



Responding to Participant Behavior


Douglas B. Marlowe, J.D., Ph.D., FCPP



Incentives



Treatment Adjustments




Sanctions

Drug Court Staffing

“Shirley had 3 positive drug tests this month. Should we . . .”

- (A) Sanction her?
- (B) Give her more treatment?
- (C) Reward her for the things she’s done well?
- (A) and (B) but definitely not (C) !
- (B) and (C) but definitely not (A) !
- It depends. Were her infractions (and achievements) proximal or distal?



Basic Techniques

	SANCTION	REWARD	
GIVE	Punishment	Positive Reinforcement	<i>Increase Desired Behaviors</i>
TAKE	Negative Reinforcement	Response Cost	

Decrease Undesired Behaviors

Use All of Your Tools

- Reward desired behavior, treat sick behavior, and sanction undesired behavior
- Decrease undesirable behaviors and increase desirable behaviors
- Positive and negative reinforcement
- Two sides of the same coin, but the magnitude is inverse




Critical Parameters

1. **Certainty**
 - Fixed ratio-one (FR1) schedule for initiation
 - Thin the reinforcement for maintenance until mastered, then move on to the next goal
 - Reliable detection is critical
2. **Celerity (swiftness)**
 - Effects can degrade exponentially
 - Interference from new behaviors
 - Status review schedule is critical
3. **Magnitude**
 - Proximal vs. distal goals —→ starting point
 - Escalation (graduated responses)

Target Behaviors

- **Don't expect too much**
 - Learned helplessness, ratio burden, and ceiling effects
- **Don't expect too little**
 - Habituation, complacency
- **Proximal vs. distal goals (shaping)**
- **Phase specificity**
 - What was once distal becomes proximal, and is eventually mastered



Treat or Punish?

Substance Dependence or Addiction

Treat or Punish?

Substance Dependence or Addiction

1. Triggered binge pattern
2. Cravings or compulsions
3. Withdrawal symptoms

Treat or Punish?

Substance Dependence or Addiction

1. Triggered binge pattern
2. Cravings or compulsions
3. Withdrawal symptoms

} Abstinence is a distal goal

Treat or Punish?

Substance Dependence or Addiction

- 1. Triggered binge pattern
- 2. Cravings or compulsions
- 3. Withdrawal symptoms

} Abstinence is a distal goal

Substance Abuse

Treat or Punish?

Substance Dependence or Addiction

- 1. Triggered binge pattern
- 2. Cravings or compulsions
- 3. Withdrawal symptoms

} Abstinence is a distal goal

Substance Abuse } Abstinence is a proximal goal

Treat or Punish?

Substance Dependence or Addiction

- 1. Triggered binge pattern
- 2. Cravings or compulsions
- 3. Withdrawal symptoms

} Abstinence is a distal goal

Substance Abuse } Abstinence is a proximal goal

Collateral needs

- Dual diagnosis
- Chronic medical condition (e.g., HIV+, HCV, diabetes)
- Homelessness, chronic unemployment

Treat or Punish?

Substance Dependence or Addiction

1. Triggered binge pattern
2. Cravings or compulsions
3. Withdrawal symptoms

} Abstinence is a distal goal

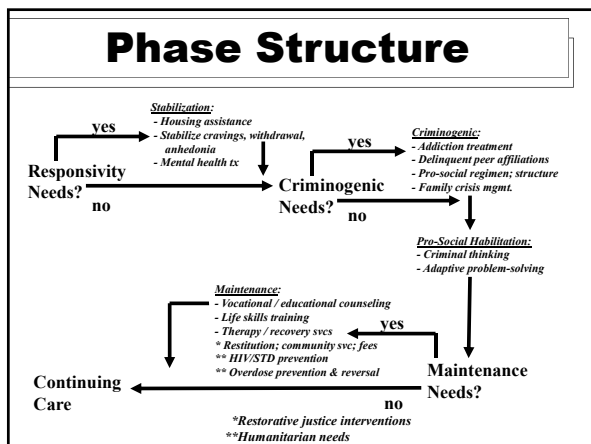
Substance Abuse } Abstinence is a proximal goal

Collateral needs } Regimen compliance is proximal

- Dual diagnosis
- Chronic medical condition (e.g., HIV+, HCV, diabetes)
- Homelessness, chronic unemployment

Specific Responsivity

- **Order and timing of intervention is crucial:**
 1. Responsivity needs: interfere with rehabilitation
 2. Criminogenic needs: cause or exacerbate crime
 3. Maintenance needs: degrade rehabilitation gains
 4. Humanitarian needs: cause distress
 5. Restorative justice: e.g., restitution, community svc.
- Continuing-care plan to address unmet needs
- Successful completion of each phase increases the odds of completing subsequent phases, and vice versa



Procedural Fairness

- Advance notice
- Opportunity to be heard
- Respect and dignity
- Punish the act not the individual
- Explanation (“Show your work”)
- Like consequences for like conduct
 - Explain if unlike conduct



Delivery of Responses

- Address multiple behaviors in sequence
 1. Exigencies or crises
 2. Mastered infractions (relapse)
 3. Achievements
 4. Proximal infractions
 5. Distal infractions
 6. Reinforce corrective measures
- Explanation for each response
 1. Reminder of expectations
 2. Review of progress or lack thereof to date
 3. Characterize as proximal, distal, or mastered
 4. Tie these factors to the choice of response
- Therapeutic motive
- Express optimism



Multiple Responses

Rules of thumb (not empirically tested):

- Rewards may be aggregated after ~ first 30 days (e.g., 2 low magnitude rewards = 1 moderate reward)
- Sanctions may be aggregated, short of detention
- Rewards may reduce sanctions if achievements are not yet mastered (negative reinforcement)
- Sanctions should not reduce rewards, but may be administered concurrently or consecutively
- Sanctions should be held temporarily in abeyance if they would interfere with treatment adjustments (can do prospective negative reinforcement)
- Treatment adjustments should never be used as a reward or sanction

Tangible Rewards

- Most important for reinforcement-starved participants
- Symbolic rewards (low magnitude, high impact)
- Fishbowl procedure or point systems (intermittent reinforcement for maintenance)



Phase Demotion

- Example of response cost
- Often a sign that services were withdrawn prematurely
- Temporary regression and remedial plan (accelerated redemption)
- Avoid the Abstinence Violation Effect (A.V.E.) !



When is Enough, Enough?

1. Can no longer be managed safely in the community (substance use is not sufficient)
2. Unwilling or unable to comply with treatment or supervision services
3. Unamenable to treatments reasonably available in the community (credit for time in program)



Impending Discharge or Readmission

Show Cause Hearing (burden on participant):

1. Can be managed safely in the community (may require additional safeguards such as GPS, CAM, interlock, day-reporting, home visits)
2. Submit new treatment plan that addresses previous deficiencies and is qualitatively different (e.g., recovery housing, MAT, peer mentor, etc.)



Case Analysis

1. WHO is the participant (diagnosis)?
2. WHERE is the participant (phase of the program)?
3. WHICH behaviors are we responding to (proximal or distal)?
4. WHAT is the response choice and magnitude?
5. HOW do we explain and deliver the response?



Readings



Marlowe DB (2007). Strategies for administering rewards and sanctions. In JE Lessenger & GF Roper (Eds.), *Drug courts: A new approach to treatment and rehabilitation* (pp. 317-336). New York: Springer.

Marlowe DB (2008). Application of sanctions. In C Hardin & JN Kushner (Eds.), *Drug Court Quality Improvement Monograph* (pp. 107-114). Alexandria, VA: National Drug Court Institute.

Marlowe DB (2011). Applying incentives and sanctions. In DB Marlowe & WG Meyer (Eds.), *The drug court judicial benchbook* (pp.139-157). Alexandria, VA: National Drug Court Institute.

Marlowe DB (2012). *Behavior modification 101 for drug courts: Making the most of incentives and sanctions*. Alexandria, VA: National Drug Court Institute.

Marlowe DB & Wong CJ (2008). Contingency management in adult criminal drug courts. In ST Higgins, K Silverman & SH Heil (Eds.), *Contingency management in substance abuse treatment* (pp. 334-354). New York: Guilford.
