

Contingency Management: An overview

May 24, 2023

Land Acknowledgment

<https://wsu.edu/about/wsu-land-acknowledgement/>

Washington State University acknowledges that its locations statewide are on the homelands of Native peoples, who have lived in this region from time immemorial. Currently, there are 42 tribes, 35 of which are federally recognized that share traditional homelands and waterways in what is now Washington State. Some of these are nations and confederacies that represents multiple tribes and bands. The University expresses its deepest respect for and gratitude towards these original and current caretakers of the region. As an academic community, we acknowledge our responsibility to establish and maintain relationships with these tribes and Native peoples, in support of tribal sovereignty and the inclusion of their voices in teaching, research and programming. Washington State University established the [Office of Tribal Relations](#) and [Native American Programs](#) to guide us in our relationship with tribes and service to Native American students and communities. We also pledge that these relationships will consist of mutual trust, respect, and reciprocity.

As a land grant institution, we also recognize that the Morrill Act of 1862 established land-grant institutions by providing each state with “public” and federal lands, which are traced back to the disposition of Indigenous lands. In 1890, Washington State received 90,081 acres of Indigenous Lands designated to establish Washington State University ([see data](#)). Washington State University retains the majority of these lands to this day. We acknowledge that the disposition of Indigenous lands was often taken by coercive and violent acts, and the disregard of treaties. For that, we extend our deepest apologies. We owe our deepest gratitude to the Native peoples of this region and maintain our commitment towards reconciliation.

Our Team

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Agenda



1
What is Contingency Management (CM)?

2
Why CM?

3
How CM works

4
CM Implementation

Disclaimer

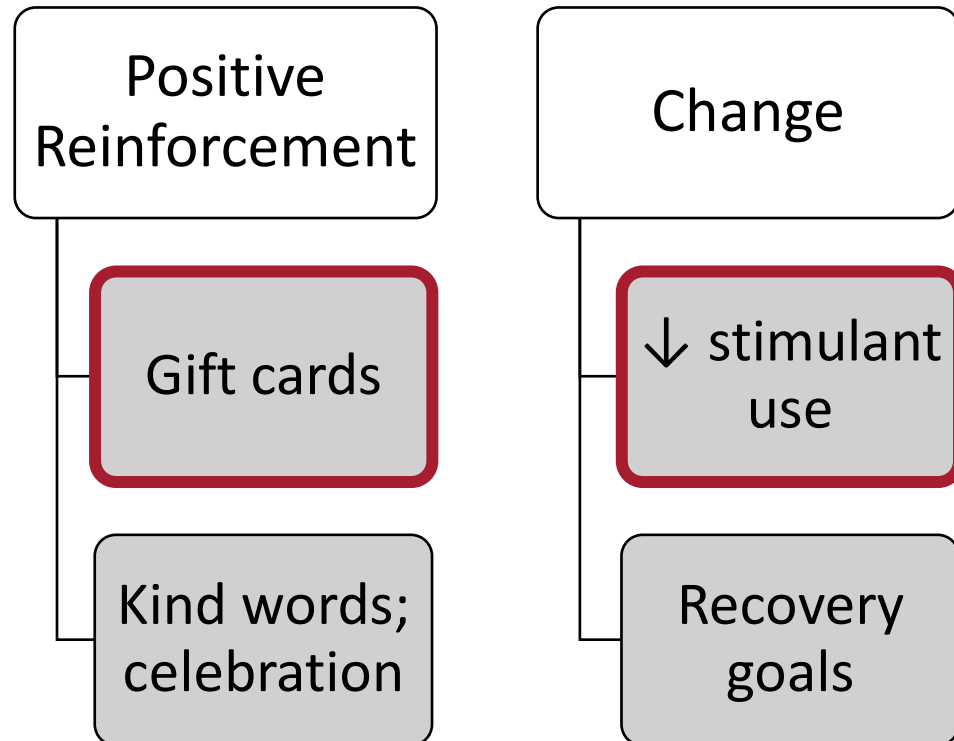
- WSU PRISM team provides education, training and technical assistance on the use of evidence-based CM
- CM is also affected by federal and state regulations
- We provide some **education** about how those regulations impact the use of CM
- ***We are not lawyers and the information we provide should not be construed as legal advice.***

What is Contingency Management?

Contingency Management: A definition

■ A behavioral therapy that uses **positive reinforcement** to encourage **change**.

■ A rewards program in which people cut down or stop stimulant use in exchange for gift cards.



People change when they feel good

- Celebration is key.
- CM is a positive approach that focuses on the behavior we want to see more of.



Not emphasizing behaviors we want to see less of, like stimulant positive UDS results.



Enthusiastically attend to behaviors we want to see more of., like stimulant negative UDS results



What CM is and isn't

CM is <i>NOT</i> ...	CM is...
A candy bowl on your desk.	Purposeful; done with skill based on set of key principles.
A one-time incentive for a one-time behavior.	An ongoing intervention to address the complex behavior of substance use.
Providing people with services, resources, help, or charity.	An intervention that leverages positive reinforcement in a particular way.
“Paying people to not use.”	An intervention that: <ul style="list-style-type: none">• Builds confidence• Enhances morale for participants and staff• Improves therapeutic relationships• Creates opportunities to celebrate• Can help people reduce stimulant use

CM protocol that we'll be talking about

WHO we're trying to help?	People who use stimulants
WHAT is the behavior of focus?	Stimulant-negative urine tests
WHICH type of reward?	Vouchers traded for gift cards or prizes
How big are rewards?	Minimum: \$400 total; Start at a base reward ~\$10; escalate from there.
HOW OFTEN do people get rewards?	Twice weekly
WHEN people get rewards?	Directly after urine testing
HOW LONG does the intervention last?	12 weeks

Checkpoint

There are many common criticisms of CM.

What criticisms, concerns or worries do you have about CM?



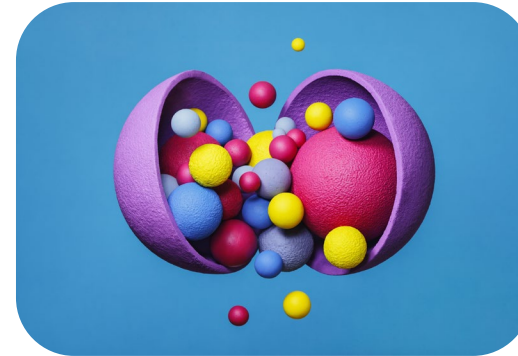
Why Contingency Management?

Why Contingency Management?

■ Stimulants.

Q: Why do people use stimulants?

A: Because stimulants are *reinforcing*.



It feels good.

(Positive Reinforcement*)



They get rid of bad feelings.

(Negative Reinforcement*)

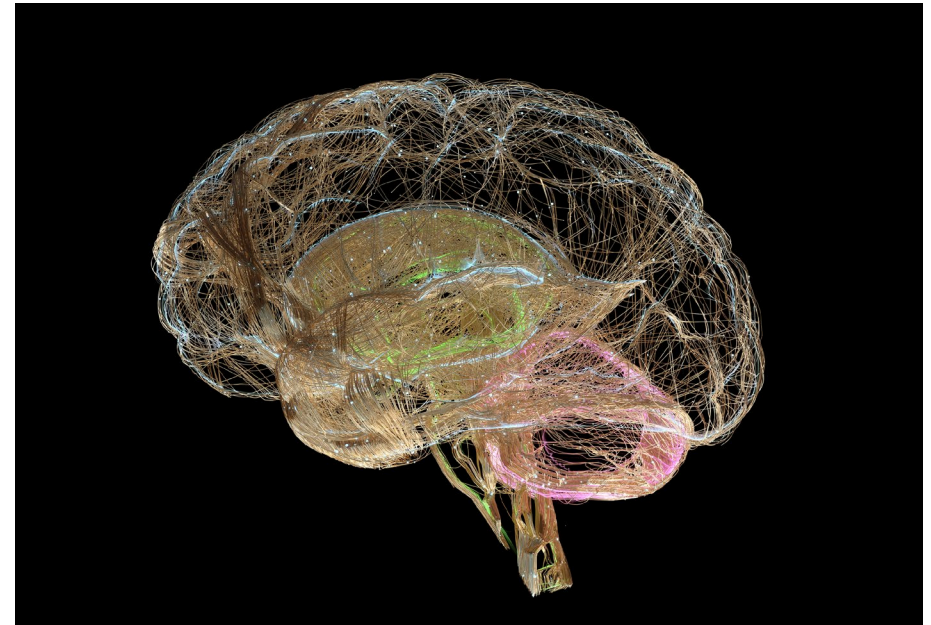
***Reinforcement = Increases a behavior.**

So, why Contingency Management?

Drugs are reinforcing and hijack the reward pathway in our brain...

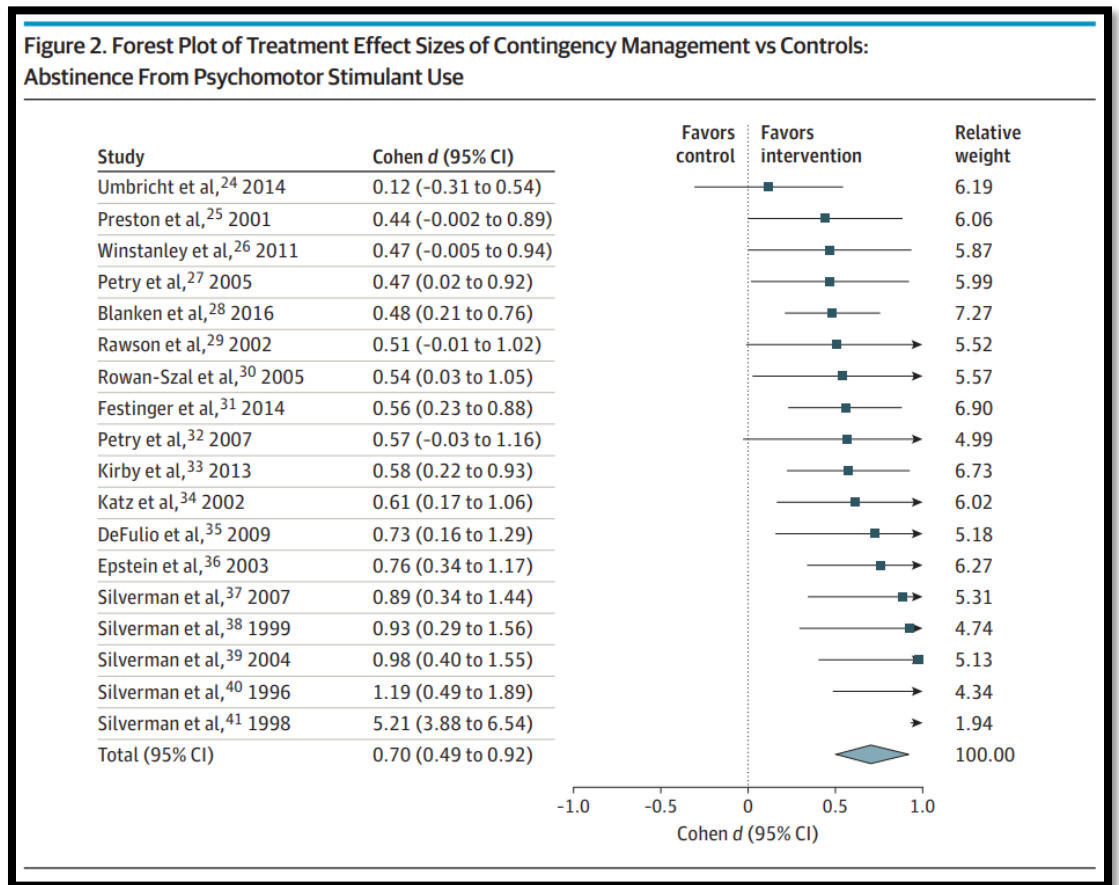
CM Offers immediate, tangible non-drug reinforcers in exchange for abstinence.

PRISM
COLLABORATIVE



Why CM for people enrolled in opioid treatment?

- Meta-analysis of **60 studies** of CM for MOUD patients
- CM Targets:
 - **Stimulant use (Large Effect Size Cohen d=0.7)**





What Clients Say about CM

"When I'm at home and see them [prizes] I think 'hey I got this for staying sober.'"

"Something to do besides thinking about everything wrong with the world, and being negative... it gave me a little peace of mind"

"I didn't care about the prizes and much as I cared about seeing myself get away from using [stimulants]"

"I wanted to stop [using stimulants] but I was glad it wouldn't be held against me if I did test positive and it wouldn't be shared. I was conscious of that."

"It gave me something to look forward to, a schedule."

"[CM] makes me feel 'powerful' not 'powerless.'"

"I used my gift cards to buy cologne and a nice jacket. Thanks to the gift cards I got in this study I don't have to LOOK homeless."

Increased drug poisoning death rates during COVID-19

12-months ending June 2020 compared to 12-months ending June 2019

	ALL DRUGS	HEROIN	NAT & SEMI - SYNTHETIC	METHADONE	SYNTHETIC OPIOIDS	COCAINE	OTHER PSYCHO-STIMULANTS (mainly meth)
June-19	68,711	14,856	12,148	2,863	33,164	14,894	14,583
June-20	83,335	14,480	12,966	3,195	48,006	19,215	20,318
% Change	21.3%	-2.5%	6.7%	11.6%	44.8%	29.0%	39.3%

*Predicted Number of Deaths

Why CM for stimulant use?

About half (48%) of people who reported using methamphetamine as their main drug were interested in reducing or stopping their stimulant use.



Banta-Green, C., et al. Washington State Syringe Exchange Health Survey: 2019 Results. Seattle: ADAI, University of Washington, April 2020. <https://adai.uw.edu/wa-state-syringe-exchange-health-survey-2019-results/>

How Contingency Management works: Key principles

Remember? CM is NOT

CM is <i>NOT</i> ...	CM is...
A candy bowl on your desk.	Purposeful; done with skill based on set of key principles.
A one-time incentive for a one-time behavior.	An ongoing intervention to address the complex behavior of substance use.

- **CM is a systematic way of employing positive reinforcement.**
- **There is a reason for all of the CM program components.**
- **They've been heavily researched.**



What do we know about behavior change?

- It's hard!
- But positive reinforcement helps! 😊

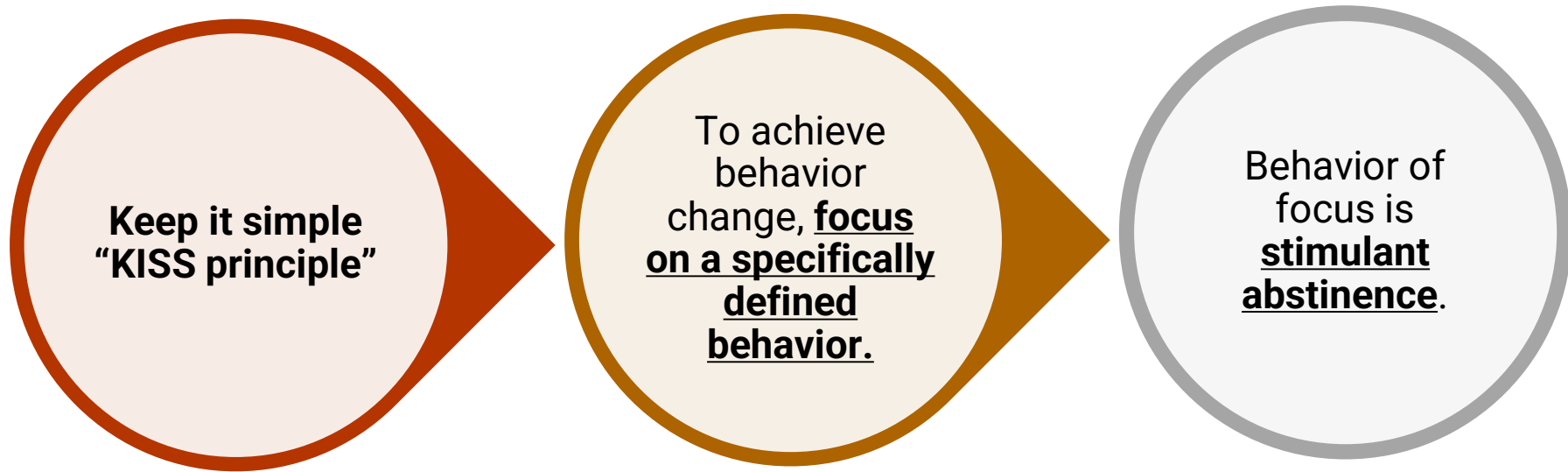
What do we know about behavior change?

- CM borrows from the study of *behaviorism*.
- *Behaviorism* borrows from age-old knowledge.

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■ Age-old wisdom → Behaviorism → CM



Specific focus

Age-old wisdom → Behaviorism → CM

“Measure what is measurable, make measurable what is not so.”
- Galileo

To achieve behavior change the behavior must be measurable.

Behavior is measured with point-of-care urine tests.

Measurable

■ Age-old wisdom → Behaviorism → CM



Achievable

Age-old wisdom → Behaviorism → CM



***Rewards: tangible,
desirable, escalating***

Age-old wisdom → Behaviorism → CM

Excitement must lead to **immediate** action or you will lose the power of momentum. Dreams die because we fail to seize the moment. Do it now!- Tony Robbins

Immediacy: The reinforcer needs to occur as close (in time) to the behavior as possible.

The reward is presented as soon as we see the stimulant negative urine test.

Immediacy

Age-old wisdom → Behaviorism → CM

“It seems to me that everything that happens to us is a mix of choice and contingency.” - Penelope Lively

Rewards are contingent.

Reward is contingent upon the demonstration of stimulant negative urine results

Contingent

Age-old wisdom → Behaviorism → CM

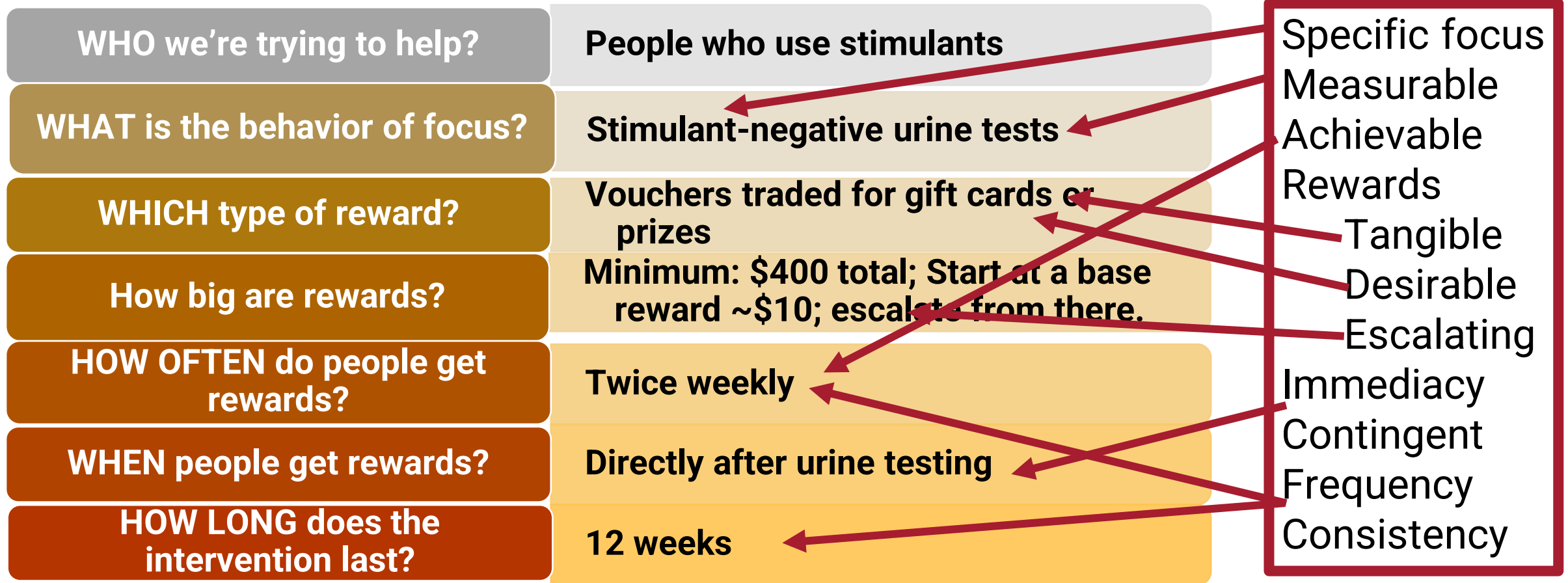
Repetition is the
key to learning

To achieve
behavior
change,
reinforcement
occurs with high
frequency and
consistency.

Opportunities
for behavior/
reinforcement
occur twice
weekly for 12
weeks.

**Frequency and
consistency**

CM protocol targeting stimulant use





Escalation, reset, and recovery

- Escalation bonus – rewards get bigger with continuous abstinence
- Reset – pos. or missed UA results in:
 - No reward that day
 - Cancellation of escalation bonus
- Recovery – escalation bonus can be recovered after 1 week of abstinence

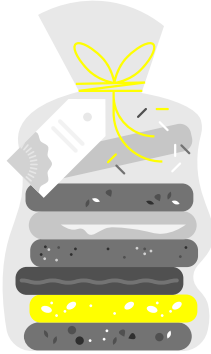
Escalation



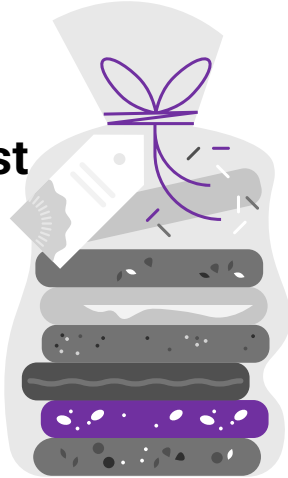
Visit #1
Negative test



Visit #2
Negative test



Visit #3
Negative test



Visit #4
Positive test

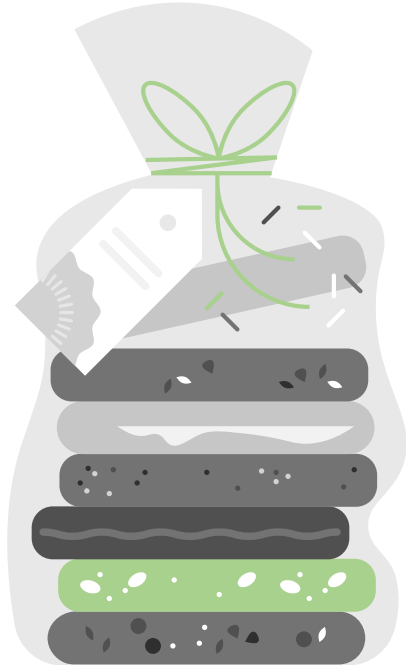


Visit #5
Negative test

Reset

Visit #6
Negative test

Recovery



Contingency Management Implementation Considerations

CM with Medicaid Enrollees

- Medicaid-covered service
 - e.g. California (pending in MT and WA)
- OIG advisory opinion
 - e.g. DynamiCare app
- A Safe Harbor

■ OIG Regulations: Safe Harbor

- Use *in-kind* rewards
 - not *unrestricted* gift cards or cash
- Recommended by a licensed healthcare professional
- CM reinforces a goal in the treatment plan
- Rewards cannot exceed > \$570* annually
 - *adjusted with inflation (this is the 2023 limit)
- Can't use rewards to recruit patients or market services

Patient Engagement Safe Harbor: Section (hh)

of <https://www.ecfr.gov/current/title-42/chapter-V/subchapter-B/part-1001/subpart-C/section-1001.952>

Outside the Safe Harbor? You're gonna Need a Bigger Boat

- Evidence-based CM
- *Written* protocol
- Focused, objectively measured behavior goal (e.g. stimulant negative urine test)
- “Audit-ready” record of rewards distribution



Things to think about

Who will participate in your CM program?

- How will you determine if someone is “eligible” for CM?

What staff will do CM visits? Who will do the organizational tasks?

- Keeping rewards stocked; ordering urine tests

How will CM fit into the physical space of your site?

- Storage supply; room where CM visits take place

How will CM fit into clinic flow? When will CM visits take place?

What types of rewards would people want?

Who will write your CM policies & procedures doc & what will it say?

Thank you!

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