# Contingency Management: Using Rewards to Drive Recovery

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### **Background/Disclosures**

- Chief Medical Officer at Affect Therapeutics, a virtual substance use disorder treatment company that uses contingency management to treat addiction, in addition to counseling and medical appointments
- Previous:
  - o Chief of Psychiatry and Interim Chief of Behavioral Health at Mann-Grandstaff VA Medical Center
  - Medical Director of Telepsychiatry at Wellstar Health System
  - Psychiatry Residency Emory School of Medicine
  - O Psychiatry Internship Dartmouth-Hitchcock Medical Center
  - Medical School University of Mississippi Medical Center
- OHSU Inpatient Contingency Management research study
- Not currently participating in other research grants, paid speaking events, consulting projects, or other potential conflicts of interest

### **Objectives**

- Cover gaps in Stimulant Use Disorder treatment options
- Learn how contingency management works
- Review the evidence base for contingency management
- Discuss challenges and opportunities of providing contingency management in a virtual setting

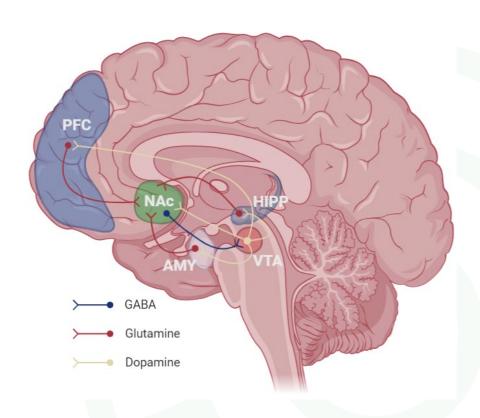
## **My Story**

- Wellstar
  - Oversaw ED behavioral health delivery for the largest hospital system in GA
  - o Provided clinical services at 5th busiest ED in the country
  - Pain points/ observations:
    - Lack of stimulant treatment options
    - Lack of mental health/addiction access generally
    - Homelessness
- Research
  - Question: What's the best treatment for stimulant use disorder?
  - Answer: CONTINGENCY MANAGEMENT
- Veterans Affairs
  - Strong homelessness program
  - Contingency management
- Affect Therapeutics
  - Expanding contingency management beyond VA, research studies, state programs

# **Contingency Management Overview**

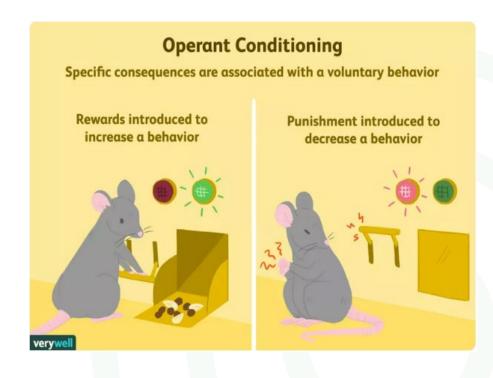
## What is Contingency Management?

- Based on operant conditioning pioneered by B.F. Skinner
- Uses knowledge of neurocircuitry to activate the brain's reward system and reinforce behaviors
- Reward activation in SUD
  - Orugs/alcohol: quick, reliable, BAD
  - O Sobriety: delayed, unpredictable, GOOD



## Operant Conditioning<sup>1</sup>

- Positive reinforcement
  - Increases likelihood of behavior by adding a pleasant stimulus
- Negative reinforcement
  - Increases likelihood of behavior by removing an unpleasant stimulus
- Positive punishment
  - Decreases likelihood of behavior by adding an unpleasant stimulus
- Negative punishment
  - Decreases likelihood of behavior by removing a pleasant stimulus



1-Cherry, Kendra. "What is Operant Conditioning?". Verywell Mind. 24 February 2023. https://www.verywellmind.com/operant-conditioning-a2-2794863. Accessed: 1 March 2023

## **Contingency Management for SUD Treatment**

#### Types of Desired Behaviors

- Attendance Did the person come to the appointment?
- Sobriety Did the person have a negative UDS or breathalyzer?
- O Blended Combination of the above

### • Types of Payment Structures

- Voucher-Based Reinforcement escalating rewards based on streaks
- o Fishbowl Method increased opportunity for reward through increasing draws
- Others Exist

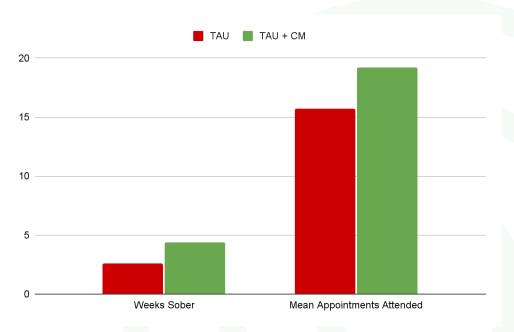
#### • Types of Rewards

- o Cash
- Vouchers (e.g., VA Canteen Vouchers)
- o Prizes (e.g., Toy Chest Draw)
- Validation (e.g., Good Job!)
- Other
- NOTE: all the above are SURROGATES

# **Contingency Management: Evidence Base**

# Effect of Prize-Based Incentives on Outcomes in Stimulant Abusers in Outpatient Psychosocial Treatment Programs<sup>2</sup>

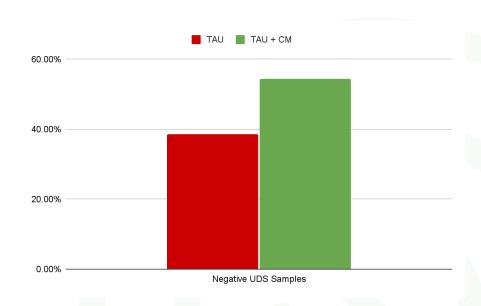
- 12 week study
- n = 415 (cocaine, meth)
- Abstinence based CM
- TAU vs TAU + CM
- Results favored CM
  - o Increased weeks sober
    - 4.4 vs 2.6
  - Increased attendance
    - 15.7 vs 19.2
  - More stimulant-free samples



2- Petry, et al. "Effect of prize-based incentives on outcomes in stimulant abusers in outpatient psychosocial treatment programs: a national drug abuse treatment clinical trials network study". Arch Gen Psychiatry. 2005 Oct;62(10):1148-56. Doi: 10.1001/archpsyc.62.10.1148

# Effects of Lower-Cost Incentives on Stimulant Abstinence in Methadone Maintenance Treatment<sup>3</sup>

- 12 week study
- Lower cost prize-based CM in a methadone treatment clinic
- TAU (n=198) vs TAU + CM (n=190)
- Results favored CM
  - Increased abstinence
    - 2.8 weeks vs 1.7 weeks
  - Increased negative samples
    - **54.5%** vs 38.7%



3 - Peirce, et al. "Effects of lower-cost incentives on stimulant abstinence in methadone maintenance treatment: a National Drug Abuse Treatment Clinical Trials Network study". *Arch Gen Psychiatry*. 2006 Feb:63(2):201-8

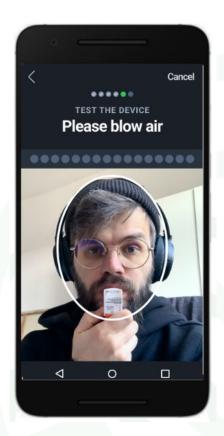
### Additional Research<sup>4</sup>

- CM's Effect on Readiness to Change/Intrinsic Motivation
  - o Carroll et al. 2002 declines in scores on readiness to change over time in OUD
  - O Budney et al., 2000; Ledgerwood & Petry 2006; Litt et al., 2008 no difference
  - o CM likely does not have an adverse effect on readiness to change
- Long-Term Effects After Reinforcement Stopped
  - Mixed results; 20+ studies; 29% show long-term effects remain
  - No studies show <u>poorer</u> long-term effects after CM
- Costs
  - o Cost to individual clinics may go up
    - \$300-1200 per patient over 12 weeks + admin costs
    - \$258 per week of abstinence per patient (Olmstead, Sindelar and Petry, 2007)
  - Ocst to health system likely decrease, but these aren't always seen by the clinic/provider
- 4 Petry et al., 2017. "Contingency management treatment for substance use disorders: How far has it come, and where does it need to go?". *Psychol Addict Behav*. 2017 Dec; 31(8): 897-906.

# **Contingency Management and Technology**

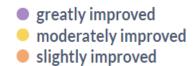
## **Affect Therapeutics Overview**

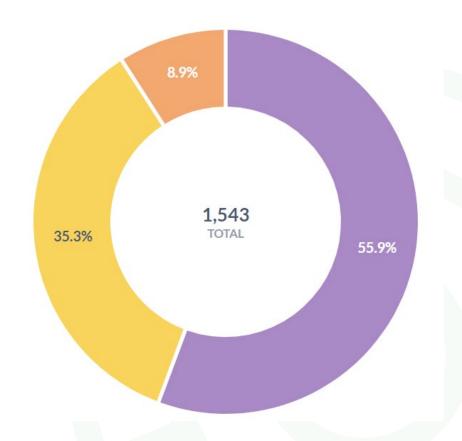
- First national, 100% virtual provider utilizing contingency management
- Services
  - Addiction counseling
  - Medical appointments
  - Case management
  - o Contingency management
  - Near future: peer support, dual diagnosis pilot, IOP pilot
- Treat Alcohol, Stimulants, Cannabis
- Can coordinate with brick and mortar labs when required by CJ, medical necessity



### **Outcomes**

- 83% negative UDS results
- 93% negative BAC results
- 70% monthly retention overall
  - o 41% 100 day retention in AUD
  - o 30% 100 day retention in StimUD
- NPS 75
- Member wellbeing





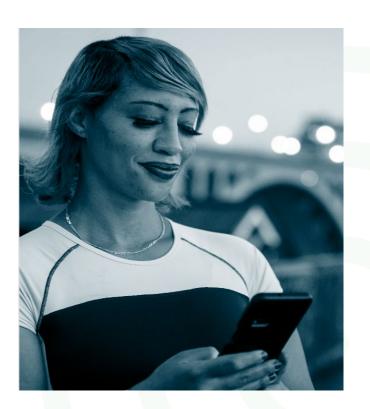
# **Contingency Management and Technology**

### Advantages

- Ease of access
- More touchpoints
- O Data gathering and response times
- Comfort
- Confidentiality
- Safety

### • Challenges

- Meaningful reward-bad behavior conflict
- State-specific compliance
- Privacy
- Bugs/ Tech support
- Some people prefer in person



# **Questions?**

### For more information

To learn more about Affect's approach, visit our website or scan the QR code to download our app and see how it works.

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