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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

FEBRUARY 2004 • VOLUME 7, ISSUE 2 PLEASE COPY OR POST

SERIES 13

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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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February through March 2004

FEBRUARY

9-10
Working With Difficult Clients
Anchorage, AK
907-563-9202

9-11
Adv. Counseling Skills with Basic MI
Portland, OR
503-234-1215

10-13
Basic Counseling Skills
Salem, OR
541-741-7107

12
Motivational Interviewing/Integrated Case Management Follow-Up
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13
Help! I Work With Counselors - Surviving Our Clinical Co-Workers
Vancouver, WA
360-992-2743

13
Maximizing Group Effectiveness
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18-20
Clinical Supervision
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19-20
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19-20
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25-27
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MARCH

3-5
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5
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12
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