Introduction to Contingency Management

Panelist: Sherrie Watkins, Carla J. Rash, Jeremiah Weinstock, Sara Becker, and Ashley Countryman.
Mid-America ATTC
The purpose of the Technology Transfer Centers (TTC) program is to develop and strengthen the specialized behavioral healthcare and primary healthcare workforce that provides substance use disorder (SUD) and mental health prevention, treatment, and recovery support services.

Help people and organizations incorporate effective practices into substance use and mental health disorder prevention, treatment and recovery services.
Disclaimer and Funding Statement

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Opioid Response Network (ORN)

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Working with Communities

• The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.

• Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.
• The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.

• ORN accepts requests for education and training.

• Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.
Contact the Opioid Response Network

• To ask questions or submit a technical assistance request:
  
  • Visit www.OpioidResponseNetwork.org
  • Email: orn@aaap.org
  • Call (401) 270-5900
• Funding for this initiative was made possible (in part) by grant no. 1H79TI083343 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
Approach: To build on existing efforts, enhance, refine and fill in gaps when needed while avoiding duplication and not “re-creating the wheel.”
Overall Mission

• To provide training and technical assistance via local experts to enhance prevention, treatment (especially medications like buprenorphine, naltrexone and methadone) and recovery efforts across the country addressing state and local - specific needs.
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Foundations

• 1980’s cocaine epidemic
• Can we make abstinence more attractive than drug use?
• Positive > Negative consequences
• Behavioral principles - reinforcement
Positive reinforcers increase the probability of behaviors.

With employees
• Salaries, commission, awards, praise

With children
• Special foods, allowances

With pets
• Treats

Punishers decrease the probability of behaviors.

With employees
• Poor evaluations, getting fired, negative social interactions

With children
• Detention, time out

With pets
• Fines, tickets, jail
Putting it together

Behavior -> Consequence -> Future Behavior

CLEAR!
CONSISTENT!
TIMELY!
1. **Frequently** monitor a specific target behavior.

2. Provide tangible positive reinforcement **each time** the target behavior occurs.

3. **Withhold** reinforcement if the target behavior does not occur (slight punisher).
Three types of CM

• Voucher CM
• Prize CM
• Name-in-the-Hat CM
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Background in Contingency Management

• Trained in prize-based contingency management with Dr. Nancy Petry at the University of Connecticut Health Center (2004-2010).

• Conducted several randomized clinical trials of contingency management funded by the National Institutes of Health (NIH; Petry et al., 2010, 2011; Weinstock et al., 2014, 2016, 2019).
  • These studies utilized prize-based and name-in-the-hat contingency management reinforcement systems.

• Conducted numerous clinically-oriented trainings on contingency management at conferences and for the State of Missouri.
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Background in Contingency Management (CM)

- Project Director of the New England ATTC
- We frequently train substance use treatment providers in New England in CM
  - From 2012 – 2017, we offered PAMI (Promoting Awareness of Motivational Incentives), which uses a prize-based approach
  - Region adapted PAMI-CJ for criminal justice populations
  - Now partner with Carla Rash to offer training and training assistance
• Principal Investigator of Project MIMIC
  • 5-year NIDA-funded study
  • Partnership with 30 opioid treatment programs throughout New England
  • Tests two multi-level training strategies to see which is more effective in promoting CM
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DCCCA, First Step at Lake View

• 45 bed, designated women’s treatment program
  • Offering social detox, intermediate treatment, housed intensive outpatient, outpatient

• Utilize modified token economy since 2016 with clients in intermediate and housed intensive outpatient treatment
Creating Token Economy

- Researched Token Economy
- Reviewed Target Behaviors we wanted to shape
- Reviewed Rewards
- Reviewed Reinforcement
Behaviors, Rewards, Reinforcement

• Behaviors
  • Being on time for group (daily)
  • Completing homework (daily)
  • Completing chores (daily)
  • Being a support sister (weekly)

• Rewards
  • Created “Happy Store” where clients can spend earned coupons each week (i.e., candy, chips, toiletries, etc.)

• Reinforcement
  • Coupons given after targeted behavior completed by clinicians or recovery support specialists
Lessons Learned

• Spend more time developing program – staff training, evaluation of impact and sustainability
  • Periodically retrain staff to ensure staff is giving reward as close to behavior as possible
  • Develop a way to track and evaluate effectiveness
  • Determine how many coupons a client could earn each week in order to figure out how much rewards will cost per client