

"Ideas for Treatment Improvement"

ADDICTION *Messenger*

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SERIES 27

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*Unifying science,
education and services
to transform lives*

Motivational Incentives - Part 2 Reward Systems & Benefits

*"People often say that motivation doesn't last.
Well, neither does bathing — that's why we recommend it daily."*

~ Zig Ziglar (1926 – present) ~

Various types of motivational incentives have been used for decades in the field of counseling to promote positive client behavioral changes. Incentives used by addictions agencies, such as vouchers, cash, points, tickets and prizes have produced positive results verified through research.

Incentives have been used to increase client enrollment and retention, reinforce employment, and decrease drug use. In addition, your agency can use motivational incentives in conjunction with other therapeutic clinical methods and interventions:

- to enhance client satisfaction with treatment and facilitate early recovery,
- to reward specific behaviors that are part of the client's treatment plan,
- to acknowledge and celebrate the success of client achievements, and
- to enhance or maintain motivation to achieve treatment goals.

Promoting Awareness of Motivational Incentives (PAMI)

The PAMI Package, a NIDA Blending Initiative product, entitled "Successful Treatment Outcomes Using Motivational Incentives", incorporates a multi-media approach to familiarize treatment agencies and their staff with motivational incentives. The products in this package illustrate the positive outcomes and lessons learned from the NIDA Clinical Trials Network (CTN) study, Motivational Incentives for Enhanced Drug Abuse Recovery (MIEDAR).

The tools contained in the package are designed to build awareness of Motivational Incentives (MI) as a science-based therapeutic tool within the addiction treatment field and includes examples of successful MI principles and strategies including the Fishbowl Method, a low-cost, prize-based system. The following materials are supported by research and are contained on the CD-ROM in the PAMI Package:

Video: 15-minute video features top researchers, clinicians and others who explain how motivational incentives, featuring the Fishbowl Method, are changing people's lives.

PowerPoint Presentations: outline the history, research, and provide suggestions for overcoming barriers to implementation. The PowerPoint presentations include trainer's notes.

Tool Kit: contains an array of supporting materials and documents with practical applications including forms, Frequently Asked Questions (FAQs), and a comprehensive list of articles written by top researchers.

The PAMI Package is available for your agency to download at no cost. The materials

egies during sessions, and reminded that motivational incentives will be offered after the next drug-free urine sample.

If financial restraints are an issue for your agency adjustments can be made in providing motivational incentives that still provide a positive impact. Use MI with only a part of the agency population, target the use of a specific substance or, work with a particularly vulnerable population such as patients with co-occurring disorders, adolescents or pregnant women.

Abstinence based incentives programs are costly since in order to reward behavior immediately, costly urine testing capability would be required. Targeting other behaviors such as attendance is an alternative.

Ideas for how your agency can collect low-cost motivational incentive prizes include:

- Involving recovery community and family members,
- Soliciting local grocers, restaurants, and local department stores,
- Contacting local and national foundations, large corporations, local community leadership groups, and places of worship requesting donations,
- Inquiring about bulk purchasing,
- Advertising companies in your newsletter in return for donated/discounted items,
- Advertising your incentives program and the need for donations in your agency's newsletter,
- Budgeting petty cash for items, and
- Asking your staff members for ideas.

Implementing A Motivational Incentives Program

If you're considering implementing a motivational incentives program in your agency there are potential benefits that may be helpful as you discuss aspects of adopting these practices.

Policy Maker Benefits

- Reduced substance use achieved with minimum investment,
- Clients stay engaged in treatment longer,
- More treatment goals met, and

- Minimal training to implement.

Agency Directors Benefits

- Minimum investment for increased client retention,
- Adoption of an evidence-based practice,
- Limited training needed for staff,
- Engages staff (possible retention),
- Provides a fun environment, and
- Promotes teamwork.

Clinical Staff Benefits

- Opportunity to celebrate client successes,
- Tool to help clients achieve goals - empowerment,
- Increases client cohesiveness,
- Encourages participation with ancillary services,
- Increases client retention, and
- Reduces client substance use.

Client Benefits

Treatment agencies that have implemented a Motivational Incentives program have reported observing the following:

- Clients began to show increases in self-esteem, improvements in appearance and self-care, and a more goal oriented perspective.
- Clients became motivated toward a recovery managed lifestyle.
- Some clients were reunited with estranged family and friends.
- Clients reestablished values and goals for long term healthy lifestyle.
- Clients begin to take on a greater sense of responsibility for their recovery; they go from "You're forcing me" to "I choose."
- Clients that are initially resistant are encouraged when they see and experience positive changes.

Next Issue:

"Frequently Asked Questions"

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 July 30, 2007: www.psychiatrictimes.com/p020252.html

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.

Petry, N. M., & Bohn, M. J. (2003). **Fishbowls and candy bars: Using low-cost incentives to increase treatment retention**. Science and Practice Perspectives, 2(1), 55 – 61.



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“Substance Abuse Treatment Workforce Survey 2005” HIGHLIGHTS #8

Technology Access and Use

Across the region, the substance abuse treatment workforce reports having good access to technology. Overall, 99% of directors and 96% of clinicians report having computer access in the workplace. In addition, 94% of directors and 83% of clinicians report having internet access in the workplace. While overall access reports are good, it is still unclear how current the computer hardware and software are in agencies, and what the ratio of computers to employees is.

Data indicates that 77% of directors and 62% of clinicians use technology to research chemical dependency issues, and 66% of directors and 60% of clinicians use technology for client information purposes. Overall, 88% of directors and 86% of clinicians report feeling proficient using technology to obtain information about substance abuse.

Results indicate some challenges and opportunities for web-based training modalities. While only 34% have used web-based technology for training, 63% of clinicians agree or strongly agree to the statement, “I am interested in web-based professional education.”

For more information on the substance abuse treatment workforce, and trends relevant to maintaining a skilled and stable workforce, please go to: www.nfattc.org Click on HOT TOPICS to access the full report or executive summary for Alaska, Hawai'i, Idaho, Oregon and Washington.