

The logo for FAMCO™ is displayed in a bright green color. The letters are in a bold, sans-serif font. The background of the slide is a dark blue-grey with a faint, out-of-focus image of laboratory glassware, including beakers and flasks.

# FAMCO™

## An Evidence-based Approach to Training Family & Concerned Others

Scott Brownlee, LPC, LADC

October, 2018





# genda

1

Introduction to CRAFT

2

FAMCO Training Overview

3

Q & A and Discussion



# Scott Brownlee, LPC, LADC

## Biography

Scott Brownlee holds a master's degree in Integrated Behavioral Health from the University of Minnesota. He is currently a therapist at the Alltyr outpatient clinic in St. Paul. Scott's clinical experience began at St Joseph's hospital in their MICD program. During his time at the U, Scott worked as a research assistant at the University's Center for Chemical and Mental Health (MNCAMH), and currently serves on the University's advisory board for the Integrated Behavioral Health program. Scott's clinical focus is on treating co-occurring substance use and mental health disorders using a variety of person-centered interventions.



# The Alltyr Clinic

## MISSION

Alltyr takes the latest scientific understanding and tools and makes them available to the people who need them: patients and families. It is a learning organization, quickly adapting as new ideas and evidence emerge. Clinical treatment is delivered with care, compassion and respect, in collaboration with the patient, resulting in a truly individualized treatment plan. Our approach is pragmatic, focused on doing whatever needs to be done to promote the well being of patients and the community in the most cost-effective way. Research and education are highly valued and Alltyr will work to develop and apply new knowledge and to educate health care professionals as well as the broader community.



## Contact Info



Scott Brownlee, LPC, LADC



[scott@alltyr.com](mailto:scott@alltyr.com)

651.400.9437



651.348.7611



Alltyr Clinic  
332 Minnesota St.  
Suite W1260  
St. Paul, MN  
55101



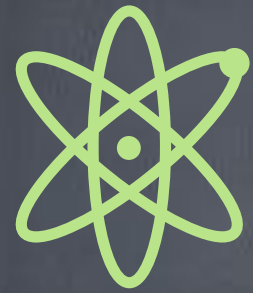


# Why are we here today?

**It is an incredibly exciting time to be in this field.**

- Advancements in research and professional knowledge
- Recognition of gaps and limitations of previous models
  - Development of EBP and additional clinical tools
- Ability to serve more people and serve them more effectively

# Current Trends



Integrated Mental Health and SUD Care



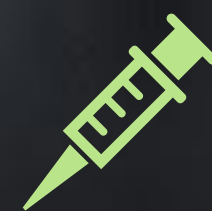
Integration of Neuroscience



Recovery-oriented Systems of Care



DHS - ADAD Initiatives



“Harm Reduction” or “Third-Wave” Addiction Treatment



Trauma-informed Care

## Families & Recovery:

Families provide essential support to their loved one's journey of recovery, and similarly experience the moments of positive healing as well as the difficult challenges. - SAMHSA

Despite the great need for evidence-based training, most treatment provider's family programs are still based on concepts such as: family-disease, co-dependency, enabling and denial.



# Community Reinforcement and Family Training

Community Reinforcement and Family Training (CRAFT) teaches family and friends effective strategies for helping their loved one to change and for feeling better themselves.

CRAFT works to influence the loved one's behavior by changing the way the family interacts with him or her.

It is designed to accomplish three goals:

Source:  
<http://motivationandchange.com/outpatient-treatment/families/craft-overview/>



# Community Reinforcement and Family Training

1. When a loved one is abusing substances and refusing to get help, CRAFT helps families move their loved one toward treatment.
2. CRAFT helps reduce the loved one's alcohol and drug use, whether or not the loved one has engaged in treatment yet.
3. CRAFT improves the lives of the concerned family and friends.

Source:  
<http://motivationandchange.com/outpatient-treatment/families/craft-overview/>



# Community Reinforcement and Family Training

- Was developed by Drs. Robert Meyers and Jane Ellen Smith at the University of New Mexico.
- Is an evidence-based approach to training family and concerned others to enhance a loved one's motivation to enter treatment/get help/reduce use.
- Is a skills-based program to improve communication, and change the way that the family interacts with the substance user.

Source:  
<http://motivationandchange.com/outpatient-treatment/families/craft-overview/>



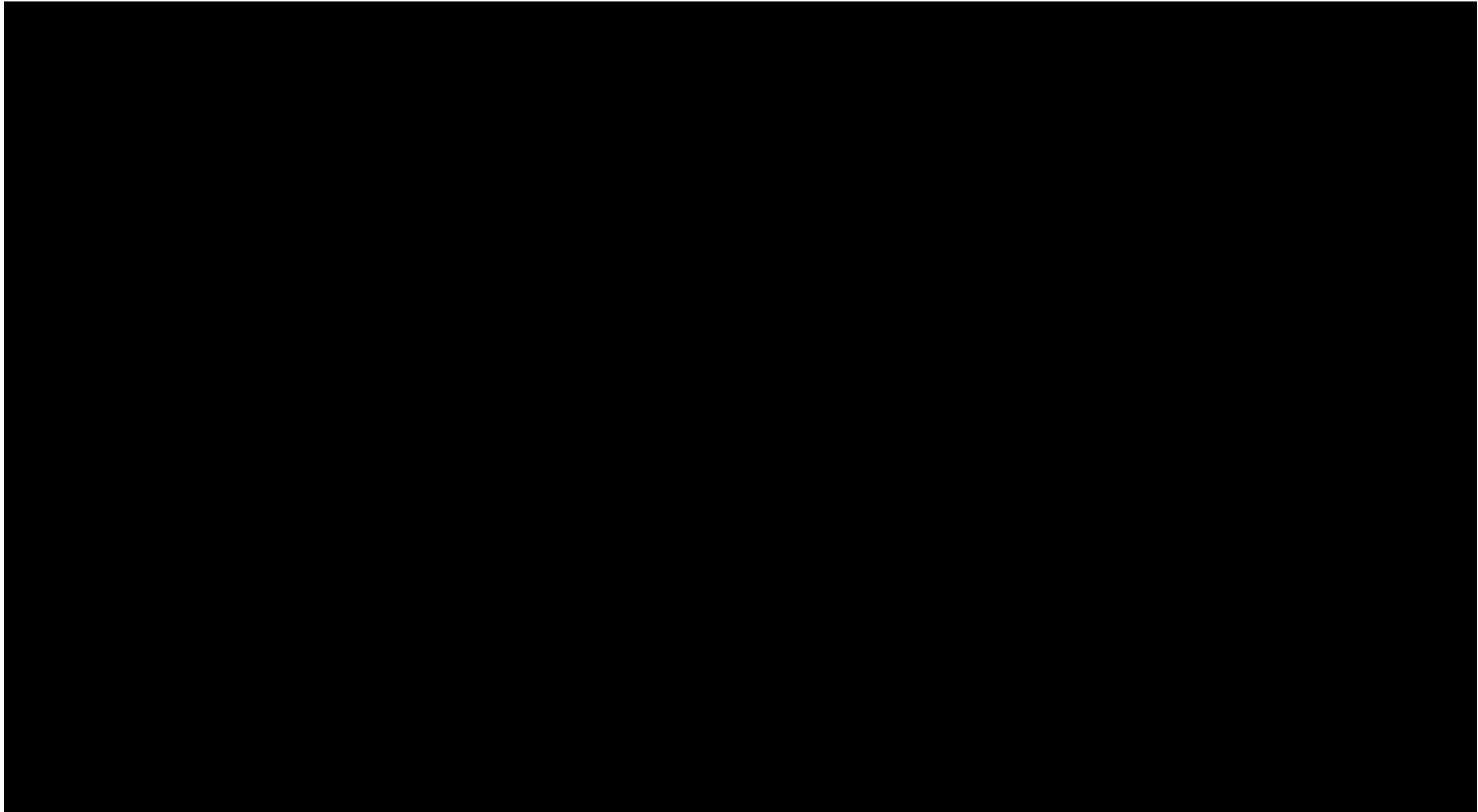
# Community Reinforcement and Family Training

- Uses strategies to reward desired behaviors and disincentivize undesired behaviors.
- Teaches families how to influence their loved one while avoiding both detachment and confrontation.
- Shown to be very effective in engaging loved ones in treatment and decreasing their substance use.

Source:  
<http://motivationandchange.com/outpatient-treatment/families/craft-overview/>



# Families talk about CRAFT





## CRAFT and Al-Anon - Competing or complimentary?

**CRAFT and Al-Anon share an emphasis on self-care and a better understanding of substance use disorders. Perhaps the most important differences are in the areas of engagement vs detachment, peer vs therapist leaders, and overall goals. Still, they are in many ways compatible, and offer support for families during a very stressful time.**





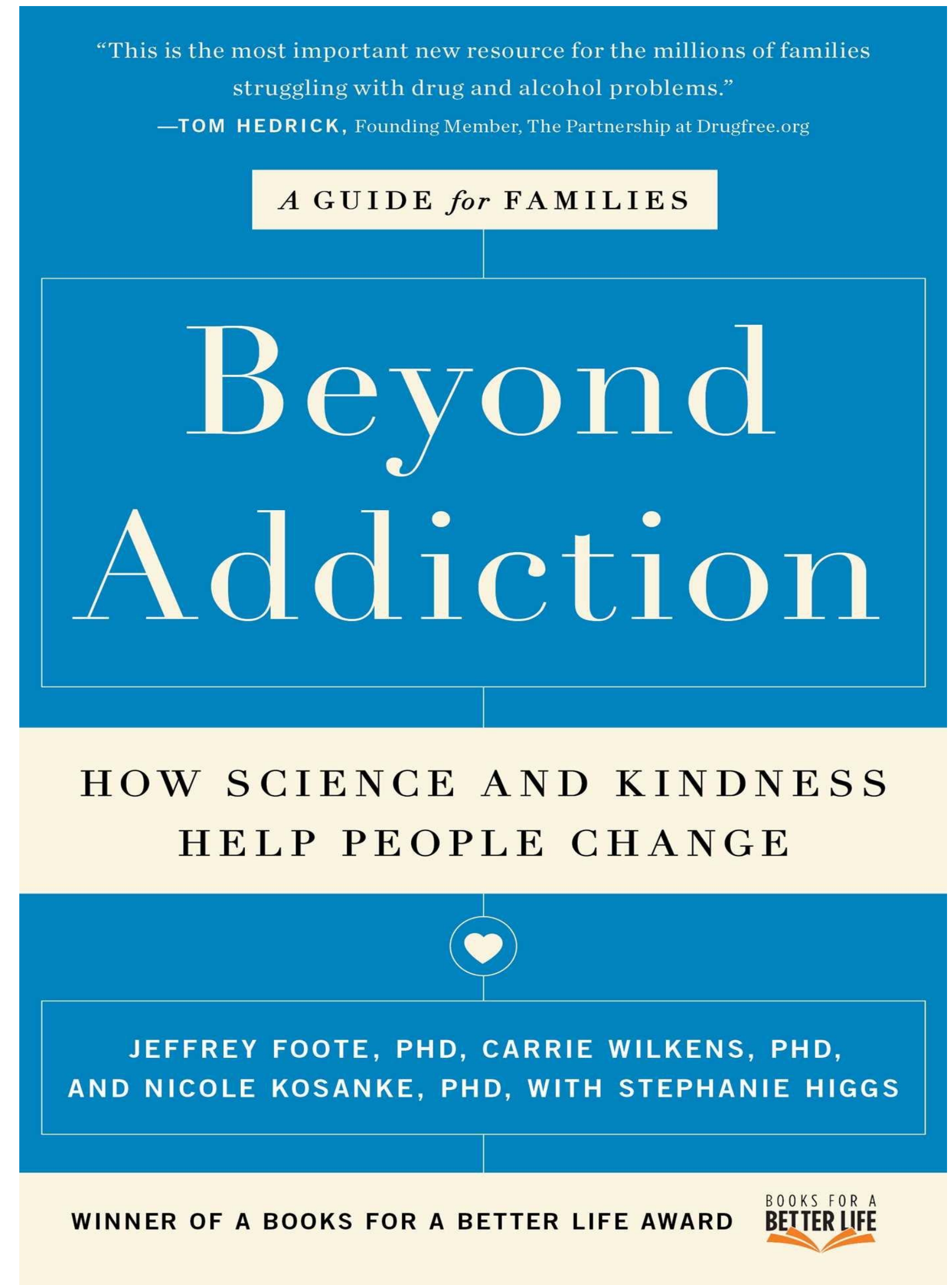
FAMCO™

# Family and Concerned Others Training Program



## *Beyond Addiction* by Foote et al.

*Beyond Addiction* is the basis for our six-week FAMCO class.





## Instillation of Hope

Introduction to Community Reinforcement and Family Training (CRAFT)

### ***Barriers to Treatment***

- Black & white thinking: in recovery or in denial
- Labels: “addict” and “alcoholic”
- Confrontation: The motivation killer!



### ***Facilitators to Treatment***

- Family involvement
- Individualized treatment
- Understanding use patterns
- Positive Communication/Reinforcement
- Supporting ambivalence/empathy



## Neuroscience of Addiction

- Why is it important to understand?
- Labels have a negative impact
- Addiction is a complex interaction of multiple factors



## Meeting Them Where They Are

- Why is motivation important to understand?
- Stages of Change
- Understanding of Change



# Question

Think back to a time you attempted to change an unhealthy behavior...

1. How much time has elapsed between the first time you engaged in this behavior and the first time you recognized some negative or risky aspects to the behavior?
2. How much time elapsed between the first time you recognized some negative or risky aspects to this behavior and the first time you actually modified the behavior?
3. How many times did you slip back to your old behaviors after making changes?

## Setting Limits/Allowing Consequences

- Self-Care/A.C.T.
  - Awareness: Know your limits
  - Coping: Management of distress
  - Tolerance: Acceptance over time
- Rewards/Consequences
- Allow Natural Consequences



## Positive Communication

- Be brief
- Be positive
- Be specific
- Label your feelings
- Offer an understanding statement
- Accept partial responsibility
- Offer to help

## Positive Reinforcement

- Identify rewards
- Identify positive behaviors & activities
- Timing is key
- Keep it proportionate
- Change it up once in a while



## Setting Goals/Building Your Life

- Setting Goals
- Building Your Life



# Cases



## Additional topics in *Beyond Addiction*

- Evaluating treatment options
- Strategies for suggesting treatment
- How to interact with treatment providers
- Expectations for change - during and after treatment
- Safety concerns (for spouses and partners)
- Evaluating risk: withdrawal concerns, overdose, co-morbid mental health conditions

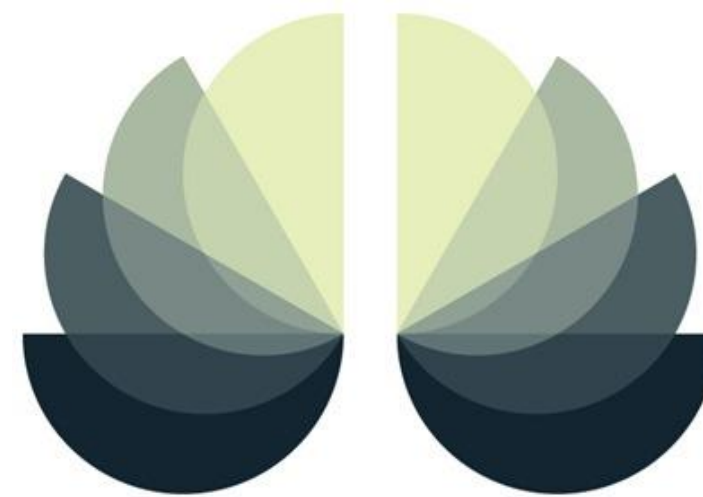


# Questions and Discussion





**THANK YOU!**



**allyr**

# References

- Foote, J., Wilkens, C., Kosanke, N. (2015). *Beyond addiction*. Scribner: New York City, NY
- Center for Motivation and Change - CRAFT Overview. Accessed 5/15/2016 from:  
<http://motivationandchange.com/outpatient-treatment/for-families/craft-overview/>
- Harm Reduction Coalition (unknown) Principles of Harm Reduction. Accessed 5/15/2016 from:  
<http://harmreduction.org/about-us/principles-of-harm-reduction/>
- Higgins, S. T., & Petry, N. M. (1999). Contingency management. *Alcohol Research & Health*, 23, 122-7.
- McLellan, A. T., Lewis, D. C., O'Brien, C. P., & Kleber, H. D. (2000). Drug dependence, a chronic medical illness: implications for treatment, insurance, and outcomes evaluation. *JAMA*, 284(13), 1689-1695.
- MN DHS (2013) Model of Care Report for Substance use Disorders. Accessed 5/16/2016 from:  
[http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16\\_195241.pdf](http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16_195241.pdf)  
<http://www.motivationalinterview.net/clinical/whatismi.html>