COMMUNITY REINFORCEMENT AND FAMILY TRAINING (CRAFT)

SARAH HILL, MSSA, LISW-S, LCDC III
Trainer

AMANDA KANTARAS, LPCC-S, LICDC
Trainer

Department of Mental Health & Addiction Services

Substance Use Disorder Center of Excellence

CASE WESTERN RESERVE UNIVERSITY
Jack, Joseph and Morton Mandel School of Applied Social Sciences
Center for Evidence-Based Practices

COMMUNITY REINFORCEMENT AND FAMILY TRAINING (CRAFT)

SARAH HILL, MSSA, LISW-S, LCDC III
Trainer

AMANDA KANTARAS, LPCC-S, LICDC
Trainer

- Please sign-in through the chat box:

1. Full name
2. Email address
3. License and/or Certification number

You are required to be on camera to be eligible for the CEU certificate.

Department of Mental Health & Addiction Services

Substance Use Disorder Center of Excellence

CASE WESTERN RESERVE UNIVERSITY
Jack, Joseph and Morton Mandel School of Applied Social Sciences
Center for Evidence-Based Practices

LEARNING OBJECTIVES

1. Understand the historical responses to helping family members engage Intended Patients (IPs) into substance use treatment.
2. Explain the behavioral and theoretical models on which CRAFT is based.
3. List the three goals of CRAFT.
4. Describe clinical considerations when implementing CRAFT.
5. Identify at least 2-3 CRAFT procedures for its application to helping families engage their loved ones into substance use treatment.
6. Discuss the research outcomes of CRAFT as applied to special populations and specific substances.

CRAFT:
COMMUNITY REINFORCEMENT AND FAMILY TRAINING

> "A treatment model that operates indirectly and gently through a concerned family member, referred to as the CSO, to change the home environment to reward behaviors that promote sobriety and withhold rewards when the IP (identified patient) is using drugs or alcohol. It is designed to support the CSOs of an individual who is using substances and not willing to enter treatment." (Smith & Myers, 2023)

A NOTE ON LANGUAGE USED IN THE CRAFT MODEL

CSO =
Concerned
Significant Other

IP =
Identified
Patient


"AT THE END OF MY ROPE"
STRESSED
FRUSTRATED
TIRED
ANGRY
"DON'T KNOW WHAT ELSE TO DO"

HISTORICAL RESPONSES TO ENGAGING IPs INTO SUBSTANCE USE TREATMENT

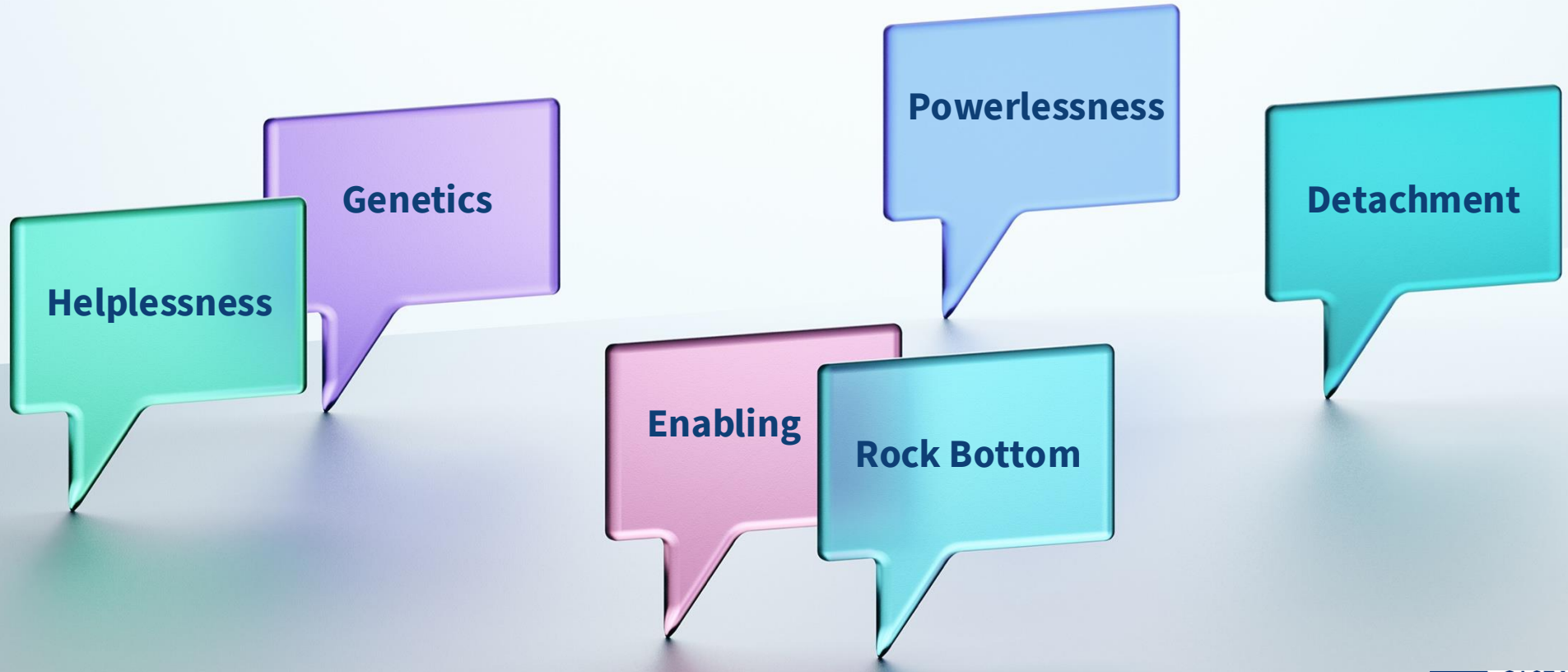
Waiting until the IP hits "rock bottom" and asks for help

Referring CSOs to Al-Anon or Nar-Anon

Using the Johnson Intervention

AL-NON, NAR-ANON & OTHER SUPPORT GROUPS

Although these groups can provide support to CSOs, they may also express messages that immobilize a family member's involvement in engaging a loved one into treatment.



"ROCK BOTTOM"

CRAFT is in direct contrast to this belief in that individuals CAN be reached before losing everything or experiencing devastating consequences

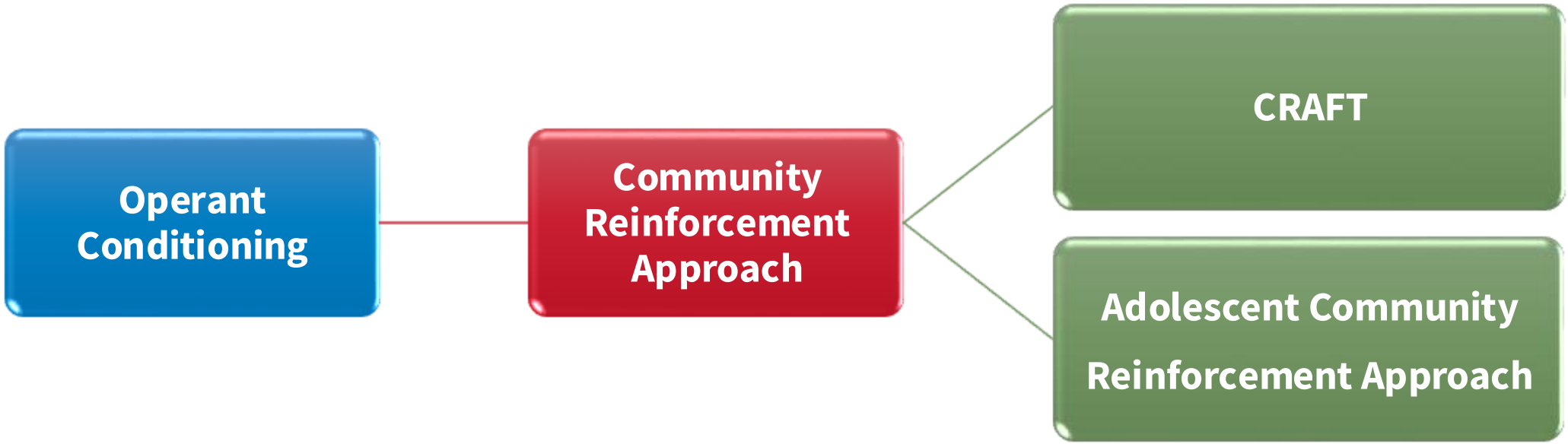
AND

that family members can play a vital role in this process.

JOHNSON INTERVENTION:
"THE UNCOMFORTABLE SURPRISE PARTY"

According to SAMHSA, there is no recent data to support this approach, it may do more harm than good, and has been singled out on a recent Surgeon General's report as being ineffective. (SAMHSA TIP 39).

BEHAVIORAL & THEORETICAL MODELS ON WHICH CRAFT IS BASED



CRAFT UTILIZES SKILLS WITH WHICH YOU MAY ALREADY BE FAMILIAR

- Cognitive Behavioral Therapy
- Motivational Interviewing
- Person-Centered Approach
- Behavioral Therapy

WHY DEVELOP A MODEL LIKE CRAFT?

- CSOs want to do something and are in a unique position to influence change.
- CSOs experience significant consequences from the IP's use, which impacts their mental health and general wellness.
- According to the National Survey on Drug Use and Health, 94.7% of the 39.7 million adults with a substance use disorder did not seek treatment or think they should.
- In **Ohio,** nearly **77%** of those who met criteria for a SUD did not seek treatment or think they should (SAMHSA, 2022).

3 MAIN GOALS OF CRAFT

1. Help the IP reduce alcohol/drug use, preferably before entering treatment.

2. Influence the IP to enter treatment.

3. Enhance the CSO's happiness and overall functioning, even if the IP does not enter treatment.

BUT DOES CRAFT WORK?

- Most studies find that more than 60% of participants' loved ones enter treatment. (Smith & Myers, 2023)
- CRAFT has been found to be three times more effective at engaging "treatment-resistant" IPs into treatment when compared to Al-Anon and Nar-Anon. (Smith & Myers, 2023)
- "People pressed into SUD treatment by confrontation are more likely to return to use than those encouraged to enter through positive reinforcement. CRAFT is effective for clients with SUDs, people with co-occurring SUDS and mental disorders, and people in urban and rural communities." (SAMHSA TIP 39)

CLINICAL CONSIDERATIONS WHEN IMPLEMENTING CRAFT:

QUALITIES OF A CRAFT THERAPIST

- Empathic
- Nonjudgemental
- Genuine
- Able to Form a Strong Therapeutic Alliance
- CBT or Behavioral Orientation
- Readily Provides Affirmation
- Open to Ongoing Supervision
- Motivational

CLINICAL CONSIDERATIONS WHEN IMPLEMENTING CRAFT:

CONSIDERATIONS FOR THE CRAFT THERAPIST

- ✓ Have the CRAFT manual and checklist available in session.
- ✓ Maintain a positive attitude in the procedures.
- ✓ Take opportunities to affirm the CSO when appropriate.
- ✓ Reinforce that the CSO is *not* responsible for the IP's substance use.

CLINICAL CONSIDERATIONS WHEN IMPLEMENTING CRAFT:

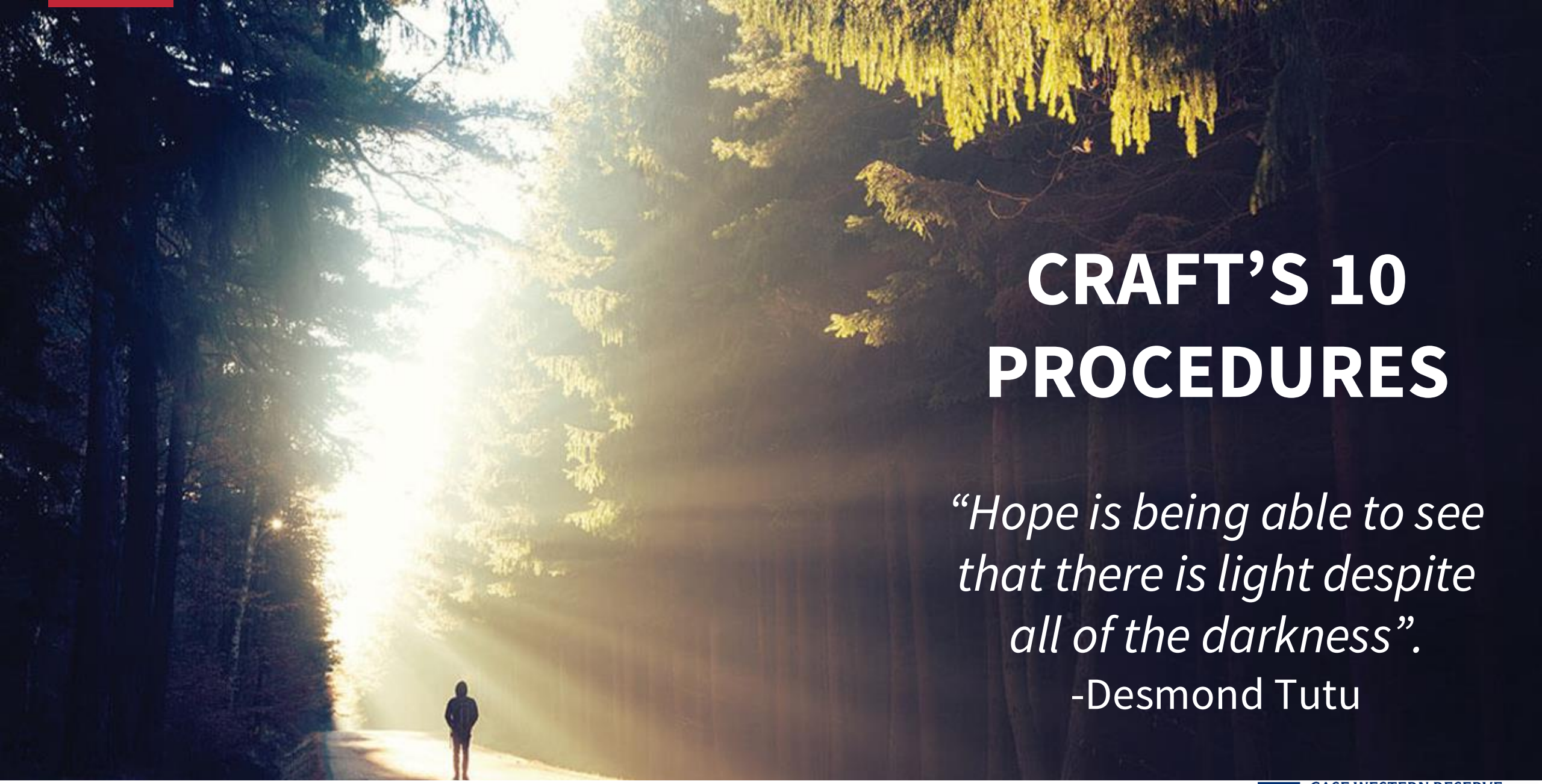
WHEN IS A CSO APPROPRIATE FOR CRAFT?

- ✓ Must be willing to participate fully in the program.
- ✓ Should have frequent and consistent contact with the IP *(at least 3 times a week).*
- ✓ Ideally should be age 18 and up.*
- ✓ If the CSO has their own history of substance use and/or mental illness, they must be capable of engaging in the program and associated homework assignments.*

CLINICAL CONSIDERATIONS WHEN IMPLEMENTING CRAFT:

CAUTION IF THE IP HAS A HISTORY OF DOMESTIC VIOLENCE

- Assess the potential for violence and its severity.
- Determine the level of social support.
- Identify any triggers or "red flags" for violence.
- Develop safer CSO responses.
- Discuss self-protection (escape, safe houses, restraining orders).



CRAFT'S 10 PROCEDURES

"Hope is being able to see that there is light despite all of the darkness".

-Desmond Tutu

PROCEDURE 1:
INFORMING AND MOTIVATING THE CSO

- The therapist's primary focus is on building rapport while expressing empathy & support.
- While also:
  - Gleaning insight into motivating factors for the CSO and the IP.
  - Orienting the CSO to the CRAFT model.
  - Fostering CSO's trust in the model by providing scientific evidence.
  - Assessing for safety.

(Smith & Meyers, 2023)

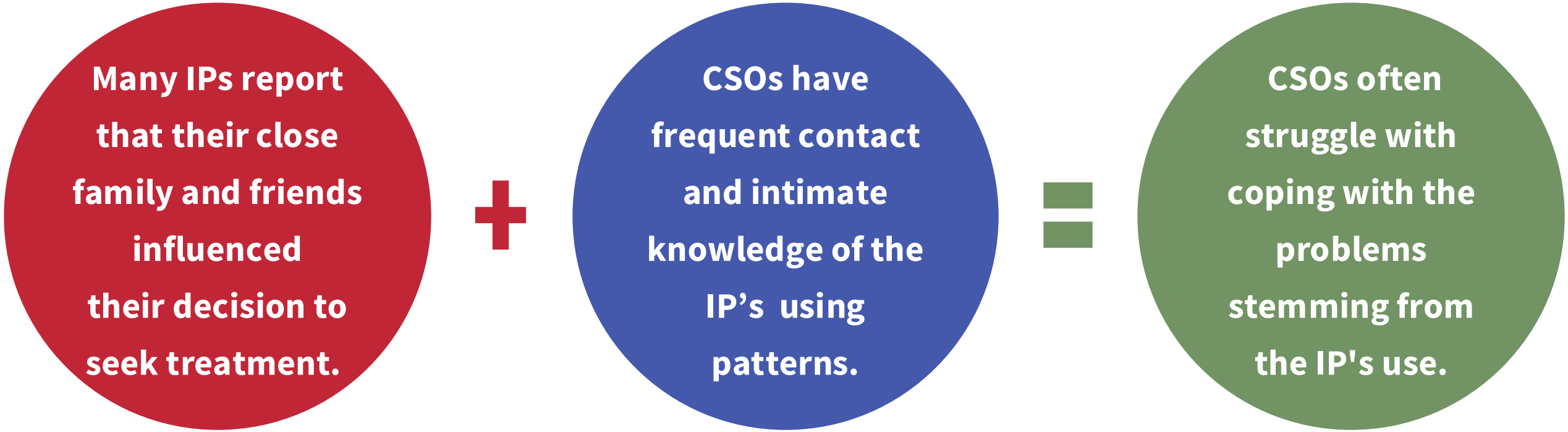
GLEANING INSIGHT INTO THE CSO'S STORY

- Review assessment findings:
  - Most CSOs experience symptoms of mental illnesses that are often exacerbated by the difficult relationship dynamics (Smith & Meyers, 2023).

- Providing space for the CSO to share their story:
  - How has their life has been impacted by the IP's use?
  - What does the IP's pattern of use look like?
  - What attempts has the CSO made to address the IP's behavior?

Stressing to the CSO that they are not at fault for the IP's use, but they can play a key role in the solution.

A CSO'S IMPORTANCE AND ROLE IN CRAFT



With CRAFT, CSOs learn new ways to interact with the IP while prioritizing their own safety and learning to focus on their own wellness.

Department of Mental Health & Addiction Services
Substance Use Disorder Center of Excellence
CASE WESTERN RESERVE UNIVERSITY
Jack, Joseph and Morton Mandel School of Applied Social Sciences
Center for Evidence-Based Practices

ORIENTING THE CSO TO THE MODEL

3 Goals

- Reduce the IP's substance use.
- Get the IP to enter treatment.
- Enhance the CSO's happiness & functioning.

2 Basic Principles

- Eliminating positive reinforcement (rewards) for substance-using behavior.
- Enhancing positive reinforcement (rewards) for non-substance-using behavior.

FOSTERING CSO'S TRUST IN THE MODEL BY USING SCIENTIFIC EVIDENCE

- Two out of three IPs enter treatment.
- Effective across a variety of CSO-IP relationships.
- Effective with a variety of substances.
- CSOs consistently report feeling less anxious, less depressed, and overall "better", even if the IP does not enter treatment.

ASSESSING FOR SAFETY

- Alcohol or drug use is involved in 40-60% of domestic violence situations (WHO, 2018).

- Focusing on:
  - Recognizing precursors to violence.
  - How to minimize & respond to violence.

- Planning for safety:
  - Best phone numbers to call?
  - Is it okay to leave a message?
  - Leaving at first signs of violence.
  - Preparing for a quick exit.
  - Identifying a safe place to stay.
  - Aware of possible legal interventions.

APPLYING CRAFT PROCEDURES: A CASE EXAMPLE

Rae is a 40-year-old, divorced black female who is seeking help in dealing with her 50-year-old brother, Reginald. Rae (CSO) recently allowed her brother Reginald (IP) to stay in her basement temporarily while he "gets back on his feet" after being released from jail, this time for petit theft. Rae has allowed her brother to stay in her basement on various occasions when he has had nowhere else to go. Rae informs you that Reginald has been using heroin for the last 10 years and it has negatively impacted her life in several ways. Reginald has sold items from her home to support his habit, has come home at all hours of the night waking up Rae and her 8-year-old daughter, and while high, has crashed Rae's car totaling it beyond repair. Rae has had several conversations with her brother about treatment, but his response has always been, "I can do this on my own."

Rae has made several attempts to get Reginald to stop using. She has refused to let him stay with her, but always gives in when he shows up at her house, stating he has nowhere to go because he has been suspended from the shelter for 30 days. Rae has tried talking to Reginald about treatment options, but the conversation always turns into a heated argument.

Rae and Reginald have always been close. Reginald has been more like a father figure to Rae since their father was incarcerated most of their childhood. Reginald was also there for Rae during a tumultuous divorce. It was when Reginald started misusing prescription pain medication after his car accident that their relationship became strained.

Rae's assessment results indicate high levels of anxiety, moderate depression, and little social support. She is a single mother and indicates having one close friend, but even that relationship is contentious because of Rae's continued involvement with her brother. The assessment also showed that Rae may be struggling with low self-esteem as well.

PROCEDURE 2:
FUNCTIONAL ANALYSIS (FA) OF A LOVED ONE'S DRINKING OR USING BEHAVIOR

- The goal is to identify the triggers for use as well as the short and long-term consequences.
- The FA document is laid out intentionally to support the CSO in seeing the connection between the triggers and consequences.
- This procedure is conducted in a semi-structured interview format.

APPLYING CRAFT PROCEDURES: A CASE EXAMPLE

Reginald uses drugs with a guy named “Johnny” and another younger guy named “Sherrod”, both of whom he met on the street when briefly homeless. His sister, Rae, thinks Reginald’s use mostly occurs in abandoned houses on the west side of town, but suspects he may also uses while staying in her basement, although she has not been able to prove this yet. Rae isn’t exactly sure when Reginald uses otherwise, but assumes it is any time he is not at her home. Rae thinks that Reginald’s physical pain is the reason he uses, but she also suggests that he is very depressed and wants to escape his reality of being homeless, and feeling like a failure as a father to his teenage son who he has not been allowed to see for years.

Reginald is using heroin, but Rae is concerned that much of what he’s using might actually be fentanyl. She thinks he also uses cocaine and methamphetamine, and knows he has been revived 4 times with naloxone for overdose.

Reginald experiences short term relief from chronic pain when he uses, as well as, relief from his crippling depression. Drug use helps him to feel as though he belongs somewhere. Reginald’s use has led to a diagnosis of Hep C, but he has refused to seek treatment. His Additionally, his use has led to strained relationships with his sister Rae, his ex-wife, and his son. He lost a promising job at a manufacturing plant and has since not been able to maintain work for more than a few days. He has been incarcerated for various drug-related charges, but always seems to avoid jail time any longer than overnight because he is a Confidential Informant for the local drug task force.

PROCEDURE 3:
IMPROVING CONCERNED SIGNIFICANT OTHERS' COMMUNICATION SKILLS

- Communication Skills Training emphasizes the importance of a positive start to challenging conversations.
- The CSO learns various guidelines for effective communication and practices them through role-playing with their therapist.
- Introduced when the CSO raises a topic they want to discuss, aiming for them to utilize as many guidelines as possible during sessions.

POSITIVE COMMUNICATION GUIDELINES

1. Be brief.
2. Use action-oriented wording, indicating what you would like to see happen.
3. Be specific with the behaviors.
4. Name your feelings.
5. Offer an understanding statement.
6. Accept partial responsibility for something related to the problem, but not for the use of substances.
7. Offer to help.

APPLYING CRAFT PROCEDURES: A CASE EXAMPLE

Rae has identified one specific situation that has particularly bothered her, which is when she has allowed Reginald to come upstairs to shower and eat. He leaves his dirty clothes on the floor and dirty dishes on the coffee table. She has repeatedly asked him to clean up after himself with no success. Additionally, Reginald often showers in the early morning after being out all night, which is when Rae needs to get ready for work.

PROCEDURE 4:
REWARDING NON-USING BEHAVIOR

- Often perceived by the CSO to be one of the easier procedures to implement. This is because rewarding non-using behavior is not likely to create more strain or turmoil within the relationship and home environment.

- The CSO needs to be able to recognize signs of substance use to ensure they are giving the reward at an appropriate time.

UNDERSTANDING POSITIVE REINFORCEMENT

Positive reinforcements are rewards presented immediately following a desired behavior.

These rewards increase the likelihood of that behavior being repeated in the future.

Rewards are broken down into 3 categories: verbal, physical and behavioral.

The rewards identified must be pleasurable to the IP.

The therapist should emphasize simple, cost-free rewards that are easy to implement.

POSITIVE REINFORCEMENT VS. ENABLING

GIVING THE REWARD

Using discussion and role-plays, work through:

When to give the reward.

How will the reward be given.

Explanation to the IP on why the reward is being given.

RESPONDING TO USE

- The clinician and the CSO should also discuss and role play how the CSO will respond to the IP using at the time of the planned reward.
- The CSO can & should withhold the reward if they are not concerned for their safety or other significant negative consequences.
- If the CSO still gives the reward, the CSO should discuss the situation with the IP, when they are no longer under the influence.

APPLYING CRAFT PROCEDURES: A CASE EXAMPLE

Rae recalls when she and Reginald would bake together as kids. They were primarily raised by their grandmother who imparted her wisdom and skill of baking ~~on~~to each of them. Reginald would always let Rae use the hand mixer and they would giggle when she put on the fastest speed and cake batter would splatter all over them. She firmly believes that he would enjoy the opportunity to bake with her again but is hesitant to invite him to bake with her if he has been using.

PROCEDURE 5:

FUNCTIONAL ANALYSIS (FA) OF A LOVED ONE'S FUN, HEALTHY BEHAVIOR

- The goal of this optional procedure is to increase non-using behaviors by the IP when the CSO lacks clarity on motivating factors.

Works Best When:

The behavior can be done at a time when the IP is at a greater risk of use.

The behavior has taken place at least once within the past 6 months.

The IP does not associate the behavior with using.

APPLYING CRAFT PROCEDURES: A CASE EXAMPLE

Rae shares that Reginald was a lover of all things jazz prior to his car accident. She tells of when she and Reginald would go to the local jazz club and listen to live music. Reginald would also frequent record stores, sometimes hours away, to find old records that he collected. Rae says he found great joy in music, but he hasn't done either of these activities in about 8 months. She says that she is ambivalent about using the jazz club to complete the functional analysis because she's afraid the alcohol being consumed at the club and would trigger Reginald even though she would be there with him.

PROCEDURE 6:
WITHDRAWING REWARDS FOR USING BEHAVIOR

- Focus on the day-to day interactions between the IP, while they are under the influence or recovering from the effects of use, and the CSO.
- Explore the CSO's current responses to the IP's substance use.
- When planning to withdraw a reward at the time of IP's use, the CSO should be able and willing to withdraw the reward close to the time when the IP is using and reinstate the reward when they stop using.

WITHDRAWING REWARDS

- How do we talk about a CSO's behaviors that unintentionally support continued use while stressing the CSO not being at fault for the use?
- How do we explore the CSO's hesitancy to implement this procedure?

It is extremely important to role-play and talk through potential obstacles.

APPLYING CRAFT PROCEDURES: A CASE EXAMPLE

Rae has previously noted frustrations with her brother being out all hours of the night, leaving his dirty clothes on the floor, and his dishes on the tables. Despite these frustrations, Rae has always made a pot of coffee for them to share and makes extra pancakes for Reginald. She says it's not a big deal because she's making some for herself anyway. He usually eats it all, has a few cups of coffee, then sleeps most the day.

PROCEDURE 7:

ALLOWING FOR NATURAL, NEGATIVE CONSEQUENCES OF USE

- The unintentional support of substance use and it's resulting consequences can often be a normal and expected response of a person who is worried about a loved one.

- **Goals of the procedure:**

  1. To let the substance user feel and focus on the consequences of use instead of the short-term reward.
  2. To teach the CSO a new way to respond, that will likely not feel natural at first.

GUIDELINES FOR ALLOWING NATURAL CONSEQUENCES

The consequences need to be perceived as negative and related to their substance use.

Relatively easy for the CSO to allow.

Consider how the CSO feels about allowing for the consequences.

Explore if allowing for the consequences would lead to bigger problems for the CSO.

Ask, is it safe to allow?

Consider when & where the conversations will take place, discuss barriers, and role play!

Ohio Department of Mental Health & Addiction Services
Substance Use Disorder Center of Excellence
CASE WESTERN RESERVE UNIVERSITY
Jack, Joseph and Morton Mandel School of Applied Social Sciences
Center for Evidence-Based Practices

APPLYING CRAFT PROCEDURES: A CASE EXAMPLE

Due to Reginald being unemployed, he has no daily routine or schedule to which he adheres. Rae explains that she works a daylight shift and begins work at 6 am. She stated this is about the time Reginald returns home after a night out. Rae reports that she returns home around 3:30 pm and knows that Reginald is still asleep in the basement because she can hear his snoring when she cracks open the door. To avoid a grumpy, argumentative brother, she tiptoes around the house as she changes her clothes and makes dinner for her and her daughter. Rae also encourages her daughter to be as quiet as she can so that Reginald doesn't wake up.

PROCEDURE 8:
PROBLEM SOLVING

- Designed to be a step-by-step approach, with the goal to make problems feel more manageable.
- Often this procedure is used in conjunction with Procedure 7 (*Allowing for Natural Consequences & Withdrawing Rewards for Using Behavior)*.
- The CSO should take the lead in completing the problem-solving exercise.

PROBLEM SOLVING GUIDED STEPS

1. Define the problem narrowly
2. Brainstorm possible options
3. Eliminate unwanted options
4. Select one potential solution
5. Identify possible obstacles
6. Address each obstacle
7. Make the selected solution into an assignment
8. Evaluate the outcome after doing the assignment

APPLYING CRAFT PROCEDURES: A CASE EXAMPLE

Reginald has a 25-year-old son who he hasn't spoken to in 2 years. They got into a heated argument when his son wouldn't let Reginald hold his new grandson at the hospital. At the time, Reginald was obviously under the influence and had to be escorted out of the hospital by security. Reginald's son has asked Rae if they can have the grandson's second birthday party at her house this year. Rae is afraid there will be another conflict if Reginald comes upstairs for the party, and even worse, if he is high. Rae is not sure how to handle the situation.

PROCEDURE 9:
HELPING CONCERNED SIGNIFICANT OTHERS ENRICH THEIR OWN LIVES

- **Family members often cite the initial awareness of substance use as the most painful part of the addiction process.**
  - Confusion & uncertain how to respond
  - Learning to live with anxiety and fear

- **Don't talk, don't trust, don't feel**
  - Social Isolation
  - Stigma & shame

- **Harm to the Family**
  - Chaos & dysfunction within the family system
  - Psychological & emotional well-being and physical health impacted (Mardani et al., 2023)

THE HAPPINESS SCALE

Helps identify specific areas where there are opportunities for improvement.

Social life	Job or education	Money management	Substance use	Health and wellness
Family relationships	Legal issues	Emotional life	Spirituality	Communication

When used periodically, the clinician can compile data on areas where progress is being made and areas for improvement.

GOAL SETTING

- ✓State goals/strategies in a concise & uncomplicated manner.
- ✓Use positive/action-oriented wording, indicating what will be done.
- ✓Use specific, measurable behaviors
- ✓Design goals/strategies that are reasonable.
- ✓Select goals/strategies that are under the CSO's control.

APPLYING CRAFT PROCEDURES: A CASE EXAMPLE

Rae completes the Happiness Scale and endorses a rating of “2” for social life, further explaining that she doesn’t like to go out much for fear of what Reginald will do to her home while she’s gone, or what items of hers he may sell. She rates her emotional life at a “3”, stating the situation with her brother has her depressed and anxious, as if she walks on eggshells. She feels helpless toward him and feels like she gives him more attention and energy than her daughter. Rae gives higher ratings to money management (7), and spirituality (8).

PROCEDURE 10:
INVITING THE IDENTIFIED PATIENT TO ENTER TREATMENT

- The CSO should be comfortable with the *Communication Skills* and the *Rewarding Non-Using Behavior* procedures prior to extending an invitation to the IP.
- The CSO and the therapist will select an appropriate treatment provider & arrange for a rapid intake.
- If the CSO has not already told the IP that they are in treatment, this will be necessary at this point in the process.

WINDOWS OF OPPORTUNITY

Windows of Opportunity are moments when an IP is more likely to be receptive to an invitation to treatment.

- **When the IP asks about the CSO's treatment.**
- **When the IP asks why the CSO's behavior has changed.**
- **When the IP appears remorseful following a substance-related incident.**

ENCOURAGING MOTIVATION FOR THE IDENTIFIED PATIENT

The IP can have their own therapist.

The IP can meet the CSO's therapist informally

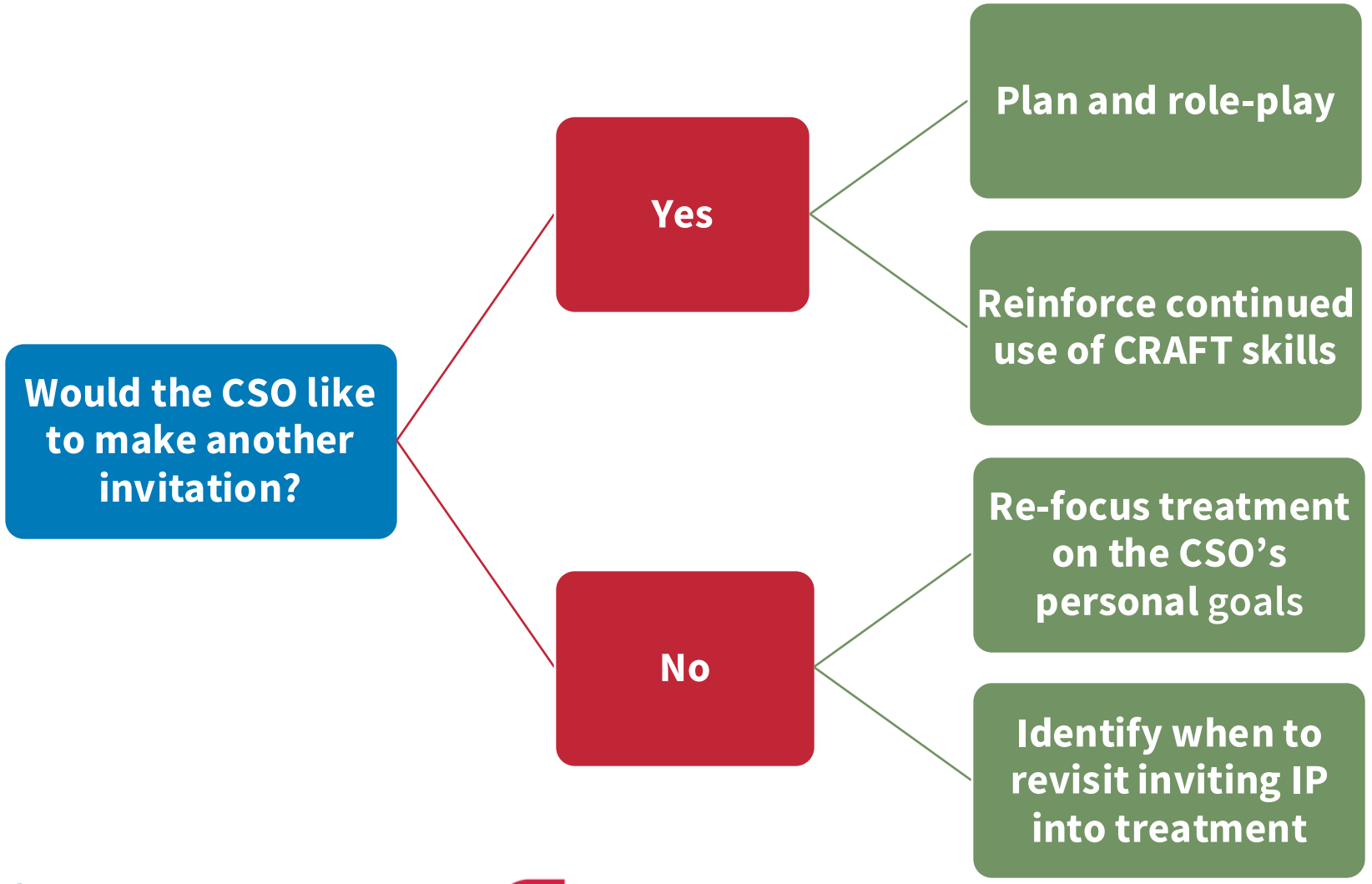
The IP can take advantage of therapy now to reduce use which will help future, upcoming reward.

The IP can sample a session or two before making a decision.

The IP will be treated with respect and without judgment.

The IP can have significant input into their treatment goals and decide how much of the treatment is focused on substance use.

MANAGING THE REFUSAL OF TREATMENT INVITATIONS



CRAFT WITH SPECIFIC POPULATIONS

Department of Mental Health & Addiction Services
Substance Use Disorder Center of Excellence
CASE WESTERN RESERVE UNIVERSITY
Jack, Joseph and Morton Mandel School of Applied Social Sciences
Center for Evidence-Based Practices

LATINO POPULATION

- One study (Miller et al., 1999) compared CRAFT utilization between Euro-Americans and Latinos and there was not a significant difference in the engagement rates of the IP into treatment.
  - *Latino engagement rate was 67% compared to Euro-American rate of 64%.*

- Both groups showed significant reductions in depression and reduction in family conflict.

- CRAFT may be effective and relevant to the Latino culture for a variety of reasons (Lopez Viets, 2007):
  - Focuses on structure and practical techniques for current circumstances.
  - Collectivist values of Latino culture vs. U.S. values of individualism and independence.

MILITARY FAMILIES

- One research study evaluated the efficacy of a web-based adaptation of CRAFT titled "Partners Connect".
- Results of the study showed significantly lower levels of anxiety and depression for the CSO, as well as higher levels of emotional and social support compared to a control group.
- While the study also showed significant improvements in the CSO's perceptions of their partner's drinking rates, it should be noted that this measure was based solely on observation by the CSO.

(Osilla et al., 2018)

VETERANS

- According to the 2022 National Drug Use History Survey, **nearly all (95.4%)** of veterans who met criteria for a substance use disorder did not seek treatment nor did they think they needed it. (SAMHSA, 2022)
- CRAFT is endorsed by the National Center for PTSD and the Veteran's Administration.
- Together, the VA and National Center for PTSD have created a free, online, self-paced CRAFT program for concerned significant others of veterans who use substances.
- Visit *www.ptsd.va.gov/apps/craftsud* for more information.

JUSTICE-INVOLVED POPULATION

- CRAFT was conducted with CSOs who were chosen by the IP while the IP was incarcerated and nearing their release date.
- IPs joined the CSO for family sessions upon release.
- The CRAFT IPs had a one-year **28% recidivism rate** compared to the no-treatment condition who had a recidivism rate of 75%.

(Miller, Miller, & Barnes, 2016)

GENERAL CONSIDERATIONS WHEN WORKING WITH FAMILIES

SAMHSA offers the following questions to consider:

- How is the family structured?
- What is the role of the extended family?
- What is the role of religion or spirituality within this family?
- Are there culture- specific family values to be aware of?
- How does the family's culture affect their communication style?

(SAMHSA TIP 39)

CRAFT AND SPECIFIC SUBSTANCES

ALCOHOL

Study	Description	Engagement Rates
Sisson & Azrin, 1986	Initial study of CRAFT involving IPs who used alcohol	CRAFT: 86% Al-Anon Referral: 0%
Miller et al., 1999	Compared treatment engagement rates between CRAFT, Johnson Institute Intervention, and Al-Anon among IPs using alcohol	CRAFT: 64% Johnson Institute: 30% Al-Anon: 13%
Dutcher et al., 2009	Examined engagement rates and CSO's functioning	CRAFT: 55% CSO reported improvements in depression, anxiety, anger and relationship happiness
Bichof et al., 2016	German study comparing CRAFT to wait-list control	CRAFT: 40% Control: 14%

CANNABIS AND STIMULANTS

Study	Description	Engagement Rates
Meyers et al., 1999	Examined engagement rates among individuals who identify using cocaine and other stimulants as their "drug of choice"	CRAFT: 74%
Meyers et al., 2002	Examined engagement rates among individuals who identified cannabis or cocaine as their "drug of choice".	CRAFT: 59% Al-Anon & Nar-Anon: 29%
Waldron et al., 2007	Examined engagement rates when the CSOs were parents of the adolescent IP and cannabis was the identified substance.	CRAFT: 71%

CRAFT: AN UNDERAPPRECIATED INTERVENTION

- CRAFT has been enthusiastically adopted in Australia, The Netherlands, Ireland and Sweden but is not widely used in the United States.

- Experts speculate that clinicians may be unaware of the model, or because treatment programs are sticking to what is already known (APA, 2017).

- Family members may not seek interventions for themselves because of stigmatizing messages:
  - Substance use "runs in families" or family members "enable" a loved one's use.
  - Family members are "powerless" over their loved one's use.
  - Medication is "trading one drug for another" (Dopp et al., 2022).

- Smith & Myers (2023), found in addition to the average engagement rate of 60%, reductions in CSO depression, anxiety, and anger were reported. CSOs also report fewer physiological symptoms and improved relationships.

WHAT DO THERAPISTS SAY ABOUT USING CRAFT?

The manual has flexibility built into it.

Despite being non-confrontational, there are still directives and clear expectations.

An increased sense of professionalism was felt in working with CSOs.

CRAFT was easy to adapt.

(Hellum et al., 2023)

DOCUMENTING THE USE OF CRAFT

- The CSO is the client, therefore...
- Interventions must be aimed at reducing the CSO's symptoms, improving the well-being of the CSO, and helping the CSO meet their treatment goals.
- If the CSO's goal is to reduce the IP's use or get the IP to enter treatment, document how this will affect the CSO's symptoms and functioning.

DOCUMENTING THE USE OF CRAFT

INTERVENTIONS	CLIENT RESPONSE
Provided an overview of the purpose and process of CRAFT and how it will improve the client's happiness and well-being.	Client stated understanding of CRAFT and that she believes it will make a positive difference in both her and her brother's lives. She reported looking forward to reducing her anxiety and improving her relationship with her brother.
Reviewed the client's assessment results and how they will be used toward treatment planning.	Client agreed with the results of her assessment in that she has been experiencing high levels of anxiety and depression. She agreed that increasing her social supports is a good goal for her treatment plan.

DOCUMENTING THE USE OF CRAFT

INTERVENTIONS	CLIENT RESPONSE
Used the CRAFT problem solving guidelines to assist the client with addressing a problem in her life that has been causing anxiety.	Client identified a conflict with her brother in which she is not sure how to approach him about his grandson's birthday party at her home. She was able to effectively apply the problem-solving guidelines to her scenario and will report back about the outcome.
Engaged client in a role play to rehearse the use of positive communication skills from the CRAFT model to reduce conflict with her brother.	Client was able to actively participate in the role play and demonstrate the positive communication skills. She reported finding it helpful and expressed hope that it will help her relationship with her brother.

IN SUMMARY

- In the Community Reinforcement and Family Training (CRAFT) model, concerned significant others (CSOs) are involved because they play a crucial role in supporting individuals struggling with substance use disorders (SUDs).

- Through the CRAFT procedures, CSOs learn and develop new skills they can apply when interacting with their loved one.

- By implementing more helpful and healthy communication skills, problem solving strategies, and adjusting how they interact with the IP, a CSO is more likely to facilitate the IP's engagement into treatment and improve their own overall wellness & mental health.

REFERENCES

American Psychological Association. (2017, December). The underappreciated intervention. Monitor on Psychology, 48(11). Retrieved from https://www.apa.org/monitor/2017/12/underappreciated-intervention

Bischof, G., Iwen, J., Freyer-Adam, J., & Rumpf, H. J. (2016). Efficacy of the Community Reinforcement and Family Training for concerned significant others of treatment-refusing individuals with alcohol dependence: A randomized controlled trial. Drug and alcohol dependence, 163, 179–185. https://doi.org/10.1016/j.drugalcdep.2016.04.015

Dopp, A. R., Manuel, J. K., Breslau, J., Lodge, B., Hurley, B., Kase, C., & Osilla, K. C. (2022). Value of family involvement in substance use disorder treatment: Aligning clinical and financing priorities. Journal of Substance Abuse Treatment, 132, . doi:10.1016/J.JSAT.2021.108652

Dutcher, L. W., Anderson, R., Moore, M., Luna-Anderson, C., Meyers, R. J., Delaney, H. D., & Smith, J. E. (2009). Community Reinforcement and Family Training (CRAFT): An effectiveness study. Journal of Behavior Analysis in Health, Sports, Fitness and Medicine, 2(1), 80–90. https://doi.org/10.1037/h0100376

REFERENCES

Hellum, R., Bilberg, R., & Nielsen, A. S. (2023). A qualitative study of the therapists' experiences of working with community reinforcement and family training. Counseling and Psychotherapy Research, 23(4), 1084-1096. doi:10.1002/CAPR.12611

López Viets, Lisa (2007) CRAFT: Helping Latino Families Concerned About a Loved One, Alcoholism Treatment Quarterly, 25:4, 111-123, DOI: 10.1300/J020v25n04_08

Mardani, M., Alipour, F., Rafiey, H., Fallahi-Khoshknab, M., & Arshi, M. (2023). Challenges in addiction-affected families: a systematic review of qualitative studies. BMC psychiatry, 23(1), 439. https://doi.org/10.1186/s12888-023-04927-1

Meyers, R.J., Miller, W.R., Hill, D.E., & Tonigan, J.S. (1999). Community reinforcement and family training (CRAFT): Engaging unmotivated drug users in treatment. Journal of Substance Abuse, 10, 291-308.

REFERENCES

Meyers, R.J., Miller, W.R., Hill, D.E., & Tonigan, J.S. (2002). A randomized trial of two methods for engaging treatment-refusing drug users through concerned significant others. Journal of Consulting and Clinical Psychology, 70, 1182-1185.

Miller, W. R., Meyers, R. J., & Tonigan, J. S. (1999). Engaging the unmotivated in treatment for alcohol problems: A comparison of three strategies for intervention through family members.
Journal of Consulting and Clinical Psychology, 67,688-697. DOI: 10.1037/0022-006X.67.5.688

Miller, J. M., Miller, H. V., & Barnes, J. C. (2016). Outcome evaluation of a family-based jail reentry program for substance abusing offenders. The Prison Journal, 96(1), 53–78. https://doi.org/10.1177/0032885515605482

Osilla, K. C., Trail, T. E., Pedersen, E. R., Gore, K. L., Tolpadi, A., & Rodriguez, L. M. (2018). Efficacy of a Web-based Intervention for Concerned Spouses of Service Members and Veterans with Alcohol Misuse. Journal of Marital and Family Therapy, 44, 292–306. https://doi.org/10.1111/jmft.12279

REFERENCES

Substance Abuse and Mental Health Services Administration. (2020). Substance Use Disorder Treatment and Family Therapy. Treatment Improvement Protocol (TIP) Series, No. 39. SAMHSA Publication No. PEP20-02-02-012. Rockville, MD: Substance Abuse and Mental Health Services Administration.

SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.) https://www.samhsa.gov/data/sites/default/files/reports/rpt44482/2022-nsduh-sae-national-maps/2022-nsduh-sae-national-maps.pdf

Sisson, R. W., & Azrin, N. H. (1986). Family-member involvement to initiate and promote treatment of problem drinkers. Journal of Behavior Therapy and Experimental Psychiatry, 17(1), 15-21. https://doi.org/10.1016/0005-7916(86)90005-4

Smith, R. S., & Meyers, R. J. (2023). The CRAFT Treatment Manual for Substance Use Problems. Guilford Press.

REFERENCES

U.S. Department of Veterans Affairs. (n.d.). CRAFT-SUD: Community Reinforcement and Family Training Support for Substance Use Disorder. Retrieved from https://ptsd.va.gov/apps/CRAFTSUD/

Waldron, H. B., Kern-Jones, S., Turner, C. W., Peterson, T. R., & Ozechowski, T. J. (2007). Engaging resistant adolescents in drug abuse treatment. Journal of substance abuse treatment, 32(2), 133–142. https://doi.org/10.1016/j.jsat.2006.07.007

World Health Organization. (2018). Global status report on alcohol and health 2018. Geneva, Switzerland

QUESTIONS?

MHA.OHIO.GOV

Department of Mental Health & Addiction Services

Department of Mental Health & Addiction Services

CASE WESTERN RESERVE UNIVERSITY
Jack, Joseph and Morton Mandel School of Applied Social Sciences
Center for Evidence-Based Practices

Your feedback is important to us!

QR code placeholder

Department of Mental Health & Addiction Services

Department of Mental Health & Addiction Services

CASE WESTERN RESERVE UNIVERSITY
Jack, Joseph and Morton Mandel School of Applied Social Sciences
Center for Evidence-Based Practices

CONTACT US

Sarah Hill, MSSA, LISW-S, LCDC III
Trainer
sxg187@case.edu

Amanda Kantaras, M.Ed., LPCC-S, LICDC
Trainer
Amanda.kantaras@case.edu

Ric Kruszynski, LISW-S, LICDC-CS
CEBP Director
Richard.Kruszynski@case.edu