

Northwest (HHS Region 10)

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



# 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

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## Contingency Management:

- Is most effective behavioral treatment for stimulants, similarly among cocaine/methamphetamine users<sup>1</sup>
- Has been focus of 648 unique publications<sup>2</sup>
- Remains associated with limited rates of adoption and implementation by addiction treatment community<sup>3</sup>

<sup>1</sup> De Crescenzo et.al, 2018; <sup>2</sup> Forster et.al, 2019; <sup>3</sup> Olmstead et.al, 2012

# Key points from Dr. Dephillipis/Peavey

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## Contingency Management:

- Prize-based protocol<sup>4</sup>, where rewards are fishbowl ‘draws’ for chance at prizes, implemented nationally at VAMCs
- Voucher-based protocol<sup>5</sup>, 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<sup>6,7</sup>

<sup>4</sup> Petry et.al, 2000; <sup>5</sup> Higgins et.al, 1993; <sup>6</sup> Dephillipis et.al, 2018; <sup>7</sup> Hartzler et.al, 2016

# Why not greater community uptake?

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Nirvana Fallacy<sup>9</sup> – presumption of one perfect solution



<sup>9</sup> Demsetz, 1969

# A family of CM approaches

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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...

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# 40+ years of CM effectiveness data

\_\_1.30 Very Large

\_\_0.80 Large

\_\_0.50 Medium

\_\_0.20 Small

\_\_0.00

## Mean Effect Sizes of Varied CM Protocols



<sup>10</sup> Benishek et.al, 2014; <sup>11</sup> Griffith et.al, 2000; <sup>12</sup> Lussier et.al, 2006



# Customizing your CM programming

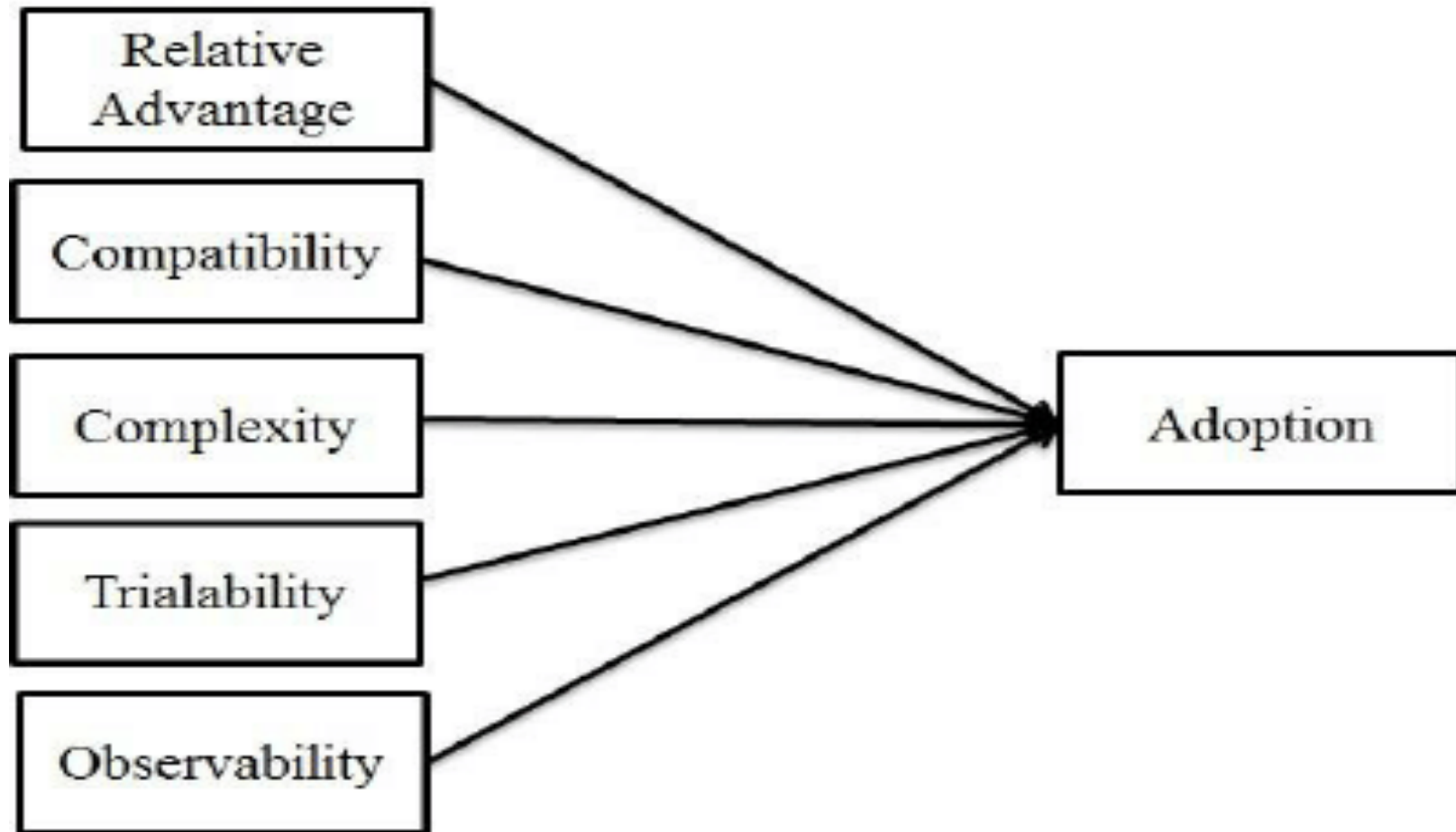
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**Consider your setting's needs and resources**

# Diffusion of Innovations<sup>13</sup>

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<sup>13</sup> Rogers, 2003

# Client eligibility

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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

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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

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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

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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

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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



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A photograph of a woman with curly hair, wearing glasses and a red headband, looking down at a laptop screen. She is wearing a blue denim shirt over a white top. The background is a blurred indoor setting with stairs.

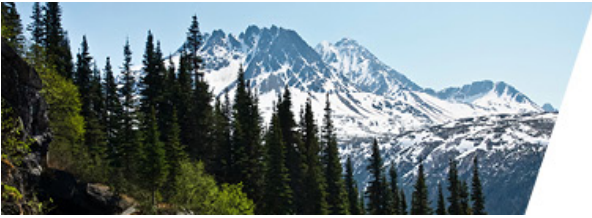
Online training product: ***Contingency Management for Healthcare Organizations***



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**Interested health organizations in HHS Region 10  
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