

# A COMMUNITY REINFORCEMENT APPROACH TO ADDICTION TREATMENT

The community reinforcement approach (CRA) to treating alcohol and other drug problems is designed to make changes in the client's daily environment, to reduce substance abuse and promote a healthier lifestyle. It is of proven effectiveness, and should be more widely used. This is the first book to present research on the effectiveness of the CRA for a clinical readership. It includes the original study comparing CRA with traditional treatments of alcohol dependence, and summarizes other trials with alcohol, cocaine and heroin users.

The CRA program provides basic guidelines for clinicians, focussing on communication skills, problem solving and drink-refusal strategies, and addresses the needs of the client as part of a social community. Combining practical advice on such matters with a scientific survey of CRA in use, this book offers a new treatment approach to all involved with the support and treatment of those with alcohol and drug problems.

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# A COMMUNITY REINFORCEMENT APPROACH TO ADDICTION TREATMENT

Edited by

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R.J.M.

To George Hunt and Nathan Azrin, the founding fathers.

W.R.M.



### Contents

List of contributors Preface Acknowledgments		<i>page</i> ix xi
		1
	ROBERT J. MEYERS AND MARK D. GODLEY	
2	Practice and Promise: The Azrin Studies	8
	ERICA J. MILLER	
3	The Treatment	28
	JANE ELLEN SMITH AND ROBERT J. MEYERS	
4	A Comparison of CRA and Traditional Approaches WILLIAM R. MILLER, ROBERT J. MEYERS AND J. SCOTT TONIGAN	62
5	Community Reinforcement and Traditional Approaches: Findings of a Controlled Trial	79
	WILLIAM R. MILLER, ROBERT J. MEYERS, J. SCOTT TONIGAN AND KATHRYN A. GRANT	
6	CRA with the Homeless JANE ELLEN SMITH AND HAROLD D. DELANEY	104
7	CRA and Treatment of Cocaine and Opioid Dependence STEPHEN T. HIGGINS AND PATRICK J. ABBOTT	123
8	Community Reinforcement and Family Training (CRAFT) ROBERT J. MEYERS, WILLIAM R. MILLER AND JANE ELLEN SMITH	147
9	Summary and Reflections	161
	WILLIAM R. MILLER AND ROBERT J. MEYERS	
References		171
Index		183

vii



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X

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#### **Preface**

The Community Reinforcement Approach (CRA), as originally applied to the treatment of alcohol problems and as later widened in its application to other substances, has always seemed to have common sense to recommend it. We only need a nodding experience with the behavior of children or a modicum of personal insight to find persuasive evidence that reward can alter behavior patterns. So, make stopping drinking tangibly rewarding, and troubled drinkers may be able to stop drinking – a psychological postulate much in accord with common sense and ordinary life.

In fact, in the treatment world, CRA has enjoyed a rather odd status up to now. Most researchers believe that the evidence for its efficacy is strong and reviewers have repeatedly rated this treatment approach as being better supported by controlled assessments than a galaxy of more widely favored practices. CRA seems to have become a succès d'estime only to be left on the shelf.

This immensely authoritative and comprehensive account of the origins of the CRA concept and the research evidence for its therapeutic benefits must surely do much to counter that previous neglect. It is a book which one must hope to see widely read by clinicians and those responsible for the development and provision of services. Researchers will find in its pages stimulating ideas for new applications and testings.

What is also interesting about this book is that beyond its reporting of the research output it raises questions about how research in this kind of field comes to be made – there is a story here within the story. Research on CRA has been carried forward by a relatively small group of people, most of whom have known each other well, and with ideas and traditions fostered within the group and transmitted across a generation of researchers. It is the continuity in the evolution, the incremental nature of the endeavor, the long slog and the idea followed through which form the



xii Preface

deeper story. We need better and more widely to understand how science is made, but meanwhile CRA can provide a case study illustrative of that theme.

The rules for IRMA publications require that all material that has not previously been through peer review will go through external peer review before being accepted, while material which has been previously published in journal form will be scrupulously gone through within the office. We aim at a process which will produce a coherent book rather than at bits put together within covers. The preparation of these monographs is therefore an active process with many demands made on the authors. I am grateful to Robert J. Meyers and William R. Miller and their cast of authors for their courtesy and patience, and believe that the outcome is a statement of landmark significance for its field.

Griffith Edwards
Series Editor



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xiii