

## SERIES 13

Northwest Frontier  
Addiction Technology  
Transfer Center

3414 Cherry Ave NE, Suite 150  
Keizer, OR 97303  
Phone: (503) 373-1322  
FAX: (503) 373-7348

A project of  
OHSU  
Department of Public  
Health & Preventive  
Medicine

Steve Gallon, Ph.D.,  
Project Director

Mary Anne Bryan, Editor  
bryanm@ohsu.edu

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## Contingency Management - Part 3 Counselor's Guide for Implementing CM (continued)

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*"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)*

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**O**ur 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-

### *Addiction Messenger Survey*

The last issue included a  
one-page survey!

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important to us.*

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 vouch-

ers, 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 achievements 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](http://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.

## Northwest Frontier ATTC

3414 Cherry Ave NE, #100

Salem Oregon 97303

Phone: (503) 373-1322

FAX: (503) 373-7348

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# 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 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 increase 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*

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