Foreword

The Community Reinforcement Approach (CRA) has been cited in numerous literature reviews as one of the most efficacious treatments for substance abuse. CRA has been evaluated in dozens of clinical trials starting in 1973. CRA continues to be examined around the world and current studies continue to evaluate the effectiveness of CRA. For over 40 years CRA has proven to help alleviate the suffering of alcohol and drug dependence. CRA is one of the few treatments that has shown to be an effective tool serving these diverse individuals. In William R. Miller’s 2011 book Treating Addiction: A Guide for Professionals, he states that CRA is the only evidenced based treatment that has never had a negative clinical trial, he also goes on to say that CRA is the longest standing evidence based treatment in the addiction field.

CRA has been used with inpatient programs, day treatment programs, outpatient programs, aftercare programs, homeless programs and programs that assist runaway teenage clients. In all cases CRA has proven to be an effective treatment to reduce use of alcohol and other drugs, and to increase the use of positive aspects of society, like schools, jobs, positive family involvement, and use of positive social and recreational activities.

Currently CRA is being used in the United States, Australia, Canada, Finland, Germany, Ireland, New Zealand, Poland, Sweden, the United Kingdom, and the Netherlands. CRA treatment in the Netherlands has been spearheaded by Hendrik Roozen who has conducted clinical trials, and has published a systematic review of the effectiveness of CRA in alcohol, cocaine and opioid addiction (Roozen et al., 2004).

To Roozen’s credit he had introduced and trained the alcohol and substance misuse program staff members of Novadic-Kentron and IrisZorg in the last five years. In this process he was strongly supported by leading persons such as Peter Greeven and Laura DeFuentes-Merillas. The commitment to embrace CRA as part of a comprehensive treatment system by these forward thinking treatment centers is encouraging. The efforts of these programs are a testament to their progressive thinking and their dedication to the people they serve.

The second edition of this Dutch book translation Clinical Guide to Alcohol Treatment will make this empirically based treatment accessible to Dutch psychiatrists, physicians, psychologists, therapists, social workers and case workers and complete this important step to have CRA become an integral part of substance abuse treatment in the Netherlands.

I commend this excellent translation of our CRA book and believe it will make a substantial contribution to support substance abuse treatment in the Netherlands. This book should be an essential book to add to all therapist’s and addiction worker’s libraries.
I want to give a special thanks to my good friend and colleague Hendrik Roozen whose dedication and determination to good science and hard work have brought CRA research, CRA training, and renewed interest in evidence based treatments to the Netherlands. He has also been part of a select team of experts bringing CRA to other countries in Europe.

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