ATTITUDES TOWARD EVIDENCE-BASED PRACTICES AND THEIR INFLUENCE ON BELIEFS ABOUT CONTINGENCY MANAGEMENT: A SURVEY OF ADDICTION TREATMENT PROVIDERS ACROSS CANADA

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INTRODUCTION

- Contingency management (CM) is an evidence-based practice (EBP) that provides incentives for positive behavior change.[1]
- Compared to standard care, CM is more effective in promoting abstinence, attendance, adherence, and retention for numerous substance use disorders (SUDs).[2,3]
- Despite its efficacy, CM is rarely used in clinical practice.[1]
- Treatment providers' attitudes toward EBPs are potent predictors of their use in clinical settings.[4]
- CM is accompanied by a host of negative beliefs that impede its use.[1,5]
- The characteristics of individuals are an important component to effective implementation.[6]
  - WHY? For change to occur in an organization, it must begin with those that comprise that organization.[6]
- To effectively implement CM, we must understand barriers to its use.
- Understanding treatment providers' attitudes can allow for the development of educational efforts at the individual-level to target beliefs that bar effective implementation.[7]

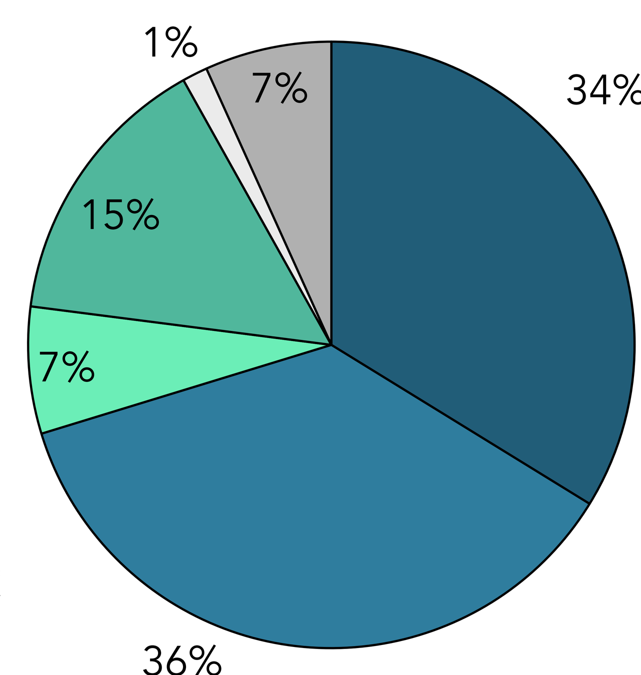
OBJECTIVE

Investigate how attitudes toward EBPs impact beliefs about CM in addiction treatment providers across Canada

SAMPLE

- 74 treatment providers from 33 programs in Canada*

SASKATCHEWAN
MANITOBA
NOVA SCOTIA
NEW BRUNSWICK
PRINCE EDWARD ISLAND
NEWFOUNDLAND AND LABRADOR



*Recruitment is Canada-wide. Due to strict timelines associated with this thesis, only a portion of the data is presented.

MEASURES

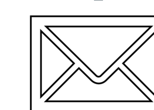
- Screening and demographics questionnaire.
- Evidence-Based Practice Attitude Scale (EBPAS).[8]
- Prior experience and use of CM.
- Contingency Management Beliefs Questionnaire (CMBQ).[5]
- Therapeutic Beliefs questionnaire.[9]

ANALYSES

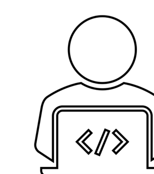
- Multilevel modelling used to examine the relationship between attitudes toward EBPs and beliefs about CM.

PROCEDURE

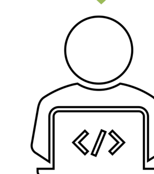
Generate national list of eligible addiction treatment programs



Email managers of the eligible treatment programs



Managers forward survey to eligible providers in their program



Providers complete the survey

RESULTS

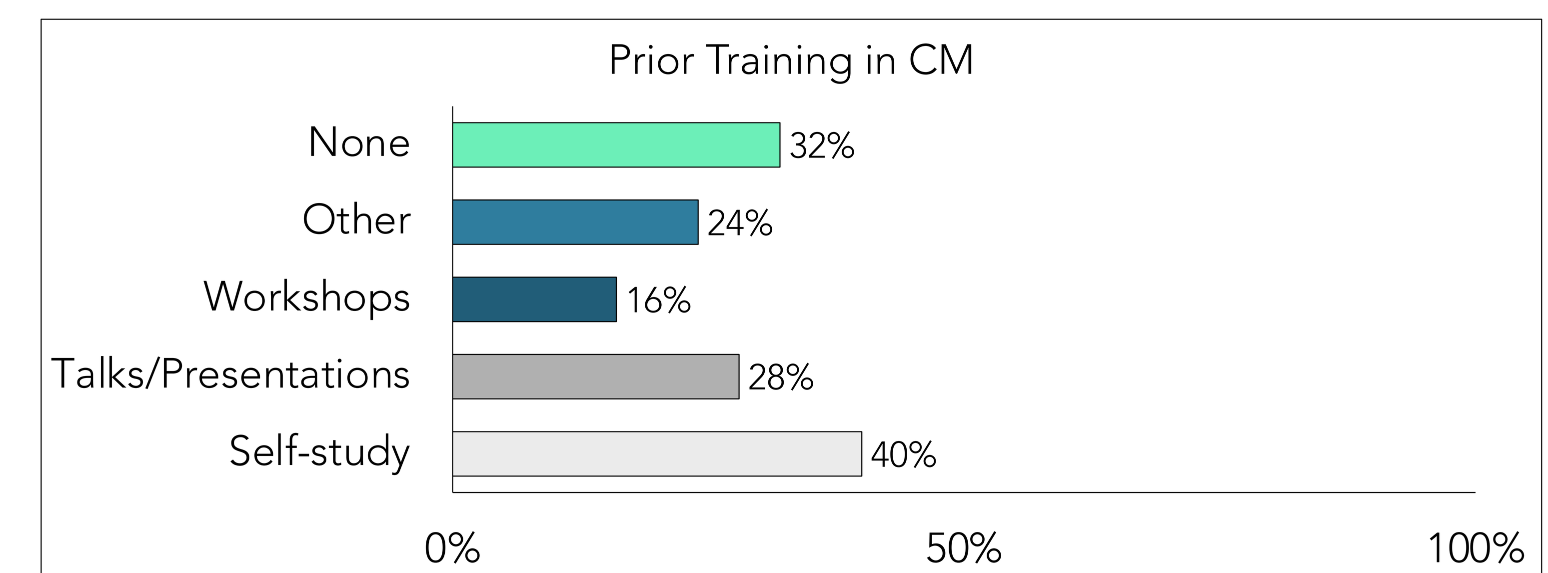
SAMPLE DESCRIPTIVES

	n (%)
Gender	
Female	49 (66%)
Male	22 (30%)
Other	1 (0.01%)
Education	
Degree less than a Bachelor's degree	21 (28%)
Bachelor's degree or higher	51 (70%)
Recovery status from a SUD	
Not in recovery	51 (69%)
In recovery	16 (22%)

RESULTS

CM DESCRIPTIVES

?	Yes	No
Are you familiar with CM	27 (38%)	45 (63%)
Are you open to training in CM	58 (83%)	12 (17%)



MULTILEVEL MODELLING

- + EBPs = + CM
- Clinical experience more important = more barriers, fewer positive beliefs about CM.
- Greater openness = + CM
- Being in recovery from a SUD = more barriers toward CM.
- Lower education = less positive beliefs.

DISCUSSION

- Attitudes were neutral and thus malleable.[10]
- Providers were interested in CM, but tangible barriers exist to its implementation.
- Future implementation efforts should be collaborative.
- Providers open to EBPs should be engaged as champions.[11,12]
- Researchers should provide active, skills-based training and psychoeducation to facilitate change and self-efficacy.[13]

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