



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

THERAPEUTIC APPROACHES FOR KEEPING PEOPLE IN MOUD TREATMENT

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SPEAKER DISCLOSURES

✓ I have no conflicts of interest

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose; other disclosures have been mitigated.

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LEARNING OBJECTIVES

- 1. Identify which medications for OUD have higher rates of dropout**
- 2. Discuss at least 2 reasons why patients drop out of MOUD treatment**
- 3. Implement at least 2 psychotherapeutic (or non-psychotherapeutic) techniques for keeping patients in MOUD treatment**

LECTURE OUTLINE

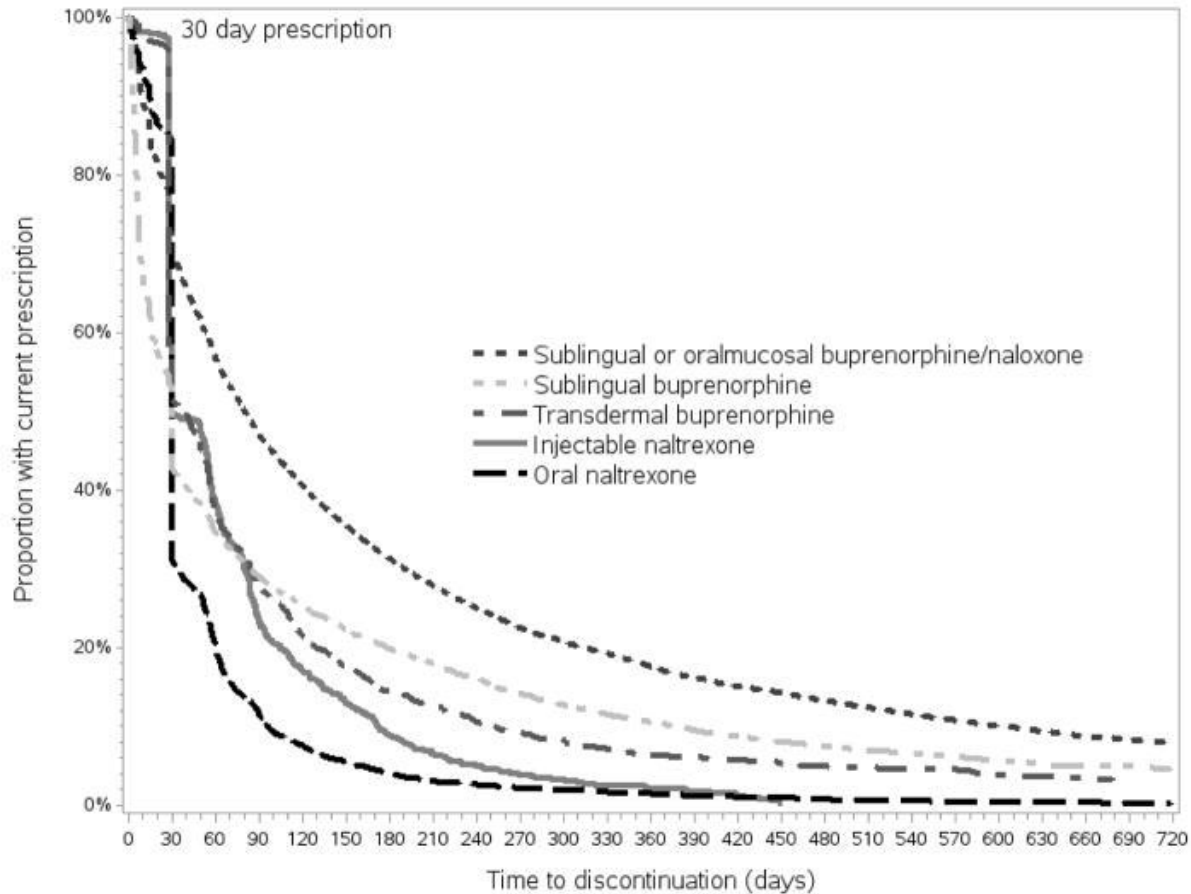
- 1. Dropout from MOUD Treatment**
- 2. Psychotherapeutic Approaches to reducing MOUD Dropout**
- 3. Non-psychotherapeutic Approaches to reducing MOUD Dropout**

DROPOUT FROM MOUD TREATMENT

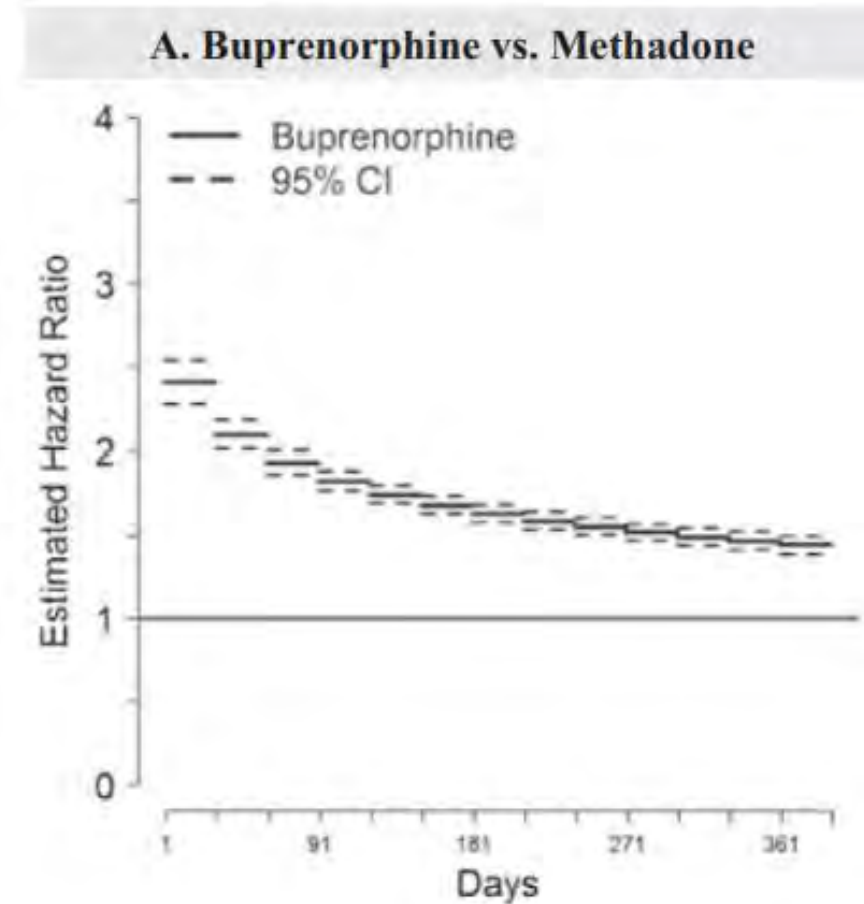
(RATES, REASONS, RISK/PROTECTIVE FACTORS)

MOUD DROPOUT RATES ARE SUBSTANTIAL

Risk of dropout: Naltrexone > Buprenorphine > Methadone^{16, 17, 18}



Morgan JR, Schackman BR, Leff JA, Linas BP, Walley AY. Injectable naltrexone, oral naltrexone, and buprenorphine utilization and discontinuation among individuals treated for opioid use disorder in a United States commercially insured population. *J Subst Abuse Treat.* 2018 Feb;85:90-96. doi: 10.1016/j.jsat.2017.07.001. Epub 2017 Jul 3. PMID: 28733097; PMCID: PMC5750108.



Zhang P, Tossone K, Ashmead R, Bickert T, Bailey E, Doogan NJ, Mack A, Schmidt S, Bonny AE. Examining differences in retention on medication for opioid use disorder: An analysis of Ohio Medicaid data. *J Subst Abuse Treat.* 2022 May;136:108686. doi: 10.1016/j.jsat.2021.108686. Epub 2021 Dec 15. PMID: 34953637.

REASONS FOR TREATMENT DROPOUT ARE VARIED AND MULTIFACTORIAL

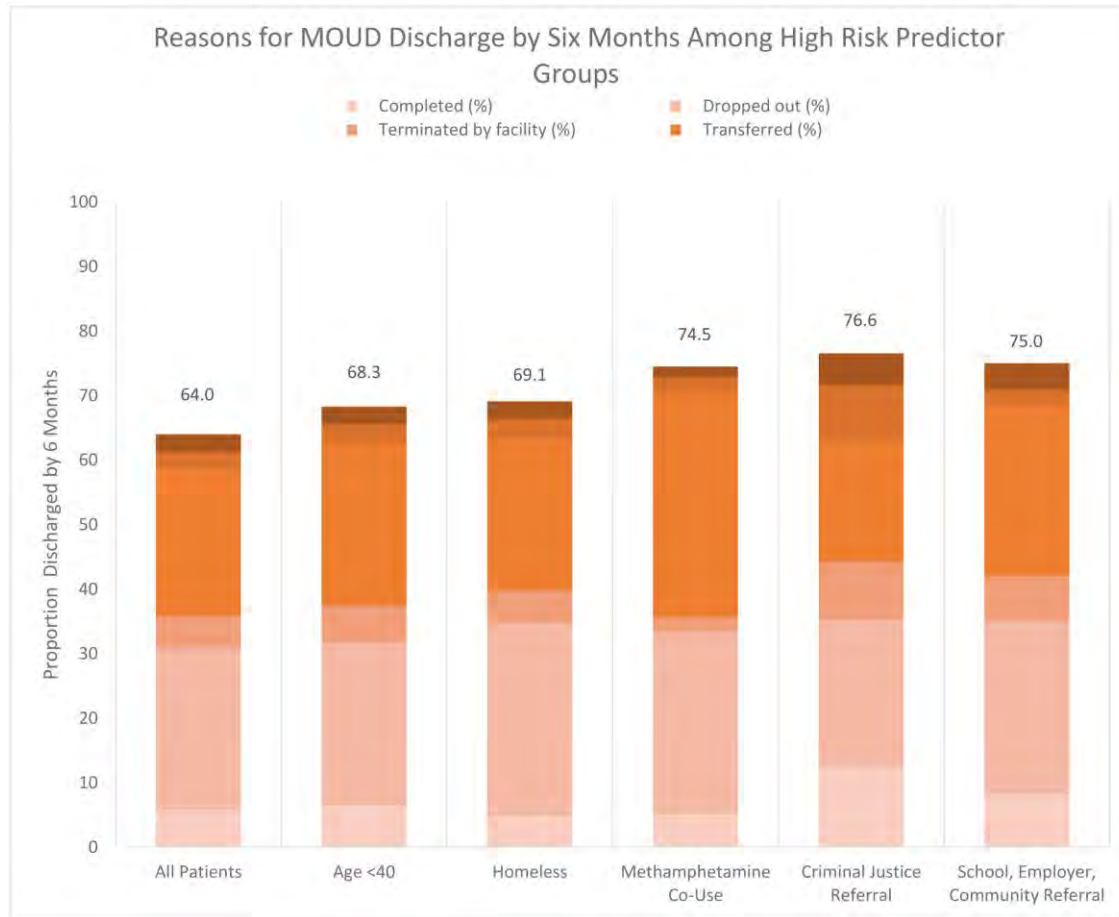
- Inadequate dosing²¹
- Medication SEs²²
- Perceived Medication Ineffectiveness²³
- Stress, Cravings, Low mood²⁴
- Life circumstances²³
- Patient motivation²³

OTHER CONSIDERATIONS IN MOUD DROPOUT²⁵



- **Black and Latine patients: higher odds of discontinuation**
- **Medicaid: 1.18 odds of poor continuity**
- **Larger prescriber size: higher rates of poor continuity, discontinuation, and OD**

IDENTIFIED RISK FACTORS FOR MOUD DROPOUT²⁰



- **Age 18-39**
- **Unhoused**
- **Comorbid Meth Use**
- **Being referred to treatment by school, employer, community, or criminal justice source**

IDENTIFIED PROTECTIVE FACTORS AGAINST MOUD DROPOUT



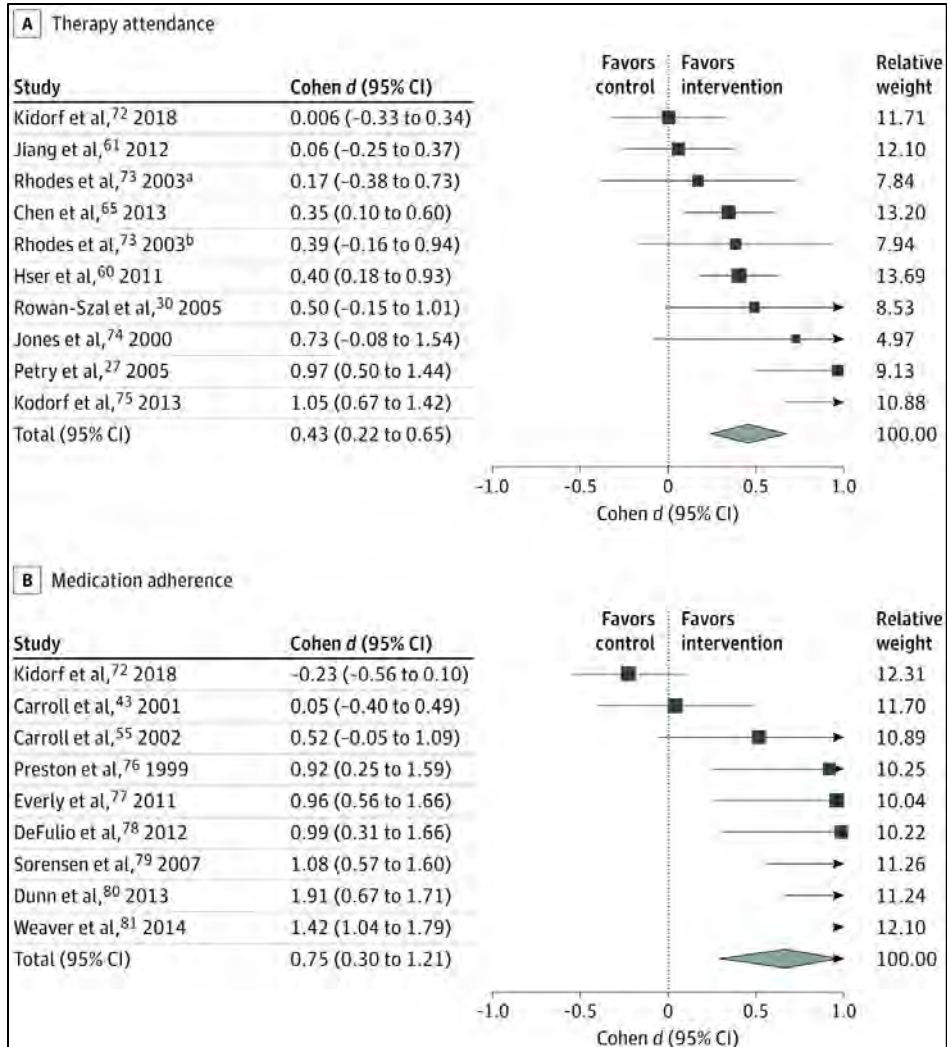
<https://adaa.org/learn-from-us/from-the-experts/blog-posts/consumer/understanding-group-therapy-and-support-groups>

- Age 40+¹⁹
- Concurrent Behavioral Health Therapy¹⁸
- Higher GAF (global assessment of functioning)¹⁹
- Lesser OUD severity¹⁹
- Higher initial buprenorphine dose¹⁹

PSYCHOTHERAPEUTIC APPROACHES TO MOUD DROPOUT

(CM AND OTHERS)

CONTINGENCY MANAGEMENT



- Material incentives for target behaviors
- Utilizes principles of operant conditioning
- Medium effect sizes for treatment adherence, large effect size for medication adherence¹

CONTINGENCY MANAGEMENT- A FEW EXTRA POINTS



<https://sunshinebehavioralhealth.com/blog/contingency-management-questions-answered/>



<https://www.holonhealth.com/contingency-management/>

- Need for longer-term CM maintenance programming^{1,4}
- Effective incentive magnitude matters...²
- CM: only psychosocial intervention that consistently improves treatment retention³

CONTINGENCY MANAGEMENT IN WASHINGTON STATE!



Contingency Management

Overview

Contingency Management (CM) is an evidence-based behavioral intervention for stimulant use disorder, opioid use disorder, and alcohol use disorder. CM consists of a series of motivational incentives for meeting treatment goals. The motivational incentives may consist of cash equivalents (e.g., gift cards of low retail value) with restrictions placed on the incentives.

Background

CM is the most effective intervention for stimulant use disorder. Studies demonstrate that the use of CM is associated with a reduction in number of days of stimulant use, stimulant cravings, new stimulant use, and HIV risk behaviors. Stimulant use disorders not only have adverse effects on the physical and mental health of individuals, but they also cause negative impacts on society. There is no FDA-

- Olympic Peninsula Health Services
 - Jefferson, Clallam Counties
- Northeast Washington Medical Group, Providence
 - Pend Oreille, Stevens, Ferry Counties

Project #2 OTN sites (four sites):

The State Opioid Response (SOR) OTN projects completed their CM training in 2022, and a total of 23 sites were trained. Of these trained sites, four are currently working with our CM training partners to implement their programs and engage in fidelity monitoring. The sites providing a CM program include Plymouth House, Klickitat Valley Health, and Family Health. These sites were funded through June 30, 2025.

Training

Washington State University (WSU) Promoting Research Initiatives in Substance Use and Mental Health (PRISM) provides training and elements to the designated sites, which includes:



Section 1115 Medicaid waiver

Under Washington State's Section 1115 Medicaid demonstration waiver ([Medicaid Transformation Project 2.0](#)), CM benefits will be made available to eligible Apple Health beneficiaries with a substance use disorder.

In 2024 and 2025, providers submitted applications to participate in the initial two cohorts to deliver CM services under the waiver. A total of 20 providers were selected. By mid-2026, we anticipate these sites to be fully operational. Cohorts of 10 providers will continue to be selected and implemented from 2026 through 2028.

Budget

Biennial Operating Budget

\$500,000 General Fund State, Fiscal Year 2024

\$500,000 General Fund State, Fiscal Year 2025

Washington State Health Care Authority. *Contingency Management*. Dec. 2025, www.hca.wa.gov/assets/program/fact-sheet-contingency-management.pdf.



[College of Medicine](#) / [News](#) / [Research](#) / [Contingency Management is Gaining Favor for Treating Addiction](#)

Contingency Management is Gaining Favor for Treating Addiction

April 12, 2024

Recent News



Isaacson, Lellah. "Contingency Management is Gaining Favor for Treating Addiction." WSU Elson S. Floyd College of Medicine News, 12 Apr. 2024, medicine.wsu.edu/news/2024/04/12/contingency-management-is-gaining-favor-for-treating-addiction/.



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CONTINGENCY MANAGEMENT IN WASHINGTON STATE IN 2026!

Reminder: Third round of contingency management (CM) within the Medicaid framework now open

Washington State Health Care Authority sent this bulletin at 03/30/2026 08:00 AM PDT

Washington State
Health Care Authority

March 30, 2026

Can't access the links? Add "lnks.gd" to the allowlist of your content blocking software.

Reminder: Third round of contingency management (CM) within the Medicaid framework now open

The Health Care Authority has an exciting opportunity to address stimulant use disorder in communities across Washington. The application period is now open for the third cohort of the CM Waiver within Washington's Medicaid Transformation Project.

CM is an evidence-based behavioral intervention for stimulant use disorder, opioid use disorder, and alcohol use disorder. Efforts are underway at the Health Care Authority to launch CM within the Medicaid framework at behavioral health agencies across Washington State.

[Learn more about CM](#)

Application details

The CM Interest and Readiness Tool will assess if sites meet the requirements for implementing CM. This tool is the first step in site selection. Please return your completed CM interest and readiness tool by the end of business on **April 21, 2026**.

Please submit your completed form and any questions to [HCA-supportedCM](#).

[Fill out the CM Interest and Readiness Tool](#)

Washington State Health Care Authority. "Reminder: Third Round of Contingency Management (CM) Within the Medicaid Framework Now Open." *GovDelivery*, 30 Mar. 2026, content.govdelivery.com/accounts/WAHCA/bulletins/40c76de.

OTHER METHODS BEYOND CM: MANAGING STIGMA

What We Say Matters Person-First Language Guide

Addict, Addiction, Dirty	➔	A Person with a Substance Use Disorder
Former Addict, Getting Clean	➔	A Person in Recovery
Clean, Sober	➔	Substance Free
Treatment is the Goal	➔	Treatment is One Path to Recovery
Opioid Replacment, Opioid Management	➔	Medication Assisted Treatment
Relapse	➔	Recurrance, Return to Substance Use

- Language matters and influences others' perceptions⁸
- Learn and use person-first language⁷
- Listen to stories and of hope and healing; spread these stories⁷
- Provide education to others (including providers)

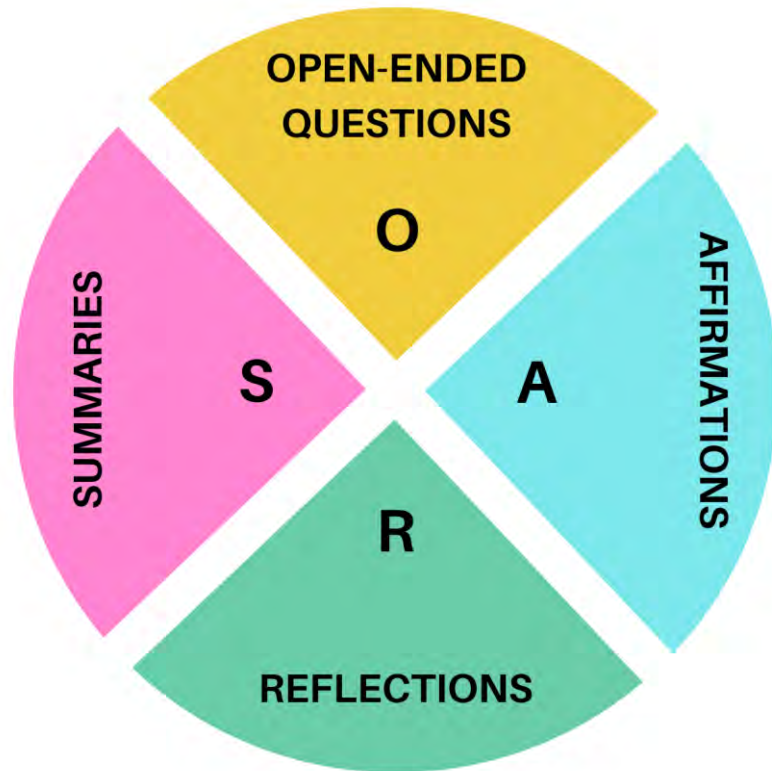
OTHER METHODS BEYOND CM: THERAPEUTIC ALLIANCE^{9,10}



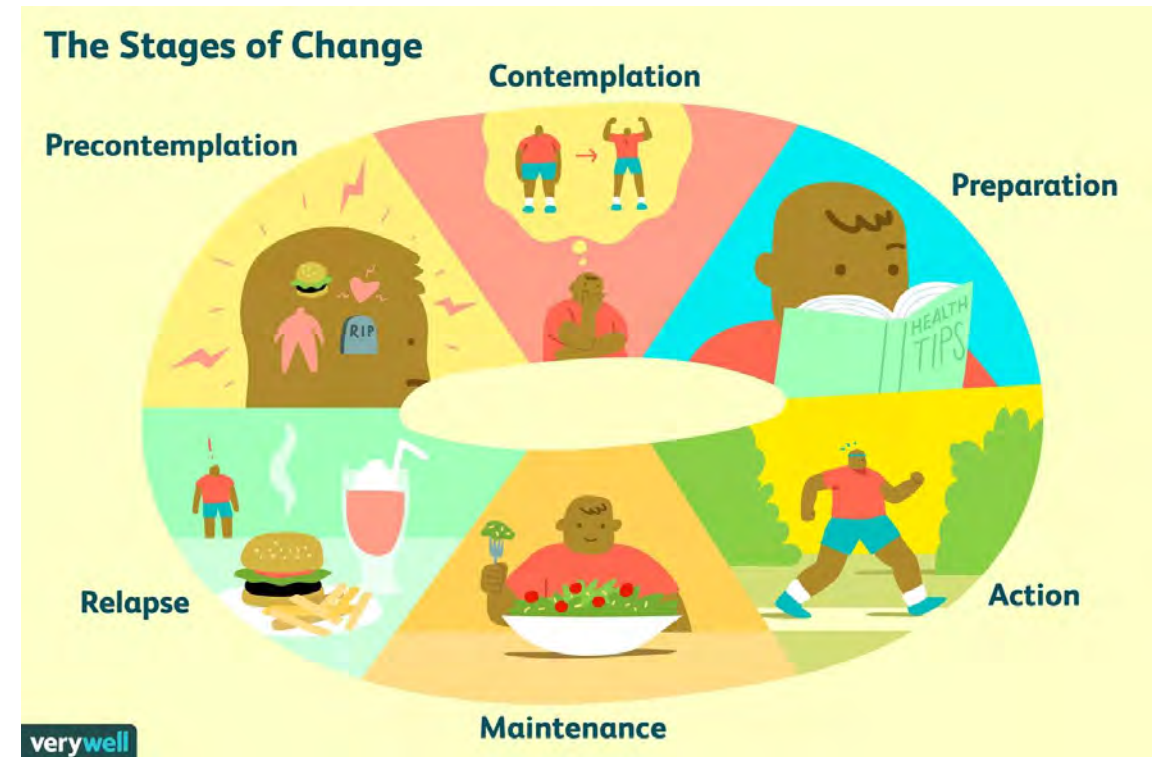
<https://www.beachousserehabcenter.com/the-motivational-power-of-therapeutic-alliance-and-how-to-get-it/>

- **Cultural Humility, Trauma Sensitivity**
- **Patient-centeredness, prioritize immediate needs**
- **Communicate with sincerity, compassion and respect, without judgment**
- **Shared decision-making**
- **Unconditional positive regard**

OTHER METHODS BEYOND CM: MOTIVATIONAL INTERVIEWING¹¹



<https://insights.aimforbehavior.com/p/understanding-users-true-motivations>

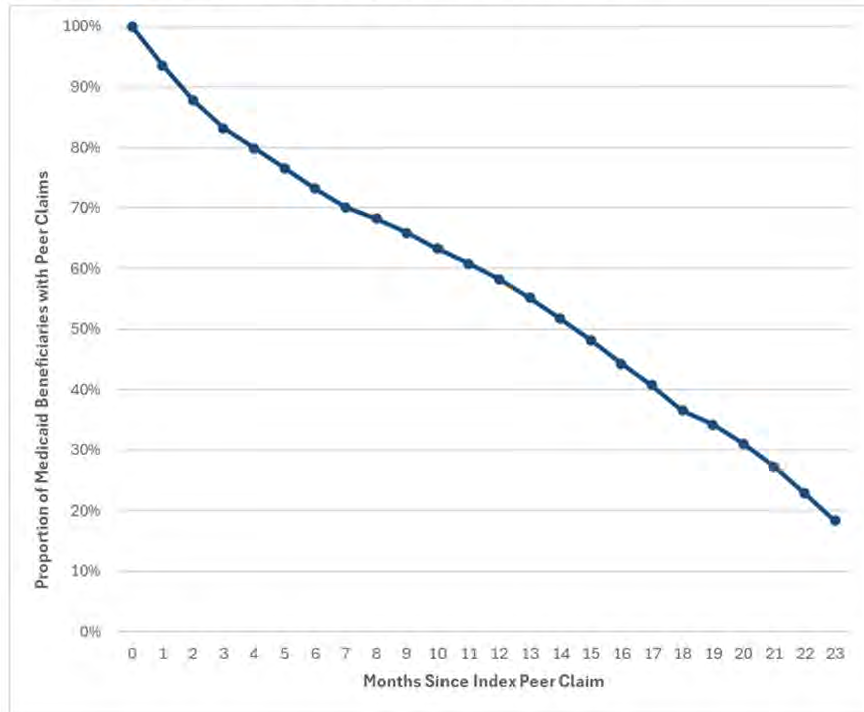


<https://www.verywellmind.com/the-stages-of-change-2794868>

OTHER METHODS BEYOND CM: PEER SUPPORT^{12,13}



Panel B. Proportion of Medicaid Beneficiaries with Peer Claims



- Expert emotional or social support provided by persons with SUD lived experience, to person with SUD
- Goal: bring about self-motivated change
- May improve bupe treatment retention in at-risk populations (including Black pts and unhoused)
- Engagement declines drastically over time

Gibbons JB, Bandara S, Flanagan V, Hardy C, Oros M, Saloner B. Association between peer support services, treatment engagement and overdose risk among Kentucky Medicaid beneficiaries with opioid use disorder. Drug Alcohol Depend. 2025 Dec 1;277:112944. doi: 10.1016/j.drugalcdep.2025.112944. Epub 2025 Oct 24. PMID: 41172585.

HCA

Home > Billers, providers & partners > Program information for providers > Peer support > Peer specialists

Peer specialists

Certified peer support specialists work with individuals and parents of children receiving mental health or substance use disorder services. They use their own lived experiences to help their peers find hope and to support their recovery.

OTHER METHODS BEYOND CM: MANY CAN BE INCORPORATED BUT....

- **Acceptance and Commitment Therapy (ACT)¹⁴**
- **Cognitive Behavioral Therapy (CBT)¹⁵**
- **Dialectical Behavioral Therapy (DBT)**
- **Mindfulness-based approaches**

NON-PSYCHOTHERAPEUTIC APPROACHES TO MOUD DROPOUT

(A QUICK, BUT NECESSARY, LAST MINUTE ASIDE!)

THERE ARE SO MANY METHODS TO IMPROVE TREATMENT RETENTION...

Optimize medication dosing

Telehealth services

Address comorbid conditions

Administrative discharge is a last resort

Staff buy-in/training is key

Prioritize staff satisfaction

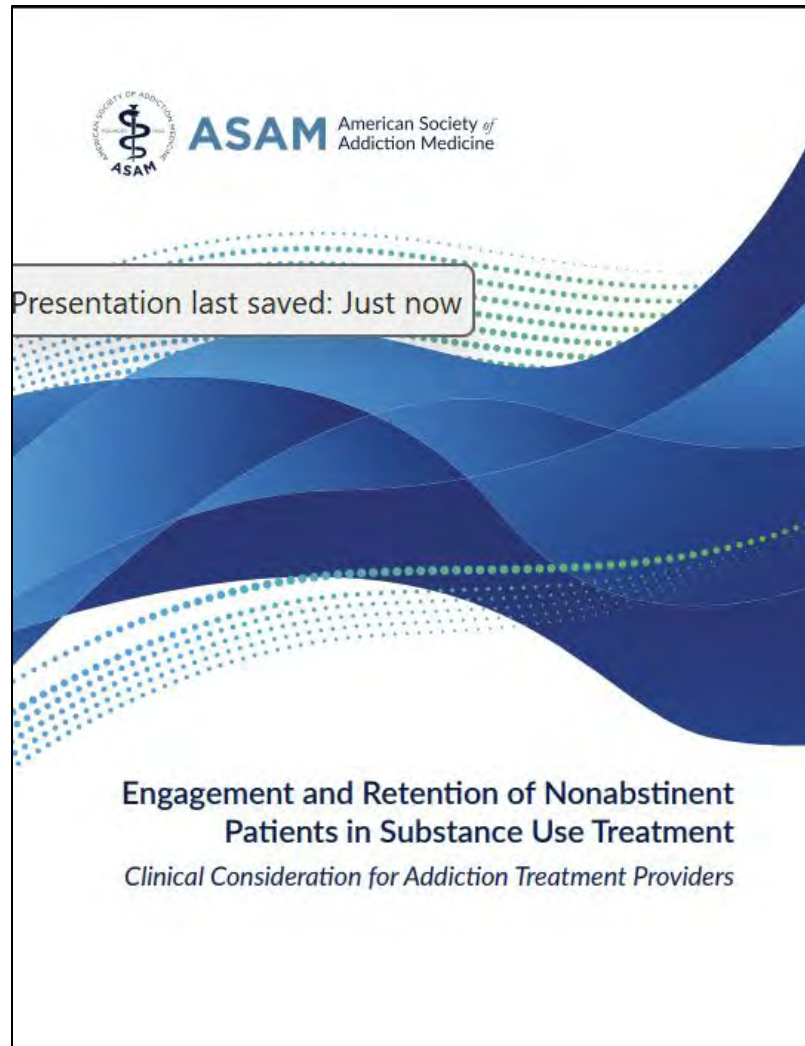
Flexible appointment booking

Texting and other communication options

Monitor Retention (do PDSAs!)

Emphasize Harm Reduction

ASAM HAS GUIDELINES FOR THIS TOPIC...



Summary of Recommended Strategies

1. Cultivate patient trust by creating a welcoming, nonjudgmental, and trauma-sensitive environment.
2. Do not require abstinence as a condition of treatment initiation or retention.
3. Optimize clinical interventions to promote patient engagement and retention.
4. Only administratively discharge patients from treatment as a last resort.
5. Seek to re-engage individuals who disengage from care.
6. Build connections to people with SUD who are not currently seeking treatment.
7. Cultivate staff acceptance and support.
8. Prioritize retention of front-line staff.
9. Align program policies and procedures with the commitment to improve engagement and retention of all patients, including nonabstinent patients.
10. Measure progress and strive for continuous improvement of engagement and retention.

SUMMARY SLIDE

- **MOUD treatment dropout is as substantial as it is complex and multifactorial, and varies based on medication used (MTD w/lowest rates of dropout).**
- **However, there are many ways to improve treatment engagement and reduce dropout, including both psychotherapeutic and non-psychotherapeutic methods.**
- **Contingency Management is the only psychotherapeutic method for keeping patients in MOUD treatment that has consistent evidence.**
- **That doesn't mean it isn't worth trying other methods, like improving therapeutic alliance, using MI, or incorporating peer support... or even others!**

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¿PREGUNTAS?





THANK YOU!