



Northwest (HHS Region 10)

ATTC

Addiction Technology Transfer Center Network

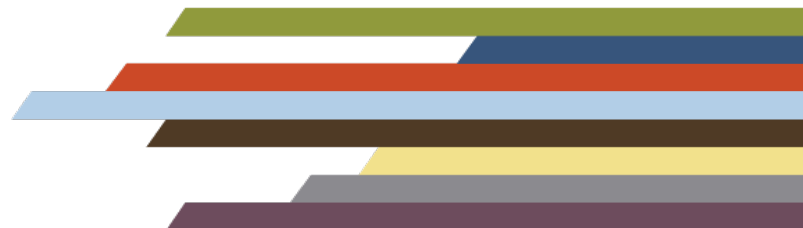
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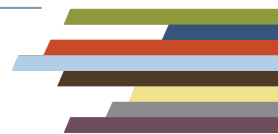
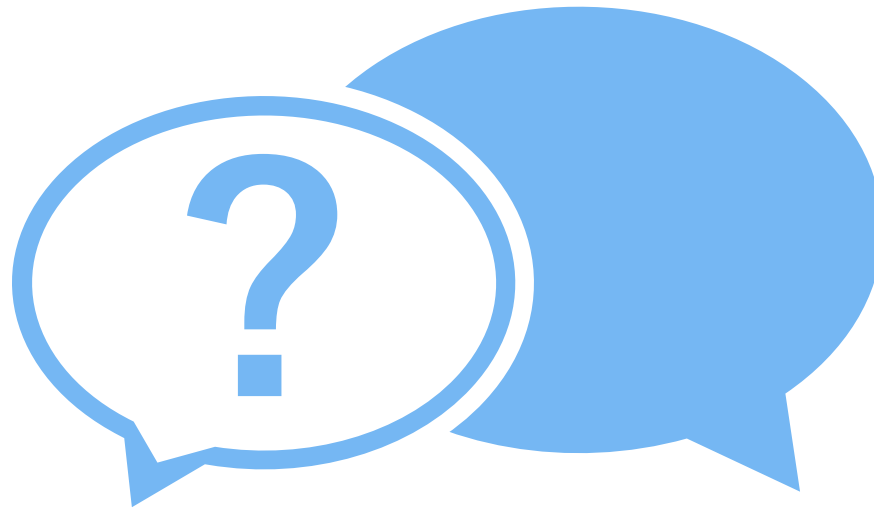
Northwest ATTC presents:

Community Reinforcement Approach (CRA)

Brian Serna LPCC LADAC
Serna Solutions, LLC



**Questions? Please type them
in the chat box!**



Surveys

Look for our surveys in your inbox!

We greatly appreciate your feedback!

Every survey we receive helps us improve and continue offering our programs.



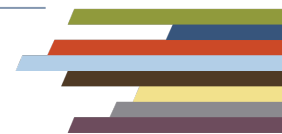
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name and **email address** to
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COMMUNITY REINFORCEMENT APPROACH (CRA)



SERNA SOLUTIONS

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Tribal Land Acknowledgement

In applying a lens of cultural humility to issues of diversity, equity, and inclusion, the Northwest ATTC offers this land acknowledgement for today's event.

Our work intends to reach the addiction workforce in HHS Region 10: Alaska, Idaho, Oregon, and Washington. This region rests on the ancestral homelands of the Indigenous Peoples, who have lived on these lands since time immemorial.

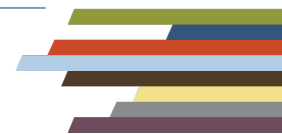
Please join us in support of efforts to affirm tribal sovereignty and in displaying respect and gratitude for our indigenous neighbors.



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“WHAT WORKS?”

- The alcohol treatments with the *most* scientific support are the treatments that are used the *least* in the community

(Miller, Wilbourne, & Hettema, 2003)

Do you agree with this statement?

“WHAT WORKS?”

- *Why don't practitioners use the substance abuse treatments with empirical backing?*
- **Obstacles:**
 - clinicians aren't aware of the effective treatments (Fals-Stewart & Birchler, 2001)
 - clinicians think they actually *are* using scientifically-supported treatments - when they are not (Erickson-Pritchard, 1999; Miller & Meyers, 2001).

“WHAT WORKS?”

AND WHAT DOES NOT

- **One-time workshops are inadequate as far as supporting the training and maintenance of new therapy skills**
- **Tape reviews and supervision post-workshop are highly recommended**
(Miller et al., 2004; Najavits et al., 2000)

“WHAT WORKS?”

- **Ongoing consultation during “transfer of technology” is considered critical**

(Backer et al., 1986; McCarty et al., 2004; Simpson, 2002)

- **Staying true to the learning principle that gave rise to CRA, reinforcement appears to hold great promise as far as the foundation of the supervision.**

“WHAT WORKS?”

- One researcher discovered that therapists’ practice behavior was highly responsive to reinforcement
- He determined that the maintenance of new skills and their use in the workplace is a motivational issue
(Andrzejewski et al., 2001)



EARLY CRA STUDIES

Hunt & Azrin, 1973

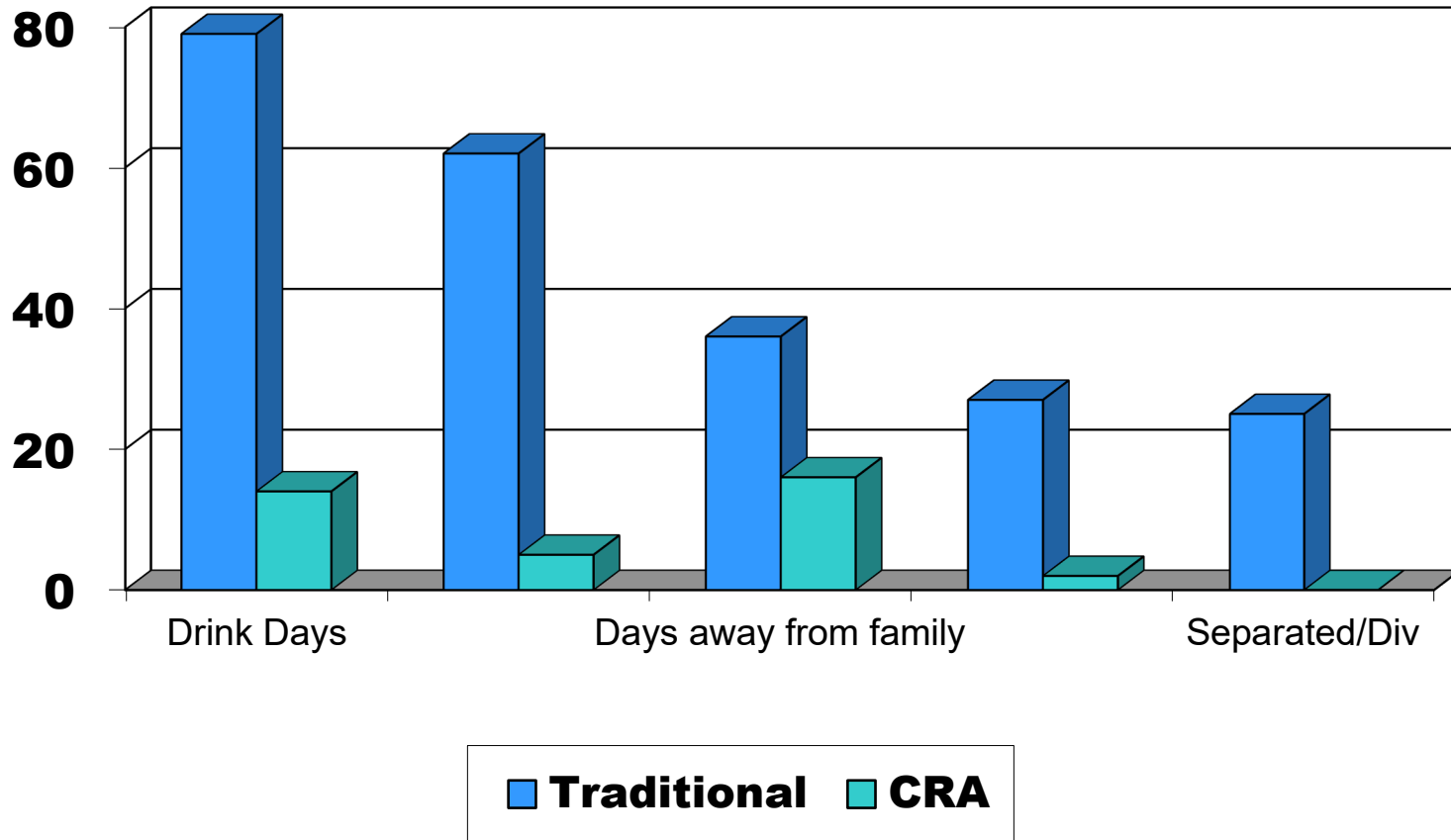
Azrin, 1976

Azrin, Sisson, Meyers, & Godley, 1982

HUNT & AZRIN 1973

- **inpatient alcoholics**
 - **job finding counseling**
 - **behavioral/marital tx**
 - **social/leisure counseling**
 - **reinforcer access counseling**
 - **social club**
 - **home visits**
 - **[total 50 hrs per client]**

RESULTS: 6 MONTH FOLLOW-UP



AZRIN 1976: NEW & IMPROVED CRA

- inpatient alcoholics
- Antabuse (disulfiram) w/compliance protocol
- problem prevention
- buddy system
- early warning mood monitoring
- ~70% as aftercare home visits
- [Average 30 contact hrs]

CRA NEW & IMPROVED: RESULTS



CRA OUTPATIENT STUDY (1982) AZRIN, SISSON, MEYERS, & GODLEY

■ **43 outpatient alcoholics**

■ **3 groups:**

(1) traditional tx

(2) traditional tx +

Antabuse compliance

(3) CRA +

Antabuse compliance

■ **increased use of positive reinforcement**

■ **sobriety sampling**

■ **drink refusal training**

■ **functional analyses**

■ **job club**

■ **phone contacts**

■ **[Average: 5 sessions]**

6-MONTH FOLLOW-UP (1982)

CRA + Antabuse Compliance	% days abstinent = 97%
Traditional + Antabuse Compliance	% days abstinent = 74%
Traditional	% days abstinent = 45%



CRA WITH HOMELESS ALCOHOL-DEPENDENT INDIVIDUALS

PI: Jane Ellen Smith

Co-PI: Robert J. Meyers

Funded by: NIAAA

PRIMARY QUESTIONS ADDRESSED:

- Is CRA > a day shelter's standard program for treating drinking problems among homeless individuals?
- What are the effects of the 2 treatments on the *non-drinking* variables (employment, housing)?

CRA GROUP

Group Sessions

- **Problem-Solving**
- **Communication Skills**
- **Drink-Refusal**
- **Independent Living Skills**
- **Goal Setting/Community Meeting**
- **Social Club**
- **Antabuse Compliance (for a sub-group)**

Individual Sessions

- **Job Finding**
- **Case Management**
- **Couples Therapy**



STANDARD TREATMENT GROUP

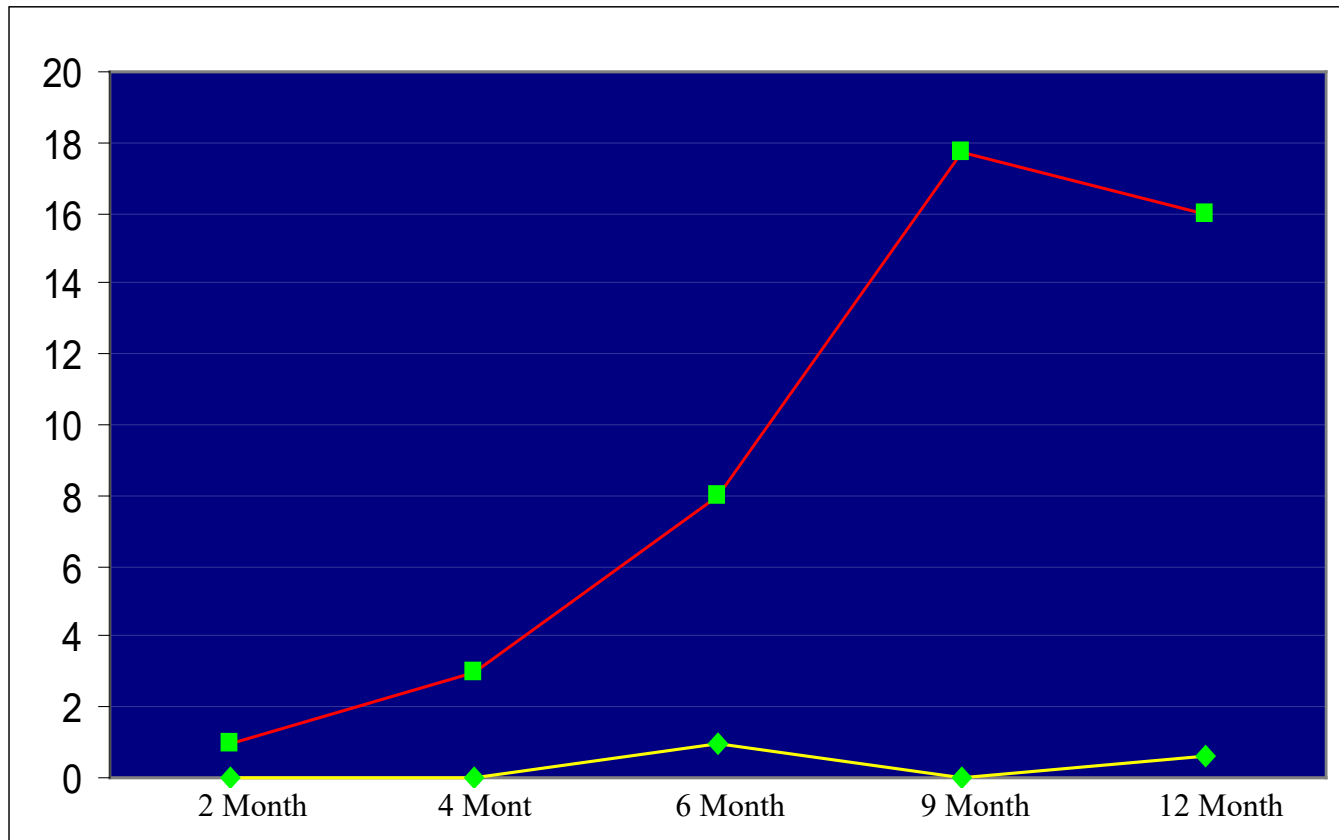
- Day Shelter Program
- Alcoholics Anonymous Meetings
- 12-Step Counselor
- Job Service Program
- VA Benefits Advisor

GRANT-PROVIDED HOUSING

- All participants were housed
- Normal stay: 3 months
- Extended stays: if job and \$ saved
- Random breathalyzer tests

DRINKS PER WEEK BY CONDITION

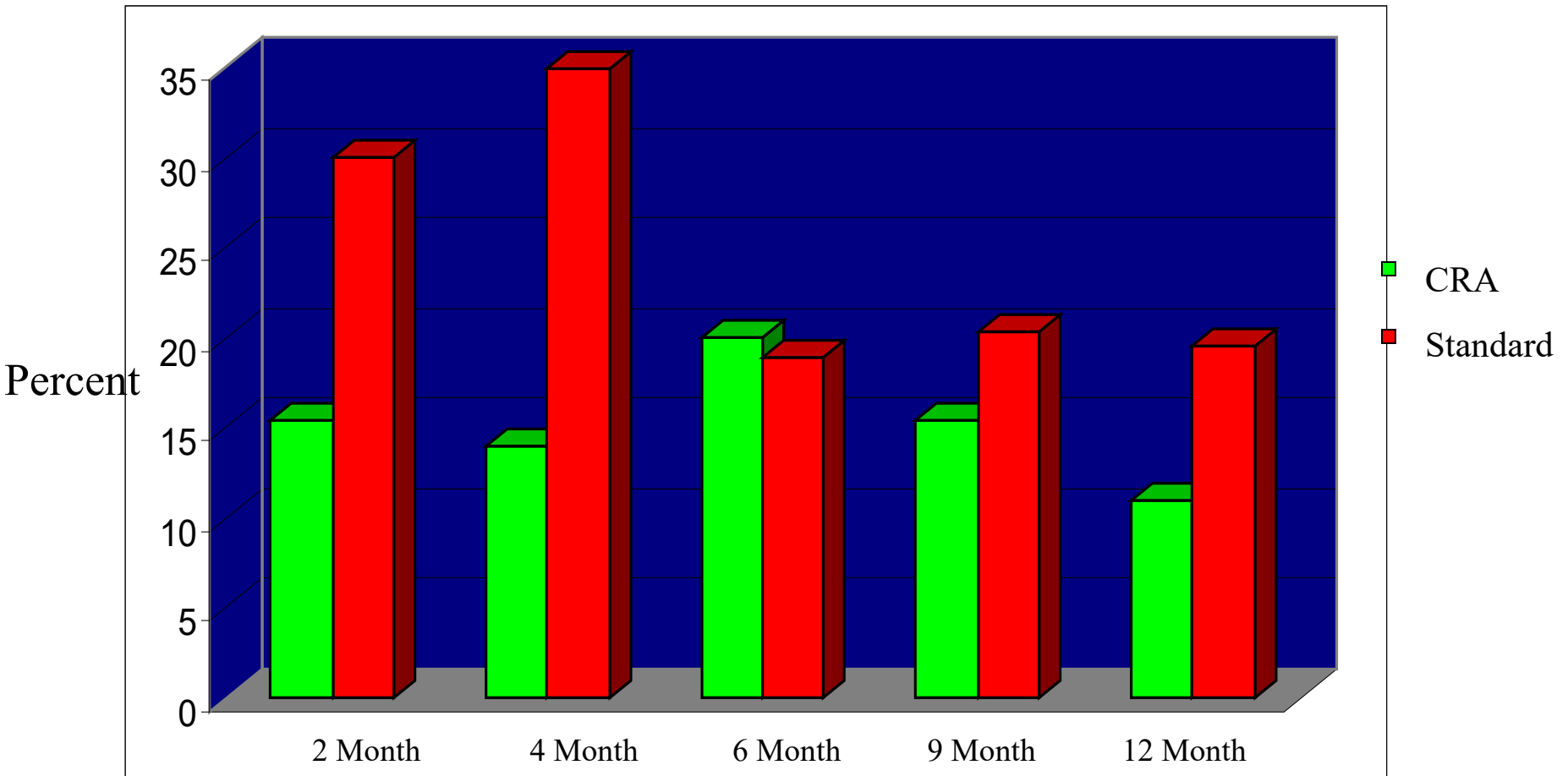
Median
SECs



--- Standard
--- CRA

Follow-Up Period

PERCENT HOMELESS BY CONDITION



Follow-up Periods



META-ANALYSES OF CLINICAL TRIALS FOR TREATMENTS OF ALCOHOL USE DISORDERS

Miller & Hester., (1985)

Holder et al., (1991)

Finney & Monahan., (1996)

Miller et al., (2003)

EVIDENCE OF EFFECTIVENESS: META-ANALYSES

Holder et al., '91

Social skills training

Self-control training

Brief motivational tx

Behavioral Marital tx

CRA

Stress management

Miller et al., '95

Brief intervention

Social skills training

MET

CRA

Behavioral contracting

Aversion tx

EVIDENCE OF EFFECTIVENESS (CONT' D)

Finney et al., 96

CRA

Social skills training
Behavioral Marital tx
Disulfiram Implants
Other marital tx
Stress Management

Miller et al., 03

Brief Intervention
MET
Acamprosate
CRA
Self-Change
Naltrexone

Miller et al., 05

Cognitive-Behavioral

CRA

MI
Relapse Prevention
Social Skills Training
Behavioral Marital Ther.

SELECTED CRA CLINICAL TRIALS # 1

- Hunt & Azrin, '73 (inpatient alcohol dependent)**
- Azrin, '76 (inpatient alcohol dependent)**
- Azrin et al., '82 (outpatient alcoholic)**
- Higgins et al., '91 (cocaine)**
- Budney et al., '91 (cocaine)**
- Higgins et al., '93 (cocaine)**
- Smith et al., '98 (homeless alcoholics)**
- Abbott et al., '98 (methadone/heroin addicts)**
- Roozen et al., '00 (opioid dependent individuals)**
- Schottenfeld et al., '00 (opioid & cocaine dependent individuals)**
- Meyers & Miller., '01 (outpatient alcoholics)**
- Godley, et al., '02 (Adolescent aftercare mj & alc)**
- Azrin, '04 (outpatient adolescent patients)**

SELECTED CRA CLINICAL TRIALS #2

Roozen et al., '06 (nicotine dependent individuals)

Slesnick, et al., '07 (homeless, street living youth)

De Jong et al., '07 (opioid dependent individuals)

Bickel, 2008 (Opioids dependent)

DeFuentes-Merillas, & De Jong '08 (opioid & cocaine dependent)

Garcia – Rodriguez, 2009 (Cocaine Dependent individuals)

WHY ISN'T CRA USED MORE?

- Limited accessibility
- Traditional treatment models have strong roots (disease model, confrontational models, etc.)
- It's hard to teach an old dog new tricks (training inoculation effect)
- “We already do that”
- CRA isn't “sexy”



FIDELITY

- What is Fidelity?
- Why do you want to keep it?
- What prevents you and your staff from developing their CRA skills?

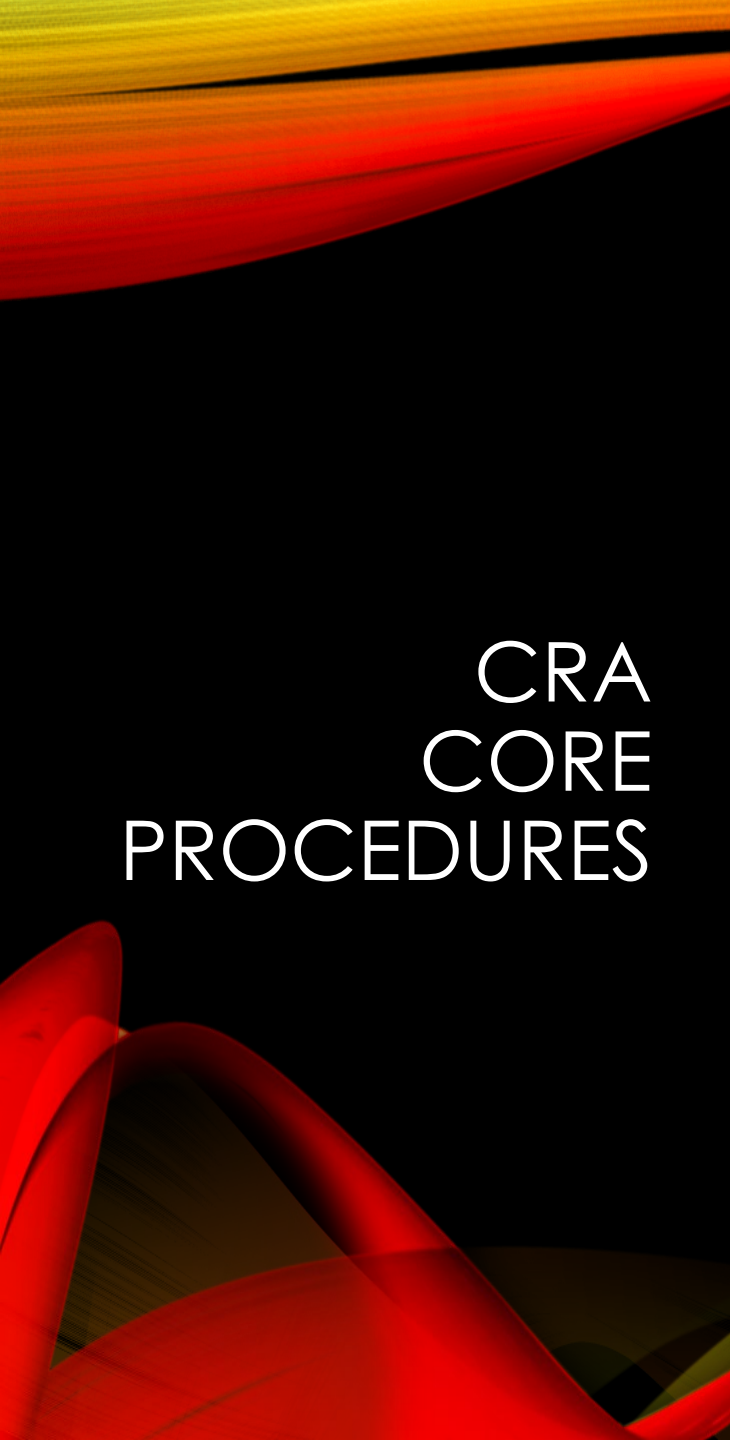
“.....to rearrange the vocational, family, and social reinforcers of the alcoholic such that time-out from these reinforcers would occur if he began to drink”

(Hunt & Azrin, 1973)

WHAT IS
THE GOAL
OF CRA?

CRA IS NON- CONFRONTATIONAL

- CRA is non-confrontational and shares a similar “spirit” as Motivational Interviewing
- CRA is much more than simply being “nice” to clients
- Even though CRA therapists do not use confrontation, they do:
 - Set limits, boundaries
 - Strategically use reinforcement principals to address behaviors that interfere with the treatment process
 - Allow natural, negative consequences for problematic client behaviors



CRA CORE PROCEDURES

- Orientation/Rapport Session
- Functional Analysis of Addictive Behavior
- Functional Analysis of Health Behavior
- Happiness Scale
- Communication Skills
- Pro-Social Counseling
- Sobriety Sampling
- Problem Solving

CRA INDUCTION OVERVIEW: 1ST SESSION



Build rapport, build rapport, build rapport



Stay client focused



Use positive reinforcement



Provide overview of basic CRA objective/philosophy



Outline several CRA procedures relevant to client's situation

OVERVIEW OF CRA PHILOSOPHY

- Everything you do, you do for a reason. We want to help you find new ways to get what you need.
- Life is hard, and you have been using substances to deal with it. Together we will try new ways to deal.
- Most of us weren't give all the tools we need to deal with life, this program will look at your strengths and give you some new tools that you haven't had before.

OUTLINE CRA PROCEDURES WITH YOUR CLIENT

- This is a part of an informed consent; people need to know what they are getting into.
- It sets the expectation that they will learn skills and apply them to their lives outside of sessions.
- Takes the mystery out of treatment, creating an equal playing field.

OTHER ITEMS COVERED AT 1ST CONTACT

- Emphasize independence
- Begin to establish “reinforcers” or “motivators”
- Explain the basic CRA session structure
 - Review of homework
 - Skill didactic, practice
 - Assign skill for homework





FUNCTIONAL ANALYSIS FOR ADDICTIVE BEHAVIORS

- Objective: To understand a behavior fully, so that we can look for opportunities for pattern interruption
- F.A. Procedure:
 - outlines individual's triggers for substance use
 - clarifies consequences (positive & negative) of substance use for client



WHAT IS A FUNCTIONAL ANALYSIS?

- Semi-structured interview that examines the antecedents & consequences of a behavior
- Can also be called a “roadmap”
- 2 kinds of F.A.s:
 - A problem behavior
 - A healthy, fun behavior



HAPPINESS SCALE

SNAPSHOT OF A LIFE

- Drinking/sobriety
- Job/education
- Money management
- Social life
- Personal habits
- Marriage/family relationships
- Legal issues
- Emotional life
- Communication
- Spirituality
- General happiness



OTHER SKILLS TRAINING

Communication skills/assertiveness training

Drink/drug refusal

Problem Solving

Job-finding skills

Anger management

SOCIAL/RECREATIONAL COUNSELING

- discuss importance of healthy social life
- identify areas of interest:
 - Ongoing: Pro-Social F. A.
 - New? 2 x 2 table (next slide); problem-solving; Leisure Questionnaire; goal-setting
- encourage sampling of new behavioral/activities
- Use modeling (systematic encouragement) to help people move through barriers

SOC/REC COUNSELING

(CONT'D)

With Money/With Others	With Money/Without Others
Without Money/With Others	Without Money/Without Others

SOBRIETY SAMPLING: RATIONALE

Select the ones that are most relevant to your client when offering the rationale:

- enables client to set reasonable & attainable goals
- teaches self-efficacy when goals are met
- provides “time-out” from drinking so client can experience sensation of being sober



SOBRIETY SAMPLING

- disrupts old habits, giving chance to replace with new positive coping skills
- builds family support & trust
- identifies relapse-prone areas

THE NEGOTIATION

- Suggest a LONG period (90 days?)
- Tie in reasons for such a period (high relapse time; client's reinforcers?)
- Expect that the client will negotiate downward
- Settle on a period of time; be sure it extends at least to the time of your next session



PLANNING FOR TIME-LIMITED SOBRIETY

- Load up sessions
- Don't rely on past unsuccessful methods
- Identify biggest threats to sobriety
- Select alternative coping strategies
- Develop back-up plans
- Remind client of reinforcers
- Use positive reinforcement

- Partners can play an important role in the recovery process
- Many couples in similar situations have shown great improvement in their relationships overall

COUPLES RELATIONSHIP THERAPY: WHY WORK WITH COUPLES?

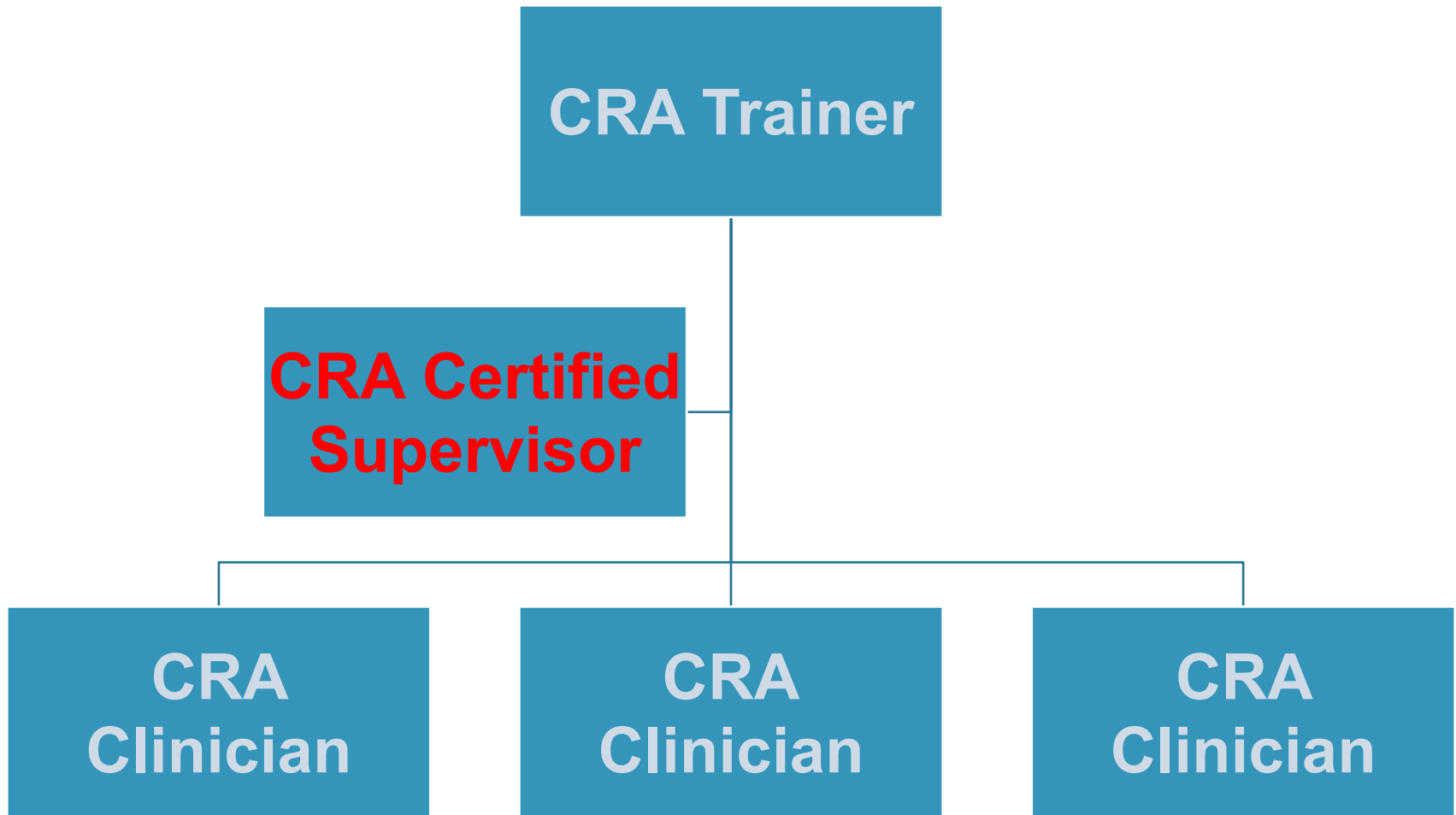
DAILY REMINDER TO BE NICE TODAY....DID YOU:

- Express appreciation to your partner?
- Compliment your partner?
- Give your partner any pleasant surprises?
- Express visible affection to your partner?
- Spend some time devoting your complete attention to pleasant conversation w/ your partner?
- Initiate a pleasant conversation?
- Make any offer to help before being asked?

COMMON MISTAKES MADE WHEN IMPLEMENTING CRA

- Losing sight of client's reinforcers
- Failing to involve concerned others in treatment
- Neglecting to emphasize the importance of having a satisfying social and recreational life
- Not stressing the necessity of having a meaningful job
- Inadequately monitoring the client's contact with triggers
- Not checking for generalization of skills
- Being reluctant to suggest the use of disulfiram/naltrexone

TRAINING AND CERTIFICATION IN CRA



BENEFITS OF TRAINING AND CERTIFICATION IN CRA



COST EFFECTIVE



PREVENTS DRIFT

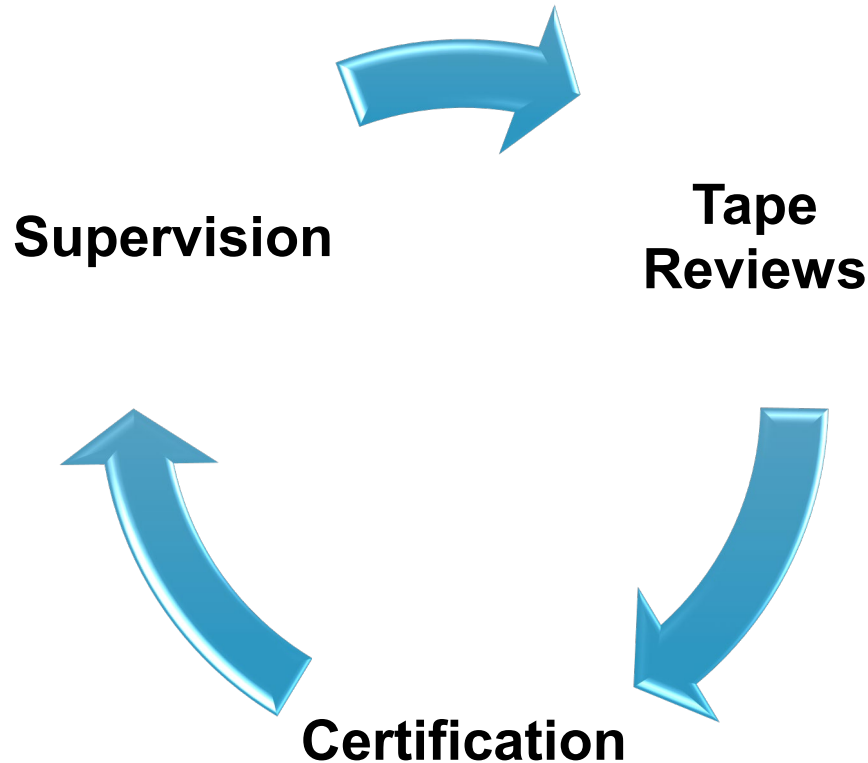


CAN LEVERAGE
ADDITIONAL FUNDING
FOR PROGRAMS



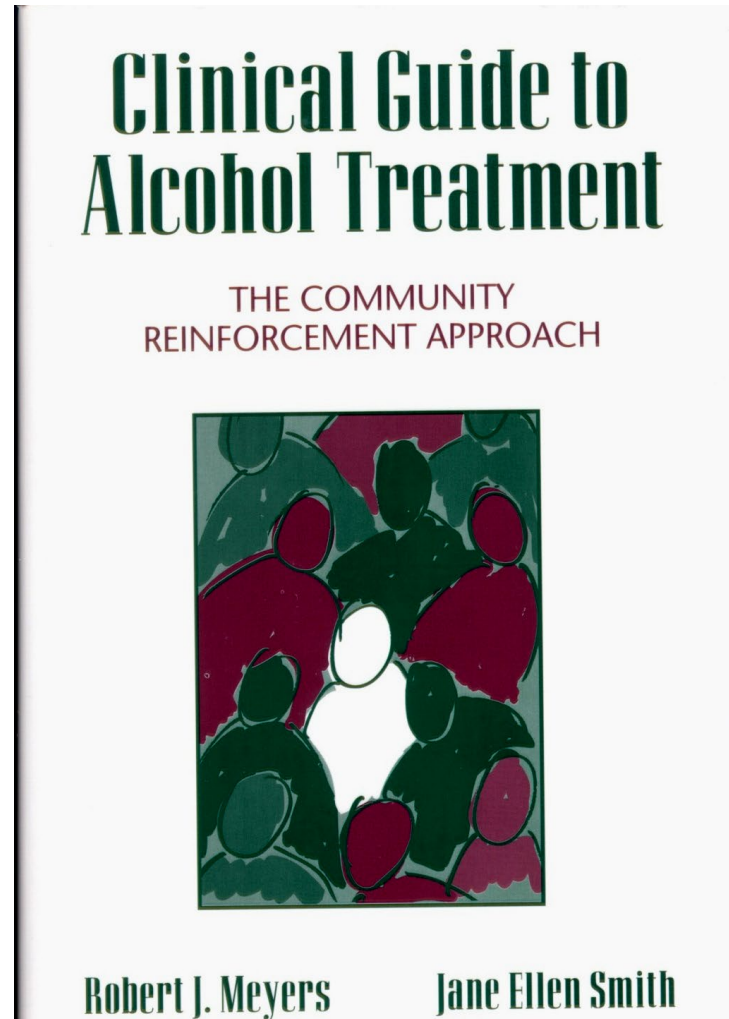
SUSTAINABILITY

SUSTAINABILITY

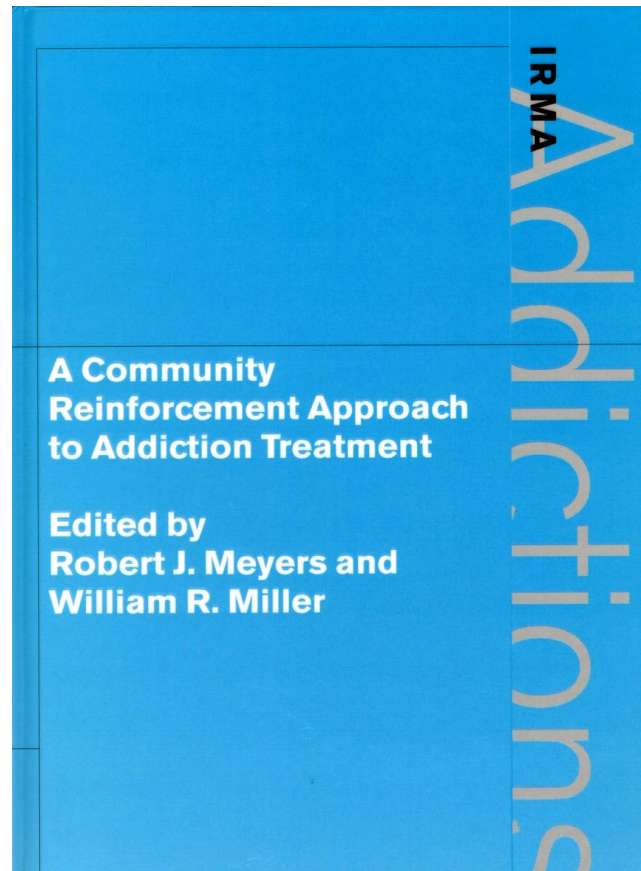


Once you have an established cadre of CRA supervisors at your site, they may continue to supervise and certify clinicians at their agency or program.

FIRST CRA THERAPIST MANUAL



MONOGRAPH OF CRA RESEARCH



THANK YOU!



SERNA SOLUTIONS

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http://bit.ly/Community_June2021



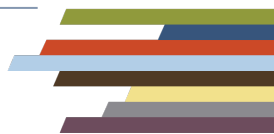
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gracias cảm ơn bạn धन्यवाद 고맙습니다
شكرا جزيلًا salamat благодарю вас 谢谢
Dziękuję Ci **Thank** ευχαριστώ
quyana tack **you!** አመሰግናለሁ
धन्यवाद danke asante grazie
hík'wu? merci הודת obrigado ขอบคุณ
ありがとうございました спасиби mahalo



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