

Georgia's 10th Annual Accountability Courts Conference

September 15, 2014



OJJDP

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Therapeutic Responses to Behavior for Family Treatment Courts:
Part I



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Session Objectives

1. Explore theoretical underpinnings and historical perspectives behind the effective delivery of court responses
2. Learn science-based principles to changing behavior and transfer those principles to practice within the FDC context
3. Examine existing policies and practices and develop revised protocols.
4. Discuss requisite and practical skills and strategies to effectively deliver a range of court responses to behavior in FDC



Responding to Participant Behavior: Best Practices



FDC focus is on recovery

Responses are thus recovery oriented

Long-term success is based on motivation
rather than coercion



ASFA 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



ASFA



Treatment
Recovery



Child's
Developmental





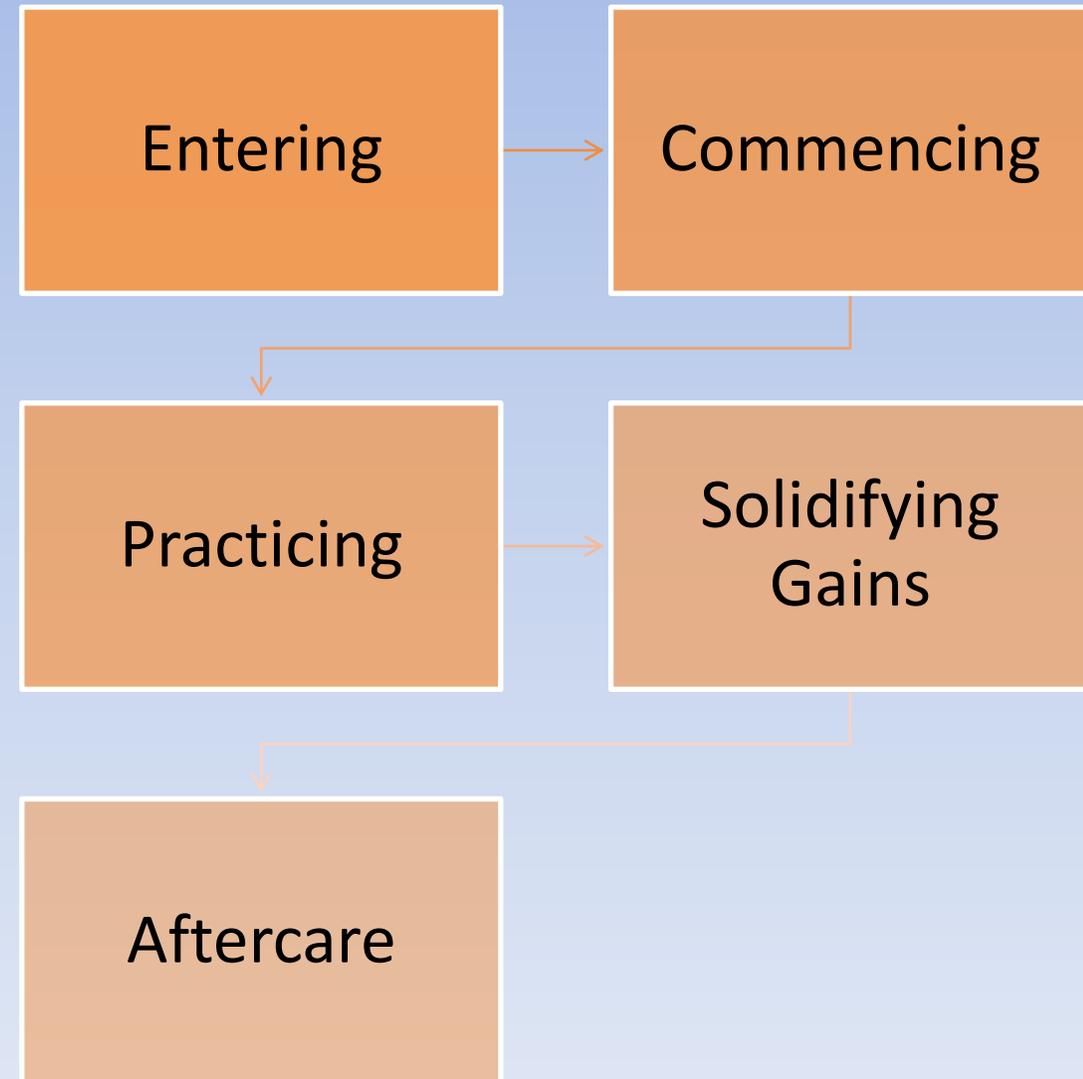
Three Essential Elements of Responses to Behavior

1. Addiction is a brain disorder.
2. Length of time in treatment is the key. The longer we keep someone in treatment, the greater probability of a successful outcome.
3. Purpose of sanctions and incentives is to keep participants engaged in treatment.



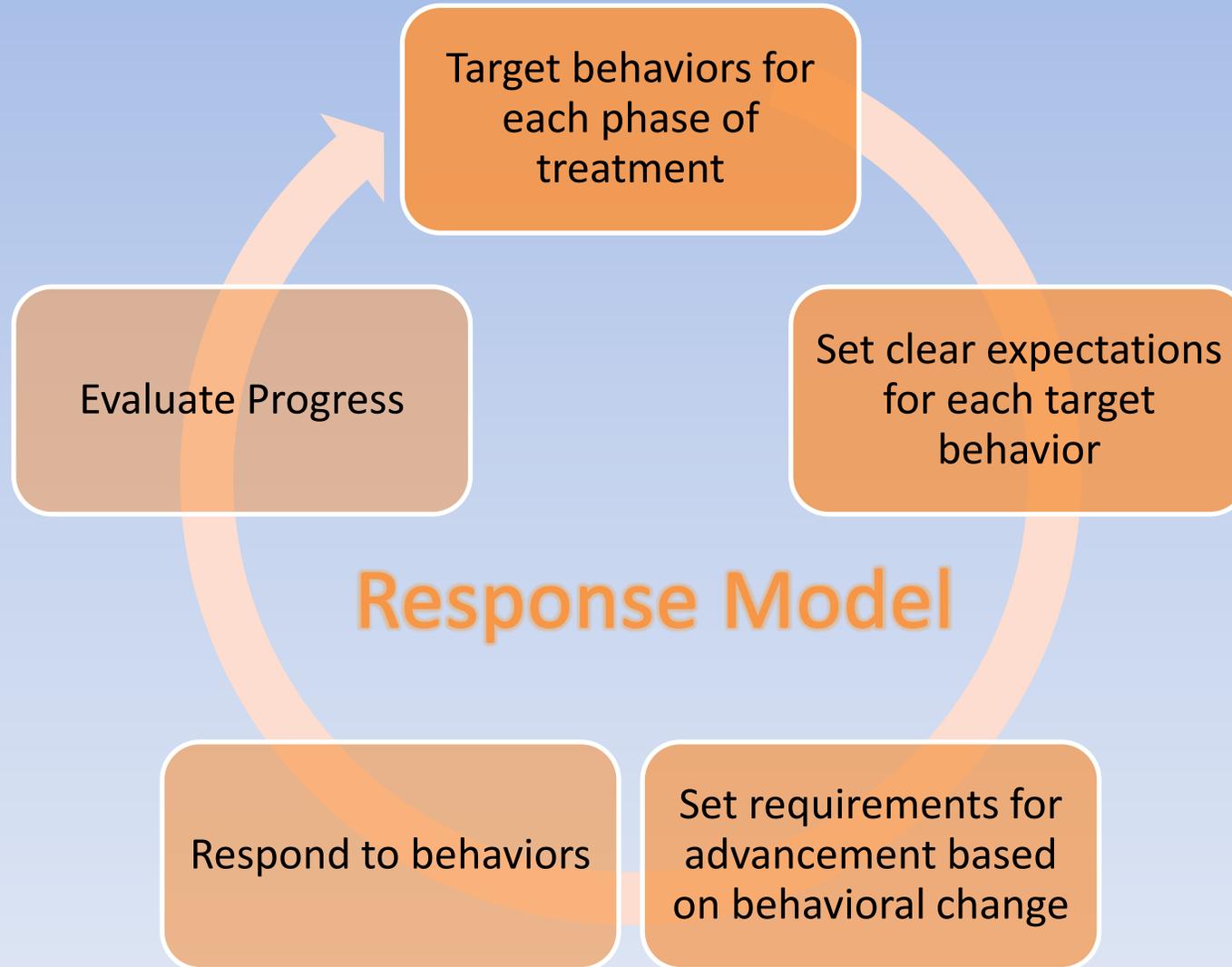
Phases and Benchmarks

- 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





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.





Frequency of Responses

- Responses should be delivered for every target behavior.
- Undesirable behavior must be reliably detected.



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.



Principles of Reinforcement

- 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

1. Sanctions should not be painful, humiliating, or injurious.
2. Responses are in the eye of the behavior.
3. Responses must be sufficient intensity.
4. Responses should be delivered for every target behavior.
5. Responses should be delivered immediately.



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, and should be consistent for individuals similarly situated (phase, length of sobriety time.)
- 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

Learning Activity



- In small groups, discuss the following:
 - What are the responses you use to reward compliant behavior?
 - What are the responses you use to respond to non-compliant behavior?
 - How do you decide what response to deliver? What considerations is your decision based upon?
- Identify a spokesperson to report out.



- Contingency Management
- Motivational Interviewing
- Teachable Moments
- Fishbowl





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:
 - Chance to select a “big ticket item” from the fishbowl
 - Letters of recommendation
 - Giving the client a role in the court – e.g., engaging the client as a peer leader, 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 time in court
 - Fewer appointments and requirements
- Big things:
 - Using voucher money for something client truly needs – e.g., to pay off a debt
 - Reduce curfew



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/Recovery Planning: plan and strategies
- Client relapse leads to collaborative intervention to reengage client in treatment and reassess child safety
- Relapse vs. lapse



Rethinking Termination

- FDC keeps 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
 - Input by all team members





Impact on Children and Families

- Accountability is focused on parent
- Court must consider impact of a response on children and family as a unit
- Visitation 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 and 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?



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 your team memorialized the range of responses for compliant and non-compliant behavior?
- ✓ Are you using the 10 science-based principles in your responses? Have you considered the application of the Best Practices publication?
- ✓ Are treatment decisions being made by treatment providers?
- ✓ What are your grounds for termination?

Questions & Discussion



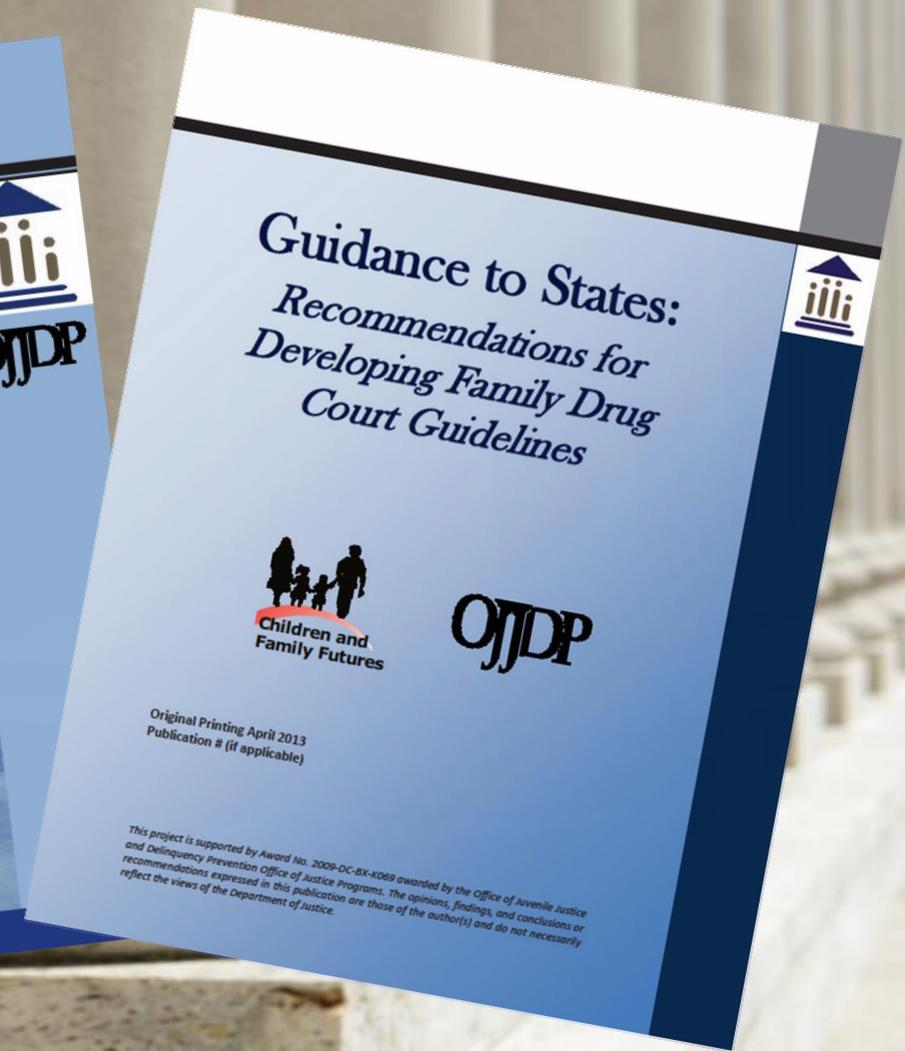
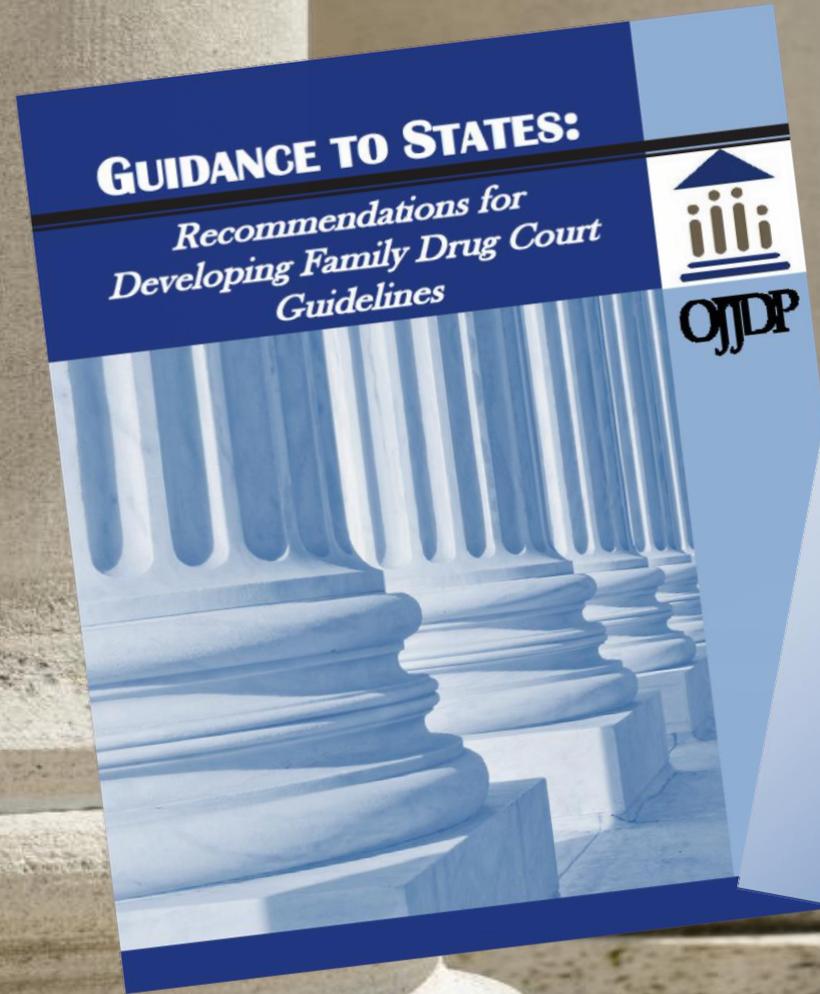


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FDC Guidelines



2013

*Improving outcomes for children
and families affected by
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