

# CRAFT Model for Family Members

## Disclosures

"Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose."



## Outline

- A. Intro
- B. Importance of including family
  - For whom, when
- Quick review of types of family interventions
  - Compare/Contrast
- Detailed description of CRAFT model
  - Key aspects
  - Ways to deliver individual, group, self-direction, internet based
- Evidence for/against CRAFT



## Importance of including family

#### **General Consensus:**

- Therapeutic approaches for treating persons with substance use disorders are most effective when family/loved ones are included. (Rowe, 2012; Tanner-Smith etal, 2013)
- Individuals with substance use issues are members of systems, and taking a systems perspective facilitates effective interventions. (Klosterman and O'Farrell, 2013)
- Family members are deeply impacted by substance use in loved one, and need to have access to treatment. (DiSarno etal, in press)



## Impact on Family Members



Impaired physical health,
Mental health issues

Stigma, Social isolation,
Lower quality of life,
Increased burden



## **Treatment Options for Family**







- Limited community based options
  - Typically limited involvement in IP treatment
  - Mutual aid support
  - Johnson Institute Intervention



## **Treatment Options for Family**

- A variety of evidence based approaches
  - Multidimensional Family Therapy (Liddle, 2016)
    - Targets multiple systems, including IP (youth), parent, family, and larger systems including school
  - Brief Strategic Family Therapy (Horigian, Anderson, & Szapocznik, 2016)
    - Focus on changing negative interpersonal interactions within family, behaviorally based
  - Family Behavior Therapy (Donohue etal, 2009)
    - Combines behavioral contracting with contingency management
    - Adults as well as adolescents
  - Behavioral Couples Therapy (Klostermann and O'Farrell, 2013)
    - Interventions targeted to improving relationship and promoting abstinence



## **CRAFT Family Treatment**

## Concerned Significant Others

- Why focus on CSOs? (Smith and Meyers, 2004)
  - Loved ones have influence
  - Loved ones are often among the first concerned, and are often more motivated
  - Loved ones' quality of life is deeply affected
  - Loved ones likely to have more contact
  - Particularly important for youth (Waldron and Turner, 2008)
- Concerned Significant Others (CSOs)
  - Partners, parents, children, friends, other family
  - Focus on increasing likelihood substance using loved one will accept treatment referral
  - Targets reduced substance use for loved one
  - Designed to support CSOs to improve the quality of their own lives and sustain motivation



## Description of CRAFT model

## Derived from Community Reinforcement Approach (CRA)

- Originally developed by Meyers and Smith
- Based in operant principles and positive reinforcement
- Recovery from SUDs depends on development of a more positive, reinforcing lifestyle that outweighs the reinforcing quality of substance use
- Community (family, friends, co-workers, other social supports) key to achieving a rewarding quality of life
- Eliminates confrontation and abandonment of person with SUD



## Description of CRAFT model

#### Core Elements

- Unilateral family therapy
  - Motivated family member works to gain skills
  - Loved one with SUD not included in therapy
- Short term therapy: 8-12 sessions
- Mirrors content of CRA
- Skills based, from the perspective of the loved one
- Can be adapted to meet specific needs of the CSO



## Evidence

## Overall Effectiveness (Bischof et al, 2016):

- CRAFT vs wait list control
  - Higher rates of treatment entry (40% vs 13%);
  - At 12 month follow-up, 50% of loved ones with AUD had entered treatment
  - Improved CSO mental health and family cohesion on measures of mental health (BDI, SCL-90) and psychosocial strain
  - No differences between groups after control group received treatment
  - At 6 and 12 mo follow up, MH and life satisfaction gains sustained



## Evidence

- Recent meta-analysis of 11 studies (Archer etal, 2019)
- <u>Treatment Entry</u> outcomes :
  - Treatment entry increased for identified patients in families affected by either Alcohol Use Dx or illicit drug use issues
  - CRAFT twice as effective vs control condition or TAU for treatment entry rates (range 40-86%).
- CSO outcomes:
  - CSO typically female, aged 40-60 years, mostly spouse/partner or adult children
  - Relationship between CSO and IP not predictive of treatment entry rate
  - CSO mental health and relationship happiness improved when compared to wait list control (Bishof etal, 2016)



## Evidence

### In a community based setting (Dutcher, 2009):

- Treatment entry rates between 55-65%
- CSO mental health and social stress improved, e.g.
  - BDI scores lowered to normal range
  - State Anger and State Anxiety scores sig reduced (STAI)
  - Overall happiness ratings increased

## Compared to standard programs (Roozen etal, 2010):

- 3x greater treatment entry than Al-Anon
- 2x greater treatment entry than Johnson Institute Intervention



## **CRAFT Model Basic Skills**



PSYCHIATRY ACADEMY

## **Functional Analysis**

- CSOs are trained to evaluate loved one's substance use episodes
- Based on CSO observation of use episodes
- Identify external and internal triggers to use
- From CSO perspective:
   Short term positive reinforcers
   Long term negative outcomes

#### Communication Skill

- Increase likelihood of positive communication with loved one
- Acknowledges the transactional nature of the change process
- Provides a way for CSO to have difficult discussions and make difficult requests

#### Specifically:

- 1) Understanding statement
- 2) Partial responsibility
- 3) Offer to help

Use statements that are:

Positive in tone
I statements
Understanding

Share responsibility



- Positive Reinforcement for positive actions
  - Essential skill for CSOs, provided only for desired behavior
  - Different from enabling, though can be confused
  - Positive reinforcers, e.g.
    - Spending time with loved one
    - Preparing a desired meal or activity
    - Noticing positive change, complimenting
    - Giving a hug





- Allow natural negative consequences to occur
- Removing positive reinforcers
- Utilize communication skill to remain calm and clear
- Utilize problem solving procedures if difficulties arise



## Domestic violence precautions

- Assess for risk of violence in the relationship
- Determine which skills may be most useful if the risk is low to moderate
- At times, CSO may not be able to participate in CRAFT

## Helping CSO improve quality of life

- Enhancing CSO motivation use Motivational therapy style
- Assess mood and issues affecting quality of life
  - Happiness Scale
- Help CSO set attainable goals to improve their own lives, irrespective of situation with the loved one
- Broaden social supports and social engagement



## **Key Moment:**

# An invitation to the loved one to engage in treatment

- CSO uses skills to select the right moment, communicate clearly, maintain positive interaction
- Treatment can be defined in many ways, depending on the needs of the loved one





## Alternate treatment modality

#### Individual

(Archer etal, 2019)

- High effectiveness vs control on treatment entry, CSO improvement
- Most commonly 12 sessions
  - Actual number of sessions not correlated with rate of tx entry
  - TEnT (Kirby etal, 2017) version focused 4-6 sessions on treatment entry only, with similar effectiveness

#### Group

(Foote and Manuel, 2009; Manuel etal, 2012)

- Few studies
- Treatment entry rates compare to individual tx at 70%
- Concerns about delay in tx onset due to wait for sufficient number of participants



# Alternate treatment modality

- Self-directed (Manuel etal, 2012)
  - Trend for workbook based treatment entry rates lower than group therapist delivered ~40% (p.06)
  - No difference in measures of CSO mood or family functioning compared to group or individual CRAFT
- Multimodal (Meyers etal, 2002)
  - Individual tx plus groups for up to 6 months
  - Group added tx options like role play, peer support



## Efficacy of CRAFT modality

- Most effective <u>treatment entry</u> rates across 20 studies:
  - Highest success CSO in multi-modal models >75%.
  - Individual therapy effectiveness ranged from 13% to 71%.
  - Self-directed workbook less effective 13% 40%
  - Brief TEnT as effective as individual, 62% vs 63%
- Key characteristics across most successful trials:
  - Individual therapy, plus group
  - Therapists trained and closely supervised
  - SUD treatment integrated with CRAFT treatment



<sup>\*</sup>meta-analysis done by Archer, et al (2019), compared to control

## **CRAFT for Parents of Youth**

(Kirby, etal 2015)

- Unilateral therapy based in strong evidence that family involvement more effective with youth.
- CRAFT plus Behavioral Parent Training
  - Basic CRAFT approach, plus...
  - Focus on competing reinforcing activities
    - Creating opportunities to interfere with substance use
  - Planned ignoring
    - Reducing attention to extinguish substance use behavior
  - Behavior Monitoring
  - Behavior Reducing Strategies
- Uncontrolled pilot study
  - Preliminary results suggested treatment entry rates similar to CRAFT



## CRAFT-T (Brigham etal, 2014)

#### CRAFT applied to treatment retention vs TAU

- Goal to assist IP to remain in treatment
- IP already in treatment, invited CSO to participate
- 12 sessions, 2 with CSO + IP, 10 with CSO only
- Outcomes measured by treatment drop >30 days

#### Results

- CRAFT group trend toward longer time to drop (p< .058)</li>
- Significant effect when CSOs were parental family (p<.01)</li>



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