

# Seven Principles of Motivational Incentives

1. Target Behavior
2. Choice of Target Population
3. Choice of Reinforcer
4. Incentive Magnitude
5. Frequency of Incentive Distribution
6. Timing of the Incentive
7. Duration of the Intervention

# Seven Principles of Motivational Incentives

*These are the seven core issues that all behavior modification or token economy systems such as Fishbowl Method need to address. Condensed from the article "Motivational Incentives: Foundations & Principles" by Scott H. Kellogg PhD, Maxine Stitzer PhD, Nancy Petry PhD and Mary Jeanne Kreek MD. (Unpublished Chapter)*

## 1. Target Behavior

In selecting a target behavior typically choose something that is problematic and in need of change. It is vital that the behavior be observable and measurable. The target behavior is the centerpiece of the behavioral contract, which, in turn, provides the framework within which incentives can be successfully used (Petry, 2000).

An important consideration in choosing target behaviors for incentives programs is the question of the level of difficulty involved in exhibiting that behavior. Sometimes when programs consider using incentives, they begin by trying to acknowledge "good" behavior. The "reinforcement" model (Kellogg et al., 2005) emphasizes breaking the goal down into very small steps and then reinforcing each of the steps as they occur.

In a number of successful contingency management studies (i.e., Peirce et al., 2006), a significant number of patients never received a reinforcer because they were unwilling to exhibit the target behavior. This is clearly a significant problem. There are two ways that this can be approached. One is to increase the amount of reinforcement, and the other is to initially lower the requirements for earning a reinforcement.

## 2. Choice of Target Population

While it might be ideal to provide reinforcements for all patients in a program, this may not be feasible or even necessary. This means that choices will need to be made regarding which group or subpopulation to target with reinforcement-based interventions. For example, clinicians could target those who are not responding to treatment, regardless of drug of choice. Another would be to target new patients so as to help increase the likelihood that they would stay in treatment. A third would be to target the users of a specific substance.

## 3. Choice of Reinforcer

The choice of reinforcer or reinforcers is a crucial element in the design of a motivational incentives program. Incentives that are perceived as desirable are likely to have a much greater impact on behavior than those that are perceived as being of less value or use. One way of maximizing the impact of this approach is to survey patients and find out what they would see as desirable. A related way is to ask patients who are offered the intervention what they might want to work for and make sure that these items are available. Three basic types of incentive programs have been used: (a) contingent access to clinic privileges; (b) on-site prize distribution; and (c) vouchers or other token economy systems.

## 4. Incentive Magnitude

Interwoven within the discussion as to which reinforcer to use is the question of how much reinforcement to provide. This is because the magnitude of reinforcement needed to sustain change may differ for different behavior

targets. A related idea would be the use of different levels of reinforcement for reinforcing different behavior patterns. Polysubstance users, for example, may need greater amounts of reinforcement than patients who use only a single substance. There may be significant difference among patients that contribute to a greater or lesser response to incentive programs. Stitzer et al. (1984) identified multiple factors which included: (1) the level of past and present drug use; (2) the patient's history of success or failure at stopping the use of drugs; (3) the presence or absence of Antisocial Personality Disorder; (4) the nature and vitality of their social networks; and (5) their own personal historical responsiveness to reinforcements and punishments as motivators for behavior change.

## 5. Frequency of Incentive Distribution

Another factor that is intertwined with the choice and magnitude of the incentive is the frequency of its distribution. This is also known as the schedule of reinforcement (Kazdin, 1994; Petry, 2000). The decision about reinforcement frequency is likely to be connected to such factors as target behavior, resources available, and amount of clinical contact desired. This means that programs would need to wrestle with the question of whether to reinforce a behavior every time that it occurs, or only some of the time.

## 6. Timing of the Incentive

The core principle here is that the reinforcement needs to follow the exhibition of the target behavior as closely as possible. In the studies using methadone take-home doses (Stitzer et al., 1993), it was important that the patients received the doses as immediately as possible – perhaps within 24 to 48 hours. In models using points and vouchers, the actual goods and services are delivered at a later date, but the token, point, or voucher is delivered when the target behavior is exhibited. The conclusion is that the more rapidly the incentives are distributed, whether material or symbolic, the more effective they will be.

## 7. Duration of the Intervention

The last factor that must be considered is how long to continue to provide incentives for desirable behavior. Ultimately, patients will need to internalize the recovery process and find or develop naturally-occurring reinforcers that will support their recovery-based and nonaddict identities (Biernacki, 1986; Kellogg, 1993; see also Lewis & Petry, 2005). The issue here may be that the psychosocial treatments that accompany the incentives are unable to address both the underlying addictive disorder and promote the appropriate behavior change needed for a lasting drug-free lifestyle within this time frame. A lengthier duration of incentive used would help make this happen.