Family-Based Contingency Management for Youth Addiction

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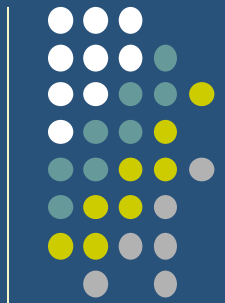
CM Research on Adults

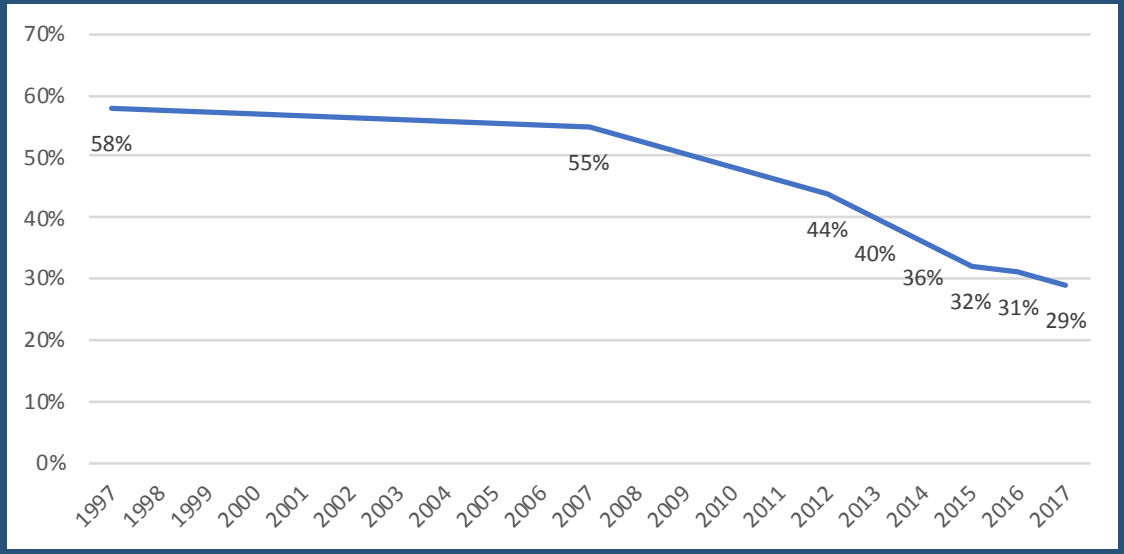


- CM is an evidence-based practice (EBP) for both adult and adolescent drug use
- Initially established as an EBP for adults
- CM for adult drug use achieved:
  - Higher rates of abstinence
  - Longer durations of abstinence
  - Better treatment retention and completion
  - Positive effects on important outcomes:
    - Quality of life, HIV-risk behaviors, Psychiatric symptoms

Pop Quiz

- What percent of adults in addiction treatment started using alcohol or drugs as a teen (before age 17)?
  - A. 29%
  - B. 46%
  - C. 74%

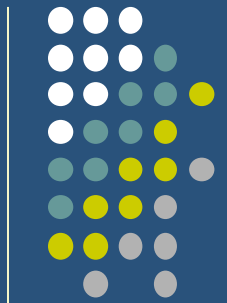
- What percent of 12th graders report that regular marijuana use is harmful?
  - A. 29%
  - B. 58%
  - C. 74%



CM for Adolescents

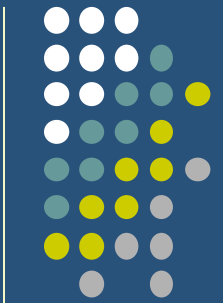
- CM is one of the most effective treatments for teen substance use

CM for Adolescents



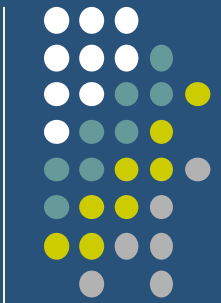
- Grounded in behavior management & CBT
- Identifies & manages substance use triggers
- Offers incentives & disincentives to encourage abstinence
- Typically last 16-20 sessions, 1x per week

Adolescent CM Components



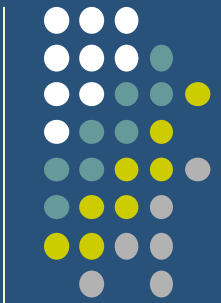
1. **Family Engagement**
   - CM is family-based
   - Parent, or other responsible adult, plays role in:
     - Identifying teen's drug use triggers
     - Monitoring teen between sessions
     - Implementing reward plan
     - Leading long-term recovery plan

Adolescent CM Components



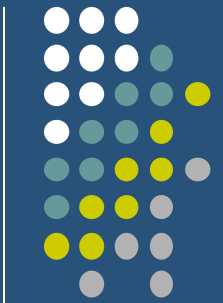
2. **Identifying Triggers**
   - Antecedent-Behavior-Consequence (ABC) assessment
     - Identifies triggers & consequences for use & non-use
3. **Self-Management & Drug Refusal Skill Training**
   - Detailed plans to target drug use triggers
   - Plans help teen avoid triggers & cope with unavoidable ones

Adolescent CM Components



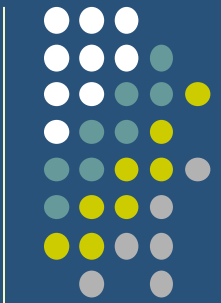
4. **Rewards System**
   - Rewards are provided to compete with positive consequences of drug use
   - Rewards are non-monetary (privileges) & monetary (vouchers)
   - Rewards are selected by teen & approved by parent
   - Rewards are provided (or taken away) depending on teen's drug screens

Adolescent CM Components



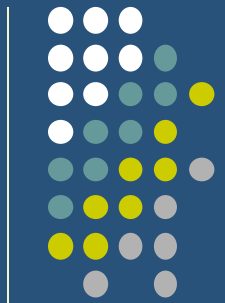
5. **Drug Testing**
   - Used to objectively measure drug use
   - Administered during sessions, at random clinic visits, & at home by parent
   - Testing schedule determined by teen's drug of choice & at high-risk times

Adolescent CM Components



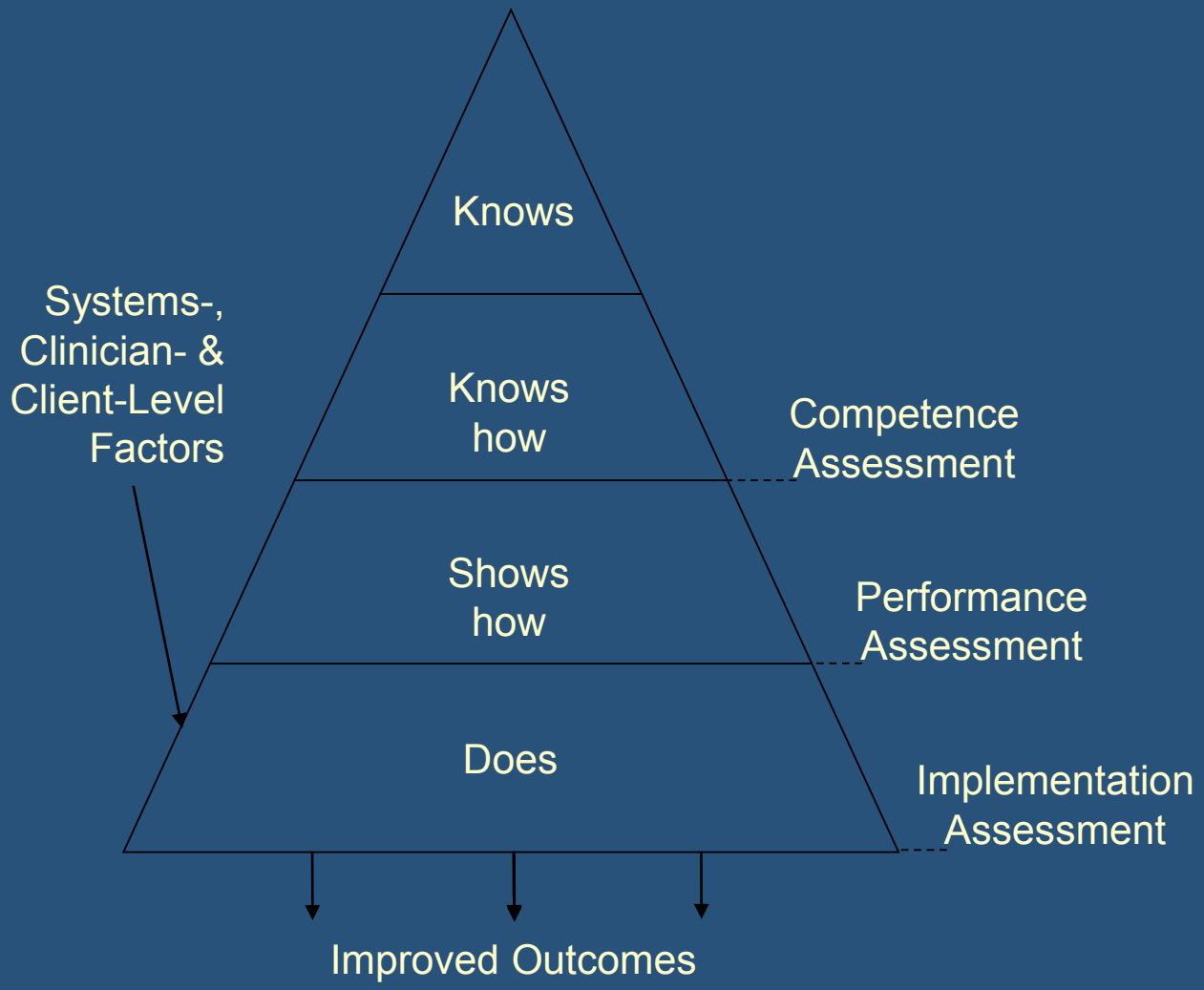
6. **Promoting Self-Efficacy**
   - Reinforcing skills & planning for future struggles
   - Prioritize recovery by building teen & parent skills
7. **Individualized Approach**
   - Individualized to the strengths/needs of family
   - CM is culturally competent
   - CM includes strategies for engaging parents

CM Research on Adolescents

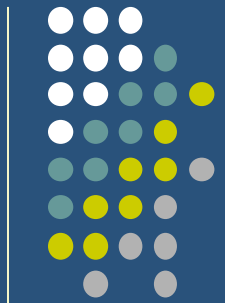


- Compared with supportive counseling, CM for youth achieves better outcomes for:
  - drug use abstinence
  - mental health and conduct problems
  - work/school attendance
- “Real world” research
- Fidelity research

Stages of Clinical Training



Study 1: Statewide Adoption and Implementation of CM



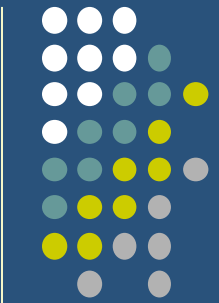
Key Questions:

- Will leadership in public sector mental health & substance abuse agencies support training in CM for adolescent substance use?
- Will practitioners across these sectors attend CM training?
- What are the reasons for & barriers to attendance?
- Following the workshop, what are the rates for and barriers to implementing CM?

Will leadership in public sector mental health & substance abuse provider agencies support training in CM?

- Across an entire state, 91% (30 of 33) of D&A organizations & 82% (14 of 17) of MH organizations supported participation
- Primary reasons for not supporting participation:
  - Lost productivity concerns
  - Internal policies regarding practitioner compensation for research
  - Exclusive commitment to a different EBP

Will practitioners across these sectors attend CM training?

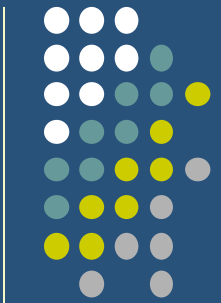


- *There were a total of 636 practitioners approached across the 30 D&A and 14 MH provider organizations*
- 543 practitioners consented for participation (initially agreed to attend a CM training)
  - 97% of D&A practitioners
  - 81% of MH practitioners
- 432 practitioners attended the CM workshop
  - 79% of participating D&A practitioners
  - 80% of participating MH practitioners

What are the reasons for & barriers to attendance?

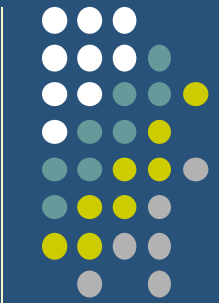
- Reasons for attending (≥90%):
  - Agency supported attendance
  - Interested in the topic
  - Wanted to know more about treating youth addiction
  - Believed clients would benefit from CM
  - Access to tools & materials

What are the reasons for & barriers to attendance?



- Barriers to attending:
  - *Theoretical Incompatibility was very rarely endorsed*
  - Practical
    - Too busy to attend (61%); date inconvenient (61%); time inconvenient (33%)
  - Organizational support
    - My agency did not support my attendance at the workshop (28%)
    - I did not have enough supervisor support to use CM (19%)
  - Not Pertinent
    - I do not treat substance abuse (31%)
    - The topic was not relevant to my daily practice (21%)

Following the workshop, what are the rates for and barriers to implementing CM?



- 52% of drug abuse sector reported use of CM
- 65% of mental health sector reported use of CM

- Most frequent barriers cited:
  - drug use is lower priority vs. other clinical problems (74%)
- Least frequently cited:
  - dislike of manuals (27%)
  - dislike of vouchers (27%)

Pop Quiz

- How much $ does a single lifetime of crime (i.e., a youth lost to a criminal career) cost the US public?
  - A. $150,000
  - B. $500,000
  - C. $1 million

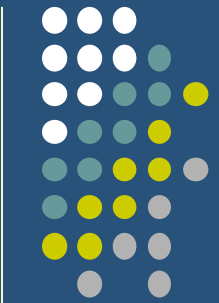
- What percentage of juvenile offenders in the U.S. receive an evidence-based treatment?
  - A. 5%
  - B. 50%
  - C. 85%

Study 2: Integrating CM into Juvenile Drug Courts

Key Questions:

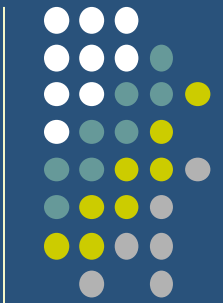
- Will court leadership support training in CM?
- How will the therapists and court stakeholders view CM, and will they be open to adopting the model?
- Will the integration of CM into juvenile drug courts help improve youth outcomes?

Will court leadership support training in CM?



- The key leaders at 6 juvenile drug courts were approached for the study and all agreed to participate
- 3 courts were randomized to receive CM training and the others continued their usual services (US)
- For the 3 CM courts:
  - All therapists and court stakeholders (judges, coordinators, prosecutors, defense attorneys, juvenile justice personnel) attended the training

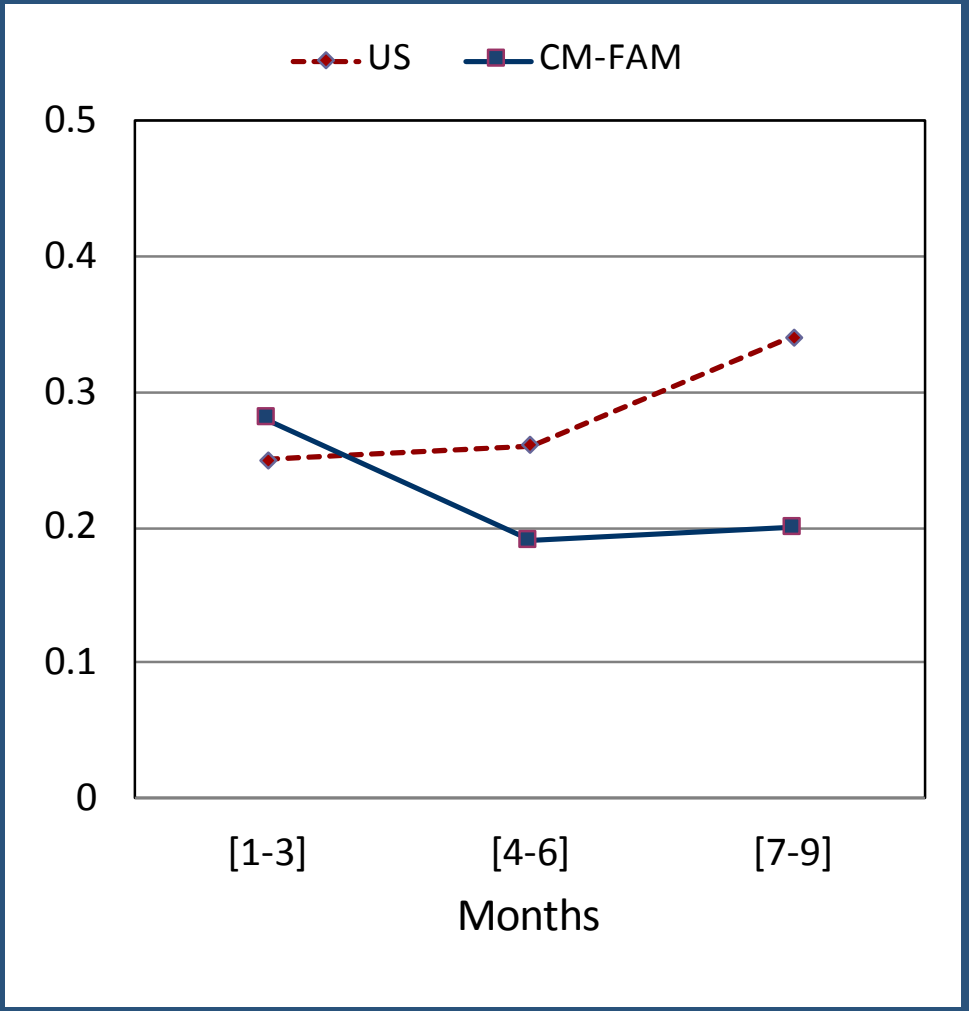
How will the therapists and court stakeholders view CM, and will they be open to adopting the model?



- Therapists and stakeholders have very favorable impressions of CM
  - Those at the CM (vs. US) courts reported a significantly greater reduction in perceived program needs and greater treatment satisfaction over a 12-month follow-up
  - Views towards tangible incentives increased over time for the CM courts (remained stable for the US courts)
  - Therapists who were trained in CM actively tried out CM in their courts

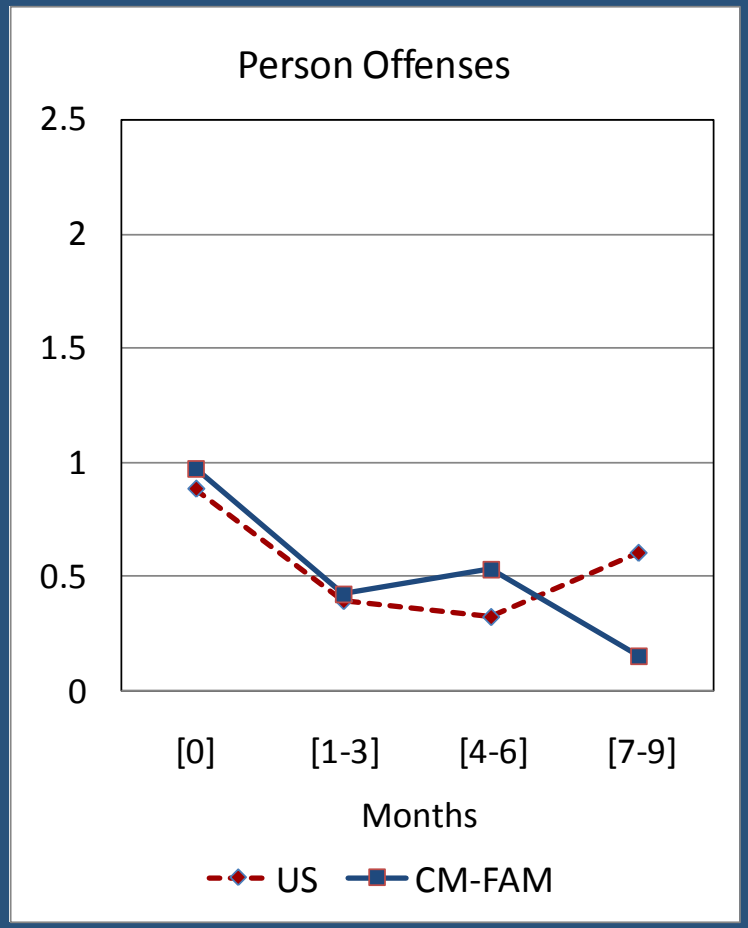
Will the integration of CM into juvenile drug courts help improve youth outcomes?

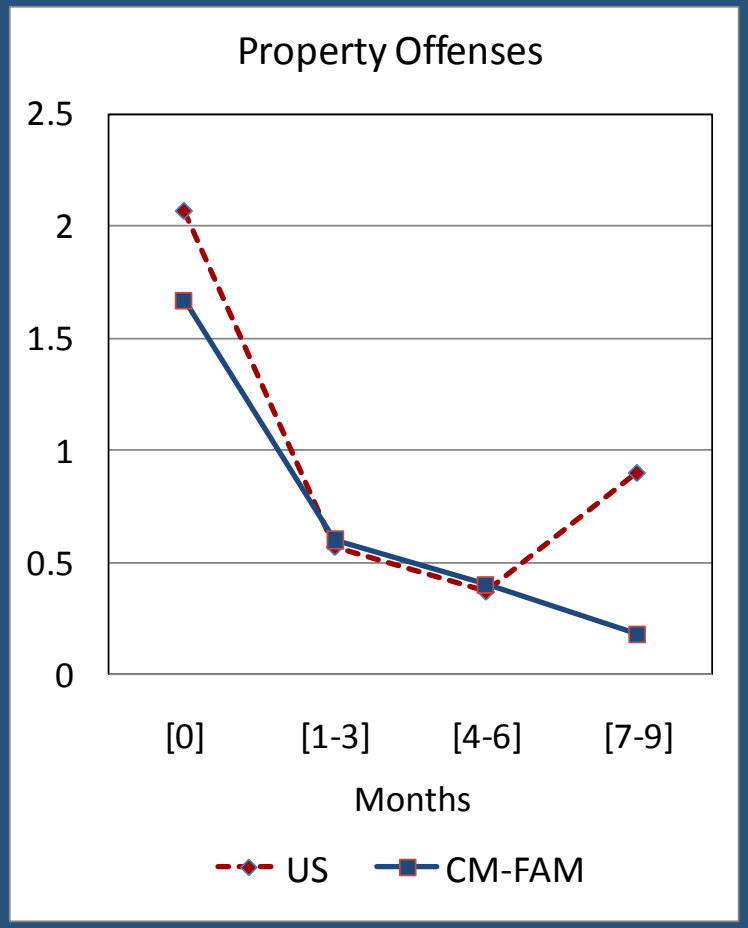
- The probability of positive urine drug screens for marijuana decreased over time for CM youth in drug court but increased for US youth in drug court



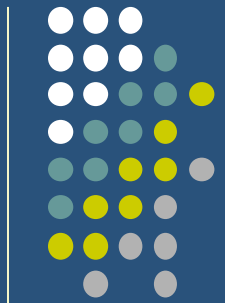
Will the integration of CM into juvenile drug courts help improve youth outcomes?

- CM youth reported greater decreases in criminal behavior compared to US youth





What we learned from these two major studies?



- Leadership across MH and D&A sectors and juvenile drug court settings will support CM training
- Community-based practitioners are interested in and will attend CM training
- Substantive percentages of practitioners will attempt to implement CM when given the resources to do so
- Practical barriers are the most commonly cited barrier to both attendance at training and use of CM
- CM implementation in justice settings improves youth- and system-level outcomes

Did you know?

- Home of the deepest lake in the US (Crater Lake)
- The only state with a different image on the front and back of the state flag
- Home of the first city to have one-way streets

- The only state with an official state nut

Front

Back

Our Other CM Research (Non-Justice)

- Mechanisms of Action for CM

- Training studies to achieve CM fidelity
  - Intensive quality assurance vs. workshop training
  - Web-based training and support
  - Training+Feedback+Coaching = change in both trainee behavior and client outcomes

Our Other CM Research (Justice)

- Task-Shifting to other providers (The JPO-CM Study)
  - CM is relatively straightforward and is consistent with existing JPO practices (monitoring drug use via urine screens, rewards/consequences, trying to engage parents)
  - By and large, JPOs (in ID & NV) are doing great CM
  - JPOs report that CM gives them tools for targeting teen drug use, but also skills to engage and empower parents
  - JPOs also report that they're generalizing skills to non-drug using youth