



# CRAFT WORKBOOK FOR PRACTITIONERS

**A Community Reinforcement and Family Training (CRAFT)  
Workshop for Practitioners:  
Turning the Relational Tide Between Caregivers and Pre-  
Contemplative Youth Who Use Substances Through Positive  
Communication, Reinforcement and Self-Enrichment.  
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## **Part I. CRAFT Background**

Alison Giovanelli, PhD

### **Adolescent and Young Adult Substance Use Disorders**

- Most people who use substances initiate use before age 25
  - Substance use (SU) in adolescence and young adulthood (AYA) has developmental and psychiatric consequences
- Strong evidence base for family-based approaches to treating AYA SU
  - It is crucial to engage youth and their families in comprehensive SU treatment and prevention

### **CRAFT**

- Approach developed for use with Concerned Significant Others (CSOs) of treatment-resistant adults with SUDs
  - CSOs taught to adjust environmental contingencies and communication with their loved one while also setting goals for themselves
- Focuses on *changing the environment*
  - Make a life without substance use more rewarding than one focused on using substances
- CSOs receive training to do this
  - Change interactions with the person with an SUD
    - Improve communication strategies
    - Increasing positive reinforcement of healthy behaviors
    - Reduce CSO behaviors that reinforce use

### **How can CRAFT help?**

- Strong evidence base for:
  1. Increasing treatment engagement
  2. Enhancing CSO well-being
  3. Reducing substance use

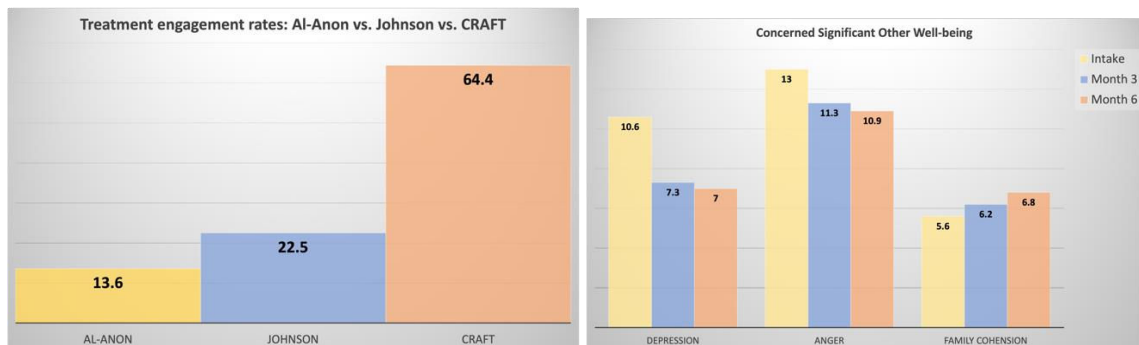
### **Why work with Concerned Significant Others who are caregivers?**

- People who use substances often report that family pressure prompted treatment seeking

- Concerned Significant Others (CSOs) who are caregivers can influence behavior due to extensive contact
- Caregiver CSOs also need help with their own well-being

### Can it help?

- Early studies showed that CRAFT was associated with treatment engagement at higher rates than other “unilateral” approaches to SUD
- It also appeared to improve CSO well-being



Miller, W. R., Meyers, R. J., & Tonigan, J. S. (1999). Engaging the unmotivated in treatment for alcohol problems: a comparison of three strategies for intervention through family members. *Journal of consulting and clinical psychology*, 67(5), 688.

### Gaps in the Research

- *Individual delivery* of CRAFT has been validated with caregivers of AYAs
- Group delivery of CRAFT has been validated, but *primarily with CSOs of adults*
- **Exploration of delivery of CRAFT to caregivers of AYAs in a group format has been limited**

### ***Feasibility, Acceptability, and Preliminary Efficacy of Community Reinforcement and Family Training (CRAFT) for Caregivers of Adolescents and Young Adults with Substance Use Disorders***

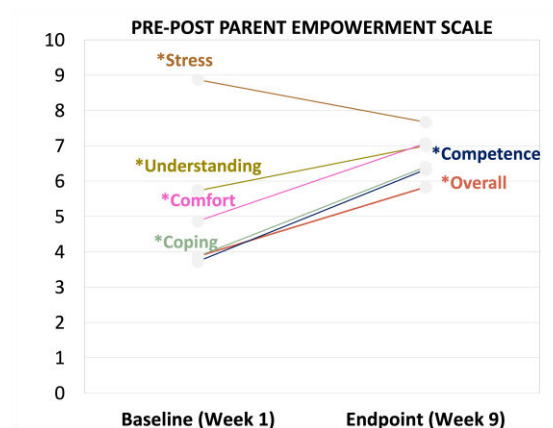
- CRAFT was delivered to about 25 caregivers of adolescents and young adults with Substance Use Disorders through the Youth Outpatient Substance Use Clinic at UCSF
- The intervention was delivered over nine to ten 90 minute sessions

## Session Content

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0. Individual Intake/Goal-Setting
  1. Introduction and Building Motivation
  2. Communication Skills
  3. Functional Analysis of Substance Using Behavior Part I
  4. Functional Analysis Part II
  5. Positive Reinforcement of Non-Using Behavior
  - 6.\* Withdrawing Reinforcement and Allowing Natural Consequences
  7. Inviting the AYA to Treatment
  8. Caregiver Life Enrichment
  9. Review and Feedback
- 

## Results: Caregiver Well-Being

- The Parent Empowerment Scale assessed caregivers' self-efficacy and sense of empowerment in four areas
  1. Understanding of the nature of addiction
  2. Sense of competence to help their AYA with their SUD
  3. Comfort communicating with their AYA about their SUD
  4. Ability to cope with the AYA's SUD.
- They also reported on their level of stress about the SUD
  - These items were rated on a scale of 0-10 with 0 being not at all and 10 being extremely empowered.



### Results: Caregiver Stress Management and Caregiver AYA Relationship

- The Perceived Stress Scale was used to measure parent ability to cope with stressors
  - Sum of 14 items rated on a scale from 0-4
  - From pre to post, caregiver perceived stress reduced significantly
- The Family Environment Scale subscales of Cohesion and Conflict seemed to move in expected directions but there were no significant changes

Scale	Cohorts 2 & 3 (n= 15)	
	Baseline (Mean ± SD)	Endpoint (Mean ± SD)
<b>Caregiver Stress Management</b>		
Perceived Stress Scale <sup>a</sup>	31.5 (8.4)	25.5 (7.2)*
<b>Caregiver-AYA Relationship</b>		
Family Environment Scale – Cohesion <sup>b</sup>	5.4 (2.8)	6.4 (2.4)
Family Environment Scale – Conflict <sup>c</sup>	4.1 (1.8)	3.5 (1.9)
<sup>a</sup> 14 items rated on a scale from 0-4 (0= Never, 4 = Very often) with higher scores = higher stress <sup>b</sup> 9 true-false items with higher scores indicating higher cohesion <sup>c</sup> 9 true-false items with higher scores indicating higher conflict *p <.05		

- “I am briefer, I share my feelings more often, and I have been creative and **worked together with my daughter to find more positive reinforcers**”
- “[CRAFT] helped me realize that **underneath the substance use, my kid is still a really good kid** and that **positive reinforcement can go a long way**. It is very accessible and [easily] implemented”

#### Positive Communication

- “I don’t feel like I have to tiptoe around [my child] as much anymore, and **I’m more able to communicate clearly.**”
- “**Positive communication strategies** were really profound [...]”
- “CRAFT diminished some intense fear-based responses and has also **decreased the amount of pressure I feel while communicating** with my son”

#### Caregiver Life Enrichment

- "This piece [the session on "Caregiver Life Enrichment"] was key. It's always said that you have to take care of yourself to be equipped to take care of others. As a parent I always find I tend to put my needs last sometimes"

## Part II. Integration into Practice for Providers

*Lauren Arnold Bell and Rachel Alinsky*

### Overview:

- Your time as a provider may be limited
- Caregivers' capacity and focus is limited
- Consider creative sans-adolescent follow-up options (check with your institution about billing possibilities depending on local laws) to have communication sessions beyond the adolescent's scheduled visits
  - Video telemedicine visit with parent only/how to bill
  - Phone call with parent only/how to bill
- No matter the setting, choose one capacity-building concept (either one positive communication element or one reward of positive behavior) to work on per communication session with caregiver
  - Discuss how they will implement the skill at home and help them to get specific by making a SMART goal related to this capacity-building:



Then discuss potential barriers to success.

- Add a single SMART goal around one caregiver enrichment/self-care concept per communication session
- If the caregiver reports challenges with implementing the skill or with their enrichment goal in the next session, troubleshoot!

- Shift and uplift caregivers and their AYA, regardless of whether the AYA does not wish to stop substance use
- Model strengths-based, positive communication skills for caregivers and AYA – this is essential for helping caregivers make the shift also to utilizing positive communication skills themselves

### **Positive Communication**

- Identify communication strengths and communication struggles in that specific dyad (or family unit)
- Offer praise and reinforcement of existing positive communication strategies
- Model positive communication for caregiver when talking to the caregiver
- Negotiate communication during a visit if both are present
- Choose one positive communication skill for caregiver to work on. Examples:
  - **CONSIDER TIMING AND ATTITUDE:** When overwhelmed related to use or other behavior, take a pause before reacting
  - **LABEL YOUR FEELINGS:** Share feelings about a behavior that happened at a time when you can share them in a calm way and discuss a preferred alternate behavior.
  - **BE BRIEF:** Mentally explore whether any criticism (non substance-related) is something important or something that is just a complaint before saying it to maximize positive relationship-building
  - **BE POSITIVE:** Avoid blaming, name calling, and over-generalizing. Use a non-accusatory, upbeat, positive tone. State what is *wanted*, as opposed to what is *not wanted*.

### **Rewards of positive behaviors (especially non-use of substances)**

- Discuss a list of things that the patient values to which parent controls access
- Explore what positive reinforcement strategies the family has already used and what was successful, offer praise for successes
- Explore areas in which punishment was not successful
- Offer positive reinforcement/rewards/contingency management as a different strategy

- Reflect back to positive communication, be on the lookout for other positive behaviors to reward in addition to abstinence
- Encourage caregivers to provide positive attention to an adolescent for any positive non-substance use-related thing (school, friendships, helping around the house, extracurricular participation and achievement, positive traits).
- Encourage caregivers to spend quality time together and make statements to the young person about how they you enjoy that time
- Choose one positive reinforcement strategy for parent to incorporate related to an easily achievable success. Examples:
  - Praise/positive words
  - Phone bill
  - Screen time
  - Meals out
  - High fives
  - Access to credit card
  - Shopping
  - Doing a chore for the teen
  - A one-time “pass” on something they don’t want to do, like going to a family event

**Caregiver enrichment/self-care**

- Explore in what ways caregiver is taking care of themselves
  - Consider formal use of Meyers and Smith (2000) Parent Happiness Scale
- Reinforce essential nature of caregiver and how they can only provide support if they are functioning well and themselves supported (O2 mask analogy)
- Endorse setting boundaries and acknowledging them as acceptable mentally
- Explore supports in caregiver’s life they may not be leaning on
  - Friends
  - Family



## Workbook: CRAFT Workshop for Practitioners

- Religious supports
  - Formal therapy
- Explore self-care strategies they may not be incorporating into their lives
  - Exercise
  - Massage
  - Sleep
  - Spending time doing things they enjoy (date night, time with friends, personal hobbies)

### **Part III. Skills for Providers includes Potential Handouts as Resources for Caregivers**

Marianne Pugatch, PhD, MSW

We seek to empower practitioners (e.g., physicians, nurses, social workers, psychologists, therapists) in a variety of settings to turn the tide of challenging conversations between caregivers and pre-contemplative adolescents and young adults (AYA) who are using substances. Practitioners may want to share some of these skills and resources with caregivers as they support them to integrate and practice CRAFT skills and principles into their life.

Three Skills Integral to CRAFT:

Skill 1: Positive Communication

Skill 2: Rewarding Positive Behaviors/Positive Reinforcement

Skill 3: Caregiver Life-Enrichment

#### **Skill 1: Positive caregiver-youth communication is important.**

- Conflicts between youth and caregivers are normative due to developmental tasks of youth and role of caregivers (e.g. it is the “youth’s “job”: to achieve independence and autonomy; it is the caregiver’s “job”: to keep their youth safe while helping them achieve these goals).
- Positive communication can be contagious & a powerful reinforcer for behavior

#### **7 Elements of Positive Communication**

1. Be brief
2. Be positive
3. Refer to specific behaviors
4. Label your feelings
5. Offer an understanding statement
6. Accept partial responsibility
7. Offer to help

#### **Timing & Attitude are Keys to Positive Communication**

- **Right timing**
  - Is there a private and calm space
- **Right attitude**
  - Both caregiver and youth are in a positive or a neutral mood
  - Neither caregiver nor youth are “under the influence”
- **Youth in a bad mood/under the influence?**
  - ***Still use positive communication skills!*** Capitalize on “Be Positive” and “Be Brief”

**Sample Scenarios for 3 of the 7 Elements of Positive Communication:**

**Element 1 of Positive Communication: Be Brief Scenario**

**Youth has come home long past curfew without calling several times in a row. What is a caregiver to do?**

- ***Unhelpful Response to Situation.***

I don't know what to do about you, you're always coming home late. I worry and can't sleep. I don't remember being late all the time when I was living in my parents' house -- We had rules. And I wasn't out drinking half the night every other day. Ya know, at the very least, you could be considerate enough to send a text.

- ***Improved Response to Situation.***

"Could you agree to text me tonight if you're going to be out past midnight? That way, I won't worry as much that something might've happened to you

**Element 2 of Positive Communication: Be Positive Scenario**

**Youth wants a new phone**

- ***Unhelpful Response to Situation.***

"If I hear you whine like a spoiled brat one more time about wanting a new phone, I'm going to get rid of the one you have."

- ***Improved Response to Situation.***

"Let's sit down tonight and talk about how you can earn some money to cover part of a new phone."

**Element 3 of Positive Communication: Refer to Specific Behaviors Scenario**

**Youth leaves dishes all over the kitchen**

- ***unhelpful response to Situation.*** It wouldn't kill you to help out more.
- ***Improved response to Situation.*** "Can I make a request? I'd appreciate if you'd stack your dirty dishes in the sink after you eat."

Ask the Caregiver what are some of the scenarios in their home? And how could they apply 1 or 2 of these elements of positive communication to the scenario to improve communication. Focus on practicing implementing 1 or 2 elements of positive communication at a time is best and leads to optimal learning. Practicing the chosen element with a spouse or friend using an example from their own life, can be useful before trying it out with AYA. Learning the elements of positive communication can take time and definitely takes patience and practice.

**Print this card and give to the caregiver** – write it down- save it to your phone and keep it somewhere convenient for a reference. Focus on practicing and incorporating a few into daily communication. Practice with other family members, friends or even coworkers rather than your youth at first. The goal is to improve verbal interactions with youth so that caregiver is heard and understood and that they youth is open to a two way discussion.

#### Elements of Positive Communication

1. Be *brief*.
2. Be *positive*.
3. Refer to specific *behaviors*.
4. Label your *feelings*.
5. Offer an *understanding* statement.
6. Accept *partial responsibility*.
7. Offer to *help*.

## Skill 2: Rewards of Positive Behaviors.

Help caregivers to understand the concept of positive reinforcement with their AYA, and this includes rewarding healthy non-using behavior.

How does positive reinforcement work?

### How does positive reinforcement work?

- Behavior that is reinforced tends to increase
- Behavior that is not reinforced is less likely to increase
- We want to ensure that we are reinforcing the behaviors we value and *not* reinforcing behaviors we don't want exhibited



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When thinking about what behaviors to reinforce think about

1. Behavior that the teen enjoys
2. Occurs fairly often- reward as much as possible
3. **Competes** with /substance use in terms of when it occurs and the need it meets (i.e., it should ideally serve a similar function to the identified positive reinforcers for substance use). If smoking is the way they connect with other people, socializing and connecting without substances is the behavior to reinforce.

To *some extent* the reinforced behavior meets a need currently being met by substances

1. "Catching them being good" for example, doing a chore, going on an outing with the family

It is ok to prompt this behavior and then reward it

1. In some cases, catching the teen not under the influence may be behavior to target and reinforce
2. Engaging with treatment (e.g., going to a SU follow up appointment? taking medication prescribed for their use disorder)

### Reinforce Healthy Behavior

- Think of reinforcers as **rewards** for positive behavior
- Reinforce behavior with a motivating reward (e.g. privileges, praise, attention)
- Reinforcers would come **after** a healthy behavior and increase the probability that the healthy/non using behavior will reoccur

Behavior + Reinforcer increases chance of behavior in the future

## Workbook/presentation Creating a List of Reinforcers

- Must be:
  1. **Rewarding** for *your* teen
  2. **Inexpensive**, if not free
  3. Available for **immediate** delivery
  4. **Comfortable** for the parent to deliver
- Brainstorm and write down a list of potential reinforcers for healthy behavior



### Positive Reinforcement has limitations.

- Make sure that reinforcement is targeted to the non using behavior.
- When comfortable for the caregivers, allowing the AYA to experience natural consequences for substance using behavior is important.

### **CRAFT Skill 3 Caregiver Life-Enrichment**

#### Caregiver life-enrichment

- Caregiver's life happiness and social networks often shrink when they have a youth with a substance use disorder.
- In a family system where there is active substance use, it is important to address often undermined caregiver well-being and unhealthy caregiver-AYA relations by caregivers continuing to live a healthy life
- Living a healthy life serves as a model for the rest of the family.

CRAFT employs a Happiness Scale for caregivers to establish strategies for increasing satisfaction in life.

Parent Happiness Scale --This scale will assess how a caregiver feels about a variety of life areas **outside the realm of their youth**. This can help them plan for specific ways to increase life satisfaction. (Google Parent Happiness Scale, Meyers and Smith, 2000).

Now we will look more at how to use this Happiness Scale.

## Parent Happiness Scale

(Meyers & Smith, 2000)

	Completely Unhappy					Completely Happy					N/A
Substance Use (your own)	1	2	3	4	5	6	7	8	9	10	
Job or Education Progress	1	2	3	4	5	6	7	8	9	10	
Money Management	1	2	3	4	5	6	7	8	9	10	
Social Life	1	2	3	4	5	6	7	8	9	10	
Health & Wellness (e.g., eating, exercise)	1	2	3	4	5	6	7	8	9	10	
Family Relationships	1	2	3	4	5	6	7	8	9	10	
Legal Issues	1	2	3	4	5	6	7	8	9	10	
Emotional Life	1	2	3	4	5	6	7	8	9	10	
Communication	1	2	3	4	5	6	7	8	9	10	
Spirituality	1	2	3	4	5	6	7	8	9	10	
General Happiness	1	2	3	4	5	6	7	8	9	10	

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The Happiness Scale assesses how a caregiver feels about a variety of life areas **outside the realm of the AYA**. Each category the caregivers asks themselves, **How happy am I with this area of my life today? And then rates it on a scale from 1-10, 1 being not happy at all and 10 being high or completely happy**. This can help the caregiver plan for specific ways to increase life satisfaction. Notice areas the caregiver may have less satisfaction in, and then pick one area with a moderate score to prepare for a **goal setting activity** for parent self-enrichment/self-care; we implemented this activity for caregivers in the CRAFT PARC pilot study. This goal setting activity around caregiver self-enrichment while not part of the formal CRAFT curriculum, is based on the caregiver self-care curriculum in a research informed group program developed at Boston Children's Hospital (Pugatch, et. al. 2014).

## Caregiver Life Enrichment Goal setting

1. Choose an area with moderate rating (4-6) and help caregiver think about contributors to dissatisfaction *under their control?*
2. Create a related SMART goal for this area



3. Identify strategies to help caregiver follow through with goal

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Caregiver has completed Happiness Scale and chooses to work on **Social Life which is a 4 on the Happiness Scale**.

Caregiver tells you that she enjoys going to coffee and on walks with friends but has not had time or energy.

With your support they identify that they will make a SMART Goal to have a **coffee date with a friend 1x every two weeks**. They will contact 1-3 friends each week and explore if they can go to coffee.

It meets the criteria of a SMART Goal, so it is good to go!

We have presented 3 skills integral to CRAFT. You can learn more about CRAFT by exploring the Resources at the end of this Workbook!



## Workbook: CRAFT Workshop for Practitioners

### Resources

- **Allies in Recovery**
  - **A “comprehensive e-learning platform”**
  - **<https://alliesinrecovery.net>**
  - **Hundreds of examples of experts applying CRAFT to real-life situations**
  - **Cost: 7-day free trial; \$59 for 6 months**
- **Individual CRAFT**
  - **“Find certified CRAFT providers”**
  - **<https://motivationandchange.com/what-is-craft/>**

<https://helpingfamilieshelp.com/resources-overview>

<https://helpingfamilieshelp.com/craft-therapist#!directory/map>

<https://www.simonandschuster.com/books/Beyond-Addiction/Jeffrey-Foote/9781476709482>

<https://drugfree.org/parenting-toward-recovery/>

<https://drugfree.org/article/craft-community-reinforcement-family-training/>

Partnership to End Addiction's free online support meetings <https://drugfree.org/supportmeetings/>

<https://www.cadenceonline.com/> - Online self-guided CRAFT

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