



PROMOTING AWARENESS OF MOTIVATIONAL INCENTIVES

Your Challenge: Helping patients abstain from drug use while in a treatment program.

An Evidence-Based Approach: Strategic use of low-cost motivational incentives.

Where to Start: Learn about a resource package available online at no cost from the NIDA/SAMHSA Blending Initiative.

Promoting Awareness of Motivational Incentives (PAMI) is a package of tools and training resources to introduce the principles and evidence base behind clinical use of motivational incentives. PAMI is based on positive research outcomes from the National Drug Abuse Clinical Trials Network (CTN) study “Motivational Incentives for Enhanced Drug Abuse Recovery (MIEDAR)” and lessons learned from Dr. Nancy Petry’s Fishbowl Method of offering incentives to patients.

“We use rewards as a clinical tool—not as bribery—but for recognition; the really profound rewards will come later.”
— Kellogg et al., 2005;
Petry & Bohn, 2003

Why Motivational Incentives?

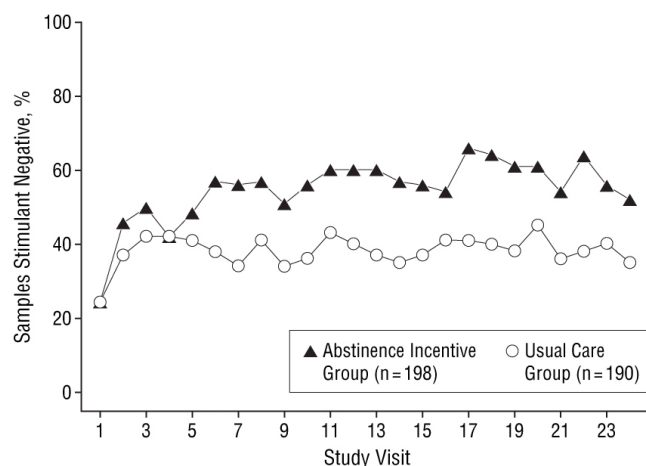
The answer is simple: Motivational incentives lead to higher rates of retention in treatment programs and abstinence from drug abuse (see figure). They don’t have to be elaborate or expensive. Researchers have found that using low-cost reinforcements (e.g., prizes, vouchers, clinic privileges) in conjunction with on-site urine screening can be effective. In the MIEDAR study, patients who participated in an incentive program were twice as likely to submit urine samples that were stimulant- and alcohol-negative than patients receiving “usual care.” The average cost of incentives was \$120 per participant.

Why PAMI?

The PAMI package is designed to build awareness of motivational incentives as a research-based therapeutic strategy within the addiction treatment field. The package

- Reviews the history and research pertaining to motivational incentives;
- Provides suggestions for overcoming barriers to implementing motivational incentives; and
- Offers an array of supporting materials with practical applications, including a video, *Successful Treatment Outcomes Using Motivational Incentives*.

STUDY GROUP COMPARISON OF STIMULANT-NEGATIVE URINE SAMPLE SUBMISSIONS OVER TIME



Pierce et al. (2006)

Approximately 25% of samples from both study groups tested negative for stimulants and alcohol at the first study visit. Overall, participants in the incentive group (54.4%) were significantly more likely to submit target drug-negative samples than were participants in the usual care group (38.7%).

The Science Behind PAMI

Both motivational incentives and motivational interviewing address patients’ ambivalence about stopping or reducing alcohol and other drug use. While motivational interviewing is a therapeutic approach that helps patients make the decision to pursue a path toward recovery, motivational incentive programs help patients modify and change a specific behavior.

The use of motivational incentives is more than the distribution of points, vouchers, and prizes. As a supplement to therapy, it is an effective strategy in the treatment of substance use disorders, and it can lead to a therapeutic culture centered on affirmation and celebration.

Incentives that patients value are more likely to change behavior. Surveying patients to find out what incentives they want to work toward—and making sure these items are available—is highly recommended.

7 CORE PRINCIPLES OF MOTIVATIONAL INCENTIVE PROGRAMS

1. Identification of target behavior
2. Choice of target population
3. Choice of reinforcer
4. Incentive magnitude
5. Frequency of incentive distribution
6. Timing of the incentive
7. Duration of the incentive

Implementing PAMI in Your Practice

How do we pay for an incentive program?

This may be one of the first questions asked by those wishing to establish an incentive program. Keep in mind that many incentives valued by your patients may cost nothing (for example, clinic privileges; rebates or refunds of fees; and take-home dosing, as in methadone maintenance programs).

The Fishbowl Method, which uses low- or no-cost incentives, features an intermittent schedule of reinforcement that can help you contain program

costs without sacrificing effectiveness. This method gives patients a chance to earn and win prizes. Unlike a lottery, however, patients stand to lose nothing of value when they draw from the fishbowl.

What patient behaviors should our incentive program target?

Select behaviors that are observable and easily measured. Examples include group attendance and the achievement of treatment goals identified in patients' treatment plans. If your organization already uses on-site urine screening, "abstinence" could be a targeted behavior that is measured at no additional cost.

Tools Included in the PAMI Package

A PowerPoint presentation introducing PAMI highlights the Fishbowl Method and the MIEDAR study. The Toolkit of research-based resources helps practitioners implement motivational incentive programs in clinical settings. The Toolkit includes

- Printable Fishbowl tickets.
- Background research articles.
- Trainer guide and training resources.
- Much more! ■

WAYS TO CONTAIN COSTS:

- Obtain prize incentives through donations from community groups or businesses.
- Use clinic privileges as incentives.
- Use a point system to distribute incentives.

References

- Kellogg, S. H., Burns, M., Coleman, P., Stitzer, M., Wale, J. B., & Kreek, M. J. (2005). Something of value: The introduction of contingency management interventions into the New York City Health and Hospital Addiction Treatment Service. *Journal of Substance Abuse Treatment*, 28, 57–65.
- Miller, W. R., & Rollnick, S. (2004). Talking oneself into change: motivational interviewing, stages of change, and therapeutic process. *Journal of Cognitive Psychotherapy: An International Quarterly*, 18, 299–308.
- Peirce, J. M., Petry, N. M., Stitzer, M. L., Blaine, J., Kellogg, S., Satterfield, F.,...Schwartz, M. (2006). Effects of lower-cost incentives on stimulant abstinence in methadone maintenance treatment: A National Drug Abuse Treatment Clinical Trials Network study. *Archives of General Psychiatry*, 63(2), 201–208.

THE BLENDING INITIATIVE

Accelerating the dissemination of research-based drug abuse treatment into clinical practice is a priority for the National Institute on Drug Abuse (NIDA) and represents the core mission of the **Blending Initiative**. NIDA and the Substance Abuse and Mental Health Services Administration (SAMHSA) joined together to create the **Blending Initiative** in 2001 to reduce the gap that exists between the publication of research results and impact on treatment delivery. This initiative incorporates collaboration between clinicians, scientists, and experienced trainers to catalyze the creation of user-friendly treatment tools and products and facilitate the adoption of research-based interventions into front-line clinical settings. Through this initiative, NIDA and SAMHSA's Addiction Technology Transfer Centers (ATTCs) disseminate treatment and training products based on results from studies conducted by the National Drug Abuse Clinical Trials Network (CTN) as well as other NIDA-supported research.

Get the Products and Additional Resources from:

Motivational Incentives Web-Portal: www.bettertxoutcomes.org

National Institute on Drug Abuse: <http://www.drugabuse.gov/blending-initiative>

SAMHSA ATTC: <http://www.attcnetwork.org/blendinginitiative>

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