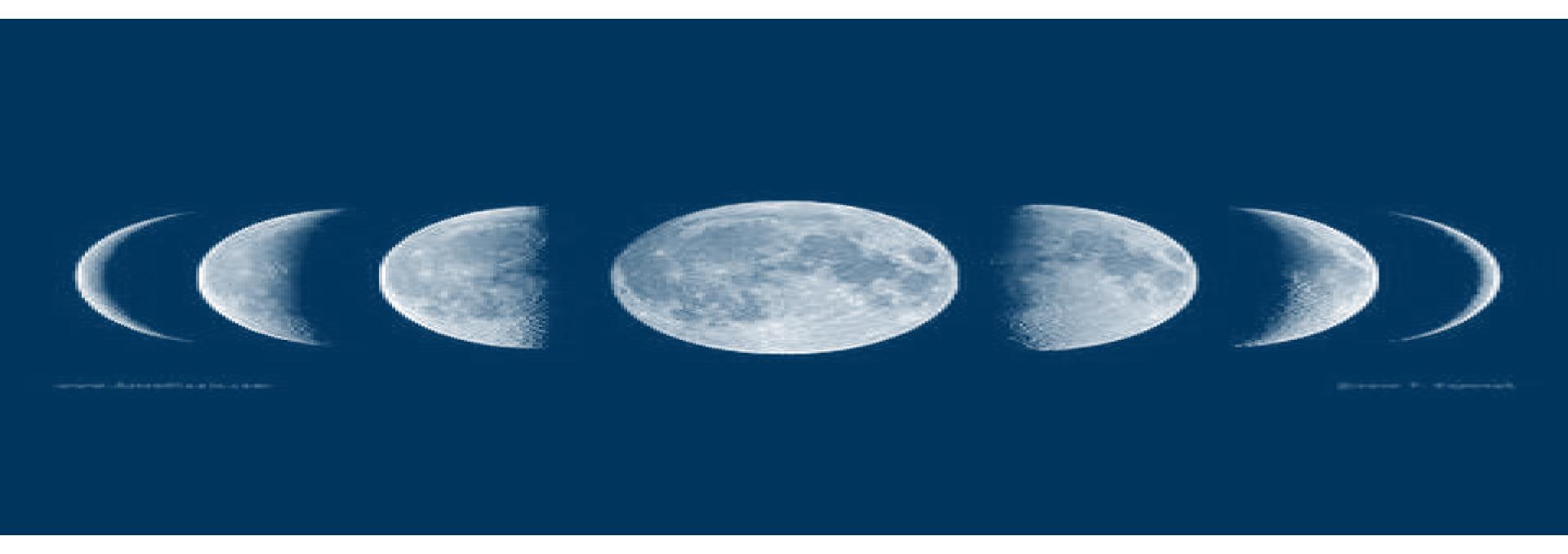
Phase Progression & Responses to Client Behavior





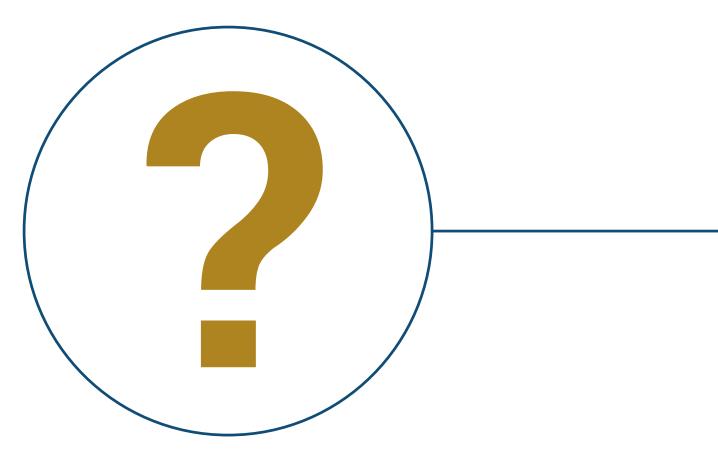
Adult Redeploy Illinois – Criminal Justice Coordinating Councils Summit

structure.

Mission defines strategy, and strategy defines structure.

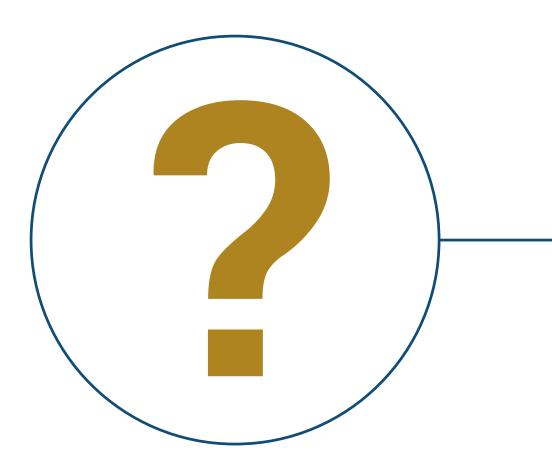
-Peter Drucker

Why is structure important?





What should be considered when developing criteria for program advancement?





Goals Proximal and Distal

Proximal = immediate or short term

Distal = long term

Goals are detailed in the case plan

- Using the results of the ARA to match clients to appropriate interventions and factoring these results into the case plan.
- Case plans should outline proximal and distal goals.

Sanctions should be higher for a proximal behavior than a distal behavior early in the program.



Common Considerations

Program Length

Number of Phases (if appropriate)

Phase Length (if appropriate)

Phase Goal or Purpose

Clear Criteria for Advancement and Achievement of Goal or Purpose Supervision Requirements

Compliance with Case Plan

- Court Appearances
- Drug/Alcohol Testing
- Probation Officer Interactions
- Goal Progress/ Achievement
- Curfew

Treatment Requirements

Compliance with Treatment Plan

- Attendance
- Participation
- Goal Progress/ Achievement
- Sobriety
- Self-Help

School/Work Requirements

- Attendance
- Participation
- Educational Achievement



Common Issues



Unrealistic Expectations

Treatment and supervision requirements are often front loaded in the program without regard for the conflicts they may cause for participants.



Minimal Differentiation

Program advancement criteria, particularly in the middle of the program, tend to have very similar requirements, treatment and expectations.



Supervision Emphasis

The emphasis in program progress tends to be on supervision requirements and often neglects treatment and case management needs.



Unclear Advancement Criteria

Often teams do not specify the specific criteria necessary for a participant to progress through the program



Lack of Quality Assurance

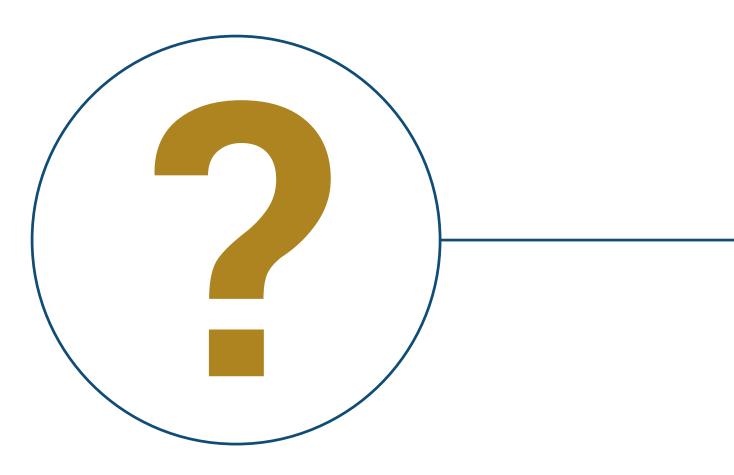
Most teams do not do any quality assurance to ensure the team is adhering to the program structure.



Phases work when they are fair, self-directed, and meaningful.



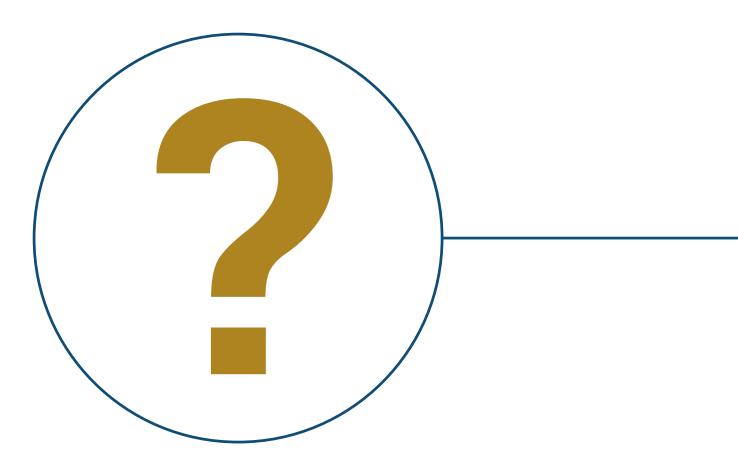
What expectations do you have of a participant in the first two months of the program?





Desired Attributes **Actual Attributes**

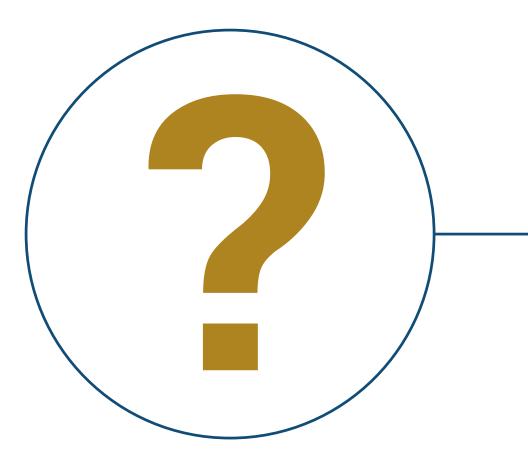
What expectations do you have of a participant in the month before they graduate?





Desired Attributes **Actual Attributes**

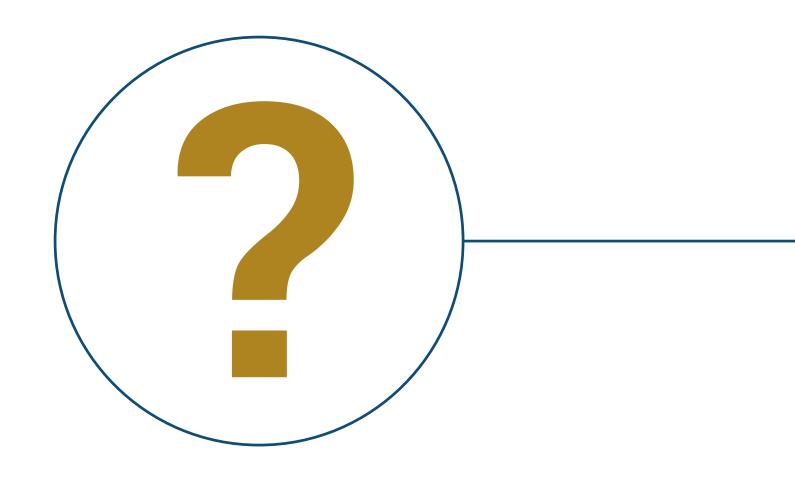
What expectations do you have of a participant in the month before they complete probation or graduate?







If you don't have phases what is your program's process for measuring participant change over time?





Program Advancement Considerations

Sobriety

Throughout the program participants should demonstrate increasingly longer periods of abstinence.

Community Service

If appropriate, determine the best time in the program for beginning community service, and set the number of hours required.

Specialized Programs

For each program, establish what must be accomplished to complete probation/graduate. Be thoughtful about the number of program requirements

Treatment Progress

Participants are involved in different levels of care and interventions, so clearly iterate how treatment progress is tied to program advancement.

Court Requirements

The frequency of court appearances (if appropriate) should start bi-weekly and decrease over time.



Program Advancement Considerations

Family Relationships Consider how to incorporate the participant's progress in family relationships —reported compliance, communication, and taking increasing responsibility with family.

Restitution

If participants are required to pay restitution, specify beginning and completion dates. Restitution payment requirements should be based on income/ability to pay.

Aftercare Planning

Determine when and how participants are expected to participate in their aftercare planning. Ensure criteria for completion is clearly outlined.

Special Assignments

This may include any special requirements your program deems necessary for advancement (i.e., essays, applications, posters, etc.). Ensure criteria for completion is clearly outlined.



Phase I Getting Ready

GETTING READY
(Readiness,
Stabilization,
Preparation,
Orientation)

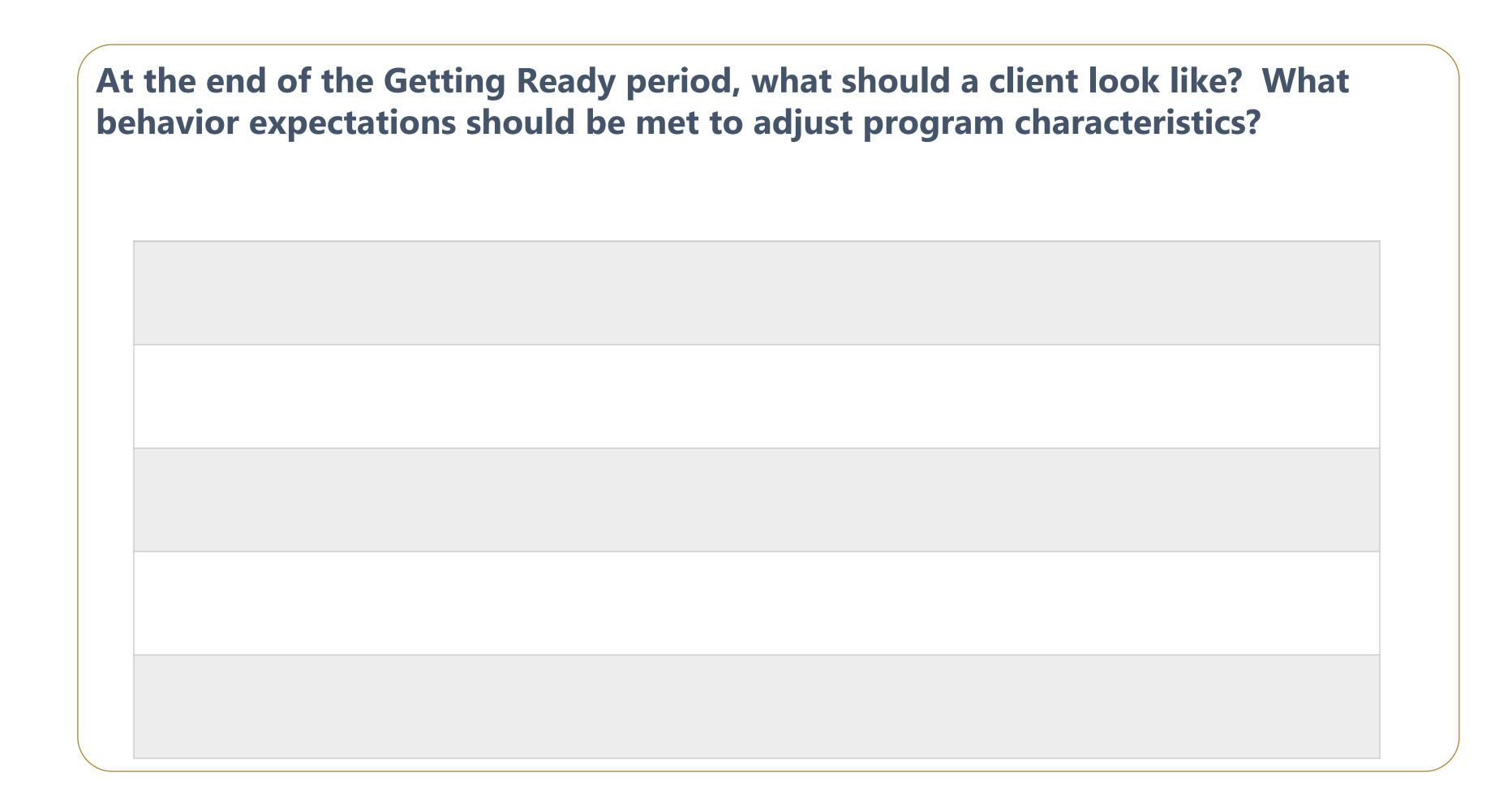
Behavior Expectations

Show up to treatment, court, and supervision appointments



- High level of structure, supervision and accountability
- Focus on compliance: showing up for treatment appointments, court, and drug testing
- Getting the individual ready to participate in the program
- Learning more about their needs and supports
- Establish a service plan
- Build trust with the participant





Phase II Getting Involved

GETTING INVOLVED (Engagement, Performing)

Behavior Expectations

Participation in treatment
Working on skill development
Completing school assignments and improving performance
Increase in responsibility



Program Characteristics

- Implement individual treatment plans
- Focus more on engagement —moving beyond compliance
- Begin skill development
- Intensive treatment begins
- Begin community service and restitution payments, if required
- Introduce journaling



What should a client who has met the expectations to make changes look like? What behavior expectations should be met to adjust program characteristics? How long will they have been in the program?

Phase III Making Changes

MAKING
CHANGES
(Reflection,
Enrichment,
Development,
Sustaining
Change)

Behavior Expectations

Focus on engagement in treatment
As treatment continues, focus on internalizing change
Use court and supervision to monitor changes occurring in the participant
Slowly reduce reporting requirements as the participant demonstrates
internalized change



Program Characteristics

- Change the proximal goals to focus more on internalized change
- Reduce program requirements as internalized change is demonstrated
- Most of the treatment work will occur in this stage
- Increase expectations on the participants



Phase IV Transitioning/Completion

TRANSITIONING
(Return to
community,
Aftercare,
Continuing
Care)

Behavior Expectations

Transition to natural supports in the community
Sustained engagement in school and/or work
Limited contact with the court, treatment and supervision
Participate in aftercare



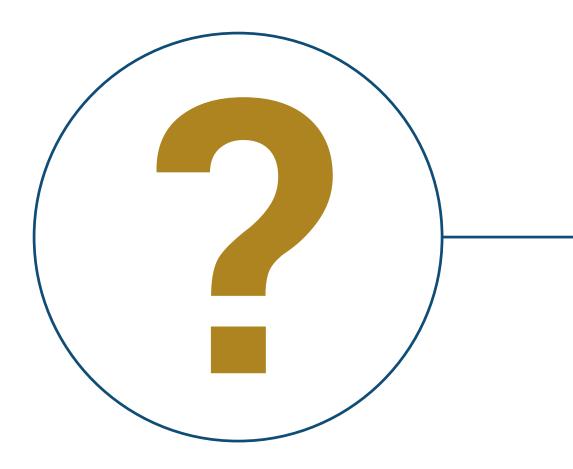
Program Characteristics

- Limit contact with the court, treatment and supervision
- Focus on developing systems of support outside of the program
- Encourage engagement in full-time work or school
- Reduce drug and alcohol testing requirements



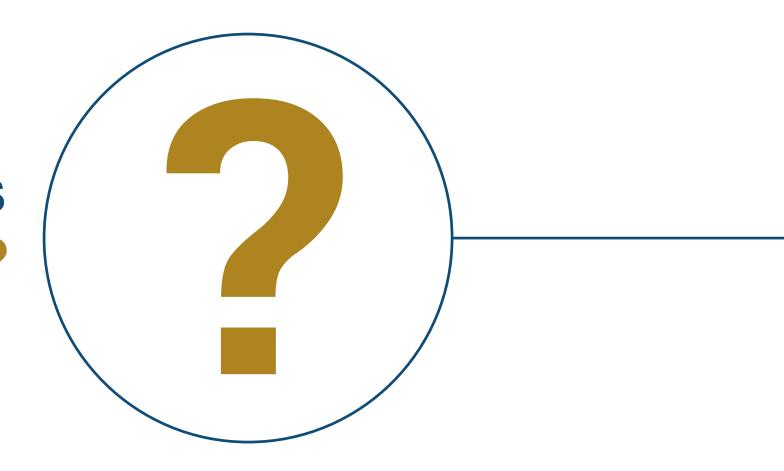
What should a client who has met all program requirements and nearing graduation look like? What behavior expectations should be met to adjust program characteristics? How long will they have been in the program?							

Have you ensured your program requirements are realistic?





Have you ever included participants in the program advancement process?





Responses to Client Behavior





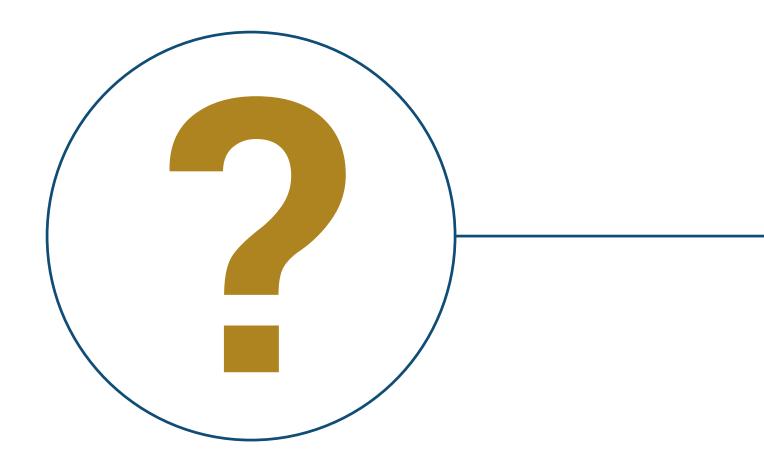
Key definitions.

What is an Incentive?

Positive Reinforcement: Brings the benefits of abstinence forward in time by providing tangible and immediate rewards. Examples of tangible rewards: Verbal praise, tokens, gift certificates, fish bowl, etc.)

Negative Reinforcement is taking something away to improve behavior.

Examples of negative reinforcement: Reducing the frequency of court hearings; moving curfews to a later time; shortening the time spent under supervision; and reducing the frequency of visits with the probation or parole officer.



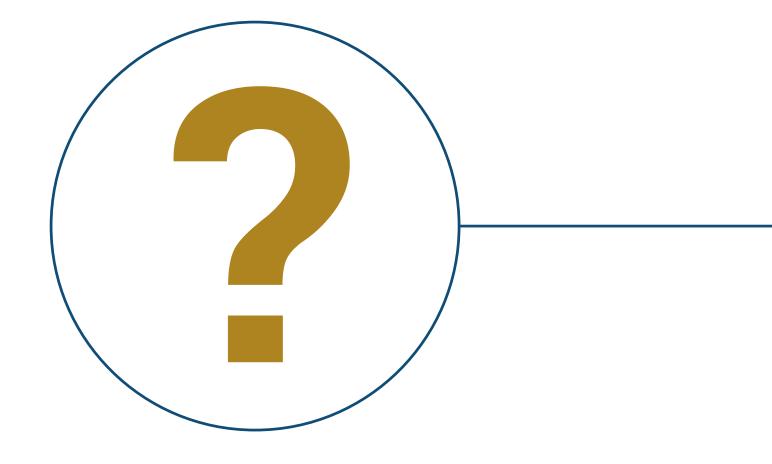


What is a Sanction?

Punishment: "Any consequence of a specific behavior that reduces the likelihood that the behavior will be repeated, or repeated at the same rate, in the future," (Marlowe, 1999).

Response cost: Something beneficial is taken away to encourage the desired behavior.

Examples: Losing points, return to more frequent curfew, return to more frequent court hearings.





Employing incentives and sanctions.

How to Reinforce Treatment

Progression in Treatment Engagement





Incentives and sanctions are a means of shaping behavior and encouraging engagement in treatment and/or supervision long enough to move through these stages.



The goal is not to punish nor is it to provide "gifts," but to teach clients what to do.



Producing Desired Outcomes to Client Behavior

To produce desired outcomes, reactions to behavior must be:

- Certain: Maintain a reliable monitoring system for behavioral expectations supervision, drug testing, etc. Do not have an expectation you cannot enforce.
- Specific: Utilize objective, measurable behavioral goals and expectations that are
 provided to the participant, including behavioral expectations and a range of responses.
- Immediate: Respond quickly so the individual associates the incentive or sanction with the behavior.
- Fair: Does not mean treating everyone exactly same. Equitable not equal. Notice and opportunity to be heard.
- Of the Appropriate Intensity: Take into account where the person is. If you exhaust your highest magnitude sanction early you will realize the "ceiling effect."



Certainty Defined



Certainty is the most important component of an effective behavior modification strategy.



Certainty is having monitoring systems in place for all requirements so infractions are reliably detected and positive reinforcement is provided on valid information.

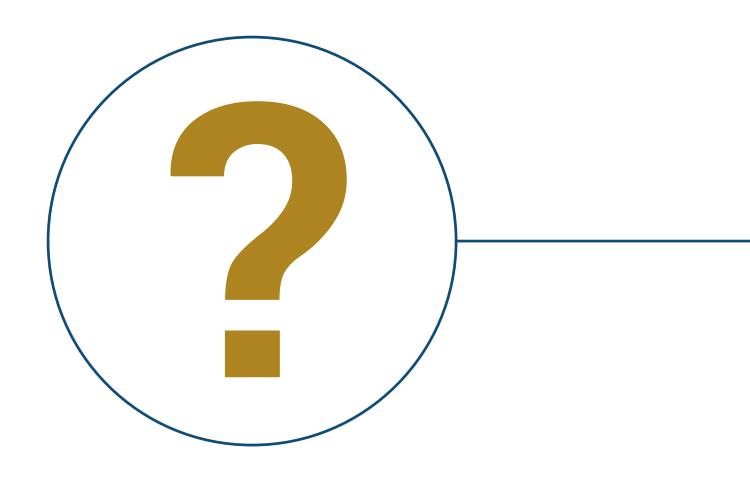


Trust but verify - need to have confidence that sanction is warranted based on valid information.



What Does This Mean for Staff?

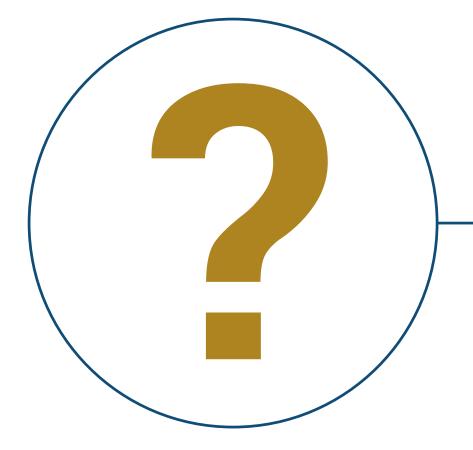
- You have to have clearly-defined behavioral goals for the participant/client, and be vigilant in monitoring these goals.
 THIS IS HARD WORK!
- Administrators have to work to achieve clear expectations as a team (coordination across systems – participant and treatment).
- Progress or the lack thereof must be shared among all team members. You have to trust your colleagues and be extremely conscientious about your communication when you work on a team.





What Does This Mean for Staff?

- Don't have a requirement that you do not have the resources to monitor.
- Drug Testing: Reliable drug and alcohol testing system.
 Failure to detect use puts clients on an intermittent schedule of rewards and sanctions.
 - Random system
 - Tampering, adulteration and dilution must be addressed
 - Frequency of testing minimum of 2x a week
 - Scientifically valid testing process (chain of custody, testing protocols, etc.)
- Off-hour home checks to include evenings and weekends.





Behavior	Possible Incentives	Possible Sanctions	Treatment Responses
	•		

Specificity Defined

Each client should have an individualized case plan based on the use of validated instruments that thoroughly assess risk and needs.

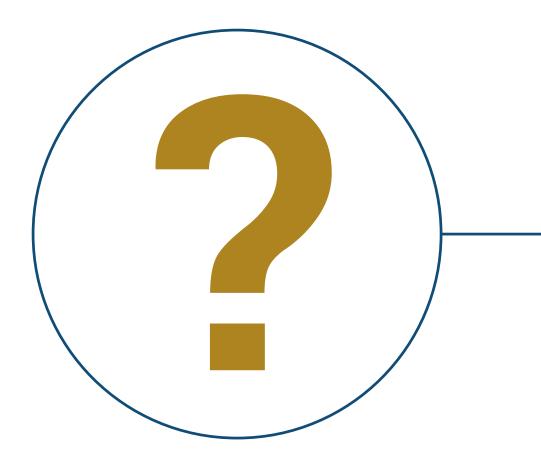
Case plans should include specific goals with matched interventions/services (treatment and ancillary referrals).

- Services/interventions should include research-based treatment/cognitive behavioral options.
- One size fits all treatment groups and/or self help groups are not enough.

Goals should also be measurable so it is clear to the client and to staff when a goal is reached.



- While program rules apply equally to everyone, case plans should be individualized to meet each client's assessed risk and needs.
- Case plans and interventions/services should also address responsivity (individual strengths, learning style, personality, motivation and bio-social characteristics (gender, race, etc.).
- Case plans should be devised with the client and reviewed and revised regularly.
- Gients should be provided with written consequences for reaching goals (incentives) or for failing to meet expectations (sanctions) at the outset of the program.





Immediacy Defined



Ideally, sanctions are delivered each time an infraction occurs and rewarded or praised each time a goal is met, especially in the beginning of the program.



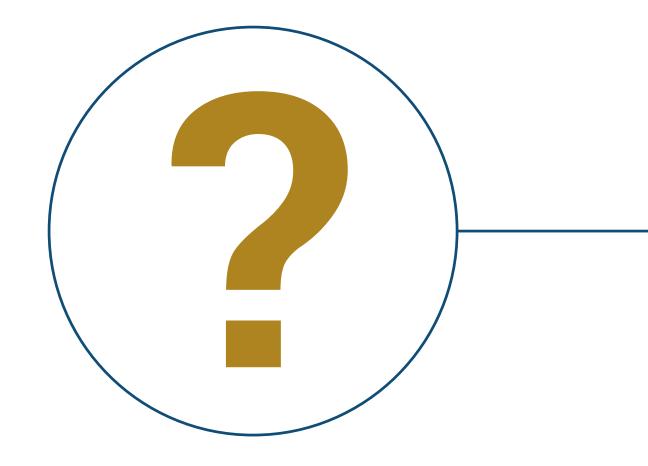
"The impact of a sanction is strongest when it is delivered immediately after an infraction. When a sanction is delayed, many new behaviors will fall in between the violation and the sanction, inadvertently pairing desirable behavior with the sanction," (Marlowe, 1999).



You have to work to achieve change.

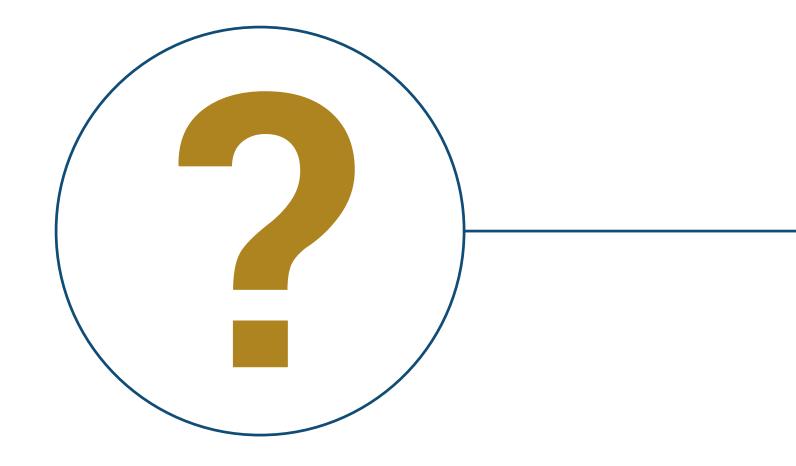
Several ways to address immediacy:

- Frequency of court hearings where appropriate a minimum of every two weeks in the initial stages of the program for high risk/high need participants.
- Supervision having the ability to do sanctions until next court hearing (non-jail sanctions unless immediate threat) – extend curfew, more frequent appts, more frequent drug testing, etc.
- For circumstances when scheduled review hearings are more than two weeks out and revocation/jail sanction considered, having a process to schedule earlier hearings.





- Similar sanctions and incentives have completely different effects depending upon the situation and client.
- Different people and different communities value different things so strive to understand your community and those you serve.
- How to figure out what your clients value?
 ASK! Do surveys, focus groups, etc. in establishing your sanctions and incentives.





Intensity Defined



The imposition of the minimal amount of punishment necessary to achieve program compliance.

- Sanctions tend to be least effective at the lowest and highest magnitudes and most effective within the intermediate range.
- Sanctions that are too weak can precipitate habituation, in which the individual becomes accustomed, and thus less responsive, to punishment.
- Sanctions that are too harsh can lead to resentment, avoidance reactions, and ceiling effects, in which the team runs out of sanctions before treatment has had a chance to take effect.



Intensity Defined



The intensity of sanctions increases with the number and seriousness of program non-compliance.



Drug courts that use jail greater than 6 days have worse (higher) recidivism (NPC Research).

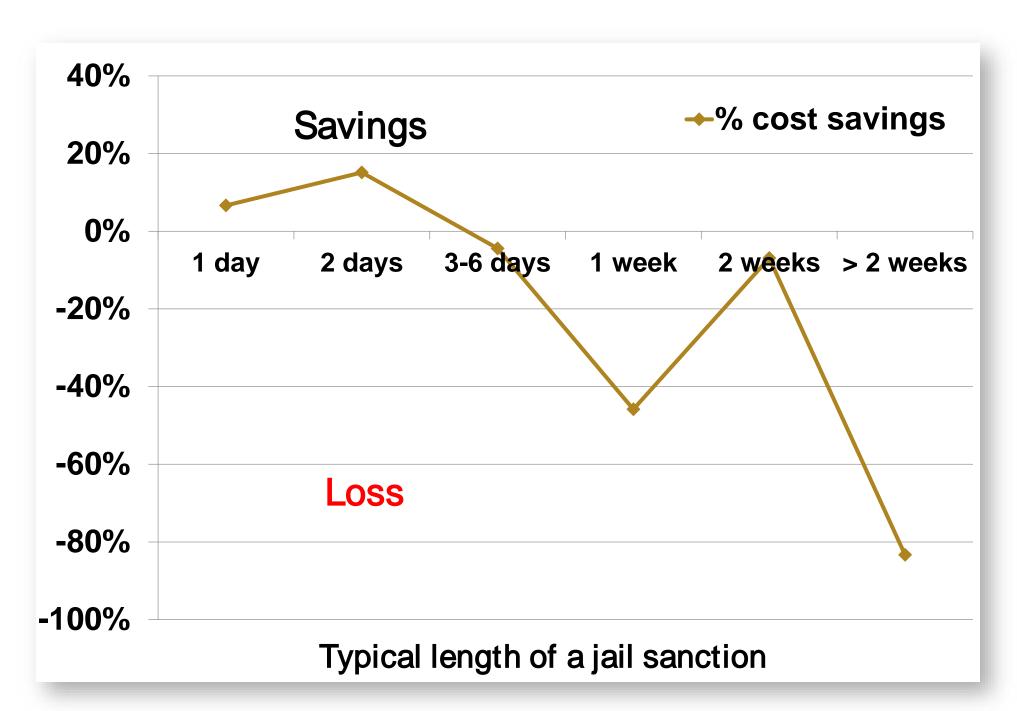


Courts that use jail have higher costs associated with their drug court.



Intensity Defined

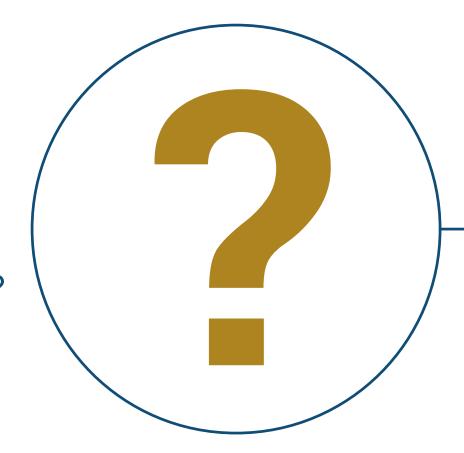
More jail time is related to higher costs.





Source: NPC Research

- It is dangerous to be too lenient or too harsh.
- Reserve the most intense/highest level sanctions as the last resort.
- Do not start all sanction discussions with "What did we do last time?" and then add.
- Consider the following:
 - How long has the participant been on supervision and/or in treatment?
 - Did they fail to reach a proximal or distal goal/expectation?
 - Are there extenuating circumstances that need to be considered?
 - Were the expectations clear?
 - Did the probationer have the capacity to understand the expectations?





Incentivizing Productivity



Best intrinsic motivator = praise



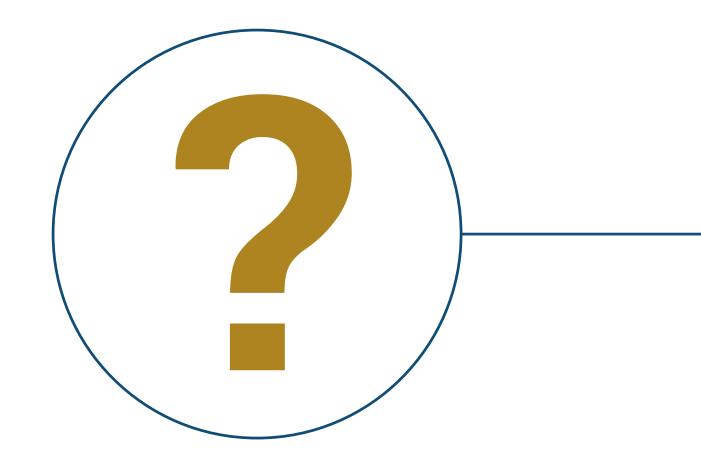
There appears to be no ceiling, as long as it is sincere



Incentives are not to provide basic needs such as food, shelter or clothing



- Spend at least as much time discussing appropriate incentives as on sanctions.
- Clearly explain the behaviors that result in rewards.
- When bestowing an incentive, describe the behavior(s) that merited the incentive.
- Ensure the reward system is perceived as fair, even if the rewards are not the same.
- Do NOT overcomplicate the system you use to determine who receives an incentive.





Therapeutic Reponses to Client Behavior



Is it non-compliance or non-responsiveness to treatment?

Example: participant is going to treatment and continues to test positive. Sanction or therapeutic adjustment?



Treatment professional provides expert opinion (may need a re-assessment).



Attempt to differentiate between a therapeutic response and a sanction.

A change in treatment modality to one that is more intensive and restrictive is not a sanction.



Summary.

Sanctions and Incentives Self-Evaluation

Be vigilant for differences in perception of the same behavior based on differences in:

- Gender
- Age
- Race
- Socio-economic status

- Religion
- Presentation (contrite vs. aggressive)
- Life circumstances (parent vs. non-parent)
- Drug of choice

As probation staff/treatment staff/criminal justice staff, we bring our own values/judgments/"stuff" to the table when responding to behaviors. It's much easier to see bias in others versus our own biases.



Establish Expectations of Client Behavior



Written agreements and contracts work



Have a handbook to make expectations clear

- Available for the treatment team to use during staffings
- Use the court room to teach (where appropriate)



Learned helplessness can occur when target behaviors are not clear



Key Concepts for Practice

The method of delivery of the response is as important as the response itself.

The needs of special populations need to be taken into consideration.

Your favorite client is NOT a special population!



The magnitude of sanctions and incentives should be based on whether a proximal or distal goal is being addressed.

Reserve high magnitude sanctions for proximal goals.

Responses must be predictable and controllable.



Key Concepts for Practice

"Punishment can only be effective if the individual has both the ability and the opportunity to respond as desired. An individual cannot learn to behave as expected if the demands placed upon him or her are excessive, or if he or she lacks the skills required to respond appropriately," (Marlowe, 1999).



Questions?

Thank you.

Questions? Please reach out!



