

PROMOTING AWARENESS OF MOTIVATIONAL INCENTIVES: SUCCESSFUL (PAMI):
TREATMENT OUTCOMES USING MOTIVATIONAL INCENTIVES

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Course Goal:

To raise the awareness of treatment providers of the positive outcomes and benefits of using motivational incentives to change behavior...

Course Goal:

...and to increase interest in learning more about the utilization of incentives.

Course Content

Why Motivational Incentives

- Definitions
- History
- Founding Principles
- Low Cost Incentives
- Clinical Applications

A bit about me....

- Graduate of UNLV (M.S. in Counseling), currently second year doctorate student for a clinical psychology program
- Adolescent Program Coordinator for Bridge Counseling Associates
- Clinical Supervisor for Bridge Counseling, HELP of Southern Nevada, and Nevada Homes for Youth
- Clinical trainer for NHIPPS
- Previous experience: Part-time instructor at UNLV, OMT, internships at Las Vegas rescue mission, Salvation Army, Women's Prison
- Sleep Disorders

Motivational Incentives...

...not Motivational Interviewing (but, also an evidence-based practice)

Motivational Incentives..

Used as a tool to enhance treatment and facilitate recovery

Target specific behaviors that are part of a patient treatment plan

Celebrate the success of behavioral changes chosen by therapist and client!

Motivational Incentives

Are used as an adjunct to other therapeutic clinical methods

Can be used to help motivate clients through stages of change to achieve an identified goal

Celebrate the change that is achieved!

Motivational Incentives

..is interchangeable with the term, "Contingency Management"

Motivational Incentives..

...is a form of behavioral therapy based on B.F. Skinner's Operant Conditioning Principles

Classical Conditioning Vs. Operant Conditioning:

Classical Conditioning:
This describes an involuntary, or automatic response to stimulus. Pavlovian conditioning: when an animal learns associations-when one thing happens, another will follow shortly...ex: a cat running to the food bowl when the can opener is heard.

Reinforcements vs. Punishments

The goal of reinforcement is to increase the occurrence of a behavior while the goal of punishment is to decrease the occurrence of a behavior-often, punishment involves the presentation of some kind of aversive stimuli when the undesired behavior occurs.

Operant Conditioning:

Describes how an animal or person learns through reinforcement-this is learning in which behaviors are altered by the consequences that follow them. Ex: If a dog sits and is given a treat, he will be more likely to repeat the behavior of sitting. On the other hand, if the dog is hit, he will be less likely to repeat the behavior.

Operant Conditioning

B.F. Skinner first coined the term in 1938 in his book, "The Behavior of Organisms"

Examples...

Classical Conditioning vs. Operant Conditioning

How does this apply to our roles in the Treatment Field?

We are often working with clients on targeting behaviors that warrant change.

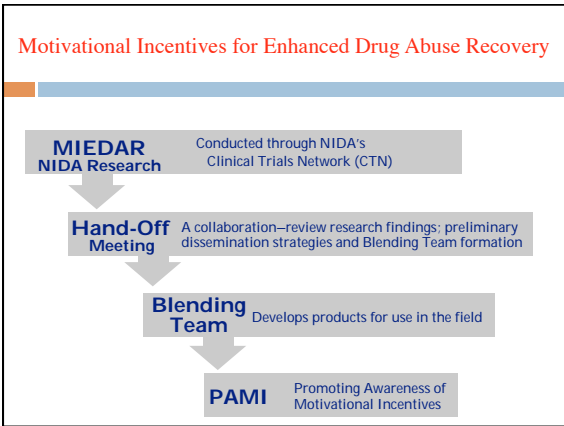
MIEDAR

In 2000, NIDA* formed the Clinical Trials Network as a nationwide collaboration between scientific researchers in the addictions and the community-based treatment programs. One of the first interventions approved for study was labeled MIEDAR-Motivational Incentives to Enhance Drug Abuse Recovery

*NIDA-National Institute on Drug Abuse

MIEDAR

This study was aimed at reducing cocaine use in patients receiving treatment in either methadone or medication-free community-based clinics. The success of this study led to the launch of a national dissemination effort in collaboration with the network of Addiction Technology Transfer Centers (ATTC).

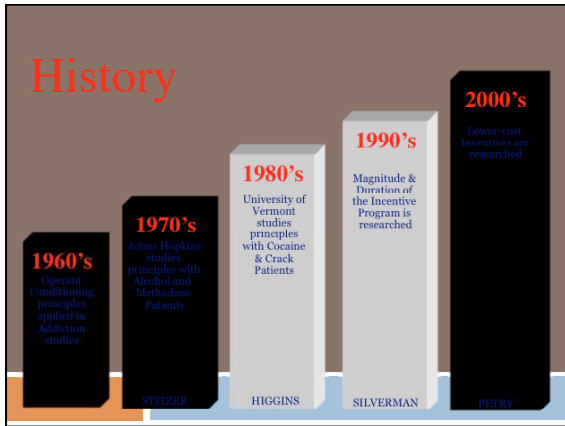


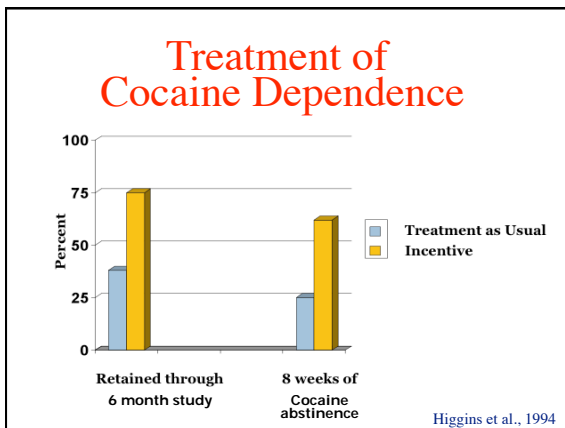
The “Fishbowl”

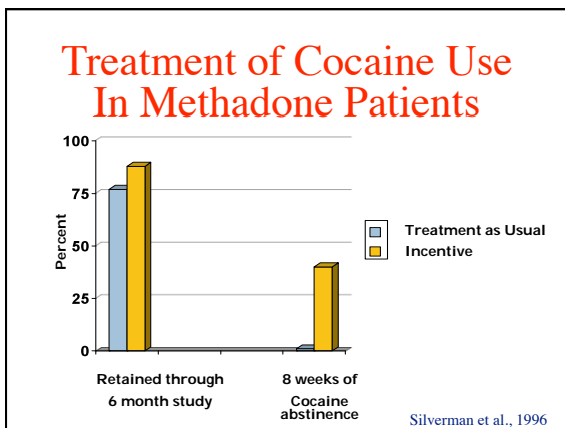
Dr. Nancy Petry, of the University of Connecticut Health Center, created the “Fishbowl” method of incentive delivery. This model reduces cost by reinforcing clients some, but not all of the time, and varies the value of reinforcements that they can receive.

The “Fishbowl”

Dr. Petry's idea allowed for a significant reduction in cost without a corresponding loss in effectiveness. This was also a major breakthrough in terms of making these incentives more acceptable in community-based treatment programs.







Short Video

Demonstrating Motivational Incentives in action...

Seven Principles of Motivational Incentives:

1. Target Behavior
2. Choice of Target Population
3. Choice of the reinforcer
4. Incentive Magnitude
5. Frequency of Incentive Distribution
6. Timing of the Incentive
7. Duration of the Intervention

1. Target Behavior

Choose a problematic behavior, in need of change

Must be observable and measurable (decrease/increase)

Centerpiece for the Behavioral contract between providers and client

Consider the level of difficulty

2. Choice of Target Population

May not be feasible to provide reinforcements to all client populations

Consider working with particularly vulnerable populations, such as dually-diagnosed clients or pregnant women

2. Choice of Target Population

Other ideas:
Target clients not responding to treatment, regardless of drug of choice, or
Target new patients so as to help increase the likelihood of staying in treatment, or
Target clients who are the users of a specific substance (i.e. address methamphetamine only)

3. Choice or Reinforcer

This is a crucial element in the design of a motivational incentives program. Incentives that are perceived as desirable are likely to have a much greater impact on behavior.

Survey/ask clients what they may prefer!

3. Choice or Reinforcer

Three basic types of incentive programs used have been:

1. Contingent access to clinic privileges
2. On-site prize distribution
3. Vouchers or other token economy systems

4. Incentive Magnitude

How much reinforcement to provide?
The magnitude of reinforcement needed to sustain change may differ for different behavior targets.

4. Incentive Magnitude

Stitzer, et al. (1984) identified significant difference among clients greater or lesser response to incentives program:

1. The level of past & present drug use
2. Client hx of success or fail of stopping drug use
3. The presence of Antisocial Personality Disorder
4. The nature and vitality of their present social networks
5. The client's personal historical responsiveness to reinforcements and punishments as motivators for behavior change

5. Frequency of Incentive Distribution

Also known as the schedule of reinforcement.

Decision of this is connected to: target behavior, resources , and clinical contact

Agency decision: reinforcement of each time-or only some of the time, a behavior is demonstrated by the clients

6. Timing of the Incentive

The core principle of this is that the reinforcement needs to follow the exhibition of the target behavior as closely as possible.

Duration of the Intervention

How long to provide incentives for a targeted behavior?

The goal is to have Clients eventually internalize the benefits of the targeted behavioral changes & develop naturally-occurring reinforcers that support them.

Lengthier duration of incentives help ensure that Clients have the time to address any underlying issues with their clinicians

Seven Principles Review:

1. T
2. C
3. C
4. I
5. F
6. T
7. D

Low Cost Incentives

How can using tangible incentives be cost-effective?

Ideas for Low Cost Incentives:

One example: To help manage the cost, half of the slips offer a "good job" reward and the other half are winners of prizes as follows:


- 1/2 – Small prize (\$1)
- 1/16 – Medium prize (\$20)
- 1/250 – Jumbo prize (\$100)

Ideas for Low Cost Incentives:

Clients are allowed to select an increasing number of draws each time they reach an identified goal.

- Clients may get one draw for the first drug-free urine sample, two draws for the second drug-free urine, and so on.
- Clients will lose the opportunity to draw a prize with a positive urine screen, but are encouraged and supported. When they test drug-free again, they can start with one draw.

Challenges:



- Cost of Incentives
- Counselor Resistance
- Consistency of the Program

Challenges...

- Is it fair?
- Does this lead to gambling addiction?

Agency Directors
Considerations:

Minimum investment for increased retention

- Adoption of an Evidence-based practice
- Limited training
- Motivates staff (possible retention)
- Provides a fun environment
- Promotes Teamwork

Policy Maker
Considerations:

Minimum investment for reduced substance use

- People engaged in treatment longer
- Reduction in societal costs
- Minimal training to implement

Clinical Staff
Considerations

- Tool to help patients achieve goals empowerment
- Increases patient cohesiveness
- Encourages participation with ancillary services
- Increases retention
- Reduces substance use

Opportunity to celebrate success !

Why Utilize Motivational Incentives?

- Evidence-based
- Promotes a positive environment
- Addresses targeted behavior
- Evidence-based (it works!)

What do Clients Say?

"I felt that I was going down the drain with drug use, that I was going to die soon. This got me connected, got me involved in groups and back into things. Now I'm clean and sober."

(Kellogg, Burns, et. al. 2005)

What do Treatment Staff Say?

"We came to see that we need to reward people where rewards are few and far between. We use rewards as a clinical tool – not as bribery – but for recognition. The really profound rewards will come later."

(Kellogg, Burns, et. al. 2005)

What do Administrators Say?

"The staff have heard patients say that they had come to realize that there are rewards just in being with each other in group. There are so many traumatized and sexually abused patients who are only told negative things. So, when they heard something good – that helps to build their self-esteem and ego."

(Kellogg, Burns, et. al. 2005)

What do you say?

- What are your thoughts about Motivational Incentives?
- What are your concerns?
- What are some things you would need to do to consider implementing Motivational Incentives?

Resources

- www.drugabuse.gov
- www.ATTCnetwork.org/PAMI
- www.samhsa.gov
- www.csat.samhsa.gov
- www.ATTCnetwork.org

