CRAFT
Helping Parents Handle Substance Abusing Teens

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If punishment worked, there would be few, if any, alcoholics or drug addicts...
What is CRAFT?

A-CRA= Adolescent Community Reinforcement Approach

A-CRA is a way of treating substance abuse that tries to help the substance abuser to change his/her environment (*community*) in such a way that sobriety if more rewarding (*reinforcing*) than using.

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A-CRA’s General Goals

• Goals: Sessions with clients
  – Abstinence
  – Participation in pro-social activities
  – Positive relationships with family
  – Positive relationships with peers

• Goals: Sessions with caregivers
  – Motivate their participation
  – Promote the client’s abstinence
  – Provide information about effective caregiving
What is CRAFT?

FT=Family Training

CRAFT then is to train family members how to be A-CRA counselors in their own homes.

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What is CRAFT?

CSO=Concerned Family Member

IP=Identified Patient (Substance Abuser)
The Basics of CRAFT

- Elimination of positive reinforcement for drinking and/or using behavior
- Enhancement of positive reinforcement for non-drinking (sober) and non-using behavior
CRAFT’S 3 MAJOR GOALS

• Reduce loved one’s harmful substance use
• Engage loved one into treatment
• Improve the functioning of CSO (no matter what happens to their loved one)
Why focus on CSOs?

- Substance abusers often report that family pressure prompted treatment seeking
- CSOs can influence substance abusers’ behavior due to extensive contact
- CSOs are the true experts on an abuser’s behavior
- CSOs also need help (victims of violence, verbal assaults, $ problems, marital conflict, etc. etc. etc.)
Traditional Interventions for CSOs

12-Step Programs

Johnson Institute Intervention

Mental Health Counseling

Nothing (told to wait until the IP “hits bottom”)
INTERVENTION
IT'S LIFE OR DEATH.

Mondays @ 9PM/8C
NIAAA

Funded in part by a grant from the National Institute on Alcohol Abuse and Alcoholism
CRAFT Randomized Alcohol Study
Miller, Meyers, & Tonigan (1999)

130 CSOs randomly assigned:
• Al-Anon Facilitation Therapy (AFT)
• Johnson Institute Therapy (JII)
• Community Reinforcement and Family Training (CRAFT)
Al-Anon Facilitation Therapy

- 12 sessions (1 hr each)
- Purpose:
  - get CSO to attend Al-Anon mtgs
  - help CSO accept powerlessness
  - emphasize detachment & self-care

Supervisor: Joseph Nowinski, Ph.D.
Johnson Institute Intervention

- 6 sessions (2 hrs each)
- 4 sessions of preparation and training
- 1 family confrontation meeting
- 1 post-intervention evaluation

Supervisor: A. Lane Leekman, M.D.
“It’s some new thing called an intervention.”
CRAFT

• 12-sessions (1 hr each)
• Purpose:
  – Empower CSO to influence change
  – Train CSO in behavior change skills
  – Improve CSO’s quality of life
  – Prepare CSO for treatment engagement

Supervisor: Robert J. Meyers, Ph.D.
Is Someone You Love In Trouble With Alcohol?
Do you live with a relative or partner who has an alcohol problem but won't get help? Would you like help in dealing with this problem? You may be eligible for a free, confidential program through a federally-funded study at the University of New Mexico. For information call 768-0260
## CSO Demographics

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Mean age</td>
<td>47</td>
</tr>
<tr>
<td>Years of education</td>
<td>14</td>
</tr>
<tr>
<td>Females (%)</td>
<td>91</td>
</tr>
<tr>
<td>Anglos (%)</td>
<td>52</td>
</tr>
<tr>
<td>Hispanic (%)</td>
<td>39</td>
</tr>
<tr>
<td>Prior Al-Anon (%)</td>
<td>58</td>
</tr>
</tbody>
</table>
Treatment Engagement Rates

- Al-Anon: 13.6
- Johnson: 22.5
- CRAFT: 64.4

*p < .0001*
CSO Depression Scores (Beck)

<table>
<thead>
<tr>
<th>Time Window</th>
<th>Score</th>
</tr>
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<tbody>
<tr>
<td>Intake</td>
<td>10</td>
</tr>
<tr>
<td>Month 3</td>
<td>8</td>
</tr>
<tr>
<td>Month 6</td>
<td>6</td>
</tr>
<tr>
<td>Month 12</td>
<td>4</td>
</tr>
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</table>
CRAFT (alcohol) Conclusions

• Problem drinkers who are initially unmotivated for change can be engaged in treatment through “unilateral family therapy” with CSOs

• Parents of adult children are particularly effective (An overlooked resource for engaging problem drinkers?)
NIDA

Funded by grants from the National Institute on Drug Abuse
CRAFT Demonstration Project
Meyers, Miller, Hill, & Tonigan (1999)

CSOs: family/friends of 62 treatment-refusing illicit drug users
IP Drug of Choice (CSO report)

- Cocaine = 37%
- Marijuana = 35%
- Stimulants = 16%
- Opiates = 8%
- Sedatives/Tranquilizers = 3%
## CSO Demographics

<table>
<thead>
<tr>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females = 97%</td>
</tr>
<tr>
<td>Males = 3%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>White = 47%</td>
</tr>
<tr>
<td>Hispanic = 48%</td>
</tr>
<tr>
<td>Other = 5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Range = 18 to 73</td>
</tr>
<tr>
<td>Mean = 44.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to IP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse = 34%</td>
</tr>
<tr>
<td>Parent = 56%</td>
</tr>
<tr>
<td>Sibling = 6%</td>
</tr>
<tr>
<td>Child = 4%</td>
</tr>
</tbody>
</table>
Engagement

74% (46/62) of the *resistant* drug abusers entered treatment
CRAFT Randomized Drug Study
Meyers, Miller, Smith, & Tonigan (2002)

90 CSOs randomly assigned:

- CRAFT
- CRAFT + Aftercare
- Al-Nar/FT
CSO Demographics

- 88% female
- 49% Hispanic
- Mean Age: 46 yrs.
- Relationship to IPs:
  - 53% parents
  - 29% spouses
  - 18% other (sister, grandfather)
Treatment Engagement

CRAFT  59%

CRAFT + aftercare  77% [combined 67%]

Al-Nar/FT  29%

3 group comparison p < .0006
   – no difference between 2 CRAFT conditions
More CRAFT Studies
Kirby et al., (1999)

- 32 CSOs
- CRAFT or 12-step program
- 56% spouses of IPs, 38% parents of IPs
- 75% Anglo, 23% African American
- IP’s drug of choice: 56% cocaine, 22% heroin
- CRAFT engaged 64%, 12-step 17%
- CSOs improved functioning overall
Waldron et al. (2007)

- CSOs = 42 parents/caregivers of drug abusing adolescents
- 2 parent households = 49%
- IPs: 79% Male
- 74% used cannabis
- Engagement rate = 71%
Dutcher et al. (2009)

- Study conducted in a Santa Fe, NM community agency
- Few exclusionary criteria
- 99 CSOs
- 59% Hispanic
- IPs’ Drug of choice: 90% alcohol; 7% cocaine
- Engagement rates: 55-65%
<table>
<thead>
<tr>
<th>Study</th>
<th>Participants</th>
<th>Race</th>
<th>Drugs</th>
<th>Randomization</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sisson &amp; Azrin, 1986</td>
<td>14 CSOs</td>
<td></td>
<td></td>
<td>Randomized (CRAFT vs 12 Step)</td>
<td>Better 86% vs 0% CSOs</td>
</tr>
<tr>
<td>Miller, Meyers, et al., 1999</td>
<td>130 CSOs</td>
<td></td>
<td></td>
<td>Randomized (CRAFT/JI/12-step)</td>
<td>Better 64% vs 23% CSOs</td>
</tr>
<tr>
<td>Kirby et al., 1999</td>
<td>32 CSOs</td>
<td>75% Anglo</td>
<td></td>
<td>Randomized (CRAFT vs 12-step)</td>
<td>Better 74% vs 17% CSOs</td>
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<td>Meyers, Miller, et al., 1999</td>
<td>62 CSOs</td>
<td>80% Hispanic</td>
<td></td>
<td>Non-Randomized</td>
<td>Better 74% CSOs</td>
</tr>
<tr>
<td>Meyers, Miller, et al., 2002</td>
<td>90 CSOs</td>
<td>49% Hispanic</td>
<td></td>
<td>Randomized</td>
<td>Better 65.5% vs 29% CSOs</td>
</tr>
<tr>
<td>Waldron et al., 2007 adolescent</td>
<td>42 CSOs</td>
<td>48% Hispanic</td>
<td></td>
<td>Non-Randomized</td>
<td>Better 71% CSOs</td>
</tr>
<tr>
<td>Dutcher et al., 1999</td>
<td>99 CSOs</td>
<td>59% Hispanic</td>
<td></td>
<td>Non-Randomized</td>
<td>Better 55%-65% CSOs</td>
</tr>
</tbody>
</table>

- Alcohol 55%
- Cocaine 22%
- Opiates 16%
- Stimulants 8%
- MJ 35%
- Alcohol 90%
- Cocaine 7%
New CRAFT Adaptations

- CRAFT in Groups
- CRAFT with Gambling Problems
- CRAFT with family member who is already in treatment
- CRAFT with returning war veterans with PTSD & SUD
- CRAFT groups on the internet (Smart Recovery)
Group CRAFT vs Self-Directed CRAFT
Knapp-Manuel (unpublished dissertation)

• 40 CSOs of treatment-refusing alcohol or drug users
• CSOs were randomized to:
  – Group CRAFT: 12 sessions of group therapy
  – Self-Directed CRAFT: CSOs received a copy of *Get Your Loved One Sober: Alternatives to Nagging, Pleading and Threatening* (Meyers & Wolfe 2004)
CSO Demographics

- 85% Female
- Mean age: 51
- Relationship to IP:
  - 60% parents
  - 15% spouses
  - 7.5% siblings
  - 7.5% boyfriend/girlfriend
  - 10% other (child, friend, etc.)
CRAFT Groups

- 2 co-therapists
- 4-6 CSOs per group
- Mean number of sessions attended: 6.9
Engagement Rates

- Self-Directed:
  - 40% engaged (8 out of 20) (better than rates for JI or Al-Anon in previous studies)

- Group CRAFT (attended at least 1 group therapy session):
  - 70% engaged (12 out of 17)
HBO CRAFT Film

- CRAFT - one of the 14 segments from the Emmy Award winning Addiction Series
Getting Started with the CRAFT Process
CRAFT Induction

- Stay client focused
- Let CSO express frustration
- Begin to identify problem areas
- Use positive reinforcement
- Describe CRAFT’s goals, procedures
- Describe expected role of CSO
- Begin to establish “reinforcers”
Drinking/Using Road Map: The Functional Analysis

- CSO’s wealth of information
- CSO’s behavior is worth examining
Functional Analysis: Procedure

- Get description of common drinking/using episode
- Identify triggers for the drinking/using
- Describe the drinking/using behavior
- List the consequences the IP experiences for alcohol/drug use
- Together w/ CSO: summarize the pattern
- Offer ideas regarding how this information will be used in treatment
# CRAFT Functional Analysis for Loved One’s Drinking/Using Behavior

<table>
<thead>
<tr>
<th>External Triggers</th>
<th>Internal Triggers</th>
<th>Behavior</th>
<th>Short-Term Positive Consequences</th>
<th>Long-Term Negative Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Who is your loved one usually with when drinking/using?</td>
<td>1. What do you think your loved one is thinking about right before drinking/using?</td>
<td>1. What does your loved one usually drink/use?</td>
<td>1. What do you think your loved one likes about drinking/using with __________________________? (who)</td>
<td>1. What do you think are the negative results of your loved one’s drinking/using in each of these areas (and which of these would he/she agree with):</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. What do you think he/she likes about drinking /using __________________? (where)</td>
<td>A. Interpersonal</td>
</tr>
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<td></td>
<td>3. What do you think he/she likes about drinking /using __________________? (when)</td>
<td>B. Physical</td>
</tr>
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<td></td>
<td>4. What do you think are some of the pleasant thoughts he/she has while drinking/using?</td>
<td>C. Emotional</td>
</tr>
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<td></td>
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<td></td>
<td>5. What do you think are some of the pleasant feelings he/she has while drinking/using?</td>
<td>D. Legal</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>E. Job</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>F. Financial</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>G. Other</td>
</tr>
<tr>
<td>2. Where does he/she usually drink/use?</td>
<td>2. What do you think he/she is feeling right before drinking/using?</td>
<td>How much does he/she usually drink/use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. When does he/she usually drink/use?</td>
<td>3. Over how long a period of time does he/she usually drink/use?</td>
<td></td>
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</tr>
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</table>
Case Example

- CSO = 48 yr. old single mother
- IP = 19 yr. old son
- IP’s drug of choice: alcohol
- IP lives w/ mom; works part-time
Common Drinking Episode?

• Drinks all evening while driving around in a car with 2 friends, Nick and Oliver
Drinking Behavior (3\textsuperscript{rd} column)

1. What does your loved one [son] usually drink?  
   
   Beer

2. How much does he usually drink?  
   
   Anywhere from 6-20 cans

3. Over how long a period of time does he usually drink?  
   
   About 4 hrs.
# External Triggers (1\textsuperscript{st} column)

1. **Who** is your loved one [son] usually with when drinking?
   
   *Two younger kids from high school; Nick & Oliver*

2. **Where** does he usually drink?
   
   *In Nick’s car*

3. **When** does he usually drink?
   
   *Every night, from about 7-11*
Internal Triggers (2nd column)

1. What do you think your loved one [son] is thinking about right before drinking?

*I’m not sure, but he’s always saying, “There’s nothing to do around here..”*

Maybe he’s thinking about looking to stir up some trouble.

2. What do you think he is feeling right before drinking?

*Bored, restless*
Short-Term Positive Consequences
(4th column)

1. What do you think your loved one [son] likes about drinking with [Nick & Oliver]?

*I imagine he thinks they look up to him because he’s older; & he likes the fact that they’re always available…and have a car.*

2. What do you think he likes about drinking [in Nick’s car]?

*He likes driving around…and he doesn’t have a car. And Nick’s car has a really nice sound system supposedly. My son is really into music.*
3. What do you think he likes about drinking [each evening]?

He says it gives him something to do at night; it’s a way to socialize.

4. What do you think are some pleasant thoughts he has while drinking?

He’s probably just thinking about how much fun he’s having with those 2 knuckle-heads; how it’s better than sitting at home. And he says he gets into the music better when he’s been drinking.
5. What do you think are some pleasant feelings he has while drinking?

He says he likes feeling “high”; he doesn’t care about much of anything when he drinks. He describes it as feeling “at peace”
Long-Term Negative Consequences (5th column)

1. What do you think are the negative results of your loved one’s [son’s] drinking in each of these areas:

a) Interpersonal:

*He’s pissed off all of his friends – except for Nick and Oliver. They’ve all outgrown him. And it sure hasn’t helped our relationship. We argue with each other all the time.*

b) Physical:

*He doesn’t eat right; he looks bad.*
Negative Consequences (cont’d)

c) Emotional:
*He’s moody*

d) Legal:
*2 DWIs*

e) Job:
*He only works part-time, & he lost his last 2 jobs from drinking.*

f) Financial:
*Spends all of his money on alcohol & fast food. He talks a lot about getting his own place, but he can’t afford it.*
Finishing the Functional Analysis

- Summarize along w/ the CSO
- How will this information be used in the CSO’s treatment?
Communication Training

Why work on communication?

• More likely to get what you want
• Positive communication is “contagious”
• Will open door to more CSO satisfaction in other life areas as well (social support)
• Positive communication is the foundation for other CRAFT procedures
Things that Don’t Work

- Nagging
- Pleading
- Threatening
- Yelling
- Lecturing
- Pouring alcohol down the drain
- Getting drunk (to show the drinker what it’s like)
Positive Communication Components

- Be brief
- Be positive
- Be specific and clear
- Label your feeling: “I feel ___”
- Offer an understanding statement
- Accept partial responsibility
- Offer to help
Positive Communication:
Practice Makes Sort of Perfect

• **First attempt:**
  “That’s it! I can’t take it anymore. Get help or get out!”

• **Second attempt:**
  “Your drinking is stressing me out. I know your job is extra tough these days, but isn’t there another way to handle it?”

• **Third attempt:**
  “Your drinking really upsets me. And I miss talking to you. I know work is tough. How about I help you figure out another way to handle the stress? I have some ideas.”
Reverse Role-Play

• Advantages:
  – Serves as a good starting point for a CSO who is reluctant to do a role-play
  – Allows therapist to model good positive communication
  – Helps CSO develop empathy for IP
Role-Playing Guidelines

- Use less difficult scenarios first
- Get adequate description of the scene
- Start it for them
- Keep it brief (2-3 minutes)
- Reinforce any effort
- Get client’s reactions
- Offer supportive, specific feedback
- Repeat
Timing Is Everything

• It’s not enough for CSOs to know what to say; they must also know when to say it
• Help CSO identify an ideal time to have the positive communication with the IP
• Discuss how CSOs often find it difficult to have the conversation when things are going well…. (and so it ends up happening when they’re upset)
Positive Reinforcement vs Enabling

• Enabling: something the CSO does that unintentionally increases drinking/drug using behavior or allows it to continue

• CRAFT’s Positive Reinforcement: something the CSO does that increases non-drinking/non-drug using (pro-social) behavior
Use of Positive Reinforcement (Rewards)

• You can catch more flies with honey than with vinegar
• A reward is only a reward if the person for whom it is intended really wants it
Use of Positive Reinforcement

- Discuss CSO’s current responses to substance use (and non-use)
- Get information from the Functional Analysis (consequences)
- Is it working? Willing to try something different?
- Explain a positive reinforcer
Selecting Positive Reinforcers & IP Behaviors to Reinforce

- Identify a few inexpensive positive reinforcers for the IP
- Discuss non-using IP behaviors to reinforce
- Settle on one reward and one IP behavior
- Develop a plan for implementing the reward
- Ideal situation (but not absolutely necessary): it directly competes with a typical substance using occasion
Examples of Reinforcers and Behaviors to Reward?
Time Out from Positive Reinforcement: The Big Chill

- Withdrawing of positive reinforcement when IP resumes drinking/using
- Identify reinforcers (rewards) to withdraw
- Will IP miss the withheld reinforcer?
- Teach CSO to communicate the rationale for withholding the reward
Examples of Reinforcers to Withdraw

- Parents (CSOs) have a teenager (IP) who comes home smelling like pot each day. Withdraw _________?
- Wife (CSO) has an alcoholic husband (IP) who always wants her to accompany him to company functions. Withdraw _________?
- Older brother (CSO) has younger brother (IP) who shows up high to assist w/ Little League coaching. Withdraw _________?
Identifying the Natural Consequences for Using

• Explore CSO’s *unintentional* support of the drinking/using.
• Refer to F.A. (consequences) if necessary
• Offer common examples:
  – Reheating dinner for late, intoxicated IP
  – Calling in sick for hung-over IP
  – Making excuses to family/friends about IP
Allowing the Natural Consequences for Using

- Select one situation
- Consider the natural consequences (neg?)
- Explore potential problems in allowing them (safe? reasonable?)
- Use problem-solving if necessary
- Role-play the communication
Examples: Allowing Natural Consequences

- After a long night of using substances the IP has parked his car in the neighbors driveway making it impossible for him to get out of his driveway, the CSO moves the car.
- Daughter (CSO) picks up her drunk dad at midnight after his Sat. night card games.
- Give me an example of a case you have dealt with or one you believe you will have to deal with.
The CSO’s Struggle

- Difficulties experienced by CSOs when attempting to withdraw positive reinforcers or allow for natural (negative) consequences

Examples:
- CSO’s fear of verbally linking use with consequences
- When natural consequence is highly aversive to CSO as well
Increasing the CSO’s Quality of Life: Finding CSO Reinforcers

• Assess CSO’s satisfaction in various areas (Happiness Scale)
• Select one area needing more reinforcers
• Identify goals and steps to obtain them (Goals of Counseling)
• Problem-solve if necessary
...get by with a little help from my friends...

- Create or re-create a social circle
- Find a confidant
- Ask for help
- Join a self-help group?
Happiness Scale

- Substance use
- Job/education
- Money management
- Social life
- Personal habits
- Romantic relat.
- Family relat.
- Emotional life
- Communication
- Spirituality
- General happiness
- [add your own]
Guidelines for Goal Setting

Goals should be:

• Brief (uncomplicated)
• Positive (what will be done)
• Specific behaviors (measurable)
• Reasonable
• Under the CSO’s control
• Based on skills the CSO has
Examples of CSO Goals & Interventions

• In Social Life category? (has few friends)

• In Personal Habits category? (wants to lose weight)

• In Emotional Life category? (stressed all the time)
Suggestion of Treatment: Overview

- Prepare for Rapid Intake (for IP to be seen within 24-48 hrs.)
- Role-play the conversation (use positive communication)
- Include important motivational “hooks” (examples follow)
- Discuss windows of opportunity
Motivational “Hooks” for CSO to Use

The IP can:

- informally meet the CSO’s therapist
- have his/her own (a different) therapist
- “sample” treatment (try 1 session…?)
- be sure there will be no confrontation/judgment
- focus on topics besides just alcohol/drugs (e.g., job, depression)
- [tie in other IP reinforcers for attending]
Windows of Opportunity

- Is IP approachable when feeling remorseful for a drug-related “crisis”?
- Is IP asking about what’s happening in the CSO’s therapy?
- Is IP inquiring about why the CSO’s behavior has changed lately?
IP Treatment Considerations

- Evidence-based treatment
- Program that’s compatible with CRAFT (A-CRA, CBT or another EBP)
- Therapist able and willing to work with CSOs too?
- Waiting list?
- Cost, insurance, length, frequency?
The work isn’t over…..

- Prepare CSO for a treatment refusal, or a treatment dropout
- Encourage CSO to get involved in IP’s treatment
- Open door policy
CRAFT IS A WIN / WIN APPROACH

• CSOs improve their psychosocial functioning whether the substance user enters treatment or not

• In 7 out of 10 cases the substance user VOLUNTARILY enters treatment
Training and Certification in CRAFT

CRAFT Trainer

CRAFT Certified Supervisor

CRAFT Clinician

CRAFT Clinician

CRAFT Clinician
Benefits of Training and Certification in CRAFT

- Cost Effective
- Prevents Drift
- Can leverage additional funding for programs
- Sustainability
Sustainability

Supervision  Tape Reviews  Certification
CRAFT Certification

- Certification for Therapists
- Certification for Supervisors in CRAFT
- Certification for Trainers in CRAFT
- Contact: www.robertjmeyersphd.com
Conclusions

- Initially unmotivated/resistant problem drinkers/drug users can be engaged in treatment through CRAFT-trained CSOs
- CSO functioning improves regardless of engagement status

Consumer book

Get Your Loved One Sober
Alternatives to Nagging, Pleading and Threatening

Robert J. Meyers, Ph.D. Brenda L. Wolfe, Ph.D.
Moving Toward the Finish Line

• Some things I learned ….

• Something I liked …

• Something that surprised me …

• The first thing I am going to do to use what I learned in my job is ….

• I can become more competent in using CRAFT after this training by……
Contact Information

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