Community-based Implementation of Contingency Management

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What is contingency management?

Something you may apply in interacting with your….
Key points from Dr. Rawson

Contingency Management:

• Is most effective behavioral treatment for stimulants, similarly among cocaine/methamphetamine users\(^1\)

• Has been focus of 648 unique publications\(^2\)

• Remains associated with limited rates of adoption and implementation by addiction treatment community\(^3\)

\(^1\) De Crescenzo et.al, 2018; \(^2\) Forster et.al, 2019; \(^3\) Olmstead et.al, 2012
Key points from Dr. Dephillipis/Peavey

Contingency Management:

• Prize-based protocol\(^4\), where rewards are fishbowl ‘draws’ for chance at prizes, implemented nationally at VAMCs

• Voucher-based protocol\(^5\), with rewards consisting of vouchers for goods/services, implemented at opiate treatment program

• Requires leadership buy-in, foundational training for staff, designation of internal ‘champions,’ technical assistance\(^6,7\)

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\(^4\) Petry et.al, 2000; \(^5\) Higgins et.al, 1993; \(^6\) Dephillipis et.al, 2018; \(^7\) Hartzler et.al, 2016
Why not greater community uptake?

Nirvana Fallacy⁹ – presumption of one perfect solution

⁹ Demsetz, 1969
A family of CM approaches

Three core tenets of CM:

#1 A desired, treatment-adherent behavior is targeted

#2 A tangible reinforcer is provided whenever the client demonstrates the target behavior

#3 If the client does not demonstrate the target behavior, the reinforcer is withheld
A view from 30,000 feet…
40+ years of CM effectiveness data

Mean Effect Sizes of Varied CM Protocols

__1.30 Very Large

__0.80 Large

__0.50 Medium

__0.20 Small

__0.00

Prize-Based CM

\(d_{\text{mean}} = .46\)

\(N=19\) trials

Privilege-Based CM

\(d_{\text{mean}} = .52\)

\(N=30\) trials

Voucher-Based CM

\(d_{\text{mean}} = .68\)

\(N=30\) trials

\(^{10}\) Benishek et.al, 2014; \(^{11}\) Griffith et.al, 2000; \(^{12}\) Lussier et.al, 2006
Customizing your CM programming

Consider your setting’s needs and resources
Diffusion of Innovations\textsuperscript{13}

\begin{center}
\begin{tikzpicture}
  \node[draw,rectangle,minimum width=3cm,minimum height=1cm] (r) at (0,0) {Relative Advantage};
  \node[draw,rectangle,minimum width=3cm,minimum height=1cm] (c) at (0,-1) {Compatibility};
  \node[draw,rectangle,minimum width=3cm,minimum height=1cm] (x) at (0,-2) {Complexity};
  \node[draw,rectangle,minimum width=3cm,minimum height=1cm] (t) at (0,-3) {Trialability};
  \node[draw,rectangle,minimum width=3cm,minimum height=1cm] (o) at (0,-4) {Observability};
  \node[draw,rectangle,minimum width=3cm,minimum height=1cm] (a) at (0,-5) {Adoption};
  \draw (r) -- (a);
  \draw (c) -- (a);
  \draw (x) -- (a);
  \draw (t) -- (a);
  \draw (o) -- (a);
\end{tikzpicture}
\end{center}

\textsuperscript{13} Rogers, 2003
Client eligibility

Tips for implementing CM include choosing clients:

• Who constitute a well-defined population or subgroup
• Among whom you want to increase engagement
• For whom the implementation costs will be affordable
Target Behavior

Tips for implementing CM include targeting a behavior:

- That is observable (not reliant on self-report)
- For which a binary outcome (yes, no) will be clear
- That is clinically meaningful, predictive of success
Tangible Reinforcers

Tips for implementing CM include identifying:

• Goods/services your clients value (ask them)
• A set of reinforcers to enable individual choice
• Bulk purchasing options, storage solutions
Reinforcement System

Tips for implementing CM include devising a system to:

• Make use of recurrent contacts between staff/clients
• Be compatible with other intersecting clinic operations (i.e., billing/accounting; records/documentation)
• Keep procedures simple for clinical staff (ask them)
Additional considerations

As with implementing any systemic change, consider:

• Eliciting perspectives in initial exploration/planning phases (i.e., managers, staff, clients, community)

• Collecting baseline information about the clinical challenge you seek to address

• Starting small, with expansion after initial success during a provisional implementation period

• Enlisting a subject matter expert for consultation
Coming Soon

Online training product: *Contingency Management for Healthcare Organizations*
Interested health organizations in HHS Region 10 are invited to contact the Northwest ATTC at:

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http://attcnetwork.org/northwest