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**Contingency Management  
in Substance Abuse Treatment**

*edited by Stephen T. Higgins, PhD; Kenneth Silverman, PhD; and Sarah H. Heil, PhD. The Guilford Press, New York, NY, 2008, 380 pages, \$45.00.*

A 2-day conference on contingency management in substance abuse treatment convened in October 2004 in Burlington, Vermont. Surely it was exciting for the leading researchers in the field to share cutting-edge research and to collaborate. *Contingency Management in Substance Abuse Treatment*, edited by Higgins et al, is one of the outcomes of this conference. In fact, many of the same researchers gathered for the first conference on contingency management in Maryland in 1995. They wrote *Motivating Behavior Change Among Illicit-Drug Abusers: Research on Contingency Management Interventions*, published in 1999 and edited by Higgins and Silverman. The current volume presents the scholarly work in the ensuing 10 years, which has transformed the field. The

editors refer to a focus on cocaine dependence in the first volume. The current volume, however, reviews the research on contingency management for cocaine, opioid, marijuana, alcohol, tobacco, and methamphetamine use disorders, as well as applications to special populations and dissemination.

The book begins with chapters devoted to a single drug of abuse, reviewing all the salient literature on contingency management along with practical descriptions of the interventions (Part I). Part II discusses the literature and clinical practicalities relating to applying contingency management to special populations. In Part III, each chapter is written by a group of clinician-researchers who summarize the literature as well as share their own successful attempts to disseminate contingency management.

The chapters in Part I present research and clinical interventions in order to establish the effectiveness of contingency management. Parts II and III give a more complex picture of the application and integration of contingency management in different clinical settings. For example, in chapter 9, "Homeless Populations," Milby and Schumacher describe their program for homeless clients with substance use disorders, including housing, day programming, and vocational interventions. In a clear and succinct chapter, they summarize 10 years of research teasing apart the effectiveness of contingency management from housing, day programming, and work interventions. This chapter in particular is useful and well presented. Chapter 14, "Lowering Costs in Drug Abuse Treatment Clinics," provides details on prize-based contingency management and the relevant research in an engaging and practical manner.

Each chapter in this book could stand alone, and the drawback to this volume is redundancy. For example, almost every chapter describes the principles and implementation of contingency management. However, the literature reviews, clinical tidbits, and valuable expert discussions far outweigh the inconvenience of skimming over redundant material. Leadership and management in the field of addiction should read this book to understand when, where, and how contingency management is and is not effective.

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doi:10.4088/JCP.09bk05521

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