

Contingency Management = Motivational Incentives

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Disclosures

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► WHY MOTIVATIONAL INCENTIVES?

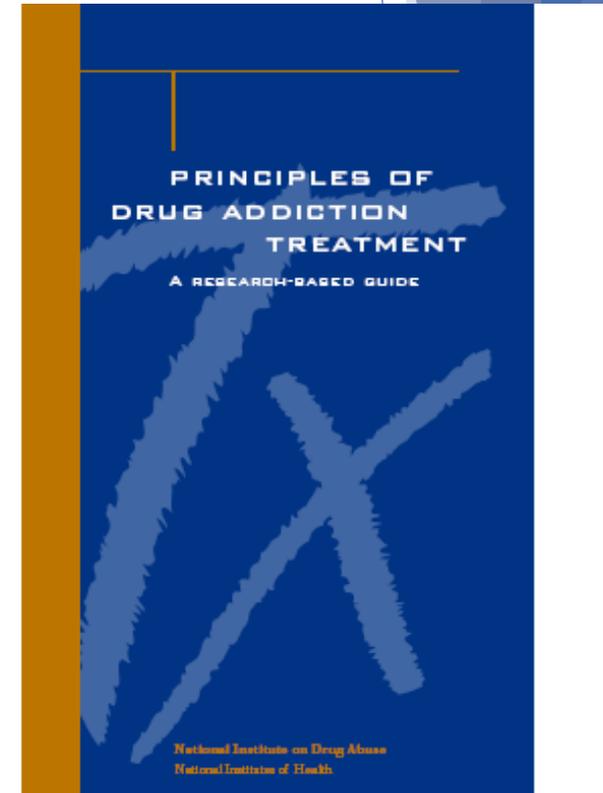
Motivational Incentive Programs

A Motivational Incentive program provides tangible **reinforcers** such as vouchers, goods, or privileges to patients for reaching concrete targeted behaviors.



Why talk about contingency management?

- ▶ It has been “endorsed” by NIDA (1999)
- ▶ It appears on most every list of evidence-based practices for treating substance use disorders (e.g., ADAI, 2005)
- ▶ It has been singled out, along with CBT and MI as being an effective psychotherapy for treating substance use disorders (Carroll & Onken, 2005)



A meta-analysis reports that Contingency Management results in a successful treatment episode 61% of the time while other treatments with which it has been compared result in a successful treatment episode 39% of the time

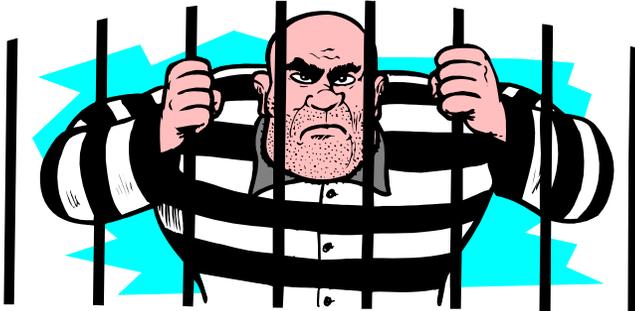
(Prendergast, Podus, Finney, Greenwell & Roll, 2005)



Behavior can be modified by:



Rewards



Punishments

► DEFINITIONS

Positive Reinforcement

Positive reinforcement involves presentation of a pleasant stimuli after a desired behavior occurs.

EXAMPLE:

You go to work every day, perform expected duties and receive a paycheck at regular intervals.



How Incentives Could Work For You

Give Incentive

Patient attends
treatment,
gives negative samples



More patients

- attend treatment
- give negative samples

Basic Behavioral Principles

1. Frequently monitor target behavior
2. Provide incentive when target behavior occurs
3. Remove incentive when target behavior does not occur



Application of Contingency Management



▶ FOUNDING PRINCIPLES

The 3 Essential Elements



- 1 Target behaviors must be readily detected
- 2 Tangible reinforcers are provided whenever the targeted behavior is demonstrated

- 3 When the target behavior does not occur, the reinforcers are withheld



Three major types of incentive programs

- **Access to clinic privileges**
Example: Take-home dose of methadone
- **On-site prize distribution**
Example: A prize cabinet contains many small prizes, some large prizes and a few jumbo prizes
- **Vouchers or other token economy systems**
Example: Points or vouchers are accumulated in an account and redeemed for retail goods or services



Other examples of reinforcers

- ▶ Donuts, cookies, pizza for attendance or urine results
- ▶ Grocery-gasoline, etc vouchers/credit cards
- ▶ Preferred parking or dosing hours
- ▶ Certificates or plaques for accomplishments
- ▶ Local businesses may donate



How long?

Until the patient...

- Internalizes the recovery process
- Develops naturally-occurring reinforcers that support recovery



▶ LOW COST INCENTIVES

Fishbowl Method

Patients select an increasing number of draws each time they display a targeted behavior.

- Get one draw for the first drug-free urine sample, two draws for the second drug-free urine sample, and so on
- Lose the opportunity to draw a prize with a positive urine screen, but are encouraged and supported
- When patients test drug-free again, they start with one draw



▶ LOW COST INCENTIVES

Fishbowl Ticket Ratios

To manage cost, ticket ratios are as follows:



TICKET	COST	CHANCE
Good Job	\$0	50.0%
Small	\$1	41.8%
Large	\$20	8.0%
Jumbo	\$80-\$100	0.2%

▶ LOW COST INCENTIVES

Challenges



- Cost of incentives
- On-site testing
- Counselor resistance

▶ **LOW COST INCENTIVES**

Challenges

Isn't this just rewarding patients for what they should be doing anyway?

That's a common concern. But sometimes the problem is that patients are not doing the things that are good for them and need a motivational boost!



Implementation Tips

- ▶ Give reinforcement frequently
- ▶ Easy to earn initially (set the bar low)
- ▶ Reinforcers should be items of use and value to patients
- ▶ Reinforcement should be connected to specific, observable behavior
- ▶ Minimize delay in reinforcement delivery; greater delay, weaker effect
- ▶ Focus on small steps; any improvement
- ▶ Simple is better



Legal Issues

- ▶ Current laws consider incentives to be “kickbacks or inducements.”
- ▶ CMS imposes annual limits of \$75 pp, far below what research shows to be effective (\$400-500 pp)
- ▶ DHCS guidance allows SOR funds to be used for incentives, also with the \$75 limit
- ▶ SB888, as of 3/12 in CA State Senate Health Committee, would expand Medi-Cal covered benefit to include contingency management.
 - ▶ “shall only be implemented to the extent permitted by federal law”

“Contingency Management: A Highly Effective Treatment For Substance Use Disorders And The Legal Barriers That Stand In Its Way, ” Health Affairs Blog, March 11, 2020.

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Contingency Management in Practice

- ▶ Santa Cruz County