

CRAFT Connect FAMILY SUPPORT

“Engaging families in recovery of their loved one from substance use and or mental health disorders”. John Garbett, MS, MFA, ASUDC, DBT Intensive Training, CRAFT Certified Clinician, Founding Partner CRAFT Connect Family Support

Email: john@craftconnectfs.com. Website: <https://www.craftconnectfs.com>.

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Let’s talk about Behavioral Health. Recovery from a substance use and or mental health disorder is a process of change through which individuals improve their health and wellness, live independently and strive to reach their full potential.

Watch this video of a group of 22 to 25 year old’s cry out for help.

In a December 2020 interview with The Sunday Times when asked if The Beatles experienced behavioral health issues, Paul McCartney (age 78) responded: “Yes, I think so. But (we) talked about it through (our) songs.”

1. Chronic diseases can be managed. There is hope. Treatment has made wellness and recovery a reality for people living with substance use and or mental health disorders. **Recovery is not about getting rid of our or our loved one’s mental health or substance use problems but seeing beyond them, recognizing and fostering their abilities, interests and dreams.** These are chronic conditions. Relapsing to unwanted behaviors is not only possible but also likely with symptom recurrence rates similar to diabetes (20% to 50%), hypertension (50% to 70%) and asthma (50% to 70%). (NIDA, July 2019, U.S. HHS, 2016, p. 4-15).

2. “Clinical” Recovery involves diagnosis, objective measures of symptom management and remission, and psychosocial functioning, as rated by behavioral health professionals. (Davidson & Roe, 2007; Slade, 2009). **“Personal” Recovery** is an ongoing, lifelong, and highly subjective process. Key concepts in the recovery process include hope personal responsibility, self-advocacy, and wellness); empowerment and self-determination); and acceptance (Deegan, 1996a); (Mead & Copeland, 2000); (Ahern & Fisher, 1999, 2001; Fisher, 1999; Frese & Davis, 1997; Spaniol, 1997).

3. Our relationships and how happy we are in those relationships have a powerful influence on our physical and mental health. Connecting with friends, family and community is an indication that we returned to basic functioning and underlines the importance of social relationships in recovery. Being supported by others, **“Relational” Recovery**, is a critical for those trying to live interdependently in the community. (Young and Ensing, 1999, (Jacobson and Greenley, 2001), (Schon, 2009), (Davidson et al., 2005)

Watch this video of Harvard’s 75-year study of Adult Development

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4. A promising pathway. CSO engagement and involvement in recovery offers a promising pathway toward better-quality health care, more-efficient care, and improved health for those with behavioral health disorders. The way forward lies in developing, promoting and implementing approaches that properly acknowledge the irreducibly relational nature or “connectedness” of recovery. (Rhys, P-R et al, 2016 & 2018)

5. Strategic shift from a traditional model of care where...

- Trained professionals make all the decisions and are expected to ‘fix’ clients
- “Experts” give CSOs advice about what to do
- CSOs are viewed as source of the problem or obstacles to recovery
- CSO client relationships have a narrow focus
- Formal systems, independent of CSOs, are built to support clients’ success
- An individualist worldview underpins many conceptualizations of recovery

6. To a Family Model of Care. A collaborative strategy that ensures treatment and recovery related programs, services, facilities and activities are responsive and supportive of CSO’s engagement and involvement and are based on their loved one’s needs, preferences and goals. A model that energizes and reframes the connection between providers, clients and CSOs into a “therapeutic alliance” that places CSOs closer to the heart of recovery. (See “Collaboration Models Handout” for information on existing collaboration programs.)

7. CRAFT Connect Family Support is a respectful, loving, non-confrontational set of principles and skills that teaches CSOs how to encourage their loved one to make choices that lead to progress and healing. It is a ‘unilateral’ family therapy practice that doesn’t involve a struggling loved one. All programs are based on written curriculum, available on line 24/7. CRAFT Connect is an “off the shelf” scalable model that meet the needs of CSOs, providers and community organizations. Groups work like a council, there is no teacher or expert. Peer facilitators follow the materials as written and trust in the group. CRAFT Connect is:

- Focused on behavior change that has been proven to help everyone.
- Based on group learning experiences that have been proven around the world to help people improve their lives.
- Provides practical online or in person services that augments
 - any recovery pathway a client or loved one may choose,
 - existing inpatient or outpatient treatment program, or
 - community-based recovery organization efforts.

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8. CRAFT Connect is a “curated” combination of Evidence-Based-Practices. CRAFT (Community Reinforcement and Family Training), Peer Support, Wellness, Motivational Interviewing (MI), Expressive Writing, Mindfulness and Dialectical Behavioral Therapy (DBT). CRAFT Connect helps CSOs connect

- With a loved one struggling with a behavioral health disorder
- Their loved one with treatment and support for their recovery
- Once again with pleasurable activities that have been disrupted by their loved ones unwanted behaviors.
- To other CSOs who are living the same experience
- With real-world skills and principles that help them and their loved one
- To community and professional resources that address their challenges

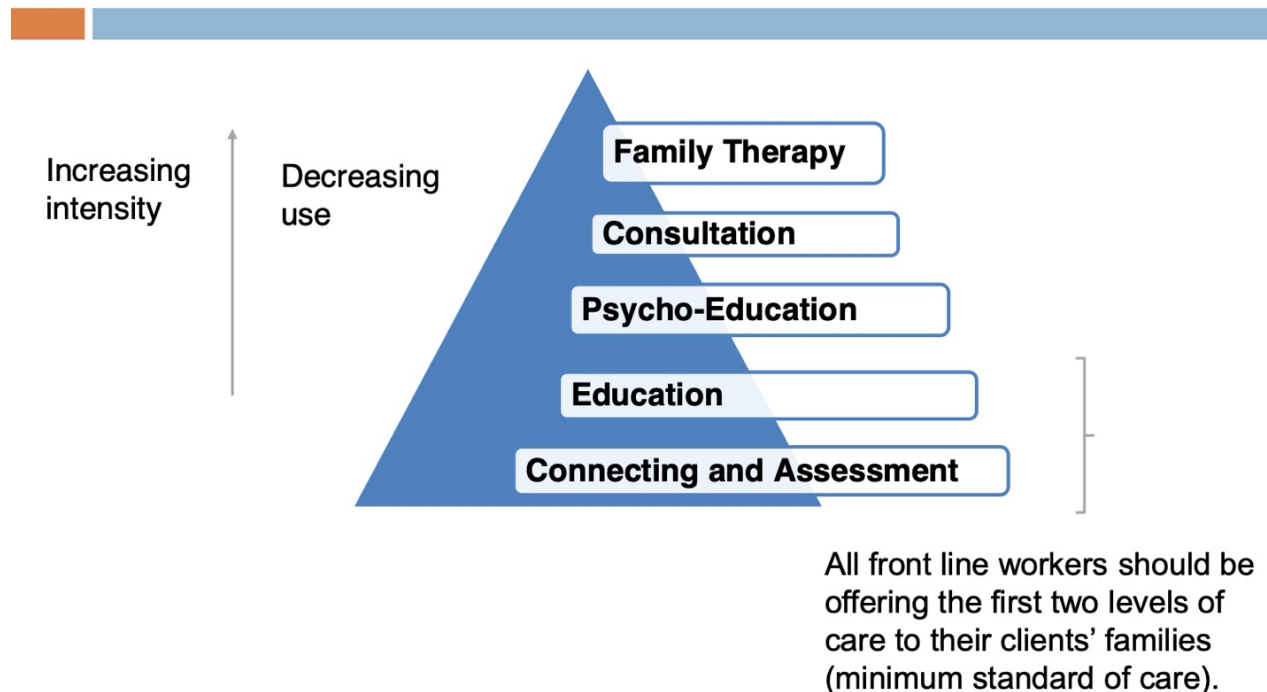
9. The Pyramid of Family Care framework is used to incorporate CRAFT Connect services into everyday behavioral health practice. Framework also used by the United Kingdom, Canada, Australia, New Zealand and other non-U.S. governments around the world for CSOs and their loved ones who struggle with behavioral health disorders.

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MHCC Pyramid of Family Care (Mottaghipour, 2005; MHCC 2013)



10. If CSOs have their basic support needs met, then only a small proportion will require more specialized, more expensive services. Foundational principle, ‘minimal sufficiency’, or do what is needed. (Cohen 2008, Evidence Exchange Network for Mental Health and Addictions, 2017, Slade, 2007). Bottom three levels include orientation to services, CSOs basic need for information about their loved ones’ disorders and support for those dealing with psychological disturbances. It is within the scope and competence of generalist substance use and mental health service front line workers to assess, engage, and address the basic needs of most CSOs. The top level represents complex needs for interventions such as family therapy, referred out to during consultation level. The intensity of intervention increases as you move up the pyramid, while the number of CSOs who are likely to require the intervention decreases. (Pyramid of Family Care: A framework for family involvement with adult mental health services. Mottaghipour Y. & Bickerton A., 2018)

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11. CSOs self-report a real skills and confidence deficit.

- I have the skills needed to improve my family's well-being, only 15% agree
- I often think I can't do anything to improve my family's well-being, only 25% agree
- I know how to improve my family's well-being, only 21% agree
- I am confident I can improve my family's well-being, only 39% agree

12. CSOs struggle with their family and loved one. On a regular basis CSOs report:

- Some behavior of my loved one is upsetting – 73%
- Upset to find the person I care for has changed so much from his/her former self – 67%
- **I feel completely overwhelmed – 47%**
- Poor family emotional/mental well-being -- 50%
- Poor family relationship well-being -- 41%
- Poor family physical well-being -- 38%

13. Caring for a loved ones with behavioral health disorders is difficult. On a regular basis CSOs report there have been:

- Emotional adjustments – 77%
- Family adjustments – 63%
- Changes in personal plans – 61%
- Financial strains – 57%
- Work adjustments – 48%
- Physical strains – 36%

14. After completing their CRAFT Connect study CSO skills and confidence improved, CSOs agreeing that:

- I have the skills needed to improve my family's well-being. Pre 9% -- Post 53%
- I know how to improve my family's well-being. Pre 27% -- Post 64%
- I often think I can't do anything to improve my family's well-being. Pre 27% -- Post 18%
- I am confident I can improve my family's well-being. Pre 45% -- Post 55%

15. Well support scientific evidence shows that **CSOs, their loved ones and providers all benefit when they develop a “therapeutic alliance”** that address recovery related issues in a open, collaborative and caring manner. CSOs reported

- Increased empowerment to become a positive participant in their loved one’s recovery
- Increased self-care. Recognize the importance of taking care of themselves

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- Improved quality of life by easing the effects of depression, anxiety, anger, physical symptoms, and other problems CSOs may be experiencing because of a loved one’s disorder
- Decreased internalized blame
- Reduced family isolation

16. Remember the “therapeutic alliance” -- when CSOs are engaged, providers see over 50% improvements in

- Positive relationship with clients
- Clients’ willingness to discuss and be more “open” about their personal life
- Focus on recovery-oriented goals
- Overall quality of client’s life
- Mental/behavioral health conditions of clients

17. CSO engagement and involvement in recovery benefits clients by

- Providing information that helps them develop a quality plan for their recovery
- Learning about their behavioral health needs and how to respond in helpful ways
- Understanding their goals and how to support efforts to achieve them
- Providing information about warning signs and triggers for relapse
- Helping meet basic needs, e.g., financial, housing, transportation, etc.
- Providing love, companionship and a continuity of relationships that have a positive history
- Being an advocate

18. Most important things CSOs learned:

- New skills to interact differently with my loved one.
- PIUS (positive I-statement) communication skills.
- It is “therapeutic” to be in a group.
- Self-care.
- Didn’t CAUSE, can’t CONTROL, and can’t CURE my loved one’s behavioral health disorder.

19. How CSOs relationships with their family and loved one improved:

- My expectations have changed due to knowledge I have gained.
- Our communication is calm and very open.
- I feel confident in holding a conversation safely, without major blow ups.
- I have used my CRAFT Connect skills in relationships successfully. Taught skills to my family as well.
- I am able to “self-regulate”.
- I think about the choice of words, hence improved relationships.

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Thank you. *CRAFT Connect Family Support would not be possible without the help of our friends and partners USARA, New Roads Behavioral Health, University of Utah College of Social Work, Family Services, Foundation for Recovery, Hazelden Betty Ford Foundation, The Albertus Project and all those we have met in halfway houses, community centers, churches and private agencies while facilitating 100s of face-to-face and online support group meetings. You have been our mentors and become our heroes. Thank you all for sharing your lives with us.* Kristin & John Garbett