Contingency Management Training

Welcome! While waiting for others, please type in the chatbox:

- Name
- Preferred Pronouns
- Role/Position, Agency
- Favorite pizza topping(s)!

March 30, 2021



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Contingency Management Training Virginia State Opioid Response II

March 30, 2021





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If you haven't yet, type in the chatbox:

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Meeting Guidelines To help today's meeting run more smoothly



Mute

Please stay muted unless speaking, to improve sound quality for other audience members



Video

Presenters will have their videos on. As participants you can choose to keep your videos on or off as you desire



Recording

Will be recording the session



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Training Logistics



Length: 1 Hour



Please use the chat box to ask your questions



Format: Recorded presentation



Parking lot





SOR Grant Overview

State Opioid Response

- Awarded by SAMHSA-CSAT
- Comprehensive program goals in prevention, treatment, and recovery

SOR Treatment Goals

- Implement strategies to improve access to treatment services
- Provide a total of 3,000 people diagnosed with Opioid Use Disorder (OUD) or Stimulant Use Disorder with MAT and other treatment services

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What is the GPRA?

There are three GPRA surveys:

Intake GPRA: GPRA survey at client intake Follow-Up GPRA:

GPRA survey 6

months after client

intake

Discharge GPRA: GPRA survey at client discharge



Definition

What is Contingency Management?

a type of behavioral therapy grounded in the principles of operant conditioning, a method of learning in which desired behaviors are reinforced with prizes, privileges, or cash.

OF

when I do a good thing, I get a good thing.



The National Institute on Drug Abuse (NIDA)

A body of research over the last thirty years



Contingency management (CM), the systematic reinforcement of desired behaviors and the withholding of reinforcement or punishment of undesired behaviors, is an effective strategy in the treatment of alcohol and other drug (AOD) use disorders. Animal research provides the conceptual basis for using CM in AOD abuse treatment, and human studies have demonstrated the effectiveness of CM interventions in reducing AOD use; improving treatment attendance; and reinforcing other treatment goals, such as complying with a medication regimen or obtaining employment.





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Contingency Management History

Based on research:

Remember Psychology 101?

- Pavlov
- Thorndike
- Skinner

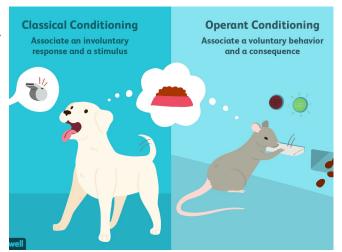
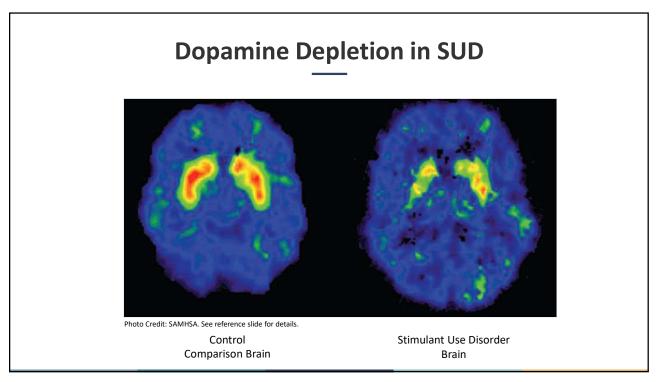
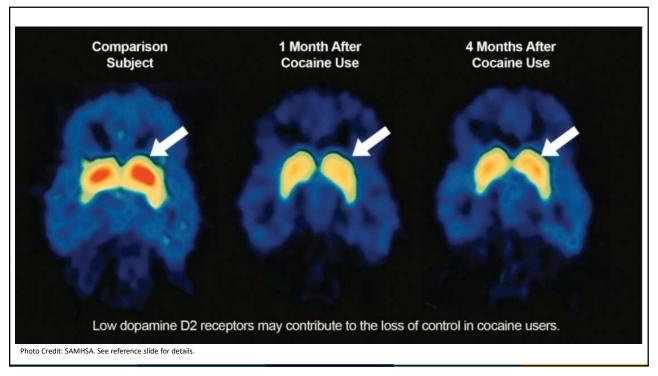
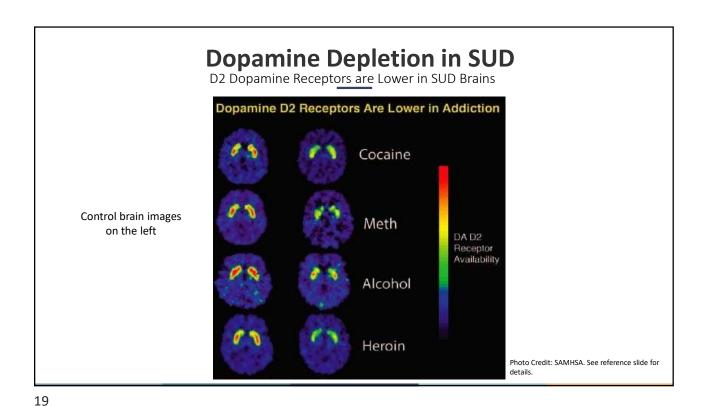


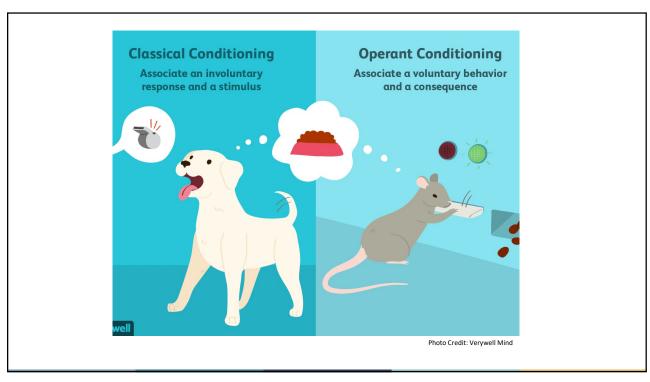
Photo Credit: Verywell Mind







Four Components Contingency Management **Proximal** Size The reward should be given to Attempt to match the size of the clients soon after completion of reward to the size of the goal or the goal/objective. objective. Consistency Incremental The rules do not change for Most contingency management different clients. Each client has therapies recommend the same chances at the same incremental increases over time rewards for the same behaviors. for improved behaviors.



CM & SUD

CM shows efficacy in treating many SUDs



Stimulants

Methamphetamines & Cocaine in particular

Several studies show CM efficacy for treating these drugs specifically, especially initially.



Alcohol

Treatment & Detoxification

CM effective in helping to motivate people to remain in detox and increases retention rates.

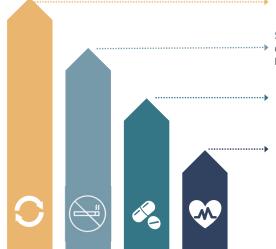


Opioids, Nicotine, Marijuana, Benzos & More

Detox & 12-week post- treatment

Co-occurring SUDs and longer-term treatment effects using CM.

CM & Co-Occurring Disorders



Dual Diagnosis SUD and Other Mental Health

Cocaine, Stimulants, and Psychotic Disorders – CM improves abstinence rates for co-morbidity among this population.

Smoking and Schizophrenia

CM Improves outcomes in reducing smoking for people who have schizophrenia.

Medication Adherence

 $\ensuremath{\mathsf{CM}}$ helpful with psychiatric patients in helping them to adhere to medication schedules.

Weight Loss & Exercise with Co-occurring

There is an inverse association between regular exercise and depressive symptoms, reinforcing individuals using CM, there is objective evidence of initiating and maintaining exercise routines and it likely has positive benefits with respect to mental health as well as physical health outcomes.

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SUD Outpatient Treatment

Sometimes very high attrition rates (80% or higher)

Attrition is high in most other outpatient mental health treatment as well

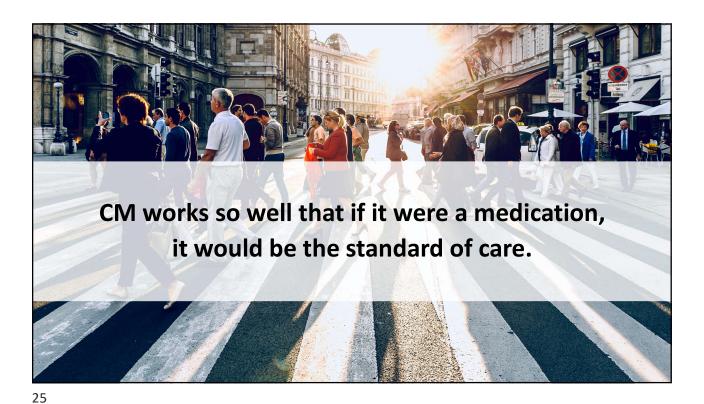
By providing reinforcement contingent on attendance, attendance rates across a range of treatment settings can be substantially improved, thereby increasing exposure to effective care.

APA & NIDA:

It is the most effective treatment known, with or without using CBT in conjunction, to treat Methamphetamine (and other stimulant disorders)

CM works so well that if it were a medication, it would be the standard of care.





Debunking the MythsStigma stands in the way of using contingency management

MYTH



We are paying people to recover



CM = Bribing People



This isn't "Real" recovery

TRUTH



We are rewarding people for doing well in recovery.



Encouraging people to do the right thing and take care of themselves and rewarding them for doing so is not = to bribery.



There are many paths in recovery and this is an extremely important vehicle that is evidence-based and effective in improving outcomes for SUDs. There's nothing more real than that.

NIDA

CM is not a "magic bullet" for treating any group, and researchers must design and implement CM interventions carefully to ensure their effectiveness.

Nevertheless, these procedures offer the opportunity for clinicians to effectively manage and treat some of the most challenging problems and populations in the field of AOD abuse.



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Raffle

Fish bowls, Raffles,
Tickets, Drawings –
Clients get a certain
number of tickets or
draws from a fish bowl
and win a prize. There
are many variations of
incentives to be used in



Gift Closets

Can be done in conjunction with a raffle or on its own. Keep a closet full of small prizes, different shelves have different values. Top shelf is highest value.

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Gift Cards

There are many variations on gift cards for CM in different types of programs for therapies.

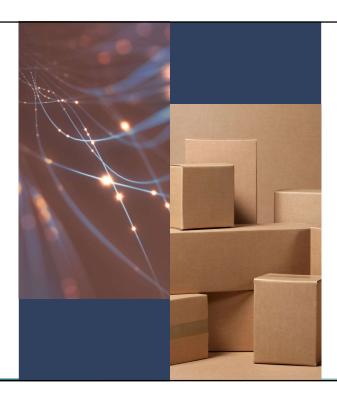


Vouchers

Many programs use vouchers for UAs as incentives, so that a clean UA means a voucher for a bus pass or other types of vouchers and the more clean UAs, the more value of the vouchers.

Virtual CM

Gift cards purchased are emailed based on virtual telehealth visit attendance. Consider increasing amounts of gift cards as therapy continues or as individuals hit certain markers.



Virtual CM

Using hard mail to send recoveryrelated "swag" to clients as they attend groups and provide clean UAs.

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CSBs and Contingency Management

Quarterly reports and survey results



Funds purchase prizes/gifts as incentives for clients working on changing certain addictive behavior. The client draws prize from a fishbowl when they have completed a set goal in their recovery efforts.



Incentivizes and supports client engagement, retention, and completion of services, which in turn helps to increase intake GPRA and follow-up GPRA interviews.



Provides certificates for graduating different portions of a treatment program and gas purchase cards to folks when they attend services.

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Mount Rogers



- Project LINK program utilizes contingency management through the Points Store -- a way to recognize commitment to personal growth and recovery.
- Points are redeemed at a "store" for a variety of items for women and children.



- Journals, books, calendars, crayons, markers, pens
- Games, cards, Home décor
 - Gas/gift cards (\$15 each)
 - Baby and/or Children: clothing, blankets, towels, developmental toys, health care items, diapers/wipes.
 - Books on Pregnancy, Baby Care, or Parenting.

Achievements that earn points:

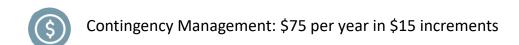


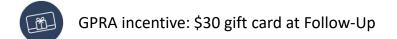
- Attending groups or an educational class, 12 Step Meetings or Support Group Meetings
- Locating and sharing needed resources such as written or oral presentations to the group
- Keeping medical and therapy appointments for self & child
- Exploring spirituality, such as attending church, synagogue, or mosque
- · Participating in birth preparation activities
- Reaching sobriety milestones 3 months, 6 months, 9 months, 1 year
- Accomplishing significant recovery goal (e.g. new housing, returning to school)
- · Giving birth to a substance-free baby or regaining custody of child
- Abstaining from tobacco



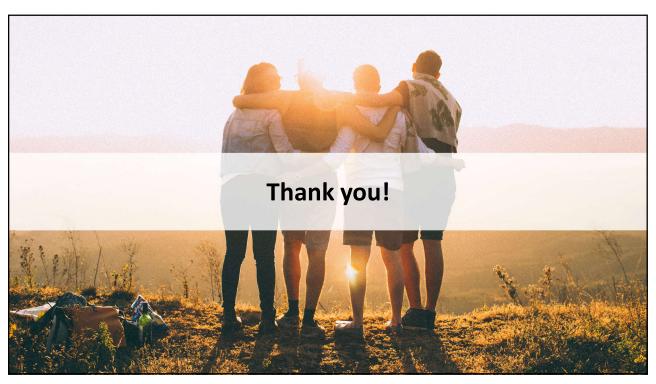


Client Engagement for the SOR Grant











Thanks! Email your questions to

SORSupport@omni.org

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In case you need more information

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