



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Family Case Discussion

James McKown, Ph.D.

Clinical Director, Addiction Recovery
Management Service (ARMS)

Disclosures

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

CRAFT Model Re-Cap

- Goal: Support family member(s) or CSO in engaging their loved one into treatment
- 5 Flexible Modules
 - Communication
 - Problem-Solving
 - Contingency Management
 - Safety Planning
 - Self-Care

ARMS Family Model

- ARMS Parent Model
 - Individual CRAFT coaching – Insurance
 - Two Free Parent CRAFT Groups
 - 8 week curriculum introductory group
 - Long-term after-care group
 - Parent Peer Support Program - Free
 - Trained behavioral clinicians (SW/Ph.D) in CRAFT

CRAFT Communication Skill

Example:

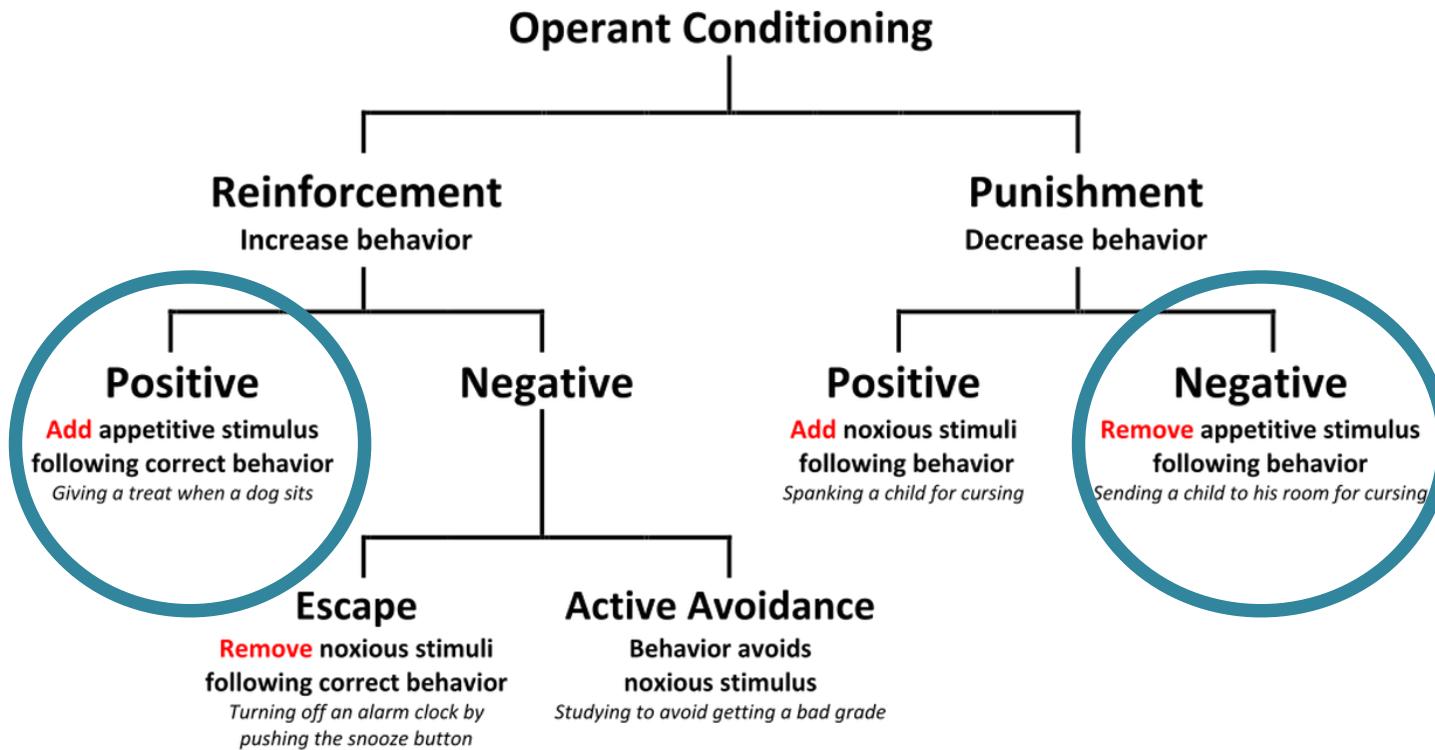
How to Communicate

- **Be Brief** (Keep it short and simple. Talk in a text)
- **Be Positive** (Ask for what you want versus asking for what you don't want)
- **Be Specific and Clear** (Refer to Specific Behaviors. Focus one thing)
- **Label Your Feelings** (Use I feel statements. (I feel ___, when ____ happens, vs. You make me angry when you do ____.)

What to Communicate

- **Offer an Understanding Statement** (Opens communication and shows that you are aware of the other person's perspective and concerns. "I see why you smoke MJ, because it helps you deal with anxiety.")
- **Accept Partial Responsibility** (Avoid blaming the other and state how you see yourself fitting into the problem or solution. "I know I wasn't clear with when I said ____ that was confusing to you.)
- **Offer to Help** (Show you are willing to work on a solution that works for everyone, that you would like input from others on possible solutions. "How can I help you to remember your appointment with Dr. ____)

CRAFT Contingency Management Skill Example:



CRAFT Contingency Management Skill Example:

Examples:

- Positive Reinforcement:
 - Grocery store vouchers for showing up to appointments
 - Spending time with partner/family member when they are sober
 - Car access for negative tox screen
 - Allowing someone to move home after residential treatment now sober
 - 30 day AA chip
- Negative Punishment:
 - Ending a phone call when yelled at
 - Asking someone to leave the house for 24 hours if they are aggressive
 - Turning off cell-phone for 48 hours when you find paraphernalia in the home
 - Not waking someone up if they are sleeping in for their job

Case Examples

- **Johnny** – 23 year old living at home with parents, smokes pot and uses cocaine in the basement. Dx of MDD, r/o psychosis. Gets aggressive when confronted. Unwilling to get an initial assessment at ARMS.
- **Lilly** – 16 year old living at home with single mom. She smokes pot and is not doing well in school. Dx of social anx and ADHD. Had an eval at ARMS but not showing up to therapy.

Johnny

- Parents called clinic asking for help → Suggest Parent group and 1:1 coaching
- Plan:
 - Safety plan: assess options given aggression – escape plan, crisis team, 911?
 - Determine parental health and motivation for change
 - Provide psychoeducation about substance use/psychosis
 - Evaluate “Why would Johnny change? What is he motivated by?”
 - Wants car access and money for going back to school
 - Tie these to engaging in evaluation, tox screens (lower THC and no cocaine) to use car
 - Improve clear limits in home – no use in home, improve positive time together (meals, walks), address father’s MJ smoking in home
 - Gradually shift incentives for tx engagement – more car privileges, money in account for college payments.

Lilly

- Pt and Parent attended intake but nothing since
- Plan:
 - R/o to parent and offer group, coaching, and parent mentor. Mom didn't know daughter NOS
 - Sometimes she goes to Fa who has no rules
 - Focus on what can control – her house/boundaries
 - What would motivate Lilly? Social Anxiety and school grades.
 - Focus on education – links MJ and Soc Anx and ADHD
 - Involve school in support course load/IEP?
 - Carve out time at night to help with school work – reward with attention and praise – cook her fav meal after.
 - Target social anxiety – consider rides to BF house tied to engaging in CBT for social anxiety (pause direct focus on MJ)
 - Eventually work on MJ use – none in house, add more cell phone minutes for lower THC on tox so she can talk to BF and friends more

How can you engage parents?

- Can be tricky – rapport and confidentiality
- Explain goals for parent involvement to youth – separate care
- Parent join end of an appointment, have youth present
- Talk over phone if they call – refer to parent supports
- Ask another team member to reach out to engage them – someone separate
- Handout for parents when they first come to clinic detailing support services

Considerations

- Patient-centered care and CRAFT model
 - How do you practice PCC in a program that attempts to engage the uninterested/unmotivated?
 - What about harm-reduction?
- Clinic staffing – therapist and coach are different
- Parent variables:
 - Culture/Ethnicities differences in parenting
 - Substance use/Mental health issues
 - Parent motivation for change
 - Finances

Resources

- MGH ARMS: 617-643-4699 - Google: MGH ARMS
- CRAFT:
 - Alliesinrecovery.net
 - <https://motivationandchange.com/outpatient-treatment/for-families/craft-overview/>
 - <https://www.robertjmeyersphd.com/craft.html>
- Parents: Learn2cope.org and Al-Anon