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

Why are you terminating? Direct threat to public safety (not to self)? Are you frustrated?
WHAT assessments and screens did we do?
$\ \square$ 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 tick off the big-ticket items? SUD, MAT, Co-morbid mental health, physical health, housing, trauma, criminal thinking, recovery planning and practice? Anything else?
Did we address everything that the assessment said? (Did we provide services according to the specific needs revealed in the assessments?)
What was the expected dosage of treatment and interventions per assessments, and did we get to that dosage? Why? Why not?
Did we create a case plan that integrates clinical treatment requirements with supervision and case management requirements?
What has been done to address recovery capital?
Has the team worked to develop rapport with participants based on showing respect, empathy, alliance and positive regard?
Have you responded appropriately to the participant's behavior?
Are you getting all the information you need about the participant and their behavior to respond effectively? (Who, Why, Where, Which, What, How)
Are you using all the response options available to you and in unison?
$\hfill \square$ Incentives — used to confirm for the participant that they are moving in the right direction
☐ Have your 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
\square 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?
\square Is the appropriate treatment or level of care available?
 Monitoring adjustments – used to gather information about participant behavior, provide support and promote accountability
☐ When was the last home visit and check on the recovery environment? What is the participants family situation?
☐ Have you created an integrated case plan that addresses assessed 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.

More detailed information on what you can do to avoid termination can be found here: https://npcresearch.com/resources/materials/avoiding-termination-from-treatment-courts/