

Advising Families and Friends on How to Help a Loved One Struggling with Addiction

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Abstract

This article fills a gap in the literature by addressing ways to advise loved ones of people struggling with addiction. It provides background information on the popular Johnson Interventions and Al-Anon approaches, and discusses some of the problems with those strategies. It then provides information on Community Reinforcement and Family Training (CRAFT), which is an evidence-based effective alternative to approaches that encourage confrontation and/or detachment. The basic tenets of CRAFT are discussed, and resource links are provided. A general outline of consultation sessions with families and friends of people struggling with addiction is discussed.

Due to rising rates of opioid abuse and overdose in particular, addiction and substance abuse have been spotlighted in the media in recent months. Hopefully this attention will translate into better understanding of addiction issues, reduced stigma related to addiction, and increased funding for evidence-based services for individuals struggling with addiction. However, there is an equally important issue that gets less media attention – the difficulties faced by loved ones of those who are engaging in substance abusing behaviors. The negative interpersonal consequences for people with substance use disorders (SUD) are well documented in the literature, and continue substance use despite the negative impact of use on interpersonal and social functioning is one of the criteria for diagnosing substance use disorders (American Psychiatric Association, 2013). Most of us have substantial anecdotal evidence of the relationship turmoil that often accompanies addiction. However, there is a massive gap in the literature and the media about how to advise families and friends on ways to help their loved ones who are struggling with addiction.

I am a Clinical Psychologist by training, and worked in the VA Boston Healthcare System before transitioning to an academic position in 2012. In the VA, I held positions in residential and outpatient SUD treatment programs as well as a fellowship in the Center for Returning Veterans. In all of

these positions, I advised loved ones about how to minimize the impact of their family member's SUD while still providing social support for recovery efforts. Currently, I teach at the undergraduate level in addition to maintaining a part-time independent practice. One of the courses I teach, *Chemical Dependency Issues*, brings several students and colleagues per semester to my office door seeking guidance because they are concerned about a loved one's substance use patterns. Most have tried various strategies for coping with the loved one's SUD, including "tough love" strategies, punishment, confrontation, ultimatums, begging, bribing, and avoidance. Some have tried Al-Anon meetings as a means of finding support for themselves. Most have tried or are considering a Johnson Intervention because it is the primary method that is publicized in the media. Unless they have taken my courses, very few have heard of the evidence-based effective alternatives to Johnson Interventions and 12-step based support models.

One of the first things I often advise these individuals that Johnson Interventions (JI) are not very effective, and often lead to additional relationship strain. This typically surprises the loved ones, because these "interventions" are touted as highly effective in popular culture media. They are great fodder for dramatic movies and television shows, and there is something very enticing about the immediate gratification of "convincing" someone to accept

treatment after one surprise confrontational conversation that allows you to vent all of your own thoughts and feelings. However, these media representations are skewed. The research literature shows that families do not actually complete a planned JI about 70% of the time (Miller, Meyers, & Tonigan, 1999; Barber & Gilbertson, 1996), but that completed JIs can be effective at getting someone into a treatment program about 75% of the time (Miller, Meyers, & Tonigan, 1999). However, there is also evidence that of those who enter treatment due to a JI are more likely to relapse than those who did not receive a JI (Loneck, Garrett, & Banks, 1996). Anecdotally, individuals who have received a JI often report that their relationships with loved ones who participated in the JI were damaged further by the confrontational intervention, that they became distrustful of their loved ones after the JI, and that they perceived less social support from their family and friends who participated in the JI. As Johan Hari eloquently states in his TED Talk:

"If you've ever seen the show 'Intervention,' it's a pretty simple premise. Get an addict, all the people in their life, gather them together, confront them with what they're doing, and they say, if you don't shape up, we're going to cut you off. So what they do is they take the connection to the addict, and they threaten it, they make it contingent on the addict

behaving the way they want ... I began to see why that approach doesn't work, and I began to think that's almost like the importing of the logic of the Drug War into our private lives." (Hari, 2015)

Typically I refer people to this 15-minute talk, as he provides some of the scientific background that has led to misconceptions and stigma about addiction as well as helpful compassionate perspectives on addiction for loved ones (with the bonus feature of linking it back to the problems with the War on Drugs).

Once I discuss the misconceptions about these Johnson Interventions, I discuss alternate ways to express concern to loved ones without making threats or ultimatums. I encourage loved ones to use "I statements", try to remain non-judgmental, focus on expressing their own anxiety, fear, sadness, etc., invite the person to discuss their substance use (if they want to), and offer to help the person engage with recovery efforts (if they want to). I discuss the difference between enabling and providing social support. I discuss the differences between threatening, controlling, detaching, and setting boundaries. I discuss some of the pros and cons of support groups like Al-Anon. Certainly, these programs are very helpful for many loved ones, particularly those who are ready to walk away from relationships, no longer feel they can try to help the loved one, and/or need reassurance that their disengagement from the loved one is appropriate. Additionally, they are widely available and have meetings tailored to different age groups and types of loved ones (e.g. Alateen for teenagers, meeting for parents, meetings for adult children of alcoholics). When advising loved ones, I make sure they understand that the Al-Anon approach is not designed to guide loved ones on ways to help people struggling with addiction. Instead, Al-Anon offers guidance on ways to avoid enabling behaviors and disengage from the chaotic situations that often accompany addiction. Al-Anon is less compatible with efforts to help someone with their addiction or efforts to maintain and/or improve a relationship with someone with SUD. But there are some very helpful aspects of Al-Anon, and I typically recommend that loved ones consider those groups to gain social support. However, many people do not want to "DETACH with LOVE" (Don't Even Think About Changing Him/Her – Let Others Voluntarily Evolve), and this is a driving force behind Al-

Anon principles (Al-Anon Family Groups, 1984). For loved ones who do not want to practice detachment, they often don't know of other options.

This is where I focus my advising with loved ones – on the evidence-based and effective alternatives to Johnson Interventions (confrontation) and Al-Anon approaches (detachment). I present them with some of the cognitive-behavioral, social learning, and neurobehavioral principles that are involved with addiction (e.g. reinforcement, modeling, cognitive distortions, altered motivational and decision-making neural pathways), and I validate their experiences of sadness, frustration, anger, fear, and sometimes desperation. I then discuss with them the Community Reinforcement and Family Training approach (CRAFT; Smith & Meyers, 2004; Meyers & Wolfe, 2004) and steer them towards additional resources. Research has shown that CRAFT is 2 – 3 times more effective than JIs or Al-Anon models – nearly 70% of those assigned to CRAFT are able to engage their loved one in SUD treatment within six months compared to only 30% of those assigned to a JI condition (e.g. Miller, Meyers, & Tonigan, 1999). CRAFT has been shown to work for multiple ethnicities, and it can be effective for a variety of loved ones (i.e., spouses/partners, parents, siblings, children). In addition to facilitating treatment engagement for the substance abuser, CRAFT leads to higher quality of life for the loved ones (i.e., reduction in physical and mental health symptoms). For a review of the literature supporting CRAFT, see Meyers, Roozen, & Smith (2011). Despite its effectiveness, surprisingly few individuals, including mental health providers, are aware of CRAFT as an option for loved ones of people struggling with addiction.

CRAFT is an evidence-based intervention that helps loved ones facilitate treatment engagement and sobriety in individuals struggling with addiction (Meyers & Wolfe, 2004; Smith & Meyers, 2004). It is non-confrontational, and focuses on ways to engage in healthy and supportive ways rather than detach from the person with SUD. Many loved ones find CRAFT is a better fit for their goals to repair and rebuild relationships with the person struggling with addiction while encouraging recovery and sobriety. It was developed as an alternative to confrontational JIs as a way to promote treatment engagement in people struggling with SUD, and there are high quality

self-help resources that can be used by individuals on their own or in conjunction with guidance from a therapist. CRAFT uses motivational and cognitive-behavioral principles, focuses on changing interactional patterns, and addresses coping skills, safety planning, reinforcement patterns, and the power of positive social support. It does not pressure individuals into SUD treatment like the JI. It does not encourage loved ones to detach from the person like Al-Anon. It teaches loved ones how to alter their own behavior in ways that both improve their own quality of life and increase the likelihood that the person with SUD will acknowledge their problem and engage in recovery activities. It helps loved ones apply operant conditioning principles to reward sober/recovery behavior while avoiding rewarding or enabling substance using or addictive behaviors. CRAFT also helps loved ones develop a functional analysis of the substance using behaviors so that they can have a better understanding of the role that alcohol/drugs have in the person's life as well as potential triggers for use. Additionally, CRAFT focuses on improving the overall quality of life for the loved ones. Often, loved ones get so entrenched in attempts to prevent or change the substance use behaviors that they neglect their own self-care and interests. CRAFT encourages loved ones to reconnect with their own interests, without detaching/disengaging completely from the person struggling with addiction.

There is a CRAFT therapist manual (Smith & Meyers, 2004) and self-help book (Meyers & Wolfe, 2004) that provide thoughtful guidance on the CRAFT approach. The strongest recommendation that I make to loved ones seeking my guidance is to get the CRAFT self-help book, *Get Your Loved One Sober: Alternatives to Nagging, Pleading, and Threatening* (Meyers & Wolfe, 2004). Additionally, I refer loved ones (and mental health providers new to CRAFT) to several websites that provide excellent descriptions of CRAFT and ways to employ CRAFT principles. These resources can be helpful for those who don't want to seek professional services as well as those who are actively engaged in psychotherapy. *The Center for Motivation and Change* in New York City has an excellent blog that addresses many of the common issues faced by individuals in recovery, and their families (<http://motivationandchange.com/cmcs-blog-for-individuals-and-families/>) as well as a thoughtful overview of CRAFT (

treatment/for-families/craft-overview/). *Sober Families* out of Portland and Seattle has a great blog, podcasts, and a 10-part email course that provides useful tips on supporting a loved one in their recovery efforts (<http://www.soberfamilies.com/>). Finally, there is a very informative clip from the HBO series *Addiction* that discusses CRAFT (http://www.hbo.com/addiction/treatment/371_alternative_to_intervention.html).

In addition to discussing the CRAFT approach, I also spend some time simply providing social support about the difficulties faced by people who love someone struggling with addiction. I give the loved ones room to vent. I validate their thoughts and their feelings. I try to connect them with appropriate referrals if they want to take that step. I strive to give them the message, "Yeah it sucks sometimes... It's really hard... But sometimes it does get better – many people do enter recovery and maintain sobriety... Your emotional reactions are completely understandable in this situation... It is understandable if you want to detach from this person (and there are resources and support groups for that)... But it's also

understandable if you *don't* want to detach from this person (and there are resources for that as well).

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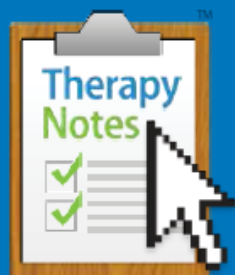
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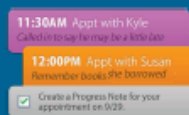
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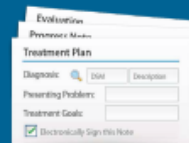
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