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Evaluation of the CRAFT Pilot Project

January 2011

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Final report submitted to the Welsh Assembly Government

by

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Assembly Government

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1 ACKOWLEDGEMENTS

The research reported on in this document involved a team of researchers from Swansea University and ARCS (UK).

Kevin Haines (Director, Centre for Criminal Justice and Criminology, Swansea University) was Project Director, contributing to all key strands of the work. The project was managed by **Sam Wright** (Director, ARCS), with support from **Mark Liddle** (Managing Director of ARCS).

Paul Gray (Research Manager, ARCS) led on the quantitative data analysis and reporting and **Sam** led on the qualitative data-analysis and the literature review. The fieldwork was undertaken by **Lyndsay McAteer** (Research Officer, ARCS) and **Emma Watts** (Research Officer, ARCS).

Sam led on final write-up of the report, with assistance from **Paul**, **Lyndsay** and **Emma**.

The team would like to acknowledge the positive involvement of CRAFT staff, who were extremely helpful throughout the research. In particular, we would like to thank Charlotte Waite and Angharad Rhys for their invaluable assistance in the evaluation. We would also like to give special thanks to all the external stakeholders who took the time to speak with us, and most importantly, we would like to thank the **CSOs** who gave us their views about their involvement with the CRAFT project.

The support we have received from all quarters in carrying out the research has been consistent and valuable – all errors or omissions in this report, remain those of the authors.

2 EXECUTIVE SUMMARY

The CRAFT programme is designed for families and carers (*Concerned Significant Others - CSOs*) of substance misusers. It aims to help them to: improve the quality of their own lives; interact with the substance misuser (*Loved One*) in a way that minimises the consumption of alcohol/drugs; and ultimately, encourage the substance misuser to seek treatment.

A CRAFT service has been operating in Cardiff since 2007, funded originally under the Drug Interventions Programme, and since July 2008 as a Welsh Assembly Government pilot project. The CRAFT project now operates across Cardiff and the Vale of Glamorgan – the sole CRAFT project in Wales, and one of only two in the UK.

This research combined quantitative and qualitative methods, including:

- A rapid review of background literature;
- Collection and analysis of project documentation and data;
- Interviews with all CRAFT staff (n=5) and seven external stakeholders;
- Interviews with seven CSOs (six past participants and one current CSO, comprising 13% of those who engaged with the full CRAFT programme);
- Analysis of written CSO feedback (n=18, comprising 19% of the total client group, 58% of those recorded as completing the programme).

Process findings

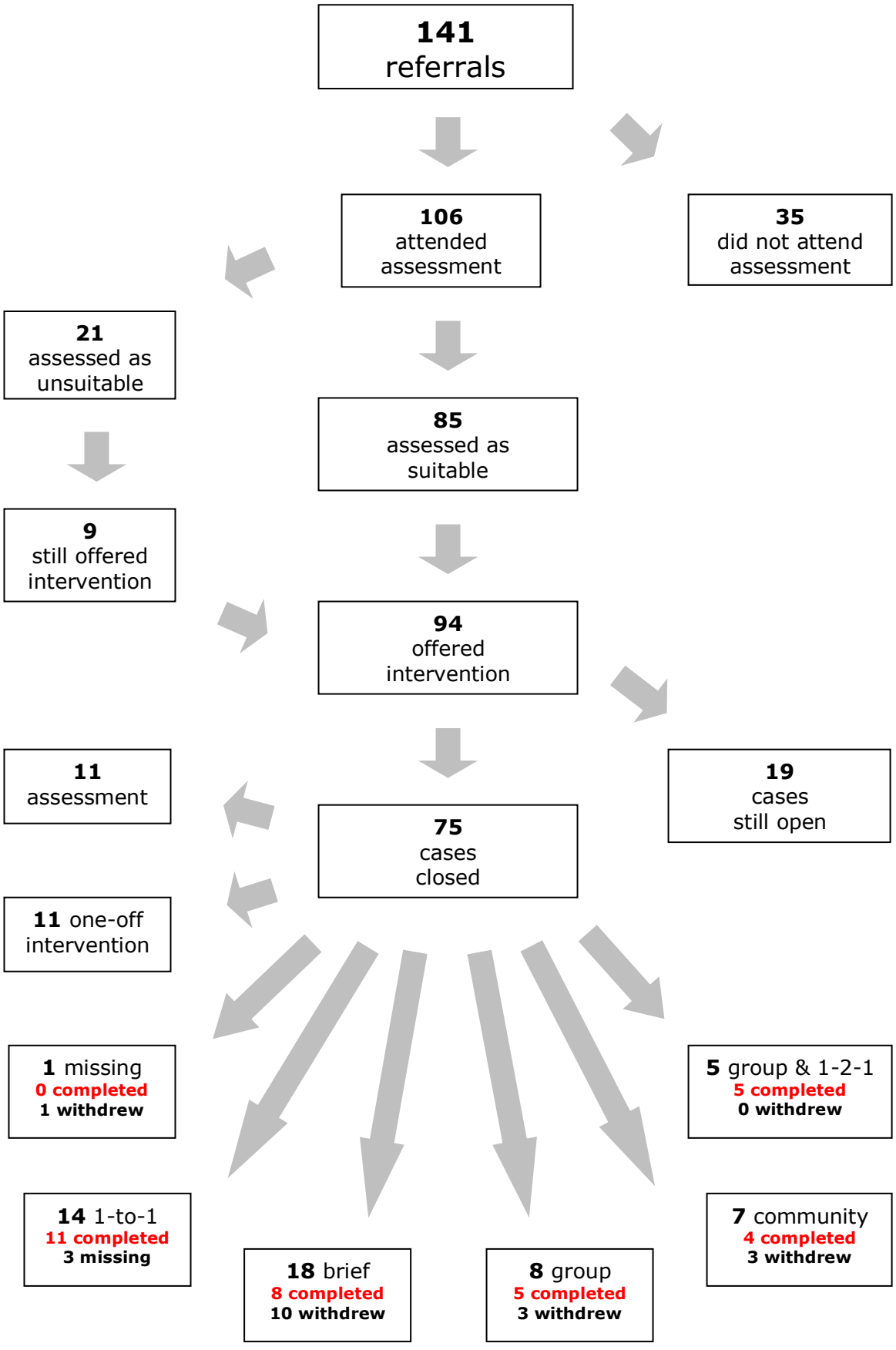
Between the 15th June 2008 and 8th December 2009, 141 people were referred to the CRAFT service: two thirds accessing the Cardiff service and a third the service in the Vale. Just under half of those referred to CRAFT had a *loved one* who was already accessing support for their substance misuse[1] - commonly from the local Alcohol and Drug Team[2]. A tenth of CSOs were recorded as misusing substances themselves - mainly alcohol[3].

Three quarters of those referred to CRAFT attended an initial assessment. In the main, the rest refused the offer of the service. Eighty per cent of those attending assessment were considered to be suitable to participate in CRAFT. Lack of suitability mainly arose due to insufficient contact between the CSO and the substance misuser.

A total of 94 individuals engaged with the CRAFT programme. At the time of this evaluation, 19 cases were still open and there were 75 closed cases.
The following flowchart summarises key pathways through the CRAFT pilot:

[1] Where data was recorded: n=128 cases.
[2] Cardiff Alcohol and Drug Team (CADT) (40 per cent) or Vale Alcohol and Drug Team (VADT) (24 per cent).
[3] 86% of those CSOs recorded as misusing substances.

Flowchart of client referral, assessment, intervention and exit



Of the 75 closed cases recorded in the CRAFT database:

- Three quarters completed their intervention. Just under a quarter withdrew before their intervention was complete, but a small proportion of them had received over six hours of training.
- Just over half of CSOs received an assessment, a one-off intervention or brief intervention. Half of CSOs had one or two hours of face-to-face contact, and just under a third had six or more hours.
- A third of CSOs attended a single appointment with the service, 39 per cent attended between two and four appointments, and 28 per cent attended at least six sessions.

Outcome findings

CRAFT offers a structured method of helping families to deal in a more constructive way with their relational issues - increasing communication skills, giving them the opportunity to explore what choices they have, enabling them to develop more positive attitudes and also addressing their personal safety. However, with very little quantitative impact data collected by the CRAFT project, this evaluation has mainly had to draw on qualitative evidence. This qualitative research shows the positive impacts that CRAFT can make upon CSO psychological health and general wellbeing - helping them to make changes that improved their quality of life very quickly. CSOs reported feeling that their own health, personal relationships and working lives had all improved as a result of engaging with CRAFT.

The issue of CRAFT's impact upon loved ones (in terms of reducing substance misuse and accessing support) is not straightforward. Just under a half of CSOs engaging with the CRAFT project had loved ones who were already in some form of treatment. So, whilst just under two thirds of those CSOs participating in CRAFT[4] reported a reduction in their loved one's substance misuse, approximately three quarters of those loved ones were already in treatment when contact with CRAFT was made.

Whilst one of the main aims of CRAFT in the USA is to help CSOs to encourage, facilitate and support their *Loved One's* entry into treatment, this reflects the context of the American treatment system which is highly medicalised and abstention-orientated – creating relatively high barriers to service access. In contrast, the treatment system within Wales (and indeed, the UK) takes a much broader harm-reduction focus and incorporates a range of approaches that seek to maximise client engagement – resulting in lower barriers to service entry for substance misusers in the UK.

These contextual differences are crucial to an understanding of the implementation of CRAFT in Wales. The Cardiff and the Vale of Glamorgan pilot developed in such a way as to allow it (at least in part) to support the families and carers of existing counselling clients - and consequently placed less emphasis on engaging substance misusers outside the treatment system. Nevertheless, despite limited opportunities for the pilot to *initiate* treatment entry, just over half of participating CSOs reported that subsequent to their contact with CRAFT, their *loved one* had entered either a new or

[4] CSOs who engaged with the CRAFT programme for more than one session.

another separate treatment[5]. However, the true extent to which CRAFT could be developed as a referral mechanism for those substance misusers who have never accessed treatment remains unknown.

The potential for any CRAFT project to facilitate a *loved one's* access to treatment depends upon the degree to which those services can be accessed rapidly for substance misusers – whilst their motivation to change is maximised. In Cardiff and the Vale (as is generally the case across Wales and indeed, the UK), there are waiting lists to access substance misuse treatment – particularly clinical services such as substitute prescribing; detoxification and residential rehabilitation. These access barriers limit and mould the way that a CRAFT project can operate. Thus, CRAFT's ability to (1) improve the quality of life for the CSO, and (2) get substance misusers into treatment is dependent upon the specific local treatment context and its capacity to respond to any increase in referrals.

Analysis of CSO participation in CRAFT suggests that it might be particularly helpful for families where the loved one is already in treatment – perhaps benefiting them by providing support during the difficult and stressful period when a loved one is seeking to change their substance misuse patterns. This combined therapeutic approach (of a substance misuser engaged in treatment and their CSO working with CRAFT) could enhance the effectiveness of existing substance misuse interventions. Removing or decreasing the domestic triggers for substance misuse, improving family communication and reducing relationship conflict all help substance misusers to take responsibility for their behaviour and keep them motivated to change. With few other services available for families with a loved one in treatment, the provision of CRAFT to all families of substance misusers could address an important aspect of unmet support need. With one tenth of the CSOs referred to CRAFT disclosing that they misuse substances themselves, the CRAFT programme can also deliver early intervention approaches to them.

The overlap in incidence of substance misuse and domestic violence gives CRAFT the potential to develop a role in identifying and responding to domestic violence – and also a range of other problems which commonly co-exist in families where substance misuse is an issue (for example: mental health problems, financial difficulties, unemployment, deprivation and social exclusion).

Conclusions and emergent research questions

There is increasing recognition of the scale, breadth and severity of support need among the families of substance misusers – at both national (WAG) and local (CSP) level. Indeed, the current Substance Misuse Treatment Framework[6] recommends that work with substance misusers' families should be viewed as *standard practice.*

[5] In addition to the one they were in when their CSO started with the service. Sixteen per cent did not enter treatment and sixteen per cent were already in treatment when their CSO started with the service (but did not enter another separate treatment).

[6] Welsh Assembly Government 2008 Substance Misuse Treatment Framework. Carers and Families of Substance Misusers A Framework for the Provision of Support and Involvement. Cardiff.

This pilot CRAFT project was implemented with less emphasis on encouraging reluctant substance misusers to enter treatment than is the case in the USA – reflecting the very different treatment and social contexts between the two locations. Moreover, with few support services available to families of substance misusers, allowing CSOs whose *loved one* is already accessing treatment to benefit from CRAFT may be valuable in its own right. Indeed, given the lack of capacity within clinical substance misuse services to respond to any increase in referrals, it may be unrealistic to include this as an expectation of CRAFT within Wales.

The local service delivery context has numerous implications for the implementation of CRAFT, including:

- The scope to which referral levels into CRAFT could be increased by more active marketing of the CRAFT service is unknown. However, a substantial amount of inter-agency networking and promotion of the service is required in order to maximise its 'reach';
- There is a need to address clinical waiting times for clients outside of the criminal justice system, if CRAFT is desired to fully develop its role in increasing the uptake of treatment;
- CRAFT could support families where the *loved one* is on a waiting list for treatment or indeed divert substance misusers from clinical services - if family support is sufficient to help them address their substance misuse;
- CRAFT could develop an early intervention role - working with CSOs who are getting drawn into substance misuse as a result of their *loved one's* drug/alcohol use;
- CRAFT could have a role in developing early intervention / low threshold access to services - not only in relation to substance misuse but also in relation to a whole host of (inter-connected) family problems. In particular, given the relatively common overlap between domestic violence and substance misuse (Galvani, 2007), CRAFT could develop a critical role in identifying and responding to domestic violence and the other problems which are commonly associated with these issues (for example: mental health problems, financial difficulties, unemployment, deprivation and social exclusion);
- CRAFT could have a role in providing a 'wraparound service' - engaging families and instituting long-term abstention support;
- CRAFT could also develop an early intervention role in communities where substance misuse is beginning to take hold: helping to address substance misuse-related antisocial behaviour by teaching family members how to deal with it in a way that minimises its impact upon themselves and their community.

Gauging the correct balance of activity between (1) improving the quality of life for the CSO, and (2) getting the substance misuser into treatment requires detailed understanding of the immediate and long-term plans for developing both the substance misuse treatment system and the family support system. Given the huge variety in terms of different patterns of service delivery and strategic coordination across the 22 Community Safety Partnerships within Wales, methods of CRAFT implementation (and the realistic expectations in relation to its impact) vary enormously.

Looking to the future however, CRAFT could have huge potential as a foundation for the development of Integrated Family Support Services across Wales. Investing in one training post as a catalyst for developing CRAFT skills and management/supervision structures could therefore potentially achieve enormous change. Building such capacity within existing services, particularly if accompanied by an integration of clinical (health) and (psycho-) social care services – could help to develop much more effective care pathways for both substance misusers and their families.

3 INTRODUCTION, BACKGROUND

In January 2010, the Welsh Assembly Government commissioned Swansea University and ARCS (UK) Ltd to undertake an evaluation of the CRAFT pilot project. The evaluation was conducted during the period from January to March 2010.

Community Reinforcement and Family Training (CRAFT)

CRAFT is a programme designed for families and carers (*Concerned Significant Others - CSOs*) of substance misusers. It aims to provide support to help them improve the quality of their own lives; to interact with the substance misuser (*Loved One*) in a way that minimises the consumption of alcohol/drugs; and ultimately to encourage the substance misuser to seek treatment.

Developed over the last twenty years by Dr Robert Meyers in the USA, CRAFT was originally designed specifically for alcohol misusers who were strongly opposed to treatment. Its use has now broadened to include work with families of drug misusers.

The CRAFT project under study for this evaluation is the only one in Wales, and, we believe, one of only two in the UK[7].

3.1 Key aims of the evaluation

The main aims of the research were to conduct:

A process evaluation to:

- Examine recruitment and training of CSOs;
- Examine decision-making by CSOs and staff regarding the format and duration of training;
- Examine the fidelity of training to the CRAFT model;
- Describe the use of influencing skills by CSOs on substance misusers; and
- Identify minimum core skills required of the therapist.

An outcome evaluation to examine:

- The percentage of substance misusers who enter and sustain treatment/change;
- Benefits for CSOs - including reduction of stress; and
- The impact of influencing skills by CSOs on their relationships with the substance misuser.

[7] There is also a CRAFT project under development in Dublin.

3.2 Report structure

The report commences with a brief review of relevant literature (Section 2), and then provides details concerning the methods employed in the evaluation (Section 3). Following a description of the pilot project design in Section 4, findings from the process evaluation are detailed in Section 5, whilst Section 6 reports on the findings from the outcome evaluation. Section 7 presents conclusions drawn from across all strands of the evaluation work.

4 LITERATURE REVIEW

4.1 The scale and impact of substance misuse within families

The *Hidden Harm* report (ACMD, 2003) raised the profile of children affected by parental drug misuse, but it was not until the 2009 UKDPC report that the first attempt in the UK was made to (1) estimate the number of *adult* family members with a drug-using relative, and (2) calculate the costs to such individuals and the cost-savings arising from the care they provide. In this report, Copello *et al.* (2009) estimate that in Wales there are **3,456** adult family members of drug users who are in treatment. Taking into account an estimate of the numbers of dependent drug users *not* accessing treatment, the estimate rises to **73,502**. The number of adults affected by a family member's alcohol misuse remains unknown.

The impact of substance misuse on individual families varies dramatically, but with potentially profound social consequences, including: bizarre or unpredictable behaviour from the substance misuser; potential antisocial or criminal activities; reduced family income; and the deterioration of relationships with wider family and friends - resulting in isolation and a lack of support (Cleaver *et al*., 1999). The experience often leaves family members worrying about the financial impact of substance misuse; the user's physical and mental health - all impacting negatively upon communication between family members (2009: 5). The feelings associated with this often include anxiety, worry, depression, helplessness, anger and guilt (Orford *et al.* 2005).

Families of substance misusers are frequently an unpaid and unconsidered resource, providing health and social care to their substance misusing relatives (2009:21). Family members may carry a large burden in terms of costs linked with their relative's substance use. This may include direct day-to-day costs, the incidental cost of alcohol/drugs and the indirect costs of lost opportunities for their own employment. Copello *et al* (2009) estimate that the annual cost per annum, per family member of a problem drug user (using 2008 prices) is **£9,497**. As a result of this family member's care it is further estimated that the NHS/Local Authority makes an annual saving of **£3,935.** Applying these figures to the numbers involved - approximately 4,036 partners and 4,620 parents in Wales – results in an annual cost estimate for family members and carers of **£82 million** and a resource saving to the NHS and Local Authorities of **£34 million.**

In addition to the costs and cost-savings arising from families dealing with substance misuse, there is a growing body of research (Copello & Orford, 2002; Copello *et al*., 2005, 2006) suggesting that interventions aimed at the family and social networks can lead to positive therapeutic change. The role and experience of family members has long been neglected within substance misuse treatment - both in terms of their potential to aid the process of change and to reap benefits from improvement of the addiction problem. However, Copello and Orford (2002) describe how an increased emphasis on the role of families and wider social networks in routine service provision can:

- Assist in getting clients to engage and maintain engagement in treatment;
- Improve both substance related outcomes and family functioning;
- Lead to the reduction of impacts and harm for family members.

Copello *et al*. (2006) point out that recent studies have shown that family and social network approaches either match or improve outcomes when compared with individual interventions. The major challenge however is the implementation of family approaches in routine service provision - involving a move away from more individualistic approaches towards more socially inclusive ones.

4.2 Learning Theory and Cognitive Behavioural Approaches

Developmental theories of addiction, whilst commonly recognising that addictive behaviour is subject to *'a very large number of influences of biological, psychological and social kinds',* postulate that substance misuse is at least partly determined by an accumulation of positive substance use experiences that support further consumption (Joseph *et al.*, 1996).

Learning theory – particularly operant learning theory – provides the theoretical backdrop to these approaches, by describing how individual behaviour is learnt and repeated due to the consequences experienced immediately after that behaviour. Consequences that increase the frequency of behaviour are known as 'reinforcers' – with the strength, frequency and type of consequences greatly influencing any future behaviour. Particularly where immediate rewards are perceived to outweigh any longer-term negative consequences, such behaviour can become strongly resistant to change.

Whilst specific settings or interactions do not *automatically* elicit operant behaviour, they are important in providing 'cues' for it because of the behaviour's known capacity to produce desired 'consequences'. Thus, incentive conditioning or learning describes how both substance use paraphernalia and environmental cues can begin to stimulate behavioural responses (White, 1996) – with potential for an ever-widening collection of settings and objects to trigger the desire to use alcohol and drugs (Orford, 2001).

CRAFT emanates out of a treatment (called the Community Reinforcement Approach) that uses a behavioural understanding of substance misuse to minimize social and environmental reinforcers and promotes abstinence. Before describing CRAFT, it is worth exploring CRA briefly:

4.3 The Community Reinforcement Approach (CRA)

The Community Reinforcement Approach (CRA) was originally developed as a treatment for alcoholism, based on the principle that an individual's social environment plays a critical role in both their alcohol misuse and recovery (Azrin 1976, Hunt and Azrin, 1973). CRA thus utilizes familial, social, recreational, and occupational reinforcers to support individuals in changing their drinking behaviour – seeking to construct an environment that discourages substance use and rewards abstinence

(Miller *et al.*, 1999).

CRA combines several treatment components (Meyers and Smith, 1995), including:

- Building client motivation to abstain from drinking;
- Helping the client to initiate abstinence;
- Analyzing individual drinking patterns;
- Increasing positive reinforcement;
- Teaching new coping behaviours; and
- Involving significant others in the treatment process.

The CRA programme was built on the concept that an individual's recovery is greatly affected by their "community" (composed of family, friends, work/school, social activities and perhaps spiritual affiliations). The goal of CRA is to rearrange multiple aspects of an individual's "community" so that an abstinent lifestyle is more rewarding than one dominated by alcohol and drugs (Meyers *et al.*, 2003).

Clinical trials and systematic reviews reveal positive outcomes from CRA across a range of clients and problem substances (Meyers and Miller 2001; Gruber *et al.*, 2000; Abbott *et al.*, 1998; Higgins *et al.*, 1993). CRA is increasingly advocated as an effective method of working with a range of substance misusers[8] across a variety of geographic sites in the USA, treatment settings (e.g., inpatient and outpatient), and individual and family therapy approaches when compared against or added to traditional approaches (Miller *et al.*, 1999). More specifically, Roozen et al. (2004) report that:

- CRA is more effective in reducing the number of drinking days than traditional treatment for alcohol misusers and can improve the effectiveness of methadone maintenance programmes.
- When combined with the use of 'incentives', CRA is also more effective than traditional treatment approaches in enabling cocaine and opioid users[9] to become abstinent.
- CRA with *abstinence-contingent* 'incentives' is particularly effective[10] in enabling clients to abstain from cocaine use.

In the USA, meta-analysis of the alcohol research literature has identified CRA as one of the ten most effective treatment methods (Miller e*t al.*, 1995; Miller, Wilbourne and Hettema 2003) and one of the top five most cost-effective treatments (Holder *et al.*, 1991) - indeed, *the most* cost effective treatment according to Finney and Monahan (1996).

Since its introduction by Hunt and Azrin in 1973, CRA treatment has evolved considerably, with clientele expanding to include partners of alcoholics and drug misusers (cocaine and opioid users). CRA has also been successfully integrated with a variety of other treatment approaches (such as family therapy and motivational interviewing).

[8] Including homeless people as well as people of different ethnic or cultural backgrounds.
[9] In comparison to a detoxification programme.
[10] Even compared against CRA using non-contingent incentives.

4.4 Community Reinforcement and Family Training (CRAFT)

In recent years, with evidence that the involvement of family members can help initiate and promote the treatment of people with alcohol problems (Sisson and Azrin, 1986), CRA has been integrated into family therapy approaches in the USA in which the person seeking help is a concerned family member — resulting in the development of the *Community Reinforcement and Family Training* (CRAFT) approach.

Like CRA, the Community Reinforcement and Family Training (CRAFT) programme is based on principles of reinforcement – seeking to develop unilateral intervention with *concerned significant others* (CSOs) as a means of engaging unmotivated individuals in substance misuse treatment. The CRAFT therapist works with the CSO (without the substance misuser present) to change their social environment by removing/reducing any inadvertent reinforcement for alcohol/drugs - and replacing it with behaviours reinforcing abstinence. The therapist also helps the CSO prepare for the next 'window of opportunity' when the substance misuser may be willing to enter treatment.

CRAFT was thus developed specifically for substance misusers who are strongly opposed to treatment (Institute of Medicine, 1990), although it is now being targeted more widely. This cognitive-behavioural approach teaches the CSO to use behavioural principles to reduce the *loved one's* substance misuse and to encourage them to seek treatment. Methods often include providing initial support to the CSO and later discussing ways to influence the user's behaviour in a way that could lead them to enter treatment. Additionally CRAFT assists the CSO in alleviating other types of stress and in introducing meaningful reinforcers into his or her own life (Meyers and Smith, 1997).

Small-scale evaluations of CSO interventions in the USA suggest:

- High levels of CSO participation in treatment sessions (87%) with almost three quarters (74%) of substance misusers subsequently engaging in treatment. Substance misusers who did become treatment clients reported increased abstinence from both illicit drugs and alcohol and CSOs showed reductions on depression, anxiety, anger and physical symptoms (Meyers *et al.*, 1998).
- Greater levels of success in retaining the engagement of CSOs and in inducing substance misusers' treatment entry than 12-step self-help groups. Also a reduced number of family members' self-reported problems relating to: finance; psychological well-being and self-esteem; social functioning and family functioning (Kirby *et al.*, 1999[11]).

Further primary research from the USA suggests that CRAFT interventions are effective in:

[11] Random assignment of 32 CSOs of drug misusers to (1) a community reinforcement training intervention or (2) a popular 12-step self-help group. Measurements included: problems arising from the drug misusers' (DM) behavior, social functioning of the DM and CSO, and mood of the CSO at baseline and 10 weeks later. CSO treatment attendance and treatment entry of the DMs was also monitored. The treatment groups showed equal reductions from baseline to follow-up in problems and improvements in social functioning and mood of the CSO. However the community reinforcement intervention was significantly better at retaining CSOs in treatment and inducing treatment entry of the DMs.

- Engaging previously treatment-resistant alcohol (Miller *et al.*, 1999)[12] and drug-misusing relatives into treatment when family members receive the intervention, either in individual or group format (O'Farrell and Fals-Stewart, 2007; Copello, 2005; Meyers *et al.*, 1996; Sisson and Azrin, 1986).
- Reducing family conflict, and depression, anxiety, and physical symptoms among CSOs (Copello, 2005; Miller *et al.*, 1999).

As a result, CRAFT is one of the seven treatment interventions approved by the US National Drug Court Institute (McLellan, 2008).

4.5 The implementation of CRAFT in the UK

Across the UK, only limited support services are available to families and carers of substance misusers - despite recognition of the large numbers of families involved and their need for support, both in their own right and as part of the package of care offered to the substance misuser (Copello and Orford, 2002; NTA, 2008). However, policy interest in this field is growing across the UK (Welsh Assembly Government 2008; The Scottish Government 2008; Home Office 2008), and *UK Guidelines on Clinical Management* emphasize the importance of providing services for families and carers as well as appropriately involving them in drug misusers' treatment (Department of Health, 2007).

The Cardiff CRAFT pilot project is currently one of only two CRAFT projects in the UK - the other being at an early stage of development in Newcastle-upon-Tyne (where Dr Meyers delivered training to 30 staff in September 2009 and where another 25 staff will be trained in spring 2010). Whilst CRAFT implementation to date in Newcastle-upon-Tyne is described as 'patchy', there is a lot of local interest in embedding CRAFT into frontline services for carers/families of substance misusers. The main focus has been on implementing CRAFT with partners/parents of adult substance misusers, although there is also local interest in developing the approach with parents of young people who misuse substances[13].

As this review of research has identified, whilst research evidence on the effectiveness of CRAFT exists, it is primarily American and it is therefore important to test the effectiveness of CRAFT in the Welsh context. Implementing CRAFT alongside other UK substance misuse treatment methods represents a significant development in approach, and if shown to be effective, its potential impact could be significant to substance misuse policy, strategy and practice nationally and internationally. However, several fundamental knowledge gaps exist in relation to the impacts of

[12] 64 percent of the clients who received CRAFT counselling succeeded in recruiting their loved one into treatment following an average of four to five counselling sessions. In contrast, two traditional methods for engaging unmotivated problem drinkers into treatment—the Johnson Institute intervention and counselling to engage in Al-Anon—resulted in significantly lower proportions of significant others (30 percent and 13 percent, respectively). Miller W., Meyers R. and Tonigan J. 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, 688-697.

[13] Email correspondence from Dave Bowditch, Policy & Performance Lead (Youth Crime & Youth Substance Misuse), Youth Policy Team, Children & Learners' Group, Government Office for the North East (12th February 2010).

substance misuse on families. These information gaps (which include: accurate estimates of economic costs; health costs and excess service utilisation costs) impede the development of effective policy in this area. As the 2009 UKDPC report concludes, there is a need to both implement research findings about family intervention in routine practice and to evaluate such research implementation (Copello *et al.*, 2009). Whilst such issues are outside the scope of this small-scale research, this evaluation of the Cardiff project nevertheless provides an important opportunity to learn more about the provision of support for families and carers and to begin to fill some of these knowledge gaps.

5 THE RESEARCH – DESIGN AND IMPLEMENTATION

5.1 Data collection

This research was designed to offer a preliminary examination of both process and impact aspects of the CRAFT project, using a combination of quantitative and qualitative research methods. Whilst the aim was to provide an assessment of the way the CRAFT project worked and any measured outcomes, delivery of this latter aim was limited because the data collection necessary to support a robust outcome evaluation had not been planned for at the start of the CRAFT project. However, a range of qualitative data collection instruments were designed for this evaluation and have been attached separately as appendices to this report.

Each strand of the research was designed to inform both the process and the outcome evaluation and is described separately, below:

5.1.1 Collection and analysis of project documentation/data

As the Cardiff CRAFT pilot has been running since June 2008, the collection and analysis of historical project documentation and data is a key strand of the evaluation. Such information gathering includes:

- Computerised project data-sets (including details about participants and their progress);
- Documentation and data concerning referral and assessment (including tools used for measuring key indicators); and
- Feedback material from CSOs.

Details concerning project participants and their involvement with the project are held in both paper-based and computerised records. The research team have been able to further develop the project's own electronic records, and with substantial help from CRAFT staff, to collate key information for analysis that covered the full treatment journey from assessment, inception and intervention through to exit[14].

Thus, the team has been able to access details concerning the whole population of project referrals and to use project data to examine key pathways through CRAFT interventions, including:

- The total population of those referred into / accessing CRAFT;
- The total population of those accessing CRAFT who were subsequently assessed;
- Those who engaged with the project (short or long term);
- Those who started with CRAFT but subsequently disengaged; and
- Those who completed the programme.

[14] Whilst the analysis of hard copy project records would have proved to be highly useful, the tight timescales for this evaluation precluded full case-file analysis.

5.1.2 Interviews with staff and external stakeholders

The research team conducted in-depth, semi-structured interviews with all CRAFT therapists (n=5) and brief, explorative interviews with managers and commissioners (n=6[15]). These interviews focused on the key research questions and enabled CRAFT staff to describe how project interventions "work", factors associated with CSO engagement (or disengagement), the characteristics associated with positive or negative outcomes, and what models of good practice look like. All therapist interviews were digitally recorded by fieldworkers using a semi-structured instrument. Interviews were partially transcribed for analysis.

5.1.3 CSO feedback and interviews

CSO feedback was a key strand of data for both the process and outcome evaluation. Although the tight timescale placed some limits on the number of CSO interviews that could be completed, with help from the CRAFT project staff, the research team was able to access seven participants for interview – one current and six past participants[16]. The research team also analysed written feedback that the CRAFT therapists had gathered from 18 past participants.

5.2 Data-analysis and reporting

The analysis and reporting of the data was conducted in such a way as to present findings on project implementation (process issues) and as far as possible, in relation to project outcomes. Research findings have been reported using merged qualitative and quantitative data to enhance the value of each strand of work.

Analysis has been undertaken in such a way as to enable the mapping of pathways through the CRAFT project, an approach that enables the evaluation to describe:

- Key features associated with those who do not manage to access the service fully;
- The factors associated with successful engagement; and
- Some key outcomes generated in successful cases/families.

[15] Stakeholder consultation was conducted with the Substance Misuse Commissioners for Cardiff and the Vale of Glamorgan; two CADT counsellors who had referred family members into CRAFT and who worked with substance misusers whose family members were engaged with CRAFT; and two members of Cardiff County Council who had been involved in the management of the pilot.

[16] This selection process and the small sample of interviewees for the research means that no claims can be made regarding this group's representativeness of the total population of CSOs. The seven interviewees constitute 13% of the CSOs who engaged with the full CRAFT programme (ie: not undertaking a one-off or brief intervention).

6 CRAFT PILOT PROJECT DESIGN

6.1 The development of the CRAFT pilot project

The CRAFT pilot project commenced in Cardiff in July 2008, under the management of the Family Support Development Project at Cardiff Alcohol and Drug Team (CADT). Prior to that, CRAFT had been delivered as part of the Drug Interventions Programme in Cardiff – the CRAFT element of which ceased at the beginning of July 2008. This shift in location to the CADT allowed CRAFT to be provided in wider community settings than had previously been the case, enabling the interventions to be offered to families at an earlier, more preventative stage.

6.2 Key CRAFT objectives

The three main objectives for the CRAFT pilot project are to:

- Reduce the *loved one's* substance use;
- Improve the emotional functioning of the family member; and
- Influence a *loved one* to get help or "enter treatment"[17].

The CRAFT intervention is designed to help families and carers to make positive life changes so that their own quality of life[18] and psychological functioning improves - regardless of whether their *loved one* enters substance misuse treatment.

Initially delivered by one specialist Family Liaison & Intervention Worker (who had also provided CRAFT under the DIP), the CADT pilot proposal to the Welsh Assembly Government proposed that the service would:

- Be provided to up to 28 carers/families per year;
- Provide assessment and up to 12 training sessions per family over a 12 week period;
- Include service development, monitoring & staff supervision;
- If possible, also offer CRAFT as a group work intervention[19].

Currently, there are three trained CRAFT therapists working out of Cardiff Alcohol and Drug Team and two further therapists who deliver CRAFT (alongside other therapeutic interventions) at Vale Alcohol and Drug Team.

6.3 Key components of the CRAFT programme

Delivery of the CRAFT programme in Cardiff and the Vale of Glamorgan ideally involves nine key elements which can be summarised as follows:

[17] CRAFT Pilot Scheme Proposal, Cardiff Alcohol and Drug Team.
[18] In terms of emotional, physical and relationship aspects to their life.
[19] CRAFT Pilot Scheme Proposal, Cardiff Alcohol and Drug Team.

Table 4.1 Summary of CRAFT session content

Session	Summary of content
Introduction	The CSO is asked to describe the problems created by the substance misuse and these are prioritised. The CRAFT approach and goals are explained, and specific techniques are introduced (e.g. functional analysis, allowing for natural consequences etc.) The suitability criteria for CSO involvement are explained and methods of maintaining CSO motivation are identified.
Functional Analysis	This session analyses the role of substance misuse in the life of the loved one and the CSO's role in this – facilitating the beginning of an action plan. Timing, triggers and enabling behaviour are discussed. CSOs are asked to go home and identify when their loved one is using/drinking and what benefits they derive from it. The CSO is also asked to monitor their own reaction to the situation.
Domestic Violence/Aggression	This session focuses on personal safety and any changes that are required to minimise future violence/aggression. Sources of social support are discussed and referrals to local groups (e.g.: Women's Aid) can be made. If necessary, a full functional analysis of violent behaviour and how to identify its triggers can be completed. CSO responses to (the threat of) violence are also examined.
Positive Communication Skills	The importance of communication is discussed. The seven components of good communication are described (and a reminder leaflet is provided). Examples of poor and good communication are explored through role-play/feedback. The importance of communication timing is discussed.
Use of Positive Reinforcement (Rewards)	CSO application of CRAFT at home is reviewed to explore what worked well and what did not. The concept of positive reinforcement is introduced and the CSO is invited to express how they feel about rewards. All potential rewards and their appropriateness are discussed. The importance of timing, triggers and consequences are considered. The 'communication card' and role-play are used to highlight any potential problems that may arise.

Session	Summary of content
Time Out from Positive Reinforcement – "The Big Chill"	CSO application of CRAFT at home is reviewed to explore what worked well and what did not and how methods could be applied differently to improve the situation. The rationale for withdrawing rewards is discussed. Through role-play, the CSO is invited to identify which rewards would be most appropriate, safest and easiest to withdraw. The likely consequences / potential problems are discussed.
Allowing for Natural Consequences	CSO application of CRAFT at home is reviewed. CSO rewarding/enabling behaviour is examined in detail (e.g. cleaning up any mess, paying court fines etc.) The rationale for allowing natural consequences is discussed and potential situations where this could be allowed to happen are considered. Any potential problems are explored and discussed. An action plan is set.
Helping Family Members Enrich Their Own Lives	CSO application of CRAFT at home is reviewed. The rationale for focusing on the CSO's own happiness is discussed. The happiness scale[20] is given to the CSO and an analysis of this follows. The CSO is then asked to select an area on the scale that they want to concentrate on. Realistic and achievable goals and strategies (independent from the substance misuser) are formulated. The CSO is asked to sample some of the activities that have been discussed.
Inviting the Substance User to Enter Treatment	CSO application of CRAFT at home is reviewed. This is followed by a discussion about motivational 'hooks' that can be used to encourage the loved one to enter treatment. Role-play is used and 'windows of opportunity' and 'timing' are explored. Local treatment options and the facility to fast-track appointments are discussed. The CSO is assisted by preparing for any possible refusal, no show, or drop-out from their loved one. Invitation for loved one to enter treatment is set as 'homework'.

The development and implementation of the CRAFT pilot project is discussed in more detail in the next section, as we now turn to the results of the process evaluation.

[20] The Happiness Scale asks CSOs to rate their current happiness across ten key areas of their life: Drinking/Drug Use; Job or Education Progress; Money Management; Social Life; Personal Habits; Marriage/Family Relationships; Legal Issues; Emotional Life; Communication; and General Happiness.

7 PROCESS EVALUATION FINDINGS

In this section we present findings from the process evaluation, reporting both quantitative and qualitative findings – the former derived from the project's recorded data and the latter from interviews with project staff (n=5), stakeholders (n=6) and CSOs (n=7). This section examines the key stages in project implementation, both *client-focused* project work: accessing CSOs; assessing their suitability for CRAFT interventions; delivering the training; exiting the intervention; - and also operational considerations of team development and supervision.

7.1 Intervention pathways: referral, assessment and engagement

Between the 15th June 2008 and 8th December 2009, 141 people were referred to the CRAFT service. Of these referrals, just over two thirds (68 per cent) came from Cardiff and the remainder from Vale.

7.1.1 Referral routes and profile of those being referred

It was originally envisaged that referrals to the CRAFT service would be made via a number of routes (self-referral and also referrals from counselling, substance misuse and local voluntary organisations). The CRAFT database does not hold any information on external referral routes and so no quantitative analysis is possible. However, CRAFT therapists report that the most common route by which prospective CSOs access the project is by self-referral – sometimes generated when existing clients of the two Alcohol and Drug Teams identify that they have a CSO who needs support. Very few referrals are made from external agencies – reflecting the limited amount of networking/publicity work that has been undertaken, resulting in a lack of agency awareness of CRAFT's existence. Age Concern has recently begun to refer people into CRAFT, but it is recognised that the CRAFT project would benefit from the development of further networking – particularly among Carers and Family Services in Cardiff and the Vale - in order to reach people in need of support and increase referral pathways.

Analysis of the CRAFT database reveals that nearly nine out of ten referrals (89 per cent) were individual CSOs - the vast majority of whom were female (87 per cent). Of the remaining referrals: one was a whole family; one was two females; and 14 were pairs of male and female CSOs. In terms of the CSOs' relationship to the substance misuser, half were partners (including husbands and wives) and just under a quarter (24 per cent) were mothers. One tenth of CSOs themselves had a substance misuse issue - for the vast majority (86 per cent) this substance was alcohol[21]. Table 5.1 summarises the relationship between CSO and their loved one:

[21] The other substances named were methadone (n=1) and prescribed medication (n=1).

Table 5.1 CSO relationship to the loved one

CSO relationship to loved one	Frequency	Percentage
Partner	71	50.4
Mother	34	24.1
Parents	12	8.5
Daughter	8	5.7
Ex-partner	4	2.8
Sister	4	2.8
Father	2	1.4
Sister and daughter	1	0.7
Parents and siblings	1	0.7
Father and sister	1	0.7
Daughter and son	1	0.7
Missing	2	1.4
Total	*141*	*100.0*

Of the 128 cases where data was provided, over two-fifths (45 per cent) of loved ones were already in some form of treatment when their CSO was referred to the CRAFT service. As the table below shows, this was most commonly with either CADT[22] (40 per cent) or VADT[23] (24 per cent).

Table 5.2 Type of treatment engaged in by the loved one

Type of treatment engaged in by SU	Frequency	Percentage
CADT counselling	20	34.5
CADT	2	3.4
CADT social work	1	1.7
VADT counselling	9	15.5
VADT	1	1.7
VADT and CAU	3	5.2
VADT and hospital	1	1.7
CAU	2	3.4
CAU and AA	1	1.7
DIP	5	8.6
Detox	4	6.9
Option 2	2	3.4
Other forms of treatment	6	10.3
Missing	1	1.7
Total	*58*	*100.0*

The two interviewees who represented referral agencies both worked for Cardiff Alcohol and Drug Team and they described how relatives/family members phone CADT to seek assistance - as many people are not aware of the CRAFT programme.

[22] Cardiff Alcohol and Drug Team
[23] Vale Alcohol and Drug Team

The CADT staff now direct families and carers towards CRAFT and have also received referrals following on from the work that CRAFT has done with a CSO.

7.1.2 Assessment and selection criteria

Exactly three quarters (n=106, 75%) of those referred to the CRAFT service attended an initial assessment. This initial assessment provides an opportunity to gather information about the relationship, establish how much exposure the family member has to the substance misuser and assess CSO motivation and cognitive ability. Of the 35 referrals who did not attend an assessment: 29 refused the offer of the service; four did not attend an assessment as arranged; and two were unable to be contacted.

CRAFT was designed to be appropriate for all relatives/carers of substance misusers, but essentially requires the CSO to be living with (or at least have a substantial level of involvement with) the substance misuser. Therapists report that other referred individuals may not be appropriate for CRAFT if they do not feel comfortable with the specific behavioural approach of the programme which requires commitment to changing established relationship patterns between the CSO and substance misuser. Furthermore, therapists suggest that the harm reduction approach adopted by CRAFT may be unattractive to some potential CSOs who want their *loved one* to abstain immediately from substance misuse.

Of the 106 referrals that attended an initial assessment, four fifths (n=85; 80%) were assessed as suitable to be offered the service. Reasons given for unsuitability of the remaining 21 referrals are recorded in the table below:

Table 5.3 Reason recorded for unsuitability of CRAFT for referred person

Reason given for unsuitability	Frequency	Percentage
Not living with substance misuser	5	23.8
Insufficient contact with substance misuser	4	19.0
CSO to consider whether CRAFT suitable	3	14.3
Unable to commit	1	4.8
Substance misuse under control	1	4.8
Signposted to VADT counselling	1	4.8
Safety concerns	1	4.8
Mental health issues – signposted to GP	1	4.8
Family work more appropriate	1	4.8
CSO left area	1	4.8
Missing	2	9.5
Total	*21*	*100.0*

Once an individual has been assessed as meeting the criteria to engage with CRAFT, the details of the programme are explained to them. If they wish to proceed, another appointment is made for them to start working through the programme. If CRAFT itself

is not appropriate for an individual, they can be offered counselling – sometimes with elements of CRAFT incorporated into it - or can be signposted to another service.

The following table summarises what is known about the comparative profile of (1) those referred into CRAFT who decline to participate; (2) those referred into CRAFT who are assessed as inappropriate for the programme, and (3) those referred into CRAFT who were assessed as appropriate (all of whom participated in the project). Whilst the sizes of these groups are too small to support robust statistical analysis (and the variables available for analysis are very limited[24]), it is worth noting that the profiles are generally quite similar among the three groups.

Table 5.4 Comparison between referrals who accessed CRAFT and those who did not

	Declined N=35	Unsuitable N=12	Commenced N=85
Female	88.5%	79.2%	82.3%
Male	11.5%	20.8%	17.7%
Missing	0.0%	0.0%	0.0%
CSO substance misuse	8.6%	0.0%	13.0%
No CSO substance misuse	85.7%	100.0%	83.1%
Missing	5.7%	0.0%	0.0%
Parent to SM	37.2%	41.7%	29.5%
(Ex)Partner to SM	51.5%	49.9%	57.7%
Child of SM	5.7%	8.3%	6.5%
Sibling to SM	2.9%	0.0%	5.3%
Missing	0.0%	0.0%	0.0%
SM misusing alcohol (only)	62.9%	58.3%	72.9%
SM misusing drugs (only)	25.8%	33.4%	19.0%
SM misusing drugs and alcohol	8.6%	8.3%	8.3
Missing	2.9%	0.0%	0.0
SM in treatment before CRAFT	25.7%	41.7%	48.2%
SM not in treatment	40.0%	58.3%	51.8%
Missing	34.3%	0.0%	0.0%

Although this analysis can only be conducted on small numbers of cases, it is worth noting the proportion of referrals and CSOs who are recorded as misusing substances themselves. It may be that CRAFT has a potential role in slowing down or reversing family member involvement in substance misuse. Further research to explore this in more detail may be useful.

CRAFT records indicate that of the 21 referrals who were assessed as unsuitable for CRAFT, nine were nevertheless offered some form of intervention by the service. For eight of the CSOs, this was an ‘assessment’ ‘one-off’ or ‘brief intervention’ that took

[24] The CRAFT database and case-files do not currently record ethnicity or age for either the CSO or the loved one. As a result, the profile of CSOs is limited to gender, their relationship to the substance misuser, any record of CSO substance misuse, and the number of CSOs per substance misuser.

place on the initial appointment. The other individual went on to participate in the CRAFT group-work programme.

7.1.3 Engaging CSOs and the format of delivery

In total, 94 individuals engaged with the CRAFT programme. At the time of this analysis, the cases of 19 CSOs were still open. As such, the remaining analysis - that primarily addresses 'dosage' and outcomes - will be based on the 75 closed cases.

Just over half (53 per cent) of CSOs received an assessment, a one-off intervention or a brief intervention. These can be described as follows:

Assessment: (N=106; 75% of referrals)	One hour of face-to-face contact involving discussion about the relationship and assessment of CSO motivation and cognitive ability.
One off intervention: (N=11; 15% of CSOs)	One off interventions cover the principles of CRAFT (rewarding desired behaviour, not reinforcing undesirable behaviour, appropriate communication and emphasising that the CSO is not responsible for the substance misuse). All one-off interventions involved an hour of contact.
Brief intervention: (N=18: 24% of CSOs)	All brief interventions involved between one and four hours of contact. The content of these brief interventions would depend on the needs of the client as identified at the start of their engagement in CRAFT, but all CSOs receive a basic level of CRAFT training that they could apply with their loved one.
CRAFT programme: (N=34; 45% of CSOs[25])	The full CRAFT programme can be delivered over a minimum of six sessions - unless the family has complex needs (such as domestic violence). CSOs who engage with CRAFT for longer periods cover the sessions in more depth and also participate in more role-play.

In terms of format, the CRAFT programme can be delivered as one-to-one or group sessions[26] – or a combination of the two. Around a fifth (19 per cent) of CSOs received a one-to-one intervention (these involved between two and eight hours of face-to-face contact); just over a tenth (11 per cent) received a group intervention (these involved between two and 14 hours of face-to-face contact); nine per cent received a community intervention (these involved between five and 24 hours of face-to-face contact); and seven per cent received both a group and one-to-one intervention (these involved between three and twelve hours of face-to-face contact).

[25] 21 of whom participated in at least six sessions.
[26] Commonly a format of either 8 individual sessions or 6 group sessions.

Table 5.5 Interventions received by CSOs

Intervention received	Frequency	Percentage
Brief	18	24.0
One-to-one	14	18.7
Assessment	11	14.7
One-off	11	14.7
Group	8	10.7
Community	7	9.3
Group and one-to-one	5	6.7
Missing	1	1.3
Total	*75*	*100.0*

The CRAFT therapists report that all CSOs are asked if they would like to attend a group and that the decision is for the CSO to make. Therapists also describe taking a flexible approach to the delivery, content and frequency of sessions – so that their work can be tailored to each individual. This element of personal choice is seen as essential to the therapists, as some CSOs can be quite fearful of group sessions, whereas others prefer that delivery format.

CSOs interviewed during the course of this evaluation, described the benefits that they had gained from group-work:

> *You don't feel like you are the only one that is living in a dysfunctional world [with group-work].*
>
> *She [CRAFT therapist] was very flexible so if she felt that we needed to see each other more often, we were able to say let's see each other sooner than that*
>
> *There was always someone at the end of a phone between meetings.*
>
> *What is wonderful about the group is you realise that you're not alone.*

Among the 75 closed cases, the length of CSO engagement with the CRAFT programme varied from a single day to over six months. While 11 per cent of CSOs were engaged with the service for only a single day (i.e. the date of their initial assessment), 50 per cent were engaged with the service for between 31 and 120 days. Indeed, 20 per cent were engaged with the service for more than 120 days.

Table 5.6 Length of time CSO spent with CRAFT

Length of time with service	Frequency	Percentage
1 day	8	10.7
2 to 7 days	3	4.0
8 to 30 days	9	12.0
31 to 60 days	16	21.3
61 to 90 days	13	17.3
91 to 120 days	9	12.0
121 to 150 days	8	10.7
151 to 180 days	2	2.7
More than 180 days	5	6.7
Missing	2	2.7
Total	*75*	*100.0*

A third of CSOs (n=25; 33 per cent) attended a single appointment with the service (which for 24 CSOs lasted one hour, and for one CSO lasted two hours). Over a third (n=29; 39 per cent) attended between two and four appointments and around a fifth (n=21; 28 per cent) attended at least six sessions. As mentioned above, CSOs who participate in at least six sessions typically cover all the key aspects of the CRAFT programme[27]. CSOs who engage with CRAFT for longer periods cover the sessions in more depth and also participate in more role-play.

Table 5.7 Number of CRAFT appointments attended by CSO

Number of appointments attended	Frequency	Percentage
1	25	33.3
2	17	22.7
3	6	8.0
4	3	4.0
5	3	4.0
6	8	10.7
7	5	6.7
8	6	8.0
9	1	1.3
10 or more	1	1.3
Missing	0	0.0
Total	*75*	*100.0*

While around a half (n=38; 51 per cent) of CSOs had one or two hours of face-to-face contact with the service, just under a third (n=33; 31 per cent) had six or more hours.

[27] Unless their case is complex (ie: there is family history of domestic violence).

Table 5.8 Number of hours of face-to-face contact for CSOs

Number of hours of face-to-face contact	Frequency	Percentage
1	24	32.0
2	14	18.7
3	4	5.3
4	7	9.3
5	3	4.0
6	5	6.7
7	3	4.0
8	6	8.0
9 to 12	4	5.3
13 to 18	4	5.3
19 or more	1	1.3
Missing	0	0.0
Total	*75*	*100.0*

In summary, 73 per cent of CSOs (n=55) were recorded on the CRAFT database as having completed their intervention. Twenty-three per cent (n=17) withdrew before their intervention was complete – but three of these (4%) had received over six hours of training at that point. Data for the remaining three CSOs was missing.

7.2 Intervention delivery

> *What you are doing essentially, is training the family member to become a CBT therapist in their own home.*
>
> CRAFT Therapist

As implemented in Cardiff and the Vale of Glamorgan, CRAFT has nine key elements[28]:

- Introduction
- Functional Analysis
- Domestic Violence/Aggression
- Positive Communication Skills
- Use of Positive Reinforcement (Rewards)
- Time Out from Positive Reinforcement – "The Big Chill"
- Allowing for Natural Consequences
- Helping Family Members Enrich Their Own Lives
- Inviting the Substance User to Enter Treatment

The CRAFT therapists report that programme delivery is however tailored to meet individual CSO support needs, and so the order of sessions may alter accordingly. The CRAFT database does not record which elements were received by each CSO and so it is impossible to quantify how many CSOs received which sessions.

[28] These are described in brief in section 4.3.

So, whilst there is a structure to the content of the sessions, there is also adaptability – therapists need to judge whether CSOs are ready to address each issue (particularly the sensitive issue of domestic violence). If a particular problem arises for the CSO which is not addressed by the CRAFT programme, therapists can pause the sessions and deal with that issue through a standard counselling session – returning to the CRAFT programme afterwards.

Interviews conducted with the CRAFT therapists identify the following aspects of the programme as being particularly valuable:

- Functional analysis of the *loved one's* substance misuse is central to providing the CSO with an understanding of why their *loved one* is misusing alcohol or drugs.

- Goal-setting exercises as a method of encouraging CSOs to improve their own quality of life and psychological well-being.
- Group sessions enable CSOs to meet other people in a similar situation and the sharing of insight and effective techniques helps to enhance motivation.
- Giving 'homework' motivates CSOs, by enabling them to deal with previously unmanageable situations in discrete 'chunks'. The successful application of these techniques enhances motivation further.
- Whilst many CSOs are not experiencing (or disclosing) physical violence, CRAFT enables them to identify and understand the seriousness of psychological abuse. CRAFT teaches CSOs how to be safer around their *loved one* by identifying triggers for violent behaviour and helping them to adopt self-protection strategies.
- The use of role-play in developing positive reinforcement approaches enables the CSO to explore every likely scenario – and provides the therapist with the opportunity to emphasise personal safety issues.
- Sessions on the natural consequences of substance misuse seem to be quite effective in introducing CSOs to new tactics that they would not otherwise consider.
- Substance misusers can get fast-track access to counsellors at the Alcohol and Drug team. However this is not a clinical treatment service and if the substance misuser is seeking prescription, residential detoxification or rehabilitation services, then they have to go on a waiting list to access the Community Addictions Unit.

7.2.1 Engaging CSOs and maintaining participation

Interviews with the CRAFT therapists suggest that successful engagement with the project is facilitated by their ability to offer frequent appointments; to be flexible with time; providing the right balance of one-to-one and group sessions; and keeping in regular contact (using phone, text and letters). The therapists place much emphasis on building positive and trusting client-therapist relationships – developing an open, friendly ethos to the service; using open and clear communication; and working flexibly (e.g. offering out of hours appointments, visiting people's homes).

Qualitative evidence from interviews with therapists suggests that the characteristics/factors associated with successful engagement (and conversely, disengagement) include that:

- CRAFT programme completion seems to be more likely for parents as their commitment to an ongoing relationship is more stable. Conversely, partners of substance misusers may be more likely to discontinue with CRAFT, particularly if they are unsure about whether the relationship will continue. However, analysis of the CRAFT database suggests that parents are slightly more likely to withdraw from CRAFT than partners (see Table 5.11)
- The programme seems to be more successful with CSOs aged over 30, who are perhaps prepared to commit to the programme[29].
- The programme may be less effective with CSOs who have a lack of faith in the programme and a wavering level of commitment.

These, however, are tentative findings and further work would be needed to fully evidence these conclusions.

The CRAFT database does not currently record any information in terms of missed appointments or cancellations and so no analysis of attendance rates is possible. CSOs who miss a session are contacted by phone, text or letter - in an attempt to maintain their engagement and ensure that their situation has not deteriorated. However, therapists recognise that individual circumstances change over time - and particularly if the family member moves out, or the CSO is no longer spending sufficient time with the *loved one* to be able to influence them – then CRAFT may cease to be an appropriate service. CSOs who leave the service before completing the programme are assured that they can return at a later stage. If it is the format of engagement that is causing a problem (for instance if involvement in a group is proving too distressing for them) they can revert to individual sessions.

7.2.2 Client feedback

The CRAFT project collects client evaluation forms upon completion of the programme – but only had completed forms for 18 CSOs[30]. Whilst this is only 19 per cent of the total client group (58% of those who are recorded as completing the programme), CSO evaluation forms provide some verbatim feedback on elements of the CRAFT approach that they found particularly helpful:

> *All of it, especially the techniques such as: biting your tongue, using positives, not negatives and the cold shoulder, walking away technique.*
>
> *The CRAFT book, although not entirely relevant to my situation, provided an excellent starting point.*
>
> *It has kept us focused on how we change our actions to address situations.*

[29] The CRAFT database does not currently record age or date of birth and so this observation cannot be explored.
[30] 10 completed between July and March 2009; 8 completed between April 2009 to January 2010.

Tools and methods to deal with certain situations (eg: learning about natural consequences).

Being able to talk about things.

We were told how to apply specific responses to specific applications, then discussed situations after the events.

It was a different approach to any I had heard of before – refreshing to say the least, in its theories. Makes one think.

CRAFT provided structured, practical advice and information on methods of coping with an intolerable situation.

It has been very useful – with the techniques we have learnt and it's been very useful to discuss with other group members.

Being able to talk to someone professional in a relaxed, comfortable, private environment.

Able to give advice over the phone, prior to attending appointment.

Writing things down helped me to put issues/problems into perspective.

These responses, whilst interesting, would need to be supplemented by more systematic data collection from programme participants before more robust conclusions were reached concerning the aspects of CRAFT found to be more valued by CSOs. Such data could usefully be supplemented by additional information derived from interviews with *Loved Ones*.

7.3 Referral to other services

Nearly two thirds of CSOs (63 per cent) were signposted to other services by the CRAFT service[31]. Of the 47 CSOs who were signposted: nearly a third (30 per cent) had received a one-to-one CRAFT intervention; around a quarter (26 per cent) a brief intervention; 11 per cent a group and one-to-one intervention; nine per cent a community intervention; nine per cent a one-off intervention; nine per cent a group intervention; and six per cent received just an assessment. In terms of where CSOs were signposted to, for two fifths of cases (n=19) this information was not provided. Where it was provided, CSOs were most often signposted to CADT counselling (n=9) or a general support group (n=7).

[31] The project database does not record the date that referrals were made and so it is not known at which point in the CRAFT programme they were instigated.

Table 5.9 Organisations CSOs signposted to

Organisation CSO signposted to	Frequency	Percentage
CADT counselling	9	19.1
CADT family therapy	1	2.1
CADT social work	1	2.1
CADT counselling and support group	1	2.1
VADT counselling	2	4.3
General support group	7	14.9
Age Concern	1	2.1
CRAFT support group	1	2.1
Crossroads	1	2.1
Drug services	1	2.1
Alcohol and drug services (England)	1	2.1
TYHO	1	2.1
MIND and general counselling	1	2.1
Missing	19	40.4
Total	*47*	*100.0*

7.4 Project exit

Examining reasons for case closure, nearly three quarters of CSOs (73 per cent) were recorded on the CRAFT database as having completed their intervention (although for 22 of them [29 per cent], their intervention was either just an assessment or a one-off intervention). Just under a quarter (23 per cent) withdrew before their intervention was complete.

Table 5.10 Reason for CSO case closure

Reason for case closure	Frequency	Percentage
Intervention completed	33	44.0
Intervention completed – only had assessment	11	14.7
Intervention completed – only had one-off intervention	11	14.7
Withdrew before intervention completed	17	22.7
Missing	3	4.0
Total	*75*	*100.0*

Table 5.11 summarises the key characteristics of two sub-groups of CSOs: those recorded as having completed their involvement[32] with CRAFT and those recorded as having withdrawn from the service. Whilst this simple categorisation belies the level of engagement achieved by some of the latter group (for example: three of those

[32] 'Programme completed' would be recorded where CSOs has completed all the key CRAFT sessions, typically a minimum of 6 sessions - working on quite an intensive basis, with little time for role-play. These would be non-complex cases (ie no domestic violence issues) where CSOs feel confident in applying the techniques at home straightaway.

recorded as having withdrawn from CRAFT (4%) had received over six hours of training), it is useful to examine any differences in the profiles of the two groups.

Table 5.11 Closed cases: comparisons between CSOs completing CRAFT and those who withdrew[33]

	Completed N=33	Withdrew N=17
Female	81.8%	64.7%
Male	18.2%	35.3%
Missing	0.0%	0.0%
CSO substance misuse	18.2%	0.0%
No CSO substance misuse	81.8%	100.0%
Missing	0.0%	0.0%
Parent to SM	24.2%	53.0%
(Ex)Partner to SM	57.5%	35.3%
Child of SM	13.6%	5.9%
Sibling to SM	4.5%	5.9%
Missing	0.0%	0.0%
SM misusing alcohol (only)	81.8%	64.7%
SM misusing drugs (only)	12.2%	29.4%
SM misusing alcohol and drugs	6.0%	5.9%
Missing	0.0%	0.0%
SM in treatment prior to CRAFT	63.6%	47.1%
SM not in treatment prior to CRAFT	36.4%	52.9%
Missing	0.0%	0.0%

Whilst the numbers involved in this analysis are only small, and no significant conclusions can be drawn, the data suggest that CSOs who are female; misusing substances themselves; (ex-)partners to a substance misuser – particularly an alcohol misuser, and particularly one who was already in treatment – are more likely to complete their involvement with CRAFT than other CSOs. Such factors would be worth exploring in more detail in future research.

The following table compares CSO completion and withdrawal rates in relation to the different types of participation in CRAFT. Again, only small numbers are available for analysis, but it is interesting to note that those engaging in only brief interventions may be more likely to withdraw, while those receiving one-to one interventions all complete the programme.

[33] For those CSOs who engaged in CRAFT for more than 1 session.

Table 5.12 Comparative CRAFT intervention (those engaging in CRAFT for more than 1 session)

Type of participation in CRAFT	Completed N=33	Withdrew N=17
Brief intervention	24.2%	58.8%
Group only intervention	15.2%	17.6%
Community intervention	12.1%	17.6%
One-to-one intervention	33.3%	0.0%
Group and one-to-one intervention	15.2%	0.0%
Total	*100%*	*100%*

Three months after a CSO has left the CRAFT programme, a telephone follow-up call is made to ask how the family is, check on ongoing progress, invite them back to CRAFT if there are any problems, or signpost them to other services that they might need. However, the results of these follow-ups are not consistently recorded in the client files, so no detailed description of this work can be provided – although there is clear evidence of much ongoing contact between ex-CSOs and the CRAFT therapists[34]. Further development of follow-up and review sessions is planned for the Vale of Glamorgan therapists.

7.5 Therapist training and management

The CRAFT pilot needs considering from two distinct perspectives: (1) as a service working directly with families and carers of substance misusers, and (2) as a training programme that has introduced a new way of working to existing services for families and carers of substance misusers and built the capacity of local therapists to expand the interventions that they offer. It is this latter aspect of the pilot that we now consider briefly[35].

The CRAFT pilot commenced as one therapist delivering the training to CSOs in Cardiff. However, since then, four additional therapists have incorporated CRAFT into their work (one working 22 hours on CRAFT, and working with a caseload of 8-9 CSOs); and three other therapists working with 1-2 CRAFT clients on top of their usual counselling caseload. Additional CADT therapists have also received the CRAFT training, but are not delivering it to families and carers as yet.

7.5.1 Staff education and training

The CRAFT therapists have a similar skills base – with either a social work qualification or a counselling background. They are all trained therapists delivering person-centred approaches. The introduction of CRAFT to Cardiff commenced with

[34] Indeed six of the seven CSOs interviewed for this evaluation had completed the programme many months previously, but are still in contact with the service.
[35] Findings in relation to these issues can only be made on a preliminary, indicative basis due to the limited time and primary data collection work allowed for this evaluation.

one therapist gaining three days of intensive training in New York with Dr Meyers in October 2007. A second three-day training programme was provided by Dr Meyers to staff from Cardiff Alcohol and Drug Team in September 2008. A third training event – one day focusing on the use of role-play - was provided by Dr Meyers in 2009, and in March 2010 there will be half a day of supervision training.

7.5.2 Staff supervision

Each CRAFT therapist receives monthly peer supervision from another CRAFT therapist and one-to-one supervision with the CRAFT co-ordinator. Therapists reported being confident that immediate support was accessible if they required it.

> *If we've come out of a particularly difficult session we can always grab somebody.*
>
> CRAFT Therapist

The CRAFT co-ordinator has clinical supervision from the counselling team manager. Dr Meyers has made a number of training visits to the team and it is hoped that direct CRAFT supervision from Dr Meyers will shortly be available for the therapists on a regular basis via a webcam.

7.5.3 Team management

CRAFT therapists report working well together and feeling supported in their delivery of the programme:

> *We're well looked after here.*
>
> CRAFT Therapist

However, the 'weaving in' of CRAFT into existing caseloads of therapists meant that those spending less time on CRAFT felt less 'embedded' in the practice:

> *It doesn't really feel like a team because the CRAFT therapists are counsellors who add on CRAFT clients.*
>
> CRAFT Therapist

The recent relocation of management of the service (from Strengthening Families to the Counselling Service) means that the manager has a clinical background and co-ordinates the team and its operation within the overarching substance misuse counselling service.

7.6 Project integrity

One of the objectives of this evaluation is to examine the fidelity of the Cardiff and the Vale CRAFT training against the original CRAFT model and to assess the validity of any programme modifications that have been made in adapting the CRAFT model to the local Welsh context. It is important to remember that CRAFT emanates from the

USA and so was originally designed for a completely different treatment system to that delivered in Wales, operating within a very different social context.

One of the therapists interviewed during the course of this evaluation stated that whilst the training had been manual-based and relatively prescriptive, the CRAFT approach was amenable to adaptation to the local situation. Another therapist reported that whilst the *principles* of CRAFT as delivered in Wales are the same as those in America, its implementation in Cardiff and the Vale of Glamorgan is more client-led and seeks to be more responsive to individual CSO need. Whilst integrity to the psychological interventions is assured by careful monitoring and supervision of therapists, for this evaluation, the question of how the overarching service is implemented within the local treatment context is perhaps of greater relevance.

7.6.1 Project 'location' in local service provision

A thorough examination of how the CRAFT project "fits" into the wider mosaic of local service provision that substance misusers and their families might be involved in would require a full audit of support services and referral pathways across Cardiff and the Vale of Glamorgan. Whilst that is outside the scope of this brief evaluation, the research team did collect information from all respondents about the alternative / complementary services available locally to families and carers of substance misusers. This identified the following services:

- 'Inroads' - a support service across Cardiff and the Vale of Glamorgan for *'anyone whose life has been affected by their own, or someone else's drug use'* [36];
- 'Tearing your hair out' - a monthly peer-support service for parents of young people with substance misuse problems;
- Local Alcoholics Anonymous groups that families and carers can attend with their loved one;
- CADT family counselling;
- Option 2[37];
- Strengthening Families[38]; and
- A national telephone help-line for families.

From the interviews conducted with CSOs, they reported having accessed a variety of the local support services listed above ('Tearing your hair out'; CADT counselling; Alcoholics Anonymous meetings; and self-help through web- and book searches were all mentioned). However, the CSOs reported feeling that prior to CRAFT, there had

[36] http://www.inroads-dp.co.uk/ The Inroads website describes itself as a registered charity that provides a free and confidential service, offering advice, information and support to anyone whose life has been affected by their own, or someone else's drug use.
[37] Option 2 is a service that works with families with substance misusing parents whose children are at risk of harm. It operates in Cardiff and the Vale of Glamorgan and focuses on reducing the need for children to come into public care. The intervention is short (4 - 6 weeks) and intensive (workers are available 24 hours a day). Workers use a combination of Motivational Interviewing and Solution-Focused counselling styles, as well as a range of other therapeutic and practical interventions.
[38] 'Strengthening Families' Programme – a primary prevention pilot in Cardiff that aims to identify families of 'high risk' 10-14 year-olds and improve their access to parent and family skills training as a means of preventing alcohol misuse.

been a lack of suitable services available to them – with many of the aforementioned services not delivered at a sufficiently intensive level or offering specific techniques that they could implement to try to improve their family life.

> *Without CRAFT we would have felt completely abandoned.*
>
> CSO interviewee

So, whilst a variety of alternative support services are available, many are primarily aimed at working with substance misusers and provide a *'listening ear',* but little concrete assistance to families and carers. None of them offers a structured intervention specifically designed to meet the needs of family members. The two external agency (CADT) interviewees described the need for local support services for families of substance misusers who often lack the skills necessary to deal with all the issues associated with substance misuse – and as a result, experience a substantial amount of stress. They perceived the CRAFT programme to offer much better strategies and understanding for CSOs, than was previously available to them - helping them to manage the problems arising from their *loved one's* substance misuse.

> *In the past, when we saw close friends and relatives, we were listening to them and trying to help them, but I don't think we were giving them the same 'hands on' practical ideas and support. They are having quite a different kind of experience through the CRAFT programme. CSOs are helped to find a better way to react and to respond differently. They are learning the best way to behave around the person with the problem and learning how to develop their life so that it doesn't just centre on the person with the problem. CRAFT has enabled people to learn something about the relationship that they have with the substance misuser, and is trying to do something that will help them. Hopefully the whole family will benefit.*
>
> External agency representative

The structured nature of CRAFT and its pragmatic strategies that seek to change attitudes and behaviour relatively quickly were thought to be particularly effective. Peer support for relatives (group work and learning through meeting other CSOs) was also identified as potentially very helpful. These CADT counsellors had received some CRAFT training, and thought the programme would help CSOs to approach their relationship with the substance misuser differently - instead of repeating old patterns of behaviour that had proved not to be helpful.

Thus, the two external agency representatives believed that the CRAFT service fitted well with other existing services for substance misusers and that it filled a gap in service provision for families and carers. In terms of the impact that CRAFT was making on their own service (CADT), one counsellor said: *'I feel that we are now offering a better service. I really feel that we've got something more to offer.'* Provision of a service that is specifically tailored to fit the needs of families and carers (whilst also helping the substance misuser) was thought to be valuable and to have improved the quality of the service offered by CADT.

As mentioned earlier in this section, the high proportion of CADT/VADT referrals into CRAFT[39] suggests that there may be insufficient awareness of CRAFT among the wider support services in Cardiff and the Vale of Glamorgan. However, there has been some recent publicity and marketing of the CRAFT service to other agencies/groups (e.g.: with Age Concern, the Addictions Unit, family centres, Family and Carers Services, Women's Aid and other substance misuse agencies). The CRAFT therapists report that these other agencies have welcomed CRAFT and that inter-agency support for the project is developing.

This issue of the CRAFT project "location" within the wider mosaic of local service provision is an important one – as it impacts not only on how the service is implemented locally, but also the realistic expectations that can be held in relation to its impact. These issues are discussed in further detail in section 7.

7.7 Summary: main findings from the process evaluation

In summary, the CRAFT pilot received 141 referrals between 15th June 2008 and 8th December 2009. Of these 141 referrals, 106 were assessed – with most of the other 35 referrals declining the service. Of the 106 assessed CSOs, 94 received some type of CRAFT intervention (all the other referrals were assessed as unsuitable for CRAFT - mainly due to their relative lack of involvement with the substance misuser). Nineteen individuals are currently receiving ongoing CRAFT interventions – so that there are 75 closed cases on the CRAFT database appropriate for analysis.

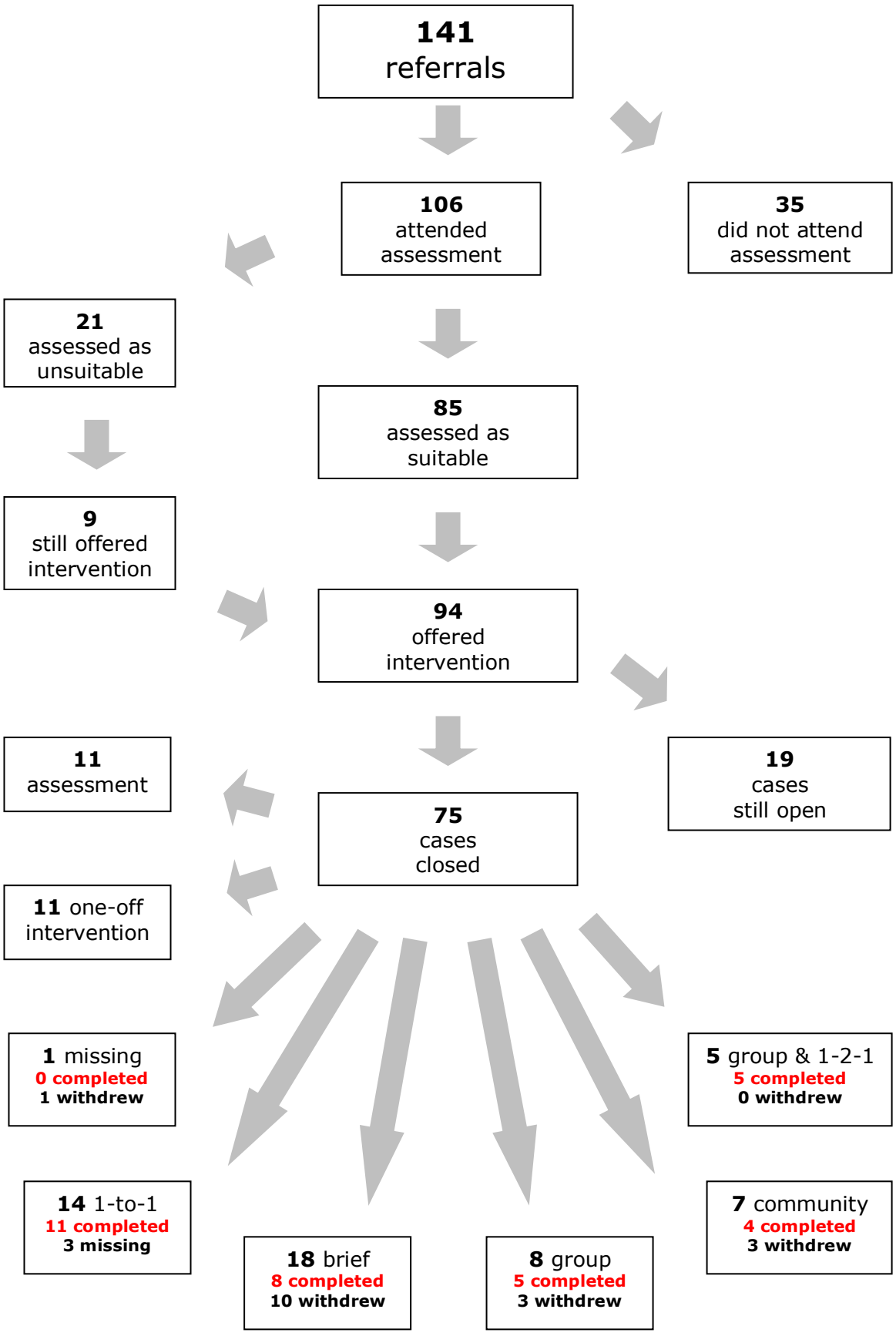
Of those 75 closed cases:

- 53 per cent (40) received an assessment, a one-off intervention or a brief intervention.
- A third of CSOs (n=25) attended a single appointment with the service, 39 per cent (n=29) attended between two and four appointments, and 28 per cent (n=21) attended at least six sessions.
- 51 per cent of CSOs (n=38) had one or two hours of face-to-face contact with the service, and 31 per cent (n=23) had six or more hours.
- 73 per cent (n=55) were recorded as having completed the programme (including CSOs who received only assessments or one-off interventions). Twenty-three per cent (n=17) withdrew before their intervention was complete – but three of these (4%) had received over six hours of training at that point. Data for the remaining three individuals was missing.

This throughput through the CRAFT project can be represented visually as follows (See flowchart on the following page). However, it is equally important to consider the quality and impact of the work delivered – and this is discussed in section 6.

[39] As reported by the CRAFT therapists.

Figure 5.1 Flowchart of client referral, assessment, intervention and exit



8 OUTCOME EVALUATION FINDINGS

This section reports outcome findings from the evaluation. With limited outcome data available within the project database, evidence is largely qualitative – drawn from client feedback forms completed by a small sample of CSOs and interviews with CRAFT therapists and a small group of CSOs. Section 7 of this report includes recommendations about how data collection could be enhanced to support a more complete and robust outcome evaluation in the future.

8.1 General client feedback

The research team received 18 client evaluation forms that had been completed by CSOs who had undergone the CRAFT programme[40]. Whilst only representing a small proportion of the total client-base, the feedback provides a very positive reflection[41] of the programme:

- 17/18 respondents were very satisfied with initial contact, the remaining respondent being 'satisfied'.
- 17/18 respondents rated the assessment as very useful, the remaining respondent rating it as 'useful'.
- 17/18 respondents were very satisfied with the therapist, the remaining respondent was 'satisfied'.
- 12/18 respondents rated CRAFT as 'very useful' in helping them to cope with their situation. Five respondents rated it as helpful and one as 'not helpful', explaining: *'Only because of our family situation – not living with the user or having the opportunity to influence her behaviour'*.

Of the ten respondents who reported having had to contact the service in a crisis, nine were *highly satisfied* with the response they had received and one was *satisfied*. All fifteen CSOs who responded to the question stated that they would recommend the CRAFT service to other people.

The following are verbatim comments that the CSOs made about their experiences of the CRAFT project:

> *I can't express how helpful this was to me, in dealing with a relative who was drug-addicted. If I had not had this time to reflect, I would not have been able to cope personally, nor have helped my daughter through her move from addiction to self-sufficiency – becoming drug-free. Thank you SO much. [Named therapist] has helped me so much and because of this, has helped my daughter become drug-free.*

[40] 2 of which were only partially completed.

[41] There may be a tendency for those who feel positive about the programme to provide feedback and in order to properly assess this issue and to provide a more evidenced assessment further more systematic research would be required

This invaluable service has provided a lifeline, not only to the drinker's family, but to the drinker himself. The empathy, dignity and respect shown to our family could not have been surpassed. Words cannot fully express our unending gratitude to the CRAFT team. THANK YOU.

I know this was a first course, but want to say that it was extremely useful, so would recommend to other people. It was very good to discuss problems and take ideas from others away from group discussions.

The standard of paperwork given to us (ie: homework) could be improved and more time allocated to discuss new strategies and less time spent on what's happened the week before – as although very helpful, it does take up a lot of time.

Thank you for helping me through a particularly difficult, traumatic time in my life.

It really is a huge comfort to know that establishments such as yours do exist. Long may it continue. The help is priceless. Thank you.

The counsellor and service were brilliant. Until I had phoned CADT, I did not know the service was available. I am very grateful for the help I have had.

It was difficult to put time aside to attend during the day as it took 2 hours (including travel time) out of my day – so evening sessions would suit me. … 3 sessions only began to address some of the issues.

I felt very supported by this programme and have made several positive changes in my life.

This is an invaluable service for family members and without it, I don't think we would have progressed in helping my brother at all. I think we would have been stuck in the trap of begging and nagging. [Named therapist] has been a wonderful therapist.

I found the whole programme very helpful, and I came away from every session feeling better equipped to deal with the situation. I sincerely believe that without attending the programme, we wouldn't have progressed as far as we have.

Good suggestions for steering relationships.

The particular therapist was very helpful – thank you.

Our daughter is not staying with us at the moment, which makes application of the approach less effective, but we are still fully involved with her and find the methods continue to be useful.

Therapist was fantastic.

[Named therapist] was amazing – she helped me unravel my problems and find ways that I could deal with them and help my daughter.

Keep up the good work!

It's been helpful to talk to people in a similar situation to me and to receive support that's helpful.

Thank you for helping me through a particularly difficult, traumatic time in my life.

It helped me to approach issues/problems in a different way. It also encouraged me to be kind to myself and look after myself more.

8.2 Outcomes for CSOs

Due to the short timescale for this evaluation, only a small sample (n=7) of CSOs could be interviewed. As with any evaluation that cannot examine the experiences of the whole client group, the degree to which the views presented here are representative of all clients' experiences is unknown. However, the following sections illustrate some of the key impacts that CRAFT can make and use client data to examine impacts wherever possible.

8.2.1 Impact upon CSO well-being

In general, it's had a very positive impact in them being better able to cope with what they've got going on in their lives.

CRAFT Therapist

In terms of CRAFT's direct impact upon the CSO, the project database only records change in their own substance misuse[42]. Information on other impacts experienced by CSOs has therefore been drawn from the qualitative interviews. The following are a selection of quotes from the CSO interviews, revealing their perceived benefits from participating in CRAFT. No negative feedback was reported by any of them.

It was brilliant … it gave me some kind of hope and some kind of strategy to actually try and do something about my son's self-destruction.

Life has become a lot more tolerable in the house.

[42] As a result of this, and the small number of cases involved, it is not possible to compare outcomes for those completing the CRAFT programme against those who get minimal intervention – although this is clearly an important focus for future research.

We kept attending because it was working and because it was an excellent support structure.

The training taught us how to stand back a little bit and not just to rant and rave at them [the loved one] when you felt like it.

We felt completely happy with the way in which CRAFT worked.

We were able to be a lot more open by the end.

It made us stronger. Sometimes within the session you would maybe get upset when you talked about certain things, but it did really help.

It made us bond.

CRAFT gave us a little bit of hope.

Now that things are better we don't give it [substance misuse] a second thought anymore. Life is carrying on more as normal. … It's just general quality of life really.

CSOs described how their lives had become easier as a result of the CRAFT training - not only did they have someone supportive to turn to when they needed help and advice, but they were also able to focus on making improvements to their stress levels and general quality of life. Overall, the CRAFT project was found to help CSOs to start making changes that had an incredibly positive effect - often in a short space of time.

One CSO reported feeling that life had 'returned to normal' as a result of the CRAFT training, describing an exercise to examine how much time was dedicated to doing 'nice things for yourself' as 'very useful'. Other CSOs (n=4) related how difficult they had found it to stop feeling responsible for their loved one's substance misuse and focus on their own well-being – and how the CRAFT training had enabled them to achieve this. One CSO explained how she had previously felt uncomfortable leaving her brother (a substance misuser) alone, but that now other family members would take turns spending time with him which enabled her some respite. Without this confidence she felt she would never have gone out or left him:

CRAFT saved my sanity. Without it I don't think I could have coped.

Another CSO described how once she learnt to see her *loved one's* treatment as an ongoing process, she was able to start changing her behaviour. She too realised that she could not continue to be afraid to leave the house and be constantly worrying about what might happen. The CRAFT focus on teaching CSOs to realise that their loved one should not be protected from the consequences of their substance misuse was reported as particularly helpful in this regard.

Several CSOs reported feeling that their own health, personal relationships and working lives had improved as a result of what they had learnt from CRAFT. One pair of parents stated how CRAFT helped 'preserve their sanity'. The CRAFT programme allowed them to feel pro-active in dealing with their situation and enabled them both to

approach the issue from the same perspective. As a result, they were able to work together, apply what they had learnt in training and were jointly and consistently able to influence their daughter's behaviour. CRAFT may be particularly helpful in enabling multiple CSOs to develop ways of working together – to discuss problems and plan a consistent, joint approach.

One CSO described how she felt to a small extent that she is *'getting her old life back'*. She had recently started attending the programme again in order to maintain the changes in her behaviour. Whilst feeling that she had been very successful in changing behaviour and understanding substance misuse patterns, she felt less successful in terms of being able to 'rescue' her own life - which is why she was keen to return to the programme. She described how without the project she would have been in a much worse state, because she found the opportunity to discuss her life and difficulties very helpful:

> *I've realised that whatever happens to my son I have to try and rescue my own life and stop it making me desperately unhappy. … [CRAFT] It's given me the opportunity to put boundaries down and I hope that this will be sufficient to stop him drifting back into it.*
>
> *The group sessions helped in terms of teaching you how to keep your own head above water.*

CRAFT therapists described how the programme seeks to help CSOs understand and recognise the impact that their loved one's substance misuse is making on their own life. The aim is to help them to develop more effective communication skills, learn to value their own time and gain reassurance that changing their behaviour can improve their situation. Thus, even if no changes are achieved in terms of the *loved one's* substance misuse, at the end of a CRAFT intervention the CSO should feel better about themselves and their life.

The CRAFT therapists reported using a measurement tool called the 'happiness scale'[43] to examine CSO emotional functioning – identifying the causes of stress in their life and helping them to develop action plans to improve their situation. This is intended to enable them to cope better with life in general, hopefully allowing them to make better decisions in the future. This may include ending the relationship – or continuing it, but focusing more strongly on their own well-being, rather than concentrating solely on issues relating to their *loved one's* substance misuse. One of the therapists described how even in only a short space of time, CSOs begin to comment on the changes that they notice in their *loved one's* behaviour. Other therapists explained:

> *We aim to get the CSO to think; despite what is going on with their loved one, what can they do for themselves to make sure their quality of life improves or doesn't get any worse?*
>
> *It's possibly the first positive that someone might have had.*

[43] Whilst the CRAFT therapists use the 'happiness scale' in their sessions, the data were not recorded in the paper case-files and so could not be examined for the evaluation.

It [CRAFT] is very empowering. I think that the exercises and having the manual to take away, reading about other people's experiences, it is quite empowering for some people who have felt quite isolated for a long time.

The CRAFT database reveals that one tenth of the CSOs referred to the service (n=14; 10 per cent) disclosed misusing substances themselves at the assessment stage. In order to be able to address the sensitive issue of their own substance misuse, therapists seek to ensure that they have built a strong, trusting therapeutic relationship before broaching the subject:

We'd say come in and have a coffee and let's just chat…let's build some trust here before we even introduce the idea that you might be drinking…a softly, softly approach if you like.

Eleven substance misusing CSOs participated in CRAFT. Five undertook one intervention only and the other six were recorded as having completed the CRAFT programme. Of these six, two are known to have reduced their substance misuse by the end of the CRAFT programme[44]. Information about the other four CSOs' substance misuse at the end of the CRAFT programme is missing.

Table 6.1 CSO substance misuse changes

Reduction in substance misuse by CSO	Frequency	Percentage
Yes	2	2.7
Not applicable (no substance misuse)	47	62.7
Not applicable (only had assessment)	11	14.7
Not applicable (only had one-off)	11	14.7
Missing	4	5.3
Total	*75*	*100.0*

In both cases where the CSOs reported a decrease in their own substance misuse, this involved alcohol. In terms of the type of involvement they had with CRAFT, one received a one-to-one intervention (with eight hours of face-to-face contact) and the other a group intervention (with 14 hours of contact)[45].

[44] The impact of CRAFT upon the substance misuse of those CSOs who either received only an assessment (15 per cent) or a one-off intervention (15 per cent) is not known.
[45] As a result of this, and the small number of cases involved, it is not possible to compare outcomes for those completing the CRAFT programme against those who get minimal intervention – although this is clearly an important focus for future research.

8.2.2 Impact upon relationships with substance misusers

CSOs describe being taught a variety of techniques to help them deal with the difficult situations they faced as a result of their *loved one's* substance misuse. They report being able to communicate better with their *loved one* – having been taught not to reward substance misusing behaviour and having received CRAFT prompt cards to remind them how to react in different situations. CSOs commonly reported that the training enabled them to *'take a step back and look at the big picture'*. They developed the confidence to describe to their *loved one* how much the substance misuse was affecting others, to start putting down boundaries and to focus on their own needs. One CSO described how once she realised that (1) she could not stop her daughter from drinking, and (2) the way she had previously been reacting had possibly escalated the problem, she was able to change her reactions and subsequently help her daughter.

The CRAFT therapists reported how the programme's impact upon any individual CSO may be partly determined by the specific substance being used and the severity of misuse entailed. For particularly entrenched substance misuse, it may be unrealistic to expect immediate cessation of any problems – but small-scale reductions in drug/alcohol consumption and resulting problematic behaviour are reported to make substantial positive impacts. Whilst improvements in CSO quality of life are aspired to for all project participants, therapists report that the pace of improvement and the overall impact of the programme is better for those who complete the sessions and also for those who read the book that is provided to CSOs to accompany their training[46].

CRAFT provides therapists with a structured method of helping families to deal in a more positive way with relational issues - increasing CSO's communication skills, giving them the opportunity to explore what choices they have and enabling them to develop more positive attitudes, whilst also addressing their personal safety. The following quotes, taken from an interview with one CSO, reveal the impact that CRAFT can have – not only in providing them with the confidence to disclose their experiences of threatened violence, but also in developing tactics to minimise the risks that they faced:

> *Through the group I stopped being so ashamed of saying my son's a violent person when he's on drugs - whereas you might not have admitted this before it just comes up through CRAFT.*
>
> *What I came to realise was if you challenge at the wrong moment - when someone's off their face - that's not the moment to do it as you're likely to get your head beaten in. Not that he actually touched me, it was more the house that took the flack … it was realising that all you're doing is putting yourself at risk if you challenge at the wrong moment.*

This highlights the potential role that CRAFT can have in identifying and responding to domestic violence – and also a range of other problems which commonly co-exist in

[46] Meyers R.J. and Wolfe B.L. 2004 *Get your loved one sober.* Minnesota, Hazelden.

families where substance misuse is an issue (for example: mental health problems, financial difficulties, unemployment, deprivation and social exclusion). There is great potential for family members to facilitate the entry and retention of a substance misuser into not only treatment, but a whole range of rehabilitative services.

8.3 Known outcomes for substance misusers (the *Loved One*)

Nearly three quarters (74 per cent) of *loved ones* were male[47]. Just over two thirds (69 per cent) of them had substance misuse issues with alcohol; a tenth (11 per cent) had issues with heroin; four per cent had issues with cocaine; four per cent had issues with alcohol and cannabis; and three per cent had issues with cannabis.

Table 6.2 Substance misuse of the loved one

Substance misused by loved one	Frequency	Percentage
Alcohol	97	68.8
Heroin	15	10.6
Cocaine	6	4.3
Alcohol and cannabis	6	4.3
Cannabis	4	2.8
Amphetamines	2	1.4
Cannabis and cocaine	2	1.4
Other combinations of drugs and alcohol	8	5.7
Missing	1	0.7
Total	*141*	*100.0*

8.3.1 Substance misuse reduction

For those CSOs who were engaged in CRAFT for a period of time[48], 61 per cent (n=30) of them reported a reduction in their *loved ones'* substance misuse[49]. Of these: for 22 the substance was alcohol; for five it was heroin; for one it was cannabis and alcohol; for one it was cannabis and heroin; and for one it was cocaine.

Table 6.3 Changes in the substance misuse of the loved one

Reduction in substance misuse by loved one	Frequency	Percentage
Yes	30	40.0
No	19	25.3
Not applicable (only had assessment)	11	14.7
Not applicable (only had one-off)	11	14.7
Missing	4	5.3
Total	*75*	*100.0*

[47] The CRAFT database does not record the age or ethnicity of the 'loved one'.
[48] Ie: the CSO did not receive either just an assessment or a one-off intervention.
[49] As recorded in the CRAFT database.

Among these 30 CSOs: ten had received a one-to-one intervention; six a community intervention; seven a brief intervention; four a group intervention; and three a group and one-to-one intervention.

Therapists suggest that the *loved one's* substance misuse is often reduced because the behaviour is no longer being enabled, rescued or rewarded as it was prior to CSO involvement in CRAFT. From the small sample of CSOs *interviewed* for this evaluation, the *loved one's* substance misuse was reported to have reduced in four out of the five families. Indeed, among two of the five families, the *loved one* had achieved total abstinence. Both of these cases involved the misuse of alcohol and in one family, the *loved one* had not had alcohol for over a year. This CSO commented that the change in her reaction to the drinking had made a substantial impact. For the other two families where substance misuse had reduced, other life events (in addition to CRAFT) were thought to have had an impact. In the fifth case, where substance misuse had not reduced in any significant way, the *loved one* had nevertheless continued with their methadone programme – although it cannot be known whether this would have occurred without CRAFT.

Although positive and encouraging these results can only be seen as potentially indicative of the impact of the CRAFT programme and further, more systematic enquiry would be needed before more robust and confident conclusions about the impact of CRAFT on loved one's substance misuse could be drawn.

8.3.2 Treatment entry

One of the main aims of CRAFT in the USA is to help CSOs to encourage, facilitate and support their *Loved One's* entry into treatment. As such, it was envisaged to be a service targeting CSOs whose *Loved Ones* are not accessing treatment – particularly those *Loved Ones* who are reluctant to enter treatment. This needs to be understood from the context of the American treatment system which is highly medicalised and abstention-orientated. This means that the barriers to service access facing American substance misusers are relatively high. In contrast, the treatment system within Wales (and indeed, the UK) takes a much broader harm-reduction focus and incorporates a range of approaches that seek to maximise client engagement – which means that the barriers to service entry facing individual substance misusers in the UK are much lower. It is important, therefore, to bear in mind the nature of these contextual differences when considering the implementation of CRAFT within Wales.

The potential for any CRAFT project to facilitate *Loved One's* access to treatment depends upon the degree to which services can be accessed rapidly for substance misusers – whilst their motivation to change is maximised. It is therefore equally important to consider the *restrictions* imposed by the treatment system within which any CRAFT project operates. In Cardiff and the Vale (as is generally the case across Wales and indeed, the UK), there are waiting lists to access substance misuse services – particularly clinical services such as substitute prescribing; detoxification and residential rehabilitation. Thus, the balance of the CRAFT project's focus between (1) improving the quality of life for the CSO, and (2) getting the substance misuser into treatment warrants careful consideration – with detailed understanding of the specific local treatment context required.

CRAFT therapists report that the location of the pilot project - within the Alcohol and Drug Teams in Cardiff and the Vale – has enabled them to facilitate substance misuser access to the counselling service. Indeed, they can fast-track substance misusers into the service if need be. However, the clinical service, which is managed separately from the counselling service, has a waiting list that cannot be avoided by CRAFT clients. Thus, if the substance misuser is seeking a prescription, residential detoxification or rehabilitation services, they will have to go on a waiting list to access the Community Addictions Unit. As one CRAFT therapist identified:

> *Ideally, we would be able to fast track the substance misuser into medical treatment as well (detox for example or things like that). We don't have that at the moment.*

The CRAFT database reveals that 51 per cent (n=27) of CSOs[50] reported that their *Loved One* had either entered treatment[51] or entered another separate treatment (in addition to the one they were already accessing when their CSO started with the service) subsequent to their involvement in CRAFT. Sixteen per cent (n=12) did not enter treatment and sixteen per cent (n=12) were already in treatment when their CSO started with the service (but did not enter another separate treatment).

Table 6.4 Changes in treatment access of the loved one

Loved one in treatment	Frequency	Percentage
Already in treatment	12	16.0
Did not enter treatment	12	16.0
Entered another separate treatment	16	21.3
Entered treatment	11	14.7
Left treatment	1	1.3
Not applicable (only had assessment)	11	14.7
Not applicable (only had one-off)	11	14.7
Missing	1	1.3
Total	*75*	*100.0*

Thus, the picture in relation to CRAFT's impact upon treatment entry is complicated. Out of the 52 substance misusers whose CSOs received more than one CRAFT intervention, twenty-eight (54 per cent) were already accessing some sort of support prior to involvement with CRAFT. However, eleven substance misusers (21 per cent) did enter treatment, having previously not been receiving any, and another sixteen (31 per cent) had been accessing treatment, but subsequent to their CSO engaging with CRAFT, they then began to participate in another type of treatment as well. One individual left treatment – it is not known whether this was due to a successful outcome or not.

[50] I.e. CSOs did not receive either just an assessment or a one-off intervention.

[51] 'Treatment' in this context is any substance misuse service which helps loved ones to reduce, control or stop their substance misuse - such as counselling, medical interventions (in patient or community detox), family therapy, social work service (which would be looking to assess and access rehab) and community drug/alcohol projects.

From the qualitative interviews, CSOs described a range of impacts. In one case the *loved one* stopped drinking alcohol without any treatment. In another, the drinker had sought treatment prior to CRAFT but had not completed it. A subsequent life event (rather than treatment) led to a significant reduction in drinking. One family reported that their *loved one* had an appointment to attend a rehabilitation programme within a few weeks, and commented that this person would have never considered attending rehabilitation prior to their involvement with CRAFT. In the other two cases, treatment was being considered as an option for the future. So even in cases where treatment had not been sought, there is an indication of attitudinal change towards the concept of treatment by the substance misuser.

The external agency representatives described how the combined therapeutic approach (of having a substance misuser engaged with CADT/VADT and their CSO working with CRAFT) can enhance the effectiveness of the interventions. As well as reducing/removing the domestic triggers for substance misuse, improvements in communication and reductions in conflict within relationships all help substance misusers to take more responsibility for their behaviour and helps to keep them motivated to make changes. CSO involvement with CRAFT also gives CADT counsellors a greater insight into the home situation for their clients and enables them to think more holistically about interventions that might prove to be effective.

8.4 Summary

Between 15th June 2008 and 8th December 2009, CRAFT received 141 referrals and worked with 94 CSOs, providing assessments, one-off and brief interventions and the complete CRAFT programme. There is qualitative evidence of positive impacts upon CSO psychological health and general wellbeing. However, relevant 'hard' data are not recorded in the project database and so quantitative analysis of the prevalence and extent of this impact is not possible.

Whilst apposite data are only available for 128 of the 141 referrals, analysis of the CRAFT database reveals that at least 45 per cent of *loved ones* were already in some form of treatment when their CSO was referred to the CRAFT service. Among those CSOs who went on to engage with CRAFT, 48% (n=41) were seeking help in relation to a substance misuser who was already in some form of treatment. Among those CSOs recorded as having completed the CRAFT programme, 64% (n=21) of substance misusers were already in treatment. This may suggest that CRAFT is particularly helpful to families where the substance misuser is already in treatment – and that they are more likely to complete the programme than other CSOs – perhaps benefiting from support during the difficult and stressful period when a *Loved One* is ceasing to change their substance misuse patterns. However, without further analysis, it is not possible to say whether this pattern merely reflects greater opportunity for substance misusers to access treatment when their CSO has engaged in CRAFT over the long-term.

In terms of reductions in *loved ones'* substance misuse, 61 per cent of CSOs who participated in CRAFT for more than one intervention (n=30) reported a reduction in their *loved one's* substance misuse. But with 77% of them reporting that their *loved*

one was engaging with treatment services at some point, it is not possible to attribute this directly to the CRAFT pilot.

Although the opportunities for *initiating* treatment entry are limited (because many *Loved Ones* were already in treatment), the CRAFT data show that where CSOs received more than a single intervention, 51 per cent (n=27) of the *Loved Ones* either entered treatment or entered another separate treatment[52]. Sixteen per cent (n=12) did not enter treatment and sixteen per cent (n=12) were already in treatment when their CSO started with the service (but did not enter another separate treatment).

Thus, the issue of whether or not *loved ones* entered treatment as a result of CRAFT in Cardiff and the Vale of Glamorgan is not straightforward. The way that CRAFT was developed here allowed it (at least in part) to support the families and carers of existing counselling clients and place less emphasis on encouraging reluctant substance misusers to enter treatment. With few other services available for these families, that is not necessarily a detrimental feature – especially when the lack of capacity within clinical substance misuse services prevents them from responding to any increase in referrals. However, the extent to which CRAFT could provide a new referral mechanism for treatment services remains unknown.

[52] In addition to the one they were in when their CSO started with the service.

9 CONCLUSIONS AND RECOMMENDATIONS

This report has provided a brief examination of the process and outcome findings that it has been possible to extract from the CRAFT project. The main findings can be reiterated under a selection of key research questions (alongside further research questions that have emerged in the course of this brief evaluation). But first, we present a brief summary of the policy context within which the CRAFT pilot has been developed:

9.1 Policy context

The Welsh Assembly Government's new ten year strategy for tackling substance misuse (*"Working Together to Reduce Harm"*[53]) recognizes the stress faced by families of substance misusers – with two particular sources of stress being: (i) a lack of information or support, and (ii) barriers to their involvement in the treatment / care of their family member. Furthermore, the strategy identifies that relatives and carers can play a vital role in helping substance misusers succeed in treatment and that services that support and include family members in treatment processes deliver more effective outcomes. As such, both the strategy and the Substance Misuse Treatment Framework (SMTF)[54] recommend that work with substance misusers' families should be viewed as *standard practice*.

The strategy thus requires Community Safety Partnerships to implement the Carers and Families module of the SMTF – including provision of advice about services and information sources. As a means of supporting this work, community family support is being piloted and the Welsh Assembly Government intends to issue models of good practice to encourage the expansion of advice, guidance and counselling services for families/carers of substance misusers.

More specifically, the *Three Year Implementation Plan (2008-2011)*[55] highlights the following activity relating to families of substance misusers:

- Continued support for the North Wales Community Engagement Team developing national good practice guidance in relation to effective service user engagement and family support services;
- Consultation on the establishment of an Integrated Family Support Service for families where substance misuse co-exists with concerns about the welfare of a child;
- Development of a practice tool to support the delivery of integrated family support;
- Piloting and evaluation of an integrated family service;

[53] Welsh Assembly Government 2008 *Working Together to Reduce Harm* The Substance Misuse Strategy for Wales 2008-2018.
[54] Welsh Assembly Government 2008 Substance Misuse Treatment Framework. Carers and Families of Substance Misusers A Framework for the Provision of Support and Involvement. Cardiff.
[55] Welsh Assembly Government 2008 *The Three Year Implementation Plan (2008-2011).*

- Piloting and evaluation of a therapy programme for the family members/carers of adult relatives with substance misuse problems – resulting in the dissemination of findings and models of good practice for implementation; and
- Implementation of the Carers and Families module of the SMTF.

However, knowledge gaps in relation to the economic, health and excess service utilisation costs constrain the potential to develop effective policy in this area. This evaluation was not designed to address any of these issues, but has revealed the following findings in relation to the implementation of CRAFT in Cardiff and the Vale of Glamorgan:

9.2 What has been learnt about the targeting of CRAFT?

The most common route by which prospective CSOs access the CRAFT project is by self-referral – often arising after a substance misuser has already accessed the counselling service. Not many referrals are made from other agencies – probably reflecting limited awareness of the project's existence among external agencies. Thus, the scope to which referral levels could be increased by more active marketing of the CRAFT service is unknown.

There are several possible ways in which CRAFT could also seek to increase or broaden its CSO intake. With a not insignificant proportion of referrals and CSOs misusing substances themselves, it may be that CRAFT has a potential role in slowing down or reversing family member involvement in substance misuse. The CRA approach is being adopted in Gloucester to help parents cope with their substance misusing children – as a means of reducing anti-social behaviour. Such an expansion of CRAFT may be helpful in Cardiff and the Vale of Glamorgan. Further research to explore these issues in more detail may be useful.

9.3 What has been learnt about CSO engagement in CRAFT?

Just under three quarters of CSOs engaged with CRAFT for a period of over a month[56], with a similar proportion recorded as having completed their intervention. Just under a third of CSOs received six or more hours of face-to-face contact. CSOs engaging in only brief CRAFT interventions seem more likely to withdraw from the service, while those receiving one-to one interventions all complete the programme. Whilst the numbers involved in this analysis are only small, and no significant conclusions can be drawn, the data suggest that CSOs who are female; misusing substances themselves; (ex-)partners to a substance misuser – particularly an alcohol misuser, and particularly one who is already in treatment – may be more likely to complete their involvement with CRAFT than other CSOs. Such factors would be worth exploring in more detail in future research.

[56] Fifty per cent of CSOs engaged with the CRAFT service for between one and four months. Twenty per cent were engaged for over four months.

9.4 What has been learnt about the implementation of CRAFT in Cardiff and the Vale and its impact upon substance misusers?

Qualitative and quantitative data from this evaluation tentatively support findings from the USA that the CRAFT project results in reductions in substance misuse. However, without direct evidence from the substance misuser themselves, it is impossible to comment upon either the prevalence or the scale of change.

The implementation of CRAFT in Cardiff and the Vale was developed in such a way that over two-fifths (45 per cent) of *loved ones* were already in some form of treatment when their CSO was referred to the service. Among the CSOs *engaging* with CRAFT, just over half of their *loved ones* were already in treatment. Nevertheless, just over half of the *loved ones* entered treatment[57] subsequent to CSO involvement in CRAFT.

Whilst the Cardiff and the Vale CRAFT pilot was implemented with less emphasis on encouraging reluctant substance misusers to enter treatment than is the case in the USA, this reflects the very different treatment and social contexts between the two locations. With few support services available to families of substance misusers, allowing families whose *loved one* is already accessing treatment to benefit from CRAFT may be valuable in its own right. Furthermore, given the lack of capacity within clinical substance misuse services to respond to any increase in referrals, it may be unrealistic to include this as an expectation of CRAFT within Wales. However, the extent to which CRAFT could potentially provide a new referral mechanism for treatment services remains unknown.

9.5 What are the implications for the development of services for families and carers of substance misusers?

> *Families are a resource. They have a right to services in their own right. Their emotional and psychological functioning can be improved.*
>
> External stakeholder

As highlighted in section 5.7, in Cardiff and the Vale of Glamorgan (as in the majority of locations in Wales and indeed, the UK), there are few support services for families and carers of substance misusers. Families and carers may be able to access counselling or peer group support – but rarely any assistance designed specifically for their needs that provides concrete techniques for coping with a substance misuser.

Commenting on the correct balance of activity for CRAFT between (1) improving the quality of life for the CSO, and (2) getting the substance misuser into treatment warrants careful consideration – with detailed understanding of the specific local treatment context required. It also calls for detailed understanding of the immediate and long-term plans for developing both the substance misuse treatment system and the family support system. Given the huge variety in terms of different patterns of service delivery and strategic coordination across the 22 Community Safety Partnerships within Wales, such a scale of work is outside the scope of this evaluation. Nevertheless, the issue of the CRAFT project "fit" within the wider mosaic

[57] Including both *new* treatment episodes and accessing another separate treatment *in addition* to one that they were already engaged in when their CSO started with the service.

of local service provision is crucial – impacting not only on how the service is developed, but also the realistic expectations that can be held in relation to its impact.

This evaluation has identified several issues for consideration in relation to the local service delivery context and its potential impact upon the implementation of CRAFT:

- There is a need to address clinical waiting times if CRAFT is desired to fully develop its role in increasing the uptake of treatment;
- CRAFT could however have a role in supporting families where the *Loved One* is on a waiting list for treatment - or in diverting substance misusers from clinical services if family support is sufficient to help them address their substance misuse;
- There may be an early intervention role for CRAFT to work with CSOs who are getting drawn into substance misuse as a result of their *loved one's* drug/alcohol use;
- Group work is particularly useful in supporting isolated individuals – but a substantial amount of inter-agency networking and promotion of CRAFT is required to maximise the 'reach' of the service;
- CRAFT could have a potential role in providing a 'wraparound service' – engaging families and instituting long-term abstention support;
- CRAFT could have a role in developing early intervention / low threshold access to services - not only in relation to substance misuse but also in relation to a whole host of (inter-connected) family problems. In particular, given the relatively common overlap between domestic violence and substance misuse (Galvani, 2007), CRAFT could develop a critical role in identifying and responding to domestic violence and the other problems which are commonly associated with these issues (for example: mental health problems, financial difficulties, unemployment, deprivation and social exclusion);
- CRAFT could also develop an early intervention role in communities where substance misuse is beginning to take hold: helping to address substance misuse-related antisocial behaviour by teaching family members how to deal with it in a way that minimises its impact upon themselves and their community.

Looking to the future, and the development of Integrated Family Support Services across Wales, the potential for CRAFT to lay the foundations for this innovative programme is all too clear:

> *CRAFT is a family service that has been 'bolted on' to existing substance misuse services. … What would be better is more staff within a fully integrated family service.*
>
> CRAFT Therapist

Investing in one training post as a catalyst for developing CRAFT skills and management/supervision structures could therefore potentially achieve enormous change. Building such capacity within existing services, particularly if accompanied by an integration of clinical (health) and (psycho-)social care services – could help to develop much more effective care pathways.

We need to engage families and galvanise change – that's got to be better for all agencies concerned.

External stakeholder

REFERENCES

Abbott, P., Weller, S., Delaney, H. and Moore, B. 1998 Community reinforcement approach in the treatment of opiate addicts. *American Journal of Drug and Alcohol Abuse*, 24, 17-30.
Advisory Council on the Misuse of Drugs 2003 *Hidden Harm: Responding to the Needs of Children of Problem Drug Users.* Report of an inquiry by the AMCD. London: Home Office.
Azrin, N.H. 1976 Improvements in the community reinforcement approach to alcoholism. *Behavior Research and Therapy*, 14, 339-348.
Bancroft A., Carty A., Cunningham-Burley S. and Backett-Milburn K. 2002 *Support for the Families of Drug Users: A review of the literature.* Centre for Research on Families and Relationships, University of Edinburgh. Edinburgh. Drug Misuse Research Programme Effective Interventions Unit, The Scottish Executive.
Copello A. G., 2005 Family interventions in the treatment of alcohol and drug problems. *Drug and Alcohol Review.* 24, 369-385.
Copello, A. and Orford, J. 2002 Addiction and the family: is it time for services to take notice of the evidence? *Addiction*, 97: 1361–1363.
Copello A., Templeton L. and Powell J. 2009 *Adult family members and carers of dependent drug users: prevalence, social cost, resource savings and treatment responses.* UKDPC.
Department of Health 2007 *Drug Misuse and Dependence: UK Guidelines on Clinical Management.* London, Department of Health. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_104819
Finney J. W. and Monahan, S. C. 1996 The cost-effectiveness of treatment for alcoholism: A second approximation. *Journal of Studies on Alcohol,* 57, 3, 229-243.
Flemen K. 2001 *Familiar drugs - working inclusively with families about drugs*. http://www.release.org.uk/
Galvani S. 2007 Safety in numbers? Tackling domestic abuse in couples and network therapies. *Drug and Alcohol Review* 26, 2, 175–181.
Gruber, K., Chutuape, M., Stitzer, M. 2000 Reinforcement-based intensive outpatient treatment for inner city opiate abusers: a short term evaluation. *Drug and Alcohol Dependence*, 57, 3, 211–223.
Higgins, S.T., Sigmon, S.C., Wong, C.J., Heil, S.H., Badger, G.J., Donham, R., Dantona, R.L. and Anthony, S. 1993 Community reinforcement therapy for cocaine-dependent outpatients. *Archives of General Psychiatry*, 60, 1043–1052.
Holder, H. Longabaugh, R , Miller. W. R.. and Rubonis, A. 1991 The cost-effectiveness of treatment for alcoholism: A first approximation. *Journal of Studies on Alcohol*, 52. 517-540.
Home Office 2008 *Drugs: protecting families and communities: The 2008 drug strategy.* http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-strategy-20082835.pdf?view=Binary
Hunt, G. M. and Azrin, N. H. 1973 A community-reinforcement approach to alcoholism. *Behaviour Research & Therapy.* 11, 1, 91-104.
Institute of Medicine 1990 *Broadening the Base of Treatment for Alcohol Problems.* Washington, D.C.: National Academy Press.
Institute of Medicine. 1990. *Treating Drug Problems: A Study of the Evolution,*

Effectiveness, and Financing of Public and Private Drug Treatment Services. Washington, D.C.: National Academy Press.

Joseph M., Young A. and Gray J. 1996 Are neurochemistry and reinforcement enough – Can the abuse potential of drugs be explained by common actions on a dopamine reward system in the brain? *Human Psychopharmacology Clinical and Experimental.* 11, 55-63.

Kirby K., Marlowe D., Festinger D., Garvey K. and LaMonaca V. 1999 Community reinforcement training for family and significant others of drug abusers: a unilateral intervention to increase treatment entry of drug users. *Drug and Alcohol Dependence.* 56, 1, 85-96.

Macdonald D., Russell P., Bland N., Morrison A. and De la Cruz C. 2002 *Supporting families and carers of drug users: A review.* Effective Interventions Unit, The Scottish Executive.

McLellan, A. T. 2008 Evaluating the Effectiveness of Addiction Treatment, in Hardin C. and Kusher J.N., *Quality Improvements for Drug Courts, Monograph Series 9*, National Drug Court Institute, Alexandria, VA, USA.

Meyers R. and Smith J. 1997 Getting off the fence: procedures to engage treatment-resistant drinkers. *Journal of Substance Abuse Treatment*, 14, 467-472.

Meyers R. and Smith J. 1997 Getting off the fence: procedures to engage treatment-resistant drinkers. *Journal of Substance Abuse Treatment,* 14, 5, 467-472.

Meyers R., Miller W., Hill D. and Tonigan J. 1998 Community Reinforcement and Family Training (CRAFT): engaging unmotivated drug users in treatment. *Journal of Substance Abuse.* 10, 3, 291-308.

Meyers, R.J. and Smith, J.E. 1995 *Clinical Guide to Alcohol Treatment: The Community Reinforcement Approach.* New York: Plenum.

Meyers, R.J., Dominguez, T.P. and Smith, J.E. 1996 Community reinforcement training with concerned others. In: V.B. Van Hasself and M. Hersen (eds). *Source Book of Psychological Treatment Manuals for Adult Disorders.* New York: Plenum Press: 257–294.

Meyers, R.J., Smith, J.E., & Lash, D. 2003 The Community Reinforcement Approach. In M. Galanter (Ed.) *Recent Developments in Alcoholism: Research on Alcoholism*. Vol. XVI. New York: Kluwer/Plenum.

Meyers R.J. and Wolfe B.L. 2004 *Get your loved one sober.* Minnesota, Hazelden.

Miller W., Meyers R. and Hiller-Sturmhofel S. 1999 The Community-Reinforcement Approach. *Alcohol Research & Health*, Vol. 23.

Miller W., Meyers R. and Tonigan J. 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, 688-697.

Miller, W. R., Brown, J. M., Simpson, T. L., Handmaker, N. S., Bien, T. H., Luckie, L. F., Montgomerv, H. A., Hester, R. K., and Tonigan, J. S. 1995 What works? A methodological analysis of the alcohol treatment outcome literature. In R. K. Hester & W. R. Miller [Eds.] *Handbook of alcoholism treatment approaches: Effective alternatives* (2nd ed., pp 12-44). Boston: Allyn and Bacon.

Miller W.R. Wilbourne P.L. and Hettema J.E. 2003 What works? A summary of alcohol treatment outcome research. In Hester R.K. and Miller W.R. (Eds.) *Handbook of Alcoholism Treatment Approaches* (3rd ed.). Boston, MA: Pearson Education.

National Treatment Agency 2008 *Supporting and involving carers: A guide for commissioners and providers.* www.nta.nhs.uk/publications/documents/supporting_and_involving_carers(2008)_0509.pdf

O'Farrell T. and Fals-Stewart W. 2007 Alcohol Abuse. *Journal of Marital and Family Therapy.* 29, 1, 121-146. Copello A. G., 2005 Family interventions in the treatment of alcohol and drug problems. *Drug and Alcohol Review.* 24, 369-385.
Orford J. 2001 *Excessive appetites: a psychological view of addictions.* Chichester, John Wiley and Sons. Second Edition.
Roozen H., Boulogne J., van Tulder M., van den Brink W. De Jong C. and Kerkhof A. 2004 A systematic review of the effectiveness of the community reinforcement approach in alcohol, cocaine and opioid addiction. *Drug and Alcohol Dependence.* 74, 1, 1-13.
Sisson, R. and Azrin, N. 1986 Family-member involvement to initiate and promote treatment of problem drinkers. Journal of Behaviour Therapy and Experimental Psychiatry, 17, 1, 15–21.
Smith, J.E., Meyers, R.J., and Miller, W.R. 2001 The community reinforcement approach to the treatment of substance use disorders. American Journal on Addictions, 10, 51–59.
The Scottish Government 2008 *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem.* http://www.scotland.gov.uk/Publications/2008/05/22161610/12
Welsh Assembly Government 2009 *Working Together to Reduce Harm – Substance Misuse Annual Report 2009.* http://wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/publications/annualreport09/?lang=en
Welsh Assembly Government 2008 *Substance Misuse Treatment Framework. Carers and Families of Substance Misusers A Framework for the Provision of Support and Involvement.* Cardiff.
Welsh Assembly Government 2008 The Three Year Implementation Plan (2008-2011). http://wales.gov.uk/topics/housingandcommunity/safety/publications/strategy0818/?lang=en
Welsh Assembly Government 2008 Working Together to Reduce Harm The Substance Misuse Strategy for Wales 2008-2018. http://wales.gov.uk/topics/housingandcommunity/safety/publications/strategy0818/?lang=en
White N.M. 1996 Addictive drugs as reinforcers: multiple partial actions on memory systems. *Addiction.* 91, 921-949.