

Adolescent Community Reinforcement Approach (A-CRA)

Substance Use Disorders: Treatment for Youth

Literature review updated September 2018.

As part of WSIPP's research approach to identifying evidence-based programs and policies, WSIPP determines "what works" (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our [Technical Documentation](#). At this time, WSIPP has not yet calculated benefits and costs for this topic.

Program Description: Adolescent Community Reinforcement Approach (A-CRA) is a behavioral intervention that aims to support recovery from substance use disorders. A-CRA targets youth aged 12 to 25 years old with clinical diagnosis of a substance use disorder. The A-CRA model has guidelines for three types of sessions: adolescents alone, caregivers alone, and adolescents and caregivers together. A participant's specific needs are determined and then inform which among the 17 A-CRA components a youth would receive. These components encourage problem-solving skills to cope with stressors, communication skills, and participation in positive social and recreational activities.

In the included study, participants were homeless youth who received 12 weekly individual sessions with a trained provider. The comparison youth were referred to usual services found in a community drop-in center.

Meta-Analysis of Program Effects

Outcomes measured	No. of effect sizes	Treatment N	Adjusted effect size and standard error			Unadjusted effect size (random effects model)	
			ES	SE	Age	ES	p-value
Crime	1	81	-0.275	0.193	19	-0.275	0.154
Substance use disorder	1	81	-0.396	0.226	19	-0.396	0.080
Major depressive disorder	1	81	-0.405	0.194	19	-0.405	0.037
Externalizing behavior symptoms	1	81	-0.097	0.193	19	-0.097	0.615
Internalizing symptoms	1	81	-0.362	0.194	19	-0.362	0.062

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our [Technical Documentation](#).

Citations Used in the Meta-Analysis

Slesnick, N., Prestopnik, J.L., Meyers, R.J., & Glassman, M. (2007). Treatment outcome for street-living, homeless youth. *Addictive Behaviors*, 32(6), 1237-1251.

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