

Survey of Counselors' Perceptions of Incentive Programs- Phase 2

DO NOT PLACE YOUR NAME OR ANY OTHER PERSONAL IDENTIFIERS ANYWHERE ON THIS FORM**For Office Use Only (to be completed by RA prior to administration)****Modality: Methadone Drug-free****Date: ___ / ___ / ___**

Introduction: The goal of this survey is to improve our understanding of what treatment providers think about the use of 'incentives' in treatment. This survey is for use in a research study; we are not proposing to introduce a new incentive program where you work.

Incentive programs usually involve giving the client something desirable (e.g., a gift certificate, praise, public acknowledgement of accomplishments) contingent upon the person meeting the therapeutic goal (e.g., negative urinalysis result, attending counseling sessions). Usually the client knows that they can earn these incentives and what they must do get them.

For the purposes of this survey, the word incentives represent the following concepts:

- Tangible Incentives:** These programs offer tangible goods or services to clients who improve their performance by providing a drug-free urine sample, or achieving some other weekly treatment plan goal. The incentives usually are retail items or gift certificates and may range in value from about \$1 up to \$100.
- Social Incentives:** These programs offer social recognition or special activities to clients who improve their performance by providing a drug-free urine sample, or achieving some other weekly treatment plan goal. The incentives usually involve acknowledging accomplishments (e.g., with printed certificates or compliments) in treatment groups or individually, or it may involve teaching important people in the client's life how to deal with the drug use and be supportive of accomplishments.

Incentive programs (either tangible or social) are meant to be an add-on to a complete counseling program. They are not meant to replace or change the basic treatment program.

Please use your experience and opinions to honestly respond to the following questions. Your responses will be completely anonymous.

1. What is your position with this organization – please select the most appropriate category (only one please).

___ Assistant Counselor (1) ___ Counselor/Therapist (3) ___ Program Director (5) ___ Other (9) _____
(please specify)

___ Medical Staff (2) ___ Intake worker (4) ___ Administrative Support (6) ___ Program Administrators (7)

2. Please check off all of your academic credentials.

___ MD/DO (1) ___ MSW, MA or MS (4) ___ Certified Assistant Counselor (7)

___ PhD, EdD or PsyD (2) ___ BA or BS (5) ___ High School Degree, GED or LPN (8)

___ MSN, RN, PA or NP (3) ___ Certified Addictions Counselor (6) ___ Other (9) _____
(please specify)

3. How many years have you worked in the addiction treatment field? _____ Years

4. Are you in recovery from substance addiction? ___ Yes ___ No

5. Have you ever participated in a structured tangible or social incentives program for clients? ___ No ___ Yes If Yes, which type? ___ Tangible ___ Social ___ Both

Directions - Please indicate how much you agree or disagree with each statement by circling the most appropriate number on the right.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Tangible Incentives						
1	If you give a tangible incentive to clients who've earned them, but not to others, it will result in clients arguing about rewards.	1	2	3	4	5
2	Most clients would sell the tangible incentives they receive.	1	2	3	4	5
3	Clients who sell their tangible incentives will use the money to continue their substance abuse.	1	2	3	4	5
4	Tangible incentive programs that cost \$150 per client per month are worth it considering how effective they are.	1	2	3	4	5
5	My treatment facility could not find funds for tangible incentives that cost \$150 per client per month.	1	2	3	4	5
6	Tangible incentive programs that cost \$50 per client per month are worth it considering how effective they are.	1	2	3	4	5
7	My treatment facility could not find funds for tangible incentives that cost \$50 per client per month.	1	2	3	4	5
8	Tangible incentive programs that cost \$10 per client per month are worth it considering how effective they are.	1	2	3	4	5
9	My treatment facility could not find funds for tangible incentives that cost \$10 per client per month.	1	2	3	4	5
10	Tangible incentives are worthwhile because they can get clients in the door for treatment.	1	2	3	4	5
Social Incentives						
11	Giving social praise and social reinforcement in a structured way may become ingenuine over time, making the incentive program ineffective.	1	2	3	4	5
12	Giving social praise and social reinforcement in a structured way may become ingenuine over time, resulting in a negative effect on the client-counselor relationship.	1	2	3	4	5
13	It is not necessary to use structured praise in programs, because therapists already praise accomplishments.	1	2	3	4	5
14	Verbal warnings and removal of privileges are more effective than providing positive incentives in getting clients to achieve abstinence.	1	2	3	4	5
Other Approaches						
15	The incentives approach is inappropriate because it is inconsistent with a 12-step approach	1	2	3	4	5
16	The 12-step approach is the only proven approach to treating addiction.	1	2	3	4	5

Directions: For each of the statements below, please circle your level of agreement as the statement applies to Tangible Incentives, and then for Social Incentives.

		Tangible Incentives					Social Incentives				
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
17	Overall, I would be in favor of adding an incentive program to treatment program	1	2	3	4	5	1	2	3	4	5
18	If the client is abstinent just to get the incentive, it could hurt the treatment process	1	2	3	4	5	1	2	3	4	5
19	Many clients will see rewards for abstinence as cheesy or artificial.	1	2	3	4	5	1	2	3	4	5
20	Incentives are just not right because they are rewarding the client for what he/she should be doing in the first place	1	2	3	4	5	1	2	3	4	5
21	Overall, incentives are good for the client/counselor relationship.	1	2	3	4	5	1	2	3	4	5
22	Overall, incentives have negative effects on the client/counselor relationship.	1	2	3	4	5	1	2	3	4	5
23	Incentives are more likely to have positive effects on the client than they are to have negative effects	1	2	3	4	5	1	2	3	4	5
24	Incentives are more likely to have negative effects on the client than they are to have positive effects	1	2	3	4	5	1	2	3	4	5
25*	Incentives will cause jealousy among clients who don't get them	1	2	3	4	5	1	2	3	4	5
26	It wouldn't be right to give incentives to clients for goals such as attendance if they aren't testing drug negative (clean)	1	2	3	4	5	1	2	3	4	5
27	It wouldn't be right to give an incentive to someone for being clean when they aren't fulfilling other treatment goals, such as attending a group	1	2	3	4	5	1	2	3	4	5
28*	Incentives are useful if they reward clients for fulfilling treatment goals other than just providing a clean urine, such as regular attendance	1	2	3	4	5	1	2	3	4	5
29*	Incentive programs that require urinalysis at least once a week are not practical because most programs do not take weekly urines on all clients	1	2	3	4	5	1	2	3	4	5
30	Incentives help clients achieve sobriety, allowing the counselor to focus on helping them make other life changes	1	2	3	4	5	1	2	3	4	5
31	Incentive programs are not consistent with my philosophy of treatment	1	2	3	4	5	1	2	3	4	5

		Tangible Incentives					Social Incentives				
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
32	Incentives will stop the client from seeing beyond the external reward and prevent them from realizing their internal motivation	1	2	3	4	5	1	2	3	4	5
33	Incentives are a bribe.	1	2	3	4	5	1	2	3	4	5
34	A problem with incentives is that abstinence will only last for as long as the incentives are given	1	2	3	4	5	1	2	3	4	5
35*	Giving incentives for drug-free urine samples helps the client to become abstinent	1	2	3	4	5	1	2	3	4	5
36	Giving incentives for treatment attendance will not improve attendance	1	2	3	4	5	1	2	3	4	5
37	An advantage of incentive programs is that they focus on what is good in the client's behavior (i.e., the ability to become abstinent), not what went wrong in their recovery.	1	2	3	4	5	1	2	3	4	5
38	Consistently providing the client with incentives is likely to push the client back into denial	1	2	3	4	5	1	2	3	4	5
39	Any source of abstinence motivation, not just internal motivation, is a good thing for treatment	1	2	3	4	5	1	2	3	4	5
40*	Incentive programs that require close tracking of client behavior are too labor intensive to incorporate into our program	1	2	3	4	5	1	2	3	4	5
41	Incentives are not useful for short-term treatments (e.g., one month or less)	1	2	3	4	5	1	2	3	4	5
42	There are enough rewards in being clean; incentives aren't necessary	1	2	3	4	5	1	2	3	4	5
43*	Incentives don't address the underlying issues of addiction	1	2	3	4	5	1	2	3	4	5
44	Incentives can be useful whether or not they address the underlying issues of addiction	1	2	3	4	5	1	2	3	4	5

* Indicates items that performed poorly in a factor analysis for either the tangible or social subscale (Kirby et al. 2006, *Drug and Alcohol Dependence*, 85, pp.19–27) and should be removed from both subscale calculations.