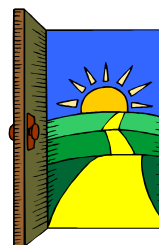


COMMUNITY REINFORCEMENT

AND FAMILY TRAINING SUPPORT and PREVENTION (CRAFT-SP)

Steven M. Scruggs, Psy.D.
Robert Meyer, Ph.D.
Rebecca Kayo, Ph.D.



CRAFT-SP

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Like many journeys, I didn't know how long this one would take when I got started. A simple suggestion to consider applying for a VA clinical educator grant lead to a literature review and a four year project.

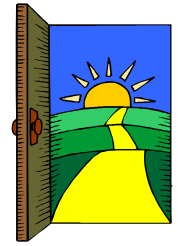
As I arrive at the end of the road, there are many people to thank. Dr. Michelle Sherman gave me early encouragement and guidance on how to apply for a grant from the South Central (VISN 16) Mental Illness, Research, Education and Clinical Center (MIRECC). The review board provided the funds, without which nothing else would have been possible.

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Steve Scruggs, Psy.D.



CRAFT-SP

Community Reinforcement and Family Training

Support and Prevention (CRAFT-SP)

INTRODUCTION

Substance use disorders are among the most prevalent and costly health issues facing our world today, posing serious health risks and severe consequences for people of all ages and backgrounds. In 2003, an estimated 21.6 million Americans (9.1%) suffered from substance abuse or dependence due to use of drugs, alcohol, or both (SAMHSA: Substance Abuse and Mental Health Services Administration, 2003). There were 19.5 million Americans (8.2% of the population) who used illicit drugs, 54 million who participated in binge drinking in the previous 30 days, and 16.1 million (6.8%) who were heavy drinkers. From these individuals, 22.2 million (9.3%) reported needing alcohol or drug treatment (SAMHSA, 2003).

Despite the overwhelming number of individuals who have a substance use disorder, the number of people who actually receive treatment continues to be low. Every year approximately .5 million receive specialized substance abuse treatment for an illicit drug problem, 1.1 million obtain treatment for alcohol problems, and 1.3 million receive treatment for both alcohol and drug problems. Over 94% of people with substance use disorders that did not receive treatment believed that they did not need treatment (SAMHSA, 2003). Large-scale surveys have shown that the vast majority of substance users do not seek help, with less than 10-20% of alcohol and other substance abusers actually entering treatment for this issue (Tucker & King, 1999). Providing more evidence for the difficulty engaging substance abusers in treatment, research by Fortney, Booth, Blow, Bunn and Cook (1995) shows that alcoholics are more likely to miss medical outpatient appointments than non-alcoholics.

Substance Use Rates Among Veterans

More specific to the veteran population, national survey data indicate that substance abuse rates among male veterans are as high as that of male non-veterans (Office of Applied Studies, 2002, Office of Applied Studies, 2001a). In 2003, over 533,146 veterans in VA hospitals were diagnosed with a substance use disorder (PERC: Program Evaluation and Resource Center, 2002). Approximately 2 million or 6% of veterans report illicit drug use in the last year (Office of Applied Studies, 2002) and 7% report heavy drinking (Office of Applied Studies, 2001a).

Similar to non-veterans, veterans who have a substance use disorder often do not receive or seek substance abuse treatment. There is some evidence that veterans are more likely than non-veterans to be treated for alcohol abuse (Office of Applied Studies, 2001b). However, this does not mean that all those that need treatment are getting it. While the number of veterans diagnosed with a substance use disorder continues to increase the number of patients receiving substance abuse treatment continues to consistently decrease (PERC, 2002; Piette & Fong, 2001).

Efficacy of Substance Abuse Treatment

Research has consistently shown that patients in substance use treatment benefit from treatment (e.g., McCusker, Stoddard, Frost & Zorn, 1996). There is ample evidence that a range of chemical dependency treatments lead to significant reductions in use, improved physical and mental health, and increased social productivity (e.g., McClellan, Woody & Metzger, 1996). In an extensive review, Stark (1992) concluded that those who completed substance abuse treatment had better outcomes than those who did not complete treatment. Simpson, Joe and Rowan-Szal (1997) showed that patients who spent a year or longer in substance abuse treatment were five times more likely than their counterparts to have better behavioral outcomes at follow-up. Given the low rates of treatment attendance and the documented potential benefits of treatment, it is important to find ways in which to engage more people with a substance use disorder in treatment.

There is significant evidence that individuals with substance abuse problems choose to seek treatment due to the direct influence of concerned significant others (CSO) (e.g., Cunningham, Sobel, Sobel & Kapur, 1995). A CSO is any person who has regular contact with the substance abuser (most often partners or parents). In fact, CSOs will often present to treatment providers wanting help for their partner, their relationship, and for themselves (e.g., Halford & Osgarby, 1993; Thomas & Agar, 1993). Substance abuse affects all family members in a very negative way (e.g., Collins, Leonard & Searles, 1990; Velleman et al., 1993). This is especially true for CSOs who are partners of substance users. CSOs experience more physical, behavioral, and psychological problems than the general population (e.g., Moos & Moos, 1984), including increased rates of depression (e.g., Brown, Kokin, Seraganian & Sheilds, 1995) and anxiety (e.g., Moos, Finney & Gamble 1982), lowered self-confidence (e.g., Brown et al., 1995), and increased somatic complaints (e.g., Brown et al., 1995; Moos et al., 1982). Partners of substance abusers also experience more verbal and physical violence (e.g., Leonard & Senchak, 1993; McCrady, Epstein & Kahler, 1998), less marital satisfaction (e.g., Zweben, 1986), reduced family cohesion, and increased interpersonal conflict and stress than the general population (e.g., Cronkite &

Moos, 1980). Partners of drug users report poorer social adjustment (e.g., work, social/leisure issues) than community populations (Hudson, Kirby, Firely, Festinger & Marlowe, 2002).

Further, the intimate relationship is often marked by deficits in communication (O'Farrell & Birchler, 1987), with alcoholic couples often interacting more negatively and critically (Jacob & Krahn, 1988). These results appear to be specific to the relationship with the alcoholic versus a longstanding pervasive pathological personality style (Hill, 1993; Pitman & Taylor, 1992). These relational difficulties have caused an increase in utilization of health care resources (National Institute of Alcohol Abuse and Alcoholism: NIAAA, 1985) by CSOs. On the other hand, CSO impairment and distress seem to be alleviated when the substance-abusing partner receives treatment and whose functioning is improved (Finney, Moos, Cronkite & Gamble, 1983; Moos & Moos, 1984; Preli, Protinsky & Cross, 1990).

However, family members often do not know how to relate to the individual with the substance use disorder in a constructive way or how to positively encourage him/her to seek treatment. This is often complicated by the frustration that has built up in the family as a result of the addiction. Since these problems are so common, a family education program in substance abuse treatment has been identified as one of the "minimal elements that are essential to the effective operation of a basic intensive outpatient program" (Nagy, 1994/1999). Although family involvement is a common aspect of treatment, there are no randomized clinical trials on its impact on the treatment of substance abuse. However, family education regarding substance abuse should be considered since family education has been shown to be beneficial for patients with chronic mental illness in reducing relapse, improving social functioning and reducing overall costs of care (Cuijpers, 1999; Marsh & Johnson, 1997; Sherman, 2003).

The family education program that is presented herein is based on the Community Reinforcement and Family Training model (CRAFT: Meyers, Miller, Smith & Tonigan, 2002; Meyers & Smith, 1997; Miller, Meyers & Tonigan, 1999), which is a product of the Community Reinforcement Approach (CRA: Meyers & Miller (Eds.), 2001; Miller, Meyers & Hiller-Sturmhofel, 1999; Meyers & Smith, 1995). In this treatment strategy, concerned significant others (CSOs) are seen as crucial collaborators in the treatment of substance abuse. The CRAFT approach specifically focuses on the fact that CSOs can play a significant role in effecting change in the substance abuser's behavior. This approach has been demonstrated to be significantly more effective in engaging treatment resistant substance abusers than the Johnson Institute "Intervention" or Al-Anon approaches (Kirby, Marlowe, Festinger, Garvey & LaMonaca, 1999; Meyers, Miller, Hill, & Tonigan, 1999; Meyers et al., 2002; Miller et al., 1999). A second focus of CRAFT is "to improve the psychosocial functioning, relationships, and physical functioning of the CSOs themselves" (Meyers, Smith, & Miller, 1998, p. 152), a goal in which CRAFT has repeatedly demonstrated effectiveness (Miller et al., 1999).

COMMUNITY REINFORCEMENT AND FAMILY TRAINING: CRAFT

The CRAFT approach is designed for those family members and friends who would like to improve their relationship with the drinker / addict and want to encourage their loved one to reduce or end his/her substance abuse. This program was originally developed as individual psychotherapy to help CSOs engage alcohol-or-drug-abusing loved ones in treatment. Some fundamental assumptions and subsequent strategies that underlie the CRAFT approach include (Meyers & Wolfe, 2004; Smith & Meyers, 2004):

Assumptions:

- 1) Non-drinking and non-using CSOs are viewed as a positive and active force for change within the family. CSOs are crucial collaborators in the treatment process.
- 2) CSOs develop specific skills to positively impact their substance abusing loved one. Therapists can increase the CSO's effectiveness to change the abuser's behaviors through their interventions (e.g., teaching skills).
- 3) CSO are also expected to learn skills necessary to enhance the pleasure of their own lives.
- 4) CRAFT participants are asked to participate actively in written exercises, homework assignments, role-plays, and other forms of behavioral training so that they are prepared to apply their learning to real life situations.
- 5) By establishing an upbeat and positive tone, facilitators convey a sense of hope, understanding, and opportunity.
- 6) The decision to use a particular CRAFT technique remains entirely up to the CSO. Clients proceed at their own pace, and therapists help the CSO decide when the time is right to try something new.

Strategies:

This program uses specific behavioral principles to achieve specific goals in treatment that have direct benefit to individuals with substance abuse problems and their CSOs.

- 1) Take domestic violence precautions during the transition to new ways of responding.
- 2) Develop an understanding of what leads to substance abuse episodes (functional analysis).
- 3) Learn behavioral skills including communication skills.
- 4) Use positive reinforcement for nondrinking/using behavior.

- 5) Use time out from positive reinforcement for drinking/using behavior.
- 6) Allow natural consequences for drinking/using.
- 7) Develop reinforcers for themselves and their partners.
- 8) Learn how to give effective suggestions of treatment/self-help group involvement for the drinker or drug user if he/she relapses.
- 9) Cope with relapse by accessing rapid intake procedures when motivation for treatment emerges.

Note: It is essential that CSOs are aware of how to connect their substance abusing loved one to treatment services at the time when they are interested in treatment. Facilitators should review Appendix C to be aware of how best to communicate this information to CSOs. It can also be an optional CRAFT-SP session.

CRAFT-SUPPORT AND PREVENTION (SP): CRAFT-SP

This manual expands the CRAFT model for use in a group psychoeducational format within a treatment setting. The CRAFT model is well suited for this format for the following reasons:

- 1) CRAFT is a skills-based approach that is amenable to a psychoeducational format.
- 2) The skills taught to CSOs to deal constructively with their substance abusing loved one will not only be helpful to engage their loved one into treatment, but also will continue to be helpful after treatment has begun and ended.
- 3) Since substance dependence is a chronic disorder with relapse as a likely outcome, treatment engagement skills are likely to be an ongoing need.
- 4) This program will be useful for substance abuse unit's "family days," group settings (e.g. intensive outpatient treatment programs, evening programs), and telemedicine to rural areas.

Our clinical experience suggests that CSOs often want to get involved with their loved one's recovery and may even go to "family days" as part of their loved one's treatment program. CSOs may get inspired to work hard to support that person who is in the recovery process. However, because CSOs do not get an opportunity to learn the specific skills needed to support their loved one's recovery efforts, they often get

frustrated over time and then feel that treatment doesn't work. Our goal is to provide therapists with a framework that will give CSOs the skills they need to be successful in supporting their loved one's sobriety. Further, the CSOs will be much more likely to maintain their efforts if they are rewarded through reduction / cessation of substance abuse by the loved one and/or improved relational functioning.

CRAFT-SP TREATMENT GOALS

The CRAFT-SP approach has five major treatment goals:

- 1) Promote continued abstinence.
- 2) Reduce the risk of family violence.
- 3) Minimize distress and increase positive lifestyles for all family members.
- 4) Prepare the CSO to support the substance abuser during his/her treatment.
- 5) Prepare the CSO to suggest re-engagement in treatment if relapse occurs.

UNDERSTANDING CRAFT-SP WITHIN A CONTEXT

Appreciating the relationship of CRAFT to CRA:

In order to fully understand CRAFT-SP, a modification of CRAFT, it is essential to be cognizant of the relationship CRAFT has with its predecessor, the Community Reinforcement Approach (CRA). Many of the techniques used in this manual are derived from CRA. This approach has been demonstrated to be useful in working with clients who have substance abuse problems (Meyer & Smith, 1995). The CRA model has identified specific skills that benefit clients in their efforts to overcome an addiction. Similarly, in the CRAFT/CRAFT-SP approach, CSOs are taught specific skills and then given the opportunity to practice these skills in the sessions. This "hands-on" approach helps overcome a fundamental problem in psychotherapy or psychoeducation, i.e. how to generalize skills taught in treatment to real life situations. We assume that if a client cannot demonstrate a skill in the therapy environment, he/she definitely will not be able to use that skill in a tense situation at home.

Specifically, during the CRAFT-SP sessions, the therapist will use or model the behavioral principles that they are teaching to the participants. Therapists will be expected to:

1. Model constructive interpersonal behavior, e.g. giving positive reinforcement. It is not too much to say that the therapist will be the "cheerleader" throughout the CRAFT-SP.

Constantly reinforce CSOs' efforts in positive terms, e.g. "You guys are so loyal...so tough...so courageous...so willing to stick to it...have so much perseverance."

2. Shape behavior progressively over time. The most effective way the therapist can do this is by *sandwiching*, i.e. putting advice or correction between two positive statements. The therapist makes a positive statement, then gives directions on how the participant can do the target behavior more effectively, and follows this with another positive statement. An example of this follows: "You are really working hard at this, Donna. Try it again and this time only talk about how much you enjoy spending time with him while he is sober. You are really making progress!"
3. Spend time in session doing role-plays. Participants develop the specific skills they need to successfully interact with their loved ones through practical, hands-on experience.
4. Let participants know when you are modeling. For example, "Betty, that was a great job! I just gave you positive reinforcement. We are showing you how to give positive reinforcement and giving you a chance to practice it here so you can do it with your loved one at home." Another way to model is to say "Betty, now I am going to demonstrate how to ask Henry to help with the dishes" (the behavior is then modeled to make sure Betty understands).

Using Motivational Interviewing within the CRAFT-SP Format:

Despite the psychoeducational format of this manual, we recognize the importance of engaging the CSO from the outset with issues that are important to him/her. This approach, consistent with Motivational Interviewing (Miller & Rollnick, 1991), seeks to focus on the issues that are important to the client instead of the therapist. Specifically, facilitators are encouraged to:

- 1) Express empathy and acceptance toward the CSO's concerns. For instance, the CSO may not care if their loved one is abstinent from alcohol and drugs, but he/she is really tired of having to drive the loved one around and wants the loved one to get his/her license back.
- 2) Develop a discrepancy between present behavior and the goals that the CSO wants to achieve. For example, when a CSO can recognize that current behavior actually reinforces intoxication, the CSO will be more interested in finding a different approach.
- 3) Avoid argumentation, especially avoiding head-to-head confrontation. When the therapeutic relationship is still tentative, confrontation only forces a win/lose situation.
- 4) Roll with resistance. This stance assumes that the therapist sees the client as a valuable resource in finding solutions. Therefore, the therapist's job is to use the

client's impetus to facilitate change, or psychological "jijitsu" (Minuchin, 1974, p. 138). The therapist actively seeks to shift the client's perception so that what seems insurmountable is possible. A consistent message is that CRAFT-SP can help CSOs get what they want for themselves and a sober loved one.

- 5) Support self-efficacy by supporting the client's belief that change is possible. Recognizing that the patient is responsible for choosing and carrying out personal change is not only a powerful motivator, but also helps facilitate the process of change.

Comparing CRAFT/CRAFT-SP to Al-Anon:

For many years, Al-Anon has been one of the most utilized support systems for CSOs of substance abusers. The CRAFT approach does not intend to be antagonistic to the goals or ideals of Al-Anon. However, there are some fundamental differences despite the examples showing similarity in the text (see Appendix B). In Al-Anon, CSOs are seen as unable to influence their loved one's drinking/using behavior. Spiritual means through the 12-Step program are used to help a person accept their powerlessness, stop enabling, detach, and work toward personal serenity. The CRAFT approach recognizes actions such as reducing enabling, detaching, and/or spiritual development as useful and appropriate goals for CSOs. In fact, research shows that CSOs improve their well being when involved with Al-Anon. However, CRAFT shows that CSOs can make a significant difference in their loved one's behavior and has demonstrated success in engaging resistant substance abusers into treatment (Miller, Meyer & Tonigan, 1999).

MANUAL FORMAT FOR CRAFT-SP

Each lesson will have a similar format. Our goal is to make the CRAFT model accessible and easily communicated to others. Each session will be structured as follows:

1) Session Goals

Each session will begin by clearly stating the 2-3 goals that will be the focus for that specific time period. These goals should be stated clearly to the participants at the beginning of each session. This will provide a general outline for that hour.

2) Session Content

In this section you will find 1-3 specific content areas / topics with a recommended time allotted for each topic. In many sections you will find a practice exercise or a handout to discuss. All handouts are located at the back of that session. All words in **Bold** are a sample "script" of essential information to be shared with the participants (or direction for handout dissemination and discussion, e.g., **Before handing out the handout, share the following information...**). The phrasing that is given is a suggested and highly recommended way of sharing the information. However, the time allotted for each topic and the recommended phrasings are only guidelines. The therapist's judgment of what the group needs may dictate

adjustments of time and phrasing. Nevertheless, it is essential that all areas be addressed with CSOs. The goal of this manual is to provide a detailed framework for the leader without overly restricting therapeutic judgment and individual style. Though we strongly encourage facilitators to follow the manual closely, we stress they avoid just reading the script in a rote manner at all costs. Be natural, but stay within the overall CRAFT style / philosophy.

3) *Closing Comments*

Each session will end with brief closing / summary statements. Ending the session in a positively reinforcing manner reminds CSO what they have learned and accomplished in the training. This praise is also important for building self-efficacy, self-esteem, and for helping CSOs stay engaged in training. Always end with praise and positive reinforcement!

4) *Handouts*

Each **Handout** is specifically labeled in the session text in **Bold** and on top of the handout itself. Please use each handout when it is advised to do so in the session.

Although CRAFT-SP focuses on the development of specific empirically supported skills in CSOs to positively impact their substance abusing loved one, there remains an art to effective psychotherapy. CRAFT-SP is a useful tool for skilled clinicians to work with clients struggling to support someone they love break out of an addiction. Because there will be times in the course of treatment when issues arise, examples are needed, and explanations are desired (some of which cannot be foreseen), clinicians will no doubt need to draw on their own knowledge, internal motivation, empathic abilities, and past experience to provide the depth, personalization, and warmth needed to make CRAFT-SP a successful training.

BUILDING GROUP RAPPORT

As mentioned previously, one of the most fundamental aspects of CRAFT-SP is building rapport. The importance of building rapport cannot be overestimated. Empathy and the ability to establish an alliance are among the most important therapeutic variables in group work. It remains an essential dynamic in engaging participants and facilitating growth. Unfortunately, in the midst of a busy and stressful schedule, professionals sometimes forget this important aspect of our clinical work. It is imperative to use the training to facilitate intrinsic motivation among the participants and to help in their understanding of what this training can do for them and their family. **Craft-SP Handout I-a “BUILDING GROUP RAPPORT”** is meant to be used as a guide for the facilitator to review before each session. It is offered as a reminder of specific therapist behaviors that engage the participants, build group member rapport, and lead to the level of trust and openness that creates a cohesive group.

LOGISTICS

Frequency and duration of sessions:

CRAFT-SP can be used in a weekly format or in an all day format. Each session lasts one hour, though the first session usually takes 1-1/2 hours.

Clinicians face many challenges as they attempt to meet the unique needs of their clients. In order to best serve your clientele, many different formats are possible for the use of CRAFT-SP. At the VA Medical Center in Oklahoma City, we serve a diverse, rural population that is widely spread out over the state. Since we provide the only intensive outpatient treatment program in the state, our clients come from as far as 150-200 miles away. Because it is not practical for CSOs to come on a weekly basis for groups, we offer a one-time, all day CRAFT-SP training. The feedback from clients has been positive, as they only have to make the long trip once.

It would be equally beneficial to use CRAFT-SP in weekly sessions. However, if you use a weekly format, it is important to address the issue of domestic violence in the first session. We have chosen to deal with the subject of domestic violence later in the CRAFT-SP program (Session 6), as we feel it is easier to talk about such a sensitive area after developing a rapport with our clients. This works well with a one day format. If you offer CRAFT-SP in a weekly format, it is essential that you address domestic violence concerns in the initial session.

It is possible that CRAFT-SP could also be used with a new or ongoing psychotherapy group. Although CRAFT-SP is not designed for use with substance abusers themselves, with some creativity many of the sessions would be applicable in a cognitive skills format. While some adaptation would have to be made to include the substance abuser, CRAFT-SP helps people identify problems related to substance use, the benefits of getting and staying sober, and interaction/communication principles of how to influence someone in a positive way.

Advertising:

Advertising is essential for to solicit participation of the CSOs. You may develop a great program, but it does not help anyone if CSOs do not know about it. Consider using community resources, agency resources, and clinic contacts to advertise your program. Many newspapers provide free advertising in community calendars. Participants should be at least 18 years old. In the VA system, the primary care clinics have contact with the majority of our veterans, so use their information and referral mechanisms to post information about your group.

Contingencies for participation in treatment have been controversial in the past, but a number of studies have shown even relatively small rewards can enhance outcome (Petry, 2000). Although federal rules prohibit us from purchasing food for clients, we are able to provide specific contingencies for participation in the CRAFT-SP program. Therefore, we

obtained approval to provide a small number canteen coupons based on the number of session attended. This strategy worked particularly well in our all-day format and received very positive reactions from participants.

Creation of a Clinic:

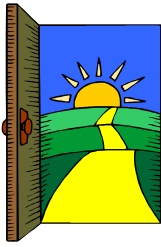
Contact the MAS department early in the planning process to create a clinic to be used for CRAFT-SP.

Creation of a Collateral Chart:

1. At the family member (collateral)'s first visit, collect the following information (typically by asking him/her to complete a short form):
 - a. Collateral's first and last name
 - b. Collateral's full social security number
 - c. Collateral's date of birth
 - d. Collateral's mailing address
 - e. Veteran's first and last name
 - f. The last four numbers of the veteran's social security number
2. After the session, provide this information to the MAS clerk, who can then create a collateral chart.

Completing the Encounter and Progress Notes:

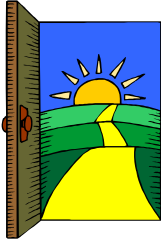
1. Create the appointment in the designated clinic and completes the check-out / encounter. For CRAFT-SP, consider using the following:
 - a. CPT code = 90887 ("interpretation or explanation of results of psychiatric exams, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient.")
 - b. Diagnosis = V65.0 ("healthy person accompanying sick person")



BUILDING GROUP RAPPORT

Building rapport from the outset of the group is essential. Help to put group members at ease by letting them know that you are available to help them and want to hear about their situations. Humor and warmth often set the tone for a relaxed, inviting, conversational group. Participants often decide in the first session if the therapist is genuinely interested in them and their situation and if the therapist has the necessary information or experience to help them (e.g., is the training worth it). It is important for the therapist to display a level of genuineness and warmth that will encourage openness and engagement. Along with other professional qualities, it is important for therapists to remember the old maxim: “They don’t care how much you know until they know how much you care.”

In order to build rapport early on in the group, it is helpful for the therapist to link group members’ experiences, so they see themselves as sharing thoughts and emotions as well as similar problems. The goal is to develop group cohesion, i.e. “the attraction of the group for its members.” As the group develops, group members have the opportunity to give and receive feedback, with the possibility of increasing group cohesion if they see the group as a catalyst for change and/or getting their needs met. Often, the group facilitator’s role is to identify where a person is stuck and utilize the group to help the person overcome barriers to change by focusing on solutions. Group participants frequently give helpful feedback and support, though sometimes it falls on the facilitator to be the intermediary that keeps feedback in a constructive form.



UNDERSTANDING SUBSTANCE DEPENDENCE

The Problem

Dependence on alcohol or drugs is a serious and pervasive problem in America with far-ranging effects throughout our society. Substance abuse and dependence cuts across all lines of race, culture, education, and socioeconomic status, leaving no group untouched by its devastating effects. Many people don't realize that the consequences of alcohol and drug dependence are serious and in many cases life threatening. It can increase the risk for cancer, liver cirrhosis, immune system problems, brain damage, harm to fetus, skin disorders, domestic violence, sexually transmitted diseases, unemployment, crime, drop-out rates, and can drastically increase death by homicide, suicide, and automobile accidents. Substance-related disorders are by far the leading cause of preventable illnesses and premature death in the United States.

Definition

Substance abuse and dependence are common disorders that involve the overuse of alcohol or drugs. Although addiction begins when an individual makes a conscious choice to drink or use other drugs, most individuals who experiment with addictive substances do not become addicted. Addiction develops over time and, once established, is a chronic (lasting a lifetime), progressive (continues to get worse unless the use is stopped), and relapsing illness. Overwhelming evidence indicates that alcohol and other addictive drugs interfere with normal brain functioning that can have long-term effects on brain metabolism and activity. At some point with continued substance use, changes occur in the brain. Those addicted to alcohol or other drugs have lives dominated by drug seeking and taking, and cannot imagine surviving without drugs. Substance dependence has little to do with what kind of alcohol or drug one uses or even exactly how much is consumed. It does have a great deal to do with a person's uncontrollable need to use the substance. Some think of a chemically dependent person as someone who can't live without their drink or drugs who is often intoxicated, uses every day, or is irresponsible, immoral, or weak. The fact is a person can be dependent without showing any signs. It can often go undetected for several years.

Many addiction professionals see substance use as existing on a continuum. The continuum is as follows: Nonuse-Social use-Abuse-Dependence. The two problematic types of use are Abuse and Dependence. These are defined below.

Substance abuse consists of a pattern of recurrent substance use within a twelve month period that results in significant impairment or distress as evidenced by one or more of the following:

- Failing to fulfill major obligations at work, school or home.
- Intoxication in physically hazardous situations (such as driving a car).
- Legal problems related to the substance use (such as disorderly conduct).
- Continued substance use despite interpersonal or social problems caused by it.

Substance dependence consists of a pattern of recurrent substance use within a twelve month period that results in significant impairment or distress as evidenced by three or more of the following:

- Tolerance, or need for increased amounts of the substance to achieve desired effect.
- Experiencing the withdrawal syndrome from the substance upon not using it.
- Taking more of the substance, or for a longer time, than intended.
- Devoting a great deal of time to obtain the substance, use it, or recover from using it.
- Giving up important social, recreational or occupational activities because of substance use.
- Persistent desire or unsuccessful efforts to cut down or control substance use.
- Continuing to use the substance despite knowing it is causing a physical or psychological problem.

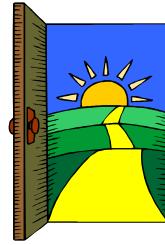
Substance abuse is more likely among those who more recently started using and can often evolve over time into dependence. However, once dependence has been developed and individual cannot return to a diagnosis of substance abuse.

The Cause

Substance dependency is a psychological and sometimes physical need to use alcohol or other drugs that is not repressed even in the face of negative consequences. It is a primary chronic disease with genetic/biological, psychological (e.g., depression, PTSD, bipolar disorder), social/environmental (e.g., divorce, deaths, isolation) factors that influence its development and manifestations. The disease is often progressive and fatal. Chemical dependency is a disease in addition to and separate from other medical problems that may be associated with it, and all evidence points to the fact that it can happen to anyone.

Prognosis

After a person has successfully stopped using alcohol or drugs the even more difficult task of recovery begins. Recovery refers to the life-long efforts of a person to avoid returning to using drugs or alcohol. A person's cravings or their desire to use can be extremely strong, even years after they have stopped using. A previously addicted person is virtually forever in danger of slipping back into using. Triggers for such a relapse include any number of life stresses (e.g., loss of a relationship, death of a loved one, financial stresses) or exposure to a place or a person associated with previous substance use. While some people remain in counseling indefinitely as a way of maintaining contact with a professional who can help monitor behavior, others find that various support groups or 12-Step Programs such as AA or NA are the most helpful way of monitoring the recovery process and avoiding relapse. An essential aspect of treatment for those in recovery can be the inclusion of close family members. Because substance use has severe effects on the functioning of the family, and because research shows that family members can accidentally develop behaviors that inadvertently serve to support a person's substance habit, most good treatment will involve all family members.



CRAFT-SP

SESSION 1

ENGAGING CSOs INTO TREATMENT

GOALS

The first session has two primary goals:

- 1) To provide an overview of the Community Reinforcement And Family Training Support and Prevention (CRAFT-SP) model.
- 2) To engage participants in the treatment program by giving them an opportunity to discuss problems associated with drug and/or alcohol abuse.

SESSION CONTENT

**Confidentiality and Group Guidelines:
5 Minutes**

Using **CRAFT-SP Handout 1b “CRAFT-SP GROUP GUIDELINES,”** briefly discuss confidentiality and group guidelines with group members. Make sure everybody understands the handout and signs the bottom of the page.

- 1) **Before we begin our day, there are a few things we need to review. To make sure the group is a constructive, safe, and beneficial situation for all participants, we will ask that each person respect each other’s privacy and that everybody follows the group “guidelines.” Let’s look at (CRAFT-SP Handout 1a) CRAFT-SP GROUP GUIDELINES to make sure everyone understands how to get the most out of our time together.**

2) While not laboring over the limits of confidentiality, it is important to note: **professionals cannot guarantee confidentiality if a client is:**

- **A danger to themselves**
- **A danger to someone else**
- **Involved in or aware of certain types of abuse, e.g. child abuse, elder abuse.**

As the group facilitator, it is important to remember that state laws will dictate the exact nature of the limits of confidentiality. The facilitator may instead choose to simply ask participants to read the guidelines for themselves and then ask if there are any questions about them. Whichever method is used, the participants will need to sign the guidelines indicating their agreement.

Presenting an Overview of CRAFT-SP Training:
15 Minutes

Using **CRAFT-SP Handout 1b “OVERVIEW OF CRAFT-SP TRAINING,”** begin to orient group members to the purpose of the training. This overview will also provide an indication of the kinds of things they will be doing throughout the program.

Give participants **CRAFT-SP Handout 1b “OVERVIEW OF CRAFT-SP TRAINING”** and explain:

- **We are going to start by giving you an overview of the CRAFT-SP training you will be a part of today. Explain: the length, schedule, nearest break facilities.**
- **Let’s go over CRAFT-SP Handout 1b “OVERVIEW OF CRAFT-SP TRAINING” together.**

You may ask different group members to read each aspect of the training, making comments as appropriate. While introducing CRAFT-SP, it is important to remember to emphasize several things:

- 1) Provide acknowledgement of the difficulties that they have had. Let them know that dealing with a loved one who has an addiction is a difficult situation that has stumped many people. Give examples or allow clients to share a little of what they are going through (they will get an opportunity to talk about problems in a few minutes).

- 2) During this overview process remember to emphasize the ultimate goal of CSOs, that is, getting *their needs met*. CRAFT-SP is designed to influence their loved one's behavior so their loved one stays sober...and all of the benefits that go along with that.
- 3) During the discussion, therapists should make one point very clear: this program is *not* suggesting that the CSO is responsible for his/her loved one's substance use. Instead, because of the emotional investment and close relationship that the CSO has with the user, they can play a powerful role in effecting positive change in the user.

<p style="text-align: center;">Identifying and Discussing Problems: 25 Minutes</p>
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Use **CRAFT-SP Handout 1c “PROBLEMS DUE TO ALCOHOL AND/OR DRUGS”** to help participants begin to discuss situations they have had to deal with due to the alcohol / drug use of their loved one. This will help to begin the process of healing the relationship between the CSO and the loved one. As CSOs share the situations they have faced, the group becomes a setting to share a wide range of emotions, e.g. anger, distrust, disappointment, etc. They will begin to realize they are not alone and will start to feel supported. Specifically, the group will work to help diminish the CSO's isolation and sense of helplessness associated with his/her relationship to the substance user.

Provide participants with CRAFT-SP Handout 1c “PROBLEMS DUE TO ALCOHOL AND/OR DRUGS”

After the handout has been completed and **before** the discussion begins, share the following information:

- 1) **No one will be put on the spot to share issues that they want to keep private. However, when problems are shared, opportunities arise to see similarities with other CSOs, to learn from other's successes and failures, and to find solutions to problems.**
- 2) **While there may be some common experiences among CSOs of substance abusers, every CSO has problems that are unique due to their specific situation and type of relationship (e.g. spouse, partner, parent, etc). Similarly, the loved one in their life may have different types of significant problems that are special to them (e.g., depression, PTSD, grief, infertility). It is important that everybody respects each other's experiences and appreciates the differences that make us individuals.**

While the discussion is taking place some helpful tools include:

- 1) Providing examples to help facilitate discussion. One example might be financial problems. A CSO may ask, “How can I let my son have his gas shut off in winter because of spending so much money on cocaine? If I do, my grandchild is the one who will suffer and be cold. I could never do that!” A second example might be family conflict. The person who is abusing substances may not see conflict with the extended family as a big problem, but it may bother the CSO a great deal.
- 2) Build group rapport and cohesion by empathizing with the group members’ difficulties and tying group members’ common experiences together.
- 3) At appropriate times in the discussion, share general information from your previous therapy experience that shows that you are experienced in working with people with problems similar to those of the group members.
- 4) Reinforce CSOs’ efforts to help their loved one and their desire for things to change.
- 5) Avoid giving specific advice about how to manage difficult situations at this point. This is important for the following reasons:
 - a) Adequate rapport must be developed before a CSO is likely to accept advice or suggestions given by the therapist.
 - b) A clear understanding of the situation facing the CSO is necessary in order to give useful suggestions.
 - c) The therapist must establish that she/he is enough of an expert to be able to help with problems the CSO is facing.
 - d) CSOs are more likely to accept suggested ways of dealing with problems after the therapist develops the rationale for new ways of responding

If a participant does ask how to manage specific situations or seems to want approval of past actions, the therapist can tell the CSO that you want to better understand the situations that they have been dealing with and how it has affected them before giving advice or suggestions. If they press the point, let them know that you will give very specific suggestions before the group is over, but don’t want to suggest any solutions to complicated problems until the group has discussed the advantages and disadvantages of different approaches.

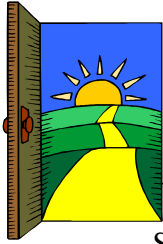
**Closing Comments:
5 Minutes**

It is vital that the facilitator praises the work the CSOs have done in the treatment session, using specific examples from the session. Positive expectations are important for the participants, and the facilitator must communicate these at the end of each session. Examples include:

- 1) **“You have described some tough situations very clearly and have shown a lot of courage to share these things in group today.”**
- 2) **“You all have a lot of guts to come to a program like this...you are really special.”**
- 3) **“Change takes time. You should not start making changes until positive and negative consequences of change are discussed.”**
- 4) **“I’m confident that you will really see things get better as we go through this group and you see how to improve things in your life.”**

Facilitator Note: If you provide the CRAFT-SP Training in the weekly format (instead of the all-day format), it is important to screen all participants for domestic violence on the first day.

See CRAFT-SP Session 6 for information and resources on this issue.



CRAFT-SP GROUP GUIDELINES

The Substance Abuse Clinic Community Reinforcement And Family Training-Support and Prevention (CRAFT-SP) group is designed to help people who are coping with a family member/friend who has a substance abuse problem to better understand their role in their loved one's life. The group will provide participants with information and support that is useful for making changes in the present and for planning the future. The group leaders will keep information confidential except as required by law. State law may require reporting to a state agency if a person is a danger to himself or herself, a danger to others, or engaged in certain types of abusive behavior, e.g. abuse of a child or elder. The group leaders will use the following guidelines to further the goals of the group. Group leaders will ask participants to:

1. Turn off all electronic devices before group begins, e.g. pagers, cell phones, etc.
2. Come on time and come regularly.
3. Show respect to others by listening carefully and talking one at a time. No one will be put on the spot to share issues that they want to keep private
4. Give and receive feedback in a direct, respectful, and constructive way.
5. Allow time for all group members to participate.
6. Stay in the group and talk through an issue even if you are upset or angry about something that someone has said. If feeling overwhelmed, please ask the group leader and participants to give you a few minutes to clear your head or cool off before continuing with the issue.
7. Protect others' privacy by keeping all information shared in the group confidential.

Please sign the following statement of understanding:

I understand that it is essential that members of the Substance Abuse Clinic CRAFT-SP groups have the right to privacy. Therefore, I understand that it is expected that all group participants will not discuss information shared in the groups with anyone outside of the groups.

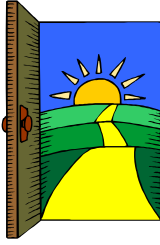
Participant Signature

Date

Therapist Signature

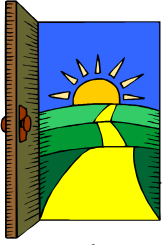
Date

If unable to attend the session, please call _____ at _____.



AN OVERVIEW OF CRAFT-SP TRAINING

- 1) You will have the opportunity to discuss situations faced as a result of your loved one's substance abuse within a supportive environment with others in similar situations.
- 2) You will have a chance to look at the ways you tried to change your loved one's drinking/using behavior in the past so that you can develop new ways to reduce or stop their behavior now.
- 3) You will better understand the benefits of change and how it can help.
- 4) You will learn how to recognize when your loved one is drunk or high.
- 5) You will gain insight into how your behavior impacts others.
- 6) You can learn how to communicate more effectively with your loved one.
- 7) You can explore effective ways to encourage your substance abusing loved one to return to treatment if a relapse occurs.
- 8) You can develop a safety plan (if needed). If your loved one is prone to violence, a safety plan will reduce the possible risks associated with changing your behavior and will help to ensure the safety of everyone involved.
- 9) You will learn why and how to take better care of yourself.
- 10) You will actively participate in written exercises, role-plays, homework assignments, and other forms of behavioral training. After actually practicing a skill in the session, you will be much more prepared to use your new skill "out in the real world."



PROBLEMS DUE TO ALCOHOL AND/OR DRUGS

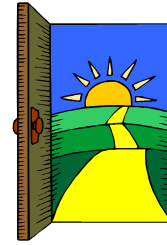
Alcohol and drugs can impact family and friends in many ways. Look at the list below and identify areas in your life that have been affected by substance abuse. Rate how severe the problem is for you and how severe you think the problem is for the person in your life who has been abusing alcohol and/or drugs.

Key for rating the severity of problem for yourself and your loved one:

1 = No Problem 2 = Mild 3 = Moderate 4 = Serious 5 = Severe Problem

Problem Area:	Severity of Problem: Self					Severity of Problem: Loved One				
Finances	1	2	3	4	5	1	2	3	4	5
Work	1	2	3	4	5	1	2	3	4	5
Parenting	1	2	3	4	5	1	2	3	4	5
Interpersonal Conflict	1	2	3	4	5	1	2	3	4	5
Social Activities	1	2	3	4	5	1	2	3	4	5
Physical Health	1	2	3	4	5	1	2	3	4	5
Conflicts with Extended Family	1	2	3	4	5	1	2	3	4	5
School	1	2	3	4	5	1	2	3	4	5
Trust	1	2	3	4	5	1	2	3	4	5
Spiritual Activities	1	2	3	4	5	1	2	3	4	5
Legal	1	2	3	4	5	1	2	3	4	5
Other:	1	2	3	4	5	1	2	3	4	5
Other:	1	2	3	4	5	1	2	3	4	5
Other:	1	2	3	4	5	1	2	3	4	5

Which of the above issues is the biggest problem for you now? Please write your thoughts on the back of this handout about how that particular issue is tough for your family



CRAFT-SP

SESSION 2

ENHANCING MOTIVATION / EXPLORING PAST PATTERNS

GOALS

The second session has two goals (all sessions build on previously learned information):

- 1) To enhance the CSO's motivation for treatment.
- 2) To explore the interventions and/or treatment strategies that have been tried unsuccessfully in the past.

SESSION CONTENT

**How CSOs Benefit from Change:
20 Minutes**

Using discussion and **CRAFT-SP Handout 2a “WHAT I WANT CHANGED / WHAT I CAN GET OUT OF CRAFT-SP TRAINING,”** the group facilitator will begin the process of exploring what kind of changes the participants want in their lives with their loved one. We will begin to see what is motivating the participants to attend the training and what they hope to leave with.

Before beginning the discussion on the benefits of change, advise the group members that there are three directions their relationship can take as a result of the CRAFT-SP interventions:

- 1) **The problem may get worse.**
Example: Violence may increase.
- 2) **The problem may stay the same.**
Example: The loved one may not be responsive to changes the CSO makes
- 3) **Doing things differently may create positive change.**
Example: Your loved one may reduce or stop drinking/using drugs.

Next give examples of both #1 and #2 and then focus on the third option, positive changes. Use the following steps to facilitate this discussion:

- **Ask, “How would you be better off if the drinker/user in your life stopped using?”**
 - 1) Use this question to generate a list of things that group members would like to see happen for them and their loved one. These positive changes can be different for each individual and should be related to the importance of changing interactions and maintaining gains made in treatment by the substance user. Also, encourage members to explore benefits not only for their loved one but themselves as well. Remember to use an erasable board or chalkboard to write participants’ examples of how they will benefit from their loved one’s sobriety or reduced drinking/drug use. Also, let participants know that participating in the CRAFT training and using the tools provided will support their loved one, but ultimately will benefit them!
- **Provide** participants with **CRAFT-SP Handout 2a “COMMON THINGS CSOs WANT / WHAT CAN I GET OUT OF CRAFT-SP TRAINING?”** Use this handout to review any topics that were not mentioned by participants or to point out that this handout shows what most CSOs want to for their lives.

Sampling CRAFT-SP Strategies:
3 Minutes

Some participants may have tried Al-Anon or been to other treatment programs with little success in the past. Some may just think there is nothing they can do to influence their situation. If so, they may be cynical about the ability of any program that attempts to help them and their loved one. If clients are cynical about the chances that anything will help, it is useful to ask CSOs to “sample” CRAFT-SP procedures. Use the example of “sobriety sampling” used with drinkers/users in the Community Reinforcement Approach (Meyer, Miller & Smith, 2001; Meyer and Smith, 1995). In

this approach, therapists ask drinkers to try out or “sample” sobriety for an agreed upon period of time. Note that drinkers/users will have trouble making a rational decision about their use until they have a period of sobriety in which to see the situation more clearly. Similarly, CSOs are often very caught up in the difficult situation of living with a person who is abusing substances, so they may feel there is no hope for change. This strategy allows CSOs to take action even though they may have some skepticism, by trying out some of the CRAFT-SP suggestions for a limited period of time. The following steps will help you with this discussion.

Share the following with group participants:

- 1) **Who in group has ever felt skeptical or helpless, or felt like their loved one is never going to change? Do you ever ask yourself why bother doing anything because *nothing will ever change*?**
- 2) **We know that after trying so many things for a very difficult problem, it can often feel like this. You may have very real doubts that your problem will change and you may doubt that this program will be of any help. Your loved one may also feel like this about their problem. In their situation, we ask them to use a “Sobriety Sampling.” This means they try out sobriety for a certain amount of time. We ask that you consider a similar strategy. We ask that you “sample” CRAFT-SP techniques for a period of at least four weeks. However, if you are willing to even try it for two weeks you are taking a big step toward things getting better. If you feel nothing will work, then you have nothing to lose, but there is the possibility that this will work if you help to make it work. The CRAFT Program has been shown to be successful in getting the substance abusing loved one into treatment 7 out of 10 times.**

<p style="text-align: center;">Reviewing Past (often Unsuccessful) Reactions: 25 Minutes</p>
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In this section, by using **CRAFT-SP Handout 2b “PAST REACTIONS TO DRINKING / DRUG USE,”** the CRAFT-SP facilitator will help CSOs look at past strategies they have tried in an attempt to influence their loved one’s behavior. By teaching participants to look at their actions and the consequences of their actions, we are beginning to teach them how to use a functional analysis of behavior. In short, a functional analysis is used to see (analyze) what the purpose (function) is behind the person’s behavior. In this case, what function does drinking or using serve? Identifying antecedents and consequences of a behavior begins to identify the “trigger” for using behavior (and the reinforcements or punishments after behavior occurs).

It is important to be respectful of the desperation that many CSOs experience during the course of living with someone who has an addiction. In reviewing the group members' attempts to influence their loved one, acknowledge how hard they have worked to try to help. Normalize the attempts they have made to influence their loved ones and that these efforts are natural reactions to living with the instability of someone who has an addiction problem.

Before providing participants with **CRAFT-SP Handout 2b “PAST REACTIONS TO DRINKING / DRUG USE,”** share the following information:

- 1) CRAFT is a skills-based approach that sees you as a positive and active force for change within the family.**
- 2) We are working first to identify specific problem areas, and then we can work more effectively on how to address them.**
- 3) We are more able to identify problems and change our behavior if we are educated in a process like CRAFT. Also, recognizing specific patterns of behavior allows us to see if doing things differently can get your loved one to change their behavior in a positive direction.**
- 4) Please fill out CRAFT-SP Handout 2b, “PAST REACTIONS TO DRINKING / DRUG USE” and then we will talk about what you noticed when you filled it out.**

Note that included in the handout are typical responses of CSOs that often are not successful in changing or influencing their loved one's behavior.

After the worksheet is completed, take time in the group to discuss the answers reported by CSOs. When discussing the worksheet please remember to share the following:

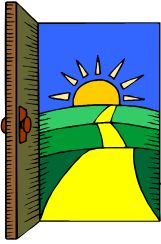
- 1) We are not here to criticize, but to help people who are stuck dealing with a difficult problem to get unstuck or get on the right track.**
- 2) What has been your usual reaction to your loved ones' drinking or using? How did your loved one respond?**
- 3) Constantly reinforce the efforts that CSOs have made to help their loved ones. For example, “You are working hard at this, and we are going to teach you some new ways to make all of your effort work even better.”**
- 4) In the next session we will transition to working on finding more effective ways of influencing your loved ones. We will discuss some of the principles that psychologists have discovered that help someone learn and change behavior.**

NOTE: Some CSOs will describe extreme measures that they have taken that were temporarily successful, but have a high degree of risk or potential for problems. Some examples include threatening suicide, getting drunk, acting “crazy,” etc. If CSOs point to these responses as an example to be followed, we suggest simply identifying potential problems that may result. Further, the therapist may point out that if the CSO uses escalating methods to get the attention of the loved one, eventually the escalation will get to the point where the situation is out of control.

<p>Closing Comments: 5 Minutes</p>
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End session two by trying to briefly review some of the information discussed, praising the effort the CSOs have put forth, and expressing positive expectations. Examples include:

- 1) **“Today you have spent time with other people like you looking at ways this training can help you and your family.”**
- 2) **“Everyone did a wonderful job in looking at and sharing their past reactions to their loved ones’ drinking/drug use. This may not have been easy, but it will certainly be helpful for our future work together.”**
- 3) **“I have enjoyed working with you all today. It was a pleasure to spend time with people who are so motivated and willing to learn new ways to improve their lives.”**

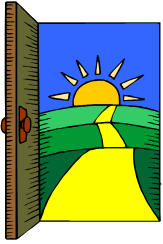


Common Things CSOs Want / What Can I Get Out of CRAFT Training?

The tools that you learn in the CRAFT training will not only help your loved one, they will also really benefit you!

- 1) A reduction or stopping of the use of substances by the user.**
- 2) Entering or staying in substance use treatment for the user.**
- 3) Better finances. This may get better due to the drinker/user spending less money on alcohol/drugs or because they have steady employment.**
- 4) More fun family and social activities because of the loved one's sobriety and willingness to take part in these activities.**
- 5) Fewer problems with the children due to more effective role modeling and shared parenting responsibilities.**
- 6) Better relationship with loved one. Sometimes this happens because of less conflict due to a more cooperative and effective problem solving style. ***
- 7) Greater sexual satisfaction due to the enhanced physical attractiveness of a sober partner and in some cases their ability to perform better sexually when not intoxicated.**
- 8) Feeling less overwhelmed, anxious, sad, or ashamed. It helps you change things back to the way it was before the problems became so overwhelming or restrictive.**
- 9) More enjoyable social activities for the CSO, with or without the drinker.**
- 10) Increased self-esteem.**

*In the case where domestic violence has happened or is a constant threat, the obvious benefit would be to reduce the risk of future harm. A person may need specialized help to be safe while working on this problem, so please speak with a staff member if you have concerns in this area. A woman in this situation whose partner enters or continues in treatment has taken an important step in preventing future harm to herself and to her family.

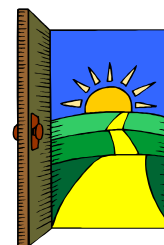


PAST REACTIONS TO DRINKING / DRUG USE

In the past, you have probably reacted to your loved one's drinking or drug use in a number of different ways. This worksheet will help you identify these different ways of responding. Then, we will look at how your loved one responds to your efforts.

Key: 1 = Usually 2 = Often 3 = Sometimes 4 = Rarely 5 = Never or Almost Never

Reason with him/her about the negative impact of drinking/drug use	1 2 3 4 5	Reaction:
Give him/her the cold shoulder (ignore) the day after s/he was drinking/using	1 2 3 4 5	Reaction:
Sit and mope when s/he is drinking/using	1 2 3 4 5	Reaction:
Plead with him/her to stop drinking/using	1 2 3 4 5	Reaction:
Complain or nag about drinking/drug use	1 2 3 4 5	Reaction:
Look for bottle/drug and throw it out	1 2 3 4 5	Reaction:
Insist s/he go to a doctor or get treatment when s/he is drinking or using	1 2 3 4 5	Reaction:
Get angry, but get very quiet	1 2 3 4 5	Reaction:
Get angry, and yell at him/her	1 2 3 4 5	Reaction:
Get angry, and hit him/her	1 2 3 4 5	Reaction:
Threaten to call the police	1 2 3 4 5	Reaction:
Call police	1 2 3 4 5	Reaction:
Get drunk or high so he or she "will know what it is like!"	1 2 3 4 5	Reaction:
Extreme reaction, such as threaten divorce, suicide, etc. when s/he drinks or uses	1 2 3 4 5	Reaction:
Other:	1 2 3 4 5	Reaction:



CRAFT-SP

SESSION 3

RECOGNIZING SIGNS OF INTOXICATION / CONTINGENCY MANAGEMENT

GOALS

The third session has two goals:

- 1) To teach CSOs how to recognize signs of intoxication
- 2) To introduce CSOs to how to influence sobriety in a positive way (contingency management skills).

SESSION CONTENT

**Recognizing Signs of Intoxication and
Understanding Triggers:
20 Minutes**

Before providing participants with **Craft-SP Handout 3a “RECOGNIZING SIGNS OF INTOXICATION AND UNDERSTANDING TRIGGERS”** please share the following information with the group:

Many of the things suggested in this group are based on your ability to recognize when your loved one has been drinking / drugging. Therefore, you must become an expert at identifying signs of use. For many of you this may seem an obvious task, and you are quite familiar with the typical using behavior of the loved one. Of course, we all know through experience that it creates considerable tension when you suggest they have been using when they haven't. For others, it may be very revealing to learn to identify the typical behavior associated with your loved one's using. If you plan to develop new ways to respond to your loved ones, you must be reasonably sure that the loved one is,

in fact, straight. If you can't tell that he or she has been using, it is going to be difficult to know when to use the new ways of responding that you will learn in these sessions. You can use these awareness skills to help your loved one get straight and make your life better.

In this session you will begin the process of understanding signs of intoxication and identifying what happens before (antecedents) your loved one's substance abusing behavior, known as *triggers*. Triggers are people, places, situations, or things that are associated with past alcohol/drug use and which can set off intense cravings or urges for their substance of abuse. For example, seeing drug paraphernalia or going to a bar may set off an intense desire to use or drink. If you plan to develop new ways to respond to your loved ones and help your loved ones succeed in recovery, you must understand the triggers that surround your loved ones' drinking and/or drugging.

Pass out Craft-SP Handout 3a handout "RECOGNIZING TRIGGERS AND SIGNS OF INTOXICATION." The CSO will need a pen or pencil. Have the clients review each question as you ask it, and then instruct them to write an answer in the space below it.

TRIGGERS OR PATTERNS LEADING TO SUBSTANCE USE

- 1) Are there specific people who your loved one is more likely to drink and/or drug with (e.g., certain friends)?**
- 2) Where do they usually drink and/or drug?**
- 3) Are there certain situations or circumstances that are more likely to result in drinking or drugging (e.g., after arguments, coming home from work)?**
- 4) Are there certain moods that your loved one is usually in before drinking and/or drugging?**
- 5) Are there certain days of the week or times of the day that your loved one drinks or drugs?**
- 6) Are there specific events (e.g. payday, football games, holidays / celebrations) triggers for your loved one to drink and/or drug?**

Signs of Intoxication

- 1) What changes do you notice in your loved one's speech?**
- 2) What changes do you notice in your loved one's actions? What do they do differently when they are under the influence (passive, active, aggressive, sleeping, eating, time spent with you or family)?**
- 3) What changes do you notice in your loved one's mood?**
- 4) Are there changes in the substance abuser's appearance (red face, slurred speech, dilated or droopy eyes), or dress?**

**Transition to Learning How to Influence
Behavior (Contingency Management):
5 Minutes**

The therapist and CSOs need to transition from understanding how to recognize intoxication and triggers (and examining past failed attempts to get the user to change) to understanding how to use all of this information to help their loved one stop using. In order to facilitate this transition, the following tips are helpful tools:

- 1) Review past two topics for participants:
 - a) **We have spent time looking at how we reacted to our loved ones in the past. We have also looked at how to tell when they are intoxicated. Both of these topics help us understand how to make changes in our life.**
- 2) Point out the important lessons learned:
 - a) **It is important to remember the behavior that we want to change is their drinking/drug use and this behavior has been reinforced and maintained for reasons.**
 - b) **You have done the best job you can with the resources and information that you have.**
 - c) **Although your *motives* for past reactions to their loved one may have been good, your *methods* may not have been the most effective ones.**
 - d) **Remember what doesn't work in getting a drinker to stop or slow down:**
 - rational pleading, lecturing
 - pouring alcohol down the drain
 - nagging the drinker/user to stop
 - threatening the drinker/user
 - emotional pleading, crying
 - yelling and fighting about the drinking/using
 - getting drunk to show the drinker "what it's like"
 - acting "crazy" so the drinker/user can see what it's doing to you

- 3) Praise CSOs' attempts to work on the problem, even if the CSOs didn't get the solution they have been wanting.
- 4) Begin the transition by providing this analogy:
 - a) **Think of it this way. When you bake a cake, you might have all of the right ingredients, but they have to be in the right proportion and mixed at the right time or the cake will flop.**
 - b) **That's what we are working on here, combining the right ingredients to get the desired results (i.e. no drinking or drug use, get along better, improve the finances, get a job, etc.).**
 - c) **Through CRAFT we are starting to teach you new ways to act toward your loved ones when they are sober and when they are intoxicated. These skills are like the ingredients. We don't want you to work harder, but smarter.**

<p style="text-align: center;">How to Help a Loved One Stop 25 Minutes</p>
--

Using **Craft-SP Handout 3b, "HOW TO HELP A LOVED ONE STOP,"** the group facilitator will begin to teach participants how to influence their loved ones' behavior. The behavioral principles presented in this section are somewhat complicated and because they are complicated you will want to communicate them clearly. In addition, if you, as the facilitator, think that you may need to refresh your knowledge of the behavioral principles presented in the section, please see Appendix A, "Review of Operant Behavioral Theory."

Begin the discussion by communicating the following:

- 1) **Why have our previous efforts not worked? For most people, we automatically react to behavior we don't like by punishing it. This might seem strange to you, but punishment actually can reinforce drinking / drugging behavior and may not be helping your loved one to stop using. This becomes a vicious cycle that does not change drinking and drugging behavior. In fact, it may do just the opposite by increasing the behavior!**
- 2) **CRAFT will help you replace the old negative behavior with more positive behavior. It is not enough to stop doing something, but you have to know what to do differently to get the positive results you want.**

Give participants “**CRAFT-SP Handout 3b, “HOW TO HELP A LOVED ONE STOP.”**

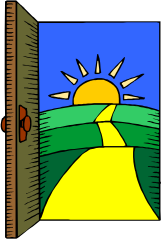
- 3) **Let’s go over Craft-SP Handout 3b, “HOW TO HELP A LOVED ONE STOP,” to learn how to help people change, to help the person you love to stop abusing substances.**

Go over the handout paragraph by paragraph, asking different group members to read a section, making comments as appropriate and answering questions that arise.

<p style="text-align: center;">Closing Comments: 5 Minutes</p>
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End session three by briefly reviewing some of the information discussed, praising the effort the CSOs have put forth, and expressing positive expectations. Examples include:

- 1) **“We have just spent some very productive time understanding how we can react to triggers prior to intoxication. Everyone really seemed to be working really hard and I hope things are becoming clearer.”**
- 2) **“We also spent a lot of time talking about a new way to help our loved one by giving positive reinforcement. This is positive action that we can take when the time is right. This is something we have control over because it is our own actions.”**
- 3) **“I want to thank every one of you for your attention, hard work, and most importantly your openness to new ideas. All of these things can help keep you on the path to helping yourself and your loved one.”**
- 4) **“In the next session we will talk about the practical implications and give some examples of how to use rewards in your relationship with your loved one.”**



RECOGNIZING TRIGGERS AND SIGNS OF INTOXICATION

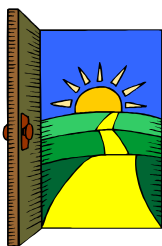
As a Concerned Significant Other, you have observed your loved one before and during a drinking or drug use episode. What are your loved one's triggers and signs of substance use?

Triggers

Are there specific people who your loved one is more likely to drink and/or drug with?	
Where do they usually drink and/ or drug?	
Are there certain situations or circumstances that are more likely to result in drinking or drugging (e.g., after arguments, coming home from work)?	
Are there certain moods that your loved one is usually in before drinking and/or drugging?	
Are there certain days of the week or times of the day that your loved one drinks or drugs?	
Are there specific events (e.g. payday, football games, holidays / celebrations) triggers for your loved one to drink and/or drug?	
Other triggers?	

Signs of Intoxication

How does your loved one talk when drunk or high?	
What does your loved one do differently when under the influence (how do they act-passive/aggressive, sleep, leave with friends)?	
How does their mood change when they drink or do drugs?	
What changes are there changes in your loved one's appearance or dress (sloppy, dirty, red face)?	
Other signs?	



HOW TO HELP A LOVED ONE STOP

At some point, everyone who loves a person with an addiction asks themselves, “How can I help my loved one stop drinking or drugging? What can I do to make things better?” There is something that you can do. The key is how you respond to the person when he/she is intoxicated, hung over, or sober.

We know through research and experience that people can influence other people’s behaviors. If someone does something that we don’t like and then we 1) do something they don’t like to them in response, 2) take away something they like, or 3) ignore it ... then they are less likely to ever do that behavior again. However, if someone does something that we like and we want them to do it again we can 1) reward them or 2) take away something that is unpleasant for them. Both of these things will feel good to them. So you see we can influence others’ behaviors by how we respond to them! You can see these ideas again below. It may be easier to see visually.

This is a chart showing how to increase or decrease behavior

Increase Behavior	Decrease Behavior
Positive Reward (add something positive)	Remove something Positive (Ignore)
Negative Reinforcement (take away something negative)	Punishment (add something very negative)

- **CRAFT has shown that it is helpful for CSOs to reward their loved one for NOT drinking or using, and to ignore their loved one for drinking/using.**

Often people abusing substances will get the same reaction from their loved ones whether they are intoxicated or sober! How can this be? Many people who care about someone who has a drinking/drug problem fall into a pattern where they increasingly focus on only their loved one’s drinking or using. They quickly recognize the negative effects that the drinking or using has on their loved one and the rest of the family. Unfortunately, this starts a cycle of punishment. The CSO will punish their loved one when they are drinking/using, like pouring alcohol down the drain or nagging them to stop using. It is important to remember here that this usually won’t work with an intoxicated person. Then, the CSO also punishes their loved one when they are not intoxicated, due to their anger about recent use. For example, they may give them the cold shoulder or nag them about the financial problems their drinking caused.

Unfortunately, this negative cycle can indirectly encourage the drinker/user to continue drinking and/or using. For example, a CSO may spend a half an hour yelling at the substance abuser about how much money the using took from the money set aside to pay bills. The loved one may say something like this to him/herself: “I get yelled at when I use

and then I get it even when I'm not using. I feel like I may as well go use because it doesn't matter!" It is time to change your behavior so that you can get what you want – their sobriety!

PROVIDING POSITIVE REWARDS:

Rewarding your loved one is paying positive attention to a behavior in a way in which that person enjoys. Some examples of positive attention are watching your spouse play softball, watching a movie together, or playing a card game with him/her. So when your loved one is not intoxicated, do something that is positive with them. In other words, the CSO is not giving the drinker/user "an excuse" to go drink/use by nagging him/her when sober. Further, the CSO is helping them to find positive and fun things to do when sober. They will learn that life is not always miserable when sober. You can help your loved one find a competing pleasant activity. It will eventually become a win/win situation for both people.

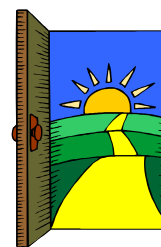
HELPFUL HINTS TO REWARDING POSITIVE CHANGES:

- **Reward Often.** Behavior is learned most quickly if a behavior is rewarded every time it occurs. However, we don't want them to get bored by rewarding them all the time. So, after a few weeks of rewarding them every time (we have to get them used to the process) for sobriety, we can then reward them every other time they are sober. This way they won't get bored and will work harder for their reward.
- **Change the reward.** It is easy for a person to become bored with the same reward. To avoid boredom and to continue to encourage changed behavior, you can change the reward that you give. So maybe one day you take a walk with your partner and the next day you go to a basketball game with them.
- **Make the connection for them.** Make sure they know that the reward is because they are sober. They can't make the connection themselves, so do it for them. If this connection is not made, then their behavior may not change.
- **Know that you are fighting other people / rewards.** Remember that as you begin to respond in a better way to your loved one that there will also be other people or things trying to keep their behavior the same. Just remember you may not be the only one and hang in there.
- **There is such a thing as negative attention being rewarding.** If a behavior is rewarded or it is a pleasant experience, it is likely to happen again. However, the confusing part is that sometimes any type of attention may be rewarding, even negative attention. Why is this? For many people, negative attention seems better than no attention at all. This explains why nagging someone to stop doing something (negative attention) rarely works. They may actually like that they are getting some attention even though you could never tell by the way

they acted. Therefore, if you pay attention to an activity that your loved one is doing (even in a negative way), you may be reinforcing that behavior.

IGNORING CAN BE GOOD:

Another way of changing someone's behavior is ignoring that behavior. If you ignore something long enough, it may eventually go away. In practical terms, this means that you will keep from rewarding your loved one's substance abusing behavior by cutting back on how much you talk to them or spend time with them when they are drinking or using. If you have spent a lot of time complaining about your loved one's drinking or drug use in the past, this is a very helpful change. No one wins when you try to argue with someone who is drunk, high, or hung over. Ignoring or withdrawing attention may mean going on about your daily schedule or leaving the house when your spouse doesn't show up at the end of the day (and you suspect he/she is at the bar, crack house, etc). Avoid power struggles! It may also mean becoming more focused on your life (e.g., your hobbies, your friends).



CRAFT-SP

SESSION 4

SELECTIVE REWARDING / DEALING WITH INTOXICATION

GOALS

The fourth session has three goals:

- 1) To teach CSOs how to selectively reward (contingency management) their loved one - *when he/she is sober*.
- 2) To help CSOs cope with their loved ones' episodes of intoxication by ignoring (withdrawing rewards - extinction).
- 3) To teach CSOs how to verbally link their rewarding or ignoring behavior to the loved one's sober or drinking behavior.

SESSION CONTENT

**Review of Previous Sessions' Concepts: Understanding
Rewards for Sobriety and Ignoring Intoxication:
10 Minutes**

This session completes the transition from understanding the problems faced by CSOs and explaining the rationale for changing behaviors to suggestions of specific behavior change. Participants will be given techniques and encouraged to apply the behaviors that they learn. In order to review past discussions and prepare for this week's discussion, please share the following information:

- 1) **In order for us to move on we need to remember what we learned in the last section. After what we discussed, can you now recognize when your loved one is intoxicated? Do you remember why this is important?**

- 2) Do you remember that we talked about learning how to reward sober behavior with positive attention?
- a) Remember, CRAFT has shown that it is helpful for you to give positive attention (selective rewards) to your loved one when he/she is sober (and engaging in positive activities) and to ignore (withdraw reinforcement) your loved one when he/she is abusing substances.
 - b) If you are ready to reward your loved one for being sober, you should try it as soon as you feel ready.
 - c) If you want to withhold reinforcement when your loved one is abusing substances, you must be sure your loved one is intoxicated.
 - d) In general, paying attention to a specific behavior may actually reward it. Positive attention is especially powerful. Positive attention is rewarding a behavior in a pleasurable way for that person. Most of us enjoy having someone show an interest in what we are doing. Having another person take time to support what we are doing or ask questions to draw out our thoughts, feelings, ideas, or knowledge about something is usually very reinforcing in a positive way. People enjoy spending time with someone who is interested in them. Also, most of us like to talk about things that are important to us.
 - e) Examples of positive attention that were previously mentioned include watching your spouse play softball, watching a movie with a friend, or playing a card or board game with them. It must be rewarding to the person!
 - f) Giving positive attention to your substance abusing loved one is simple, but not necessarily easy. Many people are so angry or hurt by their loved one's substance abuse that they feel a strong urge to talk about all of their loved one's past substance-related problems or mistakes. Don't let this stop you from making a positive change. Remember why we are doing this - to get your loved one sober!
 - g) Positive reinforcement for non-drinking behavior is important in attaining your goal. The goal is to make your loved one's life more rewarding sober.

How to Reward Sober Behavior and Ignore Intoxication: 10 Minutes

In your own words please share the following information with CRAFT-SP participants:

- 1) **If you want to make this work, you have to first let your loved one know what you want and what your intentions are. Let your loved one know that you are happy about any sobriety they may have and that you do not want to support using behavior; therefore, you will not spend time with them when they are using.**
- 2) **You should also explain the reasons behind your actions. It is very important that you create clear verbal connections between the rewards you are providing and their non-drinking behavior.**
- 3) **For example, if your loved one is sober, say something like, “*I really like spending time with you when you are sober; you are so fun to be with!*”**
- 4) **If your loved one is intoxicated, say something like, “*I am going to do other things because I don’t enjoy time with you when you are drinking/using.*” Be matter-of-fact and avoid nagging or lecturing.**
- 5) **A handout is coming that will give you examples of what to say in these situations.**

A humorous personal anecdote or past clinical experience (keeping the client anonymous, of course) about a time that the therapist or client used a negative approach to an unwanted behavior in a loved one can help to normalize these types of responses. Further, the example illustrates how ineffective the negative behavior was in changing behavior.

Generating a List of Positive Reinforcers: 10 Minutes

The following section is designed to have the participants start thinking about positive reinforcers or giving positive attention to their loved one when the loved one is *not* drinking or using. CSOs will begin to generate a list of positive activities that they can use to reinforce their loved ones’ sober behavior.

The following information may be helpful during this process:

- 1) Often CSOs are able to generate only a short list of reinforcing non-drinking activities or situations that already are taking place. Consequently, it may be necessary to assist in generating ideas for new ways to introduce rewards for sober behavior.
- 2) Support the clients' attempts to start this process by explaining that the CSO knows his/her (partner) better than anyone. This knowledge is extremely useful in finding ways to reward the drinker for abstaining.
- 3) Be prepared for many CRAFT clients to be reluctant to introduce virtually any new reinforcer at this time. Some simply need time to process the impending interaction and build confidence before they are ready to take action. Clients should not be pushed to act too quickly.

Before the participants begin to brainstorm positive reinforcing activities, present the general guidelines for naming potential rewards. State that the list should contain the following:

Here are some things to consider when you are figuring out how to reinforce your loved one's sobriety. Be sure to include:

- 1) **As many positive reinforcers as possible (e.g. 10-20 items).**
- 2) **Several rewards for sobriety that worked in the past.**
- 3) **A number of reinforcers that support current non-drinking/using behaviors that the substance abuser is presently enjoying.**
- 4) **Reinforcers that are obviously rewarding to the drinker/user.**
- 5) **Rewards that are easily fit into the drinker's schedule, and consequently can realistically be used.**
- 6) **Reinforcers that are easy for you to deliver.**
- 7) **Several activities in which concerned friends and family members offer the rewards.**
- 8) **Several rewards that are reinforcers for other family members in addition to the drinker.**

Once the clients understand the guidelines for establishing a list of positive reinforcers, supply several common examples and then ask them to write down their own. Common examples may include:

- 1) Preparing the user/drinker's favorite foods.**
- 2) Talking about topics the drinker/user enjoys.**
- 3) Offering the drinker/user praise and support.**
- 4) Providing the user/drinker with his or her favorite sexual activity.**

After the list has been generated by participants, please share the following information:

- 1) A reinforcer should *not* be considered at time when you would feel uncomfortable providing it. Consider that reinforcer at a later date when you feel more comfortable giving that reinforcer. Look at what might help you become more comfortable and how you can get there.**
- 2) Remember that you are giving positive rewards for not drinking to encourage sobriety. It is not considered enabling or rescuing behavior, since it is given when the drinker is sober.**
- 3) You are beginning to give your loved one a *competing activity* to engage in, instead of drinking/using, when they are sober. For instance, you may suggest a pleasurable activity when your loved one is sober, e.g. a shared hobby, a walk, or sexual intimacy. This is very powerful if this is something the loved one really enjoys or (if a shared activity) it is a mutually enjoyable activity.**
- 4) This process will backfire if you are not really interested in the shared activity and participate grudgingly. Therefore, you should only engage your loved one in activities that you also want to be involved in.**
- 5) The two basic rules for when the rewards should be given include:**
 - a) Give positive reinforcers only when the drinker is sober and not hung-over.**
 - b) Pick an optimal time to use positive reinforcement (i.e. the drinker is both sober and in a good mood, and you are in an upbeat and positive mood).**

**Reinforcing Sobriety:
10 Minutes**

Using the **CRAFT-SP Handout 4a “REWARDING SOBRIETY: WHEN YOUR LOVED ONE IS NOT DRINKING / USING,”** continue to examine positive reinforcers. Use this handout to help CSOs build on ideas they came up with in the brainstorming session as well as to see other examples of behaviors that will reinforce their loved one’s non-drinking/using behavior. Please share the following with participants:

- 1) **Look at the CRAFT-SP Handout 4a “REWARDING SOBRIETY: WHEN YOUR LOVED ONE IS NOT DRINKING / USING.” Let’s go through the list under the category of things to “Do.”**
- 2) **Record additional ideas in the blank spaces at the bottom of that section, using the ideas from our brainstorming session. Give careful thought to this process as these rewards are key to making sobriety more fun than drinking or using – and having your loved one sober!**
- 3) **Lastly, contrast the items in the “Don’t” category with the positive behaviors that we are recommending.**

Use of humor or a personal anecdote about a time that the therapist has used a negative approach to an unwanted behavior in a loved one can normalize these types of responses while pointing out how ineffective they typically are.

**Ignoring Drinking / Using Behavior:
10 Minutes**

Using the **CRAFT-SP Handout 4b “COPING WITH INTOXICATION: WHEN YOUR LOVED ONE IS DRINKING / USING,”** begin to help participants understand how to take the focus off their loved one when he/she is intoxicated. It is vital that CSOs know when their loved one is intoxicated before withholding reinforcements or this process will be ineffective. This will be very easy for some, and much more complex for others.

After the handout has been given to the participants, please share the following:

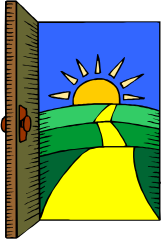
- 1) **Review the worksheet (CRAFT-SP Handout 4b “COPING WITH INTOXICATION: WHEN YOUR LOVED ONE IS DRINKING / USING).**
- 2) **It is helpful to take the focus off your loved one when they are drinking or using.**

- 3) **Look at the list under the category of things to “Do.” These are some examples of behaviors that will take away reinforcement of your loved one’s drinking / using behavior. Record additional ideas in the blank spaces at the bottom of that section.**
- 4) **Share your ideas with others in the group.**

<p style="text-align: center;">Closing Comments: 2 Minutes</p>
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End session four by briefly reviewing the information discussed, praising the effort the CSOs have put forth, and expressing positive expectations. Examples include:

1. **“We have just spent some quality time understanding why rewarding sober behavior is important and how to find the best way to reward your loved one when he/she is sober. The list of positive reinforcers that everybody came up with was very creative and energizing”**
2. **“Everybody also did a great job understanding the benefits of ignoring your loved ones when they are intoxicated. It may not be easy, but you will certainly be helping yourself if you try some of those things on your list.”**
3. **“You can go ahead and try some of these things if you feel comfortable and safe doing so. If you don’t, just keep coming back to our sessions and we will help you. All these new behaviors will get easier and more comfortable the more you use them and make them a part of your life. Thank you all for your participation and hard work.”**



REWARDING SOBRIETY: WHEN YOUR LOVED ONE IS NOT DRINKING / USING

It is helpful to give positive attention to your loved one when he/she is not drinking / using. Say something like, "I really like spending time with you when you are sober!"

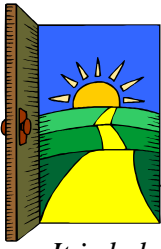
Do:

- Spend time with him/her doing something fun when he/she is not drinking
- Take a walk together
- Talk about topics he/she enjoys
- Prepare your loved one's favorite foods
- Give a 5 minute shoulder rub
- Go out to a restaurant that doesn't serve alcohol
- Watch a movie together
- Play a card or board game together
- Read a book together
- Give praise and support
- Give small or inexpensive gifts
- Take a bath together
- Do a chore around the house that he/she doesn't like to do
- Get involved in an activity that your loved one enjoys
- Offer his/her favorite sexual activity
- Do _____
- Do _____

Have a good time with the person you love, focusing on enjoying their positive actions.

Don't:

- Nag him/her about their actions the last time they were drinking or using
- Try to punish him/her for recent drinking by giving the "cold shoulder"
- Lecture or give rational explanations why drinking or using is bad
- Repeatedly explain why the drinker/user "has to stop"
- Pour alcohol/drugs down the drain
- Follow him/her around to make sure he/she stays out of trouble
- Threaten the drinker/user
- Resort to emotional pleading, crying
- Get caught up in yelling / fighting about the drinking that took place yesterday, last week, etc.
- Get drunk or high to show the drinker/user "what it's like"
- Act "crazy" so the drinker can see what it's doing to you
- Don't _____
- Don't _____



COPING WITH INTOXICATION: WHEN YOUR LOVED ONE IS DRINKING / USING

It is helpful to take the focus off your loved one when he or she is drinking or using and focus on other activities. Say something like, "I am going to do other things because I don't enjoy time with you when you are drinking / using."

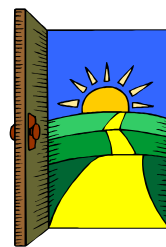
Do:

- Go about your daily schedule
- Find something to do to get your mind off your loved one's drinking / using
- Get involved in a favorite hobby or activity
- Take a walk to cool off or relax
- Get out of the house if you are getting tense or frustrated
- Take the kids out to a playground or park, or to a friend's or family member's house
- Go to the library, read a book
- Treat yourself to a leisurely bath
- Use relaxation techniques, prayer or meditation to stay at ease
- Read an inspirational book, e.g. the Bible, poetry, recovery devotionals, etc.
- Attend an Al-Anon meeting
- Talk to a friend or family member about what is bothering you
- Do _____
- Do _____

Withdraw attention from your loved one when he or she is drinking or using.

Don't:

- Try to punish him/her by giving the "cold shoulder"
- Lecture or give rational explanations why drinking or using is "bad"
- Nag the drinker/user to stop
- Pour alcohol/drugs down the drain
- Follow him/her around to make sure he/she stays out of trouble
- "Cover up" for his/her drinking/using behavior
- Try to talk to him/her about important decisions, like the future of your relationship
- Talk about the situation in a way or place that the drinker/user can overhear, e.g. calling your mom and saying loudly, "He's at it again. Can you hear him banging around the house?" or announcing to the kids, "Your mother is drunk again!"
- Threaten the drinker/user
- Resort to emotional pleading, crying
- Get caught up in yelling and fighting about the drinking
- Get drunk or high to show the drinker/user "what it's like"
- Act "crazy" so the drinker can see what it's doing to you
- Try to engage him/her in a fun activity to decrease the tension
- Don't _____



CRAFT-SP

SESSION 5

POSITIVE COMMUNICATION

GOALS

The fifth session has two goals:

- 1) To increase CSOs' understanding of ineffective ways to communicate with a partner / loved one.
- 2) To teach CSOs how to communicate positively with a substance abusing loved one.

SESSION CONTENT

**Introduction to Communication Problems:
5 Minutes**

One of the foremost difficulties couples have is communicating with each other. This problem is often exacerbated by alcohol or drug use. This session is designed to help CSOs learn to communicate more effectively with their partners. Please share the following information with group participants.

- 1) **You have made a great effort to help your loved one cope with an addiction problem. You have tried your best with the information you had. We recognize that you may have come up with some effective ways of dealing with your loved one's addiction, but today we are going to learn some effective ways to communicate with your loved one.**

- 2) **Communication for anybody can be hard. Communication with a person who has an addiction is even more difficult. Dealing with your addicted partner with whom you have conflict is very tough and can be very complicated.**
- 3) **Communication is often distorted because of past problems, conflicts, and established negative communication patterns. These problems will continue after your loved one gets sober. It's hard for everyone not to fall into old, unhealthy patterns of communication that don't work or even lead to more conflict. We will hopefully change this.**
- 4) **A natural reaction that contributes to communication problems is that we think that all of the changing that needs to happen lies with our loved one -- that they just need to stop their drug or alcohol use. We might think to ourselves, "Why should I change...if they would just stop drinking / using, the problems would go away." There are two main reasons why this doesn't work:**
 - a) **First, therapists and families in recovery have found that simply stopping drinking or using doesn't solve all of the problems between people. In fact, often a lot of stored up anger and frustration can come out when a person becomes sober. Just because someone is sober does not mean that all of the reasons why he/she drank (underlying issues) also go away. In fact, loved ones may get worse before they get better.**
 - b) **Second, none of us can *make* someone else do things differently or change. We can only change ourselves. So, if we want communication to go differently in a relationship, the best way to start is to change what we do! Finding new ways for you to talk with your loved one can really help.**

A Typical Family "Discussion":
10 Minutes

Using **CRAFT-SP Handout 5a "A TYPICAL FAMILY DISCUSSION,"** have some class members read through a vignette of a typical family discussion. The goal is to highlight common problems in communication. Please share the following with group participants:

- 1) **Most relationships involving an addicted person have a significant amount of conflict.**

- 2) A typical family discussion about a conflict may lead to more conflict, something neither you nor your partner wants. If you look at Handout 5a, “A TYPICAL FAMILY DISCUSSION,” you will see an example of what this conversation might look like. Many of you may find this to be a familiar scene, while for others it may be a little different. Whichever it may be for you, it is likely that you will identify with the characters.
- 3) I need two volunteers to read from the handout 5a, “A TYPICAL FAMILY DISCUSSION.” We can even make this fun by asking people to try out their acting skills.

After the Role-Play:

- 4) What happened between the two people in the role-play? What went wrong?

Below are suggestions if the group needs help understanding what happened between the two people in the role-play:

- a) They didn’t stop and listen to what the other person was saying.
 - b) They didn’t try to understand the meaning of what the other person was saying.
 - c) Each person blamed the other and put them on the defensive.
 - d) They are beginning to have a power struggle, which means a fight is about to start. In a fight, someone has to win and someone has to lose.
- 5) Does this type of communication seem familiar to anybody? Do you see any similar patterns in your own conversations with your partner or loved one?
 - 6) It is very important that you see how you and your loved one get stuck when you talk. When you see what is working and what is not working for the two of you, it is much easier to begin to make changes.

<p style="text-align: center;">Positive Communication: 20 Minutes</p>

Using **Craft-SP Handout 5b “POSITIVE COMMUNICATION,”** this section focuses on identifying and communicating one’s feelings constructively.

Pass out Craft-SP Handout 5b “POSITIVE COMMUNICATION,” ask for several volunteers to read each point on the handout out loud, and then discuss the topic as a group

**Practicing Positive Communication:
20 Minutes**

Using **CRAFT-SP Handout 5b “Positive Communication”** and **CRAFT-SP Handout 5c “Role Plays,”** you will begin to work with group participants to practice effective communication.

Please share the following with group participants

- 1) **We’ll spend the last 20 minutes pairing up with another group member. Each of you will take a turn in practicing positive communication about a difficult subject with your loved one. If you will look at the CRAFT-SP Handout 5c, you will see several tough situations. Pick one and think about how you want to respond and what you want to say. Use the communication skills that we went over to get your message across. Each of you will take 5 minutes to practice communicating using these new skills.**

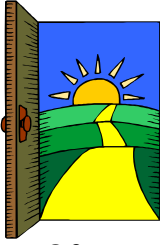
After 10 minutes, tell group members to switch pairs. As the facilitator, it is very important that you move through the room, answering questions, giving feedback, clarifying concepts, and supporting CSO’s efforts to communicate positively.

**Closing Comments:
2 Minutes**

End session five by trying to briefly review some of the information discussed, praising the effort the CSOs have put forth, and expressing positive expectations. Examples include:

- 1) **“We hope that practicing the positive communication skills as you just did help you figure out better ways to talk to your loved one.”**
- 2) **“After our great discussion today we hope that we not only know how important communication is, but also we have a better idea on how to be more effective in communicating with our loved ones.”**

- 3) **“It was really great to see you all jump right in there and try some really difficult skills. It will only get easier the more you practice them. If you would like to be able to do communicate better, find somebody you trust and continue to run through the skills like you did today.”**
- 4) **“I would just like to say that you all continue to truly impress me with your energy, willingness to try new things, and your incredible strength. I look forward to more of what we can do together.”**
- 5) **“Remember, you don’t need to use all of these steps each time. Using one or two sometimes gets the job done. Work on each step, but use what is comfortable.”**



A TYPICAL FAMILY "DISCUSSION"

Often we are arguing with our loved one before we know it. Sometimes we are angry and really want to let them know how we feel, and other times the argument just seems to sneak up on us. If you are here in this training, there is some part of you that wants this to stop. The first step is to become more aware and understand what happens with these "discussions."

A typical family discussion might go like this:

Him: "I've told you so many times not to nag at me. If you would just leave me alone, we wouldn't fight so much..."

Her: Well, I wouldn't nag you if you would grow up and do things like you're supposed to."

Him: "What you really mean is that I should do things your way!"

Her: "Well, I've had to put up with your drinking for so long I should get something out of this!"

Him: "I've had to put up with your nagging since we first met!"

Her: "I hate it when you drink!"

Him: "Why do you always assume that I am drinking?"

Her: "I can never trust you. Do you remember that time that you lied to me and said..."

Him: "Do you always have to live in the past?"

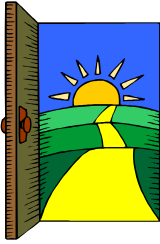
Her: "You make me so mad...You should know by now how much this bothers me!"

Him: "All I know is that you're bugging me just makes me want to drink that much more!"

Her: "You're not making sense...that's just an excuse!"

Him: "That's what you say. You don't have to live with you."

Her: "Look, you are the drunk, not me. This is your problem...deal with it!"



POSITIVE COMMUNICATION

Dealing with someone with whom you have conflict is difficult. If that person is drinking or using, it is even more complicated. Below are the steps you need to improve your communication with those people that you care about. We are going to present the information as if you were sitting down to lunch to eat a sandwich. This makes it easier to remember.

Pretend that you are sitting down to eat your favorite sandwich. The first thing you have to do is make sure you set the table in just the right way so that you can have a good meal.

SETTING THE TABLE FOR EFFECTIVE COMMUNICATION

1. **Calm down / Find the right time.** Take a time out or use a distraction if you are overwhelmed with emotions. Give yourself some time to organize your thoughts and to calm your emotions enough that you are not speaking just from anger. If you are that upset, you will just blow up and say things that you either did not mean to say or things that are not helpful. *Do not just walk away* without telling the other person that you need some time, otherwise they will not understand and will get even angrier. Tell them that you need some time and also tell them what time you would like to have the discussion.
2. **Be brief.** No one wants to hear a lecture. When we keep it brief, the other person stays in the conversation. The person feels that you are talking *with* them, not talking down to or against them. One of the main ways to keep it brief is to not drag in past fights or issues that do not relate to the present subject. When you drag in old fights, your current issue will be lost among the river of emotions and memories. In addition, the other person will not listen to anything you have to say about what is bothering you now because he/she is too wrapped up in being defensive about the past.
3. **Be specific.** Figure out what exactly it is that you want to say before you say anything. Avoid generalizations, such as “You always get drunk on weekends” or “I can never trust you.” Focus on just the facts without making assumptions, jumping to conclusions, or making inferences. This means saying “you did not come to dinner last night” instead of saying “you did not come to dinner because you don’t love me anymore and you were out drinking.”
4. **Develop empathy.** Take the time to understand the other person’s point of view; take a walk in their shoes. Understanding and then expressing this understanding to the other person can help you when you try to communicate because you understand him/her better. It also shows them that you care enough about them to try to understand their point of view even though you may disagree. When you show that you are trying to understand something about another person, they are more likely to accept that you have something important to share with them.

5. **Accept partial responsibility.** “It takes two to tango” is a polite way of saying that *both* parties in a conflict are likely to be less than perfect. Understanding and acknowledging your part in the problem goes a long way in breaking out of the pattern of conflict.

YOUR LUNCH: THE ULTIMATE SANDWICH

After you have made sure you know what you want to say (eat) and have prepared the table, it is time to make and eat your sandwich (time to communicate effectively).

6. **Be positive.** Always begin a serious conversation with something very positive. This not only helps the listener but helps you remember that you do appreciate something about the other person. Think of something that you really like about them or just tell them you love them. Another way to put it is: “say what you want, not what you don’t want.” Instead of saying, “I hate it when you drink” say “**I like it when you are sober.**”
7. **I feel.** Always acknowledge that your feelings are your own. Do not blame the other person for how you feel, (“You make me so mad; You always make me sad”). This will always put them on the defensive -- every time. Your feelings are your own. Nobody makes us feel any way; we allow our emotions to come out. The following phrase is the best example of how to communicate your feelings. The “I” statement is one of the best communication tools that we have.

When you drink, I feel _____ (sad, mad, worried, scared...)

8. **I want.** It is now time to state what you want, and to share what you would like from your loved one. Try to make your request reasonable and something your partner can actually do.

“I would like it if you / we could _____ (“could call me before you are late for dinner, could spend time together going to the movies or out to eat.”).

9. **Be positive.** Always end with something positive. You can end the communication positively by sharing with your loved one:
- a. What they may get if they follow through with what you request -- how your relationship / their life may be improved.
 - b. Something positive about him/her again (e.g., you like their commitment to the relationship, admire their struggle to make it through the tough times).
 - c. Offers to help him/her accomplish the task to help move things in a positive direction.

Examples:

“If you remember to call me when you’re going to be late, then we will have more trust in the relationship and we will get along better.”

“If we spend more sober time together, we will grow closer together and we can show how much we love each other – instead of always having all the yelling.”

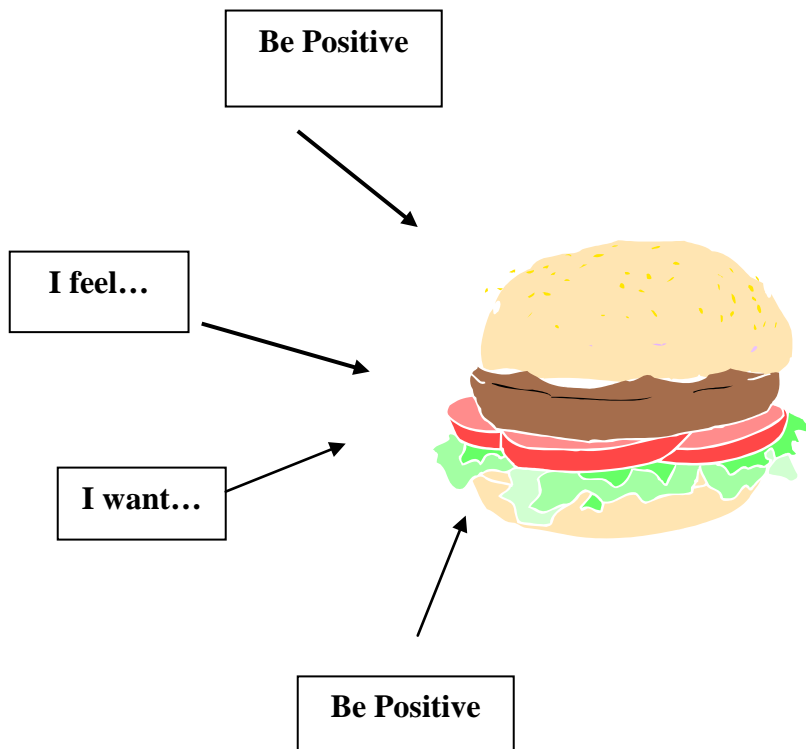
Putting it all together

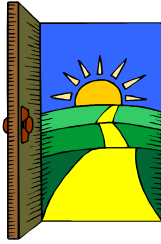
I like it when you are sober.

When you drink, I feel _____

I would like it if you / we could _____

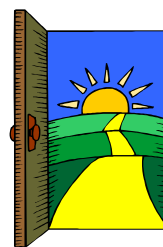
If _____ then _____





PRACTICE ROLE-PLAYS

1. Your loved one told you he would see you at 5:00 and he shows up three hours late. He has red eyes, slurred speech, and is laughing.
2. You are balancing the checkbook and you notice that \$100 has been taken out and was not recorded in the book. You notice that this was the same day your partner called to say the car broke down and that she was staying at her brother's house. You start to ask yourself if she spent the \$100 on alcohol that night.
3. Yesterday your partner went out and used. However, he got home about 9:00pm and quickly fell asleep. The next morning, instead of getting up and using again, he eats breakfast and goes outside to work on the yard.
4. Your loved one calls you from the road saying she had a really horrible day and the car just broke down. When she finally gets home, she is tired, dirty, and somewhat irritable, but she is obviously sober.



CRAFT-SP

SESSION 6

CSOs: TAKING CARE OF YOURSELF

GOALS

The sixth session has three goals:

- 1) To teach CSOs how to increase their social support.
- 2) To encourage CSOs to reward themselves.
- 3) To teach CSOs how to protect themselves from violence.

SESSION CONTENT

CSO Social Support
15 Minutes

Using discussion and **Craft-SP Handout 6a, “DEVELOPING A SUPPORT SYSTEM,”** CSOs will begin to see how important taking care of oneself and having social support are. The first section discusses the development of a social support network and its rewards

Please introduce this topic by sharing the following:

- 1) **One of the things we have learned through working with people who live with or love someone who has a drinking or drug problem is that they become good at taking care of the people around them. Often they are not so good at taking care of themselves. Shame, guilt, embarrassment, or fears have often prevented CSO’s from having a support system. One of the things that we want to focus on right now is why and how to take better care of yourself by developing a special confidante, someone you can really talk to, and increasing your social support network.**

Then continue to explore developing a support system by doing the following:

- 2) Benefits of a social support network: Ask the following questions to get the group discussion started:
 - a) **There are many benefits of having caring people in your life. Do you have friends and family that you can really talk to, do things with, and trust?**
 - b) **How can having a lot of support help you?**
 - c) **Did you use to spend more time with family and friends? Why did you stop?**

If group members have difficulty coming up with benefits, please share the following with participants:

- a) **We have asked you to ignore your loved one when he/she is engaged in using behaviors or is hung-over. You may need to vent your feelings with someone, and you could “blow off some steam” with a confidante.**
- b) **You can ask friends and family (or other group members) if they view a problem in the same way you do. This will help you have another perspective or understanding of the problems in your life.**
- c) **Hopefully, sharing will help you will feel cared about, supported, and not so alone with all that you have to deal with.**
- d) **You will be able to get the help of your friend in discovering more reinforcers for yourself.**
- e) **Practice exercises and role-plays at home will be easier since you will have a readily accessible practice partner.**
- f) **A friend may have useful ideas that you may have overlooked – a new perspective. These could include suggestions for a "safe house" in the case of abuse, or non-drinking activities as an alternative to drinking and/or using.**
- g) **You will have somebody to do fun things with. Doing things that are fun and rewarding can take your mind off your loved one who is intoxicated.**

After sharing the above information, ask participants if they can think of any other rewards from having a strong support system.

3) How to Develop a Support System

Along with having a special confidante, it is helpful to have a support system, a group of people that you can depend on. For some people, it is hard to meet people and really talk. You may have been so preoccupied with your loved one's drinking or drugging that you haven't taken time to develop friendships. Let's look at CRAFT-SP Handout 6a "DEVELOPING A SUPPORT SYSTEM" together and learn how to have more friends.

Encourage the participants to fill in names of people and activities on the **CRAFT-SP Handout 6a "DEVELOPING A SUPPORT SYSTEM."**

How would you approach these people? Let's try it out. I'll act like I am the other person and I ran into you at the grocery store. "Oh hi, Betty, I haven't seen you in a long time. How are you?"

<p>Helping CSO's Reward Themselves / Self-Reinforcement: 15 Minutes</p>
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Set the stage to use the use the **Craft-SP Handout 6b "BARRIERS TO REWARDING YOURSELF / REWARDING YOURSELF"** by encouraging the establishment of independent social or recreational activities. Acknowledge the reality in which their loved one may be drinking and/or using and not providing social and recreational reinforcement.

There are two very important components in this section. These include identifying possible independent social or recreational activities and convincing the CSO to agree to try at least one small new activity. It is important to "prime" the response so that it actually occurs.

Before giving **Craft-SP Handout 6b "BARRIERS TO REWARDING YOURSELF / REWARDING YOURSELF"** to participants, please share the following with the group:

- 1) Many of us forget how important it is to reward ourselves, to take care of ourselves, and soothe or baby ourselves. Some of us have been so wrapped up in the kids, our partners, work, other people and other things that we have completely forgot about ourselves. Rewarding ourselves is vitally important! It is important because we get to spend time with ourselves, to show we respect and appreciate ourselves, to recharge, and to say to ourselves "I really am a very important person." If you can't do this for yourself, then not only do you begin to lose an important part of yourself, but you also can become less effective in your world and anger or depression can grow.

- 2) Some of you may not know how to do this anymore and others may have only one or two ways in which you reward yourself. It is not always that easy to reward yourself. Each of you can probably think of a hundred reasons why you don't or can't do it.
- 3) Let's look at the two-sided CRAFT-SP Handout 6b "BARRIERS TO REWARDING YOURSELF / REWARDING YOURSELF." We will begin to look at what barriers you may have for rewarding yourself and then explore ways in which you can start to comfortably reward yourself.

Give participants Craft-SP Handout 6b "BARRIERS TO REWARDING YOURSELF / REWARDING YOURSELF." After clearly reading them the handout instructions, have them fill out the first side of the Handout "BARRIERS TO REWARDING YOURSELF." When participants are finished, ask the following questions:

- 1) What are some of the barriers to rewarding yourself?
- 2) Do any of the barriers seem too big to overcome?
- 3) Why do you think we need to reward ourselves?

Then clearly instruct participants to complete the other side of Handout 6b "REWARDING YOURSELF." Have them circle the number that best describes how likely they are to reward themselves with the incentives listed or with ones they create for themselves.

After they are finished ask them the following questions:

- 1) Does anybody have any experience rewarding yourself? How did it feel?
- 2) What kind of items did people put down as rewarding activities that you are willing to try?
- 3) It is important that today you make a commitment to try at least one small new activity. How can we make sure that you will succeed in your goal to reward yourself?
- 4) How will your loved one react to you rewarding yourself (if it affects them)?

As you transition to the next section, it is vital to give participants the following brief information:

Another vital skill in developing a more satisfying or reinforcing environment for some people is the ability to find a job (or get active in church or volunteer work!). CRAFT-SP Handout 6c "JOB ASSISTANCE: HELPFUL RESOURCES" is a resource list to assist you in beginning this process. The benefits from having a job can be very reinforcing and benefits can be great. We hope that this resource handout

can help you get started. Because of the limited amount of time we have together, we will just pass out the handout today. However, if you want to talk about this issue more, please let us know during the next break.

**Protecting CSOs from
Violence:
20 Minutes**

It is often the case that the loved ones of group participants have been violent in the past and may again be violent. Although it may not be the group leaders' responsibility to report domestic violence (state laws will vary on this point), it is certainly an issue that needs to be addressed and one in which resources will need to be given to CSOs. Many participants may not recognize or even want to recognize what is happening in their household. This section is not designed to process (in-depth discussion / sharing on the issue) domestic violence, but to bring some awareness and to provide some assistance and/or referrals to help the participants become safe. CRAFT-SP does not take the place of a domestic violence intervention or treatment. This section provides information on recognizing intimidation and violence, assessing violence, and developing an initial safety plan. If a group member indicates high levels of violence, see her after the session and try to encourage her to follow-up on the referrals provided.

1) Recognizing Intimidation and Violence

Using the **Craft-SP Handout 6d "RECOGNIZING INTIMIDATION AND VIOLENCE,"** therapists will begin to help problem solve in order to prevent crisis situations as they relate to domestic violence. Recognizing domestic violence is the obvious first step, especially since we know there is a high correlation between substance abuse and domestic violence. Please share the following information with group participants:

Before giving participants the handout:

- a) **Taking care of yourself includes being safe in your house. Some of the changes that you want for your life will be hard to make if violence is a part of your household. It is important to know that some of your partners may have an extreme reaction to changes in your behavior. This is especially true if they already had extreme or angry behavior in the past and if they are under the intoxicating effects of alcohol or drugs. Being under the influence of alcohol or drugs may cause them to do things they would not do if they were sober. Therefore, it is important that the level of potential violence in your household be checked. A good rule of thumb is: don't mess with them while they are under the influence!**

- b) **Violence often happens in families where substance abuse is involved. It can be scary and very hurtful, but if you get help you can take the steps needed to make sure you are safe. We are not here to tell you that you need to leave your partner or that you are in a “bad” or “good” relationship. These are things that you need to figure out for yourself (or with the help of a trusted friend, family member, or individual therapist). We are only here to help you in your process of understanding yourself and your relationship, and to help you find resources in case *you* want to make changes.**

Give participants Craft-SP Handout 6d “RECOGNIZING INTIMIDATION AND VIOLENCE,” read each item, and provide a few examples of each.

2) Assessment of Violence and Current Social Support

- a) **Ideally, relationships would have open expression of feelings without the threat of intimidation and violence. To find out more about your own relationship, please answer the questions on Craft-SP Handout 6e “RELATIONSHIP QUIZ.” Abuse can be verbal, emotional, physical, or sexual. It can be directed at you, at objects, or at those you love, like children or even pets. The purpose of taking this relationship quiz is:**
- **To figure out the level of violence in your relationship in the past and the likelihood of future problems.**
 - **To figure out the level of support you have with family members and friends, and thereby the extent to which these people might be counted upon to help you in dealing with incidents of abuse.**

3) Developing a Safety Plan

Using **Craft-SP Handout 6f “DEVELOPING A SAFETY PLAN,”** allow some time for participants to explore ways in which to keep themselves safe and to plan for their own protection. This may include plans for escaping an abusive situation or initiating legal remedies to halt abuse. Please share the following with participants as you introduce the topic of developing a safety plan:

- a) **An important part of recovery for you and others in the family is staying safe and stopping all forms of abuse. There cannot be any movement forward until the house feels free of intimidation and violence. Everyone deserves to be treated with respect. Although it can take a while to break negative habits, it is important that it does happen.**

- b) You may feel like you are alone in dealing with the violence. One very important question to ask yourself is, would you consider discussing the problem with a friend, a relative, a specialist, or a support group?**
- c) It is important that you know that the more often, more extreme, and longer the violence, the more likely the violence will continue and the greater the need for a variety of options in dealing with the abuse.**
- d) On your path to creating a safe environment for yourself, you will find a variety of things that will be helpful. Different strategies are appropriate for different situations. If you have significant violence in your home, you will need specialized help. However, we can get you started with a brief five-step approach and some information for you to take home with you. These five steps are outlined for you in handout 6f “DEVELOPING A SAFETY PLAN.”**

Review **CRAFT-SP Handout 6f “DEVELOPING A SAFETY PLAN** with participants and follow-up with a list of community resources. Answer all questions the best you can but do your best to avoid a discussion of individual cases. As the facilitator of this session it important to remember that frequent, intense, and/or persistent domestic violence will almost always warrant a referral to an established domestic violence program.

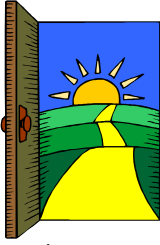
Distribute a list of local resources (e.g., shelters, hotlines, legal aid, restraining order resources). Encourage participants to seek out these programs, but remember that you are ultimately not responsible for getting them there.

<p style="text-align: center;">Closing Comments: 5 Minutes</p>
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End session six by briefly reviewing some of the information discussed, praising the effort the CSOs have put forth, and expressing positive expectations. Examples include:

- 1) “Increasing your social support, rewarding yourself, and making sure you are safe are all things whose importance I can’t emphasize enough. I know that you were thinking about your loved one when you decided to come to this class, but if you don’t take care of and honor yourself, what kind of life will you really have?”**

- 2) **“Doing the things that we shared today will not only help you feel better about yourself, but also you will have an increase in self-esteem, purpose to life, and self confidence. Learning to love and take care of yourself will help you and others to love and respect you even more! You are all incredibly intelligent, strong, and amazing people! It is time that your lives are lived in way that this is truly believed by you.”**
- 3) **“You can best help your loved one by helping and taking care of yourself!”**
- 4) **“Remember... for those people who realized that they are not safe in their household – please talk to me after class.”**



Developing a Support System

A **support system** is all of the people who help you along the way. That might include family, friends, co-workers, neighbors, church or club members, people interested in the same recreational activities or sports, etc. All of you can benefit from learning ways to establish new and re-establish old relationships. How does a person go about developing a support system?

Revive old friendships. Break out of a rut, pick up the phone, and call that person that you haven't gotten around to calling for a while. It might be an old friend or a relative that you haven't talked to in a while. Invite that friend over for coffee or to lunch at a restaurant. Think of 4 people you could contact that you haven't seen in a while.

1. _____ 2. _____

3. _____ 4. _____

Practice "small talk." Start conversations with others and break the ice. It's possible that your neighbor or acquaintance would also like someone to talk to.

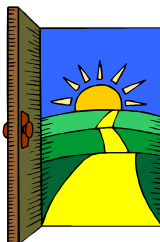
Develop conversation skills. If you are not "good" at talking to others, remember a few simple steps. First, break the ice by saying "Hello." Second, ask the other person about himself or herself, i.e. what *they* have been doing, what *they* are interested in, etc. Third, tell a little something about what *you* have been doing or what *you* enjoy. Practice with a partner.

Develop interests that can be shared with others. Find a hobby that you enjoy and where other people who like that hobby get together. Ask around, call your town's recreation department, and look in the paper or the internet. What are three things that you like to do with other people? (Examples are bowling, walking, quilting, etc.)

1. _____ 2. _____ 3. _____

Find someone you can really talk to and confide in. A close friend or family member will help you to find out if others see the problem in a similar way. You will be able to get the help of your friend in finding more things you enjoy (reinforcers). You will also have a practice partner to practice exercises and role-plays at home. The friend may have ideas that you have missed. These may include suggestions for non-drinking alternatives (for competing activities to drinking and/or using) or a "safe house" in the case of abuse. We have asked you to ignore your loved one when they are drunk, high or hung-over. You may need to vent your feelings with someone, and you could "blow off some steam" with a confidante. Think of a few people who are or could be someone you could really talk to.

1. _____ 2. _____ 3. _____



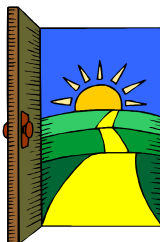
BARRIERS TO REWARDING YOURSELF

It may be easy or difficult for you to reward yourself for hard work, but it is extremely helpful when you find ways to reward yourself in big and small ways. Keep in mind that although there are barriers to rewarding yourself, they can be overcome. *Use the scales below to rate each item as to the likelihood of it being a barrier (obstacle) to rewarding yourself.*

1 = Very Likely 2 = Likely 3 = Maybe 4 = Unlikely 5 = Very Unlikely

Barriers to rewarding myself are:

I haven't rewarded myself in the past.	1	2	3	4	5
I don't have any money.	1	2	3	4	5
I don't have the time.	1	2	3	4	5
I don't know how.	1	2	3	4	5
I don't deserve to be rewarded.	1	2	3	4	5
I feel guilty if I reward myself.	1	2	3	4	5
No one has given me permission to reward myself.	1	2	3	4	5
I don't have the ability to reward myself.	1	2	3	4	5
Since I can't get a big reward, I won't give myself any reward.	1	2	3	4	5
Other_____.	1	2	3	4	5
Other_____.	1	2	3	4	5
Other_____.	1	2	3	4	5
Other_____.	1	2	3	4	5



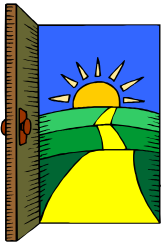
REWARDING YOURSELF

I can choose to reward myself, knowing that it is not selfish to find helpful ways to take care of myself. By rewarding myself, I can sustain a positive outlook and encourage positive behavior in myself. **Please rate each activity as to the likelihood that you will actually do it.**

1 = Very Likely 2 = Likely 3 = Maybe 4 = Unlikely 5 = Very Unlikely

Ways that I can reward myself are:

Take a walk	1	2	3	4	5
Take a bath	1	2	3	4	5
Eat a favorite treat	1	2	3	4	5
Talk to a friend	1	2	3	4	5
Buy myself a small item "just because"	1	2	3	4	5
Read a book	1	2	3	4	5
Listen to music	1	2	3	4	5
Visit family	1	2	3	4	5
Go to church	1	2	3	4	5
Other _____	1	2	3	4	5
Other _____	1	2	3	4	5
Other _____	1	2	3	4	5
Other _____	1	2	3	4	5
Other _____	1	2	3	4	5
Other _____	1	2	3	4	5
Other _____	1	2	3	4	5
Other _____	1	2	3	4	5



JOB ASSISTANCE: HELPFUL RESOURCES

SPECIALIZED VETERAN EMPLOYMENT RESOURCES

1. Department of Veterans Affairs: <http://dva.jobsearch.org/>

Vocational Rehabilitation & Employment Service

VA Regional Office

Federal Building

125 South Main Street

Muskogee, OK 74401-7025

Toll Free (800) 827-1000

2. Free Military Transition Assistance for Veterans: <http://www.bluetogray.com/>

Corporate Gray Online offers free military transition services to help you connect with great companies nationwide. Post your resume with our veteran job search service and apply online for thousands of job opportunities with military-friendly companies such as Lockheed Martin, SAIC, AT&T, USAA, Northrop Grumman, Radio Shack, and many others. You can also find military-friendly employers at our Corporate Gray Military Job Fairs and in your Corporate Gray Series Book.

3. Department of Defense: <http://www.dmdc.osd.mil/ot/index.html>

Department of Defense, Operation Transition provides the Transition Bulletin Board (TBB), an automated system, which contains a listing of job want ads and other useful information to separating/retiring military and federal civilian personnel and their spouses. On average, more than 10,000 want ads representing over 30,000 jobs can be viewed on the TBB every day.

OKLAHOMA EMPLOYMENT RESOURCES

1. Oklahoma Department of Rehabilitation Services

3535 NW 58th Street, Suite 500

Oklahoma City, Oklahoma 73112

Voice/TTY/TDD (405) 951-3400; Toll Free (800) 845-8476

Call to find out which counselor serves your zip code.

Service Information:

This agency is made up of three Divisions: Rehabilitative Services, Visual Services, and Disability Determination. The agency's mission is to provide opportunities for individuals with disabilities to achieve productivity, independence and an enriched quality of life. An individual is eligible for vocational rehabilitation services if he/she:

- Has a physical or mental impairment which results in a substantial impediment to employment, and
- Can benefit in terms of employment outcomes from vocational rehabilitation services, and
- Requires vocational rehabilitation services to prepare for, enter, or retain gainful employment.

2. Oklahoma Goodwill Industries

410 SW Third Street

Oklahoma City, Oklahoma 73109

(405) 236-4451

Voice (405) 235-4490

Service Information:

Goodwill offers employment opportunities in hand assembly, retail clothing and custodial work. Goodwill offers several training opportunities: Business Office and Communication Course, Computer Literacy Program, and Work Adjustment Training. WILLPOWER Temporary Services specializes in placing people in temporary assignments for clerical and general laborer positions. * A documented disability is the criteria for Goodwill services.

3. Jobs in Oklahoma: <http://www.jobsok.com/>

This is a list of jobs in Oklahoma listed on the web. These jobs are posted by the newspaper and Channel 9. This online job site provides access to jobs advertised in the Oklahoma newspaper.

4. Oklahoma Employment Security Commission: <http://www.oesc.state.ok.us/>

This agency provides convenient services to individuals and employers related to unemployment, employment and the job market. Below is a list of services they offer:

[Search for jobs online with Oklahoma Job Link](#)

[Search hot job opportunities / job fairs](#)

[Apply for Unemployment Insurance benefits](#)

[Explore career resources \(resume tips, career planning and other resources\)](#)

[Find information about job trends, wages and other job market data](#)

[Find assistance for veterans](#)

[Find out about workers rights](#)

[Determine if you may be eligible for special services](#)

[Find out about programs for individuals with disabilities](#)

[Locate training or education opportunities](#)

[Identify community resources \(housing, child care and other support services\)](#)

Forms and publications

Find important numbers for 2004 (wage/base/rates)

Look through helpful links

GENERAL ON-LINE RESOURCES

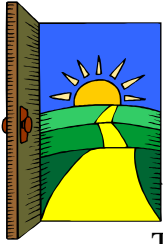
The following links provide information on resume building, interviewing skills, job finding, and employment searches.

1. <http://www.careers.org/>
2. <http://www.careerbuilder.com/JobSeeker/>
3. <http://www.careersite.com/>

GOVERNMENT RESOURCES

1. **US Dept of Labor:** <http://www.dol.gov/>

This site gives laws and statistics regarding our nations' jobs. This on-line site will also give you information on finding a job at the government level.



RECOGNIZING INTIMIDATION AND VIOLENCE

The following are ways that one person in a relationship may intimidate or control others. The most extreme way is actual violence toward the other person.

Economic Control:

- not letting her get a job
- making him ask for money
- giving her an allowance
- taking his money
- not letting her have access to any income

Isolation:

- controlling what she does, whom he sees and talks to, where she goes

Using Children:

- making him feel guilty about the children
- using the children to relay messages
- threatening to take the children away

Using Intimidation:

- making her afraid by looks, actions or gestures
- smashing things
- destroying his property
- abusing pets
- displaying weapons

Emotional Abuse:

- putting him down
- making her feel badly about herself
- calling him names
- making her think she's crazy
- humiliating him
- making her feel guilty

Using Coercion and Threats:

- making and carrying out threats to hurt her
- threatening to leave him, to commit suicide, or to report him to welfare
- making her drop charges or do illegal things

Minimizing, Denying, and Blaming:

- making light of past abuse or saying the abuse didn't happen
- shifting responsibility for the abuse... "You asked for it!"

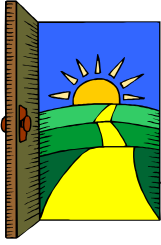
Violent Behavior:

- slapping or flicking
- blocking an exit or holding down
- hitting, punching or kicking

Sexual Violence:

- manipulating or making a person feel guilty
- making a person perform unwanted sexual acts
- sexual assault

* Domestic Abuse Intervention Project, Duluth, MN



QUIZ: HOW IS YOUR RELATIONSHIP?

Does your partner:

1. Embarrass you with bad names and put-downs? Yes No
2. Look at you or act in ways that scare you? Yes No
3. Control what you do, who you see or talk to, or where you go? Yes No
4. Stop you from seeing or talking to friends and family? Yes No
5. Prevent you from getting or keeping a job? Yes No
6. Take your money, make you ask for money, or refuse to give you money? Yes No
7. Make all the decisions? Yes No
8. Tell you you're a bad parent or threaten to take away your children? Yes No
9. Act like the abuse is not big deal, it's your fault, or deny it happened? Yes No
10. Destroy your property? Yes No
11. Intimidate you with guns, knives, or other weapons? Yes No
12. Shove you, slap you, or hit you? Yes No
13. Force you to drop criminal charges? Yes No
14. Threaten to hurt or kill your pets? Yes No
15. Threaten to commit suicide if you leave? Yes No
16. Threaten to kill you? Yes No

If you answered *Yes* to even one of these questions, you may be in an abusive relationship. If you answered *Yes* to questions 11, 12, 14, or 16 your life may be in danger. Please get help before your life is lost.

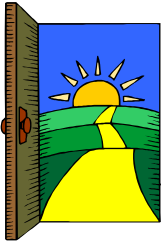
A big help if dealing with domestic violence is having support:

1. How many people have you told about the intimidation or violence in your house?

2. How many people do you feel comfortable talking to about your relationship?

3. How many people would believe and support you?

4. Where could you go if you needed a safe place to stay? _____



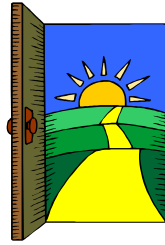
DEVELOPING A SAFETY PLAN

An important part of recovery for yourself and others in your family is staying safe and stopping all forms of abuse. Although everyone wants to be treated with respect, it can take a while to break out of negative habits. If your relationship has had violence in the past, here are some tips to help change things. Of course, there is no excuse for violence of any kind – and you are not responsible for changing your partner’s violent behavior (only he/she can do that!).

If you are dealing with the violence in isolation, consider the steps below. The more often, more extreme, and the longer the violence has continued, the more likely the violence will continue without help. **We strongly recommend a specialized domestic violence treatment program for those with continuous abuse in their families.**

- a. **Recognize escalating conflicts.** Identify conflicts that are leading to a high potential for violence early on, rather than to continue in a discussion that is getting more and more intense. Recognizing conflicts that are getting out of hand early on is especially important if your loved one has a history of violence or if alcohol / drugs are affecting his/her judgment.
- b. **Get support from a friend, a family member, or a support group.** Instead of trying to deal with the abuse by yourself, get some help in finding solutions.
- c. **Leave the situation.** In some cases, this may be as easy as leaving the room. In other situations, it may require leaving home and using a “Safe House.” This can be the home of a relative, friend, or a family shelter.
- d. **Police intervention.** No one should have to live with abuse. If abuse occurs, contact the police immediately rather than hope things get better or don’t get out of hand.
- e. **Get legal help through a Temporary Restraining Order.** The goal of legal action through a temporary restraining order is not to get revenge for abuse. Instead, legal action is simply a way to protect yourself. A Temporary Restraining Order actually may be a benefit. A restraining order may be a way to get your loved one’s attention about the impact of their behavior (and likely the effects of substance abuse).

The CRAFT facilitator will give you a handout on community resources for dealing with abusive situations.



CRAFT-SP

SESSION 7

ALLOWING NEGATIVE CONSEQUENCES / ANTICIPATING NEGATIVE REPERCUSSIONS

GOALS

The seventh session has two goals:

- 1) To teach CSOs how to allow and anticipate negative consequences when their loved one uses.
- 2) To help CSOs understand their range of options in the relationship.

SESSION CONTENT

**Allowing Negative Consequences:
15 Minutes**

This section helps CSOs to understand that allowing the natural negative consequences of their loved one's drinking or drugging may actually help them stop abusing substances. Share the following with group participants:

- 1) **One of the difficulties that you may face is the negative impact of substance abuse on your loved one. This is especially difficult if there are other people involved, e.g. a parent watching their grandchild go without needed clothing or food because their adult child has spent the family income on alcohol or drugs. Often a CSO gets caught between wanting to help and recognizing that the loved one has become overly dependent on them. For example, you may be expected to bail the loved one out of jail, come up with grocery money on the spot, or pay a utility bill before the heat gets shut off.**

- 2) **Let's spend some time looking at some of these "natural" negative consequences of using drugs or alcohol.**
- 3) **Some examples of allowing negative consequences include:**
 - **Not making excuses for him missing a meal at his family's house so they ask him directly about his whereabouts**
 - **Not cleaning up after him when he throws up on himself so he can see the impact of his drinking**
- 4) **Can you think of any examples of unwanted drug using behaviors and their consequences?**
 - **Write these examples down on the dry erase board and provide examples as needed. You can use examples CSOs may have given in prior group meetings.**
- 5) **Can any of you talk about why it could help to let your loved one experience the negative consequences of their drinking or drugging?**

*As a facilitator, you can select a person to walk through the behavior, its consequence, and a reason why it may be important to let the partner experience the consequence. Make sure everyone can understand why it is important for the drug user to suffer negative consequences:

- i.e. The more painful it is → the less likely he is to do it again
 The fewer hassles → the more likely to continue the behavior

If necessary, assist with examples from other clients.

<p style="text-align: center;">Anticipating Negative Repercussions: 15 Minutes</p>
--

Using **Craft-SP Handout 7a "NEGATIVE CONSEQUENCES / ANTICIPATING NEGATIVE REPERCUSSIONS,"** allow participants to look at their own situations more clearly. It cannot be stressed enough that part of the training in how to allow or apply negative consequences also entails anticipating the drug user's reaction to a given consequence. The objective is to trouble-shoot each consequence before it is tried, and to plan for extreme reactions from loved ones.

At this time it is really important for everybody to recall our discussion on keeping safe. Your partner may react quite strongly to your new way of approaching things.

Give everybody Craft-SP Handout 7a “NEGATIVE CONSEQUENCES / ANTICIPATING NEGATIVE REPERCUSSIONS” and share the following with group participants:

- 1) Using Handout 7a “NEGATIVE CONSEQUENCES / ANTICIPATING NEGATIVE REPERCUSSIONS,” please take time to:**
 - **Write out one or more constructive steps wherein you allow your loved one to experience negative consequences in support of his/her sobriety.**
 - **Write down the anticipated reactions from your partner, and your planned response to these reactions. Be safe!**
 - **Remember to use the communication skills we have been working on (the steps that will help you to communicate positively and effectively).**
 - **Writing this down can help you clarify exactly what you would like to have happen, while at the same time being prepared for "the worst." Stay positive!**
- The therapist can write some examples on the board and model the behaviors in front of the class.
- 2) Now that you have begun to explore this process, we need a volunteer to role-play the process with me.**
 - The therapist should role-play the CSO. You are helping the CSO understand how to explain to their loved one why they are not doing things the old way, e.g. “I really love you, but I’m not going support your drinking behavior.” The therapist will emphasize the CSO is no longer supporting the addiction.
 - **Remember that you can do things differently now, allowing your loved one to experience the natural consequences of the behavior. In other words, back off and let them suffer rather than taking the heat for them.**
 - Discuss possible negative repercussions from the drug user when allowing the natural consequences of drinking/drugging to occur.

<p style="text-align: center;">When to Move Out / When to Reunite: 5 Minutes</p>

Using **Craft-SP Handout 7b “WHEN TO MOVE OUT / WHEN TO REUNITE: RANGE OF OPTIONS,”** allow participants to anticipate a negative reaction from the user or the possibility of no change in their behavior and substance use. Please share the following with participants:

Before giving participants **Craft-SP Handout 7b “WHEN TO MOVE OUT / WHEN TO REUNITE: RANGE OF OPTIONS”**:

- 1) As we have shared before, there is always the possibility that things with your loved ones may get worse (you will get a negative reaction from them) or there may be no change. Change takes time, so be realistic and patient. Leaving your loved one may be the one thing that you fear above all else. We would like to spend some time looking at the options available to you. **Craft-SP Handout 7b “WHEN TO MOVE OUT / WHEN TO REUNITE: RANGE OF OPTIONS”** will help us explore some of your choices.

Go over each section of **Craft-SP Handout 7b “WHEN TO MOVE OUT / WHEN TO REUNITE: RANGE OF OPTIONS,”** with participants, answering questions as they come up.

After the **Craft-SP Handout 7b “WHEN TO MOVE OUT / WHEN TO REUNITE: RANGE OF OPTIONS,”** has been read and discussed share the following information:

- 2) You should discuss this plan with your loved one beforehand, unless violence is expected. Regardless of what others say, the decision to leave your loved one must be yours, and supported by others. Whatever decision you make, you must be ready to deal with your loved one’s reaction to this choice. This is why preparation and planning are vital.

<p>Reuniting Plan: 2 Minutes</p>
--

Using **Craft-SP Handout 7c “Reuniting Plan,”** help CSOs understand how to plan for reunification. Please share the following with participants:

- 1) If you decide to separate from your loved one, we are assuming that you would like to get back together if he/she makes positive changes. You can ask yourself this question, “What would have to be different for me to get back together with my loved one?”

Pass out **Craft-SP Handout 7c “Reuniting Plan.”**

- 2) **There is a very important step to consider before moving back in. A written plan or contract describing the circumstances *that will convince you to move back home* should be developed.**
- 3) **This plan should be specific, brief and stated in a positive manner. It should describe the behaviors desired, as opposed to the behaviors you do not want to see. The plan should be a strong, idealistic one, since some room for negotiation is important. At the same time, the plan must take into consideration the possibility that your loved one will not comply. This negotiation should occur in a public place or with someone who can monitor the discussion in case tempers flare.**

<p style="text-align: center;">Closing Comments: 5 Minutes</p>
--

Next, briefly review the information discussed, praising the effort the CSOs have put forth, and expressing positive expectations. Examples include:

- 1) **“We hope that after today’s discussion you have gotten a better understanding of why allowing the natural negative consequences from alcohol / drug use is important. Protecting your loved one may not be the best way to help them. This is often extremely hard but if you have support and you keep thinking of all the reasons why you are doing it, then it may take the sting out of the bite.”**
- 2) **“The goal of CRAFT-SP is to help you relate to your loved ones in a way that helps both them and you. Being willing to try a different approach shows an incredible amount of courage...but I know you can do it!”**
- 3) **“There may have been a time or there may be a time soon that you will make a decision for yourself regarding your relationship. Whatever you decide, we hope that all the things that you have learned in this class will not only help in making the best decision, but also that you will feel really good about that decision.”**

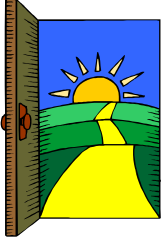
<p style="text-align: center;">Graduation Ritual: 5 Minutes</p>

Pass out Craft-SP Handout 7d “Certificate of Completion” to each participant.

Share with participants your pride in their completion of this class, emphasizing their courage in attending the session(s) and considering making positive changes in their lives/relationships.

You may choose to provide light refreshments to celebrate completion of the class.

You may also wish to discuss after-care plans for the CSOs, including community referrals, follow-up meetings, Al-anon, etc.

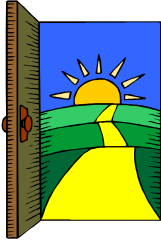


NEGATIVE CONSEQUENCES / ANTICIPATING NEGATIVE REPERCUSSIONS

Negative consequences that you could allow if your loved one drinks/drugs:

Likely reactions from your loved one are:

Your response to these reactions: (Planning may help you clarify exactly what you would like to have happen, while at the same time being prepared for "the worst.")



WHEN TO MOVE OUT / WHEN TO REUNITE: RANGE OF OPTIONS

1. *Continue As Is*

You may decide that it is not worth making the changes in your relationship or that your loved one will never change. This may be the right choice for you right now. You and your loved one may not be ready to make changes. However, should you decide in the future that you are ready and do want to make changes, please review all that you have learned in this class and draw upon your social support system.

2. *Take Small Steps*

At this time you may decide that what you would like to do is take small steps on your way to making changes in your relationship with your loved one. One very important thing to realize is that you have already made one significant step in coming here to be a part of the Craft-SP training. Let's not forget all that you may have done already. Some other small steps may include changing the way you communicate or spending more time taking care of yourself. Each small step is just one step along the road, but without those small steps, we would never get anywhere!

3. *Limit Verbal Contact*

There could be a time in your relationship when you decide that you want to limit verbal contact. This may include taking time outs from discussions, scheduling discussions, or limiting conversations to things that are productive discussions. This may help to reduce the amount of arguing and harsh feelings that can hang around consistently in a household.

4. *Limit Physical Contact*

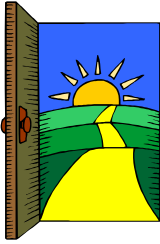
Limiting physical contact with your loved one means limiting the time you are around your loved one while they are drinking/drugging -- or going somewhere else so that you are not physically in the same place when they are intoxicated. Finding something else to do or some other place to be can help you both get the time apart that you may need; it may also help you in your effort to not reinforce their drinking / drugging.

5. *Trial Separation*

It is possible that you may decide that you need to find out what it would be like to be separated from your loved one. This could mean finding a separate place to live or agreeing not to see or talk to the other person for a set amount of time (e.g., 2 weeks, 3 months). This will give you a chance to focus on yourself and hopefully give them a chance to see what they could lose permanently if they don't change.

6. *Permanent Separation*

Divorce or the ending of a relationship may seem scary right now and the last thing that you want. However, it the right step for some people and some situations. Sometimes the ending of a relationship can be the beginning of many other wonderful things such as better well being, health, and relationships with others.



REUNITING PLAN

I would like to reunite with you. However, in order for our relationship to go forward, I believe that there must be some changes in our situation and relationship. I will move back when:

_____ You have been sober for _____ days.

_____ You tell _____ about the problems we have been having and ask them to discuss with me your willingness to work toward making things better.

_____ When upset, you will _____

_____ We have begun: _____ Substance Abuse Treatment

_____ Domestic Violence Treatment

The treatment program/counselor's name is: _____

He/she can be reached at: _____

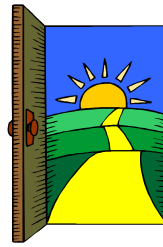
_____ You arrange for counseling for the children.

The counselor's name is: _____

The first appointment is on _____ at _____

_____ You arrange for a meeting with our child (children's) teacher/school counselor by

Remember, this plan will describe the circumstances that will convince you to move back home. The plan should be **specific, brief and stated in a positive manner**. It should describe the behaviors you want to see as opposed to the behaviors that you do not want to see. You should firmly state what you want to be different, but be willing to leave some room for negotiation. This negotiation is best if it happens in a counselor's office, but if for some reason it gets settled between you and your loved one outside of a session, you should review it with a counselor as soon as possible.



Certificate of Completion

The Substance Abuse Clinic Teaching Faculty
of the Oklahoma City VA Medical Center

certify to all that

has fulfilled the requirements of the

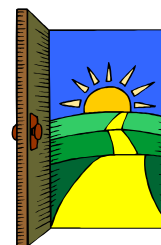
CRAFT-SP class

and is hereby admitted the rights and privileges

of using that training on a daily basis.

Instructor's Signature

Date



CRAFT-SP

Appendix A

REVIEW OF OPERANT BEHAVIORAL THEORY

General Theory:

B.F. Skinner's theory of Operant Behavior is based upon the idea that learning is a function of change in overt behavior. Changes in behavior are the result of an individual's response to events (stimuli) that occur in the environment. A response produces a consequence such as defining a word, hitting a ball, or solving a math problem. When a particular Stimulus-Response (S-R) pattern is reinforced (rewarded), the individual is conditioned to respond. In other words, the organism is in the process of "operating" on the environment, which in ordinary terms means it is bouncing around its world, doing what it does. During this "operating," the organism encounters a special kind of stimulus, called a reinforcing stimulus, or simply a reinforcer. This special stimulus has the effect of increasing the operant -- that is, the behavior occurring just before the reinforcer. This is operant conditioning: "the behavior is followed by a consequence, and the nature of the consequence modifies the organism's tendency to repeat the behavior in the future." The distinctive characteristic of operant conditioning relative to previous forms of behaviorism (e.g., Thorndike, Hull) is that the organism can emit responses instead of only eliciting response due to an external stimulus. One of the distinctive aspects of Skinner's theory is that it attempted to provide behavioral explanations for a broad range of cognitive phenomena. For example, Skinner explained drive (motivation) in terms of deprivation and reinforcement schedules.

Imagine a rat in a cage. This is a special cage (called, in fact, a "Skinner box") that has a bar or pedal on one wall that, when pressed, causes a little mechanism to release a food pellet into the cage. The rat is bouncing around the cage, doing whatever it is rats do, when he accidentally presses the bar and -- hey, presto! -- a food pellet falls into the cage! The operant is the behavior just prior to the reinforcer, which is pressing the bar and the reinforcer is the food pellet. In no time at all, the rat is furiously peddling away at the bar, hoarding his pile of pellets in the corner of the cage.

Operant Conditioning Principles:

- a. *A behavior followed by a positive reinforcing stimulus results in an increased probability of that behavior occurring in the future.* Reinforcement is the key element in Skinner's S-R theory. A positive reinforcer is anything that strengthens the desired response. It is the addition or applying of something positive in order to produce that behavior again. Examples include: verbal praise, a good grade, money, food, or a feeling of increased accomplishment or satisfaction.
- b. *A behavior followed by the taking away of something positive will result in a decreased chance of that behavior in the future.* This is called negative punishment or any positive stimulus that results in the increased frequency of a behavior when it is taken away. This is very different from applying aversive stimuli or punishment. A negative reinforcer is the removal of something positive in order to reduce that behavior in the future. Examples include: taking away dessert or attention, using timeouts, taking away TV time, or a demotion at work.
- c. *A behavior followed by an aversive stimulus results in a decreased probability of the behavior occurring in the future.* This concept is usually called positive punishment. Most people like their behaviors to be responded to with reward or pleasure. So when the response from others is unpleasant or painful they will be less likely to reproduce that behavior again. Punishment is the applying of something aversive or negative to reduce the chance of this behavior occurring again. Examples of punishment include: spankings, derogatory statements, fines / fees, interpersonal rejection, written reprimand at your place of employment, public humiliation. Important qualifiers for this type of punishment are below.
 - Punishment carries less information than reinforcement
 - Punishment may generalize
 - Punishment is rarely reliable especially if it is not consistent
- d. *Behavior followed by the removal of an aversive stimulus results in an increased probability of that behavior occurring in the future.* This strategy is also called negative reinforcement because you are taking away something negative in order to increase the chance of a behavior reoccurring. It feels good when something aversive stops so this serves as a reinforcer to keep doing whatever you were doing before the aversive stimuli was removed. A popular example of this concept is the cessation of constant nagging by a loved one.
- e. *Information should be presented in small amounts so that each response can be reinforced ("shaping").* A question Skinner had to deal with was how we produce more complex sorts of behaviors. He responded with the idea of shaping, or "the method of successive approximations." Basically, it

involves first reinforcing a behavior only vaguely similar to the one desired. Once that is established, you look out for variations that come a little closer to what you want, and so on, until you have the animal performing a behavior that would never show up in ordinary life. Skinner and his students were quite successful in teaching simple animals to do some quite extraordinary things.

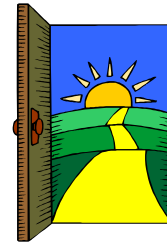
- f. *Reinforcements will generalize across similar stimuli ("stimulus generalization") producing secondary conditioning.*
- g. Any behavior no longer followed by the reinforcing stimulus results in a decreased probability of that behavior occurring in the future. What if you don't give the rat any more pellets? Apparently, he's no fool, and after a few futile attempts, he stops his bar-pressing behavior. This is called extinction of the operant behavior.

Remember that a reinforcer may be positive or negative. A positive reinforcer reinforces when it is presented; a negative reinforcer reinforces when it is withdrawn. Negative reinforcement is not punishment. Reinforcers always strengthen behavior; that is what "reinforced" means. Punishment is used to suppress behavior. It consists of removing a positive reinforcer or presenting a negative one. It often seems to operate by conditioning negative reinforcers. The punished person henceforth acts in ways, which reduce the threat of punishment and which are incompatible with, and hence take the place of, the behavior punished.

Schedules of Reinforcement:

The schedule in which reinforcers or punishers are used is extremely important to operant behavioral theory. There are four basic schedules of reinforcement used. All others are combinations or variations of these basic four:

- Fixed Ratio (FR)
If a response is reinforced when a given number of responses has been emitted, the rat responds more and more rapidly as the required number is approached.
- Variable Ratio (VR)
When reinforcement occurs after an average (varying) number of responses (but unpredictably), the schedule is called variable-ratio.
- Fixed Interval (FI)
When reinforcement after a fixed time interval has passed
- Variable Interval (VI)
When reinforcement occurs after a variable time interval has passed.



CRAFT-SP

Appendix B

CONTINGENCY MANAGEMENT AND AL-ANON STRATEGIES: DETACHMENT AND ENABLING

COMPARISON OF CRAFT WITH AL-ANON:

As mentioned in the Introduction, the CRAFT approach does not intend to be antagonistic to the goals or ideals of Al-Anon. However, there are some fundamental differences despite the examples showing similarity in this Appendix. In Al-Anon, CSOs are seen as unable to influence their loved one's drinking/using behavior. Spiritual means through the 12-Step program are used to help people accept their powerlessness and work toward personal serenity. The CRAFT approach recognizes actions such as reducing enabling, detaching, or spiritual development as appropriate goals. In fact, research shows that CSOs improve their well being when involved with Al-Anon. However, CRAFT has been demonstrated to be more helpful in helping CSOs find behaviors they can use to engage unmotivated substance abusers into treatment (Miller, Meyer, and Tonigan, 1999).

USE OF THIS APPENDIX:

This information is meant to help clinicians that are using the CRAFT Manual in two ways. First, this information will help clinicians that have an affinity to Al-Anon or other 12-Step programs to understand how the CRAFT model might meaningfully be integrated into their work with CSOs. Second, it may help clinicians with little experience with Al-Anon to speak in terms that will be meaningful to CSOs who have been involved in Al-Anon.

CONTINGENCY MANAGEMENT AND AL-ANON STRATEGIES: DETACHMENT AND ENABLING

There is an example of extinction that will be familiar to anyone who has been involved in Al-Anon. Al-Anon teaches a CSO to *detach*, a similar concept to extinction. They suggest that a CSO not get all worked up over their loved one's drinking/using. Instead, both the CSO and the drinker/user benefit if a CSO maintains *detachment* from

their drinking/using loved one. The CSO does not detach from the person, but from their loved one's drinking/using behavior. Instead of nagging, pleading, criticizing, or even giving the cold shoulder (which suggests anger and avoidance aimed at punishing your loved one), you simply go on about your day without getting caught up in trying to stop your loved one from drinking or using.

Another common problem is a pattern of interacting with your loved one that turns into *enabling*. Enabling is a problem in which a CSO begins to accidentally reinforce their loved one's drinking/using by covering up the substance abuse or protecting the abuser from the consequences of their drinking/using. Let's consider the interactions between Bill and Ann to clarify enabling.

Bill usually spends Wednesday night at the bowling alley. He goes there to relieve the stress he feels from work and family pressures. Ann doesn't care if he goes bowling with the guys, but doesn't like what happens when he drinks. Here's a typical scenario. As Bill prepares to leave, Ann says, "Bill do you have to go bowling tonight? Can't you stay home with the kids and me? After all, you know how you get when you drink..."

Bill answers, "Can't I even take one night a week off with my friends? Do you have to control every minute of my life? Stop trying to tell me what to do!" With that, he burns rubber on his way out of the driveway. He returns at 3:00am, and passes out of the couch.

Thursday morning, Ann walks by the couch and thinks, "I'm not going to call into work for him this week!" However, worries begin to enter her mind. How will they pay the rent and utilities if Bill loses his job? What about the kids and the things they need for school? After stewing a while, she picks up the phone and calls his work. She tells them that Bill is "sick...but, if he starts feeling better, he'll come in later this morning."

Bill wakes up at 10:00, drags himself into the shower, and gets to work by 11:00. His boss isn't upset at him because his wife called in for him. He has not had to face any negative consequences of his drinking. Next Wednesday, Bill will think back to the previous week and decide that alcohol isn't really much of a problem for him. Of course, he will decide to go "bowling" with his friends again.

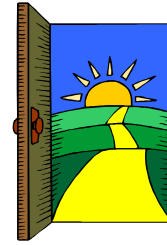
This pattern reinforces drinking behavior and is called *enabling* (by Al-Anon). To summarize, enabling refers to the tendency of loved ones to protect their drinking/using loved one from the consequences of his/her drinking. Often CSOs do this for a "good reason," but it reinforces drinking behavior. Ironically, this pattern indirectly encourages a drinker/user to stay in a destructive pattern of drinking and/or using. Of course, this is the last thing a CSO wants. Why does this happen? Well, there may be many different "good reasons." Can you guess why Ann called in "sick" for Bill?

Some examples include:

- Financial hardship if Bill loses his job
- Can't pay the rent
- Can't pay the utilities
- Can't get the kids the things they need for school
- Can't go on vacation
- Embarrassment if Bill loses his job
- Family complaints, "I told you he was a drunk/junkie...Why do you stay with him?"
- Risk of violence if Bill loses his job and hangs around the house all day drinking and upset

Having participants brainstorm successful responses to the situation from previous sessions and eliciting more examples can instill hope, which further enhances motivation. Further, CSOs will share effective problem solving skills to the often complex task of dealing with a drinking/using loved one.

REMINDER: Some CSOs will describe extreme measures that they have taken that were successful, but have a high degree of risk or potential for problems. Some examples include threatening suicide, getting drunk, acting "crazy," etc. If CSOs point to these responses as an example to be followed, simply identify potential problems that may result. Further, the therapist may point out that when the CSO uses escalating methods to get the attention of the loved one, eventually the escalation will get to the point where the situation is out of control.



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Appendix C

RAPID INTAKE PROCEDURES

GOALS:

The goal for the optional eighth session is to teach CSOs how to rapidly access treatment if their loved one relapses.

RAPPORT BUILDING AND GROUP COHESIVENESS:

Continue to be optimistic about the possibility of change using CRAFT techniques. Acknowledge that CSOs have poured a great deal of effort into assisting their loved one cope with the addiction. Again recognize that CSOs ability have come up with many effective ways of intervening with addictive behavior on their own. Encourage sharing among group members and build on their strengths.

INTRODUCTION TO RAPID INTAKE PROCEDURES:

Special arrangements are made with a cooperating alcohol treatment program that allow for a Rapid Intake, in the event that the problem drinker agrees to enter treatment.

Suggesting Treatment to the IP

In the course of therapy, CSOs should be given the opportunity to role-play a situation in which they suggest treatment. In these exercises, remind clients to present their suggestions in a clear, calm, and matter-of-fact manner. While this may be relatively easy to accomplish during a practice session, it is understood that the actual situation is likely to be highly emotionally charged. But that is precisely the point of role-plays: To develop the skills and confidence necessary to carry out the task when the time arrives. During the role-play be alert to threatening or accusatory messages on the part of the CSO. Help him/her to see how this may draw out a drinker's defenses and undermine the goal of getting the drinker to accept treatment.

It is useful to have clients practice both successful and unsuccessful scenarios -- that is, one in which the substance abuser accepts and one in which he/she refuses to enter treatment. CSOs must be prepared for both outcomes should they choose to employ

this procedure. In a scenario in which the user refuses a suggestion of treatment, help the client to see that this is not a personal failure. CSOs have the right to suggest treatment, and substance abusers have the right to refuse treatment. By suggesting treatment in a firm and caring manner, the CSO may be laying the groundwork for future compliance by their loved ones. Also, the client does not have to feel as if there is one and only one best moment to suggest treatment, and that if the user refuses, the moment is lost. There will be other opportunities. It may even be the case that on the next occasion, it is the substance abuser who proposes that the time for treatment has arrived.

Rapid Intake Procedures

Therapists who work with CSOs are advised to make prior arrangements to allow for a rapid intake at an appropriate treatment facility in the event that the substance abuser decides to accept treatment. This is accomplished most easily if the CSO's counseling is being conducted at a facility that also offers comprehensive alcohol treatment services. Typically, substance abusers whose CSOs have received counseling can be admitted on a priority basis. If the therapist is working independently or with a program that does not offer appropriate treatment services, then he/she is advised to develop prior arrangements with several treatment referral sources that may be able to implement the rapid intake procedures.

A rapid intake system mandates that the first therapy session should be held within forty-eight hours of the phone call from the CSO or drinker. Both parties are requested to be present at this appointment.

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