

We invite you to participate in a NIDA-Funded Study to evaluate ways to best train and support outpatient counselors & therapists in their use of evidence-based treatments.

In this study you will be trained in the *Contingency Management with Adolescents and Their Families* treatment model. This is a nationally recognized, evidence-based treatment for treating adolescent substance use and abuse.

On the following pages you will find information about the treatment model you will be trained in for this study and the training support you will receive.

For information about the treatment model, training, training support, or the research study please contact:

Jaime Houston, Psy.D., Principal Investigator  
info@tssarena.com  
717.467.1146

[www.cmforaddiction.com](http://www.cmforaddiction.com)



# CONTINGENCY MANAGEMENT (CM)

WITH ADOLESCENTS AND  
THEIR FAMILIES

© 2013 MUSC

## Outpatient Treatment Model Overview

## WHY CM?

Contingency Management is one of the most extensively validated substance use disorder interventions. Randomized trials have demonstrated significantly better outcomes for youth in CM conditions, compared with supportive counseling, for drug use abstinence, mental health and conduct problems, and employment/school attendance.

The CM model which includes **cognitive behavioral and behavioral approaches with active caregiver involvement** is an effective treatment for addressing substance abuse (including marijuana and other illicit drugs, alcohol, polysubstance), and so is widely applicable to adolescents being treated in outpatient settings.

**YOUTH RECEIVING CM WERE EIGHT TIMES MORE LIKELY TO BE ABSTINENT COMPARED TO YOUTH RECEIVING SUPPORTIVE COUNSELING.**

# DURING THE STUDY YOU WILL BE TRAINED IN THE CONTINGENCY MANAGEMENT (CM) MODEL.

## TREATMENT MODEL OVERVIEW:

### Discovering Triggers

#### DOMAINS OF FUNCTIONING

Counselors help the youth and family identify how the drug use is impacting their life, their functioning, and the lives of the important people in their life (home, school, peer relations, community). This process helps the youth and family link the drug use to negative outcomes. By making this link we are able to increase urgency and engagement in treatment.

#### ABC ASSESSMENT AFTER USE

Following drug use episodes, the counselor, youth, and family complete an ABC assessment to identify the triggers, behaviors surrounding the use (drug seeking, drug use, hiding the use), and the immediate consequences of the use.

#### ABC ASSESSMENT AFTER REFUSAL

Following successful drug refusal or avoidance the counselor, youth & family complete an ABC to identify strengths and avoidance skills that can be generalized to relapse prevention planning.

### Rewarding Progress

#### IDENTIFYING REWARDS

Family, youth, and counselor identify rewards that can be earned for negative drug screens and successful drug avoidance.

#### POINT-AND-LEVEL SYSTEM

Family, youth, and counselor develop a concrete plan for earning the rewards and a contract to enhance motivation, monitoring and accountability

#### DRUG TESTING

Random drug screens are completed as an objective measure of use. Screens are conducted in the office and in the home following high-risk activities. Each test is followed by an ABC assessment to identify triggers for use or refusal. Successful drug refusal is practiced in session to further build the skill.

### Sustaining Recovery

#### DRUG REFUSAL SKILLS

Family, youth, and counselor use the ABC assessments to identify when and where drug refusal skills are needed. The family and counselor assist the youth with practicing the skills and predicting and planning for when skills will be needed.

#### PROSOCIAL ACTIVITIES

Family, youth and counselor work hard to identify alternative, positive activities the youth can engage in to increase chances of sustained recovery.

#### SELF-MANAGEMENT PLAN

During each session the counselor works intensively with the youth and family to develop skills for overcoming triggers, increase social skills, target barriers to success, and improve family skills for managing possible relapse.

Contingency Management (CM) is an **evidence-based, short-term, outpatient treatment** that involves individual sessions with the child and identified caregiver, as well as family sessions.

CM is provided to those teens (ages 12 to 17) who are struggling with substance use or abuse.

Sessions often occur weekly, for 14-18 weeks.



As a study participant you will have access to all of the training support outlined to the right.

All of this support is available online and is accessible from any device with internet access.

You will be assigned a Lead trainer who will be your direct contact for all training support.

We ask that you try out the different training support features that are available.

Then, twice during the study, you will be asked to participate in a focus group. During this focus group we will ask for your honest feedback about the training support (the good and the bad!).

The feedback you provide will help us make changes to the system to improve the training and support.



# DURING THE STUDY YOU WILL ALSO RECEIVE THE FOLLOWING ONLINE TRAINING SUPPORT:

## Web-Based Training

### CM-CAT

The CM Computer Assisted Training is a 15 hour online training to teach counselors the key components of the CM treatment. The training includes reading, printable treatment tools, session transcript examples, and video demonstration of interventions.

**The Lead Trainer is available throughout the training for 1:1 online training support.**

### CM-CAT TRAINING COMPANION

Each counselor receives a training companion containing all CM resources and easy-to-use session agenda forms and client handouts.

### LEAD TRAINER

Each counselor is assigned a Lead Trainer who is an expert in CM. The trainer is available daily, via the web, for 1:1 support, clinical suggestions, resources, practice opportunities and training support.

## Ongoing Online Support

### WEEKLY PROFESSIONAL WORKSHOPS

Each month an ONLINE workshop series is published. Topics range from the latest research in adolescent substance abuse, to effective hiring strategies and *How To* practice for specific interventions. Each workshop is offered multiple times per week to fit most schedules. Workshops are live allowing all participants to interact with the trainer for a truly unique learning experience.

### BOOSTER TRAININGS

Yearly 8-hour booster training to target training and/or clinical needs as well as program development and sustainability of the program.

### ELIBRARY

As a CM provider you will have access to the web-based eLibrary which is a collection of downloadable resources and tools to help you in your practice.

### DAILY OFFICE HOURS & LIVE CHAT

The Lead Trainer is available daily during set office hours for live text chat, consultation via phone or email, or video conference to practice skills.

## Fidelity Monitoring

### CM-TAM

The CM-TAM is a research-based survey completed by the caregiver once per month throughout the duration of treatment as a measure of adherence to the treatment model. Scores on the CM-TAM help indicate how well a counselor is implementing CM interventions.

### KNOWLEDGE TEST

Once a year counselors complete a Knowledge Test to help identify any areas for professional growth. The Lead Trainer assists with completing additional training to strengthen techniques.

### SESSION AUDIOTAPE REVIEW (2/YEAR)

One of the most helpful ways to improve skills and expand your expertise is through review of session audio tapes. With the assistance of your Lead Trainer you will be able to use this outcome tool to strengthen your clinical skills.

### QUARTERLY PROGRAM QA REVIEWS

The Lead Trainer compiles quarterly reports for your agency summarizing the training needs identified by the QA process as well as treatment outcomes. This tool helps guide professional development and support improved client outcomes.