

Community Reinforcement Approach (CRA) + Contingency Management (CM)

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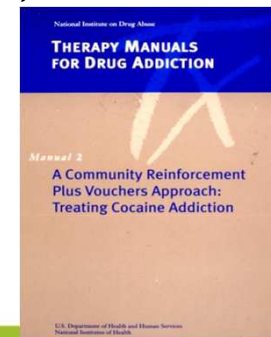
1. Timeline

- **2007-2008 :**
 - Literature -study
 - Training & Supervision in the Netherlands
- **2008 – 2010 :**
 - research: “Practice & analysing the treatment of CRA + CM with cocaine- users”
- **2011 – present :**
 - treatments in De Kiem
 - Developing a textbook with our experiences
 - Training & coaching

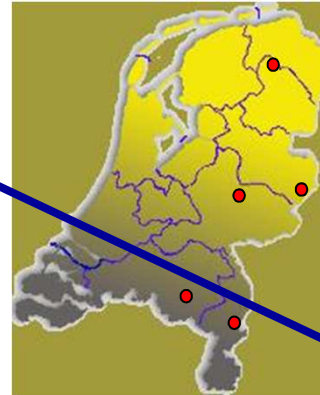
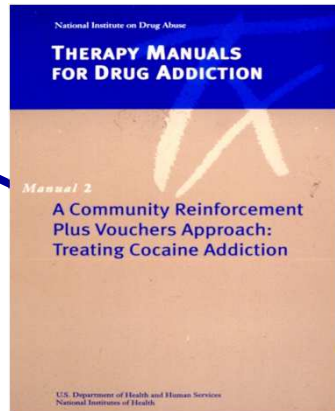


2. Why use CRA+Vouchers for cocaine?

- Increase of cocaine users who make an appeal to drugprograms in the EU
- There's no effective pharmacological treatment for cocaine abuse (*Poling e.a. 2006*).
- Research confirmed that CRA+Vouchers is effective with cocaine- dependence (*Dutra, 2008; Lussier e.a. 2006; Prendergast e.a. 2006; Higgins e.a. 2004; Roozen, ea. 2003*).



...we looked overseas to find an evidence-based treatment



3. Community Reinforcement approach (CRA)

Definition :

“A wide spectrum of behavioral therapeutic programs for problems of drugabuse. CRA uses social, recreational, family supported and workrelated reinforcers to assist clients in their recovery process.”

(Smith & Meyers)



Community Reinforcement Approach

Goal :

- “Teaching them to have fun without using drugs”
- “People are not going to change if you do not replace drug use by something else”: positive alternative activities
- *increase abstinence and prevent people for a relapse.*



Community Reinforcement Approach

In order to become clean, clients have to change their way of life:

- in relationships
- activities
- social network
- work



Community Reinforcement Approach

This change of life is made possible by:

- training people in refusing drugs
- analysing their triggers and pattern of drug use
- focusing on their social network and looking for clean, safe contacts



4. Contingency Management (CM)

- **Druguse = a learned behavior**
- **Based on operant conditioning: using positive reinforcements to increase behavior**
- **Short- term effect :**
 - **Increase patient compliance**
 - **Increase positive effects of being clean**



Contingency Management

- **Saliva & urine- tests: negative for cocaine = winning points & vouchers**
- **A voucher has to:**
 - **be rewarding for the client**
 - **match with the goals of therapy**
- **Examples: subscription for fitness, a voucher for a restaurant, wellness, ...**



5. CRA + VOUCHERS

Both: reinforce alternative behavior

Complementary:

CRA + Vouchers > CRA

CRA + Vouchers > Vouchers

CRA	Vouchers
Long term	Short term
Focus: way of life	Focus: cocaine use



6. CRA + vouchers in De Kiem

- **Target group: criteria**
 - Abuse of cocaine
 - Combination with cannabis and/ or alcohol
 - Goal: abstinence
 - Being able to come to our centre 3x/week



CRA + vouchers in De Kiem

- **Length of the program: 24 weeks**
- **Frequency:**
 - Week 1-12: 3 tests & 2 sessions
 - Week 13-24: 2 tests & 1 session
 - Vouchers based on negative saliva- or urinetest (max. 652,45 euro)
- **Protocol with exercises**



CRA + vouchers in De Kiem

- **General elements:**
 - Intensive program
 - Outreaching
 - Close follow up
 - Focus: here & now + positive behavior
 - Increase problem solving
- **Therapeutic elements:**
 - Counseling
 - Flexible
 - Empathy
 - Directive but collaborative
 - Social reinforcement



7. Research (2010): results

Quantitative: comparing CRA + Vouchers with standard treatment

- Decrease of cocaine use
- Decrease of psychiatric problems
- Positive influence on Quality of life
- Higher patient compliance:
 - more completers
 - longer in treatment
 - more sessions



Results

Qualitative (cliënt):

- testing = supportive
- intensity: difficult, but positive
- length of the program
- sessions:
 - concrete & active
 - close follow up
 - outreaching



Results

Qualitative (therapists):

- intensity: more involved with clients
- protocol = structured
- a lot of participation with the client & colleagues
- outreaching



Thank you!

