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CHAPTER 16

The Community Reinforcement Approach

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OVERVIEW

The Community Reinforcement Approach (CRA) to the treatment of alcoholism is a set of behaviorally based treatment procedures designed to enable the alcoholic to have a more rewarding and meaningful life without alcohol. The treatment concept was developed in 1973 by George Hunt and Nathan Azrin, working with inpatient alcoholics. With ongoing improvements and refinements, the use of this approach made it possible to treat people on an outpatient basis who might otherwise have normally gone into a residential setting. In addition, procedures have been developed for family members of active alcoholics to teach them how to encourage their loved one to seek treatment (Sisson & Azrin, 1986).

The complete CRA, as currently offered, includes the following components:

1. A prescription for disulfiram (Antabuse)
2. A positive program to encourage the client to continue to take disulfiram
3. Reciprocity marriage counseling

4. A job club for unemployed clients
5. Social skills training
6. Advice on social and recreational activities
7. Help with controlling urges to drink

An important aspect of the CRA is its intensity. Intervention is rapid, affects a broad range of areas of the person's life, and is typically accomplished in a relatively brief period (4-6 weeks, with periodic follow-ups). Treatment outcome research has documented its effectiveness in comparison with traditional treatment approaches (see section on effectiveness).

SPECIAL CONSIDERATIONS

Although not a component of the original program, Antabuse, and behavioral procedures to assure the client will take this medication daily, have become a critical part of the CRA. Although the alcohol-Antabuse reaction can make an individual extremely ill, it is a safe medication when the client is well informed about its use (see chapter 7). However, clients who are medically unable to use this medication, or who refuse to use it, can still benefit from the CRA.

Simply prescribing Antabuse is usually insufficient to achieve effective compliance and abstinence (Azrin, Sisson, Meyers, & Godley, 1982); therefore, an assurance program accompanies the medication within the CRA. In order to facilitate the implementation of the Antabuse assurance procedure, it is helpful to have made prior arrangements with a local physician who understands alcoholism and the role of Antabuse in its treatment. In this way, once clients have agreed to take Antabuse, they can begin it without unnecessary delay. Clients can feel that they have made a decision about stopping drinking and that they have made a concrete step in the right direction to accomplish this goal. If the Antabuse procedures can be accomplished in the first session, it not only gives the client a sense of accomplishment but provides an opportunity for family and friends to comment on the commitment the client has made, providing immediate social support for the client.

Socially Isolated Clients

A special consideration is the client who lacks social support. Some individuals, because of the number of years of their excessive drinking, repeated moves, and job changes, have lost contact with their families and have few, if any, friends who are not excessive drinkers. The CRA attempts to rearrange the individual's social environment so that it is supportive of sobriety. For clients without a social support network, that social environment must be developed almost from scratch.

The Antabuse monitor, described below, is the first aspect to consider. One possible solution is to have a former successful client serve as a "buddy" to the new client. One of the "buddy's" roles is to monitor the client's Antabuse. If the client is living in a halfway house, it could be monitored daily by a house staff member. If there is no alternative, the therapist can monitor the Antabuse daily.

Generally, the next pressing need is to help the client find a job. The type of job is very important. It should be one in which the client has a sense of a future, encouraging social stability.

The United Club, if available (see below), is a great place for the client to make new friends. Another role for the "buddy" is to make sure the client has transportation to the club. The

client can also be trained in the same positive request procedures as for married couples (see below) to facilitate interactions.

If the client lives alone, consider having the client get a dog or another pet. In addition to companionship, the client has a reason to stay sober—Who else will take care of the dog? Using the same principle, the client may obtain plants for home, or anything requiring regular care and responsibility.

If funds are available, pay for the client to try out new activities while she or he is trying to obtain employment. Pay for their first month in an apartment, first month for the phone, magazine subscriptions, and so forth. If the client is able to get a driver's license, help him or her through the process.

Working with socially isolated clients is a time-consuming but extremely rewarding experience. Most have had several treatment failures. They have been "kicked to the curb" by friends, family, and usually many treatment professionals. They are used to failing. In order for them to remain in an area and stay sober, they must "buy into" something—that is, they must find something reinforcing to them. It might be a job, the club, a pet, a friend, a place to live, a counselor, or a combination of these.

PROGRAM REQUIREMENTS

The CRA treatment regimen is one that is designed to be implemented rapidly and intensively to provide the client with immediate success and social reinforcement for his or her decision to stop drinking. In order to effectively implement this program, a few systems should be established before the counselor begins to see clients using this approach.

1. Every effort should be made to see the client the same day or at latest the next day when he or she calls for an outpatient appointment. Inpatients should be seen as early as possible during the residential phase of treatment.
2. Clients should be strongly encouraged to bring a person significant to them to the sessions. This approach is more effectively implemented when the client has an already existing relationship with another person who is invested in him or her remaining sober.
3. Once the client agrees to take Antabuse, he

or she should be seen immediately by a physician. The prescription is then filled immediately, so the client can take the Antabuse. Under optimal conditions, this can all be accomplished during or right after the first visit.

4. Although not necessary, it is convenient if the alcohol treatment center has a Job Finding Club into which unemployed clients can be referred (see below). Otherwise, the primary counselor may provide individual or group training in the Job Club procedures.

Once these programmatic steps are in place, counselors can begin to use the specific procedures described in the next section.

DESCRIPTION

The actual procedures of the CRA consist of a number of relatively discrete components. They include the intake procedure, the Antabuse program with its assurance subcomponent, reciprocity marriage counseling, drink refusal training, the Job Club for unemployed clients, social and recreational counseling, and strategies for controlling urges to drink. This section describes in detail how to implement these components. They are discussed in the chronological order in which they usually occur. Once the intake and Antabuse procedures have been completed, however, continue treatment by implementing first those procedures which will be the most reinforcing and helpful for the client.

Intake

Probably the most important and critical session is the first. It is here that the groundwork is laid to motivate the client by providing him or her with immediate success. Optimally, clients are seen the day they call or as soon as possible after admission. They have brought in with them someone they know cares about them and who is invested in their stopping drinking. Often they have just decided to seek help. They may be motivated to stop drinking at this time because they have just had an excessive drinking bout, done something that they dislike while intoxicated (e.g. strike their spouse), or are genuinely concerned about their health. Whatever the motivation, it is impor-

tant for you to understand it so you can use it to help the client remain sober. Introduce yourself to the client and explain the intake package (see Appendix to this chapter). The intake package includes a life history questionnaire, an inconvenience review checklist, and a drinking inventory which asks quantity and frequency questions concerning the prior month, along with the question "Why did you decide to do something about drinking now?" Ask the client to fill these out alone, and while he or she is doing that tell him or her that you are going to chat alone with the significant other.

Interviewing the significant other

The goal of speaking with the significant other is to develop an alliance. Generally, this ally is the spouse. To enhance motivation, ask about the difficulties the spouse's drinking has caused. Discuss what attempts she or he has made in the past to help stop the drinking to determine what attempts have been successful in the past.

Then describe in some detail the CRA in the treatment of alcoholism. Discuss the role of Antabuse and how it would help their particular situation. The importance of his or her role in monitoring the Antabuse is emphasized, as well as what to do if the client doesn't want to take it. Once all of his or her questions are answered and the client has finished filling out the intake forms, see them together. (Note: be careful not to assume that it is only the identified spouse who has the alcohol problem, that the spouse does not have an alcohol or drug problem too. One unassertive husband agreed to take the Antabuse, got the prescription filled, and actually took Antabuse in the first session before he finally exploded at his wife, "What about you? You're the one drinking a quart of vodka a day!") Next, review the intake forms in detail with the client and his or her significant other. The inconvenience review checklist is gone over by discussing each item to discover more about the extent of the alcohol problem and to motivate the client by reminding him or her of all the problems alcohol consumption has caused.

Bring the significant other into the conversation as much as possible and attempt to have him or her talk directly to the client, particularly if the client is minimizing the extent of the problem. Alcohol and drug consumption questions are then asked, emphasizing the extent of

the problem in the recent past. Generally, what is motivating the client to come in can be determined in the first session by asking "What made you decide to come in now? Why didn't you call last week or wait another month?" The answer to this question is quite important. In order to provide the necessary reinforcement to the client, you need to know what the client sees as his or her immediate needs. The client who is going to appear in front of a judge for driving under the influence would view a letter to the court stating they are participating in the program as a powerful reinforcer. The client whose wife has just left him needs assistance in rebuilding their marriage. Work with the client on these immediate needs and develop reinforcement contingencies that promote continuing sobriety. You may be able to work with the district attorney to postpone the court case so the client may have time to demonstrate his or her sobriety for the court. A wife may be willing to return as long as she is assured the client will remain sober by taking Antabuse daily and attending counseling sessions.

Presenting Antabuse

Explain that you are going to speak for a few minutes and that you would like the client and his or her significant other to listen carefully. Begin by restating many of the problems the client has experienced. A typical example might proceed like this:

You have told me that you have blackouts, your personality changes when you drink, your wife is afraid of you. You've lost several jobs as a result of your drinking, and you spend lots of money at bars. You say that before you only needed a six pack to get high and now you can drink a case with no problems, which means you have a much higher tolerance to alcohol. You have trouble waking up in the middle of the night and you get jittery when you don't drink. These are signs of withdrawal and signs of addiction. In addition, you have (stating motivation for coming in) just gotten your second DUI and your license is revoked, and your attorney has recommended you see a counselor immediately so you can demonstrate to the judge that you are trying to change. What I would recommend that you do is consider seeing a physician to determine if you could take Antabuse. (At this time the client may try to make some comment about not having a problem or that he or she heard of Antabuse and objects to taking it. It is important for the counselor to continue making the presentation by simply

stating, "Let me finish, then I'll be happy to answer any questions you might have.") Antabuse is a little white pill that works by making you very ill if you take even small amounts of alcohol. It does this by working in the liver to make it impossible for your body to digest alcohol. If you were taking Antabuse every day and you drank alcohol, in about five minutes or less you would start to feel extremely hot and sweaty, your heart would pound. The symptoms get much worse as you continue to drink. You start vomiting and you feel faint. So it's a very good medication for those people who are serious about wanting to stay sober.

One of the important characteristics of Antabuse which can really help you is that once you're taking Antabuse regularly, even if you decide to stop taking it and go back to drinking, you can't go back to drinking for approximately five days. In those days a lot can happen for you to change your mind. The way we set it up is as an early warning system when your spouse (or significant other) will help you take it every day. This way, when you really feel like drinking again, you have to let someone else know who cares about you, and talk about what's going on. For you, taking Antabuse would have a couple of benefits. First it's going to make your spouse less afraid of you because she (or he) doesn't have to worry about you; she (or he) is going to know you're not drinking, so it will help you get your family back together. Also, right now you have to demonstrate to the court that you're serious about staying sober. Taking Antabuse is a concrete step which demonstrates you're serious about staying sober.

Generally you can determine by watching the client whether she or he is willing to take Antabuse. If you feel the client is going to say yes, simply ask if he or she would like to see a physician. If you feel the client is going to say "no," ask the significant other how she or he would feel if the client were to take it. Then have the significant other state directly to the client why she or he would like the client to take Antabuse. (This is often a very emotional time particularly with married couples.) In our experience, about 90% of the time the client agrees to take Antabuse. If the client agrees, immediately have him or her seen by the necessary medical staff, obtain the prescription, and have it filled so that the client can take the medication before leaving the clinic. (See Antabuse assurance procedure). Some clients at first say they don't want to take Antabuse. Some legitimate concerns are medical and can be allayed by the physician. Often having the

client agree to try it for a specified period of time, as short as a week or even one day, is enough to have the client begin. If a client is still adamant in refusing and stresses that he or she can do it "by willpower", get the client to agree that if he or she returns to drinking, he or she automatically will take Antabuse. Here you must work closely with the spouse or other significant person so that all parties understand the agreement. Then carry on with the other reinforcement procedures (see below). If the client returns to drinking, remind the significant other and client of the agreement. If the client then agrees to take Antabuse, do the Antabuse assurance procedures. If he or she refuses, consider informing him or her that it is obvious he or she will not be successful without Antabuse and you feel that it would be a waste of time to continue counseling until they make that commitment. It is important in any event that you continue to see the significant other (see Sisson & Azrin, 1986).

Antabuse Assurance

It is important to complete this procedure within the first day if at all possible, to provide the client with an immediate start on sobriety. Once the client has seen the physician and has had the prescription filled, start the Antabuse assurance program. Take out the Antabuse tablets and show the client and significant other what they look like. Point out that it's smooth, like an aspirin, and that each pill should be checked when administered. Place the Antabuse in a ceramic coffee cup with about one ounce of warm water. Wait about one minute for it to begin to dissolve, then gently tap the pill with a spoon until it completely dissolves. Next add about two ounces of a preferred juice, stir and have the client drink in one gulp. Most hesitate when confronted with actually taking it for the first time. While the client is staring at the mug realizing his or her drinking is actually over for a while, praise him or her, and have the spouse provide the encouragement or praise. Let him or her know that you understand that this is tough, that it is difficult and courageous to take such a serious step. Once he or she takes it, make sure he or she is sincerely praised by the significant other. Invite them to hug, make it a celebration that they have made a concrete step for a new life. Encourage him or her to feel proud of taking this step. (Note: Individuals cannot take Antabuse until they have a blood alcohol level of zero.)

The next task is getting the client and significant other to agree on a set time and place to take Antabuse daily. Generally time of day isn't as important as a time that a regularly occurring event happens. Good times to take Antabuse are right before going to bed, at supper, at breakfast or morning coffee. Instruct them also to bring the Antabuse to every counseling session, and to start each session by taking Antabuse. Depending upon the length of time that has transpired since the start of the session and how emotionally daring it has been, this is a good place to end the first session after briefly describing the other components of the CRA—i.e., relaxation training, job club, marriage counseling, social skills, and so forth. If you stop here, have them return the very next day.

The next component of the Antabuse assurance program is role-playing what to do if either party decides not to be involved in the Antabuse procedure. Surprisingly, just as often as the client refuses to take Antabuse, the significant other refuses to administer it.

After the client has taken Antabuse in the session with the significant other administering it, discuss with them the circumstances under which the client might feel like drinking. Let them know that this is normal and is to be expected. Ask him or her to remember times in the past when he or she has decided to stop drinking and then returned. Let them know that wanting to return to drinking can happen around good times, as well as around stressful time. (Consider using a relapse prevention checklist to identify high risk situations—see chapter 11). Ask the client how he or she might try to avoid taking Antabuse and what the circumstances would be. Then ask how he or she would like the significant other to respond. Remind them that the critical characteristic of Antabuse is that it will stay in the system for at least five days, and that the client cannot drink for that time period.

Next, have them role play a conversation in which the client refuses to take Antabuse. After this first, uninstructed practice, instruct them in positive communication techniques in which any request is prefaced with an understanding statement, accepting partial responsibility, and offering to help. Ask the significant other if she or he has ever gone on a diet or had to give up something he or she really liked. Then demonstrate a positive request. Here is an example: "I understand that work has been hard lately and you're feeling frustrated, but things have been

going much better between us since you've stopped drinking. Maybe I haven't been as much help as I could be in supporting you. Why don't I get a baby sitter and we'll go out and have dinner and relax. Why not take your Antabuse today so we can relax." Ask the client to compare this request to the one previously role played before your instructions. Have them practice once more with the spouse using the positive communication technique.

Next, using the same techniques, discuss under what circumstances the significant other might not want to be involved with administering Antabuse. Ask them if the partner has ever gotten mad at the drinker or not wanted to be around him or her. Then do the role play, modeling and instruction, and directed practice again. The added step here is that in this practice the drinker should role play taking Antabuse anyway in front of the partner. Instruct them that if either the spouse or drinker doesn't want to follow through with this assurance plan at any time in the future, they should immediately call and make an appointment to see you.

Cultural Considerations

Although it is important for the client to have someone monitor the Antabuse, it is just as important that the client "buy into" the program by feeling that the partner is someone who legitimately is concerned about him or her. A client, because of the culture in which he or she was raised, may not feel that certain people can legitimately be concerned about their alcohol consumption. In helping the client choose a monitor, cultural considerations must be taken into account.

Cape Verdeans, for example, are a minority in Southeastern Massachusetts. Some Cape Verdean men do not feel comfortable speaking to a professional woman about any problem—medical, financial, or alcohol-related. A male counselor has much more success, and selecting a male Antabuse partner is in keeping with the cultural heritage. Such issues may arise when working with other cultural groups. Fair generalizations cannot be made. The important point is to help the client decide who would be the best monitor. If the client has brought someone along to the first session, it can usually be that person, because his or her presence means the client feels he or she is someone who can legitimately be concerned about the client's alcohol consumption.

Other Reinforcement Procedures

The Antabuse assurance procedures are the first of the reinforcement procedures. The following is a description of the other procedures which comprise the CRA. Each client will not need each procedure. Obviously, if a client is single and employed, the reciprocity marriage counseling and Job Club would not be part of the treatment plan, but the others might. Use those procedures which are applicable to your client. Again as a rule of thumb, first work with the client on areas which will be the most reinforcing for the client. Remember that it is important for CRA procedures to be begun in a rapid, intensive fashion. It is not unusual to see clients daily or every other day for the first week.

Reciprocity Marriage Counseling

Reciprocity Marriage Counseling is a set of procedures designed to teach people how to communicate better. It can be used with married couples, roommates, people who are dating but live separately or together, and with gay or lesbian couples. It has often been used with married couples who were about to separate because of one partner's excessive use of alcohol. The procedures follow naturally from the Antabuse assurance procedures and are usually begun the next day after the Antabuse assurance procedures have been taught.

At the start of this session, and the start of each session, have both clients fill out the Marriage Happiness Scales (see Appendix) in which their scores on a ten point scale show how happy they are with various categories of their lives. Collect the completed scales from the clients during the session. It only takes a few minutes to fill out this questionnaire.

In each and every session, have the clients do the Antabuse assurance procedure at the beginning. Watch to make sure the partner dissolves the Antabuse in liquid and praises the client when he or she drinks the solution.

Next, ask the couple to recount what it was like when they first started seeing each other. Ask what they liked about each other and have them talk directly to each other. Ask them what they like about one another now. Explain to them that because of the impact alcohol has had on their lives, they may not have been commu-

nicating with each other the way that they have done in the past.

Give the clients a copy of the "Daily Reminder Sheet." The sheet contains a description of several positive behaviors that couples can practice (see Appendix). It includes giving compliments, showing appreciation, giving pleasant surprises, and offering to help. Ask each person how he or she would feel if his or her partner performed these behaviors every day. Have the clients speak directly to one another to tell each other specifically what behaviors they would like the other to do. For example one partner may want the other to sit next to them touching, while watching TV, but not to engage in sex. The other partner may like the other to show appreciation more by saying "Thank you" and giving more compliments. The mood in this session should be light and fun. Instruct the clients to record each day on the sheet whether they performed each of the positive behaviors.

This should be a fun session. Remember the "drinker" is now on Antabuse and feels he or she is making a step in the right direction. The partner is often ecstatic because finally he or she feels relaxed and not worried that the client is going to drink. After this session, give the couple four or five days before the next session so that they have time to be with one another and some naturally occurring reinforcers can take place. It may have been years since the couple went out to dinner without the drinker becoming inebriated. Because the drinker has more free time now, more time can be spent doing interesting recreational activities with the partner or family. Making love may be more enjoyable for the nondrinker because his or her partner is not intoxicated.

When the couple comes in for their next session have them fill out the Happiness Scale, then begin the session with the Antabuse Assurance Procedure. Next, review their Daily Reminder Sheets. Have each partner tell specifically what behaviors he or she performed and have the other partner respond by saying how that made him or her feel. In this way, the session begins on a positive note. Tell the clients to continue to do the Daily Reminder Sheets.

Hand the clients the Perfect Marriage form which lists several areas of marital life: household responsibilities, money management, child rearing, sex, social activities, communica-

tion, and others. Instruct them to fill out the line under "household responsibilities." Tell them they are going to write down what behaviors they would like their partner to perform in that category. Tell them it should be specific, and worded in the positive (to do more of something, not less of something). Give them an example: "Say for instance you wanted your husband to stop tracking in mud on his work shoes. You would write: take your shoes off and leave them inside the door when you come home from work at night." Make sure both partners understand being "specific and positive," and give more examples if needed.

Then ask one of the partners if he or she has specific household behavior he or she would like the other to perform. Work with him or her to word it so that it is specific and positive. Have that partner write it down. Repeat with the other partner.

After they both have written down the behaviors, tell them you are going to teach them how to make a "positive request." Tell them this is important because often couples stop communicating positively and keep things inside when people are drinking heavily.

Tell them there are ways to make a request that are more pleasant than others and that make it more likely that the request will be acted upon. "Before even making the request, you should think about a few things. First try to take the other person's point of view and try to understand how they feel. Maybe he or she is busy, maybe he or she does not realize what you want. Perhaps you can take partial responsibility and offer to help him or her so it is easy for him or her to comply with the request."

Next give an example of what you want. "Suppose you really did want your partner to stop tracking mud through the house. First, he must be tired at the end of the day because he works hard to make money to run the house and relax, and that's a lot better than going to a bar. Second, there really isn't a place to take his shoes off at the door because there is no place to sit. These are the things you should think about, then plan how to word your request."

Next look at the other partner and speak to him directly. "Which one of these two requests are you more likely to respond to? First: 'John, I know you're tired when you get home and you're anxious to just sit down and relax. If I put a chair in the entry way, would you take your shoes off before you come inside so it

doesn't track mud in the house?' Or, second: 'John stop tracking mud through the house!' " John will probably say he prefers the wording of the first request better.

Tell the couple that when one of them makes a request the other should try not to refuse it outright, but instead come up with an alternative solution if the request is not acceptable as it is. In making an alternative solution, he or she should follow the same steps as above: Take the other's point of view, take partial responsibility, or offer to help. Then plan what to say. For example John might respond, "You're right, I am tired at night, thanks for understanding that. But I shouldn't make more work for you by tracking mud. How about if I leave my boots in the car, I'll take them off at work and change into my sneakers."

Tell the couple that this is one part of effective communication. Now have them make a household responsibility request from their lists. Help them first by going over what they should think about. Then help them first by reviewing what they should think about. Then help them word the request in a specific and positive manner. Have the clients talk to one another and have each make a request. Record the request, and tell them you'll be interested in hearing next session how it went. Tell the clients to fill out the rest of the Perfect Marriage form and bring it next time. Schedule the next session in about a week.

This is the basic reciprocity marriage procedure. Have the couple continue making agreements in the various areas. On about the fourth session, talk to each partner individually to make sure both have had an opportunity to discuss sensitive issues with you alone. Then have your regular session with both. Use the Happiness Scale to determine which areas might need more work.

The first month of this counseling is generally very upbeat. It's sort of a "honeymoon" period in which the couple is in some ways getting reacquainted. Be careful not to conclude prematurely that counseling is no longer necessary. Continue to work with the couple until both feel more satisfied with their relationship and then "wean" away from the number of sessions. See them biweekly, then monthly, then once every three months, then six months. Make sure both partners realize you are still working with them and that they can call at any time.

The Job Club

Clients who are unemployed should be referred to the Job Club. The purpose of the Job Club is to help the client identify a job which would help promote the client's sobriety and then to help the client obtain that job.

The Job Club is the only set of procedures which need not be performed by the primary therapist. Because the Job Club itself can be a separate full time job for a counselor, it would be helpful if your treatment program or another community program had a counselor assigned full time to do this training.

The Job Club procedures can be implemented with your client as soon as is feasible for the client and your treatment plan. Generally, it has been found to be effective to start a new group of clients each Monday.

The Job Club for non-alcoholics has been detailed by Azrin and Besalel (1980). For alcoholics, the first session of the Job Club is devoted to analyzing with the client the relationship between their work history and their alcohol consumption. For many people, the characteristics of their career choice promote their excessive use of alcohol, despite the fact that the job may be well-paying. For example, master electricians who work construction sites around the country are generally very well paid. The job requires travel away from home, long work hours, and sometimes no days off. Electricians may work 7-12s—that is 7 days a week, twelve hours a day. They may work this for weeks at a time until the job is completed and then be without work for a month until the union calls them back again. The work is deservedly well paid. However, for a person trying to stop drinking, it can be very difficult. On lonely nights away from home, it can be tempting to spend time at a bar where it is easier to meet people. The boredom during the hiatus from work waiting for another job may likewise lead to drinking, spending some of the money made from the last job.

This is no way to imply all members of certain professions have drinking problems. It is important, however, for you to educate the client on how a job affects his or her drinking. Actively recommend to the client, if necessary, that he or she consider a career change if the characteristics of their job are obviously interfering with his or her goal to stop drinking.

Generally a job that promotes sobriety is one

that the client enjoys, finds rewarding, is regular, non-seasonal, and full time. Risky characteristics include self-employment and lack of observation or accountability while the client is working. Traditionally, bad jobs for people trying to stop drinking include any construction job that requires traveling, lawn and tree care (because it is seasonal), self-employed mechanical work (because the client need not respond to a routine), and night guard work because of boredom and lack of supervision.

Once the client has determined the type of job he or she wants to obtain, the procedures are the same as in Azrin and Besalel (1980). Briefly, the procedures are to teach the client how to find a job lead and how to speak on the telephone to get a job interview. Looking for a job becomes a full-time job itself and the client works at it 8 hours every day, making phone contacts in the morning and going out on interviews in the afternoon.

Finding a job lead. Tell the client most jobs aren't advertised. The best place to find the job lead no one else knows about is in the phone book. Have the client use the phone book to find the telephone numbers of companies that have jobs like the one they are looking for. Other potential sources for job leads are friends, relatives, and former employers. Of course, the newspaper want ads is another resource.

Making the call. Once the client has several numbers to call, instruct him or her what to say on the phone. First, he or she must get past the person answering the phone and talk directly to the person in charge—not the personnel office. This is done by asking for the name of the person in charge and then asking to speak to him or her directly. Second, once the client is speaking to the person in charge, the client states his or her name and briefly describes the skills he or she possess that could benefit that company. He or she then asks to make an appointment to meet directly with the person to discuss her or his job abilities in more detail. At this point, the person on the other end of the phone can say: (a) yes, come in at such and such a time or (b) no, we're not hiring. If the person said the former, the client thanks him or her and now has a job interview to go to. If the person says the latter, the client asks if he or she can come in anyway to speak to the person

in case a job does open up at a later date. If the person responds yes, the client has an interview. If the person still says no, the client asks if the person knows of anyone else who may be hiring. Nine times out of ten, the person will give the name of another person in the same field. The client then asks if it is OK to use the person's name when the client calls. Now for the next call, the client can begin by asking for the person in charge directly and tell him or her who he or she was referred by, which is much more personable. The client repeats this process every day in order to get more interviews.

Once you've instructed the client in this process, model a phone call. Using two phones, you play the client, and the client plays the person answering the phone and the person in charge. You say "Hello, who is in charge of the parts department?" (Mr. Mendoza) "Could I speak to Mr. Mendoza please." (Just a moment) "Hello, Mr. Mendoza, my name is John Jones. I have worked in parts departments for several years. I know how to handle invoices, shipping and receiving, and customer relations. I would like to set up an appointment with you to speak further about my job qualification." (No, we're not hiring) "Could I come in anyway in case something opens up?" (No) "Well do you know anyone who may be hiring someone with my experience?" (Try Sears, the manager there is Jim Riley) "Thank you. Do you mind if I tell him you suggested I call?" (No go ahead, goodbye.)

Once you've modeled the procedure, help the client write down what he or she is going to say. Then role play again, this time with you as the person answering the phone and the boss. Make a game out of it to make the client feel comfortable. Then have the client actually make calls to real companies. If possible, listen in on an extension phone and provide feedback.

The client should be able to get at least one interview the first day. The client should make a minimum of ten calls a day.

Job interviewing. Going on the interview is the obvious next step for which the client should be trained. Instruct the client to dress the way they would if they were going to work at that job. Again role play with the client some of the typical questions asked on job interviews. Instruct the client to answer every question with a positive remark. For example, if asked if they are married they can respond either "Yes I am—

I am a family oriented person, and have two children," or "No I am not, so I am able to work any hours, and working overtime is not a problem." Or if asked how long they have lived in the area: "I've lived here all my life" or else "I've just moved here and really enjoy the area, and I'm looking forward to putting down some roots here."

Often, individuals who have had a serious alcohol problem over an extended number of years have a sporadic work history and no real job skills. They may be living at a halfway house and may be well known in the area as someone who has a serious alcohol problem. Ask the client, if he or she feels comfortable, to speak to this issue directly. The client may state assertively in the interview that he or she has had a serious problem with alcohol, is taking Antabuse to assure abstinence, and is participating in an alcohol treatment program to start a new life. This approach is often quite effective because the person to whom he or she is speaking may have a friend or family member with the same problem and may be sympathetic to helping the client. The potential employer may even be recovering from the same problem himself or herself.

The Job Club consists of these procedures. The client should devote 8 hours a day 5 days a week until he or she finds employment. Virtually all clients find a job within 2-3 weeks. This program is very effectively done in groups of up to 10 clients. When the client gets a job, make a celebration out of it.

Drink Refusal Training

At times, people trying to maintain their abstinence feel pressure from others to return to drinking. This can be very subtle and unspoken, such as not being asked to a social function by friends because alcohol will be present, or it can be blatant, such as a friend saying "What are you, too good to drink with me now?"

The CRA approach to this problem is the following. First, review with the client times when he or she really didn't feel like drinking, but did so because he or she was with friends and it was expected. Talk to the client about how he or she felt. Next, tell the client that a good way to handle this issue is to take control of the situation. Tell him or her, "Contact your friends and relatives to inform them of your desire to stop drinking. You can then enlist

your friends' support by requesting that your friends do not offer you drinks. Tell them that you are still friends, but you can't drink. If you don't feel comfortable telling them why, just say it's for health reasons. In this way, by taking the initiative, you won't hurt your friends' feelings by not drinking with them and if they are really your friends, they'll help. You'll be surprised how many will congratulate you and try to help." Such conversations can be practiced in sessions.

This procedure can be done any time after the first session. Have the client tell you how it went in the next session, and praise him or her for handling such a challenging social situation.

Social and Recreational Counseling

Discuss with your client the relationship between his or her alcohol consumption and his or her recreational or social life, as in the Job Club procedures. Have the client identify friends and activities which are always associated with heavy drinking. Tell your client, "These activities and people are not supportive of your goal of sobriety and you probably should consider avoiding them." Examples of recreational activities to avoid include going to bars or playing pool with former drinking buddies.

Then have your client identify friends and activities that are not related to heavy alcohol consumption even though alcohol may be present. Tell the client "It's important to understand that drinking played an important role in your recreational life, and provided a way to spend a lot of your time. Drinking was a way to have fun. It's important now that you develop new ways to spend time without sacrificing any fun. You can be having more fun now because you'll be straight and you've got time now to try new things."

Stress that having a good social and recreational life is extremely important and a critical area on which to focus new efforts. After identifying friends and activities not associated with drinking, have your client specify a particular activity he or she wants to attend and with whom he or she would like to do it. Record this. Have the client contact that person, attend the activity, and tell you how it went next session. If the client feels uncomfortable calling the other person, role-play the call until he or she feels comfortable.

Help your client make a list of activities that he or she has wanted to do but never had the time. Then have him or her pick one and try it. Examples could be anything: square dancing, playing chess, carving duck decoys, lifting weights, joining a health club, cross-country skiing, becoming involved in PTA, learning karate, or parachuting. It is essential that the client do things that are fun and exciting for him or her. Sobering up and being bored is not conducive to continued sobriety.

Because some clients have been so involved in alcohol they had no other friends except heavy drinkers, the CRA has usually had a social club associated with it. If it is feasible in your area, such a "United Club" can be an important asset in maintaining sobriety. The United Club is a dry bar where alcoholics can come with their families on a Saturday night to have fun. A meal is always provided, and people bring a dish to share. There was frequently a live band, a juke box, pool table, and a card game going on in the back. The United Club is operated solely by alcoholics and is officially incorporated as a not-for-profit organization. The only rules at the club are that you must be straight to attend, and no alcohol or drugs are allowed on the premises. Special events at the club can be such fun at times that people who are just bar-hopping try to come in because they thought it was an actual bar.

The United Club provides a place where people can get social support, have fun, and develop non-drinking friendships. To develop such a club requires some organization. To get started, you need only have a small group of people willing to participate and meet on Saturday night to do things together. As the group gets bigger, you'll need a building to meet in. Try to get a building associated with recreational activities, such as an old bar or VFW hall—preferably not a building associated with religion or treatment.

Next, seek a band to play for free and have a dance. (Musicians are generally very supportive of such organizations.) The group may want to legally incorporate, so host a meeting to discuss it. Once incorporated, organize fund raisers such as bake sales or raffles. You can have special events, such as Halloween and Christmas parties, and go on field trips to ball games and concerts. Such a club offers a variety of activities, which helps people structure their time and recreation in a meaningful way.

Controlling Urges to Drink

Even if clients are abstinent, employed, are enjoying improved marital relations, and are effectively refusing pressures to drink, they may continue to experience urges to drink. If your clients have these urges, try these simple strategies. (If these are not completely successful you might consider covert sensitization—see chapter 8.)

Tell the client, "From time to time you may get serious urges to drink. You may be feeling bad about something, or you may be feeling great and want to celebrate something. There may be no reason at all. It's not unusual for people stopping drinking to feel these urges.

"When you have these feelings you can reassure yourself by remembering that you are on Antabuse and so your early warning system is working for you. Review in your mind the progress you have made since you decided to stop drinking. You can relax yourself by becoming conscious of your breathing. Concentrate on taking slower deep breaths which you let out slowly. Think about the muscles in your shoulders and let them droop and relax. Let the muscles that control your jaw relax. Repeat the words 'relax' as you let out a long slow breath. Now think of something pleasant." Have clients practice this as you instruct them through it, then have them do it themselves. (See also chapter 14 for more detailed relaxation instructions.)

EFFECTIVENESS

Several studies have evaluated the effectiveness of the CRA, from its inception through its stages of evolution. Compared to traditional treatment approaches, the CRA has been shown to be a more successful way to help inpatient or outpatient alcoholics remain sober, employed, and out of institutions. Few other treatment approaches for alcoholism have been so carefully evaluated.

In 1973, Hunt and Azrin, in their original study, compared the CRA with a standard hospital program, with dramatic results. After six months, the CRA treated patients were drinking on 14% of days compared with 79% drinking days in the hospital-treated control group. Unemployed days were 12 times higher in the traditional treatment group, and institu-

tionized days were 15 times higher relative to those in CRA.

In 1976, Azrin evaluated improvements in CRA including the use of Antabuse. Working with hospitalized clients he compared the CRA with the standard hospital program. At six months follow-up, the CRA clients showed fewer than 1% drinking days per month, compared to 55% in the control group; 20% unemployment, compared to 56%; and 7% of days away from home, vs. 67% in the traditional group.

After working with inpatient alcoholics, it became apparent that these procedures could be used with alcoholics on an outpatient basis as well. Mallams, Godley, Hall and Meyers (1982) tested the effects of encouraging outpatients to attend the United Club. At follow-up, they found that clients who were encouraged to attend the club (random assignment) showed less behavioral impairment, drank less, and spent less time in heavy drinking contexts than clients who were not encouraged to attend the club.

In 1982, Azrin and his colleagues (Azrin, Sisson, Meyers, & Godley, 1982) evaluated the relative contributions of different components of the CRA. Treatment groups received either (a) traditional treatment plus traditional Antabuse (clients took it themselves), (b) traditional treatment plus the Antabuse assurance procedures, or (c) Antabuse assurance procedures plus other reinforcement procedures (the Job Club, marriage counseling, relaxation training, drink refusal training, and recreational counseling). At six-month follow-up, the traditionally treated group reported over 50% drinking days and about one third of their days unemployed and intoxicated. The Antabuse assurance procedures resulted in an almost total sobriety for married or cohabitating clients but had little effect for single people. The full CRA produced near total sobriety for all clients, married or single. A conclusion of this study, then, is that for clients who have someone in their lives whom they see everyday and for whom they care about, the Antabuse Assurance Program may be all that is required. This finding is one that warrants replication in different settings, but it makes sense from a behavioral point of view. Social and job-finding skills have already been acquired by most adults, and taking Antabuse requires clients to use these skills. Then the natural positive consequences (spouse, ju-

dicial, self-approval, monetary) take effect. Single, isolated clients who have never acquired these skills need to be helped systematically to acquire them, or they are likely to relapse back to what is familiar and comfortable—drinking.

To be sure, the CRA needs further evaluation. The four controlled studies completed to date, however, have all found the CRA to be significantly more effective than traditional treatment methods. It is designed to bring about changes in the client's lifestyle that are important in maintaining sobriety. Overall, the CRA need not take much more time than would be spent in traditional counseling. Given the apparently substantial improvement in outcome, the effort required of both therapist and client in the CRA seems well justified.

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APPENDIX

Marriage Agreements

State how you would like your partner to behave in the following areas:

1. Household Responsibilities

2. Money Management

3. Social/Recreational Activities

4. Job

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5. Child Rearing

6. Affection

7. Communication

8. Sex/Affection

9. Independence

10. Other

Week of _____

Marriage Self Reminder

Description	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Compliments							
Appreciation							
Pleasant Surprise							
Affection							
Pleasant Conversation							
Offer to Help							
Understanding							
Other							

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Inconvenience Review Checklist

Do you have an alcohol problem?

This program is not only for the full-fledged alcoholic, but also for the person experiencing problems with alcohol. Below is a listing of situations commonly agreed upon by others as alcohol problems and reasons for counseling. Please indicate which of the following situations apply to you and *you feel* are a problem, by placing an "X" in the space in front of the number which applies.

Remember, the questionnaire concerns only those situations you feel are problems with alcohol and reasons why you would like counseling.

1. Being hospitalized for alcohol-related problems.
2. Being physiologically addicted to alcohol and unable to stop drinking without a physician's help or the help of a hospital or detox center.
3. Being in jail for alcohol-related arrests.
4. Suffering severe withdrawal symptoms (i.e., tremors, hallucinations, stomach cramps, nausea, vomiting, etc.)
5. Having an automobile accident while under the influence of alcohol.
6. Being sent home or fired because of hangovers or drinking.
7. Being arrested for driving while under the influence of alcohol.
8. Missing work or school because of hangovers or drinking.
9. Acting foolish and/or aggressive at parties or in bars.
10. Having financial difficulties as a result of drinking.
11. Not being able to remember what you did while drunk.
12. Having difficulty in sleeping due to drinking.
13. Having family problems due to drinking.
14. Not getting promoted at work due to drinking.
15. Losing driving privileges due to alcohol-related arrests.
16. Suffering severe hangovers after drinking.
17. Having lapses of memory due to drinking (blackouts).
18. Being committed to a detox center, hospital, or alcoholism treatment program because of drinking.
19. Having decreased ambition since drinking.
20. Having decreased sexual drive or impotency due to drinking.
21. Feeling guilty about drinking.
22. Having poor health or alcohol-related problems.
23. Being disowned by friends or family over drinking.
24. Losing trust and respect of family, friends, fellow employees, or relatives due to drinking.
25. Being divorced or separated due to drinking.
26. Having severe shakes or tremors (DT's) due to alcoholism.
27. Feeling sad, depressed, or unhappy over drinking.
28. Having suicidal thoughts because of alcohol problems.
29. Being arrested or doing things while drinking (i.e., assault, disorderly conduct, battery, etc.)
30. Having to pay for high risk insurance because of alcohol-related traffic arrests.
31. Dropping out or not doing well in school because of drinking.
32. Having a poor reputation as a heavy drinker.
33. Needing a drink in the morning to overcome hangover or shakes.
34. Getting violent or into fights while drinking.
35. Having friends, family, or your children afraid of you when drinking.
36. Not being able to get a good job due to a reputation as a heavy drinker.
37. Spending money foolishly while drinking.
38. Fear of becoming an alcoholic (unable to control your drinking or worrying about drinking too much.)
39. Suffering personal injury or hurting others while drinking.
40. Having emotional problems due to drinking (i.e., anxieties).
41. Others (Specify) _____

HAPPINESS SCALE

This scale is intended to estimate your *current* happiness with your life on each of the ten dimensions listed. You are to circle one of the numbers (1-10) beside each area. Numbers toward the left end of the ten unit scale indicate some degree of unhappiness and checks toward the right end of the scale reflect varying degrees of happiness. Ask yourself this question as you rate each life area: "If things continue in the future as they are today, how happy will I be *with this area of my life?*" In other words, state according to the numerical scale (1-10) exactly how you feel today. Try to exclude all feelings of yesterday and concentrate only on the feelings of today 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. Drinking/sobriety	1	2	3	4	5	6	7	8	9	10
2. Job or educational progress	1	2	3	4	5	6	7	8	9	10
3. Money Management	1	2	3	4	5	6	7	8	9	10
4. Social Life and new friends	1	2	3	4	5	6	7	8	9	10
5. Personal Habits	1	2	3	4	5	6	7	8	9	10
6. Marriage/Family relationships	1	2	3	4	5	6	7	8	9	10
7. Sex	1	2	3	4	5	6	7	8	9	10
8. Emotional Life	1	2	3	4	5	6	7	8	9	10
9. Communication	1	2	3	4	5	6	7	8	9	10
10. General Happiness	1	2	3	4	5	6	7	8	9	10

Name _____

Date _____