

Have You Done Everything You Could to Avoid Termination?

Termination is like surgery - it should be the ONLY thing you can do, or the absolute LAST thing you do

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CHECKLIST

Questions to ask yourself before termination

- WHAT assessments and screens did we do?
 - Risk and need? Trauma, MAT, mental health, physical health, etc.?
- Did we miss any? Are there others we should consider?
- WHEN were they last done?
- Did we address everything that the assessment said? (Did we provide services according to the specific needs revealed in the assessments?)
- 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?
- Has the team worked to develop rapport with participants based on showing respect, empathy, alliance and positive regard?
- Why are you terminating? Direct threat to public safety (not to self)? Are you frustrated?
- Have you responded appropriately to the participant's behavior?
 - Incentives – used to confirm for the participant that they are moving in the right direction
 - Have you incentivized the small steps?
 - Are you providing more attention in response to positive movement rather than extended attention on poor behavior?
 - Are you providing at least 4 incentives to every sanction?

- Sanctions – used to send message to the participant that they are moving in the wrong direction
 - Are you starting with a low level sanctions and only increasing severity if the same poor behavior persists?
 - Are you saving jail for behavior that is dangerous to others or compromises the integrity of the program? (When sanctioning to jail are you using less than 5 consecutive days?)
 - Have you confirmed that the sanctions you are choosing are actually reducing participant poor behavior?
- Teaching responses – used to help participants reflect, learn from their behavior and to teach new skills
 - Have you considered what skills the participant lacks that they need to learn?
 - Have you responded to participants in a way that provided a learning experience for the participant and others in the courtroom?
 - Have you consistently checked for participants' understanding?
- Therapeutic adjustments – implemented by substance use and mental health disorder clinicians (not by the court) based on assessed need
 - Was a clinical assessment performed and has treatment been provided according to assessed need?
 - Has a clinician reassessed participants to determine if a different type of treatment or different level of care was needed?
 - Is the appropriate treatment or level of care available?
- Monitoring adjustments – used to gather information about participant behavior, provide support and promote accountability
 - Have you checked on participants housing and family situation?
 - Have you created a case plan that addresses assessed criminogenic needs and does not include requirements for services the participant does not need

The purpose of incentives, sanctions, monitoring and teaching 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.

A variety of examples of responses to participant behavior are provided below. Click on the links to jump to the section on each type of response

[Incentives](#)

[Teaching Responses](#)

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[Therapeutic Adjustments](#) (Clinicians only)

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RESPONSES TO BEHAVIOR - EXAMPLES

Incentives

Incentives provide confirmation that people are moving in the right direction
(associating a good feeling with certain behaviors)

*What is your ration of **incentives** to sanctions? *Note: You can provide multiple incentives for a single positive behavior or during a single court session. For example, if someone was on time for all appointments since the last court session you can provide verbal praise, applause, a fist bump and a token or gift card.*

- Judicial praise-most powerful
- Team acknowledgment
- Hold the person up as a positive example
- Invite peer approval (applause and cheers)
- All Star Board(s)
- High fives, fist bumps, two thumbs up, team salutes in Courtroom
- Applause
- Standing Ovation, do “the Wave”

Certificates noting specific achievements

- | | |
|---|--|
| ○ Attendance (#1- proximal goal-show up) | ○ Participation, and completion certificates! MRT, Seeking Safety, Parenting, Anger Management, nutrition, cooking skills, financial management. |
| ○ On time awards | ○ Positive peer activities |
| ○ Honesty | ○ Leading meetings, attendance at recovery events |
| ○ Honesty when it’s hard | ○ Stopped smoking, starting a walking group of folks in recovery. |
| ○ Probation certificates | ○ Helping others, including fellow participants |
| ○ Treatment Certificates | ○ First 48, 72, 96 hours negative tests with perfect attendance...etc. |
| ○ Team Certificates | |
| ○ Court Certificates | |
| ○ Promotions to phase up in Court | |
| ○ Separate phase up for treatment accomplishment | |
| ○ Got a “paycheck job”. | |
| ○ Got a raise! | |
| ○ Got a GED or is enrolled in college or trade school | |

- Tokens (decision dollars, coins, chips) with exchanges Treatment Court Store, or choice of 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

- 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.

Sanctions

Sanctions are used to stop undesired behavior

- 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
- For failure to appear, law enforcement/probation picks up participant and brings them to court or probation
- Short-term (a few days) daytime attendance at jail (no overnight)
- 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)

Monitoring Responses

Monitoring provides information for the team, help and accountability

- 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?
 - Does your case plan focus on specific assessed needs?
 - Break down requirements and goals into smaller steps to make them achievable.
- Collaborate with the participant in creating goals and the steps to reach those goals.
- Increase home visits, office visits
- Examine home environment and recovery environment with ASAM in mind. Watch for Maslow's needs (food, shelter, safety), and in home victimization.
- Adjust curfew (as long as you can enforce a curfew), 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.

Teaching Responses

Helping the participant reflect and learn

- 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 with participant, look for periods for compliance, and determine what worked when they were compliant-pursue the strengths and successes.
- 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.)
- Writing letters to nursing home residents, soldiers, etc.
- Essay, art, poster, or photography contests ("What Recovery Means to Me", My Recovery Journey", etc.)

Papers on...

- Consequences
- What causes dilute tests
- Triggers
- Dealing with stress and a plan
- What makes you feel good without alcohol or drugs
- Reasons to quit
- People to call, including contact numbers
- Choices and when to make them
- What the violation was, and how to handle it differently (behavior chain)

Treatment Adjustments

Decided and performed by licensed clinician only (Ordered by the court)

- 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?
- 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 and in a format that fits participants abilities? Are "boosters" needed?
- Treatment matching (Alliance, positive regard)? 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)