

Shaping Behavior

Incentives and Sanctions

The Challenge

- Legal People
 - Reward offenders for what they are legally required to do!
 - Treatment and avoiding charges are reward and incentive
- Treatment providers
 - Not comfortable with “punishing” clients
 - Supposed to be safe, non-judgmental environment

The Result

- Heavy reliance on incentives and sanctions
- Improper balance
- Risk: Habituation
- Risk: Ceiling Effect

The Ideal

- Rewards to increase desirable behavior
- Sanctions to decrease undesired behavior
- Used together – produce better outcomes
- Rule of Thumb: equal opportunity to earn a reward or incur a sanction
- If one can be punished for not doing something (missing treatment) they should also be able to attend a reward for compliance

Behavior Modification Factors

- Certainty and consistency – certain and consistent application of incentives and sanctions leads to more effective court
- Supervision – to apply incentives and sanctions consistently – monitoring behavior is crucial

Risk Principle

- Intensive Drug Court programs produce greatest benefits for offenders with anti-social backgrounds and are resistant to treatment
- Require more concentrated and sustained intervention
- Consideration of risk is necessary
 - Drug Court offers small benefits at a high cost for low risk offenders
 - Risk of learned anti-social behaviors from high-risk offenders

Risk Comparison

High-Risk

- Likelihood that an offender will not success on standard supervision; and
- Continue to engage in same behaviors that led to trouble
- Not risk of violence or dangerousness

Low-Risk

- Predisposed to modify behavior with minimal legal intervention

Criminogenic Need

- Clinical disorders or impairments that, if treated reduce likelihood of continued criminal activity
- Examples
 - Substance dependence (addiction)
 - Major psychiatric disorders
 - Brain injury
 - Lack of basic employment/living skills

Assessment is Critical

- Common deficiency: assessment of the clinical diagnosis
- Use brief screening instrument to determine abuse or dependence
 - Wide net
 - Identify a number of false positives
- Individuals who are substance **USERS** are grouped with those who are substance **DEPENDENT**

Recommendations:

- Screening tools indicating dependence should be followed by in-depth clinical evaluation
- Structured or semi-structured interview
- Use criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Properly trained evaluators
- Complete the assessment of risk and need **BEFORE** individual requirements established

Marlowe's Risk/Need Matrix

	High	Low
High (Substance Dependent)	<p>Standard Drug Court</p> <ul style="list-style-type: none"> Status calendar Substance abuse treatment Pro-social habilitation Adaptive habilitation Focus consequences on treatment & supervision Medication 	<p>Treatment Emphasis</p> <ul style="list-style-type: none"> Noncompliance calendar Substance abuse treatment Adaptive habilitation Focus consequences on treatment Medication
Low (Substance Abuse)	<p>Accountability Emphasis</p> <ul style="list-style-type: none"> Status calendar Prevention services Pro-social habilitation Focus consequences on abstinence and supervision 	<p>Diversion Emphasis</p> <ul style="list-style-type: none"> Noncompliance calendar Prevention services Focus consequences on abstinence

Shaping

<p>Proximal Goals</p> <ul style="list-style-type: none"> • Behavior participant is capable of performing and are necessary for long-term objectives <ul style="list-style-type: none"> • Attending court • Attending counseling 	<p>Distal Goals</p> <ul style="list-style-type: none"> • Behaviors that are ultimately desired but will take time to accomplish <ul style="list-style-type: none"> • Employment • Effective parenting
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Shaping Behavior – HR/HN

- Focus consequences on treatment and supervision
- Compliance with treatment and supervision conditions are a **proximal** goal
- Failure to complete proximal goals should result in higher magnitude sanctions
- Abstinence is a **distal** goal
- Use should result in lower magnitude treatment oriented responses

Shaping Behavior LR/HN

- Focus consequences on treatment
- Treatment attendance is **proximal** goal
- Failing to attend treatment
 - Non-compliance hearing
 - Substantial sanction
- Abstinence is a **distal** goal
- Use should result in treatment oriented response

Shaping Behavior – HR/LN

- Focus consequences on abstinence and supervision
- Compliance with abstinence and supervision are **proximal** goals
- Failure to comply should result in higher magnitude sanctions

Shaping Behavior – LR/LN

- Focus consequences on abstinence
- Abstinence is a **proximal** goal

Supervision

- Drug Testing
 - Minimum 2x per week
 - Nights, weekends and holidays
 - Random
 - Last supervisory burden to be reduced or lifted
- Law Enforcement and Community Corrections Officer Supervision leads to better outcomes
 - Witnessing participants in their natural environments

Timing of Incentives and Sanctions

- Window of opportunity begins to close within a few hours or days of behavior
- Longer interval between behavior and imposition of incentive or sanction reduces effectiveness
- Magnitude of incentive or sanction is critical
 - Avoid coddling
 - Avoid the “I have a hammer so everything looks like a nail” syndrome
- Not just looking for negative behavior – catch a participant doing something right

The Startling Truth

- Sanctions and incentives are not the most effective at high magnitudes
- Incentives at low to moderate magnitudes are effective
- Sanctions that are in the intermediate range are the most effective
 - Weak sanctions = Habituation = stagnant outcomes
 - Harsh sanctions = Ceiling Effect = resentment and avoidance
- Do not limit your ability to ratchet sanctions up or down as necessary

Sanctions

- Due Process and Procedural Fairness
- Sanctions will be received better
 - Fair procedures were followed
 - Participant given reasonable opportunity to explain
 - Treated like similar people in similar circumstances
 - Treated with respect and dignity
 - Clear explanation for how and why a decision was reached

Incentives

- Small or Non-Tangible
- Tangible
 - Fishbowl Procedure
 - Comparable or better outcomes than rewarding every positive behavior
 - Possibility of winning an award compensates for the reduced chances of success
 - Entertainment
 - No evidence of gambling trigger
- Impactful for HR/HN – habituated to punishment and not used to receiving positive reinforcement

Responding to a Positive Drug Test

- Jimmy is in the first phase of your Wellness Court. He has 10 days of sobriety. During a recent field visit by probation, Jimmy tested positive for amphetamines. This information was brought before the Wellness Court Team for consideration.
- Do you recommend a punitive sanction or an adjustment to his treatment plan?

It Depends!

Substance Dependent

- Substance dependent require time and effort to achieve sobriety
 - High magnitude sanction = ceiling effect
 - Run out of options
- Response to early use may result in enhanced treatment. Substance use later in treatment may result in increased sanctions

Substance Abuse

- Use is voluntary and under their control
- Increased treatment may not be logical
- Escalating sanctions may permit them to continue to use until sanction reaches threshold of attention
- Apply higher magnitude sanction

Assessments Matter

- Substance dependent users and substance abusers should receive different consequences for use early in treatment
- Separate them into different groups to avoid perceptions of unfairness
- Changes in treatment plans should be recommended by a trained clinician

Shaping through Sanctions and Incentives

Sanctions

- Failure to meet **proximal** goals/expectations
 - Sanction high to avoid habituation
- Failure to meet **distal** goals/expectations
 - Sanction low to avoid the ceiling effect

Incentives

- Meeting **proximal** expectations
 - Reward with lower-magnitude incentive
- Meeting **distal** behaviors
 - Reward with higher-magnitude rewards

Shaping and Phase Advancement

- Distal goals should become proximal goals
- When distal behavior (abstinence at Phase I) becomes proximate behavior (abstinence at Phase IV)
 - Failure of proximal goal = higher magnitude sanctions
 - Achievement proximal goal = lower magnitude incentive
- Phase Advancement should advise participant about expected changes in proximal and distal goals and behaviors

Possible Sanctions and Incentives

- www.ndcrc.org
- 12 pages of low, moderate and high incentives and sanctions
- Lists from other jurisdictions

Further Information

- www.ndcrc.org
- Marlow, D.B. *Behavior Modification 101 for Drug Courts: Making the Most of Incentives and Sanctions*, NDCI Drug Court Practitioner Fact Sheet, September 2012

We all...

Should take a leap of faith

Struggle



Need a little help



And can to do together what we cannot do alone!

