

## **Youth and staff views about contingency management for youth alcohol and other drug treatment attendance and engagement**

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**Introduction:** Contingency management (CM) is a therapeutic tool where 'desirable' client behaviours (e.g., attending treatment) are incentivised via rewards (e.g., vouchers). In punitive CM approaches, 'undesirable' behaviours (e.g., positive drug screens) may be de-incentivised (e.g., by removal of rewards). Advocates of CM argue it may assist in promoting youth treatment attendance and engagement in Australia. However, youth and staff views about contingency management remain unexplored.

**Methods:** Semi-structured interviews were conducted with youth aged 16 to 25 (n=7) and staff (n=7) from backgrounds including youth outreach and counselling. Youth and staff participants were recruited from residential rehabilitation and community settings with different treatment approaches. Interviews explored participants' views about: CM and its acceptability and clinical impact, along with CM design preferences.

**Key Findings:** Participants viewed that incentivising treatment attendance/engagement (e.g., via vouchers; entry into a prizewin) may have very limited benefit. Many discussed how current programs using CM-principles were more helpful (especially the reduction of debt via "SPER Programs" for youth with fines). Many participants discussed that clients had to "do the work" for the right, intrinsic reasons (e.g., for recovery or self-improvement), not just an external reward. Participants highlighted that removing incentives punitively (e.g., if a client couldn't attend treatment), might lead to treatment disengagement, and staff-client conflict. To overcome this, CM programs (if relevant to local models of care) were viewed as needing to be focussed on incentivising behaviours or milestones (not just outcomes), and to be flexible, focussed on positive outcomes, and not punitive in design.

**Discussions and Conclusions:** Although popular in the US, CM for youth in Australia may face challenges given what are commonly flexible, harm reduction treatment approaches in community settings.

**Implications for Practice or Policy:** Understanding youth preferences using a co-design approach may assist in further developing CM tools in Australian AOD settings.

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