

Frequently Asked Questions

Promoting Awareness of Motivational Incentives

Q: Does this lead to gambling addiction? A: Just like parents know that positive reinforcements work to influence their children's behavior, the same approach can be used to motivate drug users to remain in treatment and abstain from drug use. Research has constantly proven that reinforcing a behavior can increase its frequency. In studies conducted by Stitzer and Petry, people with gambling problems were excluded and among the rest of the patients no one has ever developed a gambling addiction as a result of motivational incentives.

Q: Isn't this just rewarding patients for what they should be doing anyway? A: No. An incentive for our field is a clinical practice not to be confused with a business practice used in other industries. Once staff actually see the impact of incentive programs on their patients, objections and misgivings about rewards are diminished. "We came to see that we need to reward people where rewards are few and far between. 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).

Q: What about the cost? A: Using a program such as the Fishbowl Method has been very popular because it involves the use of low-cost incentives using an intermittent reinforcement schedule and helps reduce costs dramatically. The important thing is not the value or frequency but the principle of reinforcement. Motivational Incentives increases the number of patients showing up for appointments, and leads to better treatment outcomes.

Q: How might I reduce the cost? A: Consider using an intermittent schedule of reinforces such as the Fishbowl Method. Also consider targeting behaviors other than drug use. While this is an excellent focus, the urine toxicology tests that must be done in a manner that provides immediate and rapid results can be costly. Targeting behaviors such as group attendance, working on treatment plans or following up on commitments are adjustments that still have powerful impact on the program. Other flexible approaches might include targeting a specific substance or a particularly vulnerable population such as pregnant women or patients with co-occurring disorders.

Q: How do I select the incentives? A: Each provider should look at its own situation and decide what is important to it and their patients in terms of incentives. Choose items that would be important to your patients; incentives that can be obtained through donations, and are of sufficient value. Involve patients in the selection of incentives. Consider other ideas such as use of privileges that already exist within a clinic setting such as take home methadone, which has proven to be a powerful reinforcer.

Q: How is Motivational Incentives different from Motivational Interviewing? A: They both see the patient as existing in a state of ambivalence about their drug and alcohol use. And while the goals of both are to work with the ambivalence to help the patient make a decision to pursue a path toward recovery, Motivational Incentives seeks to reach this goal by reducing the relative value of the rewards associated with drug use by increasing the incentives that support recovery. As recovery grows in attractiveness, drug-using behavior should diminish in desirability.

Q: Will this make my job harder/easier? A: While all kinds of models have been tried in addiction treatment and recovery settings, positive reinforcement is increasingly becoming the norm. These types of programs are effective because they are enjoyable for both patients and staff and they reduce patient dropout.

Q: How does Motivational Incentives address relapse? A: The question of duration is connected to the issue of relapse. There are a number of considerations worth exploring, including when to terminate the intervention. One study suggests that rather than terminate at a given point in time, regardless of the progress of the patient, a provider would gradually increase the requirements necessary to receive an incentive while lowering the level of magnitude of the incentive given. Eventually the whole intervention could be faded out (Silverman et al., 1995).

Q: How does the use of Motivational Incentives help clinically? A: The use of incentives is more than just the distribution of points, vouchers and prizes. It is also a clinical intervention that helps to develop a therapeutic culture centered on affirmation and celebration (Kellogg et al., 2005; Pickens & Thompson, 1984).

Q: What do patients say? A: The patients' stories not only influenced the studies of MI, but also highlighted the benefits of positive reinforcements. "I felt that I was going down the drain with drug use; that I was going to die soon. This got me connected, got me involved in groups and back into things. Now I'm clean and sober" (Kellogg, Burns, et al., 2005). Hear and see more stories on PAMI CD-Rom.

Q: Can Motivational Incentives be used with adolescents, or patients with co-occurring disorders? A: Yes, Motivational Incentives represent an added value to more traditional therapies for any population.

Q: Is it for everyone? A: Programs that seem to benefit from this intervention are those with low retention rates. However, the MIEDAR (Motivational Incentives to Enhance Drug Abuse Recovery) study showed benefits across all sites which suggests that contingency management should be considered even when retention rates are relatively high (Stitzer, 2005).

Q: As a policy maker, why would I consider this? A: As more emphasis is placed on evidence-based practices, funding this type of intervention allows a process for tracking outcomes and impact on patients. In a fee-for-service and increasingly outcome-oriented environment these are very important matters. The systematic use of positive reinforcements or pleasurable consequences has frequently been associated with humanistic efforts to change or reinforce problematic individual or social conditions. The purposeful use of consequences to help shape and change behavior has been used throughout history. Examples include military honors, athletic competition, progressive educational reforms and prison reform.

Q: What do Administrators say? A: "The staff has heard patients say that they had come to realize that there are rewards just in being with each other in group. There are so many traumatized and sexually abused patients who are only told negative things. So, when they heard something good – that helps to build their self-esteem and ego." (Kellogg, Burns, et. al; 2005)