

# Contingency Management (CM)

## An evidence-based substance use disorder treatment modality

Decades of research show that CM is one of the most effective models of treating substance use disorders (SUD), yet it is among the least implemented of evidence-based SUD treatments. Practitioners utilize behavioral and psychosocial interventions and practices such as CM in order to increase treatment retention, decrease substance use, and support people moving towards recovery and wellness. CM is an essential clinical tool in the continuum of substance use treatment services. The current overdose and addiction crisis makes it even more imperative that the positive impacts of CM and advocacy for expansion of new and existing programming are shared with both providers and consumers of SUD treatment services.

## What is Contingency Management (CM)?

Contingency Management is a **behavioral intervention** based on behavioral science that provides **immediate, tangible rewards** to individuals (e.g., gift cards, vouchers, prizes, other items of value) to **reinforce positive behavioral change**. The reward is **contingent upon completing a goal or behavior**, such as stopping stimulant use or engaging in treatment. As a result, the behavior is **more likely to be repeated** and treatment outcomes are more likely to be achieved. CM works in conjunction with other treatment modalities.

## What does the research show?

“Several meta-analyses collectively support the efficacy of CM as an intervention for stimulant use and other substance use disorders.”

CM is effective in treating stimulant (e.g., cocaine and methamphetamine), opioid, marijuana, nicotine, and polydrug use disorders. It also shows promising results in the treatment of alcohol use disorders. Research finds that the effect of CM is lasting and that it also has important secondary positive benefits and impacts on health. Multiple cost-effectiveness studies demonstrate that the cost savings of CM associated with reduced substance use and improved mental health outweigh the costs of rewards, toxicology testing, and staff time needed to implement the intervention.

### Outcomes of Contingency Management:

Participation in Contingency Management greatly improves a wide variety of treatment, recovery, and wellness outcomes, including:

- Significant reductions in drug use while in treatment
- Improved treatment attendance and participation, key indicators of long-term success
- Reductions in risky drug use
- Reductions in risky sexual behavior
- Reductions in drug cravings
- Increased medication adherence
- Increased physical activity

## How does CM Work?

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CM's includes several **core elements** to ensure implementation success. This is what makes it different than simple incentives. One of the benefits of CM is the **great flexibility** in implementing those elements.

### *Identifying the target behavior that will be reinforced:*

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- The behavior should be objective, observable, and easily measurable.
- The behavior and reward should also be clear and communicated at the beginning of the CM program.
- CM programming often focuses on substance use, with the goal of changing an individual's patterns of use.
- The goal is often, but not always, abstinence from the program participant's substance of choice.
- The most widely used method incentivizes negative urine drug screenings, but not every CM program does. For example, a CM program's **goal** is to empower people with Stimulant Use Disorder to decrease use of their stimulant of choice over the course of 12 weeks. Achievement of this goal is **measured** by weekly urine screenings to determine the presence or absence of stimulants.
- Participation in group or individual counseling can be incentivized in addition to or instead of the screening, and in other cases, participation in

### *Defining the CM reward*

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A "reward" may also be referred to as "reinforcement" or "incentive" and it is delivered to the individual in a consistent way and shortly after evaluation of the targeted behavior. One benefit of CM is that rewards can take many different forms and can be customized to best meet the needs of the population being served.

Rewards can include vouchers or gift cards that are provided at regular intervals when a target behavior has been accomplished.

### *Frequency of monitoring and reinforcement*

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The reward should be **contingent**, meaning it is only provided when the agreed-upon behavior occurs. It should also be **tangible (voucher, gift card, clothing, etc.)**, **desirable** to the program participants, and **delivered immediately** as soon as possible after the behavior is achieved and verified.

The behavior should be monitored on a frequent basis and CM work best when rewards are delivered regularly and consistently (at least once per week). It is important to note that **longer treatment periods are associated with better outcomes**.

One method of incentive delivery is **fixed schedule**, meaning the reward received is the same every time the goal is met; for example, every negative urine sample earn a participant a \$5 gift card.

Rewards can be provided via a **fishbowl method**: If an individual screens negative for stimulants, they receive a **reward or reinforcement** in the form of picking a slip of paper from a fishbowl containing either a dollar amount which they will receive a gift card for, or a positive affirmation encouraging their behavioral change.

urine drug screening may be offered but optional.

- The incentivized behavior can also be treatment engagement or lifestyle “improvements” such as employment, education, or vocational training.

### *Defining population served*

CM is effective for diverse populations and easy to implement in a variety of settings.

CM is also easy to implement in a variety of settings including substance use disorder treatment programs (e.g. methadone clinics), residential treatment programs, Veterans Affairs, primary care clinics, and community-based organizations.

With an **escalating or incremental increasing reward structure**, rewards increase over time when the behavior is consistently achieved. For example, the first negative urine screening netting \$5, the second \$6, the third \$7, and so on.

**Reset:** Punishments are not used in CM. In some CM programs, if a target behavior is not accomplished, the reward amount will reset to the lowest level. For example, when a participant has a urine test that indicates they used stimulants, they will not receive a reward that visit and when they have their next negative drug test, their reward amount may reset to a lower level.