



## Reference Guide for Incentives, Sanctions, and Service Adjustments

This guide offers helpful tips and cautions garnered from professional experience and research findings to assist the reader in applying responses effectively. It is not intended to be an exhaustive list. Treatment courts are encouraged to develop their own responses and to gauge the effectiveness of their responses within their programs. Some incentives in this guide (gift cards, concert tickets, other prizes, etc.) may not be allowable purchases under a federal or state grant award. Refer to the grant program solicitation and funding agency if you have questions about the allowability of incentive costs. Finally, this guide does not refer to the specific target behaviors that the incentives, sanctions, and service adjustments should be used to address.

The treatment court applies evidence-based and procedurally fair behavior modification practices that are proven to be safe and effective for high-risk and high-need persons. Incentives and sanctions are delivered to enhance adherence to program goals and conditions that participants can achieve and sustain for a reasonable time, whereas service adjustments are delivered to help participants achieve goals that are too difficult for them to accomplish currently. Decisions relating to setting program goals and choosing safe and effective responses are based on input from qualified treatment professionals, social service providers, supervision officers, and other team members with pertinent knowledge and experience. Choosing an effective response requires treatment courts to accurately classify program goals according to their difficulty level before considering what responses to deliver for achievements or infractions. The following list provides an explanation of goal categories:

**Proximal goals** are treatment court conditions that participants can meet in the short term and sustain for a reasonable period of time, although they might not be motivated or accustomed to meeting these goals. Proximal goals are not necessarily easy, but they can be accomplished and maintained with a reasonable degree of effort by the individual.

**Distal goals** are treatment court conditions that participants are not yet capable of achieving or can achieve only intermittently or for a limited time. Service adjustments rather than sanctions are required for not meeting distal goals until participants are clinically and psychologically stable and have acquired adequate coping skills to accomplish these goals.

**Managed goals** are treatment court conditions that participants have met and sustained for a significant period. Participants are not required to perform these goals perfectly, but should do so well enough to satisfy program expectations consistently in the foreseeable future.

## INCENTIVES

**Incentives** are things the participant wants. Participants receive copious incentives for engaging in beneficial activities that take the place of harmful behaviors and contribute to long-term recovery and adaptive functioning, such as participating in treatment, recovery support activities, healthy recreation, or employment. Incentives are delivered for all accomplishments, as reasonably possible, in the first two phases of the program, including attendance at every appointment, truthfulness (especially concerning prior infractions), and participating productively in counseling sessions. Once goals have been achieved or managed, the frequency and magnitude of the incentives for these goals may be reduced, but intermittent incentives continue to be delivered for the maintenance of important managed goals (see page 83 of [the standards](#) for additional details).

The following table provides examples of low-, moderate-, and high-magnitude incentives followed by a more in-depth explanation of each example in narrative format.

Table 1. Examples of incentives of varying magnitudes

LOW	MODERATE	HIGH
Verbal praise Public recognition Symbolic tokens Point system Low-value tangible rewards* Reduced nonservice obligations Fishbowl drawings* Financial waivers*	Moderate-value tangible rewards* Written commendations Fishbowl drawings* Financial waivers*	High-value tangible rewards* Fishbowl drawings* Financial waivers* Phase advancement Legal incentives

\*Fishbowl drawings, tangible rewards, and financial waivers, depending on the magnitude of the response, apply to all three levels.

## **Low-Magnitude Incentives**

### **Verbal Praise**

Verbal praise is a powerful incentive, especially for high-risk and high-need individuals who have often received little positive feedback in their lives. Praise costs nothing, can be highly reinforcing, and allows staff to incentivize participants with a high degree of certainty and celerity.

Because continuous reinforcement (i.e., a 1:1 ratio) is most effective for initiating new behaviors, **copious praise** should be delivered in the first two phases of treatment court for attendance at every session or appointment, including court hearings, treatment sessions, supervision sessions, and drug testing (regardless of the test results).

Praise is especially important when participants show up for an appointment knowing that a sanction might be imposed. For example, the fact that a participant arrived for a court session despite an earlier infraction should be praised regardless of whether a warning or sanction might also need to be imposed. Simply showing up and facing the consequences for one's actions is a critical first step in the recovery process, bodes well for future progress, and should be reinforced accordingly.

Praising small steps toward recovery in open court also provides an important opportunity for vicarious learning by fellow participants who might otherwise be tempted to avoid court when facing possible sanctions and thus compound their earlier infractions. Teams should also praise participants with as much certainty and celerity as possible for other proximal accomplishments, such as being truthful or contributing verbally to group counseling discussions.

As participants manage their early proximal goals of session attendance, truthfulness, and contributing actively to counseling, staff can reduce the reinforcement and focus their praise on more advanced goals. However, because praise is a costless but potent reinforcer, staff should continue to deliver praise for the maintenance of these goals, such as praising a full month of attending treatment or delivering valid drug tests. Rarely is there such a thing as too much praise.

### **Public Recognition**

Public recognition, such as applauding participants in group counseling, awarding achievement certificates in court hearings, or having participants sit in a place of honor in the courtroom to recognize their accomplishments, is another powerful and low-cost incentive. Staff should check with participants to ensure that they are comfortable with public recognition and should deliver praise individually or with less group attention if indicated.

### **Symbolic Tokens**

Symbolic tokens commemorate a person's achievements and serve as a source of pride. Examples of symbolic tokens are sobriety coins, which represent the length of time a person has been abstinent from drugs and alcohol, achievement certificates, and phase promotion diplomas. Symbolic tokens cost little but can have powerful reinforcement effects. These incentives can be delivered over

short intervals (e.g., weekly) during the first phase of treatment court and then over longer intervals as participants progress in the program. For example, participants may receive certificates for weekly attendance in the first phase of the program, followed by ones for monthly attendance in subsequent phases.

### **Tangible Prizes**

Tangible prizes are impactful for high-risk or high-need individuals who tend to be impulsive and want their rewards now. Therefore, they should be delivered as often as affordable. Over time, as participants become psychosocially stable, develop an alliance with staff, and learn effective coping skills, tangible prizes can be replaced with praise, public recognition, symbolic tokens, or point systems, which cost less.

Tangible prizes may include:

- Bookmarks
- Bus tokens
- Phone cards
- Health foods (e.g., juice, tea, granola bars, fruit)
- Coffee mugs
- Birthday or holiday cards
- Books or children's books
- Planners or calendars
- School supplies
- Toiletries
- Frames for certificates
- Picture albums
- Serenity stones
- T-shirts with inspirational sayings or quotes

### **Point System**

A point system is essentially a ledger of a person's accomplishments. Points or vouchers are awarded for various behaviors like attending counseling sessions or court hearings. When enough points have been accumulated, participants can exchange them for a tangible prize like a healthy snack, coffee mug, or gift card. Point systems can be an effective and economical way to keep participants engaged in treatment and prosocial activities in the later phases of treatment court. The points themselves can also serve as an immediate incentive if they are accompanied by praise or public recognition, thus allowing for greater certainty and celerity in the delivery of these incentives. Examples include Kudo Cards, Decision Dollars, and Punch Cards.

### **Financial Waivers**

Treatment courts may reduce participants' fines, fees, treatment costs, and other financial obligations as an incentive for successful performance. Because many participants have limited resources, allowing them to earn fee reductions by following the rules can be a very effective way to increase success rates.. Financial conditions should not be imposed or increased as a sanction for infractions unless participants can clearly make the payments without experiencing financial or emotional distress that may interfere with their treatment progress, recovery, or successful completion of the program.

**Reduced Nonservice Obligations**

Treatment courts may also reduce other obligations or burdens in the program that do not involve the provision of needed services. Examples may include reducing required community service hours or allowing the participant to move to the head of the line for drug testing or status reviews.

**Fishbowl Drawings**

Many treatment courts have limited resources to purchase tangible prizes. One economical way to deal with this limitation is to employ the fishbowl method, which can be used across all magnitude levels.

Participants earn opportunities to draw from a fishbowl (or other container) as an incentive for various accomplishments in the program, such as attending treatment sessions and providing valid urine specimens. Most drawings earn a written declaration of success, such as a certificate of accomplishment signed by the judge.

Because certainty is essential for initiating new behaviors, participants can receive incentives (i.e., drawings) for as many desired behaviors as possible. Also, consider rewards that do not have tangible costs but are meaningful to the participant, such as “go to the head of the drug testing line” and “report to supervision/court virtually.”

## **Moderate-Magnitude Incentives**

### **Moderate Tangible Rewards**

As noted earlier, many participants in treatment courts are unaccustomed to positive reinforcement and respond well to tangible rewards. As participants make positive progress in the program, the magnitude of the rewards progressively increases. The rewards typically encourage engagement in productive or healthful activities.

Examples of moderate rewards include:

- Gift certificates (typically \$5 to \$20 value)
- Movie passes or movie rentals
- Admission passes to amusement parks or sporting events
- Introductory memberships to spas or gyms
- Haircuts
- Makeup or cosmetic sessions
- Groceries
- Work or school clothing or shoes
- Bowling, skating, or other recreational passes

### **Written Commendations**

Written commendations are letters, memos, or other statements from the treatment court praising a participant's progress in the program. Examples include a letter of attainment from the judge or a report card from a treatment provider or community supervision officer. Typically addressed as "to whom it may concern," they notify the recipient that the participant has achieved a substantial period of stable sobriety and law-abiding behavior. Participants may choose to share written commendations with an employer, family members, school administrators, or other outside parties.

### **Fishbowl Drawings**

Fishbowl drawings can be used across all magnitude levels. Participants earn opportunities to draw from a fishbowl (or other container) as an incentive for various accomplishments in the program. Most drawings earn a written declaration of success, such as a certificate of accomplishment signed by the judge. A moderate percentage earns small prizes of roughly \$5 to \$10 in value, such as gift cards or tangible items. Finally, a small percentage earns larger prizes such as tickets to a sporting event. (Ideally, larger prizes are donated by community businesses or organizations.) Because certainty is essential for initiating new behaviors, participants can receive incentives (i.e., drawings) for as many desired behaviors as possible.

## **High-Magnitude Incentives**

### **High-Value Tangible Rewards**

In the later phases of the program, participants may earn tangible rewards of more substantial value or impact. These rewards are used to encourage prosocial and healthy leisure activities or to assist with adaptive activities of daily living.

### **Supervised Day Trips**

Examples include:

- Fishing trips
- Movie outings
- Intramural sports
- Sporting events
- Bowling tournaments
- Recovery Olympics

### **Phase Advancement**

Treatment court phase advancement occurs when participants have managed well-defined and achievable proximal goals that are necessary for them to accomplish more difficult distal goals. Phase advancement is distinct from participants' treatment regimens, and is not tied to the level, dosage, or modality of treatment that is required to help them achieve their current phase goals.

### **Legal Incentives**

Commencement from treatment court virtually always leads to substantial legal incentives. Common examples include:

- Dismissal of the charge(s) or vacation of a guilty plea
- Reduction in the charge(s)
- Reduction of the sentence
- Avoidance of jail or prison
- Curtailment of a probation term or "tail"
- Consolidation of multiple probationary terms
- Expungement of the arrest or conviction record
- Waiver of fines or fees

### **Fishbowl Drawings**

Fishbowl drawings can be used across all magnitude levels. Participants earn opportunities to draw from a fishbowl (or other container) as an incentive for various accomplishments in the program. Most drawings earn a low-magnitude incentive such as a written declaration of success, for example, a certificate of accomplishment signed by the judge. A moderate percentage earns small prizes of roughly \$5 to \$10 in value, such as gift cards or tangible items. Finally, a small percentage earns larger prizes such as tickets to a sporting event. (Ideally, larger prizes are donated by community businesses or organizations.) Because certainty is essential for initiating new behaviors, participants can receive incentives (i.e., drawings) for as many desired behaviors as possible.

## SANCTIONS

**Sanctions** are things the participant does not want. Because sanctions can have many serious negative side effects if they are not administered carefully and correctly, they are delivered in strict accordance with evidence-based behavior modification practices. Sanctions are delivered for infractions of proximal goals, are delivered for concrete and observable behaviors (e.g., not for subjective attitudinal traits), and are delivered only when participants have received clear advance notice of the behaviors that are expected of them and those that are prohibited. Participants do not receive high-magnitude sanctions like home detention or jail detention unless verbal warnings and several low- and moderate-magnitude sanctions have been unsuccessful in deterring repeated infractions of proximal goals. Warnings and sanctions are delivered calmly without shaming, alarming, or stigmatizing participants, and staff help participants to understand how they can avoid further sanctions by taking achievable steps to meet attainable program goals. Participants are given a fair opportunity to voice their perspective concerning factual controversies and the imposition of sanctions before they are imposed. Participants receive a clear rationale for why a particular sanction is or is not being imposed. (see page 88 of [the standards](#) for additional details). The following table provides examples of low-, moderate-, and high-magnitude sanctions followed by a more in-depth explanation of each example in narrative format.

Table 2. Examples of sanctions of varying magnitudes

LOW	MEDIUM	HIGH
Verbal warning	Courtroom observation Instructive community service Curfew Travel or association restrictions Electronic surveillance	Team roundtable Day reporting Home detention Brief intervals of jail detention Program discharge



## **Low-Magnitude Sanctions**

### **Verbal Warning**

Staff should remind the participant about the program's policy and procedures concerning avoidable infractions, emphasize that staff take these seriously, explain why they are taken seriously, and deliver a clear warning of what will happen if the infractions happen again.

## **Moderate-Magnitude Sanctions**

### **Courtroom Observation**

Repeatedly noncompliant participants may be required to observe treatment court proceedings or probation violation proceedings for a day, several days, or a week.

### **Instructive Community Service**

To be useful and instructive, community service should help participants develop new skills and feel a sense of accomplishment, such as by setting up before and cleaning up after treatment sessions or volunteering in a soup kitchen.

### **Curfew**

Curfews may be imposed or extended to an earlier hour. Curfew compliance is often monitored or enforced via random telephone calls or text messages with voice or identity confirmation, GPS monitoring, or random home visits by supervision officers.

### **Travel or Association Restrictions**

The judge may impose additional travel or association restrictions. For example, a participant may be restricted from associating with certain individuals, going to a particular neighborhood or location, leaving home after a certain time, or driving a car for purposes other than commuting to and from work or school. Travel restrictions may be monitored and enforced using GPS, a cellphone location application, an ignition-interlock device, or other means of electronic surveillance.

### **Electronic Surveillance**

Participants may be required to wear an alcohol-monitoring anklet device or GPS surveillance device or to use a phone-monitoring application to deter alcohol-related infractions or to monitor or enforce curfew or travel restrictions.

## **High-Magnitude Sanctions**

### **Team Roundtable**

Team roundtables are typically used when participants are at risk of being discharged unsuccessfully from the program because of repeated noncompliance with proximal expectations, such as repeatedly missing counseling sessions or being persistently untruthful. The team meets with the participant to offer constructive and respectful feedback from multiple sources.

The goal is not to gang up on or embarrass the person but rather to provide a cohesive and unified message from staff. This practice can be helpful in reducing “splitting” or “triangulation,” which may occur if a participant is giving conflicting information to different staff members or if the staff has widely differing perceptions about the person’s needs or conduct in the program.

### **Day Reporting**

Participants may be required to report to a day reporting center or supervision office for several hours each day, possibly including weekends. Structured activities may include interventions using core correctional practices, healthy recreational activities, and training on adaptive skills like resume preparation or job interviewing. Day reporting substantially restricts and structures participants’ free time, keeps participants safe and away from risk factors in their environment, and provides an opportunity for intensive counseling and prosocial activities.

### **Home Detention**

Participants may be required to remain in their homes other than for approved activities such as work, school, or treatment. Home detention is often monitored and enforced via random telephone calls or text messages with voice or identity confirmation, GPS monitoring, or random home visits by supervision officers.

### **Brief Intervals of Jail Detention**

Brief intervals of jail detention have been associated with better outcomes in treatment courts, but only when they were no longer than 3 to 6 days in length and were delivered in later phases of the program when participants could satisfy more demanding requirements.

Jail can have many harmful side effects, including interrupting the treatment process, exposing persons to high-risk peers and other stressors in the jail environment, and interfering with productive activities like work, schooling, or childcare.

For this reason, jail sanctions should be brief (no more than 3 to 6 days), should be administered only for repeated proximal or avoidable infractions, and should be imposed with the least disruption possible. For example, many treatment courts allow participants to serve jail sanctions on weekends or evenings to avoid interfering with treatment, work, or household responsibilities.

If weekend or evening jail sanctions do not deter avoidable infractions, or if a participant poses an imminent and serious threat to themselves or others, then, and only then, might jail sanctions need to be imposed immediately without giving the person a chance to prepare for the disruption.

### **Program Discharge**

Because unsuccessful discharge from treatment court can have serious negative legal and health repercussions, every effort should be made to help participants succeed in the program and avoid a record of conviction, incarceration, or other serious consequences. Treatment courts should exhaust all reasonable rehabilitative efforts before letting participants give up on themselves.

Before discharging a participant unsatisfactorily, the judge finds by clear and convincing evidence that:

- The participant poses a serious and imminent risk to public safety that cannot be prevented by the treatment court's best efforts,
- The participant chooses to voluntarily withdraw from the program despite staff members' best efforts to dissuade the person and encourage further efforts to succeed, or
- The participant is unwilling or has repeatedly refused or neglected to receive treatment or other services that are minimally required for the person to achieve rehabilitative goals and avoid recidivism.

## SERVICE ADJUSTMENTS

**Service adjustments** are things the participant needs. Participants receive service adjustments, not sanctions, when they do not meet distal goals, and this continues to be a preferred response until participants have developed the requisite skills and resources needed to accomplish their distal goals and therefore the goals become proximal. It is the services, and not sanctions, that help participants to accomplish their goals and achieve long-term success. Participants often perceive service adjustments as being a sanction or incentive. It is important to clarify to participants that they are applied for specific goals and serve different aims. Service adjustments are delivered to help participants achieve distal goals that are too difficult for them currently, whereas incentives and sanctions are administered to enhance compliance with achievable goals. The following table provides examples of supervision adjustments, treatment adjustments, and learning assignments followed by a more in-depth explanation of each type of service adjustment in narrative format.

Table 3. Examples of service adjustments

Supervision Adjustments	Treatment Adjustments	Learning Assignments
<ul style="list-style-type: none"> <li>• Increase or decrease the frequency of court status hearings.</li> <li>• Increase or decrease the frequency of home visits.</li> <li>• Increase or decrease the frequency of drug and alcohol testing.</li> <li>• Increase or decrease the frequency of office or field visits with community supervision officers.</li> </ul>	<ul style="list-style-type: none"> <li>• Modify the frequency of sessions, level of care, or modality of treatment.</li> <li>• Initiate or modify specialized services and counseling groups.</li> <li>• Initiate or modify medications.</li> <li>• Implement harm reduction strategies.</li> <li>• Report daily to a treatment program.</li> <li>• Increase attendance at a mutual peer support group.</li> <li>• Initiate or modify peer recovery specialist support.</li> <li>• Report to peer respite staffed by peer recovery specialists.</li> </ul>	<ul style="list-style-type: none"> <li>• Activity log</li> <li>• Cognitive behavioral therapy (CBT) assignment</li> <li>• Essay assignment</li> <li>• Journaling exercise</li> <li>• Life skills assignment</li> <li>• Supervised social gatherings</li> </ul>

### **Supervision Adjustments**

Supervision is increased to keep participants safe, monitor their recovery obstacles, and help them develop better coping skills and avoid further infractions. It should be reduced only when recommended by a supervision officer and when the participant meets criteria for psychosocial stability (see page 85 of [the standards](#) for additional details).

### **Treatment Adjustments**

If a participant is attending treatment but is not improving, the treatment should be adjusted to better serve the person's needs and preferences. Treatment professionals should deliver treatment adjustments as necessary to help the person reestablish clinical stability. Under no circumstances should non-clinically trained members of the team impose, deny, or alter treatment services if such decisions are not based on clinical recommendations by qualified professionals (see page 86 of [the standards](#) for additional details). Treatment professionals should deliver service adjustments as necessary to help the person reestablish clinical stability.

### **Learning Assignments**

Learning assignments are delivered as a service adjustment to help participants avoid distal goal infractions like impulsive or ineffective decision making. Learning assignments are delivered to help participants understand their condition, identify their risk factors for symptoms or infractions, and develop better problem-solving skills (see page 87 of [the standards](#)). When recommended by a treatment professional or trained supervision officer, examples of learning assignments that may be assigned to help participants achieve their distal goals and long-term recovery include the following:

- Activity log. Participants may be instructed to plan their activities in advance for the coming week and log their compliance with and deviations from the intended schedule. Staff then rely on this information to help participants identify times or situations in which they are likely to confront obstacles to their recovery and develop a plan to avoid such obstacles. Activity logs can be especially helpful for participants who are unaccustomed to planning their activities in advance or who engage in impulsive decision making.
- Cognitive behavioral therapy (CBT) assignment. CBT assignments are structured exercises designed to help participants learn and practice the skills taught in their counseling groups. For example, participants may write down their risk factors for problematic behaviors and possible ways to avoid them, or they may list the foreseeable risks and benefits of using drugs in separate columns and balance the relative impact (weigh the pros and cons) of these consequences on their lives to help them make better-reasoned decisions.
- Essay assignment. Participants may be given essay assignments like writing, verbally reporting on, or tape-recording an essay on a recovery-related topic, such as on the dangers of substance use, the importance of being truthful, or reasons to avoid peers who are negative influences. Staff must be careful to ensure that participants have the cognitive and educational skills necessary to complete the assignment. If participants receive a sanction for not completing an assignment that is too

difficult for them, this practice can embarrass, shame, or overwhelm the individual, which worsens outcomes. To avoid such problems, many treatment courts allow participants to watch an instructional video and verbally report on or tape-record their thoughts or reactions to it if they have reading, writing, or learning difficulties. Staff should generate a list of recovery-related topics and develop a “lending library” of easy-to-digest pamphlets, fact sheets, audio tapes, or books to help participants complete these assignments.

- **Journaling exercise.** Participants may be instructed to self-monitor and record in real time their thoughts, feelings, and attitudes related to emerging mental health symptoms, substance use, or other threats to their welfare. Treatment professionals rely on this information in counseling to help participants identify their emotional or cognitive triggers for problematic symptoms or behaviors and teach them effective strategies to manage these triggers, such as mindfulness-based techniques, thought-stopping, meditation, yoga, or deep-breathing exercises.
- **Life skills assignment.** Participants may be instructed to investigate how to accomplish a specific task to help them achieve their long-term adaptive goals, such as learning how to open a bank account, obtain a state identification card, reinstate a driver’s license, enroll in a GED or college class, or prepare for a job interview. They are encouraged to gather helpful information from staff, fellow participants, family members, and others; develop an action plan; receive feedback on the plan; execute the plan; and take corrective steps if needed.
- **Supervised social gatherings.** Participants who have begun to assume appropriate life roles may earn inclusion in social gatherings coordinated by the treatment court staff. These events are designed to provide healthy recreational experiences and opportunities for participants to practice appropriate social interactions in non-drug-related situations. Common examples include picnics or parties, sober dances, recovery games or activities, picture day (with formal portraits taken), and family day (food and games provided to invited family members and friends).

## INCENTIVES AND SANCTIONS TABLES

Create your own tables of low-, moderate-, and high-magnitude incentives and sanctions so you are ready to respond to your clients' behavior.

### INCENTIVES

LOW MAGNITUDE	MODERATE MAGNITUDE	HIGH MAGNITUDE

### SANCTIONS

LOW MAGNITUDE	MODERATE MAGNITUDE	HIGH MAGNITUDE

## SERVICE ADJUSTMENTS TABLE

Create your own table of supervision adjustments, treatment adjustments, and learning assignments so you are ready to respond to your clients' behavior.

Supervision Adjustments	Treatment Adjustments	Learning Assignments