

## Chapter 1

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# What Is CRAFT?

Gloria is desperate. She is riddled with anxiety and sadness. The stress is almost unbearable. She has tried *everything* to get her husband to stop drinking and using drugs, ranging from begging him to screaming at him. She also has threatened to leave him on more than one occasion, but she knows she never will. She does *not* want to simply detach from him. Gloria just wants her “old husband” back. Occasionally he *does* dramatically reduce his substance use, and for a short period of time she catches a glimpse of the loving man she married years ago. But these changes never last. Gloria is desperate.

## TREATMENT-REFUSING INDIVIDUALS WITH SUBSTANCE USE PROBLEMS

According to a 2018 national survey, approximately 20.3 million U.S. adults had a substance use disorder (SUD) during the previous year, but only 3.7 million people received any type of substance use treatment (Substance Abuse and Mental Health Services Administration, 2019). The major reasons given by these individuals for *not* seeking treatment included believing they did not need treatment, or not being ready to stop using (McKetin, Voce, Burns, & Quinn, 2020; Substance Abuse and Mental Health Services Administration, 2019). Notably, the loved ones of these treatment-refusing individuals reported that approximately five family members or friends were impacted directly by the treatment-refusing individual’s substance use problem, such as through social embarrassment, financial concerns, domestic mistreatment, chaotic family environments, and anxiety-related emotional or physical problems (Hussaarts, Roozen, Meyers, van de Wetering, & McCrady, 2011).

## COMMUNITY REINFORCEMENT AND FAMILY TRAINING

Community Reinforcement and Family Training (CRAFT) is a research-supported treatment for the family members (e.g., spouses, partners, siblings, adult children) or friends of individuals with substance use problems who *absolutely refuse* to seek therapy. The family

members or friends are called Concerned Significant Others (CSOs), and the individuals with substance use problems who *should* be in treatment (but who refuse to attend) are called Identified Patients (IPs). CRAFT was developed to support CSOs who did not know where to turn to get help for their loved one. These CSOs did not want to “detach” from their IPs, and they were unwilling to use a confrontational approach to force them into a program. Without other options, CSOs returned to unsuccessful methods for getting IPs into treatment: threatening, pleading, arguing, and resorting to the “silent treatment.”

CRAFT is an outgrowth of the Community Reinforcement Approach (CRA), a scientifically supported behavioral treatment for individuals with SUDs that originated in the 1970s (Azrin, 1976; Azrin, Sisson, Meyers, & Godley, 1982; Hunt & Azrin, 1973). The early CRA researchers realized that the wives of the alcohol-abusing men in their studies could be highly influential in bringing about positive change (Sisson & Azrin, 1986), as evidenced by their active roles in CRA’s relationship therapy sessions (see Chapter 12). Recent research has made it even *more* apparent that individuals such as these (CSOs) should begin treatment *themselves* if their loved one with a substance use problem (IP) refuses to enter treatment. The two major reasons are as follows:

1. CSOs receiving CRAFT can play a valuable role in getting their IPs to enter treatment (Archer, Harwood, Stevelink, Rafferty, & Greenberg, 2019; Roozen, de Waart, & van der Kroft, 2010). This appears to be based on the findings that:

- CSOs have a tremendous amount of valuable information about their IPs that can be extremely helpful when preparing a detailed, well-conceived plan to get an IP to enter treatment.
- CSOs have extensive contact with their IPs, and consequently have many opportunities to influence an IP’s behavior in a direction that supports treatment engagement and reduced substance use.
- IPs who eventually begin treatment often have reported that one of the major reasons for their decision to do so was their family’s influence (Cunningham, Sobell, Sobell, & Kapur, 1995; Meyers, Roozen, Smith, & Evans, 2014; Perumbilly, Melendez-Rhodes, & Anderson, 2019).

2. CSOs frequently suffer both emotionally and physically due to their ongoing involvement with an individual with a substance use problem who refuses help (Lander, Howsare, & Byrne, 2013). Not surprisingly, these CSOs report a lower quality of life than the general population (Birkeland et al., 2018; Dawson, Grant, Chou, & Stinson, 2007; Kaur, Mahajan, Sunder Deepti, & Singh, 2018). Examples of the common types of problems CSOs experience and that CRAFT addresses (Roozen et al., 2010) include<sup>1</sup>:

- Social withdrawal/isolation
- Depression
- Anxiety/stress
- Relationship problems
- Physical/health problems
- Domestic violence
- Financial uncertainty/loss

CRAFT therapists work with CSOs to accomplish three main goals:

1. To help the substance-using individual (IP) reduce alcohol/drug use, preferably prior to entering treatment.
2. To influence the IP to enter treatment.
3. To enhance the CSO's happiness and functioning overall, regardless of whether the IP enters treatment.

How are these goals accomplished? Essentially, the CSOs focus on moving their IPs toward a path promoted by CRA: one in which their IP's life is rewarding *without* it revolving around alcohol and drugs. Importantly, since working with CSOs is one (large) step removed from having the IPs sitting in the therapy room themselves, CRAFT therapists must be highly creative when they develop strategies for CSOs to start rewarding the IP's *non-using* behavior and to stop rewarding the IP's using behavior. In this book, we review these strategies and present the CRAFT program, describe how it works, and explain why this type of therapy can be a valuable way to treat those closest to the IP. We do *not* present a detailed discussion of an intake assessment, since most agencies and clinicians have their own preferred (or mandated) assessment process. We do, however, suggest several assessment instruments that might be appropriate for a CRAFT CSO (see Box 1.1).

### CRAFT's Scientific Support

CRAFT has an excellent research record (see Chapter 13; see also Archer et al., 2019; Roozen et al., 2010, for reviews). Studies show that, through work with CSOs, CRAFT is successful at getting treatment-refusing substance-abusing individuals (IPs) to seek treatment about two-thirds of the time (with multiple studies showing even higher rates). This success has been found across a variety of CSO–IP relationships (romantic partners, parents/children, siblings, friends) and drug or alcohol choices (Archer et al., 2019). Importantly, in addition to the research demonstrating high treatment-engagement rates, CRAFT has also shown very good outcomes as far as improvements in CSOs' anxiety, depression, family cohesion, and relationship happiness *regardless* of whether their IP started treatment (Roozen et al., 2010).

### Therapists Who Are Drawn to CRAFT

Therapists who tend to embrace CRAFT are ones who have good clinical skills overall, such as being empathic, nonjudgmental, genuine, and warm. They also believe in the importance of a strong therapeutic alliance, and readily support clients with encouragement and praise as needed. For example, these therapists are willing to work with CSOs to give up the self-blame they feel for their IP's substance use, and to discuss CSOs' acts of courage—namely, their sacrifices and determination to keep the family going. Clinicians who are drawn to CRAFT tend to rely on a motivational style as opposed to a confrontational one. Additionally, they have a cognitive-behavioral or a behavioral theoretical orientation or are open to new therapeutic approaches. Last, these clinicians recognize the importance of ongoing supervision when first implementing a new treatment.

## Measures Commonly Used with CSOs

### Measures to Assess CSO Functioning

Overall functioning:

- Outcome Questionnaire–45 (Lambert et al., 2004)
- Significant Other Survey—Self-Administered (Benishek et al., 2012)

Depression:

- Beck Depression Inventory–II (Beck, Steer, & Brown, 1996)

Anxiety/stress:

- Beck Anxiety Inventory (Beck & Steer, 1993)
- State–Trait Anxiety Inventory—State Version (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983)

Anger:

- State–Trait Anger Expression Inventory–2 (Spielberger, 1999)

Self-esteem:

- Rosenberg Self-Esteem Scale (Rosenberg, 1965)

Perceived impact of IP's substance use:

- Family Member Impact (Orford, Templeton, Velleman, & Copello, 2005)

Social support:

- Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988)
- Perceived Support Scale (Krause & Borawski-Clark, 1995)
- Social Support Questionnaire—Short Form Revised (Sarason, Sarason, Shearin, & Pierce, 1987)

Support of IP's sober or using behaviors:

- Sobriety Support subscale of the Spouse Sobriety Influence Inventory (Yoshioka, Thomas, & Ager, 1992)
- Enabling Behaviors subscale of the Behavior Enabling Scale (Rotunda, West, & O'Farrell, 2004)

### Measures to Assess the CSO–IP Relationship

- Relationship Happiness Scale (Azrin, Naster, & Jones, 1973; Smith & Meyers, 2004, Chapter 12, Figure 12.6). *Note:* This version is for romantic partners. The categories can be modified to fit other types of CSO–IP relationships.
- Dyadic Adjustment Scale (Busby, Crane, Larson, & Christensen, 1995)
- Revised Conflict Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996)
- Conflict Tactics Scale—Short Form (Straus & Douglas, 2004)
- Areas of Change Questionnaire (Margolin, Talovic, & Weinstein, 1983)

### Measures to Assess CSO Report of IP Substance Use and Treatment

- Form-90—Collateral (Miller, 1996)
- Treatment Services Review–6 (Cacciola et al., 2008)

We have heard clinicians report many reasons why they find CRAFT so appealing. Some of the more common ones include:

- It works! CRAFT is highly effective at getting treatment-refusing individuals into treatment.
- They recognize the need for a science-supported program that does *not* tell desperate CSOs that nothing can be done and does *not* say they must confront the substance-abusing individual.
- CRAFT is effective with CSOs (and IPs) who represent many different cultures, ages, and CSO–IP relationships (e.g., romantic partners, parents/children, siblings).
- CRAFT can be used for IPs who have alcohol problems *and* for IPs experiencing problems with illicit drugs.
- This “menu-driven” program relies on clinicians to use their clinical skills, such as determining *which* procedures should be introduced and *when* with different clients.
- Therapists are not expected to pressure CSOs to engage in procedures or tasks that CSOs are uncomfortable attempting.
- Therapists enjoy working with CSOs due to their high level of motivation.
- CRAFT allows therapists to contribute to the substance use field without necessarily being a substance use expert.

## CRAFT PROCEDURES

CRAFT was designed to be approximately a 12-session program with the 50-minute sessions occurring weekly, but of course flexibility is acceptable depending on client needs. This treatment comprises a set of procedures—nine primary ones in all (see below)—that you use to teach CSOs new behaviors and strategies geared toward influencing the treatment-refusing loved one to reduce substance use and enter treatment. Each procedure begins with you offering a cogent rationale and outlining the components of the procedure. You then work collaboratively with the CSO to personalize the material such that it suits the particular CSO and IP. Each procedure ends with precise instruction regarding how to implement the procedure outside of the session and how to address any obstacles that might surface in the process. An overview of each of the main CRAFT procedures follows, along with brief case illustrations.<sup>2</sup>

### 1. Informing and Motivating the CSO

A significant part of the first CRAFT session is devoted to reassuring CSOs that although they will be part of the solution to their IP’s problem, it does *not* mean that CSOs are responsible for the substance use. The session also offers factual details about the CRAFT program (see Chapter 2) and instills hope that their loved ones will get better.

Catalina (CSO) had debated with herself for about 6 months as to whether there was anything she could do to help her drug-abusing close friend get into treatment. At the

conclusion of Catalina's first CRAFT session, she is convinced she has come to the right place. She feels more motivated than ever to actively work to help her friend, and she knows she will be given the best tools and guidance to accomplish this task.

## 2. Functional Analysis (“Road Map”) of a Loved One’s Drinking or Using Behavior

CRAFT’s functional analysis (FA) is the CSO’s depiction of the context for the IP’s substance use. This “road map” includes the IP’s triggers for using substances, as well as the consequences (both positive and negative). Such a depiction allows you and the CSO to start developing a strategy for intervening (see Chapter 3).

Tori (CSO) realizes upon doing a road map of her husband’s heavy Friday night drinking that his primary positive consequences (rewards) include receiving his coworkers’ admiration for being entertaining, and being able to unwind/relax after a stressful week of work. With the help of her CRAFT therapist, Tori plans a pleasurable activity to compete with the Friday night high-risk time. The event is dinner at home with a fun, high-energy married couple that do not drink. Importantly, the couple and Tori’s husband greatly enjoy each other’s company.

## 3. Improving CSOs’ Communication Skills

When helping CSOs establish plans for new ways of interacting with their IPs, preparatory skills training is needed (see Chapter 4). The most important of these skills is positive communication, as it plays a role in each of the other CRAFT procedures. Communication training entails practicing socially skilled options for handling important conversations with IPs that then typically result in an increased willingness of IPs to listen.

Jeremiah (CSO) and his 18-year-old daughter (IP) find themselves in yelling matches whenever the topic of her marijuana-smoking boyfriend comes up. The daughter has been grappling with her own marijuana problem, and so Jeremiah is trying to limit her exposure to marijuana cues (and get her into treatment). After practicing communication skills in CRAFT, Jeremiah might say something like the following to his daughter:

“I know you and your boyfriend are really tight; I actually know what that’s like [*understanding statement*]. And I probably should have spoken up earlier and tried to help when I realized that both of you were struggling [*partial responsibility statement*]. Anyway, I worry about you [*feelings statement*], so now I’m just doing my best to try to keep you safe [*positive statement*]. I’m happy to do whatever I can to help [*offer to help statement*], but I don’t know all the answers, and so I need your help, too, when it comes to making sure you are safe and happy [*positive, specific statement*].”

## 4. Rewarding Non-Using Behavior

The critical strategy of Rewarding Non-Using Behavior (see Chapters 5 and 6) teaches CSOs how to give rewards only when their IPs are *not* using substances, thereby increasing the frequency of the non-using behavior.

Hayley (CSO) reminds her sister (IP) that they used to enjoy taking a walk after work each day in order to de-stress and to have some hearty laughs. Hayley tells her sister she would love to start taking walks with her again, but only if the sister has refrained from using pills that day. When the sister shows up for their walk the next day, she is substance-free, and so the two sisters head out to the trail already laughing.

## 5. Withdrawing Rewards for Using Behavior

The related strategy of Withdrawing Rewards for Using Behavior, often used in conjunction with the previous one (Rewarding Non-Using Behavior), teaches CSOs how to withdraw rewards consistently when their IPs are using substances, thereby decreasing the frequency of the using behavior (see Chapter 7).

Kirsten (CSO) tells her husband (IP) she misses their Saturday morning countryside drives that involved stopping at various farmers' markets along the way. Kirsten says she would like to go on these excursions again and has mapped out a few new routes if they decide to do so. She tells her husband she is interested in going only if he has not been drinking the night before. Kirsten's husband expresses interest in the Saturday excursion, but he drinks Friday night anyway. After breakfast Saturday morning he asks Kirsten whether she is ready to hit the road. Kirsten reminds him that the plan was to go if he did not drink the night before. She tells him that although the trip is off, she is looking forward to trying again the next weekend.

## 6. Allowing for Natural, Negative Consequences of Use

A structured plan of allowing for natural, negative consequences of use (see Chapter 8) assists CSOs in refraining from engaging in certain behavior with their inebriated/high IPs that inadvertently may be *supporting* continued substance use.

Katie (CSO) is asked to think about her pattern of routinely preparing a warm meal for her son (IP) when he returns home late in the evening after using drugs with his friends. Upon reflection, Katie admits that ever since she started doing this for her son, he seems to be coming home later, and more "out of it." The CRAFT therapist acknowledges that Katie is simply trying to make sure her son gets a healthy dinner, but wonders whether she might be making it a little easier for her son to keep getting high (and for using increased amounts of drugs) when she takes care of him in this manner. Katie decides to cease this behavior and to let her son know in advance about her plan and its rationale.

## 7. Problem Solving

In CRAFT, CSOs learn a structured approach for breaking down problems into manageable pieces and generating specific plans (and backup plans) for resolving them (see Chapter 9).

Jamie (CSO) is struggling to come up with possible coping strategies to suggest to a partner (IP) for those evenings when he reports strong cravings. The therapist teaches Jamie how to use CRAFT's problem-solving skills to narrow down the problem, generate multiple solutions, select a reasonable solution, address potential obstacles, and

establish a backup plan. Jamie plans to present the suggested solution to her partner the next day.

## 8. Helping CSOs Enrich Their Own Lives

In the procedure Helping CSOs Enrich Their Own Lives, the Happiness Scale and the Goal Setting exercise (see Chapter 10) are used to explore CSOs' happiness in various areas of their lives and to develop successful strategies to work toward new goals.

Marta (CSO) wants to set a physical activity goal for herself in the "Health and Wellness" category from the CRAFT Happiness Scale (see Form 10.2 at the end of Chapter 10). She knows from experience that she will be more likely to accomplish her goal (strength training for 30 minutes three times a week) if she exercises with another person. A good friend has hinted about having Marta join her when she works out, but Marta has never taken the friend up on the offer. Marta commits to asking her friend that evening if she could join her for some strength training starting the upcoming Saturday afternoon.

## 9. Inviting the IP to Enter Treatment

The next set of procedures, which are introduced after considerable groundwork has been laid, revolves around preparing and practicing the invitation for the IP to attend treatment (which includes motivational "hooks"), and lining up an appropriate therapist (see Chapter 11).

Kamilla (CSO) is ready to invite her partner Elizabeth (IP) to enter treatment. She has rehearsed the positive conversation multiple times with the CRAFT therapist. The invitation to her partner would sound something like this:

"Elizabeth, you mean the world to me [*feelings statement*]. And I can understand why you get upset when I try to talk with you about your weekend drinking and smoking, because you said it seems like I'm trying to change who you are as a person [*understanding statement*]. That's not what I'm trying to do; I'm just worried about you [*feelings statement*]. I know it doesn't help that I'm working weekend nights and so I'm not available to do stuff [*partial responsibility statement*]. Anyway, I've been in therapy for a few weeks now to try to figure out how to deal with my stress over your weekend substance use [*specific behavior statement*]. I'm actually hoping that you'll join me for one session, just to see what it's like. Then if you decide you're willing to try it yourself, you'd have your own therapist. And I've been told that your therapist would let you be in charge of what you decide to work on and when. Of course, I'd be hoping that you'd look at your marijuana use, but that would be up to you. You've talked about wanting to get reconnected with your family. Maybe that's something you could focus on in therapy, too?"

### When to Present the Various CRAFT Procedures

How are these nine primary CRAFT procedures distributed across the (approximately) 12 sessions? A reasonable starting point would be to assume that each procedure occurs in

its own separate session, yet there are common exceptions to this. Most of the variations revolve around outcomes either anticipated or associated with the all-important “homework”: those between-session assignments that CSOs complete that are based on the skills learned in the CRAFT procedure that week (see Chapter 2, Box 2.5; Chapter 3, Box 3.1). For example, you could decide that a second procedure (e.g., Problem Solving) should be added to a session to equip the CSO to successfully complete the homework assignment. Alternatively, it would be reasonable to spend more than one session on a specific procedure if, for instance, the CSO had difficulty carrying out the homework that was based on the previous week’s CRAFT procedure. In this situation, you might decide to review the procedure again before developing a modified homework assignment. Also, occasionally there is insufficient time to complete a procedure during the session. In these cases, you would determine whether enough of the procedure had been covered such that the CSO could attempt to finish it for homework. Of course, the outcome would be reviewed at the start of the next session.

In what order should the different CRAFT procedures be introduced? The order in which the CRAFT procedures are presented in this book is not necessarily the exact order in which they need to be conducted with every CSO, and yet we describe them in an order that would be considered reasonable for many CSOs. Importantly, there are clear recommendations for the timing of those procedures that form the foundation for other procedures. For example, it is imperative that Improving CSOs’ Communication Skills (Chapter 4) is taught in one of the earliest CRAFT sessions so that these skills can be incorporated into procedures that require positive communication skills (e.g., Rewarding Non-Using Behavior, Chapter 5; Withdrawing Rewards, Chapter 7). Some of the other procedures, such as Problem Solving (Chapter 9), are introduced when clinically indicated. The section at the beginning of each chapter that describes a CRAFT procedure (Chapters 2–11) entitled “Procedure Timing” should be helpful as you make your decision as to when the procedures in question should be conducted.

## USING THE CHECKLISTS AS GUIDES

The chapters that present CRAFT procedures each contain a checklist that provides a detailed outline of the main components of the CRAFT procedure being covered. The expectation is that new CRAFT therapists will refer to these checklists as treatment guides during their sessions with CSOs. Importantly, the format of these chapters is organized in line with the checklists, thereby facilitating movement back-and-forth between the checklist and both the relevant instructions for each component of a procedure *and* an illustrative clinician–CSO dialogue.

## DECIDING WHETHER CRAFT IS RIGHT FOR A CSO

CRAFT has received widespread support across many types of individuals and scenarios, but you still must use your own expert clinical judgment in deciding whether a *specific* CSO might safely benefit from CRAFT. Particular caution is advised, for example, for CSOs who report that domestic violence is a concern. Safety considerations must be a top priority, given the link between substance use and domestic violence (Cafferky, Mendez,

Anderson, & Stith, 2018) *and* the fact that several CRAFT procedures are *designed* to be unpleasant for IPs when they are using substances (see Chapter 2). Since many of the CRAFT studies excluded CSOs who reported that their IPs had engaged in domestic violence in recent years or had exhibited severe violent behavior at any point in the past, their outcomes (and safety) in CRAFT were not tested. Again, caution is advised.

CSOs who themselves had an SUD or a serious mental health condition were not routinely included in most CRAFT studies, but that does not necessarily suggest they should be excluded from CRAFT treatment. In fact, a study by Dutcher et al. (2009) allowed CSOs with their own substance use problems to participate, and reasonable results were obtained (see Chapter 13). The main consideration would be whether you believe that the CSO would be able to carry out the CRAFT-related tasks.

A few additional CSO presentations merit enhanced scrutiny in terms of their suitability for CRAFT, given that the CRAFT studies either did not test them, or issues became apparent in the course of conducting the studies. CSOs in the CRAFT studies were at least 18 years old. It is unknown whether a younger individual would be an appropriate CSO candidate—likely it would depend on the maturity of the person and the type of CSO–IP relationship. In terms of the extent of the CSO’s contact with the IP, many CRAFT studies required contact on an average of at least 3 days a week. The belief was that CSOs who had limited contact with their IPs would not have sufficient opportunities to influence the IPs’ behavior to any meaningful extent. Although one can surmise that there is nothing magical about the 3-day criterion, nonetheless you should keep in mind that it is critical for CSOs to interact with their IPs in order to promote and support behavior change. Finally, during the CRAFT studies it occasionally became apparent that a CSO was unwilling to participate fully in the program and instead expected the CRAFT therapist to somehow *make* the IP enter treatment. This is not a workable arrangement since CRAFT entails teaching CSOs skills and then having them go home and implement the procedures with their IPs.

### **THE BIG PICTURE: WORKING TOGETHER TOWARD A COMPREHENSIVE PLAN**

It would be a mistake to assume the CRAFT program is merely a package containing odds and ends of therapy procedures. Instead, CRAFT is a comprehensive treatment that begins with an investigation of the factors that are driving or maintaining each IP’s substance-using behavior, and then proceeds to devising a plan for CSOs to intervene. However, CSOs must learn specific skills and practice them in session before the plans (i.e., the homework assignments) can be enacted at home. Once the plans are in play, CRAFT therapists check on their progress regularly, and troubleshoot any problems that arise. Throughout the CRAFT treatment process, the need for CSOs to follow through with contingencies (such as rewarding their IPs only when they are *not* using) is stressed. Additionally, CSOs are reminded that each new procedure and homework assignment is but one step in the overall CRAFT program, and that the various steps work together to achieve treatment engagement. In Chapter 2, we discuss the first procedure: Informing and Motivating the CSO.

## NOTES

1. Research documentation of these various CSO problems can be found in Benishek, Kirby, and Dugosh (2011); Dawson et al. (2007); Haugland (2005); Husaarts et al. (2011); Kaur et al. (2018); Mancheri, Alavi, Sabzi, and Maghsoudi (2019); Nadkarni et al. (2019); Orford (2017); Orford, Velleman, Copello, Templeton, and Ibanga (2010); and Tsuji, Aoki, Irie, and Sakano (2020).
2. The cases throughout this book are fictionalized composites of cases.

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