

EBP in the Real World: The Adolescent Community Reinforcement Approach

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Evidence-based Practices - EBPs

- There is a body of research describing and comparing treatment approaches utilizing the scientific method
- Some approaches, such as CRA, are more effective and more efficient than others (Finney et al, 1996; Miller et al, 2003; Dennis et al, 2004)
- These more effective approaches are called Evidence-Based Practices (EBPs)
- Research has shown that EBPs are not typically used (Miller et al, 2003)

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Issues with Implementing EBPs

- One time training is ineffective in changing therapist behavior
- Reasons for non-use: lack of awareness by clinicians of EBPs, and believing they are using them when they are not (Fals-Stewart et al, 2001; Erickson-Pritchard, 1999; Miller et al, 2001)
- Organizational factors are crucial in dissemination efforts (Martin et al, 1998; Simpson, 2002; Stirman et al, 2004)
- Tape reviews and ongoing supervision are essential (Barker et al, 1986; McCarty et al, 2004)
- When therapists are given objective feedback, their patients do better (Andrzejewski et al, 2001)

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The Basics of CRA

Contingency Management/Motivational Enhancement

- Elimination of positive reinforcement for drinking and/or using behavior
- Enhancement of positive reinforcement for non-drinking (sober) and non-using (clean) behavior
- Helps individual access these reinforcers through skills training

Evidence of Effectiveness

<u>Holder et al., 1991</u>	<u>Miller et al., 1995</u>	<u>Finney et al., 1996</u>	<u>Miller et al., 2002</u>
✓ Social skills BSCT Brief MI ✓ Behavioral marital therapy ✓ CRA ✓ Stress mgmt	✓ Brief intervention ✓ Social skills MET ✓ CRA BSCT Aversion	✓ CRA ✓ Social skills ✓ Behavioral marital therapy ✓ Disulfiram Other marital therapy ✓ Stress mgmt	✓ Brief intervention MET GABA agonist ✓ CRA BSCT Opiate agonist

What does NOT work!

Confrontational counseling
 General alcoholism counseling
 Educational films and lectures
 Anti-psychotic medication
 Process-oriented groups
 Insight-oriented psychotherapy

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CRA to ACRA

- Added
 - Caregiver sessions
 - Changes to Happiness Scales and Goals of Counseling forms
 - UA feedback procedures
 - Snacks
- Eliminated
 - Disulfiram
 - Marital therapy

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CYT Results at 12 Months

Dennis et al (2004)

Measures:

- Days of abstinence
- "In recovery"

General Findings:

All treatments showed significant improvement - no statistically significant differences

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CYT Results

Dennis et al (2004)

- ACRA best overall "in recovery" rates (34%; next best = MET/CBT5 at 27%)
- ACRA best number of abstinent days for Trial 2 (73%; MET/CBT5 best for Trial 2 at 74%)
- ACRA most cost-effective (\$4.10/additional abstinent day vs \$26.34 for MET/CBT5; cost/person: \$4,460 vs \$6,611)

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ACRA Goals



- Promote abstinence (A & C)
- Promote positive social activities (A)
- Promote positive peer relationships (A)
- Promote improved family relationships (A & C)
- Motivate positive participation in ACRA (C)
- Promote positive parenting skills (C)

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ACRA Procedures

- Functional Analysis
- Sobriety Sampling
- Treatment Planning
- Skills Training
- Urine Testing
- Caregiver - Adolescent Relationship

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