**Did We Do All We Could?**

**The Before You Terminate Checklist…**

**Because we want to give treatment court participants with the reoccurring, relapsing disease of addiction every opportunity to succeed, it is a best practice to try several different interventions before terminating a participant.   Our goal should be to graduate our admissions because clearly, drug court participants that graduate remain productive, law-abiding citizens at much greater percentages than others who do not complete or do not chose drug court.   To help with this, here is a checklist of suggestions for interventions.  Keep in mind particularly for sanctioning to assess what is proximal (can be done by the participant right now) and what is distil (cannot be accomplished right now but in the future). The checklist is bifurcated to provide progressive responses to non-compliance (sanctions) and to alcohol and other drug use (therapeutic responses):**

**Non-Compliance-Sanctions**

**\_\_\_If they have a cell phone, make their screen picture a picture of the judge or drug court staff. That way, if they want to call their dealer, they will see our face.**

**\_\_\_Community service work**

**\_\_\_Letter saying “good-by” to my drug**

**\_\_\_Apologize to court/other participants for what they did**

**\_\_\_Earlier curfew**

**\_\_\_Ask participant what we need to do to help them do the program and achieve stable recovery.**

**\_\_\_Complete Motivational Interviewing Balance Sheet**

**\_\_\_Sit in the jury box for law and motion day and observe drug offenders being locked up**

**\_\_\_Appear alone with drug court team to discuss their issues at hand (maybe in chambers or at staffing)**

**\_\_\_Check history of participant, was there a significant amount of time they were compliant?  If so, focus on their successes and then address the violation.**

**\_\_\_Attempt to get participant back on track by offering to reduce or eliminate punishment if they get back on track for a minimum of two weeks, i.e., if they do everything right, they will not have to serve their jail time, but if they don’ t do everything right, the punishment will double.**

**\_\_\_Help change their environment so that it will not be a trigger for them including geographic limitations or people limitations (limits on people, places, and things)**

**\_\_\_Daily call-ins**

**\_\_\_Putting on a sober social event for peers**

**\_\_\_Writing assignments-journaling**

**-paper on consequences**

**-paper on triggers**

**-paper on dealing with stress**

**-paper on what makes you feel good without using alcohol/drugs**

**-paper on reasons to quit**

**-paper on people to call including phone numbers**

**-paper on choices**

**-paper on what the violation was and how would you handle the situation differently**

**\_\_\_Phase demotion (only in severe non-compliant cases)**

**\_\_\_Short-term shock jail sanction (1-3 days)**

**\_\_\_Longer term jail sanction (less than a week)**

**Therapeutic Responses**

**\_\_\_Increase self-help meetings**

**\_\_\_Complete a Balance Sheet (MI exercise)**

**\_\_\_Relapse time-line to recognize triggers they had not noticed.**

**\_\_\_Workbooks (Hazelden has a very good set of workbooks by drug of choice)**

**\_\_\_Workbook (Coming Back from a Relapse from Hazelden)**

**\_\_\_Anger Management workbook**

**\_\_\_Essay and Research, e.g., list 5-10 coping skills and how I will utilize them, what went wrong and how I plan to avoid it or do different next time, what I hope to achieve with the help of drug court, where I want to be in 2 years.**

**\_\_\_Journal (thoughts, feelings, side-effects, activities, etc.)**

**\_\_\_Letter saying “good-by” to my drug**

**\_\_\_Revise treatment plan and Increase intensity of treatment (additional treatment sessions and/or level of care)**

**\_\_\_Consideration of Medically Assisted Treatment**

**\_\_\_DBT classes**

**\_\_\_Medicine Wheel cultural group**

**\_\_\_Mental health assessment**

**\_\_\_COD (Co-Occurring Disorder) Group participation**

**\_\_\_Additional group therapy or an alternative group therapy like a grief group.**

**\_\_\_Life skills class**

**\_\_\_Yoga classes or other exercise classes**

**\_\_\_Parenting classes (for young parents)**

**\_\_\_ Boxing  classes**

**\_\_\_MRT (Moral Reconation Therapy) classes**

**\_\_\_Peer Support or Mentor Program Participation**

**\_\_\_Keeping a journal**

**\_\_\_Anger Management classes**

**\_\_\_Complete a Recovery Capital Assessment**

**\_\_\_Complete Recovery Capital Worksheets**

**\_\_\_Complete a self-directed recovery management plan**

**\_\_\_Transfer to different provider to improve “fit”**

**\_\_\_Complete a behavior analysis with case manager**

**\_\_\_Electronic monitoring**

**\_\_\_90 and 90 (complete 90 meetings in 90 days)**

**\_\_\_Medically Assisted Treatment**

**\_\_\_More frequent medication monitoring**

**\_\_\_More frequent appointments with case manager**

**\_\_\_Meet regarding medication and/or consults with the psychiatrist**

**\_\_\_Changing Attitudes and Behaviors Class**

**\_\_\_Re-assess for mental health and trauma treatment once the chemical fog clears**

**\_\_\_Change Company journals like Eat Smart, Employment Skills, etc.**

**\_\_\_Check history of participant, was there a significant amount of time they were compliant? If so, focus on their successes and then address the violation.**

**\_\_\_Food and sleep logs to track lifestyle patterns**

**\_\_\_Encourage physical activity (exercise) as part of a healthy lifestyle**

**\_\_\_Pain management group**

**\_\_\_Seeking Safety group**

**\_\_\_Craving log (hourly)**

**\_\_\_Scheduling with daily calendar**

**\_\_\_Utilize Pre-release Center - corrections facility to provide sustainability/accountability/structure and low-level residential treatment**

**\_\_\_Incorporate family through a multi-family group and/or family sessions**

**\_\_\_Schedule a round table discussion to discuss options, concerns, and recommendations with the drug court team.**

**\_\_\_( Intensify treatment) Residential treatment**

**\_\_\_Put a Safety Plan in place; who to contact in case of triggers, relapse, possible sponsor, mentor, crisis intervention lines locally, names of team members who can speak to this individual (counselor, surveillance officer)**

**\_\_\_Add intensive Case Management services to determine what other needs client may have**

**\_\_\_Additional Mental Health or medication management assessment**

**\_\_\_Increased home visits by surveillance, increased drug testing**

**\_\_\_GPS monitoring or SCRAM monitoring if appropriate**

**\_\_\_Get a sponsor if s/he does not have one-do daily contact**

**\_\_\_Victim Impact Panels**

**\_\_\_Assign a peer mentor**

**\_\_\_Recovery Management Group discussion and associated paper on what was learned**

**\_\_\_chain analysis of what happened to cause the relapse**

**I don’t know of any research on which sanctions work best for what non-compliance, but I am quite sure that it varies from participant to participant.  For some, jail time doesn’t faze them; for others it is a major deterrent.  The effectiveness depends largely on what is important to the participant. Consistency and fairness are critical, as is the participant knowing in advance that there will be consequences for a specific behavior.**

**Here are 6Rs of Principles regarding sanctions, therapeutic responses, and incentives and how to apply them in Drug Court**

**1.        Related.   The consequence should be logically related to the behavior.    Jail time (time out) is appropriate if they have been doing things that are not legal or are endangering or disturbing to themselves or others (e.g.  fighting or acting out in treatment, frequently and flagrantly disregarding rules, associating with drug users, forging signatures, etc.)   Jail time doesn’t make as much sense for failure to attend treatment sessions or getting a job (we are punishing them for not doing something they should, by locking them up where they still can’t do it.)  For these kinds of infractions additional work (e.g., writing a paper on a subject relevant to the problem or community service until they find a job) is more logically related.**

**2.       Reasonable.  Always consider what we have asked them to do that they have not done that is resulting in a sanction or therapeutic response.  This gets back to what is proximal and what is distil.  In delivering sanctions and/or therapeutic responses we should always consider what can be expected of the individual at this point in the drug court process (proximal) and what we cannot expect of the individual given where they are in the process (distal). Do not give them a sanction that is more than they can reasonably handle or that is going to distract from rather than add to their ability to comply.  In other words, you would not want the sanction to be so time consuming that it was going to make it even harder to get to their treatment sessions, work, etc.   You wouldn’t want it to be something that they are physically or emotionally unable to do.  The severity should be proportional to the severity of the infraction.   The goal here is not to punish (or “get even”) them but to change behavior.  The sanction or therapeutic response should be seen as a tool for accomplishing that.**

**3.       Responsible.  It should be clear, to us and to them, that they are responsible for the consequences through the choices that they make, and we have not just arbitrarily decided to deal out this “punishment”.    Two things are required for this.  1)  They should know in advance what the range of consequences will be for a specific behavior.   This is the reason for a chart or matrix of incentives, sanctions and therapeutic responses that documents the range of possible actions.  However, you do not want the chart to be so specific that it does not allow for exceptions based on individual needs and circumstances or restricts us from giving out a needed response based on those individual needs.   This will result in a feeling of unfairness.  If something comes up that is not on the list and the individual did not realize that it would result in a specific consequence, then a warning that a future violation will result in a consequence is required by the fairness rule.  2)  The consequence should be administered as soon after the violation as possible and it should always be made clear to them what behavior resulted in this consequence and why.**

**4.       Respectful.   Sanctions and therapeutic responses should be administered in a respectful, non-punitive fashion.   Our attitude should convey that this is not being done because we are angry but because they have knowingly made a choice that results in this consequence.   This decreases their ability to blame us rather than take responsibility for it themselves.**

**5.       Reconcilable.   It is important that they know what they need to do to recover from this mistake and get back into good graces with the program.  It should be clear at the moment what all the consequences are, both immediate and future (e.g., will it delay their program completion, will a future violation of the same rule result in a compounded consequence, etc.) so that down the line they do not feel that old mistakes are still being used against them.  Once they have paid the consequences through whatever sanction we have given them they should have a sense of hope and freedom to move forward.**

1. **Relapsing, Drug Dependence is a chronic brain disease.  We are dealing with a disease of the brain, body, and emotions.  Alcohol and other drug use is a symptom of the disease and relapse can very easily be a valuable tool and learning experience.  Some people relapse many times before they “get it.”  We need to be patient and not too quick to terminate individuals with a substance use disorder until they have every opportunity to practice the skills they are learning to remain clean and sober.  According to the National Institute on Drug Abuse it takes 3-6 months of consistent attendance and participation in treatment before there is an effect. We need to keep this in mind concerning what is distil and what is proximal. We must provide an adequate dose of treatment for there to be an effect, not unlike other chronic diseases.**