Contingency Management in the New Zealand Context

Anna Nelson & Ashley Koning
Acknowledgements

All 126 of those who participated in the *Introduction to Contingency Management* workshops held in Christchurch, Auckland (2), Hawke’s Bay, Whangarei, Dunedin, Hamilton & Wellington
Background

- 2009 Methamphetamine Action Plan-Cabinet
- Contingency Management recognised as an effective model of practice when working with stimulant users.
- Contingency Management recommended in *Interventions and Treatment for Problematic Use of Methamphetamine and Other Amphetamine-Type Stimulants (ATS)* (Matua Raki, 2010)
- Is CM used in NZ?
Clinician Attitudes  
(Ritter & Cameron, 2007)

Objections

- Incentives do not address underlying issues
- Too expensive
- Incentives are a bribe
- Clients remain abstinent just to get an incentive
- Jealousy among clients if some receive incentives and others don’t
- There are enough rewards in being ‘clean’ and incentives are not necessary.
Clinician Attitudes
(Ritter & Cameron, 2007)

Positive opinions

- Focus on the positive and not on what went wrong
- Any source of motivation is good for treatment
- Incentives are good if they reward for treatment goals other than abstinence
- Incentives are likely to have a positive effect rather than a negative effect
Learning Outcomes from the Workshop

● To gain a basic understanding of the theory behind Contingency Management.

● To recognise the evidence base for utilising Contingency Management in the addiction work setting.

● To discuss potential low/no cost Contingency Management/Motivational Incentive strategies that may be relevant to your service.
Theoretical base

- Contingency Management has its origins in Operant Conditioning, a term coined by BF Skinner.

- Operant Conditioning is the process of changing behaviour using reinforcement and punishment (positive and negative consequences).

- Reinforcement is more effective.
Examples of reinforcement and punishment

- reinforcement: providing reinforcement (e.g., a voucher) contingent upon meeting a treatment goal

- punishment: doing something unpleasant (e.g., social reprimand) contingent upon occurrence of an undesirable action
What is Contingency Management?

- The basic theory of CM is that people are more likely to repeat a behaviour when they are positively reinforced for it.
- In the addiction sector this has meant providing ‘rewards’, or ‘incentives’: to be substance free, to attend appointments, to seek employment and/or to meet any other type of treatment goal.
- When people use substances, fail to attend or don’t look for employment the ‘reward’ is withheld.
Effectiveness with service users

- Retention in treatment
- With pregnant women
- Possibly for people with CEP
- Reduced use of:
  - Cocaine
  - Methamphetamine
  - Cannabis
  - Tobacco
  - Alcohol
- Especially when combined with other treatment modalities

Lussier et al. (2006)
e.g.: Effectiveness with cannabis

Litt M.D., Kadden R.M., Kabela-Cormier E. et al 2008
The 7 principles of Contingency Management (Kellogg et al., 2007)

1. **the target behaviour**, e.g. attending appointments (must be observable and measurable)
2. **the target population**, e.g. people who are hard to engage and retain in treatment
3. **the type of reinforcement or incentive**; e.g. something desired by the person such as a meal voucher, child care
4. **the magnitude or amount of incentive**; e.g. getting a grocery voucher worth $10 for attending an appointment
5. **the frequency of the incentive distribution**; e.g. rewarding every attendance that is planned
6. **the timing of the distribution of the reinforcement**; e.g. getting the reward on arrival at the appointment (as soon as possible)
7. **the duration of the reinforcement intervention**; e.g. for 3 months during planned CBT intervention
In consultation make it formal or draw up a contract

- Make it very clear what the person has to do in order to receive the incentive, and what the incentive will be. Negotiate this with the tangata whaiora.
- Don’t expect too much (one behaviour at a time is more effective)
- Make sure you are able to easily and objectively measure that they have met the goal/done what they needed to (SMART)
- Draw up a contract/formalise the agreement
**RECOVERY ACTIVITY EXAMPLE**

Source: [http://www.nattc.org/pami/pami_home.html](http://www.nattc.org/pami/pami_home.html)

*Reward for any 3 connecting boxes down, across, diagonally*

<table>
<thead>
<tr>
<th>Complete <strong>Assessment</strong> with your case manager  ---</th>
<th>Complete <strong>Vocational Assessment</strong> with Workbridge</th>
<th>Be on time for one scheduled appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide one <strong>Drug-Free Urine Sample</strong> for cannabis or _________</td>
<td><strong>FREE SPACE</strong></td>
<td>Attend a <strong>1:1 Session</strong> with your case manager</td>
</tr>
<tr>
<td>Attend one self help meeting (AA, NA, GA, RR)</td>
<td>Meet with WINZ/ACC case manager to discuss work options/benefit</td>
<td>Complete <strong>4 Groups</strong> this month</td>
</tr>
</tbody>
</table>

*Boxes must be initialed by case manager.*

This card is valid until: ____________ This card was redeemed on: ____________

Name: __________________________________________________________

Case Manager’s name: ________________________________________________
Culturally appropriate?

- CM appears to be an effective treatment for cocaine dependence among methadone maintenance clients, regardless of ethnicity (Barry et al., 2009)
- Think of culturally appropriate incentives:
  - e.g. for youth it might be an outing to the skate park, or
  - for Māori kohikohi kaimoana or support to learn te Reo Māori
- Suggestion to use the term *acknowledgement* rather than CM or incentive when working with Māori
- Making the reward, incentive or *acknowledgement* something the whole whānau and community might enjoy
- The strength of the reward depends somewhat on the degree to which the person identifies and participates in their culture
Evaluation

- 126 people participated in the workshops
- Participants generally representative of sector
- Most used MI, CBT, etc and some reported already using CM
- Immediately following workshop participants generally felt more confident to use CM
- At 3 month follow up people still felt confident to use CM
Ideas for potential motivational incentives generated in the workshops and follow up evaluations

- Childcare
- Strength based letters
- Laminated drug screening results
- Coffee and food
- A visit to the skate park
- Fixing up old bikes
- Art exhibition
- Certificates of attendance or completion

- Cinema tickets
- Supermarket petrol vouchers
- Bus tickets
- Lending a book or DVD
- Food/grocery vouchers
- Letters of support to referrers (e.g. probation)
- Graduation ceremony
Examples of what people are using CM for

- Group attendance
- Assessment and appointment attendance
- Staying in treatment
- Turning up on time
- Meeting tx goals...abstinence, getting a job, enrolling in training, going to an AA meeting (remember the goal must be observable and measurable)
- Celebrate achievements
Incentives obtained by

We were surprised by the creativity and knowledge people had about how to obtain funding and donations to fund their incentives.

- Getting funding
- Koha budget
- Petty cash
- Community donations/grants
- Fund raising
Potential barriers to implementing CM?

- Resources/funding
- Lack of training
- Negative attitudes of other staff
- Lack of buy in from colleagues and management
- Needs a systems approach within an organisation
- Drug testing does not provide immediate results
Conclusions and thoughts

- Contingency Management fits well with many NZ addiction practitioners and services and alongside other models of intervention (e.g. motivational approaches, CBT)
- Reinforcement needs to make sense to tangata whaiora and clinicians need to know how this is different from punishment.
- Practitioners and many services were already using CM, but was in an ad hoc way un-formalised way
- There is often (surprisingly) funding for purchasing of incentives
- Important to be aware what is negotiable for CM and what is non negotiable (risk management) as part of the administration of a programme (e.g. OST)
References

- [http://www.nattc.org/pami/pami_home.html](http://www.nattc.org/pami/pami_home.html)