

Helping youth find joy in recovery through the Adolescent Community Reinforcement Approach & Assertive Continuing Care

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Presentation Goals

- Overview of A-CRA and ACC and how the model is used in recovery
- Effectiveness of the model across race/ethnic groups and gender
- Gain an understanding of a few of the procedures used in the A-CRA model and see a demonstration of a session

Who is A-CRA/ACC serving ...

- Urban youth
- Rural youth
- Male and female youth
- Native American youth
- Latino youth from different Latin American countries
- African American/Black youth born in the U.S. and elsewhere
- GLBT youth
- Caucasian youth
- Youth with different levels of acculturation
- Youth from different Asian Countries
- Youth who live in colonias (southwest TX border neighborhoods)
- Youth in Appalachia

A-CRA Implementation by the Numbers

- 320+ provider sites in the U.S., Canada, and abroad
- 1100+ clinicians and supervisors certified
- 17,866 adolescents and young adults served
- 157,195 A-CRA sessions have been documented in the EBTx.org database
- 72,441 audio recorded sessions uploaded to EBTx.org
- 18,839 audio-recorded sessions reviewed by A-CRA experts with fidelity feedback provided to clinicians

If punishment worked, there
would be few, if any, alcoholics or
drug addicts...

What is the CRA Theory of Change?

- To help youth improve their relationships and find rewarding pro-social activities and social supports in their communities that compete with, and eventually replace, substance use.
- The increase in community sources of positive reinforcement then competes the need to use substances.

What is the Community Reinforcement Approach (CRA) and A-CRA?

- Focus is on helping make life worthwhile and fun without alcohol and drugs
- Comments from 15 year-old female in A-CRA: “I learned a lot about myself. I learned a lot of skills that can help me in life in general. It’s not just about not using drugs; it’s about changing your life for the better.”
- Reasons clinicians tell us why they like A-CRA
 - Flexible menu of procedures to choose from
 - WHEN procedures are used and for WHICH clinical issues
 - Client-driven
 - Strengths-based approach

A-CRA's Clinical Procedures

- Assessment and Planning Procedures
 - Functional Analysis of Substance Use and Pro-Social Behaviors, Happiness Scale, Goals of Counseling
- Behavioral Skills Training
 - Communication, Problem Solving, Job Finding, Social and Recreational, Relapse Prevention, Anger Management, Job Finding, Homework
- Other
 - Use of individualized reinforcers
 - Caregiver support through improved communication and parenting practices/relationship counseling
 - Systematic Encouragement
 - Medication adherence

Assertive Continuing Care (ACC) is:

- A continuing care intervention specifically designed for adolescents following a period of residential treatment
- It is now used all over the U.S. as an outpatient treatment – many refer to it as A-CRA/ACC

ACC Background

- Based on Social Learning Theory—
Importance of the Community
 - Theory behind A-CRA
- Social Systems Approach
- Rapid linkage matters

Assertive Continuing Care Motto

We can't help them if we don't
see them!

Core Activities of an ACC Case Manager

- Uses residential discharge information and assessment information
- Integrates A-CRA procedures as needed
- Advocacy
- Linkage to needed services
- Urine testing – if appropriate
- Transportation
- Crisis Management
- Other

What is the relationship of A-CRA to ACC?

- A-CRA procedures are used during ACC
- ACC and A-CRA might look similar, but during ACC there might be more case management and sessions completed in the home or community.

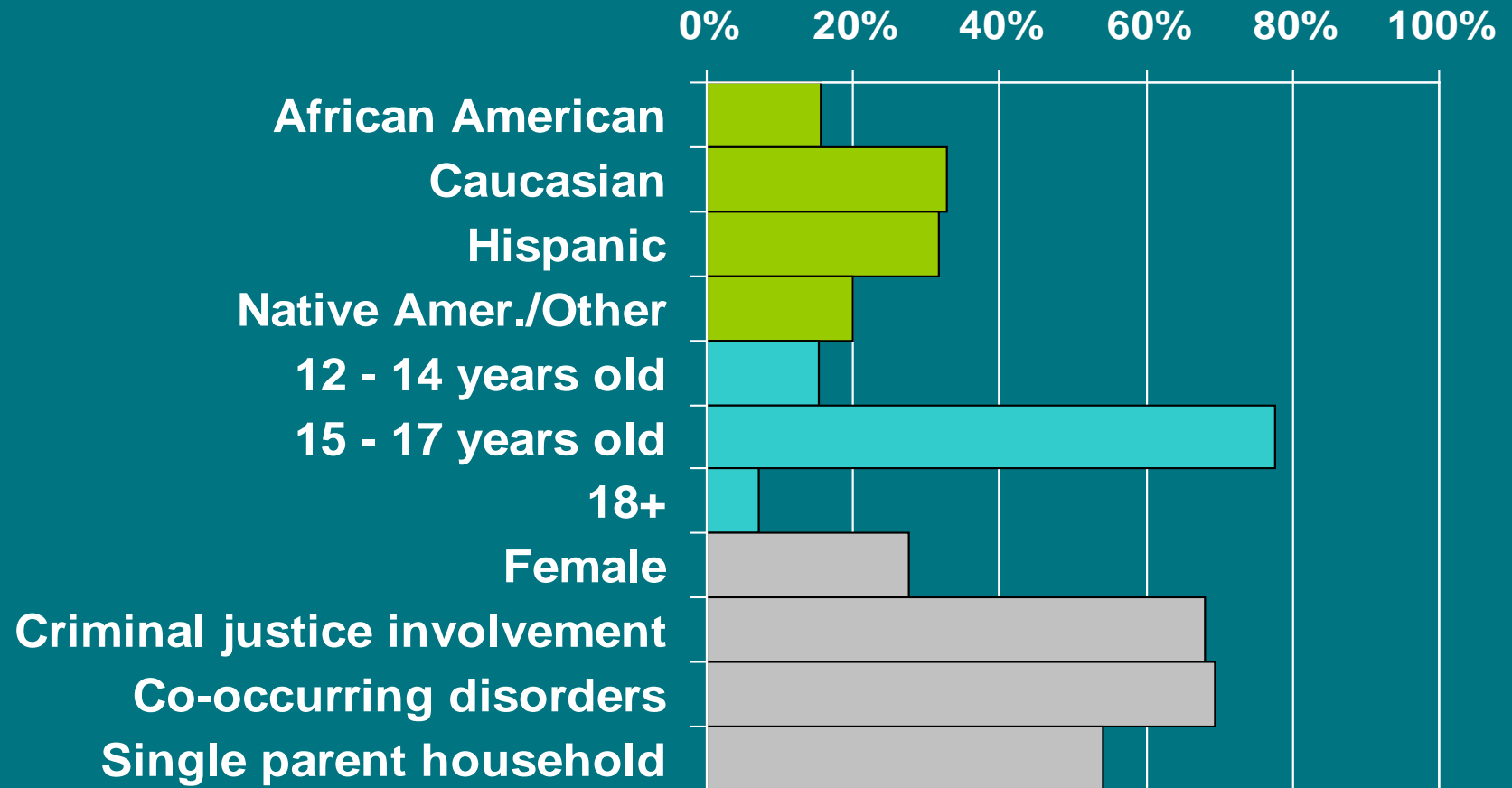
A-CRA/ACC Model & Cultural Responsiveness

- A-CRA therapists are respectful, nonjudgmental, accept youth as they are – including working on goals identified and set by the youth
- Individual sessions working with each participants community/culture
- Flexibility - Procedures create the entire toolbox, but the clinician chooses when and how to use
- Clinician's ethnic and cultural background, individual style and skills are needed to be responsive to cultural needs

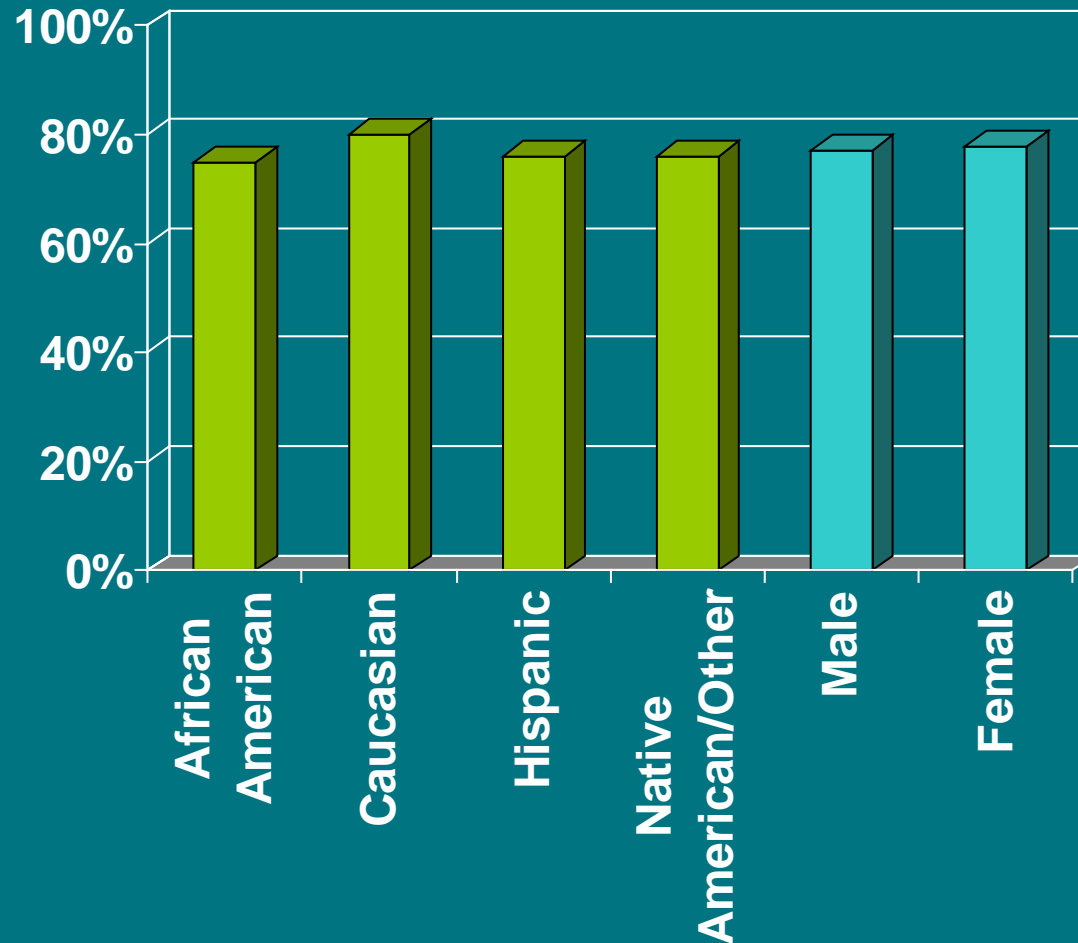
Research on Effectiveness of A-CRA

- Co-Occurring disorders
- Opioid use disorders
- Gender and racial differences in treatment process and outcome

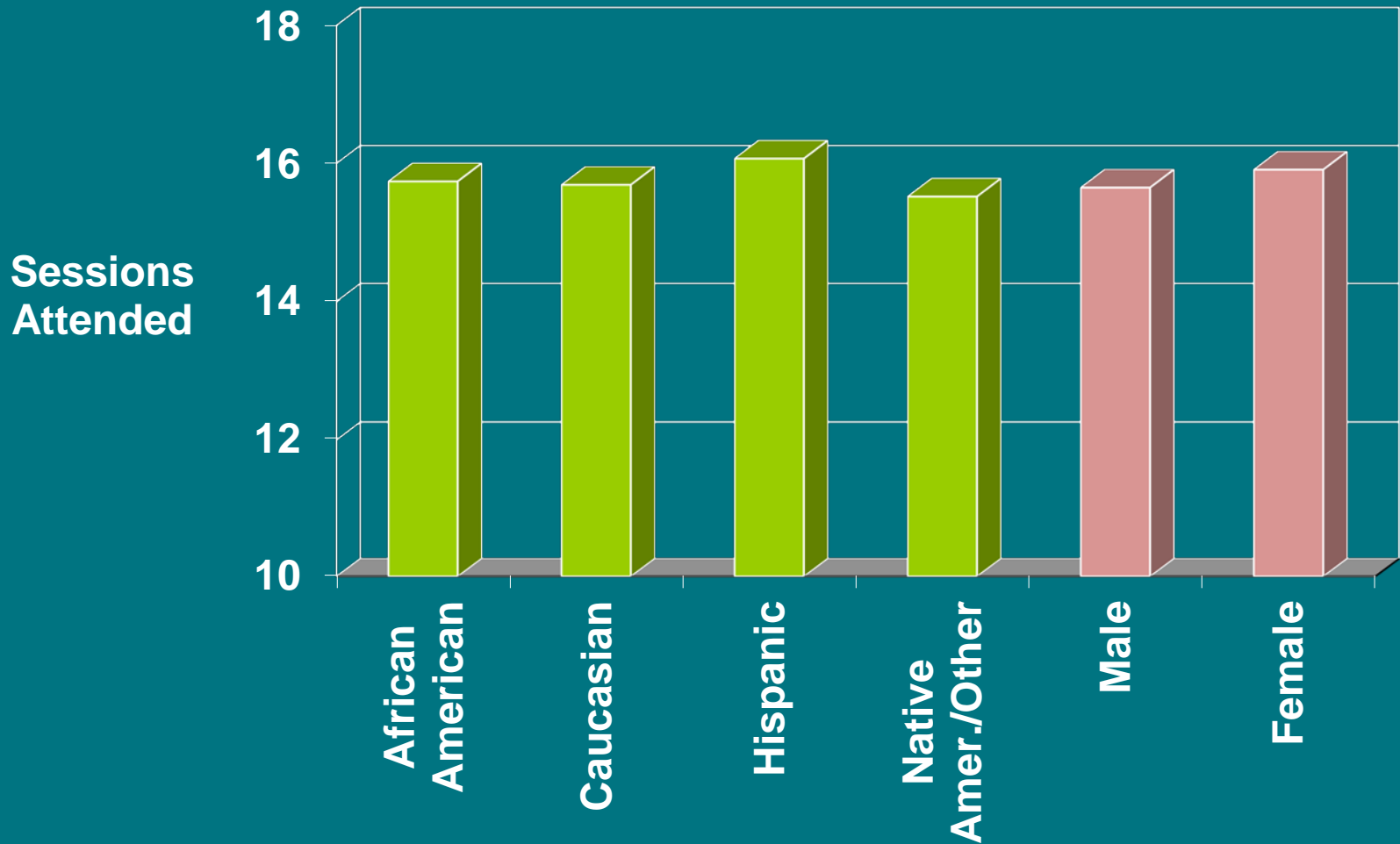
Adolescent Intake Characteristics (N=2,141)



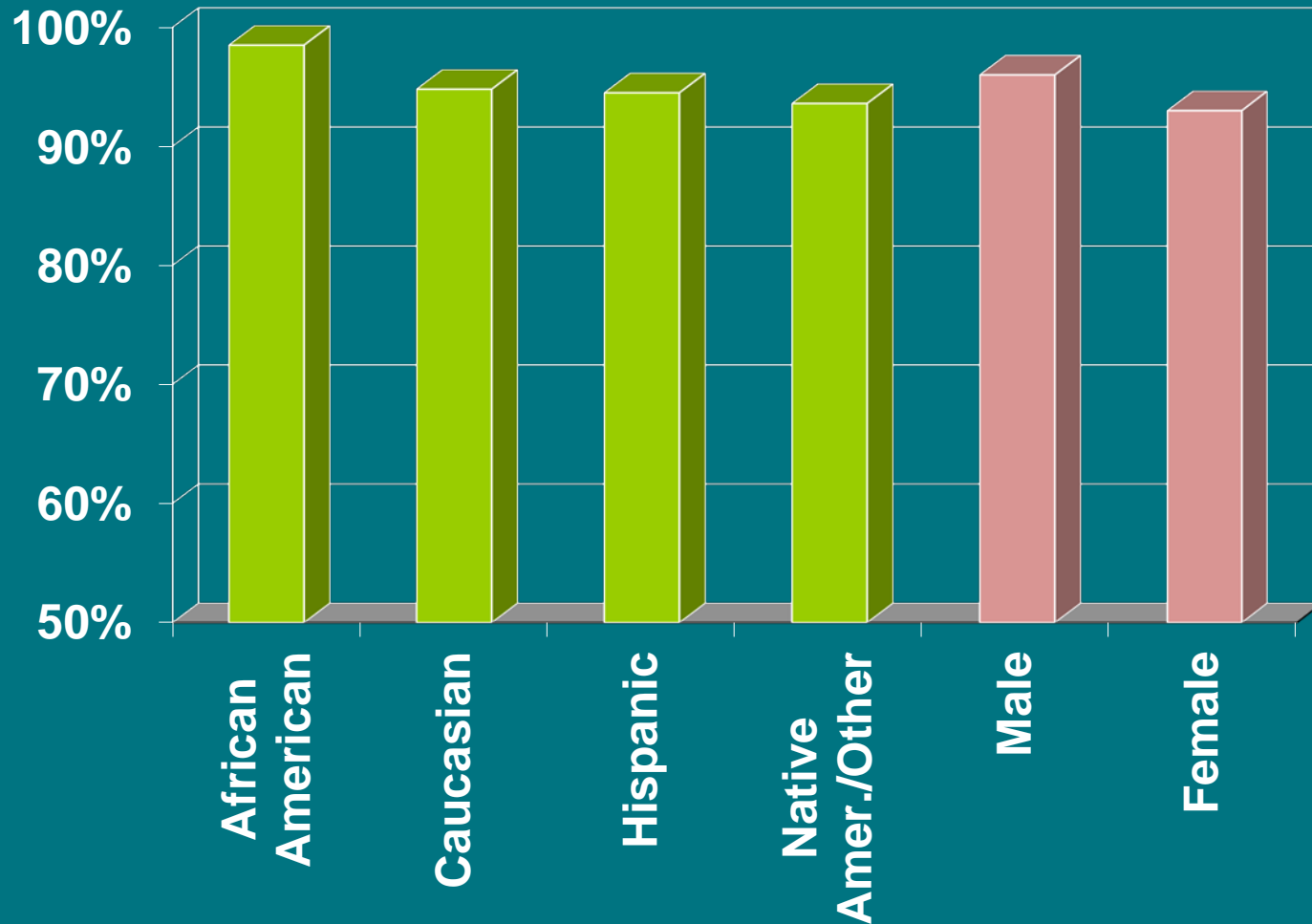
Rates of Initiation



A-CRA Treatment over 6 months



Treatment Satisfaction



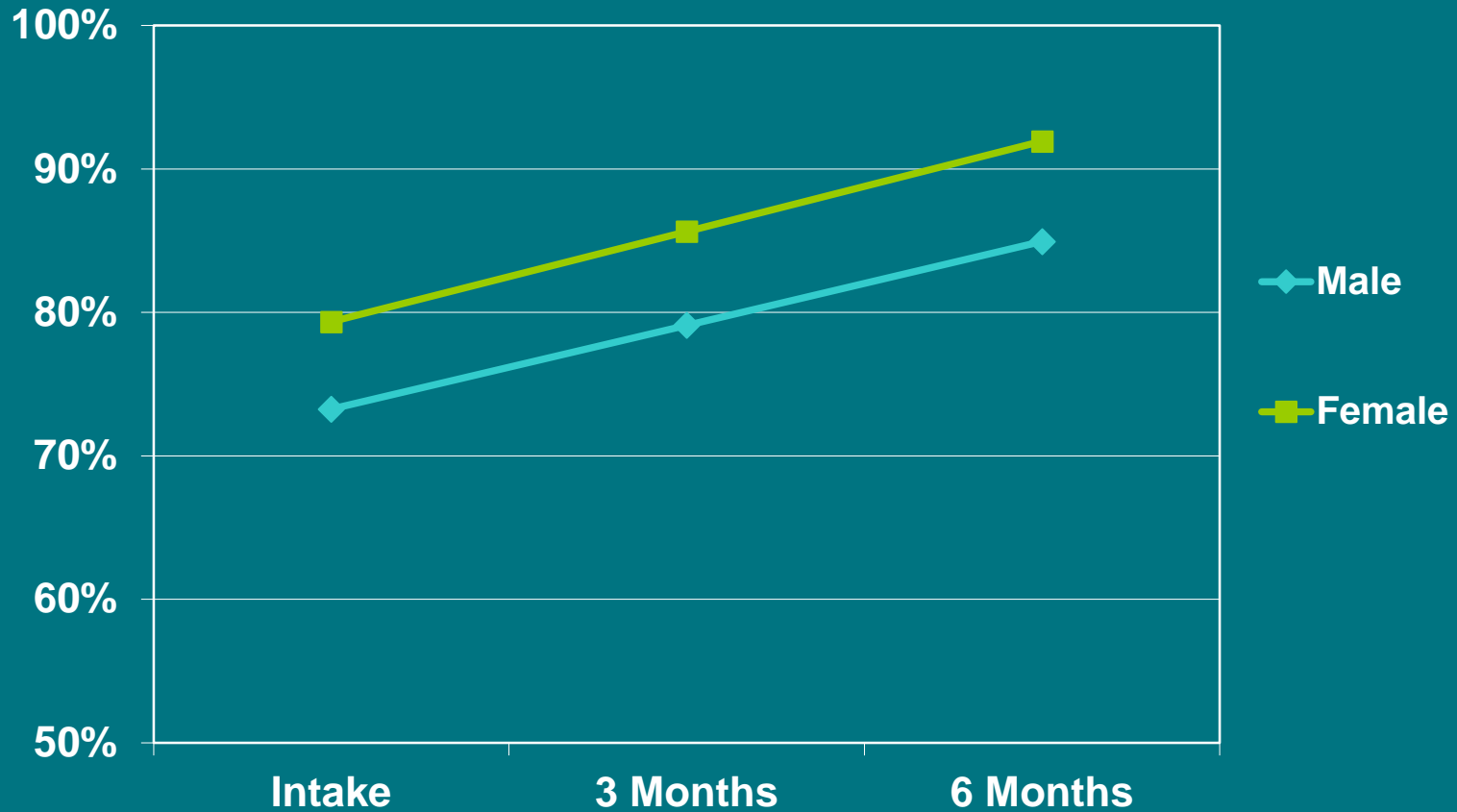
Treatment Satisfaction Scale includes items that measure satisfaction with services and staff, including cultural sensitivity of staff.

Days Abstinent from AOD by Race



Note: African American, Caucasian, Hispanic, and Mixed/Other adolescents were equivalent over the 6 month follow-up (Godley et al., 2011)

Days Abstinent from AOD by Gender



Note: $d = .33$ (Godley et al., 2011)

A-CRA Clinical Procedures

A-CRA Induction: First Session

- Build rapport, build rapport, build rapport
- Stay client-focused
- Use positive reinforcement
- Provide an overview of the basic A-CRA objectives
- Begin to establish “reinforcers” (motivators)

A-CRA Induction (cont'd)

- Set positive expectations (e.g., A-CRA has scientific backing)
- Explain that treatment is time limited
- Discuss several A-CRA procedures relevant to client's situation (e.g., problem-solving)
- Emphasize independence/self-reliance
- Clarify assessment information from GAIN or other assessment tool

Positive Reinforcer

- What is a reinforcer?
- How do I find one?
- Does everyone have reinforcers?
- How can I use them to help?

A-CRA's General Goals

- Goals: Sessions with clients
 - Abstinence
 - Participation in pro-social activities
 - Positive relationships with family
 - Positive relationships with peers
- Goals: Sessions with caregivers
 - Motivate their participation
 - Promote the client's abstinence
 - Provide information about effective caregiving

Clearing Up Common Misperceptions About A-CRA

- A-CRA is much more than simply being “nice” to clients
- Even though A-CRA therapists do not use “confrontation”, they do:
 - Set limits/boundaries
 - Provide negative consequences for problem behaviors at times

Overview of A-CRA: Checklist

- Describe basic objective (help find healthy, reinforcing lifestyle...)
- Outline several procedures (communication skills, problem solving)
- Set positive expectations (research shows it has worked for many youth)
- Describe duration of treatment (time- limited but can be extended through ACC)
- Start to identify reinforcers

Adolescent Happiness Scale

- Substance use
- Relationship w/
girlfriend/boyfriend
- Relationship w/ friends
- Relationship w/
caregivers
- School (work)
- School activities
- Social life/recreation
- Personal habits
- Legal issues
- Money management
- Feelings
- Communication
- Job
- General happiness
- Other

Adolescent Happiness Scale

Happiness Scale

Date _____ Client Name _____ Client ID _____ Clinician Name _____

This scale is intended to estimate your *current* happiness with your life in each of the 16 areas listed below. You are to circle one of the numbers (1 to 10) beside each area. Numbers toward the left side of the 10-unit scale indicate various degrees of unhappiness, whereas numbers toward the right side of the scale reflect increasing levels of happiness. Ask yourself this question as you rate each area of life: *"How happy am I today with this area of my life?"* In other words, state according to the numerical scale (1 to 10) exactly how you feel today. Try to exclude yesterday's feelings and concentrate only on today's feelings in each of the life areas. Also, try *not* to allow one category to influence the results of the other categories.

	Completely Unhappy									Completely Happy
1. Marijuana use/nonuse	1	2	3	4	5	6	7	8	9	10
2. Alcohol use/nonuse	1	2	3	4	5	6	7	8	9	10
3. Other drug use/nonuse	1	2	3	4	5	6	7	8	9	10
4. Relationship with boyfriend or girlfriend	1	2	3	4	5	6	7	8	9	10
5. Relationships with friends	1	2	3	4	5	6	7	8	9	10
6. Relationships with parents or caregivers	1	2	3	4	5	6	7	8	9	10
7. School	1	2	3	4	5	6	7	8	9	10
8. Social activities	1	2	3	4	5	6	7	8	9	10
9. Recreational activities	1	2	3	4	5	6	7	8	9	10
10. Personal habits (e.g., getting up in the morning, being on time, finishing tasks)	1	2	3	4	5	6	7	8	9	10
11. Legal issues	1	2	3	4	5	6	7	8	9	10
12. Money management	1	2	3	4	5	6	7	8	9	10
13. Emotional life (feelings)	1	2	3	4	5	6	7	8	9	10
14. Communication	1	2	3	4	5	6	7	8	9	10
15. General happiness	1	2	3	4	5	6	7	8	9	10

Happiness Scale Checklist

- Provided rationale
- Gave instructions
- Reviewed some ratings

Goals of Counseling: Setting Goals

- Goals of Counseling contains the categories on the Happiness Scale
- Guide the client's selection of a category
- In general, set short-term goals that are scheduled to be completed in about a month
- Develop a step-by-step weekly strategy for reaching each goal
- Addressed obstacles to completing the goals
- The strategy = the “homework” for the week

Guidelines for Goal Setting

Goals and weekly strategies should be:

- Brief (uncomplicated)
- Positive (what *will* be done)
- Specific behaviors (measurable)
- Reasonable
- Under the client's control
- Based on skills the client already has

After Happiness Scales

Goals of Counseling

Problem Areas/Goals “In the area of ____ I would like to:”	Intervention	Time Frame
1. Marijuana use/nonuse		
2. Alcohol use/nonuse		
3. Other drug use/nonuse		
4. Relationship with boyfriend/girlfriend		
5. Relationships with friends		
6. Relationships with parents/caregivers		
7. School		
8. Social activities		

What's wrong with these goals and strategies?

- I don't want to drink anymore
- I'll get my friend to come into treatment
- I'll apply for 10 jobs tomorrow
- I'll get a higher-paying job this month
- I'll try harder to save money this month
- I'll go out on a date with three different women next week

What's wrong with this strategy?

- I am going to attend one AA meeting next week, at St. Agnes Church at 8:00 pm on Tuesday night.

Treatment Plan/Goals of Counseling Checklist

- Used Happiness Scale to select goal category
- Set goal/strategy using guidelines (e.g., specific)
 - Common problems: Mostly obstacle-related (forgetting to ask about them, identifying them but not solving them, not probing enough)
- Checked on progress of goals

Assigning Homework

- Refer to as “practice exercises”? An experiment?
- Offer rationale
- Get client’s input
- Describe agreed-upon assignment that is:
 - Positive, specific, measurable, straightforward (not complex), under client’s control
- Ask about and address potential obstacles
- Identify time for completing assignment

Reviewing Homework

- Start session by reviewing homework
- Get the details! What did the client do/not do?
- Regardless: Ask about obstacles faced
- Address problems (modify if indicated)
- Reinforce any compliance

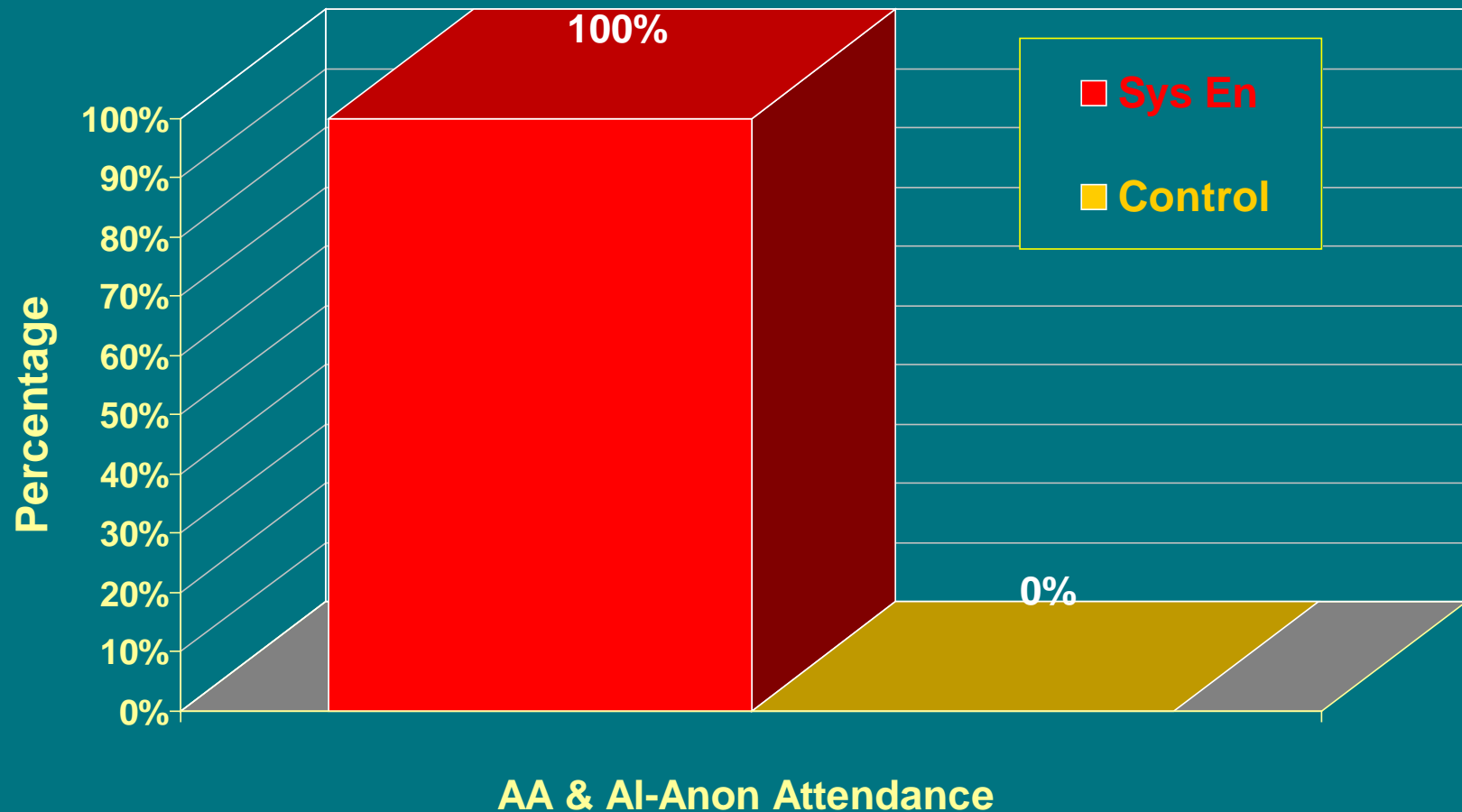
Homework Checklist

- Assigned homework (made specific, anticipated obstacles)
 - Common problems: Being too vague, not adequately addressing obstacles
- Reviewed homework (assessed outcome, modified plan if necessary, reinforced)
 - Common problems: Not gathering enough information regarding what happened

Systematic Encouragement

- Encourage client to “sample” a new activity
- Get the client to make the 1st contact (take the 1st step) during the session
- Help the client identify a contact person
- Role-play the phone call or visit
- Have the client make the contact during the session (or take client to the activity)
- [Review activity attended in next session]

Systematic Encouragement



Sisson & Mallams (1981). The Use of Systematic Encouragement and Community Access Procedures to Increase Attendance at Alcoholic Anonymous and Al-Anon Meetings. *The American Journal of Drug and Alcohol Abuse*, 8(3): 371-376.

Demonstration

- Selected segments of the Happiness Scale and Goals of Counseling are demonstrated

Questions?

Interested in being trained and certified in A-CRA/ACC?

- Indian Health Service is partnering with Chestnut Health Systems to bring A-CRA and ACC to providers in California.
- Costs for training and certification have been paid by IHS in the past.
- Please fill out the sign up sheets for additional information.
- Email: questions@chestnut.org

Thank you!