

LEARNING OBJECTIVES

6-30-22

PERFORMANCE GAP/ ACTIVITY NEED: Contingency management has over 30 years of evidence supporting its effectiveness as an intervention for substance use disorders. Contingency management has demonstrated effectiveness in countries throughout the world and has been adapted, tested, and implemented with populations such as those with co-occurring disorders, men who have sex with men, and American Indian and Alaska Native adults. However, due to federal limitations in the use of incentives with Medicaid patients, it has not been widely implemented in care. Federal policy changes now provide an opportunity to disseminate contingency management in clinical practice. There is a need to provide information to providers on the theory behind contingency management, the research evidence supporting its effectiveness, and strategies for implementation [Source: MMcDonell, PhD, 5/20/22, personal communication]

DESIRED OUTCOMES: At the end of the activity, attendees will be able to:

- describe the theoretical basis for contingency management.
- summarize the research supporting the impact of contingency management on drug and alcohol abstinence and other related outcomes.
- identify barriers to contingency management implementation and strategies for overcoming these barriers, including physician implicit bias with those patients who have addictions.

LEARNERS: psychiatrists, psychologists, internists, general/family practitioners, pediatricians, social workers

DESIRABLE PHYSICIAN ATTRIBUTE: provide patient-centered care, apply evidence-based practice, improved communication skills