Based on

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment

As Included in NREPP

NREPP SAMHSA's National Registry of Evidence-based Programs and Practices http://nrepp.samhsa.gov

CONTINGENCY MANAGEMENT STRATEGIES AND IDEAS

A planning guide for using rewards and star charts to reinforce goal setting, early engagement, and retention in treatment settings.

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TCU Mapping-Enhanced Counseling manuals provide evidence-based guides for adaptive treatment services (included in National Registry of Evidence-based Programs and Practices, NREPP, 2008). They are derived from cognitive-behavioral models designed particularly for counselors and group facilitators working in substance abuse treatment programs. Although best suited for group work, the concepts and exercises can be directly adapted to individual settings.

When accompanied by user-friendly information about client assessments that measure risks, needs, and progress over time, *TCU Mapping-Enhanced Counseling* manuals represent focused, time-limited strategies for engaging clients in discussions and activities on important recovery topics. These materials and related scientific reports are available as Adobe PDF® files for free download at http://www.ibr.tcu.edu.

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment
Contingency Management Strategies and Ideas

Table of Contents

Part 1: CM: Getting Started

CM: Getting Started provides background and considerations for developing simple contingency management (CM) or reinforcement protocols for use in substance abuse treatment settings. Information from research-based interventions developed for the National Institute on Drug Abuse (NIDA) is included, along with issues to consider for protocol design, implementation, and management. This chapter is designed as a primer for treatment staff interested in simple, yet effective reinforcement strategies to strengthen motivation and engagement in treatment.

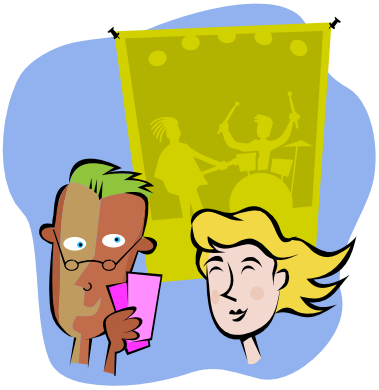
<u>Source</u>: Adapted from Abt Associates report for the National Institute on Drug Abuse

Introduction

What is Contingency Management?

Contingency Management or **CM** is a form of behavioral therapy. It is relatively new in the substance abuse treatment field and even newer in corrections-based settings; however, **CM** has been used for decades with different types of clients to treat behavioral problems (smoking, eating disorders, aggression). Other **CM**-related terms you may have heard include: behavior modification, contingency contracting, token economy, behavioral reinforcement. **CM** involves a system of rewarding or punishing specific behaviors in order to change those behaviors over time.

In **CM** lingo, a ***contingency*** is a contingent event or condition; something that is liable to happen as an adjunct to or result of something else. An example might be having an agreement with one's teenager such that she must be home by 11:00 p.m. each school night in order to be able to go to a weekend concert. In other words, attending the concert is contingent on getting home on time. ***Management*** refers to supervising or overseeing something; in the case of **CM** this would mean overseeing the agreed upon behaviors and contingencies. Using the earlier example, Dad might monitor the teen's arrival time each school night to assure the requirements for the contingency (home on time =concert tickets) were met.



How Does CM Work?

A key term in contingency management is ***reinforcement***. The purpose of using **CM** as part of drug and alcohol treatment is to encourage pro-recovery behaviors (e.g., abstinence, session attendance, work toward vocational, social, or educational goals) by ***giving reinforcement*** when such behaviors are performed or by ***withholding reinforcement*** when such behaviors are abandoned (e.g., drinking/using drugs, not keeping appointments). This idea of using reinforcement and consequences to shape behavior is known as ***operant conditioning***. Over the last 50 years, laboratory research

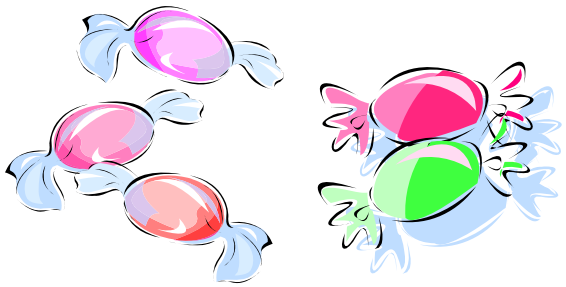
has shown that applying consistent reinforcement or consequences over time can help change, shape, or teach targeted behaviors.

An important tenet of **CM** and other behavioral approaches is that ***rewards*** work better and seem to have more lasting impact in shaping new behavior than do punishments. In other words, the most successful strategies involve rewarding or positively recognizing achievement rather than punishing or applying negative sanctions to a lack of achievement.

In **CM** studies with substance abuse treatment clients, rewards (reinforcers) in the form of incentives have been successfully utilized. These incentives have included extra privileges, vouchers for inexpensive prizes such as gas coupons or retail goods, or actual cash payments. The incentives that a program uses to reinforce client behavior are usually guided by factors such as type of treatment, program philosophy, logistics and staff availability, and resources available to the program.

From the Field

A community-based treatment program found itself the recipient of about 20 cases of candy bars donated by a vending machine supplier who was going out of business. Several staff who were interested in behavioral methods decided to experiment with the idea of giving a candy bar to all clients whose weekly drug screen was negative for illegal drugs. This simple reinforcement procedure had the immediate impact of improving morale and good will among clients. Staff reported that reward recipients would often wave their candy bars at acquaintances in the waiting room as they walked past as a gesture of "victory." Although not a formal experiment or scientific study, staff noted anecdotally that the incidence of "clean" drug screens increased and that this simple reinforcement strategy seemed to energize the recovery efforts of many clients.



Implementing CM

Targeted Behaviors for CM

Abstinence

In substance abuse treatment programs, a primary treatment goal for clients is to stop using drugs and alcohol. In almost all research on **CM** in treatment settings, abstinence (verified by urinalysis) has emerged as a targeted behavior. While some **CM** interventions have focused only on eliminating the use of certain drugs (for example, cocaine use among methadone clients), other designs have concentrated on reducing the use of all mind-altering drugs, including alcohol. Recently, some programs have experimented with using **CM** to reduce smoking and nicotine dependence among drug treatment clients.

Treatment Engagement

Models of effective treatment process highlight the importance of client participation in counseling, groups, and other treatment offerings as markers of treatment engagement, a predictor of good outcomes. Programs have used **CM** to reinforce the "building blocks" of good engagement, such as keeping appointments, attending groups, and completing homework assignments. In addition, behaviors that can influence treatment engagement, such as being on time for appointments or groups, calling ahead to cancel appointments or be excused from group, participating in program activities, or volunteering to mentor new clients also can be successfully targeted with **CM**.

Lifestyle Improvements

There are many recovery-enhancing behaviors that take place outside the treatment setting that can be the focus of a **CM** intervention. For example, employment, education, vocational training, building social support with friends and family, recreation, and productive use of leisure time are all factors that strongly influence long-term outcomes. Targeting lifestyle behaviors requires planning and negotiation with the client, and is therefore more staff intensive. The larger lifestyle ***goals*** identified by the client (finding a job or achieving a GED certificate) must be broken into simple, doable tasks, and the system of rewards for these tasks must be understood and agreed to by the client and the program. In addition, a fair system for verifying achievement of each step toward the larger goal must be established, and staff must be available for monitoring and coaching. Part 3 of this module presents a sample framework for negotiating lifestyle goals, tasks, and rewards with clients.

CM: Getting Started

Philosophical Issues

Like many treatment decisions, agreement about the value of contingency management, at management, staff, and community levels, is a first step in establishing a **CM** intervention. Despite considerable research-based evidence that shows providing incentives to clients is a more effective way to mold behavior than imposing sanctions, many professionals remain philosophically opposed to rewarding clients for changing their drug and alcohol behaviors and associated lifestyles. Here are some of the reasons clinicians cite for their opposition to **CM**:

> Giving incentives sends a "double message" because clients should seek change for internal reasons rather than external rewards.
>
> **CM** isn't real treatment because it's not "talk therapy."
>
> It is just plain wrong or immoral to "pay" clients (with goods or services) for doing what they should be doing in the first place.
>
> **CM** is at odds with 12-Step teachings.
>
> Clients will just use **CM** to "play the system" and won't make lasting changes.
>
> It feels more logical to apply sanctions to unacceptable behaviors (e.g., terminate from the program) than to reward good behavior.

Programs interested in using **CM** must address these philosophical issues upfront. If supervisors or clinical staffs are resistant to using **CM**, or if there are concerns voiced by advisory committees or the community-at-large, the likelihood of implementing a successful **CM** intervention is greatly hampered. Perhaps much more than with other types of treatment interventions, having everyone involved in treatment delivery "on the same page" in terms of acceptance of the value of **CM** is crucial. A bibliography of journal articles and research summaries on **CM** trials and outcomes is included at the end of this module. Providing an opportunity for staff and other players to read some of these research findings and discuss their practical applications is a recommended first step in laying the foundation for an effective **CM** protocol.

Practical Issues

Once the philosophical concerns have been addressed, the practical, day-to-day issues of organizing, establishing, and managing an ongoing **CM** protocol must be tackled. For the most part, a successful **CM** intervention is not "one size fits all." Although there are recommendations from behavioral research on the most effective time frames for giving rewards (e.g., immediate versus delayed) and the relationship between the size of a reward and the amount of effort needed to earn it (e.g., parity), there is still plenty of leeway for programs to tailor **CM** to meet their unique needs.

The following are some of the most pressing practical issues to consider when developing a **CM** program:

What are the target client behaviors to be changed or modified?

What are the program's expectations about changing these client behaviors?

How will rewards/incentives be assigned to these behaviors?

Which clients will be targeted to receive incentives?

What resources are available for providing incentives?

How will compliance with the contingencies be monitored?

How long will the **CM** intervention last?

How will the **CM** intervention be evaluated?

Staffing Issues

It is important for programs to choose the client behaviors to be targeted by **CM** carefully, so that the intervention is consistent with program philosophy, needs, resources, and staff time. For example, some programs may want to target comprehensive changes in clients, including abstinence, treatment participation, and lifestyle issues. Although effective, such a wide-ranging intervention is staff intensive. Other programs may choose only to target drug and alcohol use or group attendance, which are easier and less staff-intensive to monitor. In addition, staff and management should be clear on their expectations for **CM**. Contingency management is an effective way to shape and modify some behaviors in some clients. It is not a "silver bullet" that will eliminate all client or program challenges or problems. However, when **CM** is implemented after careful planning, with agreement among staff concerning which behaviors to target, how behaviors will be monitored, and what rewards will be offered, the opportunity for success is greatly enhanced.

From the Field

Research studies using contingency management have offered clients a wide range of incentives and rewards for successful completion of pro-recovery behaviors. Likewise, the reinforcement schedules (rules and procedures for earning rewards) developed by researchers have shown a wide range of variation and creativity. See CM Bibliography (page xx) for complete references.

VOUCHERS: **Stephen Higgins** and colleagues at the **University of Vermont** have been perfecting CM protocols using vouchers over the last 20 years. Their research began as an exploration of ways to improve retention and reduce cocaine use among cocaine-dependent clients in outpatient settings. Using a 3 times per week urinalysis (UA) schedule, clients earned "points" for each cocaine-negative specimen. These "points" were recorded on vouchers, which were handed to clients with the UA results. Each point was worth .25¢ and negative specimens gained in value for each consecutive negative result (e.g., first negative specimen was worth 10 points, the second consecutive negative specimen was worth 15 points, and so on). Bonuses were awarded for longer sequences of consecutive negative UA results. A failure or cocaine-positive UA would "reset" the voucher value back to 10 points. Fully compliant clients were eligible to earn up to about $950 in vouchers and bonuses. Money was not given directly to clients – the vouchers could be used to purchase retail and special-need items identified by the client with clinic staff making all the purchases.

TCU STAR CHART: **Grace Rowan-Szal** and colleagues at **TCU** developed and tested a simple protocol for reducing cocaine use among clients in outpatient methadone treatment. Using a random, twice monthly urinalysis (UA) schedule, clients earned "stars" for each drug-negative specimen. They also earned a star for each scheduled individual counseling session or group session they attended (for a possible total of 8 per month). Stars were displayed on bulletin board charts in the counselor's office, next to the client's clinic ID number. Clients were allowed to "cash in" their stars at intervals for smaller prizes (about $5 in value) or save up their stars over a period of time for a larger prize (maximum $25). Available prizes included items such as gasoline or food coupons, bus tokens, movie passes, coffee mugs, and tee shirts. Researchers also developed an automated computer-based program **(*TCU StarChart*)** to assist clinicians in accounting for each client's stars as they were awarded and when they were cashed-in.

CM: Getting Started

GOALS AND TREATMENT TASKS: **Martin Iguchi**, director of the **RAND Corporation Drug Policy Research Center**, developed and tested a protocol for rewarding completion of treatment plan objectives as a way of increasing the scope of contingency management. Reinforcing abstinence alone may result in only about 50% of clients receiving rewards. Since the effectiveness of CM increases with the number of clients who experience rewards, finding ways to arrange a contingency so that more people get rewards seems logical. After a 6-week stabilization period, clients were assigned to either receive $5 vouchers based on a "clean" urinalysis (3 times per week) or to earn up to $15 per week by demonstrating completion of goals from their treatment plan that were decided upon with their counselors help. A third group was assigned to the program's standard treatment without rewards. The group working on goals outperformed the standard and urinalysis-only groups in reducing drug use, with a trend of continuing improvement even after the rewards were discontinued.

PRIZE BOWLS: **Nancy Petry** at the **University of Connecticut Health Center** has written extensively about reinforcing abstinence and gains toward treatment goals with simple rewards. In one randomized protocol, alcohol-dependent clients were assigned to standard treatment or to CM, plus treatment. By submitting negative Breathalyzer samples and completing steps toward treatment goals, the CM clients earned the right to draw pieces of paper from a "Prize Bowl." The bowl contained 250 slips of paper – 25% were non-winning slips with an encouraging message ("Good job") and the remainder were slips for a variety of small (candy bars, $1 fast food coupons) and medium prizes (worth about $20 for items such as books, backpacks, movie passes, restaurant gift certificates) or a large prize (about $100 value). Over half the slips were for small prizes, about 10% were for medium prizes, and there was one slip for the large prize. The intervention served to increase retention (84% of CM clients versus 22% of standard clients remained in treatment) and reduce alcohol consumption (69% of those in CM remained abstinent, while 61% of those in standard had used alcohol).

Incentives and Rewards for CM

In CM, both the magnitude of the reward and the schedule for delivering the reward are important. However, this does not mean that CM protocols require extensive budgets in order to be successful. Clients have been shown to change or modify behaviors for both material rewards (e.g. prizes) and social rewards (e.g. increased privileges).

As mentioned before, the first step in implementing CM involves establishing a staff consensus of what client behaviors will be targeted for change, and whether or not clients can earn rewards for establishing and working toward pro-recovery goals as part of the protocol. Most programs have found it helpful to create a "hierarchy" or rank-ordered list of behaviors and/ or goal-directed endeavors that are feasible to reward. This list can help staff clarify expectations and can serve as an aid to setting reward "values" for clients' efforts. Considerations in this rank-ordering process might include the following:

- Should the targeted behaviors be focused solely on abstinence and/or relapse prevention? If so, how will abstinence be established?
- Should the targeted behaviors be focused on encouraging the client to participate more fully in group treatment or self-help attendance?
- Should the targeted behaviors be focused on client endeavors that contribute to improved family functioning or social support in the community?
- Should the targeted behaviors represent endeavors beyond treatment that will have a significant impact on helping the client maintain a drug-free life style or lead to better psychosocial functioning (e.g., employment, education, seeking healthcare).
- Where should the rank order "cut-off" be for targeted behaviors? That is to say, how many behaviors should be targeted for the protocol?

For all behaviors that receive a high ranking based on program needs and staff expectations, ask:

- Will including this behavior in the protocol place an unmanageable burden on program staff and resources, either for monitoring the behavior or awarding the incentives?
- How will the targeted behaviors be verified, once performed by the client (e.g. urinalysis schedule, group attendance log, receipt, registration for GED test)?

- How will the reinforcement schedule be set up? Will there be an immediate reward for desired behavior, or will a series of desired behaviors over time result in a reward? If so, how will the client be awarded a tangible verification of accomplishment at each step along the way?

- How will "bookkeeping" and monitoring be handled? Will this require one single staff person, or will each counselor monitor his/her own caseload?

Questions, Questions, Questions!

We present a lot of questions to underscore the importance of ample planning before **CM** is implemented. Tackling these questions upfront will enhance the ability of staff to maintain consistency once the intervention is started with clients. All behavioral interventions require consistency in order to be successful – even something as simple as parents setting rules for their children. Any of us would quickly learn to ignore or manipulate a protocol where it appears that the rules are being invented or reinvented, depending on the situation. A careful and well-planned protocol takes all the guess work out of doing **CM** and will serve to reduce stress and conflict in the long run.

Once staff have had an opportunity to discuss these many questions, and make decisions about which client behaviors will be targeted, how record keeping will be handled, which rewards will be used and how they will be given, an implementation plan and method can be drafted and staff can be trained on how to manage the protocol.

The materials that follow provide some ideas for implementing a simple **CM** protocol that centers on using star-charts, low cost rewards, and incorporates client progress on treatment goals as one of the contingencies to be rewarded.

Part 2: StarCharts and Rewards

StarCharts and Rewards presents ideas for a sample protocol for implementing CM with existing clients using simple incentive charts (StarCharts) and prizes. This section provides counselors and caseworkers with guidelines for getting ready for the protocol and for introducing and discussing CM participation with clients. Samples of client information sheets and informed consent forms are included, along with examples of incentive chart templates.

Source: TCU / Institute of Behavioral Research. From protocol manual "TCU StarChart: A Contingency Management Intervention"

Introduction

Creating a StarChart

StarCharts are not complicated. This type of chart is similar to *incentive charts* or *encouragement charts* used in schools to reward good behaviors or as a parenting strategy to reinforce rules, chores, and responsibilities. Most office supply and teaching supply stores carry prefabricated incentive charts. You can also find free downloads of incentive charts by searching on the Internet (key words "incentive chart"). They are considered staples in many preschool and early elementary classes, where teachers use them to help mold behavior by allowing children to earn "stars," points, or stickers for daily/weekly compliance with conduct and learning requirements. In many cases, the stars or other symbols can be exchanged for small prizes or other rewards (e.g., a special snack, a "cool" school supply, a special privilege) during a specified time frame, usually either daily or weekly.

Providing an immediate reward for good behavior, in this case acknowledgment through a tangible symbol (a star) follows basic *Operant or Skinnerian* principles**.** That is, if you reinforce or reward a specific behavior, that behavior will increase in frequency. Conversely, if you do not reward a particular behavior, that behavior will decrease in frequency.

In the case of substance abuse treatment, behaviors to reinforce through rewards might include:

Attendance at **individual or family counseling sessions** (IS)

Attendance at **group education/counseling** sessions (GRP)

Having a "**clean urine"** i.e., urinalysis negative for presence of illegal drugs (UA)

Completing tasks related to **treatment-supportive goals** (Goal)

For simplification, we will use the behaviors mentioned above in discussing how to create and implement a CM protocol using StarCharts, as these are the most commonly targeted behaviors in substance abuse treatment programs. However, as discussed in Part 1, other behaviors can be used successfully in a CM intervention, depending on a program's needs and goals. StarCharts can be designed in a number of ways. The common feature is that clients who successfully accomplish any of the targeted behaviors are rewarded with a "star" or other symbol, which is immediately placed by their name (e.g., when they show up for group, when they show they have completed a task, when the UA shows negative). **Figure 1** shows an example of a weekly chart where a star is placed under the accomplished behavior and clients are limited to earning 4 stars a week (one each for each of the desired behaviors). **Figure 2** shows an example of a monthly chart that rewards clients on a daily basis, provided one of the behaviors is accomplished. In this example, different shapes or different colored stars can be used to differentiate the behaviors.

WEEKLY STARCHART

	Week 1				Week 2			
Client ID	**IS**	**GRP**	**UA**	**Goal**	**IS**	**GRP**	**UA**	**Goal**
Joe R.	★		★			★	★	★
Mickey		★				★		
Samantha	★	★	★				★	★
Barney			★				★	
Joe G.		★		★	★			★
Susan	★	★	★	★	★	★	★	★
J.R.	★						★	
Gina	★				★			

Figure 1

IS=Individual Session GRP=Group UA=Clean UA Goal=Completed Task

MONTHLY STARCHART

August 2004

Client ID	**8/2**	**8/3**	**8/4**	**8/5**	**8/6**	**8/7**	**8/8**	**8/9**
Joe R.	◆		■			★	■	★
Mickey	●	★		■		★		
Samantha	★	●	★	◆		■	★	
Barney			★				★	
Joe G.		■		★	◆			★
Susan	◆	★	■	◆	★	◆	★	●
J.R.	★						★	
Gina	★				◆		●	

Figure 2

◆=Individual Session ★=Group ■=Clean UA ●=Completed Task

Establishing a StarChart Price List

While there is some merit in simply using stars as recognition, CM is much more powerful when stars can be exchanged for small prizes or incentives. In order to do this effectively and fairly, during the planning stage you will need to establish guidelines for the following:

How many stars will each recovery behavior be "worth?"
How many stars can each client earn for each behavior?
Will there be a time frame or other cap for earning stars?
What monetary value is assigned to each star?
How many stars are needed for each of the prizes?

Figure 3 below shows an example of a value list for behaviors in a CM protocol. As increasing weekly attendance was an overall goal, clients could earn a one-time bonus of 8 stars for weekly attendance over each 3-month period:

Individual/family counseling	**1 Star**	**8 Total**
Clean UA	**2 Stars**	**16 Total**
Group session	**1 Star**	**8 Total**
Goal Completion (per task)	**2 Stars**	**10 Total**
Bonus/Weekly attendance	**8 Stars**	**8 Total**

Figure 3: *Behaviors and corresponding star values*

Figure 4 below shows an example of incentives and rewards used in a CM protocol, along with how many stars were needed to redeem stars for a prize. In this protocol, each star had a value of approximately 50 cents and clients could earn a maximum of 50 stars (about $25 dollars) during a 3-month period

Video rentals	**10 Stars**
Movie pass	**15 Stars**
Gas coupons	**20 Stars**
Bus tokens	**5 Stars**
Phone cards	**20 Stars**
Fast food coupons	**10 Stars**

Figure 4: *Rewards and stars needed to redeem*

Introducing Clients to a StarChart Protocol

General Methods

Here we discuss implementing a protocol for all active clients enrolled in the treatment program. In other words, all current clients are allowed to participate, and new clients entering treatment are given information about participation. Ideally, participation is voluntary. Clients who are given information about the protocol, but opt not to participate should be excused without penalty. As discussed earlier, clients participating in the protocol will earn "stars" that are recorded on an incentive chart displayed or kept on file in the office of their primary counselor or caseworker. Stars are earned for performing treatment- specific behaviors that have been agreed on ahead of time by staff. The types of rewards to be offered are also agreed upon ahead of time. Ideally, clients themselves should be given a chance to give input about the types of rewards they would find appealing.

Currently enrolled clients who choose to participate should be briefed on the protocol by their primary counselor (or caseworker). New or entering clients may have the protocol explained to them as part of the intake and induction process. Clients should be informed of the behaviors for which they can earn stars, how and when the stars will be awarded, and how many stars are needed for each of the prizes. They should be informed that all clients will earn prizes at the same rate and that stars and prizes are only available for predetermined behaviors. Clients also should receive an information sheet containing all pertinent information about the protocol and their participation. If required by your program, they also may be asked to read and sign a consent form stating that they understand the rules and agree to participate. Samples of an information sheet and consent form for general populations are located at the end of this chapter.

As mentioned earlier, another type of CM protocol provides rewards only to new (entering) clients for the first 90 days of the treatment episode. This protocol often combines CM with other strategies to encourage treatment participation, engagement and retention. Samples of an information sheet and consent form for early engagement clients (in this case, first 90 days) also are included at the end of the chapter.

Counselor Guidelines

Prepare StarCharts – Based on program decisions about which behaviors to reward and which schedule will be used, prepare an incentive chart for display in your office or interviewing area. Your initial chart will contain enough spaces current clients and have spaces for new clients to be added (see page 12). Stars may be color coded to represent session attendance, "clean UA", and task completion.

Star Charts and Rewards

Talk with clients – Primary counselors (caseworkers) will need to establish a routine of brief, weekly check-in sessions with clients to review star chart, award stars for goal-related tasks, clean UA, and attendance and to schedule individual or family counseling sessions. When introducing clients to the StarChart, point out that you will use their client number or initials to chart their progress. However, if they want to choose a nickname or code name to place on the chart, they may do so. After briefing clients on the guidelines for participation and providing them with an information sheet, allow client to decide how he/she wants to be listed on the chart so they can check their progress and accomplishments during each visit. Tell clients they will be asked to schedule a brief visit each week to view chart and exchange stars for rewards. In addition, inform clients they are welcome to schedule a session with you to discuss a specific goal and tasks that can be accomplished as part of their treatment journey (Part 3 of this module provides a method for conducting a goal setting session with a client). Also inform client that randomly, twice a month you will ask then for a urine sample to chart progress with abstinence. In order to have an up-to-date StarChart for your weekly visits with clients, you may need to coordinate with group leaders and other treatment providers (e.g., family therapist) to assure that each client's attendance record is up to date on the chart.

Urine Collection – We recommend that two (2) full urinalysis screens be randomly conducted per month. Clients should be told at the time of the urine collection that this sample is the one that will be eligible to earn a star. Stick testing allows for immediate reinforcement at time sample is taken. A negative UA ("clean") is awarded with placement of star and commendations by counselor ("well done"). A positive UA ("dirty") does not appear on the star chart. It is recommended that the response from counselor to a positive UA be neutral (e.g., "too bad. Perhaps you will do better next time"). Counselor may then offer client a scheduled individual or family counseling session to discuss obstacles to not using. Otherwise, counselor should proceed with check-in session and discuss other relevant issues (progress with goals, attending groups), etc.

Goals and Tasks – Part 3 of this manual provides an example of conducting a session with clients who want to earn stars for taking specific, measurable steps toward a goal. The tasks and how they will be fairly assessed as having been accomplished are negotiated between counselor and client. If CM protocol is an ongoing aspect of treatment, client may set and accomplish several goals during their stay. After the initial goal-setting session, subsequent check-ins are used to monitor progress, award stars, and provide support and encouragement.

Exchanging stars for rewards – All potential rewards should be shown to the clients at the beginning of the protocol so they have an opportunity to see what they can earn with their stars. When a client has earned sufficient stars for a prize, the check-in session can be used to make the exchange and compliment the client on his/her progress. Exchanged

stars can be noted on the chart by placing a check over the number of redeemed stars with a black marker. If you plan to offer prizes of differing values, some clients may chose to let their stars "ride" in order to enjoy a higher value reward.

As an example, the protocol allows each client to select a prize when he/she has earned as few as 4 stars; or, may the client may save stars to earn a more desired prize of higher value. With client input, treatment staff should select prices worth approximately $5.00, or multiples thereof. Thus, if a gas coupon of $5.00 is desired it can be collected after 4 points are earned. If a radio worth $15.00 is desired, it can be earned after 12 points are earned. Some items used in our research have included gas coupons, bus tokens, food coupons, sunglasses, radios, sports shoes (trainers), movie tickets, and phone cards. Because rewards must be available immediately after being earned to enhance the reinforcement effect, an adequate supply of prizes must be on hand at all times.

Points to Remember

- Pay attention to factors of organizational readiness for a CM intervention within your program. Philosophical differences and ideas about how the protocol will be carried out should be resolved before involving clients. CM will be most effective when all staff are "on board," with even support staff receiving training (or briefing) about the parameters of the intervention.
- Once agreement is reached about the nature of the CM protocol to be used, consider involving a small "focus group" of clients to provide input about the types of rewards that might be appealing.
- The initial briefing session between client and primary counselor to introduce the CM protocol should happen about two weeks before the official "start date" for earning stars. This will allow clients who want to work on a specific goal the opportunity to schedule a planning session with their primary counselor.
- Brief weekly check-in sessions with client and primary counselor should follow strategies suggested by motivational interviewing (Miller, 2002) or solution-focused (Berg & Miller, 1998) therapies. In general, accomplishments are highlighted and reinforced; set backs or lack of progress are treated neutrally, with a brief invitation to client to explore any concerns by scheduling an individual or family session.
- Likewise, urinalysis results for the purpose of earning a star should be handled in a matter-of-fact manner. Results showing no illegal drug use are reinforced by having a star awarded, and also verbally. Results that indicate the client is still struggling with abstinence should not be treated punitively. Counselors should listen empathically, give encouragement for the client's next UA opportunity, and offer counseling services to address relapse issues.

SAMPLE

Client Information Sheet

Beginning on _____, we will be adding a new feature to your treatment program. You will have a chance to earn prizes for accomplishing things that are important to your recovery. For example, every time you (1) attend a scheduled counseling session or group session, (2) have a "clean" urinalysis (UA) result, or (3) complete a task related to one of your treatment goals, you will earn a star. The stars you earn will be posted on an incentive chart maintained by your primary counselor. Based on the number of stars you earn, your counselor will allow you to choose from various prizes. These prizes are designed to give you some recognition for the progress you make in treatment.

Guidelines for Earning Stars

Counseling and Group Sessions:

- ☆ For each individual, group, or family counseling session that you attend you will earn 1 star
- ☆ Stars may be earned for scheduled sessions only, not for "drop in" sessions
- ☆ **A maximum of 6 stars may be earned each month for attending sessions**

Urinalysis:

- ☆ Each clean urinalysis result ("clean UA") will earn 1 star
- ☆ Eligible urine specimens will be collected at the request of your counselor. A client requested urinalysis will not be eligible to earn stars
- ☆ **A maximum of 2 stars may be earned each month for clean urines**

Tasks related to treatment goals:

- ☆ For completion of each specific task related to a prearranged treatment goal, you will earn 1 star
- ☆ To earn stars for goal-related tasks, you must schedule a goal-planning session with your primary counselor to establish tasks and deadlines
- ☆ **A maximum of 4 stars may be earned each month for completing tasks related to a prearranged treatment goal.**

The stars you earn will be posted by your primary counselor on an incentive chart. To protect your privacy, your client ID number will be used to identify you on the chart, or you can choose a code name known only to you.

SAMPLE

Certification of Informed Consent to Participate in CM Protocol

I, _____, have been informed by my treatment counselor at _____ that I may chose to participate in a client incentive program as part of my treatment.

1. I understand that to earn a recognition reward, I must demonstrate that I am making progress in my recovery from drug or alcohol misuse.

2. I understand that one indication of progress is attendance at scheduled therapy sessions and that attendance at each session will earn me one star (Not to exceed 6 per month).

3. I understand that being drug free is essential to my recovery and that each negative urinalysis result ("clean UA") will earn me one star (Not to exceed 2 per month).

4. I understand that progress toward the completion of personal goals related to treatment can benefit my recovery and that I will earn one star for each specific task I accomplish toward a prearranged treatment goal (Not to exceed 4 per month).

5. I understand that when I have earned **4 stars** I will be eligible to choose a prize from a selection of gift items available through my counselor.

6. I understand that my participation in this incentive program is voluntary and that I can refuse participation, or withdraw from participation at any time without penalty.

_____ _____

Signature of Client Date

_____ _____

Signature of Counselor Date

SAMPLE

Client Information Sheet — Engagement

As a new client we want to help you to monitor your own progress during the first 90 days you are in treatment. You will have a chance to earn prizes for accomplishing things that are important to your recovery. For example, every time you (1) attend a scheduled counseling session or group session, (2) have a "clean" urinalysis (UA) result, or (3) complete a task related to one of your treatment goals, you will earn a star. The stars you earn will be posted on an incentive chart maintained by your primary counselor. Based on the number of stars you earn, your counselor will allow you to choose from various prizes. These prizes are designed to give you some recognition for the progress you make in treatment. This program will only be in effect for the first 90 days you are in treatment.

Guidelines for Earning Stars

Counseling and Group Sessions:

- ☆ For each individual, group, or family counseling session that you attend you will earn 1 star
- ☆ Stars may be earned for scheduled sessions only, not for "drop in" sessions
- ☆ **A maximum of 6 stars may be earned each month for attending sessions**

Urinalysis:

- ☆ Each clean urinalysis result ("clean UA") will earn 1 star
- ☆ Eligible urine specimens will be collected at the request of your counselor. A client requested urinalysis will not be eligible to earn stars
- ☆ **A maximum of 2 stars may be earned each month for clean urines**

Tasks related to treatment goals:

- ☆ For completion of each specific task related to a prearranged treatment goal, you will earn 1 star
- ☆ To earn stars for goal-related tasks, you must schedule a goal-planning session with your primary counselor to establish tasks and deadlines
- ☆ **A maximum of 4 stars may be earned each month for completing tasks related to a prearranged treatment goal.**

The stars you earn will be posted by your primary counselor on an incentive chart. To protect your privacy, your client ID number will be used to identify you on the chart, or you can choose a code name known only to you.

SAMPLE

Certification of Informed Consent to Participate in the Client Engagement Project

I, _____, have been informed by my counselor/caseworker at _____ that I may chose to participate in an incentive program as part of my first 90 days of treatment.

1. I understand that to earn a recognition reward, I must demonstrate that I am making progress in my recovery from drug or alcohol misuse.

2. I understand that one indication of progress is attendance at scheduled therapy sessions and that attendance at each session will earn me one star (Not to exceed 6 per month).

3. I understand that being drug free is essential to my recovery and that each negative urinalysis result ("clean UA") will earn me one star (Not to exceed 2 per month).

4. I understand that progress toward the completion of personal goals related to treatment can benefit my recovery and that I will earn one star for each specific task I accomplish toward a prearranged treatment goal (Not to exceed 4 per month).

5. I understand that when I have earned **4 stars** I will be eligible to choose a prize from a selection of gift items available through my counselor.

6. I understand that this incentive program will continue through my first 90 days of treatment. Thereafter, I am expected to continue with scheduled attendance and completing my treatment plan.

7. I understand that my participation in this incentive program is voluntary and that I can refuse participation, or withdraw from participation at any time without penalty.

_____ _____

Signature of Subject Date

_____ _____

Signature of Counselor Date

Part 3: Rewarding Effort and Initiative

Rewarding Effort and Initiative provides a framework for conducting a goal-setting counseling session with clients to help identify tasks related to accomplishing goals as part of a CM protocol. The client and counselor work together to set a star "value" for each task, along with timelines and how accomplishment will be objectively assessed. A scripted sample interview is included, along with a planning template for charting agreed upon tasks and how stars will be awarded.

Source: TCU / Institute of Behavioral Research. From protocol manual "TCU StarChart: A Contingency Management Intervention"

Ideas for leading a goal-setting session

It is important to the CM design that all clients receiving rewards for behavioral changes be given the same information about how points and rewards will be earned. Part of this process will involve exploring a goal that the client would like to commit to working on that will support recovery. It is important that this exploration of goals be conducted by counselors in much the same way. The following "script" gives an idea of how a focused and purposeful goal-setting session might flow. The primary counselor or caseworker should use the planning template located at the end of this section to record the client's agreed to tasks, the timeline, and how tasks will be verified.

Greeting, customary exchanges, check-in

Introduction of goal-setting agenda

"As you may remember from our last meeting (or "As we were discussing earlier in this meeting…), one way you can earn additional points is to work on a goal over the next few months. This can be something you want to achieve that will help your recovery efforts or it could be taking action on a problem that's been interfering with your recovery efforts."

"I'd like for us to spend some time today carefully planning your goal. First we'll talk about your ideas and thoughts for a goal. Next we'll look at the actions, tasks, or steps you'll take to make it happen, and we'll develop a time line with target dates. Then we'll decide how many points you think each task is worth."

"We'll use this planning template to write out your plan, and when we're finished, I'll make you a copy and keep one for your file. Any questions so far?"

Goal setting process

"When people enter treatment they often have spent a lot of time thinking about their addiction, the problems it causes, and the things they'd like to change in order to make staying clean easier. Often people develop a sort of 'inner-wisdom' about what they need to do to make their treatment successful. Often this involves setting and completing goals"

"Tell me about some goals you've had (other than entering treatment and not using) that you think would help your recovery. In other words, what are some of the things you've been thinking about lately that you think you would like to accomplish?

Discuss and probe client responses

"You've brought up some very good ideas, and I think one of them could serve as a realistic goal for you to work on over the next few months as part of this incentive program. Which one to you think is the most important for you to concentrate on now?"

Discuss responses. Help client create a goal statement that is self-directed and behavioral

Identifying tasks, actions, steps

"You've identified an important goal and I'm impressed by the thought you've given to it. Now we need to think realistically about the actual things you'll need to do in order to work on this goal, in other words, the actions, tasks or steps that will support your goal.

Use an analogy, metaphor, or quote to help clarify meaning and importance of "action steps"

Examples:

A. "Some people say working on a goal is like eating an elephant (steer, buffalo, watermelon). You can't eat it in one bite! You must eat it a little bit at a time. If you cut it into pieces, make plans, and find some good recipes – eventually you'll get it eaten. Let's talk about your "cookbook." What actions, tasks, or steps will you need to carry out to reach your goal? How can you cut your goal into eatable pieces?"

B. "I'm thinking about that quote from 'Alice in Wonderland' where the Cheshire Cat says to Alice: "If you don't know where you are going, it doesn't make any difference which road you take." Well, in a sense, you <u>have</u> decided where you want to go with your goal, so for you, the road is important. Let's talk about the actions, tasks, and steps you'll need to take to get you where you want to go. Let's chart your journey."

C. "James Baldwin once said "Not everything that is faced can be changed, but nothing can be changed until it is faced." You've done a good job of facing something you want to change by identifying your goal. Now let's look at how you can best do that. What actions, tasks, steps are going to be necessary as you face your goal and work to make it happen?"

Discuss and decide on tasks. Help client create task statements that are self-directed and behavioral.

Identifying target dates

"As you can see, your work plan is starting to take shape. The next step is to set some target dates for carrying out the things you've decided you need to do to reach your goal. As you think about this, be truthful about your time and energy. Remember, the race isn't always won by the fastest, but by the ones who pace themselves and keep at it. You've got a few months to make these things happen. Let's give each task a target date. What sounds doable to you?"

Discuss and decide

Assign values for tasks (stars per task)

"Finally, before we finish up today, let's talk about point values for your tasks, and how you and I will verify that a task has been completed."

"Do you think the 10 points should be spread evenly over all the tasks, or are there some you think should be worth a little more? You may assign up to 4 points to any task, but we can't go over 10 points, total."

Discuss and decide

"Now that we have point values for your work plan, how will we verify that you've completed a task? What are your ideas? What's going to be the fairest and simplest way to do this?"

Discuss and decide

Closure

"I appreciate the thought you've given to this. You have created a really good plan for yourself. Here's a copy to help remind you of your steps and target dates."

Reminder about client goals

Sometimes clients may begin their conversation about working on a goal by identifying an extremely vague, unspecific goal statement. For example:

"Quit drugs"
"Come to the clinic each day"
"Get my wife back"
"Make my sister and my mother get along"
"Get the judge to drop my charges"
"Become a better person"
"Get along better with people"
"Stay out of trouble"
"Win the lottery"
"Run away to the Bahamas"

Some of these could provide an excellent starting place for goal formation, but would need to be worked into specific, self-directed, behavioral statements. For example, a goal statement such as "become a better person" can be queried with an encouragement for more behavioral detail "when you think about yourself as a "better person" what do you see yourself doing that is different?" The client may then respond: "I'd be working, and making money to take care of my son." From here, a more behavioral goal can be negotiated. Other examples might include:

"Search for a job"
"Enter a training program"
"Apply for and begin GED classes"
"Locate and move into a new apartment"
"Spend more time with my children"
"Start controlling my diabetes"
"Participate in AA – find a sponsor"
"Get my driver's license reinstated"

This second list of potential goals is behavioral, concrete, and amenable to specific, self-directed tasks or steps that can be verified.

My GOAL for the next few months is

_____

_____

_____

Steps to take Tasks to do	Target Date	Completed Date	Point Value	Points Earned

CONTINGENCY MANAGEMENT STRATEGIES AND IDEAS

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