

Promoting Awareness of Motivational Incentives (PAMI)

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Objectives

- Define motivational incentives.
- Review studies that support the use of motivational incentives.
- Learn the 7 steps for planning and implementing a motivational incentive program.
- Use the fishbowl technique
- Identify no-cost and low-cost incentives
- Recognize the ways that motivational incentives can be used to enhance treatment.

▶ DEFINITIONS

**Motivational
Incentives**
=
**Contingency
Management**



Motivational Incentives



- ▶ Enhance treatment and facilitate recovery
- ▶ Target specific behaviors included in a patient's treatment plan
- ▶ Celebrate an individual's success in changing targeted behavior

Motivational Incentives

- ▶ Used as an adjunct to other therapeutic clinical methods
- ▶ Can be used to motivate patients through stages of change to achieve an identified goal
- ▶ Are reinforcements to celebrate the changed behavior



► WHY MOTIVATIONAL INCENTIVES?

Motivational Incentive Programs

A Motivational Incentive program provides tangible **reinforcers** such as vouchers, goods, or privileges to patients for reaching concrete targeted behaviors.



► DEFINITIONS

Reinforcements

Reinforcement is used to **increase** the occurrence of a **desired** behavior

- **Positive reinforcement** involves presentation of a pleasant stimuli after a desired behavior occurs
- **Negative reinforcement** involves the removal of an aversive stimuli after a desired behavior has occurred

**GOAL =
INCREASE
BEHAVIOR**



▶ DEFINITIONS

Positive Reinforcement

Positive reinforcement involves presentation of a pleasant stimuli after a desired behavior occurs.

EXAMPLE:

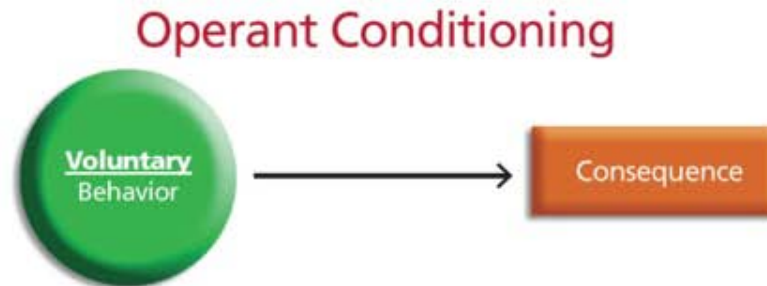
You go to work every day, perform expected duties and receive a paycheck at regular intervals.



▶ DEFINITIONS

Operant Conditioning

- Operant Conditioning refers to an association between a voluntary behavior and consequence



- The nature of the consequence will impact whether the behavior occurs again

Motivational Incentives are positive reinforcers (consequences) used to increase a desired behavior.

► DEFINITIONS

Rewards

- Mark an accomplishment or milestone worthy of celebration
- Acknowledge the achievement of larger goals or accomplishments
- Typically rely on patient's *internal* motivation for success

EXAMPLE:

In a treatment setting, a patient receives recognition for maintaining abstinence for one month.



▶ DEFINITIONS

Reinforcement/Reinforcers

- Reinforcement strategies increase the occurrence of a specific, desired behavior by breaking a larger goal down into smaller “Baby Steps” and reinforcing each of the steps as it occurs.
- Reinforcers are given at a high frequency for small, manageable instances of behavior change with the intent to make the reinforcers easy to earn.



EXAMPLE:

In a treatment setting a patient receives an incentive for attending each group session. This strategy serves as a baby step to encourage a patient to attain a larger goal of completing a course of treatment.

▶ HISTORY & RESEARCH

1970s

- Drs. Cohen, Liebson, and Bigelow studied reinforcement principles with patients being treated for alcohol use disorders
- Dr. Maxine Stitzer studied using reinforcers with patients being treated with methadone for opioid dependence
 - Reinforcers were earned for treatment attendance or drug-free urine samples
 - The use of reinforcers improved retention, attendance, and abstinence

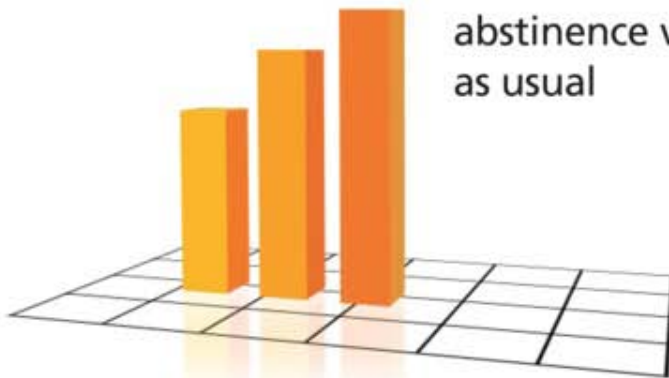


Bigelow & Silverman, 1999; Cohen, Liebson, Faillace, & Allen, 1971; Stitzer, Iguchi, Kidorf, & Bigelow, 1993

▶ HISTORY & RESEARCH

1980s

- Dr. Stephen Higgins began studying reinforcement principles with patients being treated for cocaine dependence
- Patients earned vouchers for drug-free urine screens
 - For example, in one study, 75% of the patients who received incentives plus treatment as usual were retained in the 6-month study vs. only 40% of those who received only treatment as usual
 - And, 55% of patients who received incentives plus treatment as usual achieved at least 10 weeks of continuous cocaine abstinence vs. 15% of those who received only treatment as usual



Higgins et al., 1994

▶ HISTORY & RESEARCH

Incentives Improve Retention of Patients Who Use Stimulants

MIEDAR Study

- 400 patients enrolled in NIDA's CTN Study
- Patients who reported cocaine, methamphetamine or amphetamine use were enrolled in one of two treatment conditions
 - Treatment as usual plus abstinence-based incentives
 - Treatment as usual (no incentives)
- Patients receiving incentives and treatment as usual attended more counseling sessions and had longer periods of abstinence than patients in the treatment as usual condition



Petry et al., 2005

▶ HISTORY & RESEARCH

Incentives Improve Outcomes in Patients With Methamphetamine Use Disorders

MIEDAR Study

- Patients receiving incentives plus treatment as usual submitted more stimulant- and alcohol-negative samples than patients who only received treatment as usual



Roll et al., 2006

► HISTORY & RESEARCH

Lower-Cost Incentives Improve Stimulant Abstinence for Patients in Methadone Maintenance Treatment

MIEDAR Study

- Patients in methadone maintenance treatment reduced their alcohol and stimulant use when given lower-cost incentives
- Patients receiving incentives submitted more stimulant- and alcohol-negative samples than patients who only received treatment as usual
- Patients in the incentive group received an average of \$120 in incentives/per participant over 12 weeks



Peirce et al., 2006

▶ FOUNDING PRINCIPLES

The 3 Essential Elements



- 1 Target behaviors must be readily detected
- 2 Tangible reinforcers are provided whenever the targeted behavior is demonstrated
- 3 When the target behavior does not occur, the reinforcers are withheld



► **FOUNDING PRINCIPLES**

Founding Principles

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



Today's Fishbowl Exercise!

- When a question is asked, the first individual who raises his/her hand to answer gets 1 pick from the fishbowl.
- Available Prizes!

Fish Bowl Video

http://pami.nattc.org/explore/priorityareas/science/blendinginitiative/pami/product_materials.asp

► **LOW COST INCENTIVES**

Challenges

Isn't this just rewarding patients for what they should be doing anyway?

That's a common concern. But sometimes the problem is that patients are not doing the things that are good for them and need a motivational boost!



Let Me Tell You a Story...



What About You?

What goals have you been wanting to achieve that you have not yet accomplished?

Quitting Smoking?

Weight Loss?

Stop Nail Biting?

Saving Money?

▶ FOUNDING PRINCIPLES

1. Identify Target Behavior

A target behavior should be:

- Problematic and in need of change
- Observable
- Measurable
- Relatively easy for the patient to accomplish (at least initially)

What behavior will you target with incentives?



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► FOUNDING PRINCIPLES

2. Choice of Target Population

EXAMPLES:

- Patients not responding to treatment
- Newly enrolled patients
- Users of a specific substance (e.g., patients enrolled in a methadone program and continuing to use cocaine)
- Vulnerable population (e.g., pregnant women)

Who will you target with reinforcement-based interventions?

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▶ FOUNDING PRINCIPLES

3. Choice of Reinforcer

- May be different from what *you* want or like to do—and it is not what *you* think is good for the patient
- Critical to view from patients' perspectives, or you will compromise effectiveness

It must be something the patient wants or likes to do.

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Recognize Diversity!



▶ FOUNDING PRINCIPLES

3. Choice of Reinforcer *continued*

Three major types of incentive programs

- **Access to clinic privileges**
Example: Take-home dose of methadone
- **On-site prize distribution**
Example: A prize cabinet contains many small prizes, some large prizes and a few jumbo prizes
- **Vouchers or other token economy systems**
Example: Points or vouchers are accumulated in an account and redeemed for retail goods or services



▶ FOUNDING PRINCIPLES

4. Incentive Magnitude

- Will determine the degree to which the intervention is effective
- Should be able to compete with reinforcement derived from the behavior targeted for change
- Increases as the desired behavior is repeated

The Fishbowl Method gives patients the opportunity to win prizes of varying magnitude.



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► FOUNDING PRINCIPLES

5. Frequency of Incentive Distribution

- Can the targeted behavior be reinforced frequently?
- What method will be used to distribute incentives?
- How often will the incentive be distributed?



▶ FOUNDING PRINCIPLES

6. Timing of Incentive

- Immediacy is important
- Poor timing can undermine the most well-planned intervention

I earn a point for each recovery meeting I attend weekly.



▶ FOUNDING PRINCIPLES

7. Duration of Intervention

How long?

Until the patient...

- Internalizes the recovery process
- Develops naturally-occurring reinforcers that support recovery



▶ LOW COST INCENTIVES

Challenges



- Cost of incentives
- On-site testing
- Counselor resistance

Important Note:

- It is not necessarily the monetary value of the incentive but what it represents.
- Smiley Faces and Time to Shine Awards
- Attendance Rosters and Stickers



▶ **LOW COST INCENTIVES**

Managing the Cost

- **MIEDAR** studies focused on managing the cost and efficacy of incentives
- **Fishbowl Method** – patients select a slip of paper (or ticket) from a Fishbowl
- Behavior is reinforced immediately
- Patient draws from the Fishbowl immediately after a drug-free urine screen
- Patient exchanges prize slip for a selected prize from the cabinet

NANCY PETRY, PH.D.



Fishbowl
Method 

The logo for the Fishbowl Method, featuring a stylized blue fishbowl with a white outline and a small white fish inside.

▶ **LOW COST INCENTIVES**

Fishbowl Ticket Ratios

To manage cost, ticket ratios are as follows:



TICKET	COST	CHANCE
Good Job	\$0	50.0%
Small	\$1	41.8%
Large	\$20	8.0%
Jumbo	\$80-\$100	0.2%

▶ LOW COST INCENTIVES

Fishbowl Method

Patients select an increasing number of draws each time they display a targeted behavior.

- Get one draw for the first drug-free urine sample, two draws for the second drug-free urine sample, and so on
- Lose the opportunity to draw a prize with a positive urine screen, but are encouraged and supported
- When patients test drug-free again, they start with one draw



Fishbowl Reactions

- How did it feel to pick from the fishbowl?
- What did you think of your prize? Was it something that you would want? Was it something you wouldn't want.

▶ **LOW COST INCENTIVES**

Challenges

How do I set up a Prize Cabinet to deliver prizes (incentives)?

For tools and ideas, visit the
Motivational Incentive Web-Portal
@ www.attcnetwork.org or
www.bettertxoutcomes.org.

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

National Institute on Drug Abuse (NIDA)

- <http://www.nida.nih.gov/blending>

NIDA's CTN Dissemination Library

- <http://ctndisseminationlibrary.org>

Motivational Incentive Web-Portal

- www.ATTCnetwork.org
- www.bettertxoutcomes.org



On-Demand, Self-Paced Course

To learn more about implementing Motivational Incentives , go to www.attconlinecourses.org and take the course titled...

***Motivational
Incentives:
Positive Reinforcers
to Enhance Successful
Treatment Outcomes
(MI-PRESTO)***



Thank you!