First impressions can be deceptive. My initial feeling about reading this rather dense and grey-skying looking book was a mixture of apathy and shyness. ‘This Evidence Based Practice’ the book title alone may mislead potential readers into expecting a defensive or abrasive style of writing. In reality, Contingency Management For Substance Misuse Treatment: A Guide For Implementing This Evidence Based Practice is most definitely neither a bully or a bore, instead it is an enthusiastic and accessible ‘how to’ manual which also succeeds in educating its reader on all matters related to contingency management (CM). Nancy M. Petry Professor of Psychiatry, Connecticut University is highly acclaimed and well respected in the field of behavioural treatment of addiction disorders and is a consultant and adviser for National Institute of Health in the USA. Writing a book on CM in substance misuse given the current financial climate is commendably brave of Nancy Petry. She defends the financial argument through her conviction throughout the book—implemented correctly this intervention works!

CM treatments are based on a simple behavioural principle—if behaviour is rewarded or ‘positively reinforced’, it is more likely to be repeated in the future. Although positive reinforcement has been recognized as a basic principle in behavioural therapy, the term CM refers to the therapeutic application of a token economy in the substance misuse population. An example of such a token/reward could be the switching of daily supervised methadone to take-away methadone in a patient who has not used illicitly for a given period of time or Amazon vouchers in a patient who had been recognized as attending regular appointments with a key worker. Nancy Petry suggests CM can be successful in achieving good outcomes in addiction patients who have been difficult to engage or progress in their recovery. She describes the three key principles: frequent monitoring of behaviour, providing immediate positive reinforcers for target behaviours and the withholding of a positive reinforcement if behaviour has not occurred.

The book is in three main sections. Section 1 is a compact read and covers everything and more on the subject of CM. Basic principles and background of behavioural treatments is covered and CM expanded upon within these pages.

Section 2 is a collation and interpretation of the evidence base for CM. Most of the research is American and the studies are few; however, this is recognized by the author and the studies are discussed and made relevant. Next, it focuses on how to design a CM intervention. There are a range of options to explore if you are looking to start up a CM programme and all are sensibly put forward—selecting a behaviour to reinforce, choosing a population and choosing a reinforce. There are template work sheets and planning guides for practical assistance.

The third section focuses on the practicalities of putting theory into clinical use: how to keep the supplies safe, how to facilitate a group and how to monitor the outcomes. Examples of group conversations and facilitator comments are included as a guide on how to/not to manage CM groups.

The success of this book is in providing a theoretical and practical reference on CM where there is no other. It is written in an accessible and enthusing style with plenty of template guides to set you up for getting started. The chapters are sensibly divided and frequently summarized, albeit at times perhaps a little overly repetitive. There is also a CD ROM version included with the book. My reservations regarding this book is that despite being a motivating read the implementations into practice rely on developing new services with new budgets to incorporate financial rewards to patients. Although scaled-down tokens are proposed (such as $1 Dunkin Donut vouchers) the best results from evidence involve much larger scale rewards. In the UK today where health service finances are unstable, even small rewards requiring extra money are unlikely to be agreed especially with the lack of evidence in UK substance misusers. The issue of calculating cost has its own subchapter but the content and suggestions do not translate from American into British...
systems or cultures. Other issues such as how to deal with
the objections of patients who are not receiving CM rewards
but who are attending the same locality clinic/service
were also not really covered—something which might be a
major consideration in a typical substance misuse service in
the UK.

This book would be an interesting and informative read
for anyone working in the field of substance misuse. It stim-
ulates its reader into thinking more about the potential be-
behavioural effects our interventions have and made me
consider how better in my clinical work I could utilising
‘tokens’ already available to me, and use them in a more
consistent CM manner. If the author’s aspirations for CM are
to be met, then the book must be read by healthcare man-
agers and funders. In our current financial climate, I suspect
that in our UK clinics we will only see the principles of CM
rather than the installation of a Prize Cabinet.

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