



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

CONTINGENCY MANAGEMENT FOCUSED ON STIMULANT NON-USE

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KLICKITAT VALLEY HEALTH



CONTINGENCY MANAGEMENT: A DEFINITION

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

= gift cards or prizes

= reductions or breaks from stimulant use

- People change when they feel good.
- Celebration is key.

WHY FOCUS ON STIMULANT USE?

- ...vs. attendance?
 - Attendance is harder to objectively define and observe frequently and repeatedly
 - Regulatory barriers
 - Little impact on substance use outcomes (Pfund et al., 2022)

REASONS FOR STIMULANT FOCUS

- Urgency
- Efficacy
- Lack of options
- Spill-over effects

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Contingency Management Research Reading List

AshaRani, P. V., Hombali, A., Seow, E., Ong, W. J., Tan, J. H., & Subramaniam, M. (2020). Non-pharmacological interventions for methamphetamine use disorder: a systematic review. *Drug and alcohol dependence*, 212, 108060.

<https://doi.org/10.1016/j.drugalcdep.2020.108060>

Bentzley, B. S., Han, S. S., Neuner, S., Humphreys, K., Kampman, K. M., & Halpern, C. H. (2021). Comparison of Treatments for Cocaine Use Disorder Among Adults: A Systematic Review and Meta-analysis. *JAMA network open*, 4(5), e218049.

<https://doi.org/10.1001/jamanetworkopen.2021.8049>

Bolívar, H. A., Klemperer, E. M., Coleman, S. R. M., DeSarno, M., Skelly, J. M., & Higgins, S. T. (2021). Contingency Management for Patients Receiving Medication for Opioid Use Disorder: A Systematic Review and Meta-analysis. *JAMA psychiatry*, 78(10), 1092–1102. <https://doi.org/10.1001/jamapsychiatry.2021.1969>

DePhilippis, D., Petry, N. M., Bonn-Miller, M. O., Rosenbach, S. B., & McKay, J. R. (2018). The national implementation of Contingency Management (CM) in the Department of Veterans Affairs: Attendance at CM sessions and substance use outcomes. *Drug and alcohol dependence*, 185, 367–373. <https://doi.org/10.1016/j.drugalcdep.2017.12.020>

Ginley, M. K., Pfund, R. A., Rash, C. J., & Zajac, K. (2021). Long-term efficacy of contingency management treatment based on objective indicators of abstinence from illicit substance use up to 1 year following treatment: A meta-analysis. *Journal of consulting and clinical psychology*, 89(1), 58–71. <https://doi.org/10.1037/ccp0000552>

Higgins, S. T., Heil, S. H., & Lussier, J. P. (2004). Clinical implications of reinforcement as a determinant of substance use

CM: IF IT WORKS SO WELL THEN WHY ISN'T IT WIDELY AVAILABLE FOR PEOPLE WHO COULD BENEFIT?

- Regulations around CM
- Funding
- Lack training/knowledge
- Stigma around CM and the people who could benefit
- Implementation challenges with new programming

Washington State has risen to the occasion!

AN EVIDENCE-BASED CM MODEL

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?

- \$530 max earnings/cal yr; base reward \$10; escalate \$2/2 consecutive stim-neg UDS.

HOW OFTEN do people get rewards?

- Twice weekly

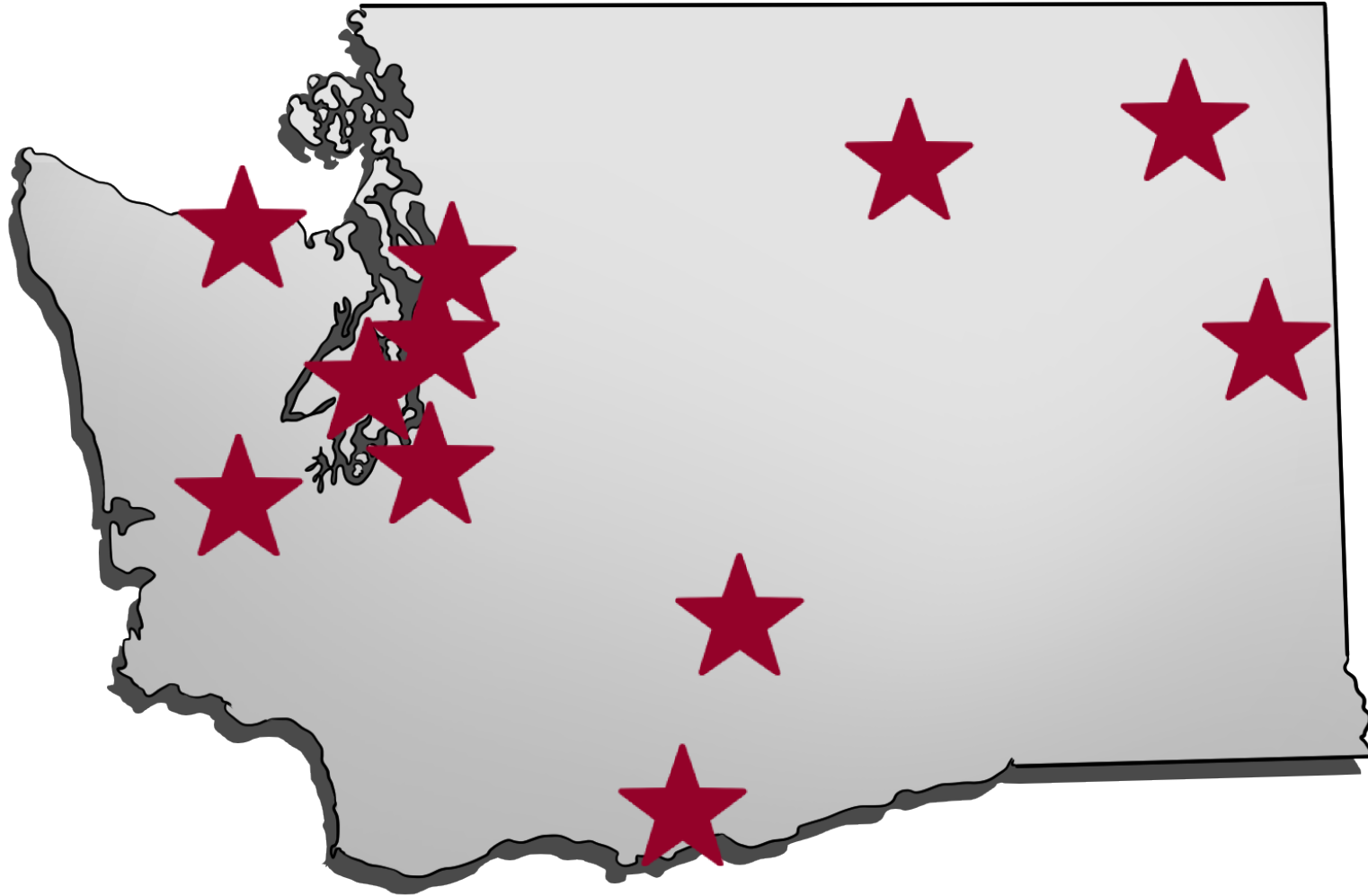
WHEN people get rewards?

- Directly after neg urine drug screen

HOW LONG does the intervention last?

- 12 weeks

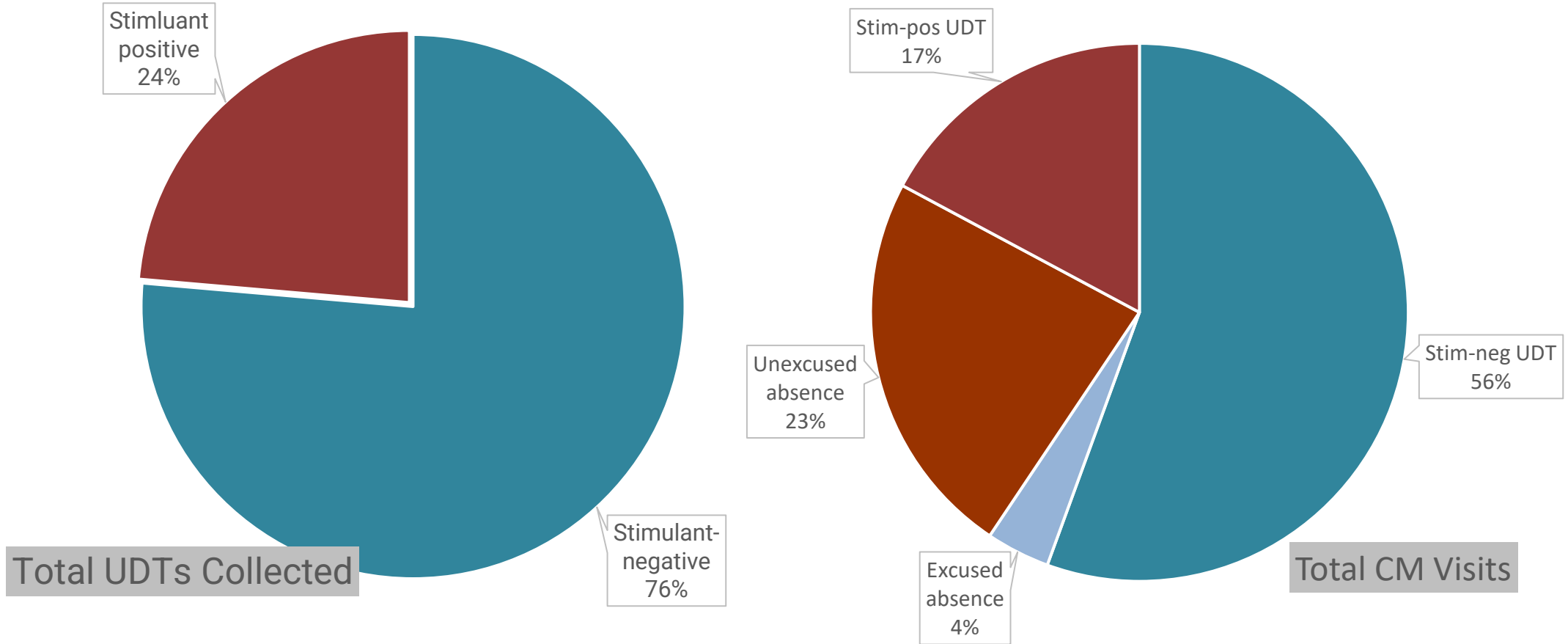
CM IMPLEMENTATION ACROSS WA



CM Results over past 4 months across WA

- ◆ Total enrolled: 106
 - ◆ Currently active: 40
 - ◆ Completed 12-week program: 40
 - ◆ Disenrolled: 26
 - ◆ Re-enrolled: 14
- ◆ Total UDTs Collected: 1,215
 - ◆ Stimulant-negative: 928
 - ◆ Stimulant-positive: 287
- ◆ Total Missed visits: 455
 - ◆ Excused absences: 64
 - ◆ Unexcused absences: 391

CM IN WASHINGTON: MORE TO CHEW ON



THANK YOU!

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