CONTINGENCY MANAGEMENT FOR SUBSTANCE USE DISORDER PROFESSIONALS

OHIO SUBSTANCE USE DISORDERS CENTER OF EXCELLENCE

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Please sign-in through the chat box:

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3. License and/or Certification number

You are required to be on camera and/or participating in the training to be eligible for the CEU certificate

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OBJECTIVES

1. Review and process the connection between operant conditioning, learning and substance use behavior.

2. Identify and explain basic parameters of contingency management within substance use disorder treatment settings.

3. Define and describe 7 principles for contingency management.

4. Develop understanding of how contingency management can be integrated and implemented into substance use disorder treatment.

TELL US ABOUT A TIME....

https://www.menti.com/aleh1qdvsvq8

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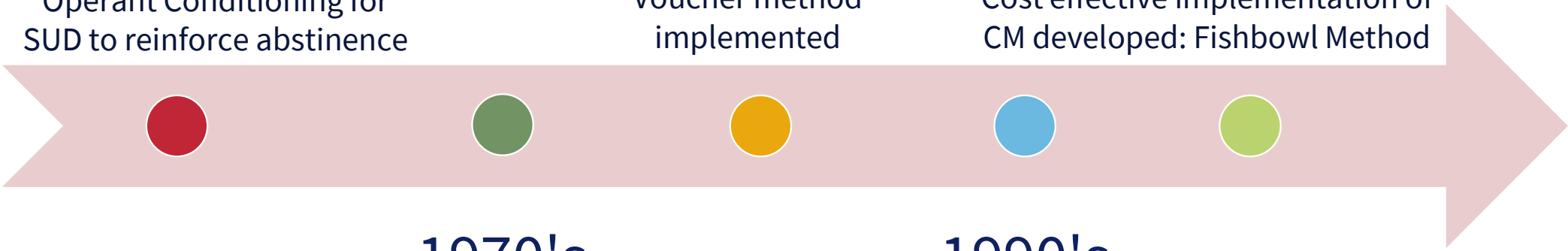
WHAT IS CONTINGENCY MANAGEMENT?

- **Definition**- “a type of behavioral therapy in which individuals are ‘reinforced’, or rewarded, for evidence of positive behavioral change.” (NIH, 2011)

- Evidence based practice with a goal to reduce substance use through implementing a tangible reward structure within the individual's treatment.

HISTORY OF CONTINGENCY MANAGEMENT IN SUBSTANCE USE DISORDER TREATMENT



1960's

Operant Conditioning for SUD to reinforce abstinence

1970's

Assistance of reinforcements for alcohol use

1980's

Voucher method implemented

1990's

Research finds CM helpful for use of cocaine and opioids

2000's

Cost effective implementation of CM developed: Fishbowl Method

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COMMON BELIEFS AND CHALLENGES

- The belief that individuals utilizing substances do not deserve to be rewarded for behaviors they "should" already be doing.
- Contingency management is supplementing one addictive behavior for another.
- Historical models of care for substance use treatment continue to overshadow acceptance and implementation of evidence-based interventions.
- Implementation of evidence-based practice needs buy in from providers to ensure high quality of care and adherence to the model.

OPERANT CONDITIONING

- Contingency Management (CM) is based on the learning theory of Operant Conditioning.
- Behaviors will increase or decrease when something in the environment is either added or removed.
- The three methods for altering behaviors are:
  - Positive reinforcement
  - Negative reinforcement
  - Punishment
- CM uses positive reinforcement exclusively.

WHAT THE RESEARCH TELLS US

- Individuals with a stimulant use disorder are twice as likely to benefit from CM than typical treatments such as cognitive behavioral therapy (CBT), motivation interviewing (MI), and counseling. Combining such treatment approaches with CM also increases outcomes (U.S. Department of Human Services, 2023).

- CM is effective when working with individuals from diverse populations such as dual diagnosis, the homeless population, racially and socioeconomic diverse populations and individuals involved in the criminal justice system (U.S. Department of Human Services, 2023).

WHAT THE RESEARCH TELLS US

- Research found that implementation of CM within HIV prevention clinics was beneficial in increasing abstinence rates among the male homeless population while also increasing healthier behaviors. CM also increased the length of retention in the study with a reduction in substance use being maintained at a 9 and 12 month follow up (Reback, et al. 2010).

- CM has been shown to be effective no matter the individual's age, race/ethnicity, sex, income or presenting problem (Petry, 2017).

TYPES OF CONTINGENCIES

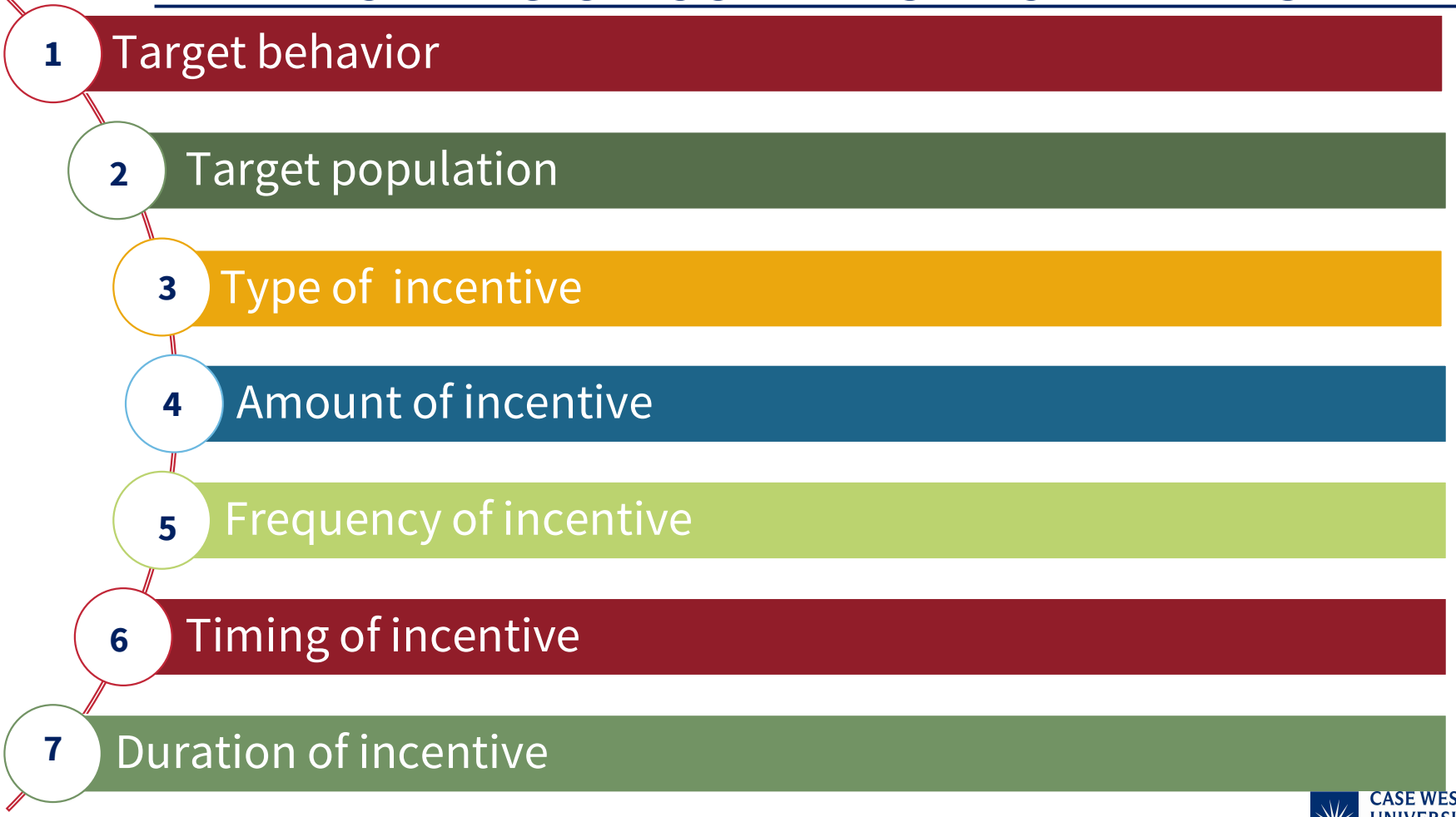
Reinforcements- Goal of increasing occurrence of a behavior. Includes both positive and negative reinforcement.

Punishments- Goal of decreasing occurrence of a behavior. Typically involved introduction of aversive stimuli when undesired behavior occurs.

TYPES OF REINFORCEMENT

Positive	Negative
Presence of a stimuli after behavior occurs.	Removal of a stimuli after behavior occurs.

7 PRINCIPLES OF CONTINGENCY MANAGEMENT



(Kellogg et al., 2007)

1. TARGET BEHAVIOR

Objective, Observable, and Measurable

Self-report is not acceptable because it is not objective, observable, or measurable.

Clearly Contracted

Both individuals and staff are clear about what is required to receive an incentive.

Closely Tracked

Important to monitor incentives to assure high fidelity and positive outcomes.

EXAMPLE TARGET BEHAVIORS

- Group attendance
- Completion of treatment plan goals
- Following up with needed medical care
- Negative urine screens
  - Must provide immediate & rapid results to be effective. Consider how long a substance remains in the system.
  - Contested positive results should be set to lab for confirmation.

WLC0

ESTABLISH AN AGREED UPON CONTRACT

- Allows both the clinician and the individual to establish and identify expectations in a clear manner prior to the start of the intervention.

- Contracting with each person interested in participating on or prior to the first session is important and should include:
  - The way in which the program will be laid out and what the expectations will be.
  - The way in which incentives will accrue or reset.
  - Participation within the program is voluntary.

Slide 15

WLC0 What kind of timeframe is recommended?
Wohlford-Lotas, Cynthia, 2024-02-14T15:30:11.919

DL0 0 Recommended time frame is 12 weeks for the program. Timeframe for establishing a contract would be during the first session
Deana Leber-George, 2024-03-06T16:18:51.964

SUCCESSIVE APPROXIMATIONS & SHAPING

- Successive approximations are the small steps that a person takes that are in alignment with their goal, but not yet achieving the target behavior.
- Shaping is the use of a reinforcement to reward successive approximations towards the target behavior.
- Can be used when an individual is unable or unwilling to engage in the initially identified target behavior. Allowing for individualized treatment goals.
- This is implemented by either increasing the reinforcement or lowering the requirements for earning the reinforcement.

Slide 16

WLC0 How does this point tie into the idea that participation is voluntary?
Wohlford-Lotas, Cynthia, 2024-02-14T15:33:28.776

DL0 0 CM can be utilized inside of harm reduction approach when a person is unable or uninterested in abstinence but is willing to engage in an individualized target behavior (e.g. attending IOP…)
Deana Leber-George, 2024-03-06T16:24:00.573

WLC0

SHAPING & SUCCESSIVE APPROXIMATIONS EXAMPLES

Smoking Cessation (Lamb et al., 2004)

- Participants provided a breath sample using a carbon monoxide (CO) monitor.
- The first 10 appointments were to identify each participant's baseline.
- Appointments 11-70, participants provided a breath sample and received an incentive if the CO level was at or below prior levels.
- The study yielded high levels of program retention.
- Additionally, a high rate of participants provided at least one CO level indicative of abstinence.

Slide 17

WLC0 What kind of incentives did they use?
Wohlford-Lotas, Cynthia, 2024-02-14T15:35:01.036

DL0 0 They used - cash. Added to the notes to include in discussion of slide.
Deana Leber-George, 2024-03-06T16:31:01.042

SHAPING & SUCCESSIVE APPROXIMATIONS EXAMPLES

Cocaine Use Disorder & Methadone Maintenance (Preston et al., 2001)

- During the first three weeks, the shaping group earned incentives for UDS showing abstinence or at least a 25% reduction in cocaine metabolite levels, while the standard CM group only received rewards for abstinence.
- In this period, 96% of the shaping group and 53% of the standard CM group earned vouchers. MR0
- The last 5 weeks , both groups were rewarded only for UDS indicating abstinence.
- The shaping group consistently provided more negative UDS samples than the standard CM group.

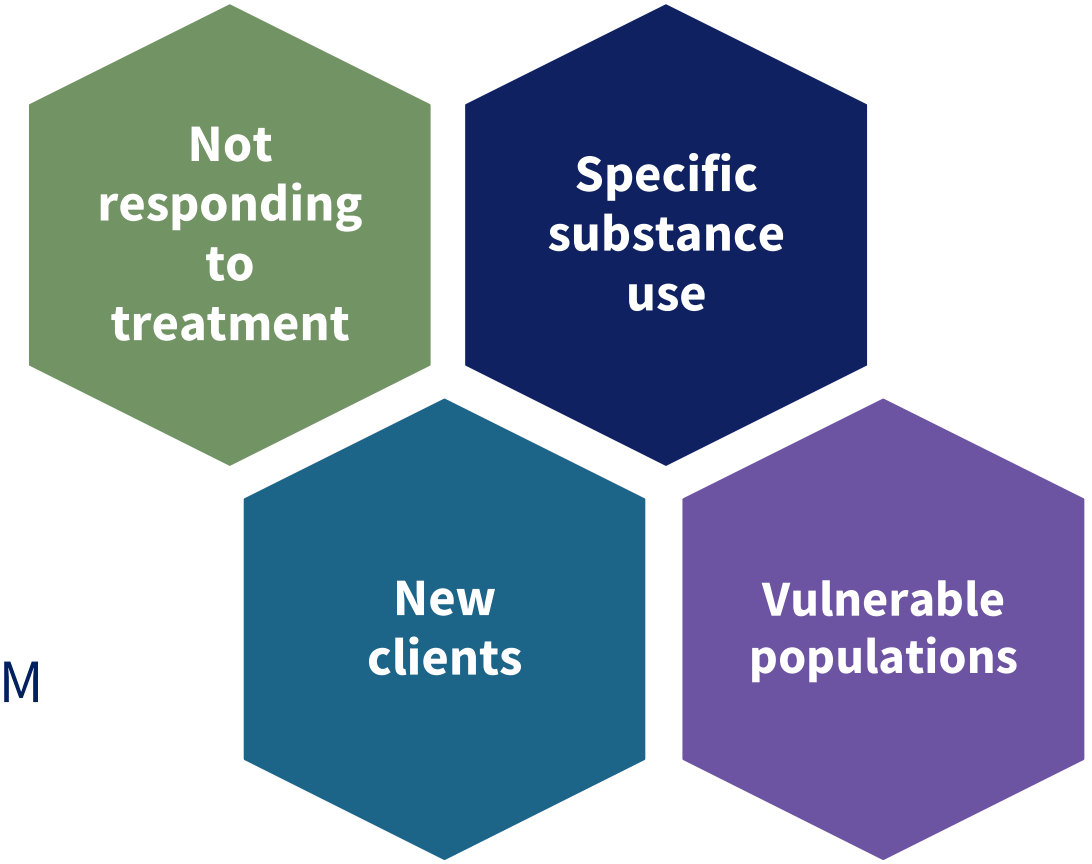
Slide 18

MR0 Just briefly remind them verbally what shaping is vs. the other technique
Massatti, Richard, 2024-02-27T20:02:58.286

DL0 0 Will do. Added to Notes
Deana Leber-George, 2024-03-06T16:27:42.703

2. IDENTIFY THE TARGET POPULATION

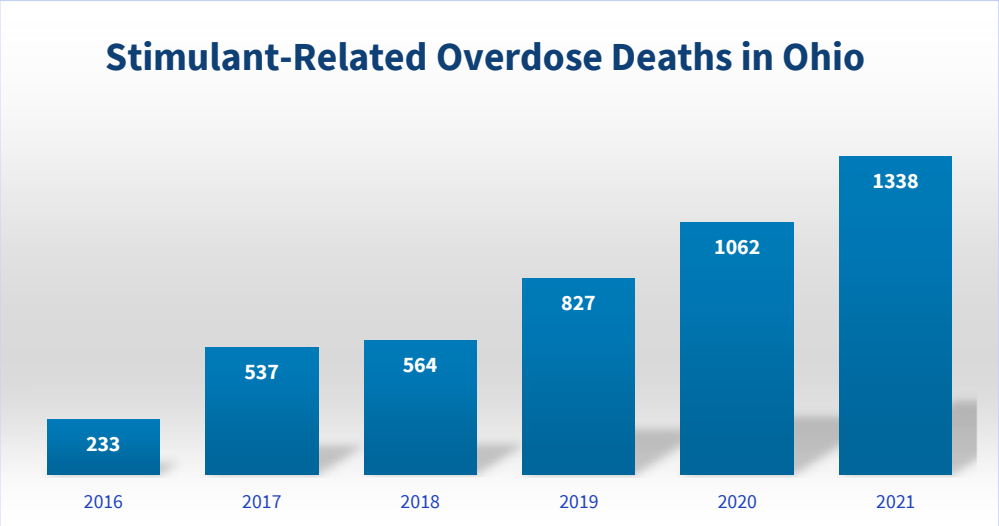
- It's not always logistically or economically possible or necessary to provide reinforcement for all individuals.
- It is important to clearly identify who qualifies for a CM program.



WLC0

STIMULANT USE AND CM

- Escalated methamphetamine use and increased treatment admission numbers calls for high-quality evidence-based treatments such as CM.
- Attention to this population is key in reducing the overwhelming mortality rate directly impacting individuals, families and communities.
- Research suggests that there is increased efficacy for stimulant use disorder when CM is combined with other treatment interventions (U.S. Department of Health and Human Services, 2023).
- Research found that individuals using methamphetamines were less likely to use when given the opportunity to choose between the substance and the monetary reinforcement (Roll, 2007).



(Ohio Department of Health, 2022)

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Slide 20

WLC0 Is this the best / most up to date graph available?

Also suggest smaller font on this slide and throughout deck.
Wohlford-Lotas, Cynthia, 2024-02-14T15:49:16.883

MR0 0 I think the font is ok with this one, but please use the most recent data here:
https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/media/2022-ohio-drug-overdose
Massatti, Richard, 2024-02-27T20:51:52.719

DL0 1 Resource will reviewed and updated as able
Deana Leber-George, 2024-03-06T16:30:23.094

RESEARCH LIMITATIONS

- Contingency Management has been found to improve retention and abstinence among those involved with the legal system and those who are unhoused. However, it is not recommended for those in which more frequent urine screens could lead to punitive effects or loss of housing (Petry et al., 2014).

- CM might exhibit reduced effectiveness when used for individuals with severe mental illness in comparison to those without (Foster et al., 2019).
  - Nevertheless, CM has been shown to yield improved retention and higher rates of abstinence, among individuals with severe mental illness in comparison to standard care (Foster et al., 2019).

- Although this field of study is expanding, there is a noticeable gap in research concerning the application of CM to adolescents (HHS, 2023).

Slide 21

WLC0 How is substandard defined and what is the relevance?
Wohlford-Lotas, Cynthia, 2024-02-14T15:50:55.533

DL0 0 It's to acknowledge the limitations that have been assessed and the research that still need to be done to help have clearer information about effectiveness with these special populations.
Deana Leber-George, 2024-03-04T17:33:09.161

3. TYPE OF INCENTIVE

No matter what type of incentive is chosen, it needs to be desirable to the target population.

Access to clinic privileges

- No added cost
- Methadone take-home privileges
- Shift goods and services received to distribute on a contingent basis.

On-site prize distribution

- Able to immediately select their prize
- Gift cards, bus passes, clothes, food

Vouchers & token economy systems

- Receive points for engaging in specific behaviors
- Build up a “bank account” to cash in for goods and services

Slide 22

WLC0 Is this the best example from the literature? I think a more mainstream example might be helpful, especially for those not familiar with MAT. OTP regs have also been recently updated by SAMHSA.
Wohlford-Lotas, Cynthia, 2024-02-14T16:44:57.074

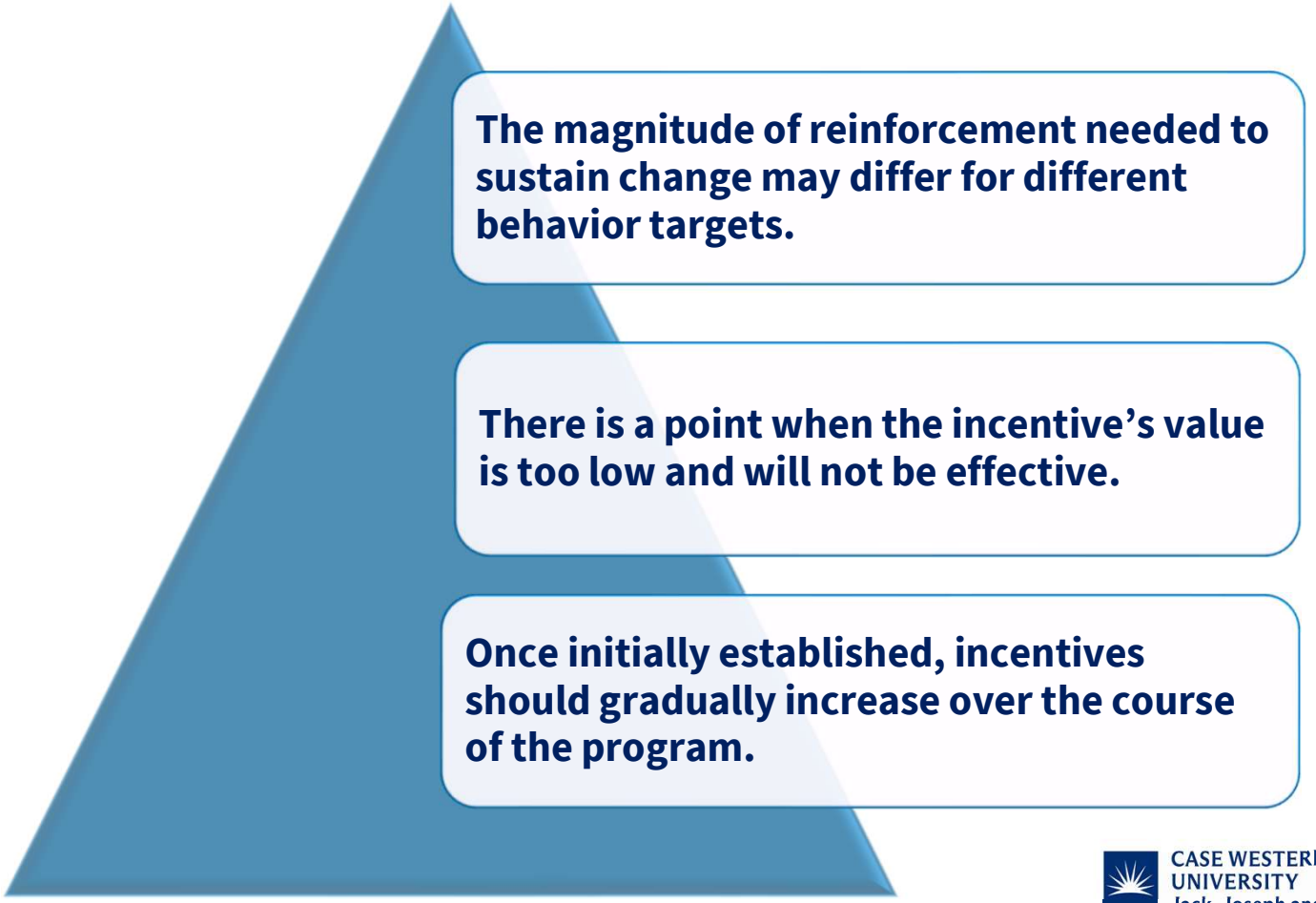
MR0 0 The second bullet in the first box may or may not apply since clinic policies may be more restrictive than federal law.

Make sure to emphasize that the ideal is to have the patient pick their own incentive (if possible) - tailoring to patient
Massatti, Richard, 2024-02-27T20:54:20.813

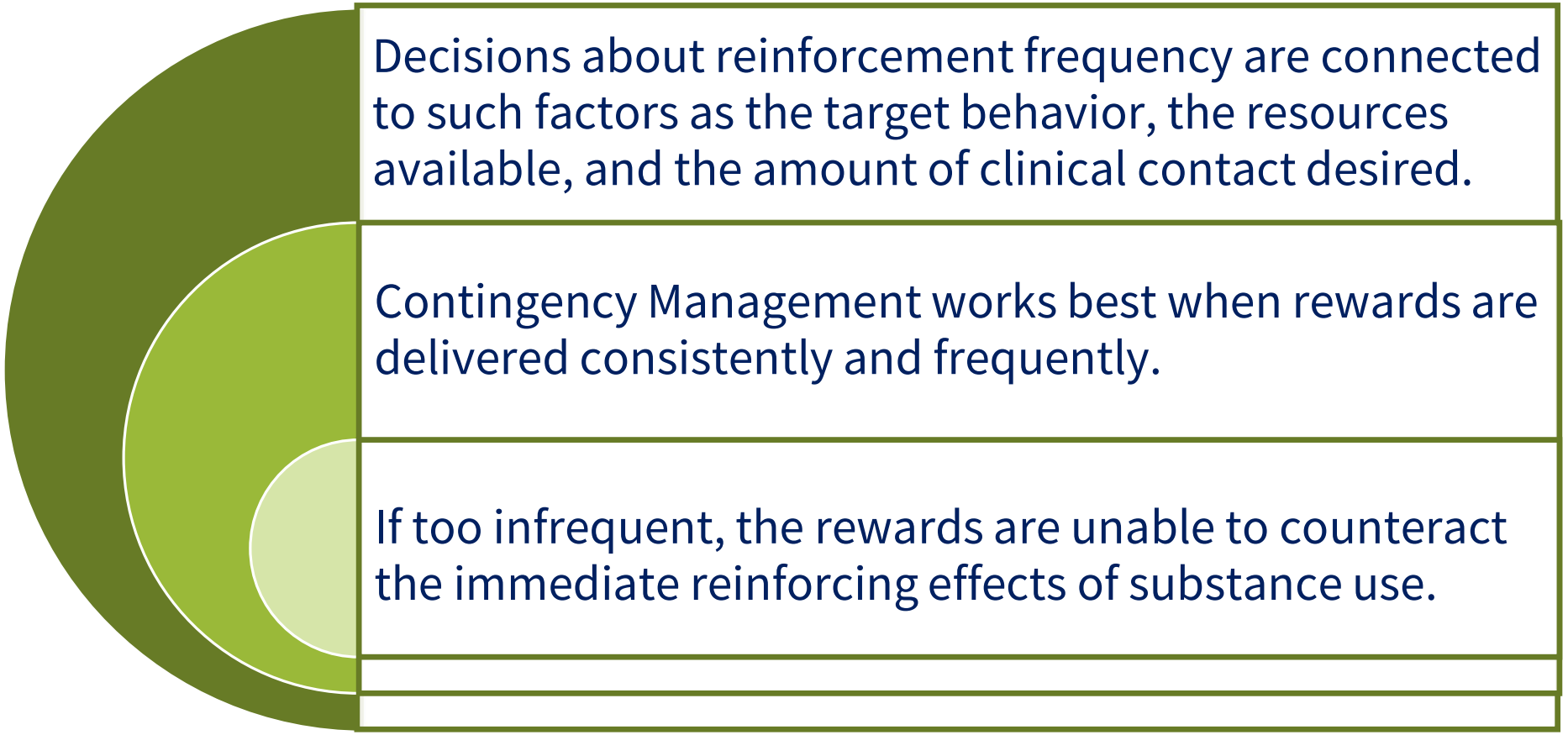
DL0 1 From the notes: No matter what type of incentive is chosen, it needs to be desirable to the target population!
Deana Leber-George, 2024-02-29T18:46:59.823

DL0 2 These represent the examples of what is currently being done - we felt this approach does actaully offer the most mainstream and known information .
Deana Leber-George, 2024-03-06T16:38:09.728

4. AMOUNT OF INCENTIVE



5. FREQUENCY OF INCENTIVE



6. TIMING OF INCENTIVE

Reinforcement needs to follow the display of the target behavior as closely as possible to avoid the value of the reinforcement diminishing.

The more rapid the incentives are distributed, whether material or symbolic, the more effective they will be.

7. DURATION OF INCENTIVE

The standard duration of CM is 12 weeks.	If resources permit, providers have flexibility to extend the duration of incentives.
CM programs with durations shorter than 12 weeks have not demonstrated a sustained impact on continued abstinence.	Early research indicates that longer durations may be particularly beneficial for populations with high-risk for relapse, comorbidities, and those facing significant barriers to treatment and recovery.

(Rash, 2023)

RESPONDING TO SETBACKS

- Returning to old, longstanding behaviors is normal and expected when treating chronic health conditions.
- Punishments are not used in contingency management, although there is an emphasis on accountability.
- With a positive drug screen, no reward is earned for that visit.
- Reset:
  - If monetary incentives are being provided, participants temporally "reset" to the lowest award level.
  - Participants will have the chance to recover the incentive by providing a pre-determined number of negative drug screens.

Slide 27

WLC0 Will you be speaking to the challenges related to monetary rewards and rules pertaining to such (re: maximum amounts allowed, concerns related to fraud, etc.)?
Wohlford-Lotas, Cynthia, 2024-02-14T16:59:15.823

DL0 0 I will make sure they are
Deana Leber-George, 2024-03-04T17:34:26.021

DL0 1 Yes, it is an already included part of the discussion here.
Deana Leber-George, 2024-03-06T16:39:24.439

WLC0

EXCUSED AND UNEXCUSED ABSENCES

- **Excused absences:**
  - Except for a medical emergency, absences must be communicated to program staff before the scheduled appointment.
  - Providers should show flexibility if a CM participant has been in communication.
  - Providers also need to determine the number of consecutive excused absences permitted before incentives are reset.
- **Unexcused absences:**
  - If program is providing escalating incentives, participant's incentive level is "reset".
- **Contracted expectations:**
  - How a program responds to absences should be clearly outlined in the CM contract.
- **Fidelity to the model:**
  - Keeping things consistent
  - Staying true to what evidence has shown to be effective.

Slide 28

WLC0 Spacing and font size adjusted.
Wohlford-Lotas, Cynthia, 2024-02-14T16:59:37.118

MR0 0 Perhaps put things in columns or split across slides?
Massatti, Richard, 2024-02-27T20:56:37.620

DL0 1 Thank you Cindy.
The two column format made the slide too crowded for sure.
Deana Leber-George, 2024-02-29T18:48:31.214

WLC0

ORGANIZATIONAL IMPLEMENTATION CONSIDERATIONS

- Contingency Management Champions
  - Agencies should appoint at least individual to serve in this coordinating role, though a team of 3 provides the most stability.

- Training & Coaching
  - Program staff should receive training on CM before implementation begins.
  - Coaching should be provided on an ongoing basis.

(U.S. Department of Human Services, 2023)

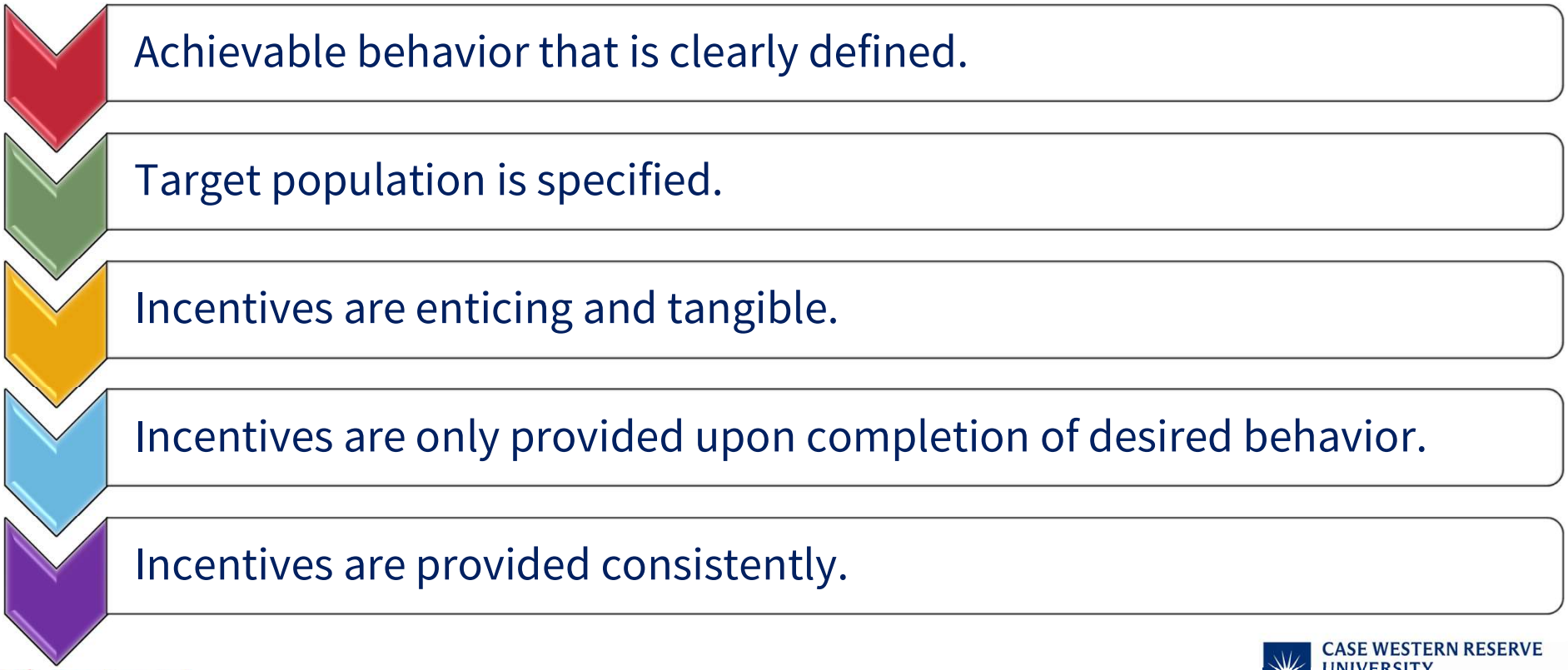
Slide 29

WLC0 Consider splitting up information. There's a lot in your notes to discuss.
Wohlford-Lotas, Cynthia, 2024-02-14T17:04:32.318

WLC0

INTEGRATION & IMPLEMENTATION

To implement a CM program, these characteristics must be present.



Slide 30

WLC0 How about a quiz for this piece?
Wohlford-Lotas, Cynthia, 2024-02-14T17:06:03.236

DL0 0 Great idea!
Deana Leber-George, 2024-02-29T18:48:48.225

BARRIERS FOR IMPLEMENTATION

- Reduced alignment with providers typical theoretical orientation
- Financial restraints
- Lack of time to implement a novel program
- Stigma surrounding intervention
- Stigma of population served
- Maintaining fidelity to the model

Contingency Management Program Examples

The state of California and the VA respond to the increase in mortality rates related to stimulant use.

- The state of California developed and implemented their CM programming for individuals with Stimulant Use Disorder and beneficiaries of California's Medicaid.
  - First state to cover CM as a Medicaid benefit.
  - 24 of California's 58 counties are enrolled as participants in this program, with 66 treatment organizations having begun implementation.

WLC2

- In 2011 the Veteran's Administration (VA) identified the need for greater implementation of CM and called for CM to be implement in all VA intensive outpatient programs (IOPs) with a focus on those using stimulants.
  - In 2010, less than 1% of veterans received CM services.
  - Goal was to implement CM to address SUDs without medication assisted treatment available, specifically stimulant use disorders.

WLC0

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Slide 32

WLC0 I think these points also need flipped--because of the 2010 issues, in 2011 the VA decided to implement changes--is that right? Did this approach reduce mortality rates? What was the outcome?
Wohlford-Lotas, Cynthia, 2024-02-14T17:10:09.353

DL0 0 This is reviewed more in the next several slides.
Deana Leber-George, 2024-03-06T16:47:54.471

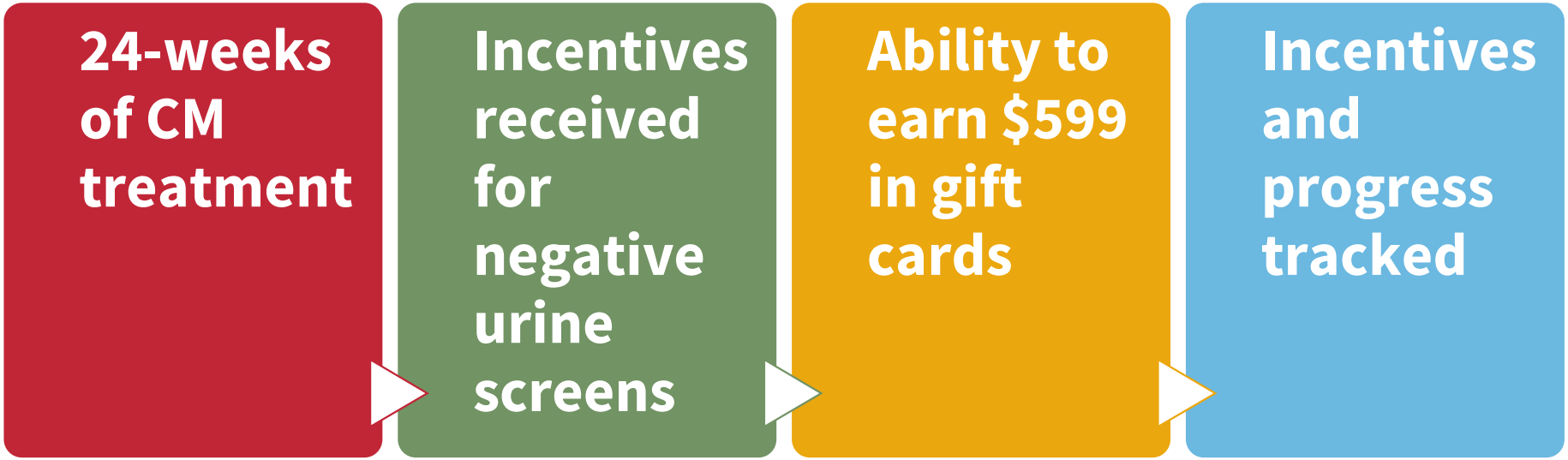
WLC1 When did this happen in California? What did they find from the implementation?
Wohlford-Lotas, Cynthia, 2024-02-14T17:11:22.283

DL1 0 This is brand new - just launched within the last year and is spoken of later on.
Deana Leber-George, 2024-03-06T16:50:52.228

WLC2 Are there any Ohio examples that can be added here? This might include what the state has / has not done. Are we seeing programs implement? What type and how many? And with what populations?
Wohlford-Lotas, Cynthia, 2024-02-14T17:12:15.779

WLC0

RECOVERY INCENTIVES PROGRAM: CALIFORNIA'S CONTINGENCY MANAGEMENT BENEFIT



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Slide 33

WLC0 This and the next few slide should be flipped--the VA information was listed first.
Wohlford-Lotas, Cynthia, 2024-02-14T17:20:14.777

DL0 0 Adjusted slide 32 to reflect this flow
Deana Leber-George, 2024-03-06T16:53:47.273

RECOVERY INCENTIVES PROGRAM:

CALIFORNIA'S CONTINGENCY MANAGEMENT BENEFIT

Weeks 1-12

-Focus on escalation/ reset/ recovery.

-UDT collected twice per week.

-Incentive is

- $10 for each negative UDT
- Increase of $1.50 for each remaining week

Weeks 13-24

-Focus on stabilization.

-UDT collected once weekly.

-Negative samples gain

- $15 gift card in weeks 13-18
- $10 gift card for weeks 19-23

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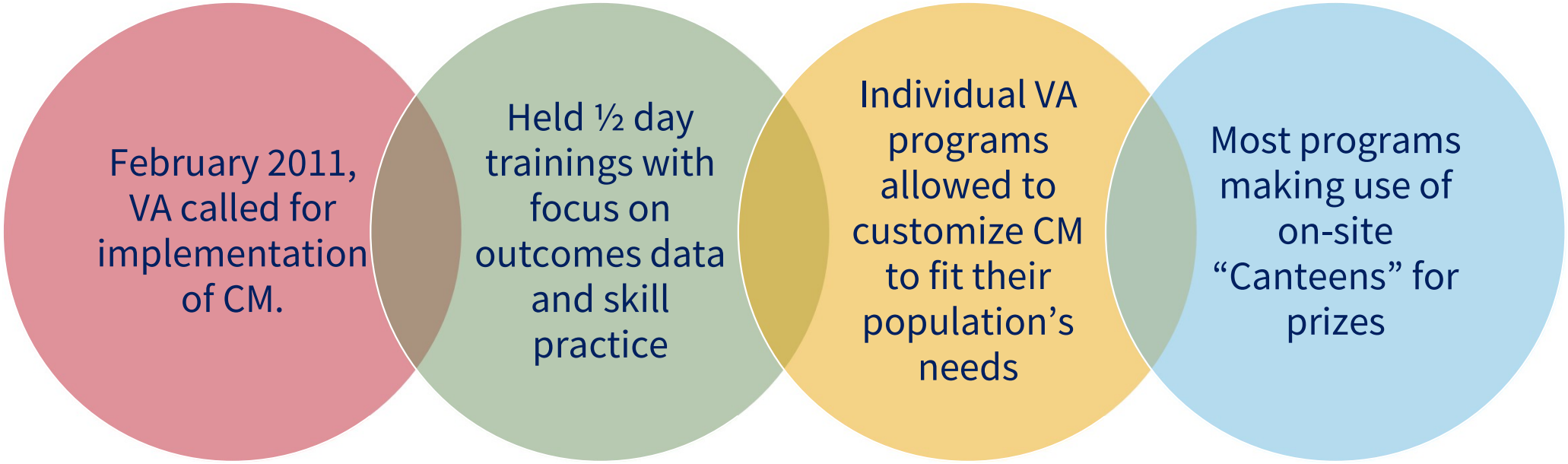
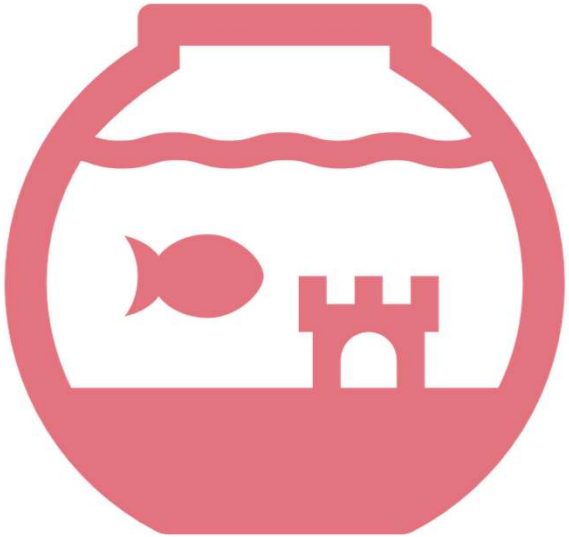
THE VETERANS AFFAIRS (VA) CONTINGENCY MANAGEMENT PROGRAM



(Petry et al., 2014)

THE VETERANS AFFAIRS (VA) CONTINGENCY MANAGEMENT PROGRAM (FISHBOWL METHOD)

- Testing for stimulants twice a week.
- Participants earn one draw for the first negative drug screen.
- If the screen is positive, a refusal is made or an unexcused absence occurs on testing day, the number of draws resets.
- Fishbowl contains slips of paper reading: “Good Job!”, $1, $20 & $100. Most VA programs provide gift certificates to their onsite Canteens.



(Petry et al., 2014)

WLC0

FISH FOOD FOR THOUGHT

How might you see this working for your programs?

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Slide 37

WLC0 What populations are served?
Wohlford-Lotas, Cynthia, 2024-02-14T17:25:04.350

DL0 0 Added to notes
Deana Leber-George, 2024-03-06T16:54:41.048

SUMMARY

WLC2

- Contingency Management is rooted in operant conditioning principles.
- The use of contingency management has been found to assist in increasing treatment retention and positive outcomes.
- Incentives must be tangible and consistent.
- Goals for individuals need to be achievable.
- Barriers for implementation exist but are adaptable for different needs.

Slide 38

WLC0 Particularly with StUD?
Wohlford-Lotas, Cynthia, 2024-02-14T17:25:35.313

DL0 0 We speak to this as to the reasoning for VA and CA. We will continue to develop this notion.
Deana Leber-George, 2024-03-06T16:59:56.263

WLC1 First bullet suggest: Contingency management consists of different types of conditioning.
Wohlford-Lotas, Cynthia, 2024-02-14T17:26:28.932

WLC2 What about fidelity?
Wohlford-Lotas, Cynthia, 2024-02-14T17:27:06.236

MR2 0 Excellent question. Are there any fidelity tools available?
Massatti, Richard, 2024-02-27T22:09:49.839

SH2 1 No fidelity tools available. Added this to slide 31 as a barrier with notes on recommendations for monitoring for fidelity given the lack of formal tool.
Sarah Hill, 2024-03-08T15:29:54.805

QUESTIONS?

MHA.OHIO.GOV

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YOUR FEEDBACK IS IMPORTANT TO US!

QR Code and link

Ohio THE HEART OF IT ALL

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Slide 43

WLC0 What is the comment section for? Will this slide be reviewed with the audience?
Wohlford-Lotas, Cynthia, 2024-02-14T17:28:03.504

SH0 0 Thanks for catching this. Note deleted, was left over from copying and pasting while putting reference slides together.
Sarah Hill, 2024-03-08T16:06:06.953

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