frequently asked questions

Promoting Awareness of Motivational Incentives

Q: How does the use of Motivational Incentives help patients clinically?

A: The use of motivational incentives is more than just the distribution of points, vouchers and prizes. It is a supplement to therapy that has been shown in research to be an effective strategy in the treatment of substance use disorders and helps to develop a therapeutic culture centered on affirmation and celebration (Kellogg et al., 2005; Petry & Bohn, 2003).

Q: How is Motivational Incentives different from Motivational Interviewing?

A: Both approaches address patients' ambivalence about stopping or reducing alcohol and other drug use. Motivational Interviewing is a therapeutic approach and skill that works with patient ambivalence to create inner conflict that assists the patient to make a decision to pursue a path toward recovery (Miller & Rollnick, 2004), while Motivational Incentive programs help patients resolve their ambivalence by modifying and changing a specific behavior.

Q: What about the costs involved in implementing Motivational Incentives?

A: Finances are an important consideration when establishing a Motivational Incentive program particularly when the incentives have a cost attached. There are also multiple examples of no cost incentives such as clinic privileges, rebates or refunding fees, and in methadone maintenance programs take home dosing has been used as an incentive. In those instances where there is a cost attached, one approach is the Fishbowl Method, which uses low-cost incentives. Dr. Nancy Petry's Fishbowl Method features an intermittent schedule of reinforcement that contains the cost of a program without sacrificing program effectiveness. Some other ways to contain costs are: 1) obtaining prize incentives through donations from community groups or businesses, 2) using clinic privileges as incentives, or 3) using a point system to distribute incentives. You may want to consider selecting a patient behavior that is observable and easily measured such as group attendance or treatment goals identified in the patient's treatment plan. If your organization already uses on-site urine screening, "abstinence" could be a targeted behavior at no additional cost.

Q: Isn't this just rewarding patients for what they should be doing anyway?

A: No, an incentive for our field is a clinical practice which is not to be confused with a business practice used in other industries. Once staff members actually see the impact of incentive programs on their patients, objections and misgivings about rewards are diminished. "We came to see that we need to reward people where rewards are few and far between. We use rewards as a clinical tool – not as bribery – but for recognition; the really profound rewards will come later" (Kellogg et al., 2005; Petry & Bohn, 2003).

Q: How does Motivational Incentives address relapse?

A: The question of treatment duration is connected to the issue of relapse. Research has shown that following the removal of incentives, some patients return to pre-intervention levels of drug use or to levels of drug use that were indistinguishable from those of the control group. Under these circumstances, relapse may be a sign that the intervention has been working. Other research outcomes suggest adapting treatment duration to patient behavior by gradually increasing the requirements necessary to receive an incentive while lowering the level of magnitude of the incentive given until at such time, the intervention ends (Higgins, Wong et al., 2000; Lewis & Petry, 2005).

Q: How do I select the incentives?

A: When the patient perceives an incentive to be desirable and of value, that incentive is more likely to have an impact on behavior. You may want to consider surveying patients to find out what incentives would be desirable and of value to them. Also, think about asking patients what incentives they want to work towards and make sure these items are available.

Q: Does using the Fishbowl Method lead to increased gambling behavior?

A: Researchers acknowledge the concern with using a Fishbowl Method because patients are given "chances" to win prizes somewhat like that of a lottery. However, the Fishbowl is unlike a lottery in that patients do not stand to lose anything of value when they draw from the Fishbowl. This chance of losing is what makes Motivational Incentives different from a lottery. In the research conducted by Drs. Maxine Stitzer and Nancy Petry, people with gambling disorders were excluded. The data revealed no increase in patient frequency of gambling behavior as a result of the prize-based Motivational Incentive program.

Q: What do patients say?

A: Patients' stories highlight the benefits of positive reinforcements. "I felt that I was going down the drain with drug use; that I was going to die soon. This got me connected, got me involved in groups and back into things. Now I'm clean and sober" (Kellogg, Burns, et al., 2005).

Q: What do administrators say?

A: One of the administrators participating in the clinical trials reported that: "Staff members have heard patients say that they had come to realize that there are rewards just in being with each other in group. There are so many traumatized and sexually abused patients who are only told negative things. So, when they heard something good – that helps to build their self-esteem and ego" (Kellogg, Burns, et al., 2005).