

Motivational Interviewing & Contingency Management

Two Approaches Working Together

Motivational Interviewing (MI) is a way of talking with people to build motivation and commitment to change. Rather than directing behavior, MI focuses on understanding the person's perspective and drawing out their own reasons for change.

Contingency Management (CM) is a behavioral approach that uses monitoring and incentives to reinforce behaviors. In practice, this means giving rewards when the drug test is negative and not giving them when it is positive.

CM focuses on what you do. MI focuses on how you talk about it.

MI strategies can guide conversations during a CM visit. This is especially important when a urine drug test (UDT) is positive for the target substance and the provider is not giving an incentive. These moments can feel like “delivering bad news” or even come across as punitive, which can be uncomfortable for both the provider and the client. A consistent, respectful, and collaborative approach can help keep the client engaged in the program, regardless of the results.

Two background ideas explain why MI works well with CM:

Self-Determination Theory shows that people are more likely to stick with behaviors when they feel some ownership (autonomy), feel able to meet their goals (competence), and feel supported by others (relatedness). CM supports competence by reinforcing success with a tangible reward. MI helps preserve autonomy and strengthen the relationship, especially when outcomes are not ideal.

Stages of Change reminds us that people vary in readiness. Some people are ready to act, while others are unsure or ambivalent. CM provides structure regardless of readiness; it's strictly based on behavior. MI helps tailor conversations so clients remain engaged at any stage.

Useful MI Skills

The MI style emphasizes evocation, collaboration, autonomy support, and empathy. It includes relational skills such as respect and good listening, and technical skills such as how providers use questions, affirmations, and reflections to guide the conversation.

MI becomes especially useful when people are not acting the way the provider would hope. Regardless of whether a reward is given, it's important that the conversation stays supportive and nonjudgmental.

Even in a structured system like CM, internal motivation still matters. Behavior driven only by external rewards often fades once the rewards are removed. For change to last, it's important that clients come to see the change as personally meaningful, feel a sense of ownership, and be confident in their new behaviors. MI helps bridge this gap by turning both successes and setbacks into opportunities to build motivation and confidence.

In CM interactions, there are two common scenarios. When a urine drug test (UDT) is negative for the substance selected for the CM intervention, the focus is on reinforcing success. Providers are more likely to use affirmations and reflections to highlight effort and reinforce progress.

When a UDT is positive for the substance selected for the CM intervention, the focus is on maintaining engagement and supporting next steps. Providers are more likely to use open-ended questions and autonomy-supportive statements to explore what happened and help the client plan what to do next.



If a UDT is Positive: Use EASE

If a UDT is positive for the substance selected for the CM intervention, this is a high-risk moment for disengagement if the interaction feels judgmental or punitive.

The “EASE” acronym helps the provider to stay neutral, curious, and supportive.

E: ENCOURAGE

“I’m glad you came in today.”

“I appreciate your honesty.”

“It’s been a tough stretch this week. But you made it here today.”

“What kept you connected to the program this week?”

A: APPLAUD effort

“That’s admirable you came in even when it was hard.”

“That took effort, especially with how the week went.”

“You’re sticking with this.”

“What did you learn this week?”

S: SPECIFY next steps

“What’s your plan between now and the next visit?”

“Would it be okay if we look at some options together?”

“How does that sound to you?”

“How can I help you with this?”

E: EMPOWER choice

“What would help you most before the next visit?”

“Where would you like to go from here?”

“You’re the one deciding what comes next.”

“What do you want to do about this?”

If a UDT is Negative: Use JOY

When a UDT is negative for the target substance, the acronym “JOY” helps to build confidence and reinforce the person’s identity as someone capable of change. Affirmations and evocative questions are ways to keep the focus on the success.

J: JOIN them in celebration

“You’ve made a great effort to stick with this.”

“Your effort really paid off this week. Congratulations.”

“That says a lot about you that you stayed on track.”

“What are you most proud of this week?”

O: OFFER encouragement

“That’s really smart of you to figure that out.”

“You’ve put a lot of thought into this.”

“Those are great ideas for how to keep this going.”

“What helped you stay on track?”

Y: YIELD positivity

“You’re way ahead of where you were before.”

“That’s a perfect example of taking control.”

“That shows a lot of strength.”

“What’s your plan for keeping this going next week?”

Key Takeaways

A negative UDT is a chance to celebrate success and reinforce a sense of ownership. A positive UDT is an opportunity to learn what got in the way and what might help next time. The fact that the client attended the visit and provided a sample shows they are still willing to engage in the program

In CM conversations, providers can use JOY to build confidence after success, and EASE to maintain momentum after a setback. MI can help guide these conversations in a way that builds motivation, supports ownership, and keeps the focus on next steps:

- Affirm positive efforts and ownership
- Stay curious rather than corrective
- Focus on next steps
- Use “JOY” and “EASE” to guide responses to UDTs

