

# RECOVERY

*The official newsletter of the  
Fletcher Group Rural Center Of Excellence*



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## AN EXCITING NEW OPTION FOR CHANGING BEHAVIOR

*by Founder and Chief Medical Officer Dr. Ernie Fletcher*

Humans are hardwired to seek and repeat what feels good. It's what creates the powerful temptation to reuse. But the same hardwiring can be used for good, as in the case of Contingency Management, an evidence-based approach that uses motivational incentives to create pro-recovery behavior.

CM can be especially helpful for people who don't want or can't take medications, who have not been successful with other services, or who lack access to other treatments. Because the latter applies so often to the rural areas we serve, we're honored to team up with researchers at Washington State and Wayne State universities to bring you the exciting new programs described in this newsletter.

We hope you'll check out these new programs, spread the word about them and—better yet—sign up to participate so that as many rural recovery home residents can benefit as possible.



The Fletcher Group Rural  
Center of Excellence

# CONTINGENCY MANAGEMENT 101

Contingency Management rewards patients for meeting treatment goals such as testing negative on a urine toxicology test, engaging in treatment, or taking medications according to schedule.

## Proven Effective

CM is endorsed as an evidence-based intervention by the National Institute on Drug Abuse and by SAMHSA's Addiction Technology Transfer Center Network. Its benefits have been documented in numerous studies such as that conducted by Dr. Nancy M. Petry for the National Institutes of Health in which she deemed CM "a highly effective treatment for substance use and related disorders." Carl Erik Fisher, author of "The Urge—Our History of Addiction," credits CM with "five-year success rates of 75 percent or higher, eclipsing the effectiveness of essentially all other addiction treatments."

## Widely Used

CM is practiced at 108 facilities within the U.S. Veterans Administration, the nation's largest healthcare system. It's also been implemented by the New York City Health and Hospital Addiction Treatment Service and has become a standard treatment at the UK's National Health Services.

## How It Began

Some might point back as far as the 1960's to pioneering behaviorists John Watson and B.F. Skinner who theorized that behaviors are shaped by their consequences. But most agree that Contingency Management made its formal debut in the 1980s when Stephen Higgins, a psychologist at the University of Vermont, began using rewards to treat people with cocaine addiction.

## Immediate Success

In addition to normal counseling, Higgins added a voucher system that gave people small rewards, such as sports equipment and movie passes, for cocaine-negative urine samples. Additional rewards were earned for longer stretches of abstinence.

The strategy proved highly successful with 55 percent of the voucher subjects in early experiments staying drug-free for ten consecutive weeks, compared with fewer than 15 percent for subjects receiving other treatments.



## Not Everyone Agrees

For some, empirical questions linger. How long, for example, must CM be delivered before the abstinence-related benefits carry on without the rewards in place?

And though few deny its effectiveness in treating substance use disorders, many organizations reject standalone CM because it doesn't match the fee-for-service model used in many managed healthcare settings. In other words, it can be hard to fund.

Yet others object on philosophical grounds—that individuals should not be paid to abstain.

## But It Works!

The fact remains, however, that despite its simplicity, Contingency Management often produces positive—and sometimes even spectacular—results.

# OUR PARTNERSHIP WITH WASHINGTON STATE

Contingency Management has already proven effective at the the Veterans Administration and the UK's National Health Services. The Fletcher Group RCOE, in concert with researchers at Washington State University, believes it's time now to see if CM can be just as effective at recovery homes in rural America.

Heading the WSU team are Dr. Mike McDonell and Dr. Sarah Parent. McDonell has worked as a clinical psychologist for over 20 years, has conducted several studies demonstrating CM's effectiveness, and currently leads an effort to test incentive interventions within American Indian and Alaska Native communities. Dr. Parent is a Clinical Assistant Professor who's helped develop CM training materials, fidelity measures, and instructional workshops, including those for the Montana Primary Care Association and the Washington State Health Care Authority.

## Doing It Right

No one size fits all, especially when it comes to rural recovery homes that vary widely in size, style, services, and locale. For that reason, WSU researchers are launching their program by soliciting feedback from rural recovery home owners, operators, and staff.\* Five dollars is offered to those willing to watch a brief video about CM and take a short survey. Twenty dollars is offered to those who agree to be interviewed and another twenty dollars for those chosen to be in a focus group. (To sign up, see the highlight box below.)

## Care to Learn More?

Whether providing feedback or not, be sure to watch the two videos appearing on our Contingency Management web page (see below). The first will give you a quick overview of how CM can benefit recovery housing residents. The second is of a recent webinar presented by Dr. McDonell and Dr. Parent in which they discuss CM in greater detail, followed by an informative Q&A session.

## You're Invited!

To take part in the WSU survey and/or sign up for their valuable new program, visit the Fletcher Group's Contingency Management web page at [fletchergroup.org/contingency-management/](https://fletchergroup.org/contingency-management/)



**Dr. Mike McDonell**



**Dr. Sarah Parent**

## Professional Services At No Cost

And if CM sounds like something you'd like your recovery home residents to experience, you can quickly get started at the same web page. Once you've signed your home up for WSU's CM program, you'll receive the highest quality professional services at absolutely no cost to you.

It's an extraordinary offer that could make a huge difference for your residents.

\*Participants must speak English, be 18 years or older, and must currently live or work in a recovery residence.

# OUR PARTNERSHIP WITH WAYNE STATE UNIVERSITY

In another cutting-edge partnership, the Fletcher Group ROCE will support the work of Wayne State researchers in a pilot project involving up to ten rural recovery homes. All necessary materials, technology, and incentives will be provided free of charge as researchers assess CM's effectiveness and develop a much-needed set of "Best Practices" for implementing CM at rural recovery homes.

Dr. David Ledgerwood, clinical psychologist and professor at the Wayne State University Department of Psychiatry and Behavioral Neurosciences, will oversee the project. He's conducted several substance use disorder treatment studies funded by the National Institutes of Health before, including research showing the effectiveness of motivational incentives in promoting abstinence from cocaine, opioids, tobacco, and other substances.

## The Goal

The program seeks to gauge the effectiveness of CM in retaining recovery home residents while engaging them in meaningful activities favorable to their recovery.

## How It Works

The pilot program will apply the same Contingency Management training and treatment protocols used in previous studies funded by the National Institutes of Health. Incentives, such as money added to a debit card, will encourage activities supportive of the transition to independent living, health and well-being, such as looking for a job, attending a treatment session, or initiating a family outing. Residents will meet each week with an assigned recovery house staff member to agree on three recovery-oriented activities the resident will complete in the following week. For each completed activity, the resident will receive a monetary incentive capped at \$15 per contingency up to a total of \$75.00. Participants will also be paid \$50 for completing each of three major assessments conducted by Wayne State researchers.

## You're Invited!

Those interested in participating are invited to contact Dr. David Ledgerwood by calling 313-993-1380 or writing him at [dledgerw@med.wayne.edu](mailto:dledgerw@med.wayne.edu).



**Dr. David Ledgerwood**

## Hands-On Training

Dr. Ledgerwood will conduct two half-day or one full-day training sessions in how to monitor and track target behaviors. To compare results, half of the recovery house residents who agree to participate will receive CM and half will not. Their treatment will be identical in all others respects.

## Why It's So Important

Treatment engagement and retention are particularly important in rural communities where the resources needed to prevent the relapse of a departed resident are often lacking, if not completely non-existent.