

Behavior Response Toolkit



Accountability Unpacked: Expanding Behavior Change Techniques in Family Treatment

2025 FTC Practice Academy



This project is supported by Grant # 15PJDP-22-GK-03559-DGCT awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice.

Behavior Response Toolkit Overview:

The **Behavior Response Toolkit**^{1,2} helps family treatment court (FTC) teams respond to participant behaviors using a structured, evidence-informed approach. Grounded in the Behavior Change Wheel and COM-B (Capability, Opportunity, and Motivation - Behavior) models of behavior change, the toolkit supports teams in identifying conditions present or missing for behavior change, selecting appropriate interventions matched to the identified condition, and promoting accountability without punishment.

Worksheet A: Behavior Change Flowchart

Use this worksheet to explore the 'why' behind a behavior and guide collaborative planning. It helps clarify the target behavior, the reason for addressing it, and prompts the team to explore potential barriers and enablers (Worksheet B) and select appropriate intervention strategies (Worksheet C). Use Worksheet A as your anchor—refer to it throughout the process to stay cognizant of purpose and direction. This worksheet also offers two charts delineating accountability vs. punishment and parent vs. team responsibilities to ground your team in a partnership mindset.

Worksheet B: Barriers and Enablers to Change

This worksheet breaks down the COM-B model into Capability, Opportunity, and Motivation principles, with subcategories and FTC-specific examples. Use this worksheet to identify what might be helping or hindering behavior, and to guide team brainstorming about what to target for change.

Worksheet C: Behavior Change Techniques

This worksheet links COM-B barriers to evidence-informed intervention strategies. It helps teams select responses that are more likely to be effective based on the type of barrier. Use this worksheet to match the right strategy to the identified challenge and avoid defaulting to ineffective responses.

How to Use the Toolkit:

- **Begin with Worksheet A** – Follow the foundational flow chart to lead your team through structured decision-making when a client-specific challenge arises.
- **Use Worksheet B** – Explore potential barriers and enablers to the behavior using the COM-B model.
- **Refer to Worksheet C** – Select tailored, evidence-informed responses that align with the identified barriers.
- **Revisit Worksheet A**, as needed – use it to reassess direction, refine your approach, and stay grounded in purpose. Behavior change is a process, not a one-time solution.

Questions? Contact us at ftc@cffutures.org

Visit the **FTC Practice Academy** webpage for more information and to view previous courses.

¹Michie, S., Atkins, L., & West, R. (2014). The behaviour change wheel: A guide to designing interventions. Silverback Publishing. <https://www.behaviourchangewheel.com>

²Michie, S., van Stralen, M. M., & West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, 6(42). <https://doi.org/10.1186/1748-5908-6-42>

Worksheet A

Behavior Change

Flowchart



This flowchart is the starting point of the Behavior Response Toolkit. It provides a structured process to guide your treatment court team through thoughtful, client-centered decision-making when a behavior concern arises. This tool helps clarify the behavior of concern and direct the team to explore underlying barriers (Worksheet B) and select appropriate responses (Worksheet C). Return to this flowchart throughout the process to stay grounded in purpose and ensure your team's actions remain aligned and intentional.

Parent Name:

Date:

1. What behavior is preventing progress toward a goal?

- Drug use
- Missed or diluted testing
- Missed treatment
- Missing appointments
- Lack of engagement in treatment
- Lack of engagement in family time
- Lack of engagement in recovery activities
- Lack of engagement in self-sufficiency activities
- Other:

NOTES:

2. What outcome/goal is being affected by this behavior?

- Sobriety
- Recovery
- Family wellbeing
- Child safety
- Child permanency
- Child wellbeing
- Self-sufficiency
- Parenting time progression
- Reunification
- Other:

NOTES:



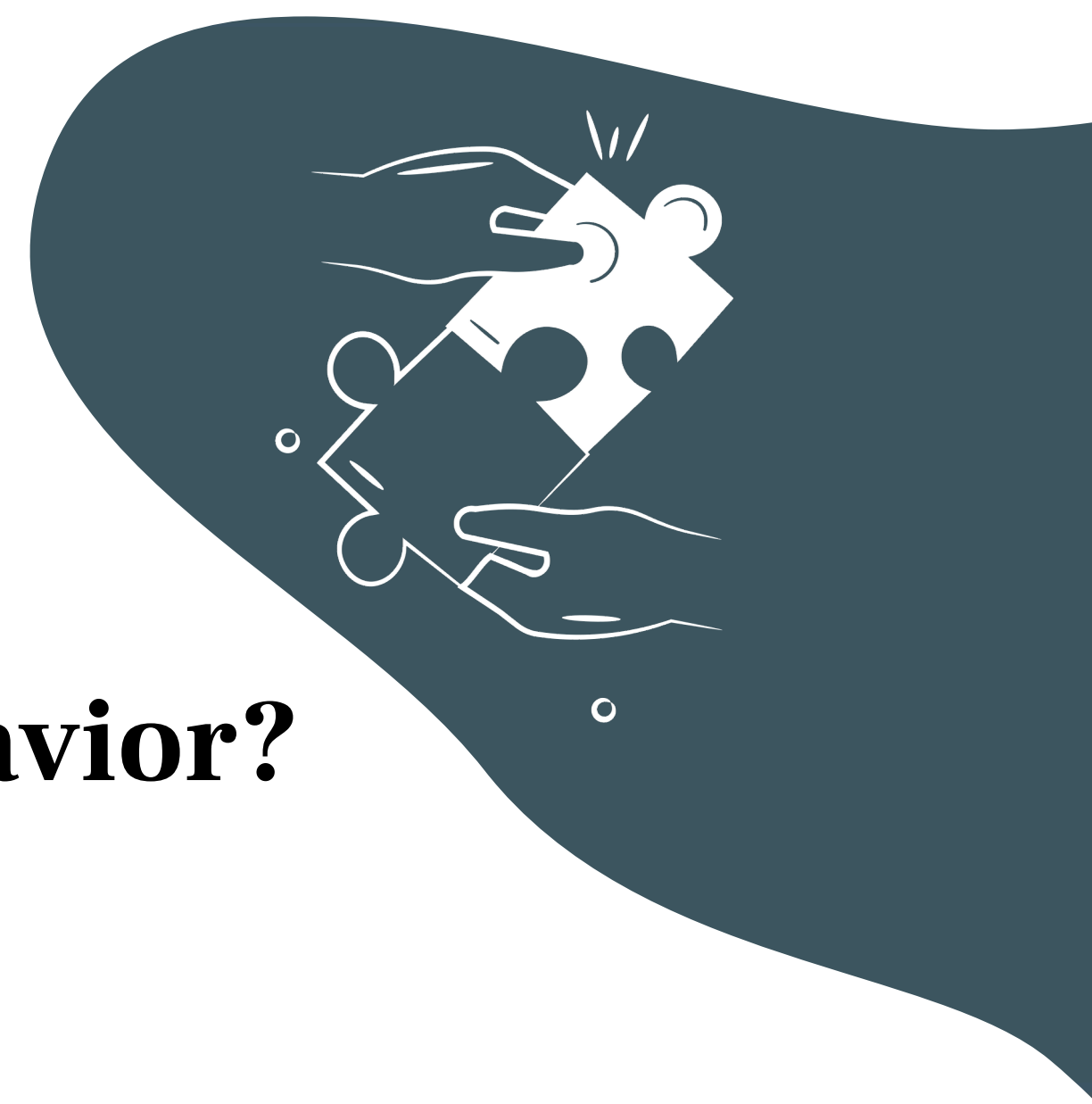
3. What barriers and enablers to change can the team identify?

What does the team want to target today?

See worksheet B

- Capability:** Do they have the physical and mental ability, skills, and knowledge to adopt the target behavior?
- Opportunity:** Does their environment support or allow the behavior?
- Motivation:** Do they want or feel driven to change?

NOTES:



4. What intervention category may help change this behavior?

See worksheet C for definitions and examples

Capability:

- Physical: enablement, training
- Psychological: enablement, training, education

Opportunity:

- Social: enablement, modeling, environmental restructuring, restrictions
- Physical: training, enablement, environmental restructuring, restrictions

Motivation:

- Reflective: education, persuasion, incentivization, coercion
- Automatic: persuasion, incentivization, coercion, training, enablement, modeling, environmental restructuring

NOTES:



5. Brainstormed response ideas:

NOTES:

6. Chosen response:

NOTES:

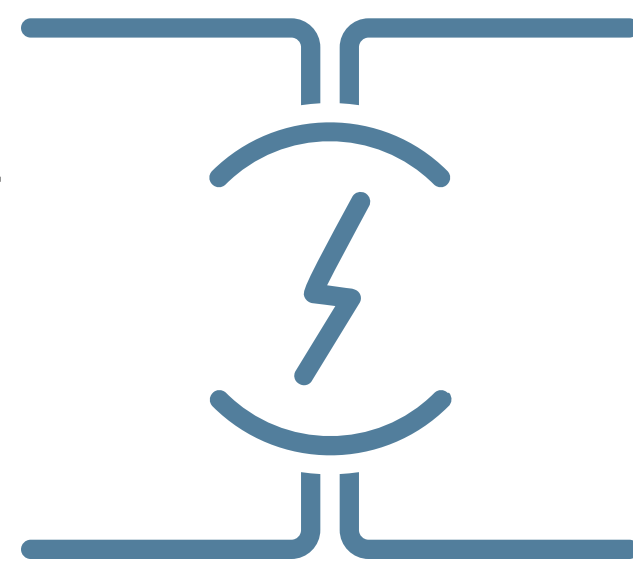
7. Explanation to parent:

NOTES:

Accountability vs. Punishment Table

This table helps teams distinguish between accountability and punishment. By comparing their focus, processes, and outcomes, teams can better understand how accountability supports lasting behavior change and recovery, while punishment often reinforces fear and resistance.

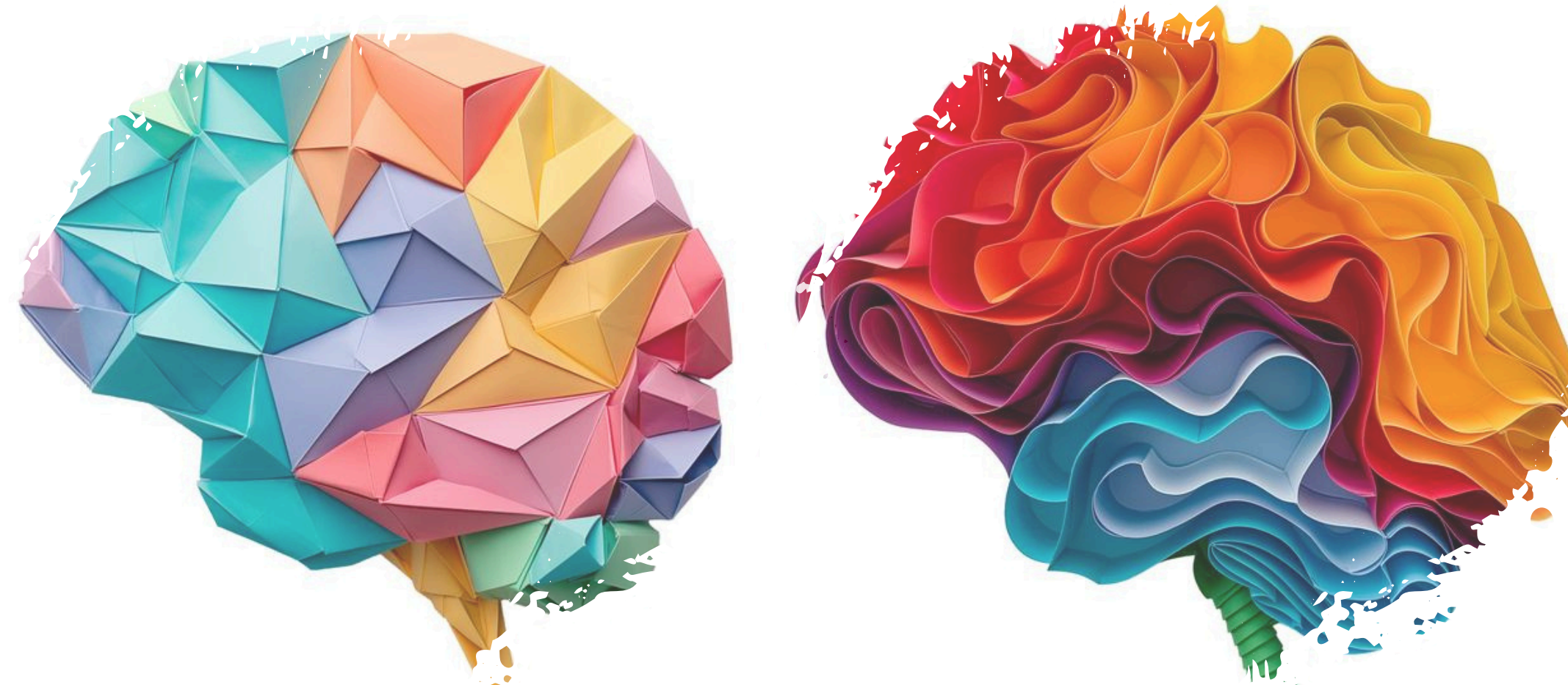
Accountability Approach



Punishment Approach

Category

Focus	Understanding impact, learning, and growth; future-oriented	Consequences for past behavior
Participant Response	Taking responsibility and making amends	Blame, defensiveness, denial, and discouragement
Process	Active, respectful, transparent, and consistent; self-driven path to repair	Passive, imposed by others
Support	Team-based, strengths-focused, with clear expectations	Imposed rules and retribution
Environment	Psychologically safe, encourages learning and connection	Fear-based, controlling
Empowerment	Builds self-awareness, coping skills, and self-efficacy	Powerlessness, hiding mistakes, eroded trust
Goal	Long-term recovery, alignment with values, and personal empowerment	Short-term compliance through fear

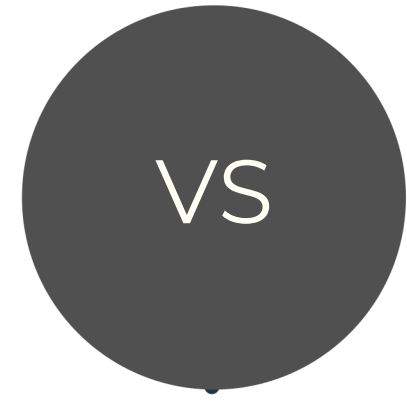


Clarifying Roles: Family Treatment Court Team vs. Parent Responsibilities

Behavior change is a shared process. While parents are responsible for taking steps toward recovery and reunification, treatment court teams play a critical role in creating the conditions that make change possible. This chart outlines the distinct but complementary responsibilities of each party across key domains. Use it to ground your team in a partnership mindset and to clarify expectations during planning, case discussions, or court reviews.

Team Responsibilities (What You Control)

Parent Responsibilities (What They Control)



Provide access to quality treatment services at the correct level of care
Monitor compliance
 Coordinate with providers
Support engagement

Attend treatment sessions
Participate actively
 Communicate needs and barriers

◀ **treatment** ▶

Facilitate safe and quality parenting time plans
Monitor and adjust timely, based on progress and safety
 Provide services to support bonding, parent-child interactions, and parenting skills
Ensure child safety

Show up on time and prepared
Engage positively with child
 Follow guidelines

◀ **parenting time** ▶

Offer evidence-informed interventions
Provide coaching and feedback
 Track progress

Practice new skills
Accept feedback
 Take responsibility for actions

◀ **behavior change** ▶

Send reminders
Offer transportation support if needed
 Be present and prepared for hearings and meetings

Attend all required appointments
Be on time
 Communicate if issues arise

◀ **showing up** ▶

Set clear expectations
Be on time
 Provide consistent responses to behavior
Document and share progress
 Outline team member responsibilities and expectations in MOU

Set goals
Follow through on commitments
 Accept consequences
Be honest and transparent

◀ **accountability** ▶

Advocate for quality services and supports
Build a trusting relationship
 Encourage hope and resilience
Provide opportunities to build recovery capital and connections with natural supports

Ask for help when needed
Engage with support systems
 Stay open to growth

◀ **support & advocacy** ▶

Worksheet B

Barriers & Enablers to Change



COM-B Model¹ (Capability, Opportunity, and Motivation - Behavior)

The COM-B model helps identify what needs to change for a behavior to occur, focusing on **Capability**, **Opportunity**, and **Motivation**. This tool provides definitions, examples, and lists of potential barriers and enablers to change based on each of the COM categories. Use this framework with your team to brainstorm what factors are present and missing for behavior change to occur.

Enablers: Factors that support and facilitate change

Barriers: Factors that hinder or prevent a target behavior from occurring

1. Capability: *The individual's psychological and physical capacity to engage in the behavior*

ASK:

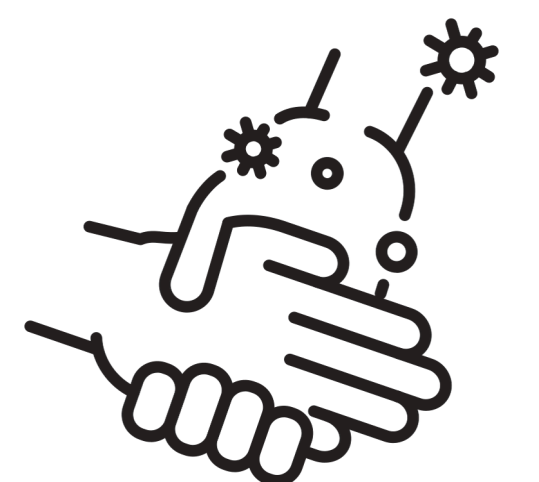
- Do they have the physical and mental ability, skills, and knowledge to adopt the target behavior?
- How aware are they of the behavior and what it entails?
- Do they know how to do it? What examples or evidence suggest they are capable of doing it?
- Do they have the skill, strength, and stamina to do it? Where might they need support to build resilience for this behavior?
- Do they have the cognitive skills to do it? How do they typically approach tasks that require planning, decision-making, or problem-solving?

.....

Physical Capability: *Do they have the physical ability to do it?*

Definition: Having the physical ability, strength, or stamina to perform the behavior.

Example: A parent has the physical ability to drive a car or take a bus, use the stairs/elevator, and walk to attend court hearings or parenting time regularly.



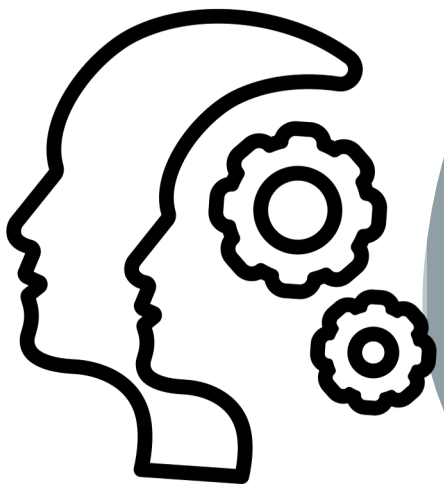
Enablers:

- Access to physical health care (e.g., treatment for chronic pain or illness)
- Participation in parenting classes with hands-on practice
- Physical stamina improved through recovery and wellness programs
- Supportive housing that allows rest and recovery
- Accommodations for disabilities (e.g., mobility aids)

¹Michie, S., Atkins, L., & West, R. (2014). The behaviour change wheel: A guide to designing interventions. Silverback Publishing. <https://www.behaviourchangewheel.com>

Barriers:

- Untreated medical conditions or chronic pain
 - Fatigue from withdrawal or co-occurring disorders
 - Physical disability without adequate support
 - Lack of sleep due to unstable housing or caregiving stress
 - Side effects of medications interfering with functioning
-



Psychological Capability: *Do they have the mental tools and understanding to act?*

Definition: Having the knowledge, mental skills, or psychological resilience to perform the behavior.

Example: A parent understands the impact of substance use on child development and can apply coping strategies learned in treatment.

Enablers:

- Trauma-informed therapy that builds emotional regulation
- Cognitive-behavioral therapy (CBT) to develop coping skills
- Clear, repeated explanations of court expectations
- Peer support groups that model healthy thinking
- Literacy or GED programs that build confidence and comprehension

Barriers:

- Cognitive impairments, fetal alcohol spectrum disorders, executive functioning challenges, traumatic brain injuries, or learning disabilities
 - Literacy or language barriers
 - Lack of understanding of court processes, treatment plans, or what's expected
 - Trauma history, mental health conditions, or medications that impair focus, reasoning, or memory
 - Overwhelm from complex service systems
-

2. Opportunity: *External factors that make the behavior possible*

ASK:

- Does their environment support or allow the behavior?
 - Is it socially acceptable in their environment? What social norms or expectations may be affecting their willingness to adopt this behavior?
 - Do formal rules support it? Are there any policies, rules, or systems in place that support or conflict with this behavior?
 - Are there cues, reminders, and nudges supporting them to do it?
 - Do they have sufficient time to do it? What time-related barriers may be getting in the way?
 - Do they have access to the appropriate space, tools, and resources to do it?
 - What resources and supports are in place or can be put in place to support the behavior change?
-

Physical Opportunity: *Does the environment allow them to do it?*

Definition: Environmental resources, time, and access that support the behavior.

Example: The parent has access to transportation, child care, and a work schedule that allows for attending treatment sessions.



Enablers:

- Reliable transportation to court, treatment, and services
- Available and quality child care during appointments
- Flexible scheduling of services and employment hours
- Access to phones and internet for telehealth or check-ins
- Housing stability that supports routine

Barriers:

- Lack of transportation or long travel distances
 - No quality child care options during required appointments
 - Conflicting schedules between services, employment, and parenting duties
 - Homelessness or unstable housing
 - Limited access to technology or communication tools
-



Social Opportunity: *Do social influences support the behavior?*

Definition: Social cues, social norms, and interpersonal influences that support the behavior.

Example: A parent is surrounded by a supportive peer group or mentor who reinforces recovery goals.



Enablers:

- Encouragement from treatment court team members
- Positive peer mentors in recovery
- Family members who support sobriety and reunification
- Group therapy or support groups
- Holistic community initiatives or programs grounded in person-centered healing
- A recovery inclusive community

Barriers:

- Social networks that normalize substance use
- Domestic violence or controlling relationships
- Stigma towards substance use disorders from family or community
- Isolation or lack of social support
- Living environment that promotes substance use and devalues a life of recovery
- Mismatch between services and family values

3. Motivation: *Processes that energize, influence, and direct the behavior, including conscious decisions and automatic responses*

ASK:

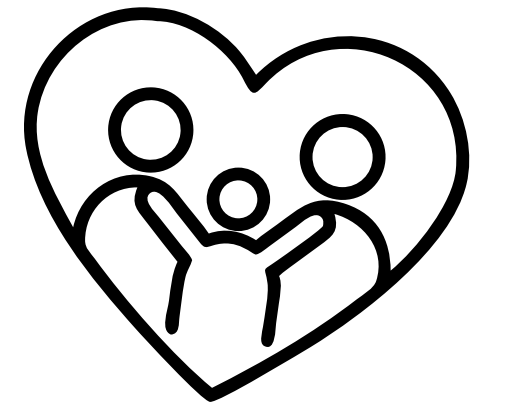
- Are they motivated to adopt the target behavior? What signs have we seen?
- What is the specific motivation for change now?
- Do they want or feel driven to change? How strong does this internal motivation seem to be?
- How much satisfaction or reward do they expect to obtain from it?
- What needs or goals might this behavior help the participant fulfill?
- How strong is their intention around it?
- How developed is their habit or routine around it? How established is this behavior in their daily life, if at all?
- How much do they prioritize it over the alternatives? What might be taking precedence over this behavior right now?
- How much hope do they hold that they can do it?

.....

Reflective Motivation: *Do they want to do it and believe it matters?*

Definition: Conscious planning, evaluation, and decision-making.

Example: A parent sets a goal to reunify with their child and believes that completing treatment will help achieve that goal.



Enablers:

- Clear personal goals and values (e.g., reunification with or alternative permanency option for children)
- Understands the benefits of treatment and compliance
- Belief that the team is genuinely invested in helping parent and children succeed
- Positive feedback from the judge or team
- Self-monitoring tools (journals, progress charts)
- Motivational interviewing sessions

Barriers:

- Hopelessness or belief that change isn't possible
- Distrust of the system or past negative experiences
- Doubt that actions lead to desired outcomes
- Conflicting priorities (e.g., work vs. treatment)
- Lack of insight into the impact of substance use
- Fear of failure or relapse



Automatic Motivation: *What emotional or habitual forces are at play?*

Definition: Emotional reactions, habits, and impulses.

Example: A parent feels pride and emotional reward when praised for progress, reinforcing continued engagement.

Enablers:

- Emotional connection to children as a motivator
- Positive reinforcement (e.g., praise, incentives)
- New habits formed through structured routines
- Emotional regulation skills from therapy
- Spiritual or tradition-based practices that promote healing

Barriers:

- Cravings or emotional triggers for substance use
- Habitual responses to stress (e.g., using substances)
- Shame or guilt that leads to avoidance strategies
- Emotional dysregulation or trauma responses
- Lack of immediate rewards for positive behavior



COM-B Model² (Capability, Opportunity, and Motivation - Behavior): Comparison Table

	Key Question	Type of Process	Example
Capability	Physical Capability Do they have the physical ability to do it?	Physical skills, stamina, health	Attending parenting classes despite fatigue
	Psychological Capability Do they have the mental tools and understanding to act?	Knowledge, memory, reasoning	Understanding how relapse affects reunification
Opportunity	Social Opportunity Does the environment allow them to do it?	Resources, time, access	Having transportation to court and treatment
	Physical Opportunity Do social influences support the behavior?	Social norms, peer/family support	Encouragement from a recovery mentor
Motivation	Reflective Motivation Do they want to do it and believe it matters?	Conscious goals, beliefs, planning	Choosing to attend therapy to meet goal of reunification with child
	Automatic Motivation What drives them emotionally or habitually?	Emotions, impulses, habits	Using substances when overwhelmed



²Michie, S., Atkins, L., & West, R. (2014). The behaviour change wheel: A guide to designing interventions. Silverback Publishing. <https://www.behaviourchangewheel.com>

Worksheet C

Behavior Change Techniques^{1,2}



To effectively influence a component of the COM-B model (Capability, Opportunity, and Motivation – Behavior), tailored interventions are required. Research-based guidance helps identify which interventions are best suited to overcome specific barriers and support meaningful behavior change. Using an ill-fitting intervention can waste time and resources. For example, you wouldn't use coercion to teach a skill someone lacks (a capability issue); instead, training or education would be more appropriate.

The links between COM-B components and intervention functions are grounded in behavioral science research, synthesized from 19 behavior change frameworks. These links highlight what tends to work for different types of barriers. However, they are intended as **guidelines**, not rigid rules; the model is designed to be flexible and adaptable across contexts.

The highlighted connections are evidence-informed and offer a strong starting point for team discussion. Each highlighted box provides an example of a response that fits the identified COM-B category and intervention – use these examples to spark conversation, guide planning, and explore how similar strategies might apply in your own context.

While incentivization (rewards) and coercion (sanctions) are commonly used in FTCs, they are most effective when the barrier is motivation—either automatic or reflective. However, they're not the only effective strategies for addressing motivation. Other intervention functions—like persuasion, modeling, and enablement—can also support meaningful change. For barriers related to capability or opportunity, other intervention strategies have been shown to support positive behavior change and should be part of the toolkit.

And remember—with a continuous quality improvement (CQI) mindset, if a response doesn't work, that's not failure—it's valuable information. Go back to your list of brainstormed ideas, revisit barriers and enablers to change, consider what might have been missed, and try a different approach. Behavior change is both a science and an art: while research offers strong guidance, each person is unique, and flexibility is key.

.....

¹Michie, S., Atkins, L., & West, R. (2014). The behaviour change wheel: A guide to designing interventions. Silverback Publishing. <https://www.behaviourchangewheel.com>

²Michie, S., van Stralen, M. M., & West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, 6(42).

Categories:	Enablement	Training	Education	Modeling	Environmental Restructuring	Restriction	Persuasion	Coercion	Incentivization
Definitions	<i>Providing resources and support or removing barriers to facilitate behavior change</i>	<i>Enhancing capabilities through skill development and practical training</i>	<i>Providing knowledge or information to increase understanding, awareness, and empowerment</i>	<i>Providing an example for people to aspire to or imitate</i>	<i>Changing the physical or social context to make desirable behaviors more manageable and accessible</i>	<i>Limiting opportunities to engage in undesired behaviors</i>	<i>Using communication to induce positive or negative feelings or stimulate action</i>	<i>Creating expectation of consequence or cost to discourage behavior</i>	<i>Creating expectation of reward to encourage behavior</i>
Capability Build physical abilities or remove physical barriers	Provide access or accommodations to services so parent can physically attend appointments	Hands-on parenting practice sessions with coaching as parents practice safe holding, feeding, or soothing techniques							
	Offer cognitive supports like memory aids, simplified schedules, or coaching for executive functioning challenges	Provide treatment group focused on coping strategies, emotional regulation, and problem-solving	Offer orientation sessions that explain FTC expectations, timelines, and roles in plain language						
Opportunity Shift social norms or networks	Connect the parent with recovery housing and sober support and activities such as Al-anon clubs and community recovery centers			Pair the parent with a peer mentor	Offer family-focused therapy or educational sessions to help the parent's support network understand substance use disorder and recovery, and learn how to provide nonjudgmental support	Implement case plans that restrict contact with individuals who enable or support substance use			
	Provide transportation, child care, or flexible scheduling to remove logistical barriers	Provide hands-on support to teach parents how to navigate systems like Medicaid, housing applications, or public transportation to increase independence			Co-locate services in one accessible location/time period (schedule group at court immediate before/after FTC session) or offer them virtually	Limit exposure to high-risk environments by adjusting schedules, modifying living arrangements, or implementing structural supports that reduce triggers and increase stability			
Motivation Influence beliefs, values, and intentions			Share data and stories that show that recovery is possible, including statistics and stories from FTC alumni	Invite FTC graduates to share their story at court or treatment sessions			Frame behavior change in terms of what matters most to the parent (e.g. goals, values, and identity)	Develop written agreements that outline expectations and consequences	Tangible, individualized incentives for achieving identified goals
	Use behavioral prompts and routines to help build new habits	Teach parents to recognize triggers and practice alternative responses to interrupt automatic reactions		Use guided role-play in parenting or therapy sessions to model calm responses to child's behavior	Create structured daily routine that includes safe, recovery-supportive environments to reduce exposure to cues that trigger automatic, habitual behaviors		Build visual timelines of the parent's recovery journey and display in court/treatment spaces that show small wins leading to big outcomes	Establish courtroom routines to promote accountability, including timely sanctions for repeated noncompliance, to help interrupt automatic, habitual behaviors and reinforce consistent expectations	Use small, frequent and emotionally rewarding incentives to reinforce positive behaviors and help rewire automatic responses



Questions? Contact us at ftc@cffutures.org.

Visit the [FTC Practice Academy webpage](#) for more information and to view previous courses



This project is supported by Grant # 15PJDP-22-GK-03559-DGCT awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice.