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The Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Addiction Messenger

Ideas for Treatment Improvement

JANUARY 2004 • VOLUME 7, ISSUE 1 PLEASE COPY OR POST

SERIES 13

Northwest Frontier Addiction Technology Transfer Center

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A project of
OHSU
Department of Public Health & Preventive Medicine

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Contingency Management - Part 1

Basics of Behavior Reinforcement

"Research serves to make building stones out of stumbling blocks"

~ Arthur D. Little (1863-1935)

Series 13 of the Addiction Messenger will focus on the use of Contingency Management (CM), a behavioral strategy, in substance abuse treatment. Part 1 provides a basic background on CM, motivation, and the enhancement of client compliance.

Enhancing a client's motivation and ability to comply with a treatment plan is always a key concern in addiction treatment. Successfully completing a treatment plan increases the chances of a positive outcome for the client. Compliance and outcomes have a strong relationship, which may suggest that compliant behaviors and attitudes relate to other important processes such as:

- the instillation of hope,
- development of stronger self-efficacy, and
- improvement and adoption of health-promoting behaviors.

Clients who are non-compliant tend to use additional services (emergency visits, hospital admissions) and usurp provider time. In addition, it is difficult to determine treatment effectiveness when client compliance is low. Differences in treatment outcomes might be due to compliance levels rather than the effects of the treatments themselves. Understanding and helping to enhance your client's motivation and ability to comply with treatment will help you help your client reach their goals.

Addiction Messenger Survey

The next issue of the Addiction Messenger will include a one-page survey. NFATTC wants your opinion regarding the AM!

Watch for it!

Incentives and Behavior

The use of incentives in addiction treatment is based upon simple behavioral principles. If a behavior is reinforced or rewarded it is more likely to occur in the future.

Positive reinforcement is one of the key concepts in promoting behavior change. Positive reinforcers are like rewards. However, the concept of positive reinforce-

ment goes beyond that of reward, in that receipt of the reinforcement is tied directly to the behavior one is trying to change.

Contingency Management

Contingency Management is a behavior reinforcement intervention that can effectively motivate clients and facilitate positive changes in their behavior. CM techniques are effective in improving client retention in treatment and reducing substance abuse. This evidence-based approach demonstrates that substance abuse can be influenced by learning and conditioning, and that treatment is sensitive to strategically applied consequences and rewards.

The goal of CM is to systematically weaken the reinforcement provided by substance abuse and its related lifestyle and to strengthen the reinforcements obtained from participating in healthier alternative activities and behaviors (especially those activities and behaviors that are incompatible with continuing substance abuse). There are four central tenets of CM:

- The client's treatment environment is arranged such that substance use is easily detected,
- Tangible reinforcers are provided to the client when abstinence is demonstrated,
- Incentives are withheld when substance use is uncovered, and
- Reinforcement from alternative sources is increased to compete with the reinforcers involved in substance use.

CM interventions can involve the following strategies to influence client behaviors:

- Positive reinforcement provides a desired consequence if the client meets a therapeutic goal.
- Negative reinforcement removes an aversive circumstance if the client meets a therapeutic goal.
- Positive punishment delivers a punishing consequence (reprimand) if the client has undesirable behavior (ex: positive UA).
- Negative punishment means removal of a positive circumstance (reward) if the client had engaged in undesirable behavior (ex. missing group)

Implementing CM effectively involves several factors:

Frequency and Intervals

CM is most effective when the reinforcement or punishment is applied as close in time to the target behavior as possible. More frequent reinforcement works more effectively than less frequent in establishing the initial target behavior (like abstinence or attendance). More frequent scheduling allows for more opportunities to reinforce, and thereby strengthen, behaviors.

A schedule of reinforcement determines how often the client's behavior will be rewarded. Below are the main types of schedules:

- A ***fixed interval*** means that a reward will occur after a defined event. For example, after attending a group meeting, having a clean UA, or arriving for counseling appointments,
- A ***variable interval*** schedule means that rewards will be provided after a varying number of events. Examples: sometimes it will be after each meeting, clean UA or appointment. Or it could be after every third, fifth or seventh time,
- A ***fixed ratio*** means that if a client's desired behavior occurs, like attending group meetings, there will be one reward, for instance, after each third meeting. This would be a fixed ratio of 1:3, or every third positive behavior will be rewarded. This type of ratio tends to lead to poorer compliance, since clients know that the first two positive behaviors will not be rewarded, and the third one will be no matter what,
- A **variable ratio** schedule means that rewards are provided based on the average number of positive behaviors. A variable ratio of 1:3 means that on average, one out of every three positive behaviors will be rewarded. It might be the first. It might be the third. It might even be the fourth, as long as it averages out to one in three, and
- finally, with a **random schedule**, rewards for your client's positive behaviors could be provided at any time.

Magnitude of Consequence

The magnitude of the of the reinforcing or punishing consequence is important. To be effective it must compete with the reinforcement the client derives from the behavior targeted for change. Creative use of relatively low-magnitude (low cost) reinforcers can also be successful

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in modifying behaviors.

Selection of Reinforcers

Having a wide selection of possible reinforcers is important because clients vary greatly in terms of what they respond to. Variety is also beneficial in understanding what motivates your particular client.

Reinforcers and rewards that can be utilized with CM include:

- ❖ receiving cash,
- ❖ selecting a prize,
- ❖ adjusting medication,
- ❖ providing desirable clinic privileges,
- ❖ providing employment or housing opportunities,
- ❖ offering refunds on treatment service fees,
- ❖ offering medication take-home privileges, and
- ❖ receiving vouchers for retail goods or services.

The incentives selected must be deemed by the clinician to be in concert with the client's treatment goals. Incentives can also be used to promote healthy activities that support recovery and a non-drug–using lifestyle. Creativity is the key!

Choice of Target Behavior

Clients who are multiple drug users may increase their chances of success by choosing abstinence from one drug at a time. CM can also be effective in achieving other behaviors such as medication compliance, counseling attendance, or completion of lifestyle change activities.

Monitoring Target Behavior

CM interventions must incorporate an effective monitoring system wherein reinforcement or punishment is applied systematically. Urinalysis is the most common method used but others can work as well. The system of monitoring must directly address the target behaviors being addressed.

In parts 2 and 3 of this series on Contingency Management will look at more specific ideas for:

- ❖ interventions,
- ❖ rewards,
- ❖ special populations,
- ❖ low-cost reward alternatives, and
- ❖ agency concerns.

National Alcohol Screening Day

April 8, 2004

"Alcohol and Health: Where Do You Draw the Line?"

To participate:
www.NationalAlcoholScreeningDay.org
or call **800-253-7658**

Next Issue:

"CM Interventions"

Sources:

National Institute on Alcohol Abuse and Alcoholism, (1997) Project MATCH, Vol. 6, **Improving Compliance with Alcoholism Treatment.**

Petry, Nancy (2003) Psychiatric Times: Special Report **Contingency Management in Addiction Treatment,** Retrieved from World Wide Web on December 12, 2003: www.psychiatrictimes.com/p020252.html

Budney, AJ, Sigmon, SC, and Higgins, AT (2001). Sage Publications, Addiction Recovery Tools: A Practical Handbook, **Contingency management: Using science to motivate change.** Pp.147-172

Petry, NM, et al (2000). **Give them prizes, and they will come: Contingency management for treatment of alcohol dependence.** Journal of Counseling and Clinical Psychology, Vol. 68 (2), pp.250-257.

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- ☐ **Series 4** Vol. 4, Issues 10-12 "Preparing Clients for Change", "What Is A Woman Sensitive Program?" and "Naltrexone Facts"
- ☐ **Series 5** Vol. 5, Issues 1-3 "Methamphetamine: Myths & Facts"
- ☐ **Series 6** Vol. 5, Issues 4-6 "Co-Occurring Disorders"
- ☐ **Series 7** Vol. 5, Issues 7-9 "Trauma Issues"
- ☐ **Series 8** Vol. 5, Issues 10-12 "Cultural Competence"
- ☐ **Series 9** Vol. 6, Issues 1-3 "Engagement &Retention"
- ☐ **Series 10** Vol. 6 Issues 4-6 "Co-Occurring Disorders"
- ☐ **Series 11** Vol. 6 Issues 7-9 "Integrated Services for Dual Disorders"
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"Contingency Management"

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Pre-Test

Series 13

Circle the correct answer for each question

#1
It is difficult to determine treatment effectiveness when clients:
a. are compliant with treatment plan.
b. are non-compliant with treatment plan.
c. are not motivated.
d. none of the above.

#2
If a behavior is is reinforced or rewarded it is more likely to occur in the future.
True False

#3
Contingency Management is a behavior reinforcement intervention that can:
a. effectively motivate clients toward positive change
b. improve client retention rates.
c. reduce client substance abuse.
d. "a", "b", and "c".

#4
Positive reinforcement:
a. provides a desired consequence if the client meets their goal.
b. removes an aversive circumstance if the client meets their goal
c. provides extra counselors in group sessions.
d. All of the above

#5
A fixed ratio schedule of rewards tends to lead to poorer client compliance.
True False

#6
It is easiest for clients with multi-drug substance abuse to abstain from all the drugs simultaneously.
True False

#7
Examples of reinforcers used in contingency management interventions include:
a. receiving cash or selecting a prize.
b. receiving vouchers for retail goods or services
c. rewards that are usually too costly for agencies to use.
d. "a" and "b"

#8
Eliminating the usual inrease in rewards and bonuses as the length of the client's abstinence increases can reduce the costs of Contingency Management.
True False

#9
"Priming" the client for a reinforcer can include:
a. explaining to the client the importance of attending all therapy appointments.
b. offering a voucher on their first visit.
c. discussing their treatment goals.
d. all of the above

#10
You filled out the Addiction Messenger survey and sent it back.....(thank you!).
True False

Mail or FAX your completed test to NFATTC

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You can still register for continuing education hours for Series 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 or 12. Contact Mary Anne Bryan at (503) 373-1322 ext. 22248

NFATTC News
Northwest Frontier Addiction Technology Transfer Center
Winter 2004

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OPPORTUNITY

Substance Abuse Treatment Agency Directors

Establishing Treatment Costs and A Process for Monitoring Agency Performance

Treatment agencies in the Northwest have an opportunity to participate in a new NIDA-funded project titled **"Treatment Costs and Organizational Monitoring (TCOM)"** sponsored by the Institute of Behavioral Research at Texas Christian University (TCU). Up to 100 outpatient drug free treatment programs or service delivery units are being recruited from 3 different regions in the country to participate in the five-year project.

Participating programs will work collaboratively with TCU scientists in learning to use a practical, user-friendly, tool for establishing service costs for particular treatment activities. Program Directors and Financial Officers will be trained at no cost on how to use instruments for managing and monitoring clinical care and program functioning. Your tuition, travel, and per diem expenses will be paid by the project. In addition, agencies will receive annual feedback and benchmark reports, plus a free desktop computer on which to complete project activities.

The reports you receive will allow you to compare your costs, and organizational performance with those of other agencies around the country. As a result you will be in a position to better understand your organizational climate, price your services competitively, and have financial information that can be used to negotiate reimbursement rates.

Agencies wishing to participate in this project will have their outpatient drug-free program Directors complete a needs assessment during the first year, requiring about 45 minutes. Then in years 2-4, the program will complete three assessments per year, including responses from the Director, the Financial Officer, counseling staff. and a sample of clients.

If you are interested in this project, please send an e-mail expressing your interest to Mary Anne Bryan at NFATTC (nfattc@ohsu.edu). We are hoping to recruit as many as 40 outpatient programs in the Northwest to participate, thus allowing us to have regional cost information that we can compare with national data.

We hope to hear from you.

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Contingency Management - Part 2

Counselor's Guide for Implementing CM

"The reward of a thing well done is to have done it"

~ Ralph Waldo Emerson (1803-1882)

Part 1 of Series 13 provided a basic background on Contingency Management (CM), motivation, enhancement of client compliance, positive and negative reinforcers, and effective schedules of reinforcement.

This issue will focus on practical advice for implementing CM. The information is based on guidelines developed by Nancy Petry, Ph.D., for the Behavioral Health Recovery Management project at the University of Connecticut School of Medicine. Specifically, we will examine which behaviors can be modified with CM techniques, the varieties of rewards that can be provided, and issues associated with monitoring and reinforcement.

Addiction Messenger Survey

This issue includes a one-page survey!

Please fill it out.

Your comments are important to us.

Issues in Application of CM

CM can be applied to individual clients, special populations (eg. cocaine-dependent methadone clients), and implemented clinic-wide if needed for such issues as timely attendance at group meetings. With any behavior to be modified, you must consider how that behavior can be quantified objectively. Client self-reports may not be sufficient. Drug screening, signed and dated participation slips, or follow-up phone calls can be used to measure and validate your client's progress. The following paragraphs review four treatment issues for which CM techniques have been shown to be beneficial.

Engagement and Retention

CM rewards can help engage clients in treatment. The positive rewards they earn help clients stay in treatment longer, thus increasing the prospect of positive outcomes for them. Rewards and their results profiled in "A Clinician's Guide for Implementing Contingency Management Programs" include:

- providing a small restaurant gift certificate improved therapy attendance for dual diagnosis clients;
- giving methadone clients "take-home" doses enhanced attendance at therapy sessions;
- giving a "dollar a day" encouraged teenage mothers to attend group therapy; and
- providing an opportunity to win prizes ranging from $1 to bus tokens or toiletries to larger items increased group meeting attendance at drop-in centers.

Providing such tangible incentives to enhance retention is especially useful in community-based programs working with voluntary clients. Allowing clients to earn tokens which can be exchanged for food items or clinic privileges (earning one token for attending the first meeting, two for the second meeting, three for the third, etc.) may also assist the client in becoming more engaged in treatment.

Drug Use

CM can be an effective adjunct to helping clients acheive a reduction in or cessation of drug use. Drug use is typically monitored 2-3 times per week through urine screening tests. A negative test could make the client eligible to receive a reinforcer such as a voucher or a "take-home" dose of methadone for opioid addicts. If the test is positive for drugs no rewards should be given and a "punishment", such as resetting vouchers to a lower value or loss of "take-home" doses, could occur instead.

When urine tests are sent to an outside laboratory, results may not be obtained for several days, thus delaying the immediate reward that reinforces. Agencies can purchase on-site testing kits that provide immediate results at a relatively low cost. Validity test sticks are also available to make sure the urine sample given has not been tampered with.

While most agencies endorse complete abstinence from all drugs, CM studies have shown less effectiveness when poly-drug using clients are required to abstain from all drugs at the same time. In the early stages of treatment some clients may not be motivated or able to achieve complete abstinence. Targeting abstinence from a single drug may be a more successful approach and lead to subsequent reduction in other drug use.

Goal-Related Behaviors

Clients in substance abuse treatment frequently have difficulties such as mental health disorders, interpersonal difficulties, legal and employment problems. CM may be adapted to help these clients as well. A client needs assessment should be done before setting up a CM component to their treatment. The client should select two or three goal areas on which to focus (eg. housing, family relationships, recreational activities). Counselors can use rewards to reinforce acheivement of steps toward the client's treatment goals. Goals such as better attendance at medical appointments can be rewarded after verification (eg. providing receipts). If the client's goal is to obtain employment, they can be rewarded for completing and returning employment applications.

Goals and activities should be tailored to match the client's level of functioning. Selecting relatively simple activities can increase the likelihood of success. Select activities that represent small steps towards a main goal, and with a reasonable chance of successful completion.

Within-Clinic Behaviors

CM can positively reinforce appropriate clinic behaviors. Clients often respond to reinforcers such as phone calls, smoking breaks, and outside passes to improve therapy attendance. Using such creative strategies can make it easier for staff to manage clients, thus creating a more pleasant atmosphere and environment for recovery. Decide upon the exact clinic behavior you want to promote, such as arriving at group on time, not swearing, saying "hello" or "thank you", not loitering in the parking lot, etc. Counselors can "catch" clients in the act of doing a desired behavior and give an immediate reward. When inappropriate behaviors are noticed, no rewards are provided.

Using Reinforcers

Magnitude

Regardless of which type of reinforcer you choose, its value must be enough to promote the change. Inexpensive vouchers and small amounts of cash can reinforce desired behaviors such as attending groups, but may not be as effective in altering more complex behaviors like drug use. One way to reduce the cost of rewards is to reinforce only a portion of the target behaviors. Some agencies using CM have clients draw to win prizes ranging in value from $1 to $20 and beyond. More $1 prizes are included in the drawing than the more expensive prizes to keep costs down. This approach can work well in treatment settings where prizes can be obtained through local donations. If the value of the rewards become too low, or if the prizes available are not desirable, the process may not be as successful in achieving results.

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Vouchers or Cash

Clients can earn vouchers that accumulate in a type of clinic-managed "bank account". For example, each negative urine test can equal one voucher. The vouchers can be saved up and redeemed for retail goods and services. An advantage of a voucher system is that it allows for individual likes and dislikes. Clients can choose how they "spend" their vouchers. Typical requests from clients are restaurant gift certificates, clothing, haircuts, movie tickets, etc.; cash is not provided. A disadvanage of voucher programs is that they can be expensive to implement and manage. Providing cash instead may be less costly because staff time is not spent managing or purchasing items. Further, some clients may prefer $10 in cash to $10 in vouchers. One concern with providing cash is that clients may use it to purchase drugs. However, since the client knows that on-going urine screens will detect use, there is a natural deterrent already in place.

Methadone and Clinic Privileges

Methadone and other agonist pharmacotherapies are strong reinforcers. Behavior changes can be gained through changes in methadone dose, take-home privileges, early morning dosing hours, and continued treatment. Frequent monitoring is essential, and care must be taken not to reduce the dosage to a level that may lead the client to opioid use.

Informing

Another CM technique specifies an adverse consequence if drug use is detected. This might be used well with substance abusing health care professionals or others under legal supervision. Instead of informing the client's licensing board, outside agency or parole officer of only negative issues, the client's progress is reported as well. In this scenario, all testing samples would be discussed; negative samples would be congratulated, rather than just the positive samples being punished.

.....to be continued in the March issue.

Addiction Messenger Survey

Instructions

- Please complete the enclosed survey - it should take about 5 minutes to finish.
- Fold the survey with the return address visible and seal with tape.
- The postage has been paid.

Thank You!

We appreciate your help in improving the Addiction Messenger.

Next Issue:

"Counselor's Guide for Implementing CM" (continued)

Sources:

Petry, NM, Ph.D. and Stitzer, ML, Ph.D. (2002) **Contingency Management: Using Motivational Incentives to Improve Drug Abuse Treatment**. Yale University Psychothrapy Development Center Training Series No. 6. Sponsored by NIDA P50 DA 09241.

Petry, NM., Ph.D. Behavioral Health Recovery Management Project, **A Clinician's Guide for Implementing Contingency Management Programs,** Department of Psychiatry, University of Connecticut School of Medicine.

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Contingency Management - Part 3

Counselor's Guide for Implementing CM

(continued)

"The highest reward for a person's toil is not what they get for it, but what they become by it."

-John Ruskin (1819-1900)

Our series on Contingency Management (CM) concludes with a look at further implementation issues for counselors. Much of the following information is based on guidelines developed by Nancy Petry, Ph.D., for the Behavioral Health Recovery Management project at the University of Connecticut School of Medicine in her publication titled ***"A Clinician's Guide for Implementing Contingency Management Programs".***

More On Using Reinforcers

In the last issue, we discussed a variety of reinforcers such as vouchers, cash, clinic privileges, and informing; here are a few more to consider:

Refunds and Rebates

One way to promote completion of treatment is through the use of refunds and rebates. There are several ways to do this, including: charging the client a refundable fee upon treatment entry, reducing fees for service or even providing a rebate of the entire treatment cost, when abstinence is achieved and maintained.

CM Reinforcers in Criminal Justice and Social Services

CM refunds and rebates can also be used with criminal justice system clients who are mandated to pay for their treatment program costs upfront. The justice system could offer a version of a CM strategy by refunding a proportion of client's fees to those who successfully show the desired behavior changes (eg. attending sessions or abstinence).

CM strategies can be incorporated into the welfare system as well. For example, the welfare system could provide portions of the client's disability check to them contingent on attending individual counseling sessions and providing drug-

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free urine specimens. This would, of course, require substantial involvement of the state's public welfare system, and may be most applicable to only a subset of substance abusing clients such as dual-diagnosis clients on public assistance.

Designing and Monitoring Reward Schedules

In this series we have presented a variety of reinforcers that can be used in CM. The correct use and application of behavioral principles in delivering the reinforcers may be more important than the reinforcer itself. Important variables to consider are the frequency of the target behavior, methods of monitoring the client's behaviors and the delivery of the reinforcement.

Frequency

Client behaviors should be monitored on a frequent and regular basis, whether through urine testing or another means of verification. In most CM programs compliance is evaluated at least twice a week. This allows desired behaviors to be rewarded and reinforced often. It is also important to begin the reinforcement process early. Clients who receive reinforcers early in treatment learn the association between behavior and reinforcement, while those who must be abstinent weeks or months before being reinforced may never see the value of it, making behaviors less likely to change.

Successive Approximations

Reinforcing "successive approximations" is another key principle in CM. It is valuable to reinforce your client's approximations, or incremental progress, toward abstinence. For instance, with poly-drug using clients, reward your client for becoming abstinent from one drug at a time rather than requiring abstinence from all drugs at once.

CM reinforcements should be provided for very simple activities initially. For example, reward the client for making a vocational rehabilitation appointment, and then again if they attend the appointment. Assigning relatively simple successive approximations toward desired behaviors or goals connects clients with the reinforcers more often, thus helping to ensure completion of treatment goals.

Priming

"Priming" means providing clients with early access to reinforcers. For instance, if your program uses vouchers, give your client their choice of a movie theater or restaurant gift certificate voucher during their first therapy session. Providing reinforcement early in the treatment process is a good strategy, as previously mentioned.

Immediacy

An important variable in the success of CM is the immediacy of the reinforcer. Learning occurs best when the target behavior is followed by its consequence without delay. If, for example, you are reinforcing activity completion, encourage your client to bring in a pre-determined verification as soon as they complete the activity, and then provide the reward.

Magnitude

The magnitude of the reinforcer must be sufficiently large to help encourage behavior change. Some studies have shown that large reinforcers are more likely to change behaviors and improve outcomes than small ones. Although other studies have used relatively small, or no-cost, reinforcers effectively. The key is to design low-cost reinforcers that are desirable to your client. Having a wide selection of prizes or voucher items available increases the chances that your client will find something desirable enough to influence their behavior. In addition, reinforcers can be gradually reduced in frequency or magnitude once you feel comfortable that a new behavior pattern has become firmly established, although consistency is important in this process, as discussed later in this issue.

Escalating Reinforcers and Bonuses

The value of a voucher or the number of prize drawings can be increased as clients achieve longer periods of abstinence. For example, clients could earn $30 for each drug-free urine specimen, plus a $10 bonus for every third consecutive negative specimen. Some studies have shown that escalation systems may be necessary for inducing significant periods of abstinence, at least initially. Once the desired behavior change has occurred, the value of the reinforcer can be reduced in magnitude and still help to maintain the desired client behavior. Client gains can also be maintained through a transition from the rewards given in treatment to more naturally occurring reinforcers such as obtaining and maintaining employment. If this type of approach becomes too cumbersome, eliminating the escalation and bonuses and using a constant rate of reinforcement can make a voucher system less expensive and complex.

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Consistency

Some counselors may tend to decrease the frequency with which they apply reinforcers over time. For example, monitoring may be frequent during the initial stages of treatment and then become progressively less rigorous. Consequences may also be applied less rigorously.

To promote more consistent application of CM strategies by counseling staff, clinical meetings can include progress reports describing monitoring and reinforcement activities. Checklists can be used to remind counselors of which clients are to be monitored and reinforced each day. In addition to using the checklist, which can be posted in the staff room, other techniques such as social encouragement along with examples and reminders, can be helpful in building a team spirit and supporting the consistent use of CM procedures among staff.

Afterthoughts

If some of the CM strategies and/or interventions that have been discussed in this 3-part series aren't working initially, try adjusting your schedule of monitoring and reinforcement. Are the procedures being implemented consistently? Help yourself learn from any problems you encounter by keeping track of what works and what doesn't. Are you open to novel applications of CM approaches? You and your colleagues may discover new low-cost ideas for reinforcers through sharing your creative ideas.

You may also want to implement CM with your client through a written contract that details the desired behavior changes they need to make, the frequency with which they will be monitored and the potential consequences of their success or failure.

Whichever option you try, contingency management can be an effective way to recognize and celebrate the hard-won acheivements made by clients.

Next Issue:

"Working with Groups"

Source:

National Institute on Alcohol abuse and Alcoholism, (1997) Project MATCH, Vol. 6, **Improving Compliance with Alcoholism Treatment.**

Petry, Nancy (2003) Psychiatric Times: Special Report **Contingency Management in Addiction Treatment,** Retrieved from World Wide Web on December 12, 2003: www.psychiatrictimes.com/p020252.html

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Petry, NM, et al (2000). **Give them prizes, and they will come: Contingency management for treatment of alcohol dependence.** Journal of Counseling and Clinical Psychology, Vol. 68 (2), pp.250-257.

Name_____

Post-Test

Series 13

Circle the correct answer for each question

#1
It is difficult to determine treatment effectiveness when clients:
a. are compliant with treatment plan.
b. are non-compliant with treatment plan.
c. are not motivated.
d. none of the above.

#2
If a behavior is is reinforced or rewarded it is more likely to occur in the future.
True False

#3
Contingency Management is a behavior reinforcement intervention that can:
a. effectively motivate clients toward positive change
b. improve client retention rates.
c. reduce client substance abuse.
d. “a”, “b”, and “c”.

#4
Positive reinforcement:
a. provides a desired consequence if the client meets their goal.
b. removes an aversive circumstance if the client meets their goal
c. provides extra counselors in group sessions.
d. All of the above

#5
A fixed ratio schedule of rewards tends to lead to poorer client compliance.
True False

#6
It is easiest for clients with multi-drug substance abuse to abstain from all the drugs simultaneously.
True False

#7
Examples of reinforcers used in contingency management interventions include:
a. receiving cash or selecting a prize.
b. receiving vouchers for retail goods or services
c. rewards that are usually too costly for agencies to use.
d. “a” and “b”

#8
Eliminating the usual inrease in rewards and bonuses as the length of the client’s abstinence increases can reduce the costs of Contingency Management.
True False

#9
“Priming” the client for a reinforcer can include:
a. explaining to the client the importance of attending all therapy appointments.
b. offering a voucher on their first visit.
c. discussing their treatment goals.
d. all of the above

#10
You filled out last month’s Addiction Messenger survey and sent it back.....(thank you!).
True False

Mail or FAX your completed test to NFATTC

Northwest Frontier ATTC, 3414 Cherry Ave. NE, Suite 150, Salem, OR 97303
FAX: (503) 373-7348

You can still register for continuing education hours for Series 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 or 12. Contact Mary Anne Bryan at (503) 373-1322 ext. 22248

We are interested in your reactions to the information provided in **Series 13** of the ***"Addiction Messenger"***. As part of your 2 continuing education hours we request that you write a short response, approximately100 words, regarding Series 13. The following list gives you some suggestions but should not limit your response.

What was your reaction to the concepts presented in Series 13?

How did you react to the amount of information provided?

How will you use this information?

Have you shared this information with co-workers?

What information would have liked more detail about?