Canadian Centre on Substance Use and Addiction

Evidence. Engagement. Impact.

The Essentials of … Series

Community Reinforcement Approach

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To use the skills outlined in this resource, a basic competence in behavioural and cognitive behavioural approaches and a positive, motivational style of interaction are necessary. This issue complements *Community Reinforcement and Family Training* in *The Essentials of…* series.

The Essentials of…. is a series that offers evidence-based guidance and practical information to enhance practice in the substance use field. The topics complement CCSA's *Competencies for Canada's Substance Abuse Workforce*.

What Is the Community Reinforcement Approach?

The Community Reinforcement Approach (CRA) is a comprehensive behavioural treatment approach for people with substance use disorders. Central to CRA is the belief that the environment or community can play a powerful role in deterring one's substance use by reinforcing alternate positive behaviour. Community is broadly defined and can include "reinforcers" such as family, friends, employment, hobbies and recreational activities. The primary goal of CRA is to improve the environment of the person using substances so that greater engagement in other activities becomes more rewarding than using substances. CRA is a menu-driven approach that is customized to allow for collaborative goal setting between the client and therapist. Increasing the client's skills in areas such as communication, interpersonal effectiveness, problem solving, employment and recreation helps the client discover new substance-free activities and supports the recovery process.

What Does the Evidence Say?

Systematic reviews of small trials and cost-effectiveness analyses of treatment outcomes consistently report CRA as one of the most effective behavioural interventions for alcohol use disorder.[1–7] CRA has also been used successfully in the treatment of other substance use disorders,[8–10] including opioid dependence.[11] In addition, CRA has been used successfully in conjunction with contingency management (voucher) programs in the treatment of cocaine and opioid use disorders.[12–18]

Adolescent Community Reinforcement Approach

The Adolescent Community Reinforcement Approach (A-CRA) is an adaptation of the Community Reinforcement Approach for use with adolescents who use substances.[19] A-CRA was one of five outpatient interventions evaluated in the Cannabis Youth Treatment (CYT) project[20] compared to other behavioural treatment approaches (e.g., motivational enhancement therapy, cognitive behavioural therapy, etc.) and family treatment approaches (e.g., family support network) over a period of 12 months. All approaches were effective in reducing adolescents' marijuana use and no one treatment was consistently better across time. (For a more complete description of the A-CRA techniques used in this study, see *The Adolescent Community Reinforcement Approach for Adolescent Cannabis Users* in the Additional Resources below.)

Community Reinforcement and Family Training

Derived from CRA, Community Reinforcement and Family Training (CRAFT) is an empirically supported approach used to engage treatment-resistant individuals with substance use disorders by working with their family and close friends (concerned significant others). (See *Community Reinforcement and Family Training* in *The Essentials of…* series.)

How Does It Work?

The primary goal of CRA is to rearrange an individual's environment so that non-substance using behaviour becomes more rewarding than substance using behaviour. As the use of alcohol and other drugs can be highly reinforcing, CRA uses several strategies to achieve this goal. These strategies include CRA assessment, CRA treatment planning, sobriety sampling, behavioural skills training, increasing positive reinforcers and relapse prevention. A complete description of these techniques is in Meyers and Smith's *Clinical Guide to Alcohol Treatment: The Community Reinforcement Approach*.[21]

Community Reinforcement Approach Assessment

Three components comprise CRA assessment: identifying and enhancing the client's motivation to change, gathering basic background and substance use information, and completing a functional analysis of the client's alcohol and drug use.

CRA typically begins by exploring a client's internal and external motivators for change. Particular attention is paid to identifying the client's positive reinforcers for change. These reinforcers are used throughout treatment to tie the utility of particular goals and assignments to achieving the things that have motivated the client to seek treatment in the first place. CRA recommends that the therapist conduct an intake assessment to gather, at a minimum, basic client information. The information from this intake assessment might be supplemented by using standardized assessment instruments and involving significant others from whom to obtain collateral information. Assessment is also one important means for identifying the client's positive reinforcers for change.

At the heart of CRA is a non-confrontational exploration of the function of substance use in the client's life, referred to as the functional analysis. The functional analysis is a structured interview that assists the client in identifying the antecedents and consequences of their substance use. The purpose of the functional analysis is to translate the client's problematic behaviour from something that happens "out of the blue" to a predictable sequence of events resulting from many small decisions.

Community Reinforcement Approach Treatment Plan

Treatment planning in CRA begins with the completion of the Happiness Scale: a brief questionnaire that asks clients to rate life satisfaction in multiple categories. The client and therapist use the results of the Happiness Scale to select areas on which to focus during therapy. Once the areas of focus are identified, the client and therapist collaboratively complete the Goals of Counselling form. This form assists them in transforming identified problem areas into specific, achievable, meaningful and measurable goals. The Happiness Scale and the Goals of Counselling form can be used throughout the therapy process to assess progress and to assist with the creation of new treatment goals.

Sobriety Sampling is a trial period of abstinence that, as an approach, differentiates CRA from many other substance use disorder treatments. Instead of imposing the expectation of a lifetime of abstinence upon clients, CRA therapists negotiate a limited trial period. Whether the client is someone who would benefit from lifelong abstinence or someone who wants to moderate their use, an initial period of sobriety is usually beneficial. Typically, the therapist begins by suggesting a 90-day period of abstinence, and the client and therapist negotiate this request to one they believe will be both challenging and achievable. Whether the negotiated trial period of abstinence is for 90 days or one day, the therapist assists the client in developing a plan to be successful in achieving it.

Behavioural Skills Training

Through modelling, behavioural rehearsal and instruction, the CRA therapist assists the client in developing or improving the social skills necessary to support their treatment goals. Skills training most commonly focuses on communication skills, problem solving and drink and drug refusal. Communication skills training helps to increase the client's comfort and confidence with using a positive, assertive and empathic style of communicating with others that is essential to successful social interactions. Problem solving training teaches the client to break down larger problems into smaller and more manageable pieces. The client can then brainstorm many possible solutions with the purpose of choosing one to test out in real life. Drink and drug refusal training helps the client to identify high-risk situations and uses role playing to practice assertive responses to these situations.

Increasing Positive Reinforcers

A frequent complication of substance use disorders is the substance user's increasingly narrow range of non-substance-using activities, combined with increased isolation. To counter these trends, CRA focuses on three main sources for positive reinforcement: relationships, employment, and social and leisure activities.

Behavioural relationship therapy in CRA focuses on improving the positive interactions between the client and the client's concerned significant other. To achieve this improvement, significant others are encouraged to join the client for a series of sessions. These sessions are designed to improve communication skills and problem solving between the client and concerned significant other, and increase the number of positive interactions they have with each other.

Meaningful employment is a powerful positive reinforcer as clients value their jobs. Activities such as job skills training help clients to focus on employment and develop the basic skills necessary to acquire and maintain employment.[22]

Social and leisure counselling assists clients in sampling healthy and rewarding recreational activities that are unrelated to substance use. Trying new activities can be especially difficult as many clients with substance use disorders rely on alcohol or drugs as a primary source for both reinforcement and social involvement.

Relapse Prevention

An important element of CRA is aiding the client to anticipate and cope with relapse. Relapse prevention is a fundamental component of CRA, infused in all aspects of CRA treatment. For example, the functional analysis, introduced very early in treatment, identifies triggers and consequences for problematic substance use. Drink and drug refusal training assists clients to respond appropriately and assertively in situations where substances might be offered.

Relapse is considered an opportunity for learning, and CRA uses specific techniques for relapse prevention, including establishing an early warning system and conducting a relapse-specific functional analysis. The functional analysis for relapse is used to help identify the triggers and consequences of the relapse. CRA therapists work with the client to define the chain of internal and external events that led to a recent substance-using event and then to identify the early signs of potential relapse. Once identified, the client — often with the help of an enlisted family member or friend — can watch for these early warning signs and take steps to interrupt the sequence of events that previously led to relapse.

Implications for Substance Use and Allied Professionals

Problematic substance use permeates an individual's life in many ways. CRA allows the substance use therapist to capture all of the resulting problems and create a dynamic treatment plan that ensures all dimensions of the problem are addressed. This direct and structured approach distills many

potential treatment goals into a workable plan for clients. CRA is suitable for a variety of clients and has been shown to be successful in both inpatient and outpatient settings, with clients with varying levels of problem severity, in rural and urban settings, and across culturally diverse populations.[23]

Therapists trained in CRA typically are pleased with its structured and directive approach. Therapists are given a clear, step-by-step process with built-in flexibility to meet the diverse needs of clients. The structure of CRA also allows for ease of training and supervision for both new and seasoned therapists. CRA has a strong background in research, and its efficacy is supported by many randomized clinical trials. This background in clinical research has allowed for the creation of training manuals and coding techniques that enhance the learning of CRA with a high degree of fidelity. Furthermore, professional CRA trainers offer basic training, fidelity supervision and certification opportunities to allow for consistent service delivery in this evidence-based approach. Further training is available for managers and team leaders to become CRA clinical supervisors. This training also develops supervisors to incorporate and encompass a positive and motivational spirit in their work. For more information about training or to locate a trainer in your area, see www.robertjmeyersphd.com.

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Selected Resources

The Community Reinforcement Approach: A Guideline Developed for the Behavioral Health Recovery Management Project (2001)
A clinical guideline for using the community reinforcement approach. Developed by Robert Meyers and Daniel Squires.
Source: Behavioral Health Recovery Management
Available at www.bhrm.org/media/pdf/guidelines/CRAmanual.pdf

The Adolescent Community Reinforcement Approach for Adolescent Cannabis Users (2008)
A guide written for therapists wanting to use Adolescent—Community Reinforcement Approach with teens and their caregivers. Developed by Susan Godley, Robert Myers, Jane Smith, Tracy Karvinen, Janet Titus, Mark Godley, George Dent, Lora Passetti and Pamela Kelberg.
Source: Substance Abuse and Mental Health Services Administration
Available at store.samhsa.gov/product/The-Adolescent-Community-Reinforcement-Approach-for-Adolescent-Cannabis-Users/SMA08-3864

Robert J. Meyers, Ph.D. (last updated 2014)
Website created by the one of the pioneers of CRA and the creator of CRAFT. Website contains helpful and up-to-date links and publications for CRA, CRAFT and A-CRA.
Source: Robert J. Meyers
Website: www.robertjmeyersphd.com

CRA plus vouchers for treating cocaine use (2007)
Report on project to adapt, develop and test a standardized treatment approach based on the combination of the Community reinforcement approach and Vouchers (CRA + Vouchers) for cocaine-dependent patients in five treatment centres.
Source: Nijmegen Institute Scientists Practitioners in Addiction, Netherlands
Available at
www.emcdda.europa.eu/modules/wbs/dsp_print_project_description.cfm?project_id=NL0802

Aboriginal-specific Community Reinforcement Approach (CRA) Training Manual (2014)
CRA manual designed for Indigenous health and family workers in Australian Indigenous communities to support people who are at risk for alcohol-related harm. Developed by Miranda Rose, Bianca Calabria, Julaine Allan, Anton Clifford and Anthony Shakeshaft.
Source: National Drug and Alcohol Research Centre, University Of New South Wales, Sydney, Australia
Available at ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/TR.326.pdf

Les troubles liés à l'utilisation de substances psychoactives (2015)
Research report intended as a tool to study the various themes important to understanding disorders linked to the use of psychoactive substances. Developed by Maria Chauvet, Ervane Kamgang, André Ngamini Ngui and Marie-Josée Fleury.
Source: Centre de réadaption en dépendence de Montréal, Institut universitaire
Available at dependancemontreal.ca/wp-content/uploads/2015/04/Rapport-TUS_CRDM-IU-vf.pdf

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