Substance Use Disorders
**Center of Excellence**

# Contingency Management (CM)

## Getting-Started Guide

Frequently asked questions & answers

QUESTION 1

# What is contingency management?

Contingency management (CM) is an evidence-based behavioral therapy in which treatment programs reward each program participant with tangible incentives for demonstrating positive, verifiable behavior change.

The behaviors are specified in a contract, which is based upon each individual's self-identified goals in a personalized treatment plan (Petry, 2011). Examples of tangible rewards may include the following:

- gift cards
- gas cards
- vouchers
- prizes

Research shows that CM is potentially effective for:

- reducing multiple types of substance use, including alcohol, tobacco, opioids, and stimulants
- encouraging attendance and retention in treatment
- improving adherence to medication prescriptions

Research also shows that CM is most effective when the reward is:

- well-suited to the population being served
- dispensed immediately after the person exhibits and provides proof of targeted behavior

## CM legacy: 1930s & 1960s

CM is based upon the learning theory of operant conditioning, which was developed by American psychologist B.F. Skinner in the early 1930s. This theory suggests that behaviors will either increase or decrease when a stimulus is added or removed in the external environment. In the 1960s, researchers began to use the theory and techniques of operant conditioning in substance use treatment programs. They coined the term contingency management to describe their interventions. This early research showed an effective reduction in arrest rates for public intoxication when people with alcohol use disorder were offered tangible rewards (reinforcers) for reducing their use (Miller, 1975). These rewards included:

- food
- clothing
- shelter
- employment

**With CM, people are rewarded for small, incremental steps toward their treatment goals.**



## Recommended reading


- Higgins, S. T., & Petry, N. M. (1999). Contingency management. Incentives for sobriety. *Alcohol research & health: The Journal of the National Institute on Alcohol Abuse and Alcoholism, 23*(2), 122–127.
- Petry, N., Alessi, S., Ledgerwood, D., & Sierra, S. (2010). Psychometric properties of contingency management competence scale. *Drug and Alcohol Dependence, 109*(1-3), 167-174. https://doi.org/10.1016/j.drugalcdep.2009.12.027
- Petry, N. M. (2011). Contingency management: What it is and why psychiatrists should want to use it. *The Psychiatrist, 35*(5), 161–163. https://doi.org/10.1192/pb.bp.110.031831
- U.S. Department of Health and Human Services. (2023). *Contingency management for the treatment of substance use disorders: Enhancing access, quality, and program integrity for an evidence-based intervention.* https://aspe.hhs.gov/reports/contingency-management-treatment-suds


## Related resources

Visit our website for the following:

- **Ohio SUD COE | Contingency Management Basic Facts Sheet**

## Next steps

Considerations for your organization:

1. Assess your leadership team's understanding of a contingency management rewards program.

2. Assess your organization's staff's understanding of a contingency management rewards program.

3. Explore understanding of and interest in a contingency management rewards program among those being served in your program.

QUESTION 2

# How does it work?

Reward is a fact of nature — a core component of human biology. Reward feels good on a very visceral and personal level, especially when it occurs as immediate and not delayed gratification after a behavior or accomplishment.

## Rewiring the brain's reward system

Research shows that contingency management (CM) appears to repair disrupted circuitry of the brain and central nervous system caused by substance use. CM helps the brain and nervous system rewire itself (via neuroplasticity) by activating the body's natural reward circuitry with non-substance rewards that are physically tangible. When done properly, CM also replicates the brain's need for immediate rewards instead of delayed gratification by offering the reinforcement (e.g., gift card, gas card, prize) immediately after the desired behavior is achieved (e.g., negative urine drug screen). In other words, the CM program promotes and supports reduced substance use, abstinence, and improved quality of life by rewarding and, thus, reinforcing some very specific recovery-oriented behaviors. By increasing abstinence from all or specific substances, CM helps the brain to heal (U.S. Department of Health and Human Services (HHS), 2023).

**CM helps the human nervous system rewire itself (via neuroplasticity) by activating the brain's natural reward circuitry with non-substance rewards.**



## Recommended reading


- Addiction Technology Transfer Center Network. (2024). SAMHSA guidance for implementation of contingency management training and technical assistance. https://attcnetwork.org/products_and_resources/samhsa-guidance-for-implementation-of-contingency-management-training-and-technical-assistance/
- Cleveland Clinic. (2025). Dopamine. *Cleveland Clinic Health Library*. Cleveland, OH: Cleveland Clinic. https://my.clevelandclinic.org/health/articles/22581-dopamine
- Higgins, S. T., & Petry, N. M. (1999). Contingency management. Incentives for sobriety. *Alcohol research & health: The Journal of the National Institute on Alcohol Abuse and Alcoholism, 23*(2), 122–127.
- Petry, N. M. (2011). Contingency management: What it is and why psychiatrists should want to use it. *The Psychiatrist, 35*(5), 161–163. https://doi.org/10.1192/pb.bp.110.031831
- U.S. Department of Health and Human Services (2023). *Contingency management for the treatment of substance use disorders: Enhancing access, quality, and program integrity for an evidence-based intervention.* https://aspe.hhs.gov/reports/contingency-management-treatment-suds


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## Next steps

Considerations for your organization:

1. Encourage discussion among your leadership and staff with respect to a shared understanding of the role of the brain and its reward system.

2. Explore the educational needs of leadership and staff with respect to neurochemistry and the brain's reward system.

3. Consider offering resources or further training to facilitate an enhanced awareness of the role of the brain and its reward system. Consult with your technical assistance provider for the most current materials to support staff education.

QUESTION 3

# But *does* it work?

Since the 1970s, researchers have discovered the positive, long-term impacts of contingency management (CM) upon substance use disorders. CM decreases use of substances and improves:

- treatment retention
- abstinence
- health outcomes
- employment status
- family and social relationships (Rawson et al., 2006)

More recently, policymakers, researchers, and treatment providers have turned their attention to CM because of a significant increase in **stimulant-related overdose deaths in the United States**. Currently, there are no FDA-approved medications to treat stimulant use disorders. (In contrast, there are FDA-approved medications to treat opioid and alcohol use disorders.) CM's effectiveness in treating stimulant use disorder is so notable that it is widely considered the most effective intervention for it (HHS, 2023). Additionally, results of a meta-analysis, which included 84 studies, supports CM as an empirically valid treatment for substance use disorders, a finding that is also consistent with National Institute on Drug Abuse (NIDA) and Substance Abuse and Mental Health Services Administration (SAMHSA) recommendations (Pfund et al., 2024).

As for those with an **opioid use disorder**, CM should NOT replace or be used instead of medications for opioid use disorder (MOUD), which is FDA-approved and has emerged as a highly effective standard of care, especially as a first-line intervention. However, **CM is a valuable adjunct treatment** to MOUD that improves adherence to prescriptions and end-of-treatment abstinence rates (HHS, 2023).

**CM's effectiveness in treating stimulant use disorder is so notable that it is widely considered the most effective intervention for it (HHS, 2023).**



## Recommended reading


- Addiction Technology Transfer Center Network. (2024) SAMHSA guidance for implementation of contingency management training and technical assistance. https://attcnetwork.org/products_and_resources/samhsa-guidance-for-implementation-of-contingency-management-training-and-technical-assistance/
- Coughlin, L.N., Tomlinson, D., Zhang, L., Kim, M., . . . & Lin, L. (2025). Contingency management for stimulant use disorder and association with mortality: A cohort study. *American Journal of Psychiatry, 182*(11), 1016–1023. https://doi.org/10.1176/appi.ajp.20250053
- Higgins, S.T., & Erath, T.G. (2025). We must do better on implementing evidence-based treatments for substance use disorders. *American Journal of Psychiatry, 182*(11), 966–968. https://doi.org/10.1176/appi.ajp.20250777
- Higgins, S. T., & Petry, N. M. (1999). Contingency management. Incentives for sobriety. *Alcohol research & health: The Journal of the National Institute on Alcohol Abuse and Alcoholism, 23*(2), 122–127.
- Miller PM. (1975). A behavioral intervention program for chronic public drunkenness offenders. *Archives of General Psychiatry, 32*(7), 915–918. https://doi.org/10.1001/archpsyc.1975.01760250107012
- Petry, N. M. (2011). Contingency management: What it is and why psychiatrists should want to use it. *The Psychiatrist, 35*(5), 161–163. https://doi.org/10.1192/pb.bp.110.031831
- Pfund, R. A., Ginley, M. K., Boness, C. L., Rash, C. J., Zajac, K., & Witkiewitz, K. (2024). Contingency management for drug use disorders: Meta-analysis and application of Tolin's criteria. *Clinical Psychology: Science and Practice, 31*(2), 136–150. https://doi.org/10.1037/cps0000121
- Rawson, R.A., McCann, M.J., Flammino, F., Shoptaw, S., . . . & Ling, W. (2006). A comparison of contingency management and cognitive-behavioral approaches for stimulant-dependent individuals. *Addiction, 101*(2), 267-74. https://doi.org/10.1111/j.1360-0443.2006.01312.x
- U.S. Department of Health and Human Services. (2023). *Contingency management for the treatment of substance use disorders: Enhancing access, quality, and program integrity for an evidence-based intervention.* https://aspe.hhs.gov/reports/contingency-management-treatment-suds


## Related resources

Visit our website for the following:

- **Ohio SUD COE | Summary of CM Studies for the Treatment of Stimulant Use Disorders**
- **Ohio SUD COE | Summary of CM Studies for the Treatment of Opioid Use Disorders**
- **Ohio SUD COE | Summary of CM Studies for the Treatment of Alcohol Use Disorders**
- **Ohio SUD COE | Contingency Management Basic Facts Sheet**

## Next steps

Considerations for your organization:

1. Consider conducting a formal assessment to explore the need for and viability of CM at your organization (e.g., administer a survey to those receiving services, have a focus-group conversation with potential CM program participants).

2. Why now? What is to be gained from installing CM for the organization/program? What specific problem, challenge, or unmet need does a CM initiative solve?

QUESTION 4

# How do I get buy-in from my staff for CM?

In modern culture, the contingency management (CM) approach to rewarding behavior is ever present. Corporations and small businesses use it all the time. Notice this fact every time swipe your credit card or smartphone at checkout, earn accumulating points, and eventually receive a free product or discount.

Some examples of **CM-like loyalty-rewards programs** in everyday life include the following:

- punch cards from local bakeries and sandwich shops
- fuel perks at gas pumps
- coffee clubs at coffee shops and roasters
- credit cards that offer cash back
- hotel membership points
- frequent-flyer miles

Reward programs work through operant conditioning — we do something (like buy a product) and get a reward (like points or cash back). This triggers the brain's reward system, making us want to do it again. CM in substance use treatment works the same way. Small rewards for positive actions contributes to motivation to keep making healthy choices.

In the end, everyone responds to this cycle of behavior and reward. CM just uses it to help people strengthen recovery and improve their health and relationships.

Aside from seeing CM present in our everyday lives, it may also enhance — but not replace — your current treatment interventions by reinforcing progress and accountability. CM is backed by decades of evidence, showing higher rates of engagement, abstinence, and retention than treatment alone. Additionally, CM can help motivate individuals who feel "stuck" by reinforcing small, incremental changes, which builds momentum and may improve morale for both staff and those being served.

For those providers who may perceive CM to be "buying" behavior, this is a common misconception. CM is about reinforcing recovery, not buying it. CM recognizes and celebrates effort, much like we all appreciate recognition at work or in life. When people show up more to appointments, meet goals, and stay longer in treatment, the whole organization benefits with decreased burnout and frustration, coupled with improved treatment outcomes. It's a win for all!



## Recommended reading


- Addiction Technology Transfer Center Network. (2024). SAMHSA guidance for implementation of contingency management training and technical assistance. https://attcnetwork.org/products_and_resources/samhsa-guidance-for-implementation-of-contingency-management-training-and-technical-assistance/
- Higgins, S. T., & Petry, N. M. (1999). Contingency management. Incentives for sobriety. *Alcohol research & health: The Journal of the National Institute on Alcohol Abuse and Alcoholism, 23*(2), 122–127.
- Petry, N. M. (2011). Contingency management: What it is and why psychiatrists should want to use it. *The Psychiatrist, 35*(5), 161-163. https://doi.org/10.1192/pb.bp.110.031831
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## Next steps

Considerations for your organization:

1. What are the biggest concerns about CM among your organization's leadership? Staff?

2. What kinds of outcomes would your leadership team and direct service staff like to see in the population being served? Explore discrepancies between thoughts and feelings about CM with the outcomes correlated with delivery of CM in the service array.

3. Document what steps might be necessary to build consensus at your organization (and in your community) about the value of CM.

4. Who in your organization and community might be considered a champion of change and support the implementation of CM? Engage your champions in exploring next steps.

QUESTION 5

# How resource-intensive is the implementation of CM?

Funding is a commonly cited barrier to implementing a contingency management (CM) rewards program in clinical settings.

In most states, CM is not reimbursed by public insurance like Medicaid or by private insurance. Therefore, most CM programs are **funded by grants**, which can be short-term and come with limitations or restrictions on the use of funds.

However, service organizations may use a number of strategies **to address funding barriers**. Some examples include the following:

- Collaborate with your organization's fundraising team and grant writers.
- Discuss with your organization's leadership team opportunities to incorporate current and future contributions/sources of financial and material support (e.g., gift cards, prizes) into a CM rewards program.
- Consider community partnerships with vendors who are committed to supporting local non-profit efforts (e.g., local restaurant gift certificates, donations from grocery stores).

## Staffing considerations

A practical consideration when implementing a CM program is ensuring there are enough staff members to effectively oversee and execute the program. While at least one individual should serve in the coordinating role, a team of three, when resources permit, provides the most stability (HHS, 2023). This includes staff who can track outcomes, manage funding, and distribute the reinforcements. Moreover, adopting a new program can be time-consuming, requiring all staff involved in the CM program to undergo training and receive ongoing supervision.

## Legal considerations

Despite the research and demonstrated efficacy of CM, your leadership team and treatment providers may wonder whether providing incentives to individuals in treatment is legal. It is important to become aware of federal and state laws that govern organizations and their use of incentives and rewards. The U.S. Department of Health and Human Services Office of Inspector General (OIG) enforces key federal laws that address the issues of "kick-backs," inducements, and false claims. OIG offers guidance about safeguards that can be put into place to ensure your CM program is operating in a legal manner (Clark, 2023).

### Examples of what is permissible:

- incentives that have a direct connection to the coordination and management of patient care
- incentives that are delivered only when desired health outcomes occur (e.g., negative urine drug tests, group attendance, program completion)
- use of incentives via digital health technology (e.g., remote patient monitoring, telehealth)
- advancing goals as determined by a licensed healthcare provider for improvement of measurable outcomes, including adherence to:
  - treatment regimen
  - medication regimen
  - follow-up care plan

### Examples of what is NOT permissible:

- advertising incentives to recruit or steer individuals away from other providers
- using incentives for the purpose of increasing fees
- incentives that result in medically unnecessary or inappropriate services reimbursed in whole or in part by a federal health care program



## Recommended reading


- Clark, H. W., & Davis, M. (2023). Federal legal and regulatory aspects of contingency management incentives. P*reventive Medicine, 176*, 107726. https://doi.org/10.1016/j.ypmed.2023.107726
- U.S. Department of Health and Human Services. (2023). *Contingency management for the treatment of substance use disorders: Enhancing access, quality, and program integrity for an evidence-based intervention.* https://aspe.hhs.gov/reports/contingency-management-treatment-suds


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**Share this booklet with potential funders and other stakeholders to raise their awareness and understanding of the utility of a CM rewards program.**

## Next steps

Considerations for your organization:

1. Consider the types of "start-up" needs for staffing and resource intensity for your organization to start a CM program.

2. Explore available funding sources and whether they are stable enough to sustain the program long term. Consider the funding needed for incentives, staffing, and monitoring tools/software.

3. Is your organization connected with a diverse group of community vendors and establishments? Who will be responsible for managing those relationships? Established relationships with community stakeholders can be valuable to CM implementation.

4. Contact an organization implementing CM and explore their outcomes and implementation "lessons learned."

QUESTION 6

# What staff qualifications are necessary for CM services?

Each contingency management (CM) rewards program needs buy-in from people with substance use conditions who want to participate. Likewise, each program also needs buy-in from treatment providers and support staff who will be working directly with CM program participants on a daily basis.

Therefore, all program staff need to possess and demonstrate specific knowledge, skills, competencies, and recovery perspectives to make the program work well.

Stigma often arises **from inaccurate beliefs**, so helping to dispel myths, promote facts, and build consensus may be necessary. Some people who argue against CM insist that individuals with substance use disorders should not be rewarded for behaviors "they should be doing anyway." It is important to identify whether this belief system exists within staff members who may be providing CM. Supervision can address beliefs, opinions, and concerns accordingly to prevent discouragement among and harm to individuals receiving the services.

## Training, supervision, and oversight

SAMHSA and HHS currently do not require individuals to have specific licensure to provide CM services. However, they **do suggest** that program staff **be authorized to provide** treatment in the state in which they practice.

The successful implementation of any best practice relies upon ongoing training, clinical supervision, and coaching. Currently, SAMHSA and HHS do not require a specific training protocol (e.g., format, duration) associated with CM. However, they do suggest **core components** of CM training, which include but are not limited to foundational principles of CM — including operant conditioning and neurobiology — along with practical skills such as objective behavior measurement, collaborative contract development, accurate documentation, and integration with other evidence-based treatments (HHS, 2023).

**The successful implementation of any best practice relies upon ongoing training, clinical supervision, and coaching.**



## Recommended reading


→ Scott, K., Murphy, C. M., Yap, K., Moul, S., . . . & Becker, S. J. (2021). Health professional stigma as a barrier to contingency management implementation in opioid treatment programs. *Translational Issues in Psychological Science, 7*(2), 166–176. https://doi.org/10.1037/tps0000245

→ U.S. Department of Health and Human Services. (2023). *Contingency management for the treatment of substance use disorders: Enhancing access, quality, and program integrity for an evidence-based intervention.* https://aspe.hhs.gov/reports/contingency-management-treatment-suds


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## Next steps

Considerations for your organization:

1. For an effective CM program, minimally, you will need staff who can:
   - oversee overall CM program delivery
   - track data and outcomes
   - deliver CM interventions and reinforcements

   Do these roles already exist within your organization, or will they need to be developed? Will you need to hire additional staff? If you plan to use current staff, how will adding a new endeavor like CM affect their ability to balance other job expectations?

2. Does your organization's current service-delivery culture support this model? (i.e., what will be different from and what might challenge "treatment as usual")?

3. What characteristics will be most important for your administration to look for in potential treatment providers and support staff?

4. What supervisory structure and/or resources are needed to build an effective CM program?

QUESTION 7

# If we want to do CM well, what will it look like?

Critical ingredients for a contingency management (CM) program involve close attention to, and incorporation of, **seven key principles** (Kellogg, Stitzer, Petry et al., 2007):

- Target population
- Target behaviors
- Choice of incentive (i.e., type of reward)
- Magnitude of incentive (i.e., amount of reward)
- Frequency of incentive distribution
- Timing of incentives
- Duration of incentives

To ensure competency in the delivery of CM, programs may consider utilizing the Contingency Management Competence Scale (CMCS) (Petry et al., 2010). In their study of the psychometric properties of CMCS, Petry and colleagues note that this scale "is the first known instrument of its kind to evaluate **competence** with respect to CM delivery, and it may be useful for training and monitoring competence in CM delivery" (Petry et al., 2010, p.172, bold added).

**CM helps the human nervous system rewire itself (via neuroplasticity) by activating the brain's natural reward circuitry with non-substance rewards.**

## Duration of program participation

Research shows that CM programs achieve the best outcomes when individuals are enrolled for 12 weeks or more. Those who experience shorter durations of enrollment tend not to maintain abstinence. Research also shows that CM programs that are longer than 12 weeks may be particularly beneficial for people who experience the following (Rash, 2023):

- high risk of relapse
- comorbidities (e.g., concurrent substance use disorders; co-occurring mental illness and substance use; primary health condition)
- significant barriers to treatment and recovery (e.g., homelessness, lack of reliable transportation, childcare needs)

## Contracting for program participation

During the contract-writing process, participants confirm that participation is voluntary and that they understand the key components of their agreement — such as target behaviors, reward schedule, monitoring procedures, attendance expectations, review timelines, and overall duration. Service organizations and treatment providers may refer to the following for more specific guidance:

- National Institutes of Health (NIH)
- Addiction Technology Transfer Center (ATTC) Network



## Recommended reading

Literature that examines core components of CM programs:


→ DePhilippis, D., Khazanov, G., Christofferson, D. E., Wesley, C. W., . . . & McKay, J. R. (2023). History and current status of contingency management programs in the Department of Veterans Affairs. *Preventive Medicine, 176*, 107704. https://doi.org/10.1016/j.ypmed.2023.107704

→ Kellogg, S.H., Stitzer, M.L., Petry, N.M., & Kreek, M.J. (2007). Contingency management: Foundations and principles. https://attcnetwork.org/sites/default/files/2021-01/Kellog-Stitzer.pdf

→ Peck, J. A., Freeze, T.E., Rutkowski, B.A., McDonell, M., . . . & Hirchak, K. (2023). Recovery incentives program: California's contingency management benefit program manual. *Preventative Medicine, 176*, 107703. https://doi.org/10.1016/j.ypmed.2023.107703

→ Petry, N., Alessi, S., Ledgerwood, D., & Sierra, S. (2010). Psychometric properties of contingency management competence scale. *Drug and Alcohol Dependence, 109*(1-3), 167–174. https://doi.org/10.1016/j.drugalcdep.2009.12.027

→ Petry, N. M., DePhilippis, D., Rash, C. J., Drapkin, M., & McKay, J. R. (2014). Nationwide dissemination of contingency management: The Veterans Administration initiative. *The American Journal on Addictions / American Academy of Psychiatrists in Alcoholism and Addictions, 23*(3), 205–210. https://doi.org/10.1111/j.1521-0391.2014.12092.x

→ Rash C. J. (2023). Implementing an evidence-based prize contingency management protocol for stimulant use. *Journal of Substance Use and Addiction Treatment, 151*, 209079. https://doi.org/10.1016/j.josat.2023.209079


## Related resources

Visit our website for the following:

- **Ohio SUD COE | 7 Principles of Motivational Incentives Checklist (PDF)**

## Next steps

Considerations for your organization:

1. In what ways do your organization's existing services and structures match up (or not) with CM core components and critical ingredients?

2. Is your organization committed to process monitoring (e.g., implementation plan, outcomes monitoring, stakeholder engagement, workgroup formation) and the implementation of action steps? If so, what mechanisms are in place and who's in charge? If not, how might you formalize process monitoring? Who might lead this initiative? Who might participate on a steering committee?

3. Assemble a steering committee and an implementation team of staff members (particularly managers) who are committed to the success of CM services.

4. Will existing policies and procedures at your organization support CM implementation or need to be updated/revised?

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