A Program for Engaging Treatment-Refusing Substance Abusers into Treatment: CRAFT

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Abstract

Community Reinforcement and Family Training (CRAFT) is a scientifically-supported program for family members who are desperate to get a treatment-refusing substance abuser to enter treatment (Meyers & Wolfe, 2004; Sisson & Azrin, 1986; Smith & Meyers, 2004). CRAFT teaches these family members how to apply behavioral principles at home so that clean and sober behavior is reinforced and substance use is discouraged. CRAFT-trained family members consistently are able to engage their substance-abusing loved one into treatment in nearly seven out of 10 cases. Notably, the program is effective with ethnically diverse populations, across various types of relationships (spouses, parent-adult child), and without regard for the particular drug of abuse (alcohol, cocaine). This paper provides a rationale for working with family members when a resistant individual refuses treatment, and supplies an overview of both the CRAFT program components and the research findings.
Key words: CRAFT, Community Reinforcement and Family Training, substance use, behavioral treatment

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Traditional Programs

Imagine the following common clinical scenario: a therapist receives a desperate telephone call from a family member about a loved one who refuses to seek professional help for a substance abuse problem. Until recently, the therapist had few options to offer this family member, aside from traditional programs such as Al-Anon (Al-Anon, 1984) and the Johnson Institute Intervention (Johnson, 1986). In addition to lacking empirical support for getting resistant individuals to enter treatment, each of these programs has characteristics that many Concerned Significant Others (CSOs) find unappealing.

The 12-step programs, such as Al-Anon and Nar-Anon, instruct CSOs to acknowledge their powerlessness over the substance abuser's alcohol or drug problem, to detach, and to focus on themselves. Although CSOs who attend Al-Anon *do* feel better, they typically are unsuccessful at getting the substance abuser to enter treatment (Barber & Gilbertson, 1996; Dittrich & Trapold, 1984; Meyers, Miller, Smith, & Tonigan, 2002; Miller, Meyers, & Tonigan, 1999; Sisson & Azrin, 1986). Importantly, many CSOs report that they are uncomfortable with the directive to detach from their loved one. A second traditional option, the Johnson Institute Intervention, entails a "surprise party" in which a group of family members and friends confront the substance abuser about his or her problem. When the intervention is carried out, it results in a high rate of treatment engagement. However, since only a small percentage of CSOs actually complete the intervention, treatment engagement rates range from 24%-30% (Liepman, Nirenberg, & Begin, 1989; Miller et al., 1999). CSOs frequently report opposition to the confrontational tactics (Barber & Gilbertson, 1997).

Unilateral Family Therapy

Unilateral family therapy (UFT) is a label often applied to less traditional approaches for CSOs (Thomas & Santa, 1982). UFT is geared toward the individual who agrees to attend treatment; namely, the CSO. The objective is to teach the CSO techniques that will change the problematic behavior of the substance abuser (identified patient; IP) and increase the likelihood

that the IP will seek treatment. Thomas and colleagues conducted several of the earliest UFT trials, and obtained rather promising results in terms of engaging resistant drinkers into treatment (Thomas & Ager, 1993; Thomas, Santa, Bronson, & Oyserman, 1987). Yet there were methodological limitations of the studies, including non-random assignment to some of the treatment conditions. A second UFT, Pressure to Change, also showed moderate success in modifying IP drinking behavior and influencing IPs to begin treatment (Barber & Crisp, 1994; Barber & Gilbertson, 1997). A limitation was a confrontational component to the program for the more resistant IPs.

There have been few programs aimed at working with family members who are trying to encourage illicit drug-using family members to seek help. A relatively new UFT program, ARISE (A Relational Intervention Sequence for Engagement), attempts to address this deficit. The program offers specific treatment engagement advice for the family, much of which is conducted over the phone. An important distinction is that the IPs are not necessarily treatment resistant. Although ARISE has several promising case studies (Garrett et al., 1998; Landau et al., 2000; Loneck et al., 1996), there have been no controlled studies to date.

Community Reinforcement and Family Training

Rationale for Working with Family Members

Community Reinforcement and Family Training (CRAFT) grew out of an operant program that originally was developed for problem drinkers called the Community Reinforcement Approach (CRA; Azrin, 1976; Hunt & Azrin, 1973; Meyers & Miller, 2001; Meyers & Smith, 1995; Smith, Meyers, & Miller, 2001). In the course of working directly with the drinkers, CRA researchers realized that the spouses had access to powerful reinforcers and contingencies in the home. Importantly, the spouses also had extensive contact with the substance abusers (Stanton & Heath, 1997). Furthermore, as part of the marital work that was included in the CRA program, the spouses had repeatedly proven that they were dedicated to positive change (Azrin, 1976; Azrin, Naster, & Jones, 1973; Azrin, Sisson, Meyers, & Godley, 1982). Finally, substance abusers frequently reported that they sought treatment, in part, due to the insistence of a family member (Cunningham, Sobell, Sobell, & Kapur, 1995; Room, 1987). Thus it appeared that family members potentially could play an important role in engaging a resistant loved one into treatment (Sisson & Azrin, 1986). Another prime consideration for working with CSOs was concern for their psychological health. CSOs' days were replete with an array of stressors that are characteristic of life with a chronic substance abuser: constant arguments, isolation, financial difficulties, violence, and disrupted relationships with children (Jacob, Krahn, & Leonard, 1991; Velleman et al., 1993). Not surprisingly then, these CSOs were often depressed, anxious, and angry, and appeared to be good candidates for psychotherapy themselves (Brown, Kokin, Seraganian, & Shields, 1995; Spear & Mason, 1991).

CRAFT Overview and Objectives

The CRAFT program has three major goals: (1) decrease the IP's substance use; (2) get the substance user into treatment; and (3) increase the CSO's own happiness, independent of the IP's treatment status. It is critical to keep in mind, however, that since the IP refuses treatment, these goals must be addressed by working with *the CSO as the client*. CRAFT teaches CSOs how to change their own behavior at home toward the IP in a carefully orchestrated manner. More specifically, CSOs learn to rearrange contingencies in the IP's environment so that clean and sober IP behavior is effectively rewarded, and drinking or drug use is discouraged (Meyers & Wolfe, 2004; Sisson & Azrin, 1986; Smith & Meyers, 2004).

The CRAFT program is a very active process that utilizes role-plays and other behavioral skills-training exercises during sessions, and homework assignments between sessions. CRAFT components include: (1) enhancement of CSO motivation; (2) functional analysis of the IP's problem behavior; (3) domestic violence precautions; (4) communication skills training for family members; (5) judicious use of positive reinforcement; (6) use of negative consequences for substance using behavior; (7) enrichment of CSOs' own lives; and (8) IP treatment invitation.

Enhancement of CSO Motivation

One might wonder why the issue of motivation even needs to be addressed, given that CSOs appear determined to find professional help for their loved one. However, the desperation that prompts many CSOs to start therapy does not always translate into committed efforts to change their own behavior. In other words, they sometimes want CRAFT therapists to "fix" the problem. Fortunately this is more the exception than the rule. Still, initially motivated CSOs periodically lose sight of the delayed reward (i.e., getting their IP into treatment) when the demand on CSOs' own time and energy becomes strong, or if the IP does not seem to be responding immediately to the procedures.

A motivational style is an extremely important part of CRAFT. Critical qualities for any good clinician include being empathic, nonjudgmental, genuine, and warm. The CRAFT therapist strives to convey a positive and accepting attitude, which serves to strengthen the therapeutic relationship. Arguments and confrontation are avoided (Miller, Benefield, & Tonigan, 1993), and defensiveness is deflected through supportive and understanding statements. CSOs typically have a long history of being judged, and so discovering a therapist who is respectful and trustworthy is a valuable step toward having CSOs take risks with new strategies at home.

Another motivational strategy used in CRAFT is setting positive expectations for success. CSOs need to believe that they can take control of their lives. One way to do this is to describe the outcomes of the CRAFT scientific trials. This includes mentioning that: (1) CRAFT-trained CSOs can influence their IPs to enter treatment in approximately seven out of 10 cases; (2) treatment engagement is not influenced by the type of drug use (e.g., alcohol, cocaine, heroin) nor by the type of CSO-IP relationship (i.e., romantic partners, parent- adult child, siblings); (3) on average, IPs enter treatment after only five CSO sessions; and (4) regardless of whether the IP ever begins treatment, CSOs' psychological functioning improves (Meyers, Miller, Hill, & Tonigan, 1999; Meyers et al., 2002; Miller et al., 1999).

Occasionally when therapists first describe the CRAFT rationale or its procedures, some CSOs report that they have already tried aspects of the suggested plan, and that they did not work. With probing it usually becomes apparent that the somewhat-similar strategies were neither carried out properly nor consistently. The therapist can explain that expert advice and guidance throughout the CRAFT program will maximize the chance for success. It is also critical for therapists to address the issue of responsibility and blame early in treatment. Specifically, CSOs are told that although they can sometimes influence their IP's behavior, they are never responsible for it.

Functional Analysis of the IP's Problem Behavior

As noted, a major objective of the CRAFT program is to teach CSOs to change their behavior toward the IP, so that the IP modifies his or her behavior in turn. To guide this process, CSOs need a clear picture of the IP's problem behavior and the context in which it occurs. The functional analysis serves as a framework in which CSOs can begin to understand the factors that

influence IP behaviors of interest. The CRAFT functional analysis is a modification of the functional analysis used in the CRA program; the main difference being that, in CRAFT, the *CSO* completes the functional analysis for the *IP's behavior*.

The CSO outlines the IP's substance use triggers (antecedents) first, so that the establishing operations are obvious. Both external triggers (e.g., certain people, places, times) and internal triggers (e.g. negative thoughts or feelings) are identified, so that the factors that set the stage for the substance use are clear. High-risk situations and emotions are highlighted, thereby enabling the therapist to later develop suitable strategies for the CSO to intervene. For example, imagine that an IP's *external* triggers for drinking include one particular friend and a local bar for Friday night Happy Hour. The CSO might plan an enjoyable activity to compete with Happy Hour that she and her husband might do with another (non-drinking) couple. If an *internal* trigger for the same IP's drinking is stress, the CSO may encourage him to buy a bike so that the two of them can take leisurely rides after work. A word of caution: It is very important that the activities being introduced to compete with drinking are actually experienced as pleasurable by the IP. The CRAFT functional analysis also outlines the drinking/using behavior itself. This enables CSOs to see the connection between the trigger and the substance use, and allows for changes in use to be tracked over time. The functional analysis next focuses on the short-term positive consequences of the substance use, given that these factors are responsible for maintaining the behavior. For instance, CSOs might report that their IP drinks because it makes him feel outgoing and happy. In other words, the drinking is positively reinforcing (Type P drinking). Alternatively, some CSOs essentially state that their IP appears to drink as an escape mechanism. Drinking is negatively reinforcing (Type N drinking) because it allows the drinker to temporarily avoid facing any unpleasant emotions (Wulfurt, Greenway, & Dougher, 1996). This information is used to develop strategies that may be introduced in order for the CSO to help the IP find healthier ways to achieve these objectives. The final piece of the functional analysis entails outlining the various long-term negative consequences of substance use. The "cost" of the substance use in terms of reinforcers lost (e.g., failed job, struggling marriage) is listed. Periodically CSOs are reminded of these driving forces behind their hard work in therapy.

Domestic Violence Precautions

There is a clear association between drinking and domestic violence (Caetano, Schafer, & Cunradi, 2001; Leonard, 2000; White & Chen, 2002). The concern about potential IP aggression is probably even more pronounced in the CRAFT program, since at times CSOs are specifically being asked to alter their behavior in ways that their IPs will find undesirable. Therefore it is important to examine the potential for violence with CSOs, such as with an instrument called the Conflict Tactics Scale (Straus, 1979). For cases in which there is a history of violence, one must weigh this information carefully in deciding whether and how to proceed. CRAFT sometimes employs a functional analysis to gather additional information about domestic violence (Smith & Meyers, 2004), as it can be helpful for identifying violence triggers, and for formulating new ways for the CSO to respond. CRAFT devotes time to role-playing these new behaviors to minimize the likelihood of violent outbursts. CRAFT also aids CSOs in building a safety plan that can be used in the event that violence appears imminent (Smith & Meyers, 2004).

Communication Skills Training for Family Members

CRAFT is designed to help family members and friends maintain their relationship with the substance user in a new positive way. Many people get "stuck" in negative communication patterns, perhaps even more so in substance abusing homes in which it is common to see communication extremes marked by angry outbursts and "the silent treatment". Not surprisingly,

communication skills training is a standard component of behavioral couples therapy with this population (Epstein & McCrady, 1998; O'Farrell & Fals-Stewart, 2003). CRAFT works on changing those negative conversational styles by starting communication training with at least one half of the "couple" (the CSO). The communication rules are: (1) be brief, (2) be positive, (3) be specific and clear, (4) label your feelings, (5) offer an understanding statement, (6) accept partial responsibility when appropriate, and (7) offer to help. As with all CRAFT procedures, role-plays, modeling, and shaping are used to properly train CSOs. This newly-adopted communication style is incorporated into all of the remaining CRAFT procedures.

Judicious Use of Positive Reinforcement

Learning when and where CSOs can modify their behavior as a means of supporting the IP's sobriety is an integral part of the program. CSOs' own attempts to change their behavior toward the IP tend to be haphazard and sporadic, and commonly CSOs resort to old unsuccessful habits characterized by nagging, threatening, and pleading. Initially the notion of regularly "rewarding" IP behavior is sometimes met with CSO alarm, as it is confused with "enabling". CRAFT therapists point out that "enabling" refers to (unintentionally) rewarding alcohol or drug use, whereas positive reinforcement in the CRAFT program only occurs when the IP is *clean and sober*. The rationale for using positive reinforcement is made explicit: it will increase the rate of behavior that it follows.

The CSO is asked to identify several small rewards that could be introduced when the IP is clean and sober, such as a compliment, a hug, or a favorite meal. It is necessary to discuss whether the reward is powerful enough to move the IP toward positive behavior change, while at the same time informing CSOs that *one* such modification alone on their part is merely one step in the direction of persuading the IP to enter treatment.

A list of skills required before implementing the use of positive reinforcers with the substance abuser is as follows: (1) The CSO can describe the concept and has identified appropriate positive reinforcers; (2) The CSO has the capability of delivering suitable reinforcers, as demonstrated in role-plays and by practicing first with another family member or friend; (3) The CSO has discussed possible resentment for being expected to give rewards to someone who has caused so much pain; (4) The CSO understands that the reward should be introduced only when the user is clean, sober and not hungover (Meyers & Smith, 1997); (5) The CSO is aware of the variety of possible consequences of this new behavior, and is prepared to address any problematic negative reactions. CSOs are taught how to use positive reinforcement throughout the CRAFT treatment (Smith & Meyers, 2004).

Use of Negative Consequences for Substance Using Behavior

Another important segment of the CRAFT protocol is the CSOs proper implementation of negative consequences for IP substance using behavior. The first of two procedures simply involves a time-out from positive reinforcement. Specifically, the CSO is taught how to withdraw a reward from the IP during or immediately after a substance-abusing episode. Although the rationale for such a procedure makes intuitive sense to CSOs, particularly when contrasted with the notion of giving rewards for sober behavior, it nevertheless requires careful planning and practice. For example, imagine that a CSO regularly helps her husband (IP) with the bookkeeping for his business. However, she has noticed that whereas he used to wait until later in the day to smoke marijuana, he now begins smoking as soon as she starts working on his books Saturday afternoons. The CSO conceivably would be taught to communicate to her husband that she loves

him and is happy to help him with his bookkeeping, but only if he refrains from smoking pot. If he begins smoking, she will stop the bookwork.

The second negative consequences procedure is the allowance for the natural consequences of substance use. CSOs are taught to prevent themselves from stepping in and "rescuing" the IP at a time when he or she has used recently. Therapists must proceed gently when describing this procedure and its rationale to CSOs. The message to convey is that although they inadvertently may have made it easier for the IP to continue using at times, this does *not* imply that CSOs are somehow responsible for the alcohol or drug use. As with all of the assignments resulting from CRAFT procedures, careful consideration of potential problems for the CSO (e.g., safety issues) must be given in advance. In terms of allowing the natural (negative) consequences, assume a CSO routinely either holds dinner each night until her husband finally returns from the bar. As a result, the children are cranky and do not settle down easily for the evening. The CSO could be taught to discuss with her husband the fact that while she and the children love having him join them for dinner, she is no longer willing to upset the children and disrupt their schedules daily by delaying it. She might also add that she will leave the meal out for him if he is late, but he will need to re-heat it himself. The hope is that the act of eating dinner with his family is rewarding enough to the IP that he will at least consider shortening (and eventually forgoing) his trip to the bar.

Enrichment of CSOs' Own Lives

One of the main goals of CRAFT is to help CSOs feel better about their lives regardless of whether their IP enters treatment. In order to accomplish this, CSOs are asked to set personal goals in various life areas (e.g., job, social life, personal habits), and to map out reasonable strategies for obtaining them. For example, assume a female CSO decided to focus on the job arena, and her goal was to take a Continuing Education course in computer skills so that she could advance at work. Since in many cases the CSO has already considered the stated goal on numerous occasions but has been unwilling or unable to attempt it, a plan must be in place for accomplishing it step by step. In this scenario, for the first step the CSO might opt to identify an appropriate course to take, either by getting the catalog or searching online. Step number two could be to register for the course. Although it is not necessary for all of the CSOs' goals and strategies to be totally independent of the IP, the majority of them should be.

IP Treatment Invitation

The positive communication skills acquired by CSOs throughout CRAFT are heavily relied upon when training CSOs how (and when) to invite their IP to treatment. As with all of CRAFT, the content and style of the treatment invitation is positive. Additionally, motivational "hooks" are suggested that have been successful at engaging IPs in the past. For instance, CSOs frequently mention that IPs will have their own (different) therapist, and that they can address problems other than just substance use (e.g., depression, job loss). Oftentimes CSOs simply suggest that IPs come in once to meet the CSOs' therapist and to hear about the program. As far as *when* to raise the topic of treatment, the fact that motivation is a dynamic process that fluctuates is discussed (Miller, 2003; Prochaska & DiClemente, 1986). And thus, "windows of opportunity" are explored in an effort to present the invitation at a time of relatively higher IP motivation. Some of these include: when the IP questions why the CSO is acting so strangely (i.e., rewarding sober behavior), or when the IP expresses remorse over a drinking-related crisis, such as an auto accident (Longabaugh et al., 1995).

In order to prevent an unnecessary delay in getting IPs into treatment once they have agreed to attend, the therapist assists the CSO in having a suitable therapist arranged for the IP in advance (see Chapter 9 in Smith & Meyers, 2004). It is also important to prepare CSOs for the realistic possibility that their IP may once again refuse their request, and to remind CSOs that treatment engagement may be a process that unfolds over time and with continued efforts.

CRAFT's Empirical Support

CRAFT Studies with Problem Drinkers as IPs

The first version of CRAFT was called CRT: Community Reinforcement Training. The initial study investigated 12 female CSOs of male problem drinkers in rural Illinois (Sisson & Azrin, 1986). Seven women were assigned to CRT, while the other five received individual disease-concept based counseling sessions and referrals to Al-Anon. For the seven women in the CRT condition, six (86%) of their problem drinkers entered treatment, while none of the males affiliated with the control group did. In addition, the CSOs in the CRT group reported that the IPs significantly reduced their drinking before even entering therapy.

A larger study funded by the National Institute on Alcohol Abuse and Alcoholism randomly assigned 130 CSOs to CRAFT, Al-Anon Facilitation, or the Johnson Institute Intervention (Miller et al., 1999). The CSOs were an ethnically diverse sample living in Albuquerque, New Mexico. CSOs were a mixture of the parents, spouses, girlfriends/boyfriends, and children of IPs. Results showed that the IPs of CSOs in the CRAFT condition were significantly more likely to enter treatment (64%) within a 6-month time frame than were the IPs of CSOs in the Johnson Institute Intervention (30%) or the Al-Anon Facilitation condition (13%). For those IPs who entered treatment, CRAFT-trained CSOs averaged less than five CSO sessions prior to engagement. Interestingly, CSOs showed overall improved functioning (e.g., less depression, anger, and family conflict; more family cohesiveness and relationship happiness) independent of treatment condition and IP treatment engagement status.

CRAFT Studies with Illicit Drug Users as IPs

CRAFT and CRT programs have also been used with CSOs seeking help for drug-abusing IPs. A study funded by the National Institute on Drug Abuse (NIDA) was conducted in the northeastern United States. A total of 32 CSOs were randomized into individual CRT training sessions or 12 step-meetings (Kirby, Marlow, Festinger, Garvey, & LaMonaca, 1999). The CSOs were primarily white (75%) or African American (22%) females with an average age of 40, and a mean of 14.5 years education. They were the spouses, parents, or siblings of the drug abusers. Their IPs tended to be abusing cocaine (56%) or heroin (22%). In terms of treatment engagement, CSOs in the CRT condition had a significantly higher engagement rate (64%) than did the CSOs in the 12-step condition (17%). It is unclear whether a difference in program completion rates that favored the CRT CSOs may have influenced the treatment engagement findings. Again, CSO psychosocial functioning improved in both treatment groups.

NIDA also funded an uncontrolled CRAFT trial for 62 CSOs of drug abusing IPs in Albuquerque (Meyers et al., 1999). This primarily female sample was ethnically diverse, and had similar relationships to the IP as did previous studies. The main drugs of abuse were marijuana, cocaine, stimulants, and opiates. It was found that 74% of CSOs engaged their IPs into treatment. Importantly, the IPs attended 7.6 out of 12 sessions. This study also replicated the previous findings of CSO benefit (Kirby et al., 1999, Miller at al., 1999): CSOs' levels of depression,

anxiety, anger, and physical ailments dropped, on average, to within the normal range by the 6-month follow-up.

Given the promising results of the above-described uncontrolled trial, NIDA next funded an experimentally controlled study in Albuquerque. Participants were randomized into one of three conditions: CRAFT, CRAFT + Aftercare, or an Al-Anon/Nar-Anon Facilitation Therapy (Al-Nar FT) program (Meyers et al., 2002). The purpose of the CRAFT + Aftercare condition was to test whether the effects of CRAFT would be improved with the addition of a 6-month aftercare supportive group therapy component. The participants were again predominately female and ethnically diverse (Hispanic = 49%). Regarding the CSO-IP relationship, over half of the CSOs were parents, nearly one-third were intimate partners, and 10% were siblings of the IPs. According to the CSOs, IPs were abusing the same main drugs as in the previous study. Results showed that CRAFT-trained CSOs again outperformed the 12-step trained CSOs, with treatment engagement rates of 59% for CRAFT, 77% for CRAFT + Aftercare, and 29% for Al-Nar FT. The difference in rates between the two CRAFT conditions was not significant. In part, this was probably due to the fact that the majority of the IPs (79%) were already in treatment when the aftercare component began, and attendance at aftercare was relatively low.

Conclusions

In summary, these studies demonstrate that CRAFT is an effective method for CSOs to influence treatment-resistant loved ones to seek treatment. The research reveals that IP engagement rates for CRAFT are markedly higher than for both traditional treatments and for other UFT programs. An additional benefit is that CSOs experience considerable psychological relief upon participating in CRAFT. Particularly impressive is CRAFT's applicability to different ethnic groups, substances, and CSO-IP relationships. Future research conceivably could apply CRAFT to other treatment resistant realms, such as obesity, eating disorders, smoking, and gambling.

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