



So You Want to Implement Contingency Management: A Technical Assistance Package to Establish Readiness Among the Multi-tiered Personnel of an Opioid Treatment Program

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Background

By virtue of 200+ treatment trials conducted over half a century, Contingency Management (CM) is well-established for promoting treatment adherence among persons with substance use disorders. Meta-analyses^{1,3} of diverse CM protocols note reliable efficacy of about a ½ standard deviation of clinical benefit across a host of behavioral targets. Accordingly, CM-focused technical assistance is sought by addiction care settings, including opioid treatment programs (OTPs), prompting need for empirically-supported technical assistance packages.

Objective

To document utility of a CM-focused technical assistance package for establishing organizational readiness via:

- 1) Engagement of OTP leaders in a collaborative design process⁴ to customize CM programming to local needs and resources,
- 2) Provision of training and skills-based coaching to clinical staff in anticipation of their delivery of the CM programming, and
- 3) Synchronization of the OTP's systems (clinical documentation, staff supervision, accounting) to support success in future implementation

A CM Technical Assistance Package

A centerpiece of this technical assistance package was an online training⁵, with distinct modules for executive, supervisory, and direct-care personnel. While all receive didactic orientation to core CM principles and practices, the respective modules offer: 1) guided opportunity for executives to draft CM programming customized to setting needs/resources; 2) clinical demonstrations of six fidelity domains and prompts for pairs of direct-care staff to engage in role-plays; and 3) a resource toolkit, with fidelity-monitoring activities for clinical supervisors to apply in future individual/group supervision sessions.



Technical Assistance Activities

In a sponsored SOR arrangement with Northwest ATTC, Oregon Health Authority recruited an OTP located in Medford, OR as a pilot site in a CM implementation project. To supplement the noted online training, the Northwest ATTC provided intensive technical assistance via a set of virtual activities. Project activities adhered to the Exploration-Preparation-Implementation-Sustainment (EPIS) model⁶, for which an illustration is offered here.



Exploration Phase – Initially, OTP needs and resources were elicited in meetings with its executive staff, who also drafted CM programming amidst completion of the ‘decision-maker’ online training module. A Northwest ATTC subject matter expert suggested refinements to enhance its priming and escalation features, with which OTP executives agreed and integrated into the eventual CM programming as implemented (outlined below).

Features of Customized CM Programming

Target Population – patients evidencing stimulant use at intake or by subsequent pattern of misuse

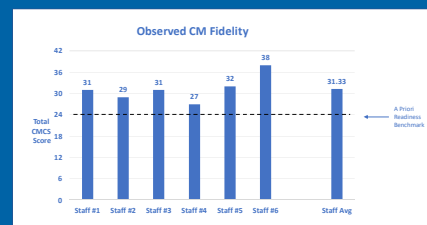
Target Behavior – stimulant abstinence, verified by results of random weekly urinalysis, over 180 days in the OTP’s clinical services as-usual

Reinforcers – electronic gift cards from a variety of local vendors, distributed in \$5 increments and totaling no more than \$75 per patient

Reinforcement System – voucher-based CM that incorporated priming and escalation features into a ‘point-system’ akin to a token economy (\$1 = 1 point)

Technical Assistance Activities, Cont’d

Preparation Phase – Upon identifying a subset of OTP staff to serve as the local implementation team, recurrent meetings focused on synchronizing systems for clinical documentation, staff supervision, and accounting to support successful implementation. Concurrently, the OTP’s clinical supervisor and direct-care staff completed their respective online training modules and subsequently participated in 4 hours of skills-focused virtual coaching that emphasized real-time expert demonstration and staff rehearsal via role-play. To conclude, each staff member completed a virtual CM encounter with a standardized patient—for which a subject matter expert observed, used the Contingency Management Competence Scale (CMCS⁷) to apply Likert fidelity ratings (1=Very Poor, 7=Excellent), and offered performance-based feedback. As illustrated, all resulting performances by OTP staff exceeded an *a priori* readiness to implement’ benchmark.



Implementation Phase – Following OTP identification of its implementation start, the setting utilized the preceding week as a setting-wide systems rehearsal/walk-through. Subsequently, the focus of recurrent meetings amongst Northwest ATTC personnel and the local implementation team was on compiling materials for a local CM resource library and trouble-shooting any emergent challenges. As of this writing, these monthly meetings continue.

Sustainment Phase – While not yet initiated, its focus will be to evaluate initial clinical effectiveness of CM programming, and to aid the OTP with its decision to sustain, adapt, or discontinue the CM programming.

Discussion

These ongoing implementation support efforts with an Oregon-based OTP evidences empirical support for this CM-focused technical assistance package. By combining consultative meetings, a comprehensive online training, and virtual coaching of clinical staff, organizational readiness for CM implementation was achieved among the multi-tiered OTP personnel. That this pairing of synchronous and asynchronous components of technical assistance were feasibly delivered amidst the COVID-19 pandemic is encouraging, and suggest strong prospect for replicability with other settings. While the corresponding clinical effectiveness of the CM programming at this OTP has yet to be evaluated, evidence of these initial and continuing implementation outcomes is cause for optimism from a workforce development perspective.

Acknowledgements

This work is supported by Substance Abuse and Mental Health Services Administration (SAMHSA), grant #1H79T1080201 HHS Region 10 Addiction Technology Transfer Center (Hartzler, PI) and # 1H79T1081716, Oregon State Opioid Response (McIlveen, PI). The contents are those of the authors and do not necessarily represent official views of, nor endorsement by, HHS, SAMHSA, or the U.S. Government. We thank Oregon Recovery and Treatment Centers for their contribution, and particularly the collective staff and patients at the Medford Treatment Center for their collaborative efforts.

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