Contingency Management—Practical Applications for Mental Health Practitioners

David, a new client, self-refers to your clinic after he is arrested for drunk and disorderly conduct at a neighborhood party. He is a dedicated and loving father of two school-aged children. They have now seen him intoxicated and fighting at family parties over a dozen times. He meets diagnostic criteria for bipolar disorder and alcohol use disorder. His family has asked him to "get help."

When he attends sessions, David is engaged, utilizes cognitive behavioral therapy (CBT) effectively, and completes all assignments. He takes and is responding well to medication for his bipolar disorder. However, he regularly misses sessions without a valid reason (no work conflicts, no family events, etc.). You believe that if he could attend his regularly scheduled sessions, he would make greater progress. Seeing positive engagement and no real barriers, you ask yourself: How can I get David to show up for his program? The answer: Contingency Management.

This guide provides an overview of what Contingency Management (CM) is and how providers can use the technique to motivate targeted behaviors and enhance engagement for clients with mental health conditions and co-occurring disorders (CODs).[i] The primary focus of this guide is to apply lessons learned about CM and provide examples of effective uses in mental health treatment settings.

THE BASICS OF CONTINGENCY MANAGEMENT

CM is an evidence-based behavioral therapy model focused on reinforcing desired behavior with tangible rewards.[ii] CM is recognized as an important and effective intervention for individuals with substance use disorders (SUDs). CM can also be used to support behavior change in people with serious mental illness (SMI) and CODs.

Rewarding positive behavior is a common tactic used in many non-clinical situations. People use this approach in parenting, employment, dieting, and executive coaching. While it has demonstrated efficacy in SUD treatment, research shows that it can also be effective for clinical and treatment settings beyond abstinence from using substances, such as improving attendance at therapy sessions, taking psychiatric medications, and reinforcing behavioral changes, such as losing weight or exercising.

Contingency Management and Co-Occurring Disorders

CM has been used as an adjunctive treatment for substance use and related disorders since the 1960s. Research shows that it can:

- Improve retention in treatment
- Improve engagement and outcomes
- Increase abstinence from specific substances
- Enhance the treatment experience for clients and providers

With regard to mental health conditions, CM can be viewed as a type of evidence-based therapeutic behavioral modification technique that is often suitable to reduce or eliminate maladaptive behavior. Behavior modification has evidence for effectiveness for many mental health conditions, including depression, anxiety, panic disorder, and intermittent explosive disorder. It also treats conditions such as eating disorders, PTSD, bipolar disorder, ADHD, phobias, OCD, and self-harm.[iii]

At least one in four people with SMI also have a co-occurring diagnosable SUD.[iv] Research shows that those with CODs are more likely to stop or not complete treatment than those with only an SUD and no co-occurring mental illness.[v] CM can be a valuable adjunct to increase retention in treatment for people with COD.[vi] Mental health providers can integrate CM as a strategy to address substance use in individuals with CODs and also to improve participation or reinforce other behavior modification goals with all clients.

HOW TO DO IT: IMPLEMENTATION CONSIDERATIONS

CM targets specific behavior change in a way that can be quantified and tracked. It is time limited (2–3 months) and usually requires approximately 15 minutes per week to initiate and follow up on. CM helps you establish a baseline so you can observe and measure patterns of behavior change that emerge. Successful CM is based on three core activities:

1. **Identify specific, objective target behaviors.** These might include things like “abstain from substance use,” or “attend treatment sessions.”

2. **Provide tangible reinforcers.** Whenever target behavior is demonstrated, provide a tangible reward that is meaningful to the participant. This might include a physical prize or a special privilege.

3. **When target behavior does not occur, withhold rewards.** When a participant does not perform the behavior, they should not get a reward. The purpose of CM is to be accountable for and celebrate success. If your client does not achieve a behavior change goal, withholding rewards is fine. However, punitive action, or “punishment,” is counterproductive, shaming, and can actually demotivate the client and have the opposite effect intended.

Creating a Contingency Management Program

Before adding CM to your treatment options, it would be helpful to create a Contingency Management Protocol. Key areas include:

Assess organizational and client readiness. It is helpful for agencies to contract with a trainer or consultant or engage a staff champion to help with readiness assessment and implementation. Peers can contribute service recipients' perspectives to the planning process. The assessment process helps determine whether your agency or organization has the systems and culture needed to successfully use CM with your clients.

Consider the following activities to improve readiness:

- Set expectations: What expectations will you have for staff and leadership in terms of using CM?
- Obtain resources: Do you have the staff and items you need? How/when will you get them?
- Involve direct service staff: How will you involve staff in planning, ease concerns, and get buy-in on target behaviors? How will behaviors be monitored, and what rewards will be offered?
- Guide staff: What written guidance, staff orientation/training, supervision, team meeting structure, and other guidance do you need to develop or adjust to ensure consistency?
- Address challenges: How will you ascertain and handle philosophical differences or ideas regarding how the protocol will be carried out before starting the program?
- Consider your unique clients: How will your clients best receive and respond to information about CM? How will you communicate how it works? (For instance, can you create handouts outlining rewards that can be earned, how to earn rewards, how success is tracked, and check-ins to discuss progress and expectations?)

Establish a reinforcement system. What system(s) and what types of reinforcers will work best for your agency?

- If using the "prize bowl method," where will rewards be stored/displayed? What will the rewards be? What will be the variety of values (e.g., prizes ranging from $1 to $10 in value, or more, or less)? Where will you get them? How much time will pass between behavior and reward? How will target behavior and reward be recorded/tracked? How will we ensure prizes are relevant for all participants?
- If using a voucher system, where will the rewards be stored? How much time will pass between behavior and reward? What type of rewards will you use? How much is each voucher worth? How much is each target behavior worth? How will reinforcement escalate? What constitutes a "reset" for each target behavior? How will target behaviors and rewards be recorded/tracked? Will you allow saving vouchers and "trading up" for bigger rewards?
- If using gift cards, consider location and whether clients can access the store; you may want to also avoid gift cards for stores that sell alcohol, marijuana, or other harmful substances.
- Will the reward process be public or private? (Public reinforcement can be a powerful strategy.)
- How will you consider age, gender identity, and culture in your reinforcement and prize selection?

Create a monitoring system. What, how, and how often will you monitor?

- Brainstorm with staff what target behaviors your clients may have and how feasible it is to monitor these behaviors (i.e., in terms of staff burden in verifying behavior, following a reinforcement schedule, tracking, and so on).
- How will target behaviors and rewards be monitored, and who will do the monitoring? (For example, in a spreadsheet? Is the clinician or other staff person doing the monitoring?)
- How will you ensure clients get their rewards immediately? (An important part of CM is getting immediate positive validation for a successful behavior change.)
- How long will the CM intervention last?

Evaluate your CM program. How will you know if it is or is not working for individual clients (e.g., treatment outcomes)? How will you know it is working for your overall program? This is important at the individual level as well as from an overall program or organizational perspective.

- Collect data in real time to identify and address challenges. Determine how and what type of data you will collect.
- Measure your data to identify the frequency and success of changes in target behavior, changes in non-target behaviors, efficacy of rewards, and change in client and staff satisfaction.

Implementing CM with Your Clients

Following are more details for how you can apply each of these core areas to your practice.

Identifying Target Behaviors

Provider and client should collaboratively identify the behaviors to modify. The behavior must be objectively quantifiable, for instance, "attend one therapy session per week." Additionally:

Set long-term goals with easy-to-achieve steps. You should work with your clients to set goals and identify the short-term activities (i.e., target behaviors) that can help them get there. Having some easy wins so you can reinforce these activities will help improve the therapeutic alliance.

Set "group" goals when it makes sense. You can have individual goals for specific participants or a group of participants all working on the same behavior.

TARGET BEHAVIOR EXAMPLES

Remember: Target behaviors should be achievable and measurable. Some ideas include:

- Show up for therapy at least once a week (you can easily measure attendance)
- Follow group rule of not cursing at other participants (this is observable to the therapist)
- Take a 15-minute walk three times a week (tracked via phone or smart watch app)
- Abstain from methamphetamine use (rapid test at the program)

Dedicate time to verifying activities. You'll have to determine how much time you need based on how often you see each client and what their goals are. For instance, you might dedicate about 15 minutes per week to verifying and setting goals for a client that you see weekly. Positive rewards can increase initial engagement in treatment and lead to treatment retention.

PRACTICE IN ACTION: Goal Setting, Activities, and Desired Behaviors

You have a client with mild depression who has set the goal, "improve my health." You determine that their baseline physical activity is none. You work together on an initial target behavior: Try to go for a walk 3 times per week for at least 15 minutes. Your client will need to show you verification that they tracked their activity for 7 days, for instance, in order to achieve their reward—that is, a photo from out on their walk or evidence from a step tracker app. You should plan activities that are appropriate for your clients' psychosocial functioning and likelihood of success.

Choosing and Managing Reinforcers

Your reinforcers or rewards should be tangible and meaningful to your clients. Accommodate their preferences and offer a wide variety of rewards. Higher-magnitude reinforcers will be needed to induce stronger positive effects versus easier-to-change behaviors (e.g., attending a therapy appointment, completing an assessment, making a contact with a recommended community resource for recreation of educational activities). Because CM is an evidence-based practice, you may be able to dedicate grant money or other funding streams for rewards, without providing direct cash to individuals. Additionally:

Provide vouchers, prizes, or monetary awards. You can reward your clients with vouchers that can be redeemed for gift cards or items. The vouchers may have a value that increases based on achievement. A few additional considerations for success:

- This approach requires staff time to buy prizes or gift cards or to make up vouchers. Be sure to have consistency in prize value.
- Lower amounts (e.g., $1 value per day for attending therapy) may be helpful in encouraging behavior change but may not be enough incentive to stop deeply ingrained behavior. If your voucher amount is not working, consider an increase in the value to strengthen the incentive.
- Some funding sources have caps on the total value of incentives an individual can receive or the value of the individual incentives.

Design a standard reward schedule. Establish a standard schedule for monitoring and giving out rewards and reinforcers. Your client should be able to earn some small, fast rewards to build momentum and motivation. You can "prime" them for positive reinforcement by giving some simple prizes at their very first session. Here are some more ideas:

- To establish new behavior patterns, you should reinforce successful approximations and praise along the way. Assign small and easy to achieve tasks early on to set clients up to succeed.
- Once a behavior pattern is established, you can reduce reinforcers (e.g., transition from a prize for 1 week of abstinence to a prize for 1 month of abstinence).

- A client's target behavior should be easy enough to occur frequently and be monitored on a regular basis (two or three times per week in some cases). Reinforcers early in treatment allow clients to learn the association between behavior and reinforcement.
- Give a reward as soon as the client earns it. Immediacy matters.
- Escalate reinforcers for significant behavior changes. For example, by the end of a 12-week period, clients may be able to earn over $30 for each day of a target behavior and a $10 bonus for every 3-week period of that behavior.
- Ensure that staff is consistent with rewards and does not get less rigorous over time.

PRACTICE IN ACTION: A "Fishbowl" as a Reinforcer

Many of the clients at your community mental health clinic are using CM as a supplement to their other treatment modalities to encourage behavior change. Creating a "Fishbowl" for earning prizes can add fun to CM. Clients can draw a card from a bowl and win prizes ranging in value from a positive message to $100 (or your choice of "highest") prize value. The more goals they meet, the more draws from the bowl they get.

TIPS FOR SUCCESS

One of the reasons CM works is that the goal is created with the client, which encourages buy-in and ownership. Remember that the primary purpose of CM is behavior change. For many clients, simply implementing a positive action in their lives is a behavior change and may be enough to use for CM. For others, you will want a more concrete approach with a specific, measurable behavior change.

Following are some tips for you and your clients to work on together that may help ensure success:

- **Goal setting:** Making the goal too complicated or difficult to track can cause the client to be overwhelmed and unmotivated. Goals should also be easily measured and verified so clients can get their reinforcement immediately. If other treatment team members are involved in monitoring, it is important that they are targeting this specific, objective behavior, as well.
- **Timing and learning:** Are there certain days that your client consistently seems to not meet their goal? Work with the client to figure out why. Are there additional supports that can help them?

- **Rewards:** Your clients should want to receive the rewards you have to offer. Find out what they want—some people are motivated by money, some want gifts, others desire recognition or privileges. Do not offer personal necessities, such as pads and tampons, socks, or underwear, as rewards.
- **Consequences:** It is okay to have consequences for not meeting a behavior goal, but never take away a reward that has already been earned. A reasonable consequence might be one step back if they are earning some type of progressive reward (e.g., point-based).
- **Special considerations for abstinence-related goals:** If you are targeting abstinence, remember that the brain is used to receiving immediate, reliable, and powerful rewards with drugs, so you need to provide immediate, tangible, desired rewards and escalate the size of the reward to ensure consistent behavior. For instance, when the goal is abstaining from methamphetamine, you want the CM process to be strong enough for the person to remember that they want the prize and to say "no, thank you" when the opportunity to use methamphetamine arises. Importantly, remember to reward achievement of the identified goal. If, for instance, the goal is to abstain from methamphetamine use and they test positive for alcohol, you still celebrate that they did not use methamphetamine. The focus is on the accomplishment. You can work on the other challenges later.

PRACTICE IN ACTION: Observing and Reinforcing Desired Behavior

Your client has set a behavior change goal to stop cursing at other participants during group therapy. He has been successful all week in not swearing during groups. However, one of your staff members hears him having a private phone call and loudly cursing. She wants to withhold the reinforcer, arguing that the client is not making real changes and is "working the system." But this is not how CM works. Behavior changes are difficult, and that the client accomplished his set goal. The hope is to establish a new pattern of behavior after consistent reinforcement that carries through all parts of a client's life. He has earned his reward.

CASE STUDY: MIA

Mia is a 19-year-old client diagnosed with depression, PTSD, and stimulant use disorder (methamphetamine). She reports that she was sexually assaulted at a high school party while intoxicated at age 17. After that event, she began drinking heavily. Approximately 6 months ago, Mia started mental health treatment at an outpatient clinic for increased PTSD symptoms (intrusive thoughts) and depressive symptoms. She inconsistently attends group sessions. She recently reported to her clinician that she's drinking less but has been using meth for the past 3 months. She started only using with friends on weekends but has now been using alone at home after losing her part-time job. Mia lives with her mom and grandmother, who are on fixed incomes and need Mia to work to contribute to household expenses. You work with Mia on goal setting. She identifies her current needs as stopping her methamphetamine use and getting the motivation to find a new job.

The following is the CM plan you develop in partnership with Mia.

Target Behavior	Monitoring	Reinforcer/Reward
1. Seek employment	■ Mia must identify one job she would want to apply to for each of the first three weeks. ■ Mia can screenshot a picture of the job posting. ■ If Mia is successful with the first three weeks, escalate to showing proof of applying for one job each week. ■ Mia can screenshot the successfully completed application.	■ Mia can draw one prize from the fishbowl upon verified completion each week. ■ Each week Mia meets the target behavior, she can draw an additional prize, up to four each week. ■ If Mia does not meet the target behavior, draw prize returns to one per week and escalation re-starts. ■ The clinician will create a chart and monitor its completion.
2. Negative drug tests	■ Come to clinic 3x/week for rapid urine test	■ Upon negative test, Mia will immediately receive one $4 voucher for a Target gift card from the clinic staff. ■ Vouchers will increase by $2 for each negative test and max at $10 for each negative test. ■ Each month that all tests are negative, Mia will receive a $20 bonus. ■ If any positive tests occur, the system will drop back to a $4 voucher for each negative test and re-start the escalation. ■ Clinician will create chart, review with clinic staff, and monitor its completion.

CONCLUSION

CM can be a powerful resource in your toolbox to help clients change maladaptive behavior and achieve their goals. While it is best known for its applications to SUD, research shows its effectiveness for mental health conditions, as well.

To learn more about CM, visit the following resources:

- SAMHSA Addiction Technology Transfer Center Network (ATTC). (n.d.). *Contingency Management part 1: An evidence-based approach to positive change*. https://attcnetwork.org/centers/attc-network-coordinating-office/contingency-management-part-1-evidenced-based-approach
- National Institute on Drug Abuse. (2020, June 1). *Contingency Management interventions/motivational incentives (alcohol, stimulants, opioids, marijuana, nicotine).* https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral-therapies/contingency-management-interventions-motivational-incentives
- SAMHSA. (2019). SAMHSA TIP 35: *Enhancing motivation for change in substance use disorder treatment.* https://store.samhsa.gov/sites/default/files/d7/priv/tip35_final_508_compliant_-_02252020_0.pdf

ENDNOTES

[i] Petry, N. (2011). Contingency management: What it is and why psychiatrists should want to use it. *The Psychiatrist*, 35(5), 161–163. https://doi.org/10.1192/pb.bp.110.031831

[ii] Ibid.

[iii] Scott, H. K., Jain, A., & Cogburn, M. (2021, November 21). Behavior modification. In: *StatPearls [Internet]. StatPearls Publishing*. https://www.ncbi.nlm.nih.gov/books/NBK459285/

[iv] National Institute on Drug Abuse. (2021, April 13). Part 1: The connection between substance use disorders and mental illness. In: *Common comorbidities with substance use disorders research report*. https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness

[v] National Institute for Drug Abuse. (2021, September 20). References. In: *Common comorbidities with substance use disorders research report*. https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/references

[vi] Kelly. T. M., Daley, D. C., & Douaihy, A. B. (2014). Contingency Management for patients with dual disorders in intensive outpatient treatment for addiction. *Journal of Dual Diagnosis*, 10(3), 108–117. https://doi.org/10.1080/15504263.2014.924772