



Responding to Participant Behavior in Family Drug Courts

October 21, 2011

Presented by:

Linda Carpenter

Program Director

Alexis Balkey

Program Associate

Children and Family Futures



This project is supported by Award No. 2009-DC-BX-K069
awarded by the Office of Juvenile Justice and Delinquency
Prevention,
Office of Justice Programs



Introductions



- **Linda Carpenter M.Ed.**
Program Director
Children and Family Futures
Irvine, California

- **Alexis Balkey BA, RAS**
Program Associate
Children and Family Futures
Irvine, California

Agenda

- Welcome and Opening Remarks
- 3 Essential Elements of Responses to Behavior
- Responses to Behavior in Family Drug Court
- 10 Science-Based Principles
- Rethinking Sanctions and Incentives
- Questions and Discussion
- Next Steps

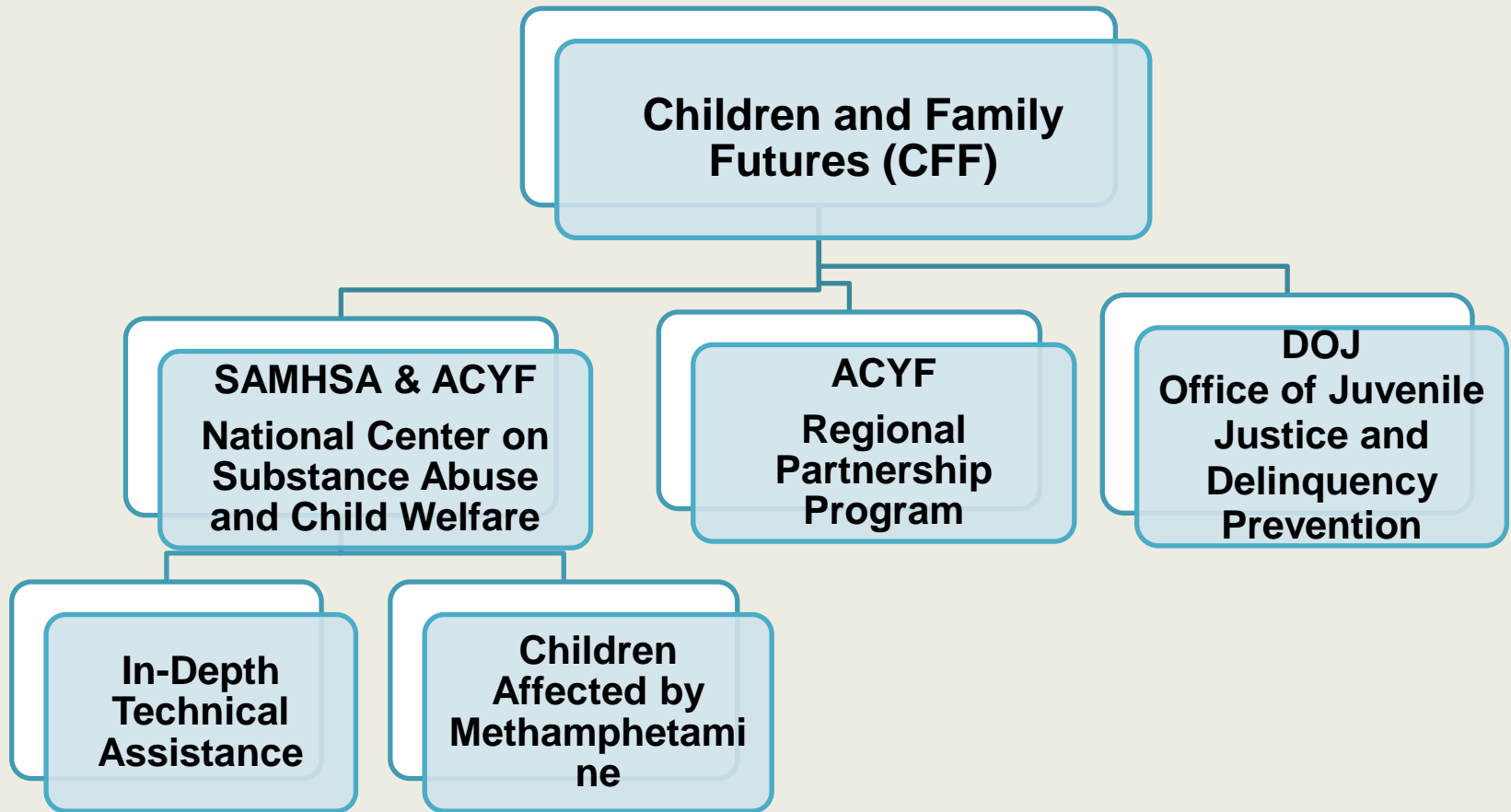


Children and Family Futures

Mission

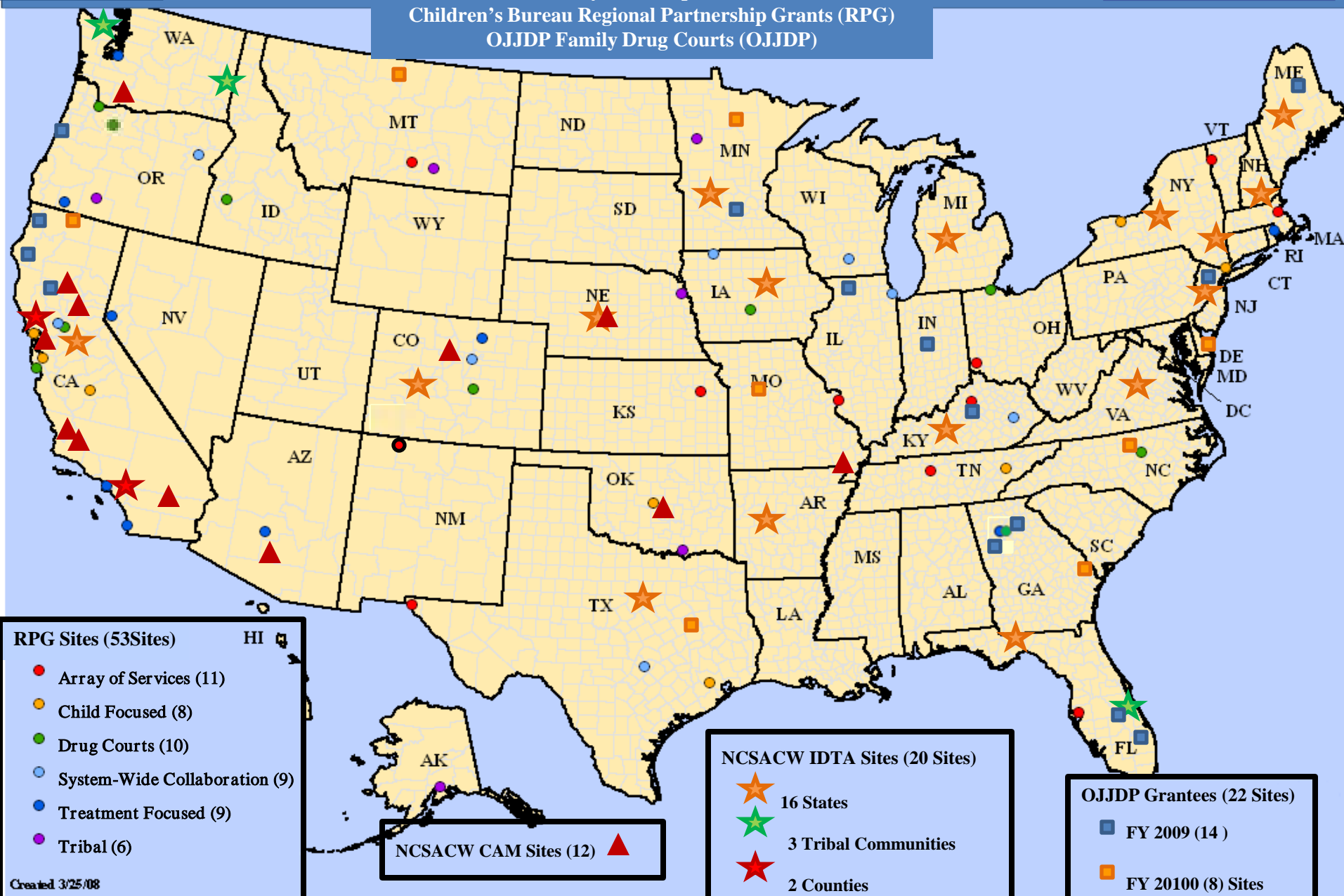
Improve the lives of children and families,
particularly those affected by substance
use disorders.

CFF Primary Technical Assistance Programs



<http://www.cffutures.org>

NCSACW In-Depth Technical Assistance Sites (IDTA)
Children Affected by Methamphetamine Sites (CAM)
Children's Bureau Regional Partnership Grants (RPG)
OJJDP Family Drug Courts (OJJDP)





3 Essential Elements of Responses to Behavior

Linda Carpenter



3 Essential Elements of Responses to Behavior

1. Addiction is a brain disorder
2. Length of time in treatment is the key.
The longer a parent stays in treatment:
the better they do.
3. The purpose of sanctions and incentives is to keep participants engaged in treatment.



ASAM Definition of Addiction

“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”

Adopted by the ASAM Board of Directors 4/12/2011



ASAM Definition of Addiction

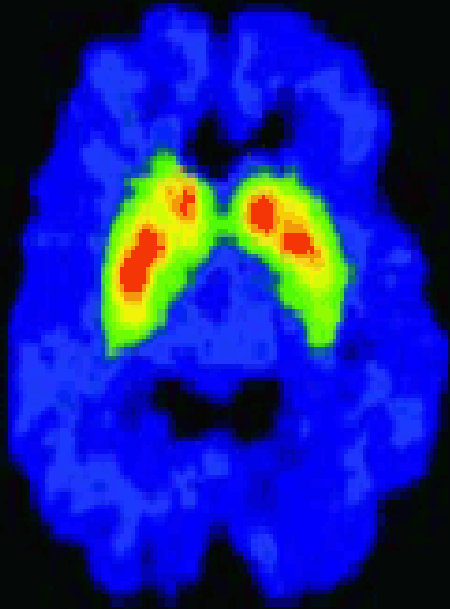
- Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response.
- Like other chronic diseases, addiction often involves cycles of relapse and remission.
- Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

Adopted by the ASAM Board of Directors 4/12/2011

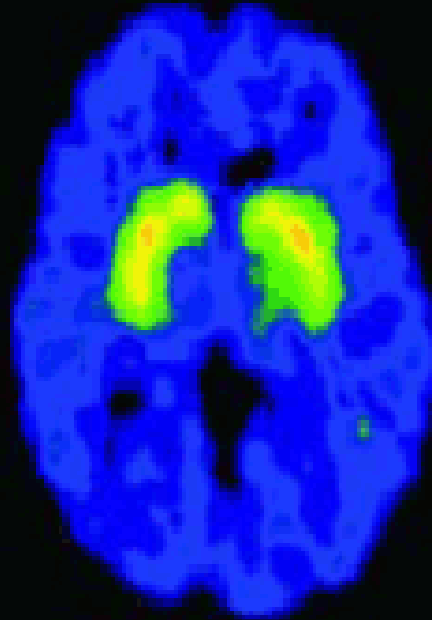
Addiction affects the brain



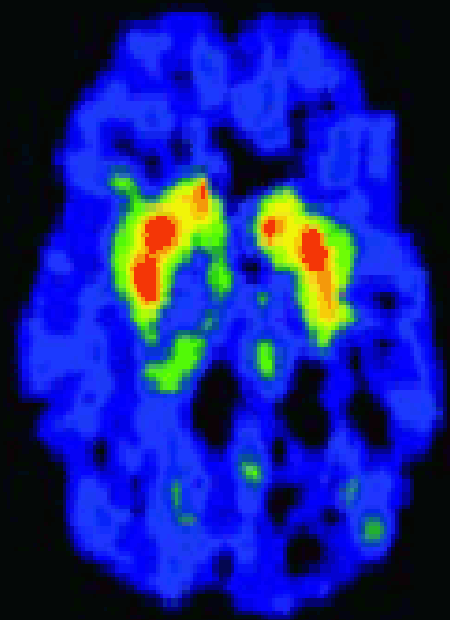
BRAIN RECOVERY WITH PROLONGED ABSTINENCE



Healthy Person



METH Abuser
1 month abstinence



METH Abuser
14 months abstinence

Proximal vs. Distal Responses

- Timing is everything-delay is the enemy-how can you as a team work on this issue?
- Intervening behaviors may mix up the message.
- Brain research supports behavioral observation-dopamine reward system responds better to immediacy.





Perfect Storm of Early Recovery

Compromises in the neurobiological activity:

- Reward
- Affective Experience/ Emotion Regulation
- Pleasure
- Motivation
- Desire or Goal- Directed Intention
- Inhibitory Process
- Balance of activation of desire and restraint
- Pain Management
- Judgment and decision making
- **Compromises can exist for months into the course of recovery.**

Frequency of Responses

- Responses should be delivered for every target behavior.
- Undesirable behavior must be reliably detected
- Frequency of contact with a Judge needs to be matched with the offender's needs. High-end need more, low end need less.





Responses to Behavior as an Engagement and Retention Principle

- Treatment dropout is one of the major problems encountered by treatment programs; therefore, motivational techniques through appropriate responses to behavior can keep patients engaged and improve outcomes.
- Good outcomes are contingent on adequate treatment length.

<http://www.drugabuse.gov>

What is Success in FDC?

Key Outcomes



Safety (CWS)

- Reduce re-entry into foster care
- Decrease recurrence of abuse/neglect

Permanency (Court)

- Reduce time to reunification
- Reduce time to permanency
- Reduce days in care

Recovery (AODS)

- Increase engagement and retention in treatment
- Increase number of clean UA's
- Increase number of graduates
- Decrease Recidivism

AFSA Clock



- FDC's goal is safe and stable permanent reunification with a parent in recovery within the time frames established by ASFA.
- Responses aim to enhance the likelihood that the family can be reunited before the ASFA clock requires an alternative permanent plan for the child.

Three Clocks: Competing Requirements



AFSA



Treatment
Recovery



Child's
Developmental





Responses to Behavior in Family Drug Courts

Alexis Balkey

FDC Framework

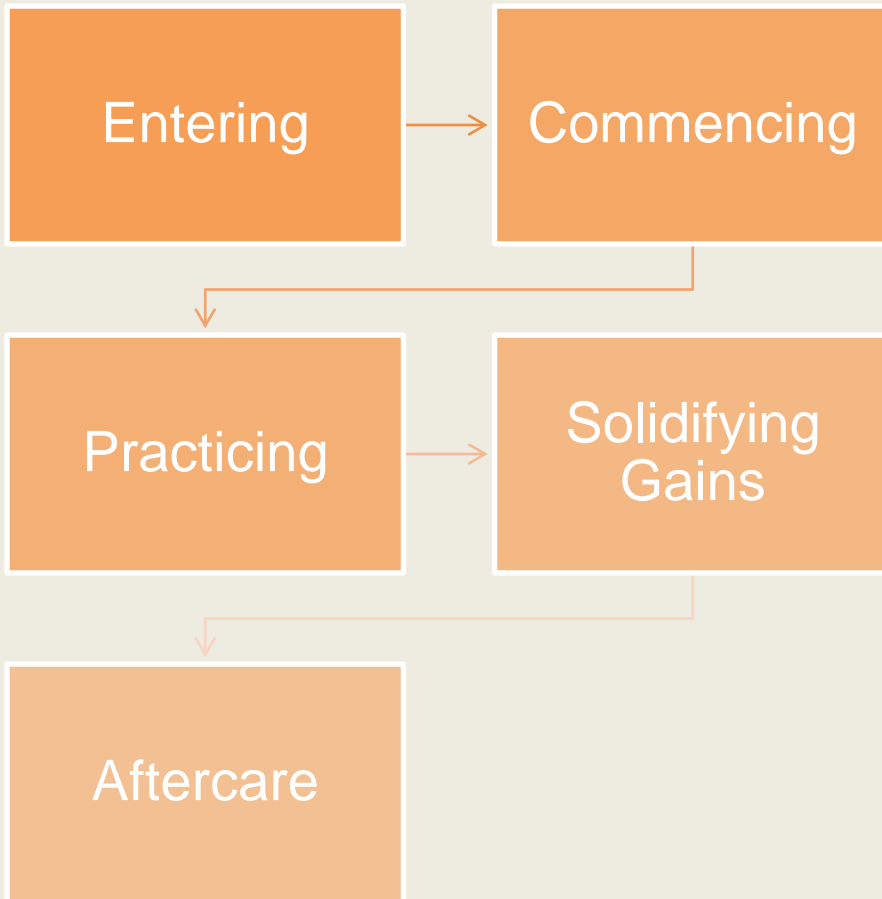


FDC focus is on treatment

Responses are thus
based on treatment

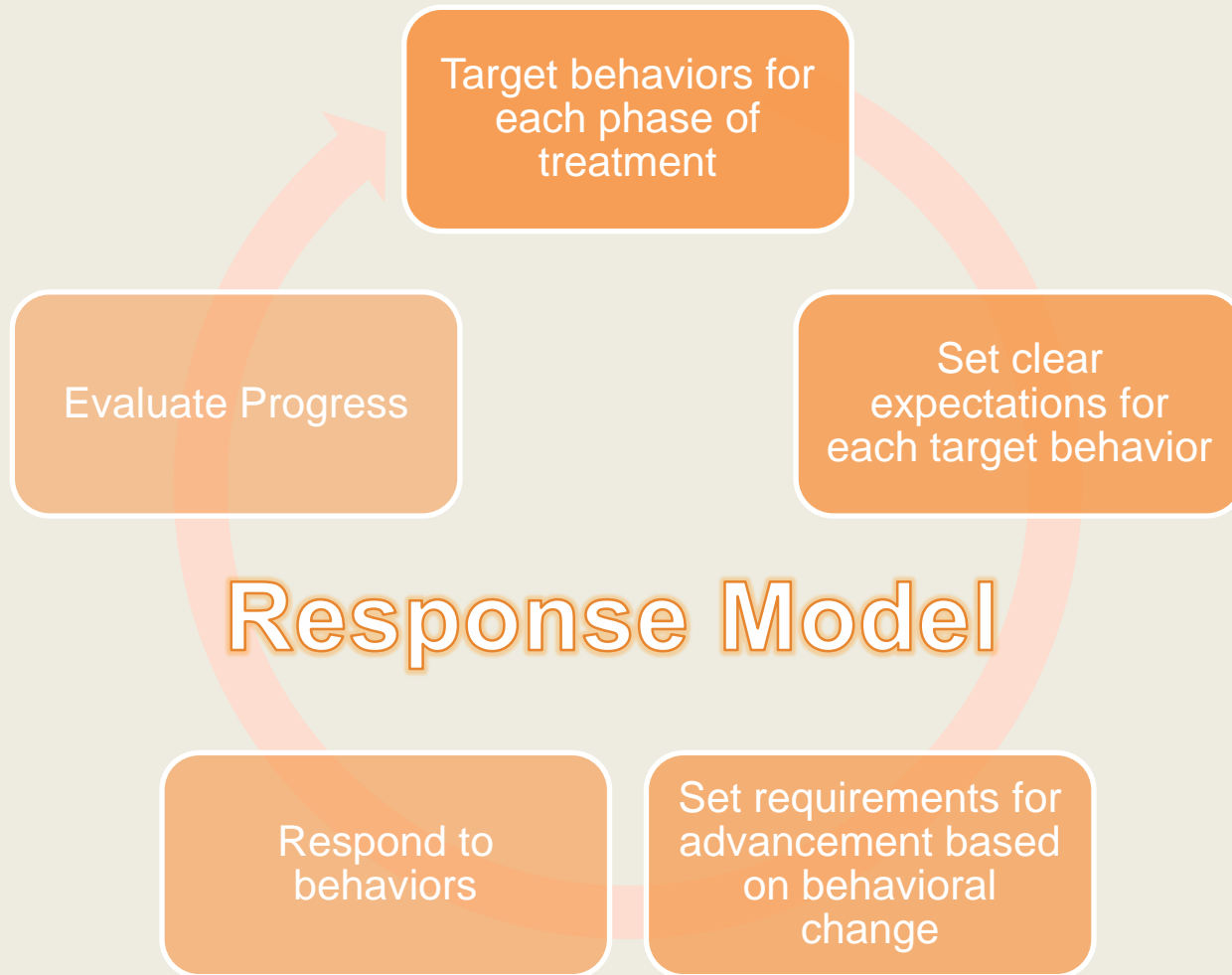
Long-term success is based on
achieving compliance through
persuasion rather than coercion

Phases and Benchmarks



- Set target behaviors for each phase
- Establish clear expectations for every targeted behavior
 - desirable
 - unacceptable
 - concrete
 - reasonable
 - agreed upon
- Set requirements for advancement based on behavioral change

Model for Responding to Behavior



Reinforcement is how substance abuse problem began and is maintained

- Positive reinforcement – it feels good to use.

Examples:

- Actual effects of the drug (i.e., “the high”)
- Social outlet / time with peers
- More energy / confidence / self-assurance

- Negative reinforcement – it feels bad NOT to use.

Examples:

- Increased anxiety
- Physical withdrawal symptoms
- Boredom
- Demands made by others (*when I’m sober, my husband and I argue constantly; leaving for the bar or passing out is an escape!*)



10 Science-Based Principles

10 Science-Based Principles

1. Sanctions should not be painful, humiliating, or injurious.

2. Responses are in the eye of the behaver.

3. Responses must be sufficient intensity.

4. Responses should be delivered for every target behavior.

5. Responses should be delivered immediately

Meyer, William's Ten Science-Based Principles of Changing Behavior Through the Use of Reinforcement and Punishment (National Drug Court Institute)

10 Science-Based Principles



6. Undesirable behavior must be reliably detected.

7. Responses must be predictable and controllable

8. Responses may have unintentional side effects

9. Behavior does not change by punishment alone

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

Responses to Behavior



Safety

- A protective response if a parent's behavior puts the child at risk

Therapeutic

- A response designed to achieve a specific clinical result for parent in treatment

Motivational

- Designed to teach the parent how to engage in desirable behavior and achieve a stable lifestyle



Setting Range of Responses

- FDC team should develop a range of responses for any given behavior
- Avoid singular responses, which fail to account for other progress
- Aim for “flexible certainty” – the certainty that a response will be forthcoming united with flexibility to address the specific needs of the individual

Techniques

- Contingency Management
- Motivational Interviewing
- Teachable Moments
- Fishbowl



Contingency Management

JSTEPS

Clarify Expectations

Clarify Steps

Reinforce positive behaviors

Shapes behaviors

Small steps are recognized by the system

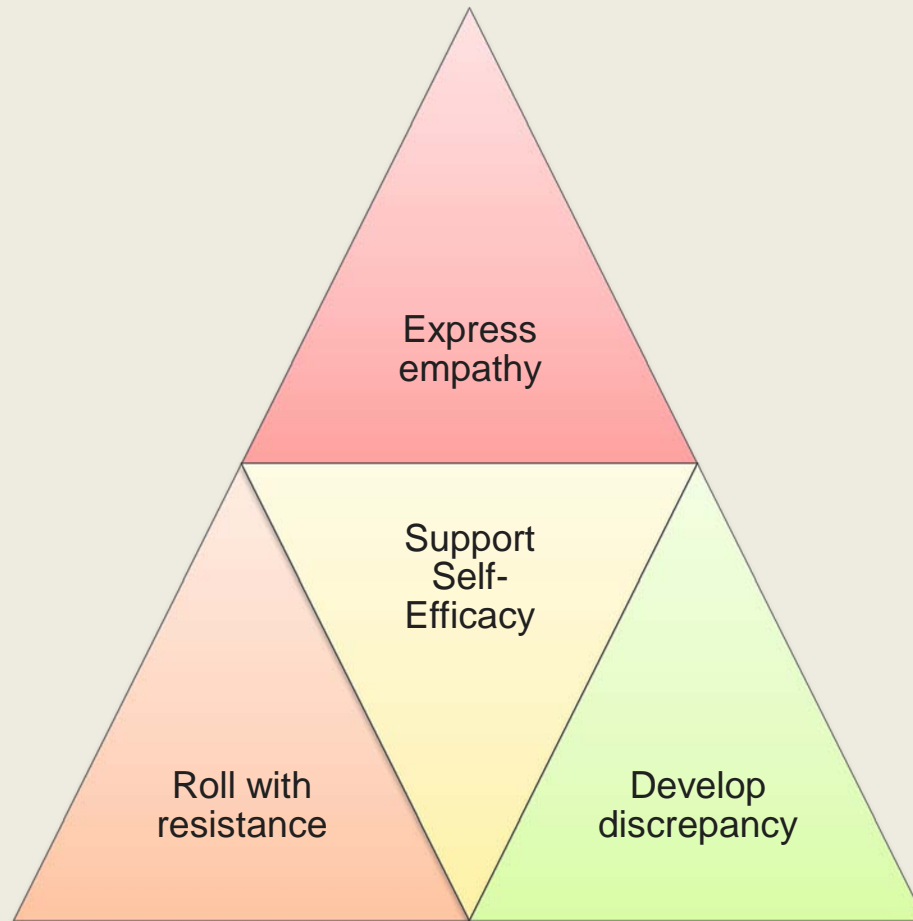
Technique to replace “drug-using rewards” with structure

Behavior contract – binding agreement

Small Steps
recognized by
the system

Motivational Interviewing

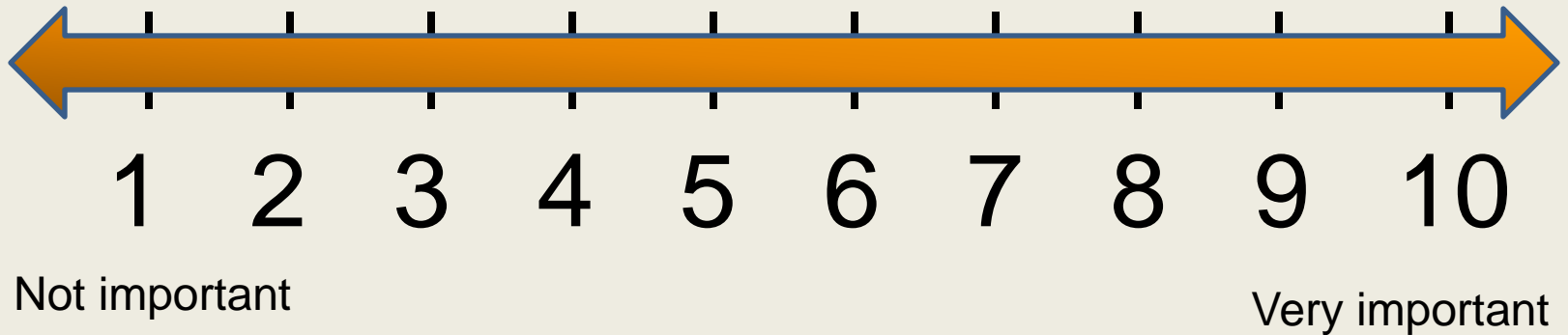
Four General Principles



Readiness Scale: Importance – Why Should I?



How important is it for you to make a change?

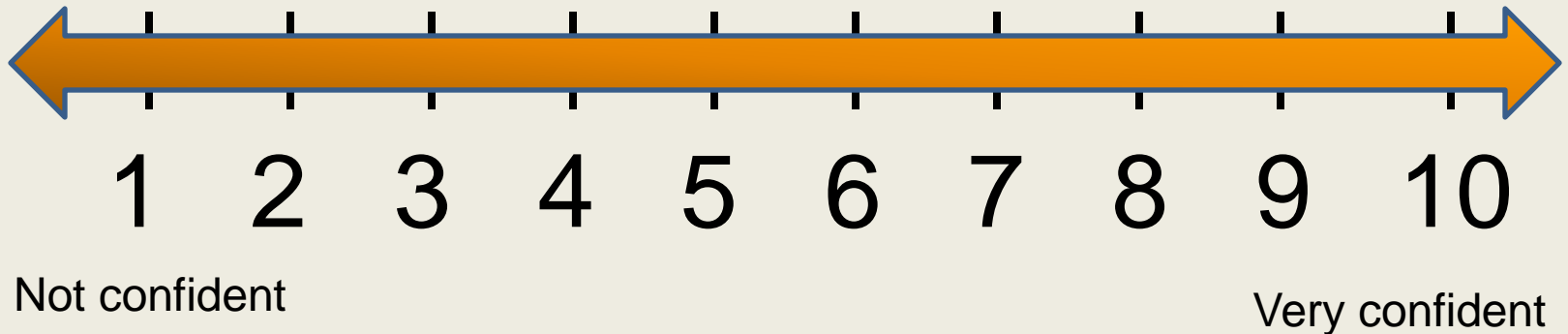


Readiness Scale

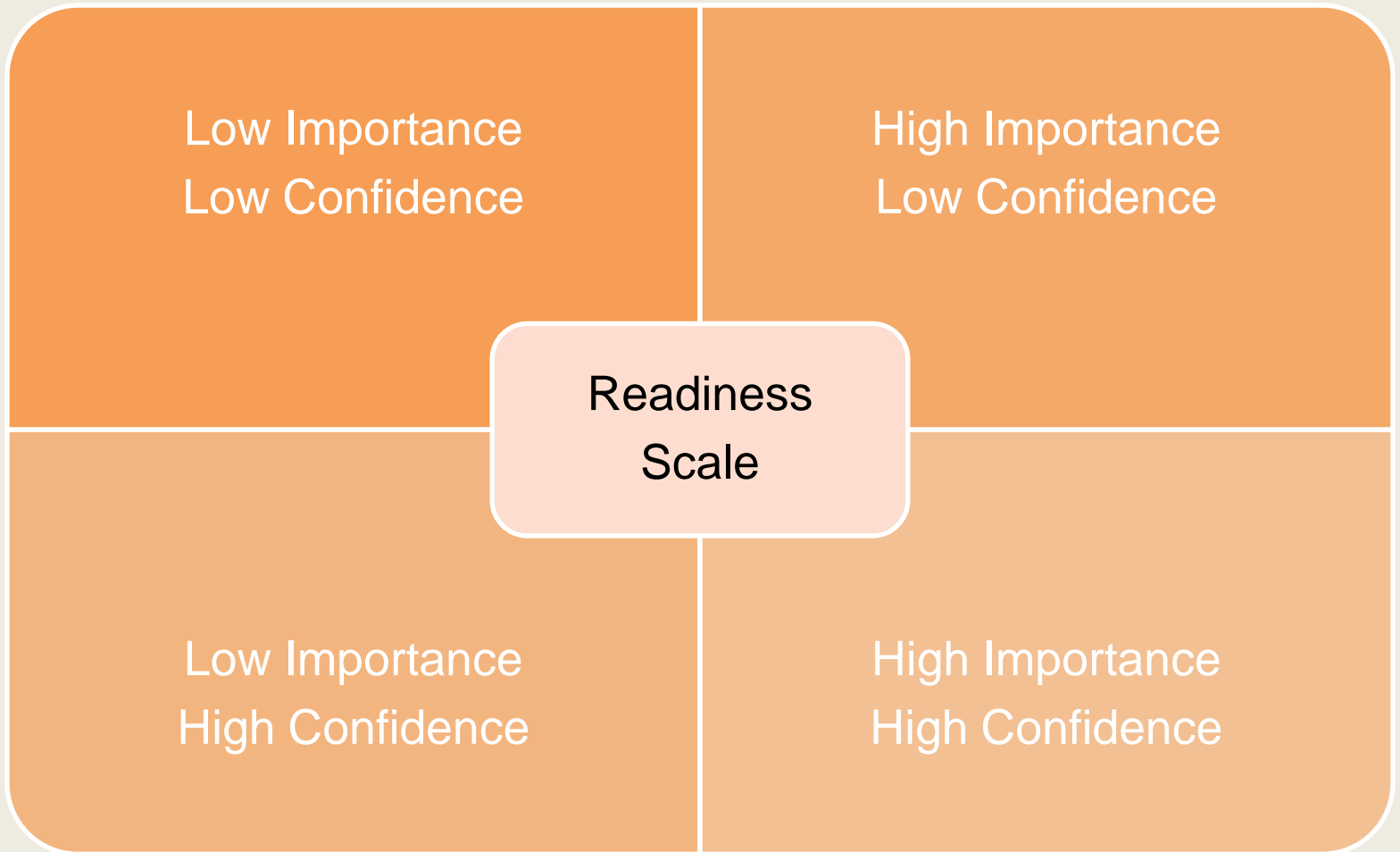
Confidence: Can I?



*How confident are you that you
can make the change?*



Client Readiness



Change Talk



Desire: *I want to change.*

Ability: *I can change; You know, I'm starting to feel like this just might work out.*

Reason: *I should change because.....I think that using may be causing problems.*

Need: *I need to change; I'm kind of worried that things might be getting out of hand.*

Commitment: *I am going to change; I'm definitely going to do something about that.*

In Order to Make a Change A Person Must:



- Believe that change is important (**Importance**)
- Feel able to make the change (**Confidence**)
- Feel ready to make the change (**Readiness**)



Behaviors that Promote Resistance Talk (and discourage change talk)



- Arguing for change – the counselor directly takes the pro-change side of the argument
- Assuming the expert role – lecturing; the counselor has the answers
- Criticizing or blaming
- Labeling – proposing acceptance of a specific label or diagnosis
- Being in a hurry – perceived shortness of time leads counselor to believe that he or she must be more forceful and directive
- Claiming preeminence – “I know what’s best for you.”

Methods for Evoking Change Talk

- Ask evocative questions
 - What strengths do you have that would help you beat this, if you decide to stop?
- When client offers a reason for change, ask for elaboration.
 - *My mother hounds me about my drinking all the time.*
 - Tell me more about that. What are her concerns?
- Query extremes
 - If you were to keep drinking, what is the worst thing you can imagine happening?



Rethinking Sanctions and Incentives

Linda Carpenter

Why use rewards to address substance abuse?



- Reinforcement is the main mechanism through which all “natural” behaviors are developed – i.e., “learned.”
Examples:
 - Infancy: comfort and food teach infants to bond to parents
 - Childhood: praise/approval from adults, time spent with peers make child more likely to go to school
 - Adulthood: societal respect, status, and money keep adults working
- We are all products of our learning history
 - B.F. Skinner: *“The organism is always right.”*
 - Everyone behaves so as to maximize the reinforcement they receive

Why use rewards to address substance abuse? (cont'd)



- 75 years of research, consistent results: Reinforcement is **by far** the best way to change behavior
 - Rewarding desired behavior is more effective than punishing undesirable behavior
 - Teaches what to do, not what NOT to do
- Reinforcement is the main technique used in thousands of successful interventions - examples:
 - Parent training approaches
 - Developmental disabilities (e.g., autism)
 - Depression and anxiety treatment
- NIDA (2010) review of the literature: *“Combining medications (when available) with behavioral therapy is the best way to ensure success for most patients.”*



Ideas for Positive Reinforcement

- If you meet FDC targets, lots of good things happen
- Small things:
 - Ceremonial acknowledgement of successes – e.g., certificates, an announcement in the court room
 - Letter or phone call to someone the client cares about, praising the client
 - A toy that the client can give to his/her child(ren) and take credit for
- Big things:
 - Help finding a job or a better job
 - Housing assistance
 - Transportation assistance
 - Letters of recommendation
 - Giving the client a role in the court – e.g., engaging the client as a peer leader, to be part of a focus group to discuss ways of improving the court, etc.



Ideas for Negative Reinforcement

- If you meet FDC targets, some bad things (may) go away
- Small things:
 - Less frequent or less aversive (e.g., with more privacy) drug testing
 - Fewer appointments and requirements
 - Children's foster parent not treating the parent disrespectfully
- Big things:
 - Using voucher money for something client truly needs
 - e.g., to pay off a debt
 - No longer need someone monitoring visits with children
 - Court personnel advocate for client (e.g., that client can obtain methadone in a more desirable setting)

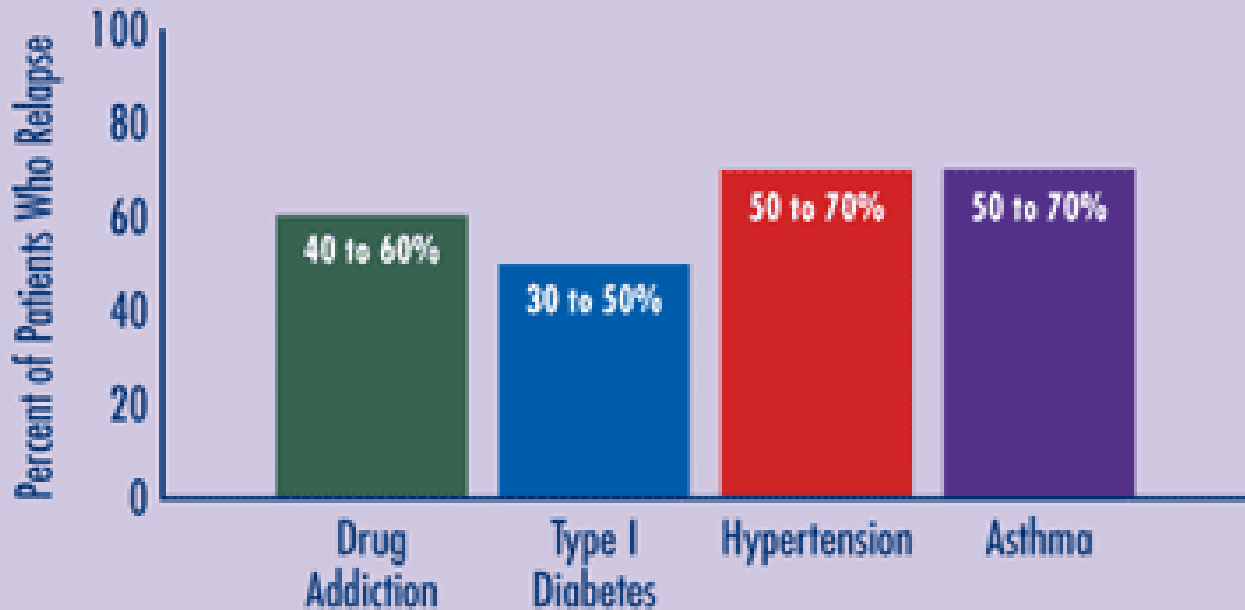
Rethinking Relapse

- Relapse is not the same as treatment failure
- Relapse is not an isolated event, but rather a process
- Relapse presents a therapeutic opportunity
- Re-engagement after relapse
- Relapse prevention plan and strategies
- Client relapse leads to collaborative intervention to reengage client in treatment and reassess child safety.
- Relapse vs. lapse

Addiction and other Chronic Conditions



COMPARISON OF RELAPSE RATES BETWEEN DRUG ADDICTION AND OTHER CHRONIC ILLNESSES





Rethinking Sanctions

Use of “sanctions” is not recommended:

- Weekend jail (work detail)
- Short term jail sentence
- Fines
- Tough physical labor
- Clean jail
- Electronic surveillance or monitoring
- GPS monitoring
- Electronic bracelet



Rethinking Termination

- FDC keep abusers in treatment
- FDC should make termination almost impossible to achieve
- The longer we keep someone in treatment, the greater probability of a successful outcome.
- Grounds: behavior threatens public safety or undermines program integrity

Treatment Responses



- Response & treatment alternatives can be discussed in staffing
- How are final decisions made?
 - Treatment by treatment provider
 - Consequences by the judge



Impact on Children and Families



- Accountability is focused on parent
- Court must consider impact of a response on children and family as a unit
- Visitations should be determined solely on basis of child's safety and best interest (vs. parent sanction or reward)



Role of the FDC Team in Responding to Participant Behavior



- Target behaviors for each phase of treatment
- Set clear expectations for each target behavior
- Reports to judge; includes progress, highlights successes



Critical Questions

- What are the proximal and distal behaviors you are trying to shape? Have you prioritized your target behaviors depending upon the participant's risk and need over the time period of your program in the phases you have established?
- Do you know the population you serve—have you assessed for risk and need? Are the responses for addicts of a different magnitude than for abusers considering the proximal and distal target behavior goals for that individual?

Critical Questions

- Have you used available local and national resources to expand your range of consequences? Does your list of responses reflect the importance of incentives?
- Has team sat down and memorialized the range of responses for compliant and non-compliant behavior? Will NDCI's Building Consensus tool help?
- Are you using the 10 science-based principles in your responses?
- Are treatment decisions being made by treatment providers
- What are your grounds for termination?

Questions?





Technical Assistance

- How do I access technical assistance?
 - Visit the Children and Family Futures website for resources and products at www.cffutures.org
 - Email us at fdc@cffutures.org
 - Call us: 1-866-493-2758



Contact Information

Linda Carpenter

Program Director, In-Depth Technical Assistance Program
National Center on Substance Abuse and Child Welfare
(NCSACW)

Children and Family Futures
(866) 493-2758

lcarpenter@cffutures.org

Alexis Balkey

Program Associate
Children and Family Futures
(714) 505 – 3525

abalkey@cffutures.org