

Contingency Management for Supporting Substance Use Treatment and Recovery

An Innovative Practice in VHA Homeless Program Operations

White Paper

VA



**U.S. Department
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Homeless Program Office**

INTRODUCTION

The VHA Homeless Programs Office identifies and disseminates innovative practices in homeless program operations. The Overton Brooks VA Medical Center (VAMC), the North Texas Health Care System (HCS), and the North Florida / South Georgia Veterans Health System (VHS), have been identified as sites with innovative practices for their use of Contingency Management (CM) in supporting substance use treatment and recovery for homeless Veterans.

PRACTICE OVERVIEW

Targeted use of immediate, tangible rewards improves attendance rates and treatment outcomes for homeless Veterans accessing substance use disorder services.

In 2011, the Center of Excellence in Substance Addiction Treatment and Education (CESATE) was tasked to coordinate the implementation of CM across VA. CM is an evidence-based intervention that provides immediate, tangible, and desirable rewards for objective evidence of behavior change. Specifically, Veterans are offered chances to win prizes by either demonstrating abstinence from substances or for attending group therapy sessions. The size of these rewards escalates based on the consistency of the desired behavior, but are withheld when the behavior does not occur. To date, 118 sites from all 19 Veterans Integrated Service Networks within VHA have implemented at least one of the two primary variations of CM: Abstinence CM and Attendance CM.

An example of Abstinence CM can be found at the Overton Brooks VAMC Substance Use Disorder (SUD) clinic where it's been used since June of 2016 to help Veterans maintain sobriety. Abstinence CM rewards negative drug screens for a specific substance or class of substances – most often marijuana or stimulants. Veterans who have completed intensive outpatient treatment are offered a 12-week CM program. Each CM session involves the Veteran submitting urine drug tests to the clinic laboratory and providing updates on their recovery to the SUD social worker. When the screen is negative for their targeted substance, they get to draw from a prize bowl containing prize slips in various denominations. The abstinence prize bowl contains 500 prize slips: 250 "Good Job!" (\$0), 209 small (\$1), 40 large (\$20), and 1 jumbo, (\$100). Typically, Veterans receive their earnings in the form of Veteran Canteen Service (VCS) vouchers. However, some sites maintain a prize cabinet of merchandise. Prize draws start at one for the first negative urine drug sample and escalate to a cap of eight with consistent abstinence. If a Veteran has five consecutive negative drug screens, they can draw from the prize bowl five times during a single CM session. With individual sessions occurring semiweekly for 12 weeks, a Veteran can earn up to 164 prize draws. However, any missed or positive screens resets the draw count back to one. The average cost per patient over 12 weeks is around \$200.

At Overton Brooks, CM is always concurrent with other treatment or recovery activity, acting as a booster or a supplement. To keep costs down, additional “Good Job!” notes are mixed in with the prize vouchers. While drawing these notes can be viewed by the Veterans as not winning an actual prize, contrary to expectations, SUD staff report that they do not get upset. Not only do they respond well to the praise, they still see the benefit of the program and are determined to complete the sessions because they know that continued abstinence increases their chances of earning a higher value prize. If Veterans relapse, most come back and re-engage. Due to the added CM clinical encounters, clinical staff have been able to notice when Veterans experience pre-relapse behaviors. In many instances, they have been able to prevent relapse from occurring. Demonstrating the utility of CM with homeless and at-risk Veterans, of the 24 Veterans that have participated in CM since June of 2016, 21 were concurrently enrolled in VA homeless programs.

An example of Attendance CM can be found at the North Texas HCS. Since August 2014, the Housing and Urban Development-VA Supportive Housing (HUD-VASH) SUD Specialist and the Health Care for Homeless Veterans (HCHV) SUD Specialist have used Attendance CM to reinforce their 12-week stimulant treatment group for Veterans enrolled in homeless services. No urine drug screens are administered with Attendance CM; it instead rewards attendance as the target behavior. Just showing up is sufficient. The rewards work slightly differently with these groups. Veterans who attend have their names written on a slip of paper and placed into a “hat”. The number of times their names go into the hat will increase by one for each consecutive week of group attendance. If a Veteran attends five consecutive group sessions, five slips of paper with their name on it go into the hat. An unexcused absence from a group session will reset their slip count back to one. The attendance prize bowl contains 100 prize slips: 69 small (\$1), 20 medium (\$5), 10 large (\$20), and 1 jumbo (\$100). While in most cases, the CM procedure is done at the beginning of group to promote prompt arrival, staff at North Texas decided to pull names at the end of each group so that the prize draws do not distract from the day’s therapeutic topic. North

“Contingency Management helps reframe treatment as catching you doing something right as opposed to keeping you from doing something wrong.”

Dominick DePhilippis, Ph.D.
Education Coordinator
Center of Excellence in
Substance Addiction Treatment
and Education

Texas’s prize draws are based on half the number of group members in attendance. If ten Veterans attend, five names are pulled from the hat. Veterans whose names are pulled from the hat can then draw from the prize bowl containing prize slips of similar varying denominations. It is not uncommon for a Veteran with an impeccable record of group attendance to have his or her name pulled from the hat multiple times a session.

Veterans at North Texas have bought TVs, appliances, clothes, and food from VCS vouchers won through CM. The Veterans feel they have earned the rewards through their diligence in group attendance. The process also builds a sense of community and accountability for those who go to the groups regularly. Since the number of names pulled from the hat is based on half the number of Veterans in attendance, each group member has an incentive to encourage other Veterans to attend.

As with other behavioral interventions, the immediacy of the reinforcing reward is a critical component of CM. When a VCS retail store is not within a reasonable distance, sites have found creative ways to offer prizes while still using the VCS vouchers. At the North Florida / South Georgia VHS, the HUD-VASH SUD Specialist uses a prize cabinet of pre-purchased items to reward HUD-VASH Veterans for attending their Acceptance and Commitment Therapy Group. These sessions take place in a leased-space location away from the local VA Outpatient Clinic campus and over 60 miles away from the nearest VCS retail store. Instead of VCS vouchers, Veterans redeem their earnings by selecting items from the prize cabinet. Veterans are offered regular opportunities to choose what items are used to restock the cabinet, ensuring that there will always be desirable options available. Veterans also have the option of spending or saving their earnings. Since many Veterans often opt to save up their lower denomination slips to exchange for larger prizes, there is an added benefit of strengthening delay of gratification skills and their commitment to attend the next group.

Per CESATE's program monitoring, over 3,000 Veterans have participated in Abstinence CM since 2011. Out of the 41,107 urine drug screens completed, 38,059 (92.59%) have tested negative for the targeted substance. Of the 118 participating sites nationwide, only 20 are using their CM programs to directly serve homeless Veterans. This underrepresentation highlights a significant opportunity for homeless programs to implement this evidence-based practice at their facilities.

None of this would be possible without the generous partnership and ongoing contributions from the VCS. Each year VCS donates \$100,000 in voucher coupons to support CM throughout VA. They recognize that these coupons are not just rewards, but are an integral part of an effective health care intervention. CESATE even applies CM to their disbursement of vouchers to implementing sites. Vouchers are provided to reinforce site participation in ongoing fidelity coaching calls along with providing data to support quality improvement efforts. This arrangement allows for CM to be deployed indefinitely.

CONCLUSION

As an evidence-based practice, CM continues to prove effective in promoting attendance for substance treatment as well as reinforcing abstinence supporting behaviors. Interested sites may contact Dr. Dominick DePhilippis at CESATE to get started. We would like to thank the staff at the Overton Brooks VAMC, the North Texas HCS, the North Florida / South Georgia VHS, and the CESATE, for their time and effort in sharing this practice.

If you have questions about CM, please contact Dominick DePhilippis, Ph.D., Education Coordinator, at Dominick.DePhilippis@va.gov.