Verbal praise

✔ Applause

✔ Tokens

✔ Gift certificates

✔ Fishbowl drawing

✔ Later curfew

✔ Fees waived

✔ Reduced court appearances *(as part of phase advancement)*

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Discouraging Behavior

Adding Undesirable

✔ Verbal reprimand

✔ Early curfew

✔ Community service

✔ Jury box

✔ Flash incarceration

Removing Desirable

✔ Paying fines *(removing money)*

✔ Losing points

✔ Return to more frequent court appearances

✔ Returning to earlier curfew

CHANGE

TREATING BEHAVIOR

Enhancements

- ✔ New assessment
- ✔ Trauma groups
- ✔ More treatment groups
- ✔ Peer recovery support groups
- ✔ Move from intensive outpatient to residential treatment

Reductions

- ✔ Move from intensive outpatient to outpatient
- ✔ Fewer treatment groups
- ✔ Replacing treatment groups with job training

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4 Reasons Our Responses Don't Work

1. Not enough time
2. Program Deficiencies
3. Ineffective or Poorly Executed Strategy
4. Severity of Disorders

6 Reasons Sanctions Don't Work

1. When injurious, shaming, or unfair
2. When used in the absence of incentives
3. When not associated with the behavior
4. When misbehavior is not reliably detected and quickly addressed
5. When sanction is not undesirable and when too severe
6. When participant has "little or nothing to lose" *(maximize incentives)*

When It Doesn't Work

1) Be patient
2) Detect & correct program deficiencies
3) Rely more heavily on incentives
4) Re-think your entire CM strategy
5) Revaluate how you are using jail
6) Adjust treatment

Interventions/Intensity/Setting

Interventions – Specific clinical practices (e.g. MET, Cognitive Behavioral, MAT, Contingency Management.

Intensity – Frequency of services – daily, weekly, etc.

Setting (modality) – The level of care – outpatient, residential, inpatient.

Interventions/Intensity/Setting

Clinical Assessment identifies:

<u>Appropriate interventions</u> - based on the needs of the individual.

<u>Intensity and setting</u> - based on needs and circumstances for the individual – Risk Factors and Supports
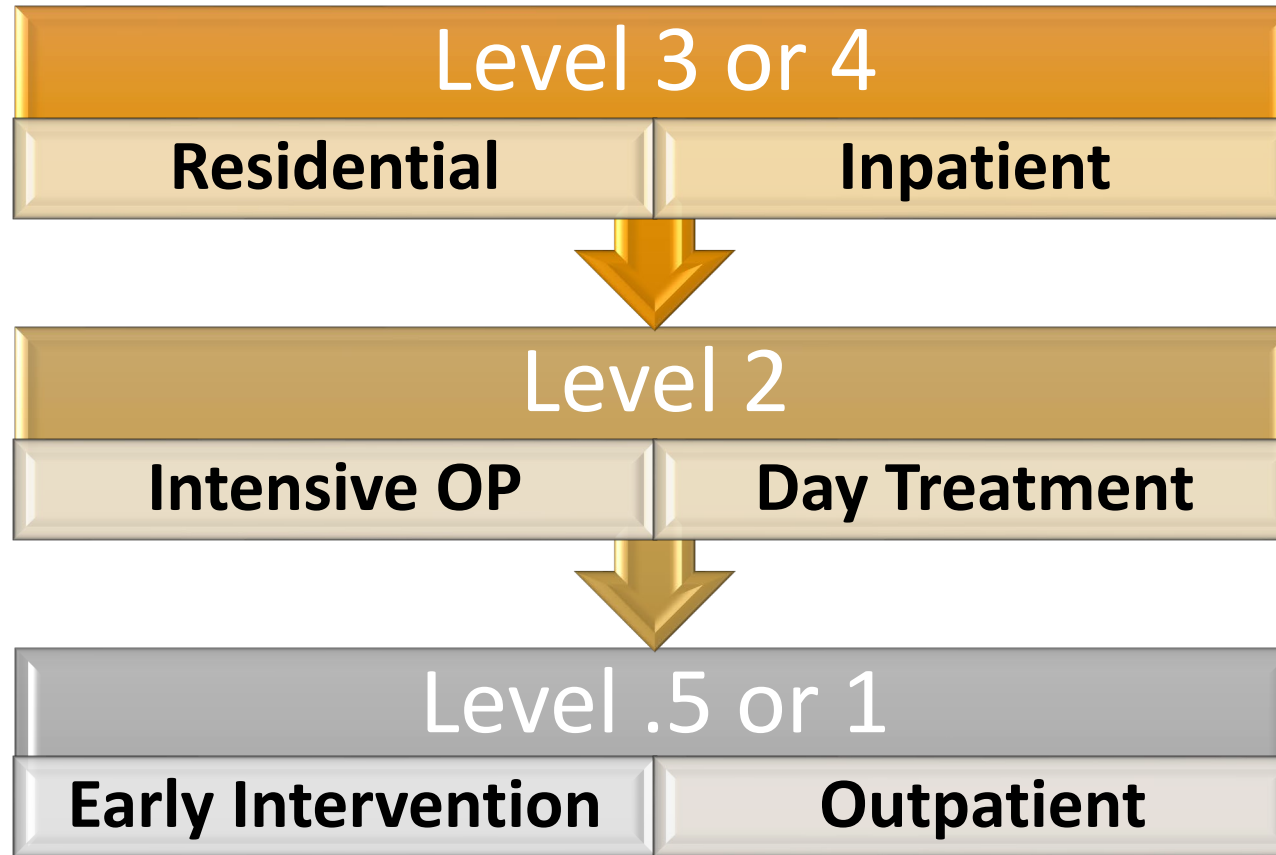
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Treatment Interventions

- Motivational Techniques
- Cognitive Behavioral Approaches
- Medication for Addiction Treatment
- Community Reinforcement
- Trauma informed approaches
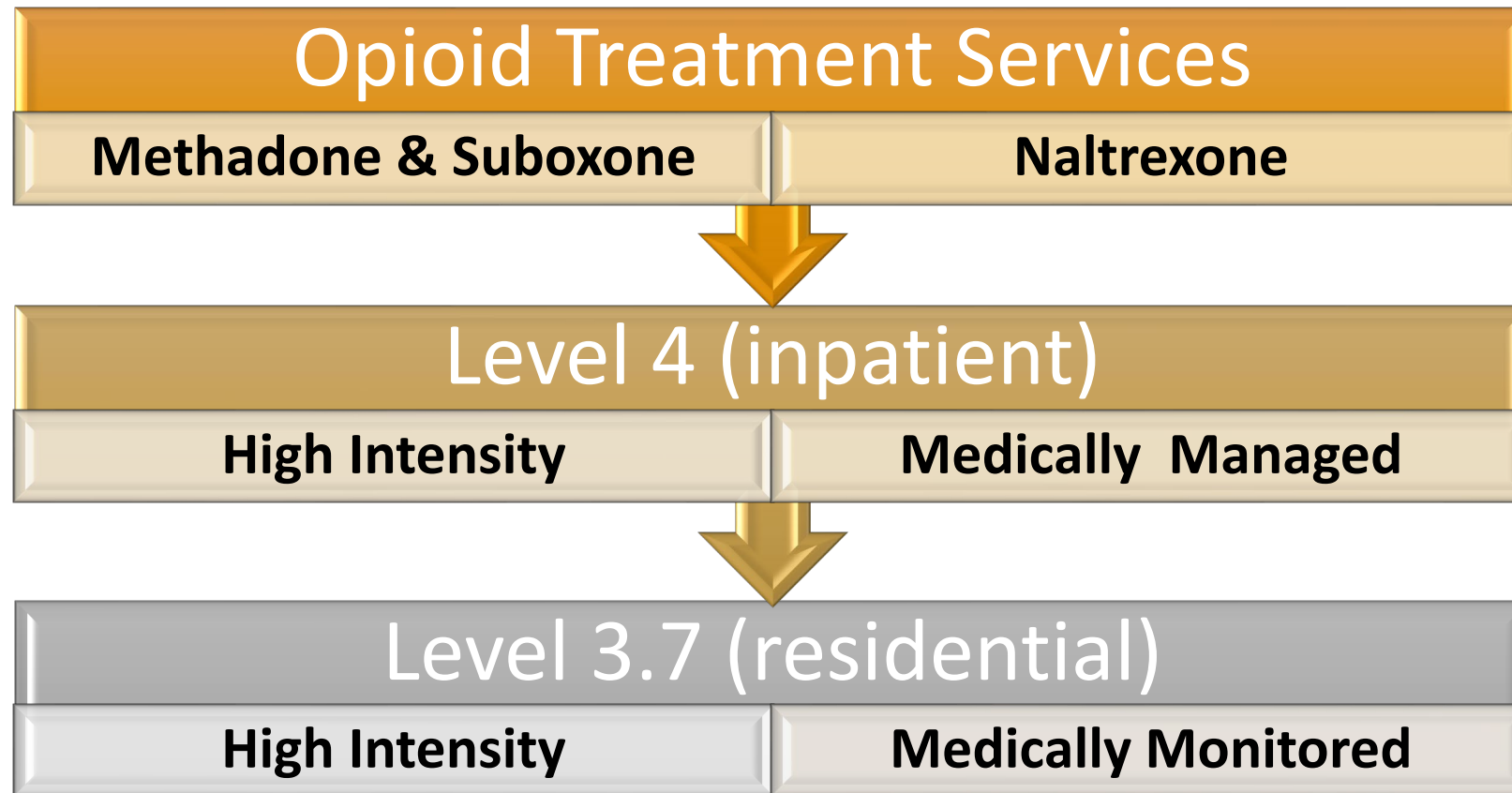- Co-occurring issues
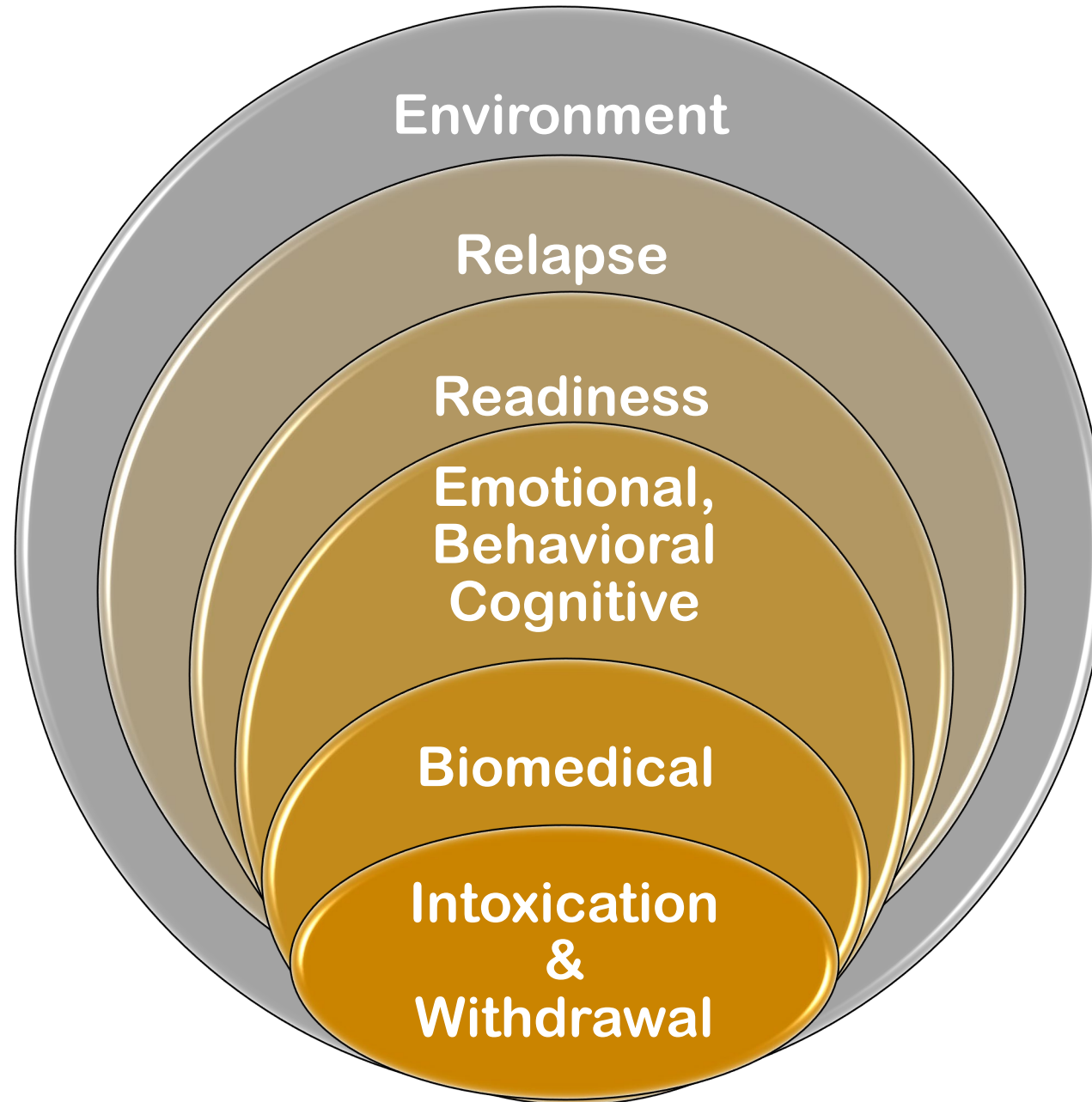- Gender-specific, etc.

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New Use Categories

3 Categories of Use:

- Continued Use

- Slip

- Recurrence/Relapse

Continued Use

- Not in or Early in Recovery Process

- Ambivalence about stopping use

- Not fully committed yet

- After a period of incarceration or even a short period of inpatient/residential treatment

Slip/lapse

- In recovery

- Single or very short duration

- Related to inadequate skills (Recovery, craving management, coping strategies)

- Recovery motivation overwhelmed by a situation (loss, stress, people, etc.)

Recurrence/Relapse

- In recovery

- More than a single use

- Occurs despite commitment to Recovery

- Usually a process involving loss of motivation/hope/support

- Co-occurring conditions exacerbated

Situation	Response
Continued Use	Abstinence is Distal Goal – not easily accomplished Motivational Enhancement Treatment Structure/MAT
Slips	Sanction dishonesty Treat as learning experience – What didn't work - Recovery skill development Assess treatment setting
Recurrence/Relapse	Assess treatment needs Analyze path to relapse Identify motivational/hope/support Additional services (MH) if appropriate Non-compliance with doable expectations– perhaps higher sanction

Functional Analysis of Recurrence/Relapse

- What happened?, What happed before? What happened afterwards

- Look for behavior changes occurring before actual use:
  - *Program attendance*
  - *Program progress*
  - *Hygiene*
  - *Hanging out with old people in old places*
  - *What is their recovery capital*
  - *Compliance with doable expectations*

- Look for possible "triggering" event – relationship, job, loss, etc.
- Assess extent of euphoria or other desirable acute reaction to use *(pharmacologic responsivity)*

Review: When It Doesn't Work

1) Be patient
2) Detect & correct program deficiencies
3) Rely more heavily on incentives
4) Re-think your entire CM strategy
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6) Adjust treatment

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