

BRS



AIN

Alternative Intervention Training

Using education to help re-shape the family system and create a healthier environment conducive to both long-term recovery and ongoing support

A blurred background image showing several people sitting around a table in what appears to be a meeting or training session. The focus is on the text in the foreground.

AIN-Training Workbook

Your complete guide to the BRS Family-Focused Alternative Intervention process. Inside you will find all of the material you will need to successfully complete our AIN training.

Introduction to your training



Meet your trainer/facilitator:

Michael Wilson is a well-respected and highly regarded Interventionist from Beverly, Massachusetts, and is also the founder and co-owner of Baystate Recovery Services. He developed the AIN-model in 2009 and has been using it with great success for many years. He has also designed a variety of other highly effective family-focused intervention services, all geared toward meeting the various needs of families battling addiction. His innovative family-focused approach to this epidemic, along with his experience in this field, provides him with a level of insight and effectiveness that is now available in the AIN-Training program.

AIN-Training Process Outline

- This educational training process is a one-day (8 hour) experience - two Training sections
- This is an interactive training experience and will require your participation in all discussion and role play
- All participants will receive a complete set of workbooks and materials for performing the AIN-Model in their own practice
- Each participant will have the opportunity to receive continued AIN supervision and support for 30-days
- In order to successfully complete the AIN-training all participants must participate from start to finish
- Upon completion each participant will receive a certificate acknowledging successful completion of the training

AIN-Training Learning Objectives -

- How to understand the addicted mind and what it means to love someone afflicted with this illness
- How to separate your beliefs from those of the clients that you will be working with
- How to use your experience to create a personal connection when engaging with clients
- How to effectively assess a client's needs using our conversation-based consultation forms - Can you help them?
- To be clear and up-front regarding professional experience, cost for services, and personal limitations
- The background and history of the AIN model - A full understanding of the various components involved
- How to use the tools provided in the AIN-training process to create a strong family/group/team
- How to properly research and identify the most appropriate level of care for the necessary treatment experience
- How to provide each client with their best chance for success - Create a strong aftercare support system within the family
- How to maintain an ethical mindset within a flawed industry - "Integrity first" as a lasting business model
- How to perform all duties of an interventionist using the role play and supervision of the training staff

AIN-Training Schedule / One-day intensive (8 hrs.)

Section One - 8:00 - 10:00am

Facilitator introduction – Discuss various roles & experience of students

Recovery from what? - Insight and discussion / multiple pathways

What is an Intervention – Review of various models and the practice +AIN

What requires Intervention (Assessment & Evaluation) - Should I refer out?

Case study reviews – How to determine when the AIN can/cannot be used

Section Two - 10:00 - 12:00pm

Family first – Why adjusting the family system creates the best results

Discussion: Review of challenging family dynamics that may be encountered

Setting realistic expectations from the start – Support or supervised failure?

Discussing treatment with the family (Abstinence/MAT/Behavioral Therapies)

Creating and identifying care plans for individuals and families

Homework – Use assigned case study, or create your own, to create an at-home treatment plan w/ aftercare for both the IP & their family

Section Three - 1:00 - 3:00pm

Students will share example contracts and treatment plans

Getting the family comfortable with “the plan”

Creating options – The A, B, C’s of options (Why there can be no option D)

Students will demonstrate the presentation of the options for the families

The script - The IP presentation
Alternative Intervention meeting(s)

Creating progress with or without the IP
– A nontraditional approach

Section Four - 3:00 - 5:00pm

AIN Process review – What if’s, contingency plans, changing services, etc.

The assessment block – measuring success/failure (Is it time to end the AIN)

Transitioning from AIN to ongoing family support (Creating a warm handoff)

How to create lasting change through guided support and ongoing meetings

Problem solving various ethical dilemmas -
Case studies broken down

Questions and support

This training process requires participation in all sections in order to receive the certificate of completion

The Alternative Intervention process

How it works

The AIN is an opportunity for a family to get actively involved in a child or a loved one's problematic drug or alcohol use by structuring a realistic outline of expectations for change. By providing the child or loved one the opportunity for change, and the support to do it, we can give everyone involved a chance to determine for themselves whether or not they believe that the problem can be addressed on an outpatient basis without the need for residential treatment.

A family contract is typically used for adults or adolescents living at home or someplace else with supervision, struggling with problematic drug or alcohol use or behavioral issues. The commitment is for approximately 90 - 120 days or (12-15) weekly family meetings in our office. This provides families/parents with the opportunity to monitor the drug or alcohol use and/or behavioral changes through drug testing, and weekly accountability meetings to discuss the contract expectations, as well as offering treatment and any other help or support when necessary.

The first thing to understand when moving forward is that the Family Contract is a process, and not just something you put on your refrigerator. To begin the process we must first identify realistic expectations for the agreement. We do this through our educational prep meetings with the family. Once we have prepared our contract we will invite your child or loved one to participate .

The Family Contract will always be presented as an alternative to some other form of treatment, and should be treated as a compromise between the family and their loved one. This agreement should be considered as an opportunity for your child or loved one to either, prove that they are capable, or learn that they are not.

Whether or not your child or loved one decides to commit to the process we will continue to meet and discuss the consequences of them not participating. This may include discussion around residential treatment or other forms of treatment like IOP or day-treatment, based on their needs. We will need all participants to show up at all scheduled meetings prepared to spend at least 1-2 hours reviewing the agreement and discussing concerns. There will be an expectation that everyone will be willing to make changes between meetings and participate in the discussions and in-office thinking exercises.

What is expected - meeting structure and time-line

- 12 - 15 family meetings (approx. 90-120 days)
- 3 - 4 educational / family preparatory meetings
- Treatment research, planning, and coordination
- Drug testing required (Quick Cups included)
- Sober Link at home alcohol testing available
- Weekly contract review meetings with loved one
- Meetings are set up in four meeting blocks

Outcomes and success rates:

Many families and clients focus on success rates when looking for interventionists. They are often looking for some assurance that the interventionist, their approach, and the history of success will translate to their situation. I have been providing interventions for years, and I can tell you that the success of an intervention lies within the family's ability to follow the direction and guidance of the provider.

A well-spoken professional interventionist may be able to talk a struggling individual into treatment or squeeze them into treatment using leverage, but it takes a certain type of interventionist to do enough work with the family that these results will provide a lasting effect. There are many interventions that just lead to AMA/ASA discharges where the family is left confused and hopeless once again.

To be successful as an interventionist we must provide lasting results, not just feed the desperation of the family. They look to us for our professional guidance and will take our direction, therefore we must use our time with them to focus on changing the system around the addiction, not only getting their loved one into treatment. I have found that some of the most successful interventions that I have been involved in did not necessarily lead to treatment that day, but by using our intervention model we were able to change the environment and the dynamic within the family, creating a need for change.

This approach creates a paradigm shift within the family system which strengthens its members and in turn weakens the hold that the addiction has over them. Our process is specifically designed with this in mind and we always offer more than one chance to sit with their loved one.

Our success lies within our ability to properly prepare and educate a family or group into behaving and responding differently to an active addiction. Because of this we must make every effort to focus on helping the family and not just the struggling individual. They will need ongoing support beyond just the support of peers. They will need professional guidance and a family coach that can provide the tools that they are lacking in moments of weakness. Your job as interventionist should not end when they enter treatment. Your role should transform into one of support, guidance, and direction.

As an interventionist I have found that by making the family a priority I am in fact helping their loved one. The more time I spend breaking down the system that has been providing a supportive environment for the addiction to thrive, the more effective I will be at making lasting changes in a struggling family system. This assault on the system creates a strong and confident team that can sit with their struggling loved one instead of being full of fear, guilt, shame, and hopelessness. We can help by doing more than just getting them in the door...

Effectiveness comes from those qualitative things that give you the ability to communicate and lead people toward an outcome they can't see.

Lynn Good-



BRS

AIN

BRS Alternative Intervention Training

Using education to help re-shape the family system and create a healthier environment conducive to both long-term recovery and ongoing support

Getting to know the AIN Process

Your guide to understanding all of the elements of the Alternative Intervention process. Here you will find all of the outlines, documents, and resources to perform this service.

Section One: The basics / Getting you ready to help

Introductions - What we do and why it works (A little bit about each participant - approx. 10 - 15 min each)

It will help for us to understand where you have been and what has led you up to this point. You each have your own very unique experience that will make you successful, and we want to know what you have behind your desire to learn these tools. The more information and interaction that you give us the more personalized and impactful your training will be.

Why do YOU want to do this?

Your passion for what you do will be the backbone for your success in this type of work. If this is just going to be a job for you then you should stop now and try doing something else. You must have a personal passion for what you do that can be felt by the others working with you, and the unquestionable integrity to avoid all of the unethical options that this industry has to offer. Families can see who you are, and if you don't believe in you, then they won't either.

Are you in order? Do you have any unresolved personal issues that could come up when you engage a broken family system? Very often it is individuals in recovery, or those who have experienced and overcome trauma, who choose to get into this field to help others. If you are one of these people, then it is your responsibility to make sure that you have an "emotional HAZMAT suit" that you can wear which will keep you from getting the family's "stuff" all over you.

It can be extremely difficult to sit with broken families and desperate struggling individuals on their darkest days, and it will require a level of separation and a set of well-defined professional boundaries to protect both you and them. The family is looking to you for strength and direction, so you must be able to handle the family's chaos and their emotional distress with a compassionate but professional degree of separation that may seem unfamiliar or counterintuitive.

What does addiction mean to YOU?

What you believe about addiction matters here, and your ability to explain it in a variety of ways for a diverse group of people may be the difference between a unified family system and a fractured and uncertain one. Learn to tell a version of addiction that makes sense to you and one that you are comfortable explaining. Create analogies and stories that help you give life to something that is so difficult for most to understand. Ask questions, give scenarios, put them in situations to make difficult choices to help them see the illness. Sometime it can be more effective to use examples that are more relatable that have nothing to do with addiction like hunger or fear. These are much more relatable feelings than obsession and compulsion.

The addicted mind can be a strange place that will not make sense to most families. It can often seem like the individual is making crazy and irrational decisions, bouncing around without any real direction. The reality is that this individual is trying to survive! I have used a variety of hypothetical scenarios to try to bring a family to a place of understanding regarding this topic. If I am trying to explain the need for opiates to a confused family struggling to understand the insanity of a loved one's addiction, I often use hunger as a relatable sensation.

The story I tell is that of a village. I ask the room to imagine that we are a village of people that live off of the land isolated from civilization. There are other small villages near-by who live the same way. We are all good hearted and caring people but we have recently run out of food. Our crops are failing and we have over-hunted the area so we are looking at starvation soon. As a village we approach the other near-by villagers for help but they too are starting to feel the effects and are focused on managing what little food they have as well. These two villages full of good-hearted people are going to start to change as the need to survive takes hold. The hunger and the need to survive will start to take over and make them "do things" that they never would have imagined like; stealing, lying, and possibly even hurting other people.

You can use your own stories to help them understand but it is important that you do. If they still see their loved one as a malicious person or that they are doing the things that they do because they are just bad or mean, then you will have a tough time making sure that the intervention is full of love.

What does recovery mean to YOU?

The family needs to identify a goal for their loved one. They need to understand that recovery is possible and will need real-life examples of what it is supposed to look like and why it is so important to get beyond the physical dependence. There is a lot of rhetoric that is usually handed out to families about this topic, but they need a real example and you might be that example if you are in recovery.

Even if you are not in recovery yourself, your personal stories will become your message of hope so share liberally. I often use my experience with a previous family whose loved one found success in recovery to help a current client understand what recovery should/could look like. It is OK to have a personal position on recovery and what you do and do not agree with/believe in. In order to be effective, you must believe in what you are asking them to do and that it can truly help them.

I like to share stories as you can tell, and these stories whether true or hyperbolic, help me explain a situation which is normally very difficult to explain. Even if story-telling is not your gift, you will need to find a way to help them understand. They want to learn, they want to understand, and they want to help their loved one. If you give them something to believe in and some hope that they can get their loved one to that place, then you will be able to get them to listen to you.

Although it can be easy to vilify and overly focus on the drugs or the alcohol as the problem, it will be your responsibility to make sure that the intervention and the goals of the team are focused on helping the individual with their whole person "life-problem".

The fact that they will need help to get off of drugs or alcohol first does not equal recovery, that is only the medical side of things. Once beyond that they can start to recover. The type of programs that you discuss must meet and address the needs of the problem you are discussing. If you are talking about the life-problem, then the program will need to address the life-problem.

Treatment - For what, and for how long?

Everyone wishes that they could just stop using and be normal, including the family members. They want to believe just like their loved one that maybe it's not that bad yet or that their loved one only needs the physical treatment but nothing else. So many families want to compromise the treatment process for a job, kids, school, etc., and it is our job to stop that from happening, if possible. If our only objective during the intervention was to get them into detox then back to their life quickly, we wouldn't really be helping them get well. We need to be the ones standing tall against the "stop doing drugs and be normal" expectations that so many confused family members have.

Why we use the Alternative Intervention

Personally speaking, I have never performed an intervention that led to outpatient treatment or counseling. When I am approached by a family in need of an intervention, I am usually looking at an individual who is stuck in the precontemplative or contemplative stages of change, otherwise they would be in the planning or action stage and my services as an interventionist would not be necessary. To intervene on these individuals only to get them to engage in outpatient or self-help strategies would most likely be an ineffective treatment plan, and therefore I could not recommend that as their best chance for success. This is my experience and may differ from your belief system regarding successful treatments for addiction. It will be up to you to decide your approach.

Understanding the family system

Family systems can be organized in a variety of different ways, and in this section, we will look at the most important people to have present and how to approach them. We will highlight the roles that family members play and how to navigate confidently within this group. Remember, the family is hiring you to be their coach, to provide confidence when they feel weak and uncertain, and to help lead them through an emotional minefield. If you have not properly prepared them then they will fall apart when you need them the most. It can be very difficult to hold the line and accomplish your goal in a room full of colluders and sympathizers.

We will look at the different people involved within a broken family system that is supporting an active addiction, and identify who will help you and who will stand in your way. You are creating a team, and if a member of your team is playing against you there just cannot be a favorable outcome. Families are scared. Families are desperate. Families are confused. Families have been emotionally reacting for months or years and may be afraid to change. You must learn how to create a team out of this dynamic.

Alternatives to Intervention

Effective alternatives

There are going to be many situations where you will be confronted with a choice - Intervention, or something else? For many, the alternative is to use fear to motivate the family into action, or tell them to come back when they are ready or when things get bad enough. I am not a big fan of this because there is no real guidance during this process and no support during the struggle.

As a direct result of this scenario, I have created an effective alternative for my clients. When a family is not quite ready to “Intervene” in the traditional sense, we offer the alternative intervention / family contract model. This is a chance to work with the parents or family members first to answer the question, what would their child or loved one need to do to prove that they do not need treatment? We outline specifically what would need to happen and in what time-line for us to continue trying this from home. We add all necessary supports and create a chance for success.

Now I know what your thinking, if they are truly struggling with an active addiction issue then their life is most likely unmanageable at this point and it would be unfair to set them up for failure like that. The unfortunate reality is that almost 95% of the individuals who try will fail and end up in treatment. Outpatient services and self-help supports require such a high level of self motivation and a true desire to change and those people do not generally require our intervention services.

The majority of the individuals who are involved in this process are young adults and first timers who have no real treatment experience. Both they, and their family, still think that there is a chance that they can “pull it together” without residential treatment. Most of these individuals will be students or young adults living at home with an existing framework still in place - ie; school, work, family, social supports, etc.

Since they have not quite lost everything yet, and are not feeling hopelessly out of control, they are more likely to put some effort into these outpatient options to prevent the need for treatment. If it possible, they will usually try, but by the time we are involved it is often beyond repair and will ultimately require a higher level of care. Thus, the Alternative Intervention becomes a true intervention process designed to engage and reinforce the need for treatment.

The structure and the supports available throughout this process give both the individual and the parents or family members the chance to try one last time from home, but with enough structure and support to confidently decide one way or another if it can be done or if residential treatment is required. The process can span up to six months but often only last for one to two months before a result has been reached.

Either outcome is a success in this process. Either they are able to utilize the outpatient and self-help options available and they begin to improve the quality of their life, or they find that they cannot and we are now discussing more significant and effective alternatives to “trying it from home”. Both possible outcomes focus on change and moving forward, and the individual becomes more likely to accept help if they have been given a chance to succeed or fail first.

Breaking down the process

The process is broken down into sections allowing for evaluation of effectiveness and forward progress. We use four meeting blocks to break up the process and create transition points for evaluation and re-commitment to the process. This option to revisit and recommit helps us make informed decisions about the individual's ability to use the process successfully.

The initial set-up: Red Block

In order to sit with their loved one and be effective you must first understand the needs and expectations of the parents or family members. We will answer the question, (what does the individual need to do in order to prove that they do not need residential treatment).

The Presentation / The Assessment: Blue Blocks

Here we will sit with the child or loved one and present the "at-home" option, review the expectations and discuss the other available options, including residential care. The first four meetings are scheduled and the assessment process begins. The first four meetings will show if the individual has any interest or ability to work together from home or if a higher level of care is required.

Creating & Applying Changes: Orange & Purple Blocks

These are blocks of time that are added once the assessment period has been reviewed and continuation of the process is now a good alternative to residential care. At this point we will be discussing how to more fully engage in the outpatient and self-help options as part of a long-term plan from home.

Review & Maintenance: Green Blocks

A review will be done at the completion of the 12th family meeting to discuss how to maintain the progress and successful supports within the program or if there is still a need for a higher level of care.

Preparation meetings:

Discuss realistic expectations and outline a contract and options for your loved one.

3 - 4 Educational meetings

Presentation meeting: Intervention

The Family Agreement will be outlined and reviewed for your loved one to commit to.

1 Meeting w/ child or loved one

Assesment period:

We will be focused on a weekly check-in, drug & alcohol screen results, and other behavior concerns. Thi is the assessment to determine if the agreement is an option.

4 Meeting block

Creating change:

We will provide weekly challenges as well as a variety of thinking exercises to be done between meetings. The challenge phase will help create change.

4 Meeting block

Applying the changes:

We will focus on the practical application and reality of using the skills discussed. we will identify way to practice these changes together each week.

4 Meeting block

Review and discussion:

A family review will be held to discuss the success of the agreement, and your loved ones ability to change on an outpatient basis.

1 Family meeting

Maintenance & Ongoing support:

We will decide together if it makes sense to continue providing the structure of the agreement on an ongoing basis.

4 Meeting blocks (modified agreement)

Meeting One: No (IP) present - Organizing the family's expectations

In order to begin this process we must first answer a big question. What is it that the family really wants to have happen? Is it complete abstinence? Is it moderated use? Is it just behavioral, or do they really want the person to get well? These may seem like silly questions to some of you, but until you find out what they are thinking, you can't help them focus on any type of action plan.

- **Make a list of some of the expectations you have of your loved one:**

Examples: drug and alcohol free, working, volunteering, being respectful, following through on previous commitments, etc...

- **Please make a list of your own personal wants and needs:**

(These are about you as a person, not about your loved one. A list of things, feelings, or situations that you may want, don't want, need or don't need for yourself...)

Examples: Getting your identity back, addressing life's other responsibilities, balancing your life, physical or mental health needs, focusing on marriage or children, etc...

- **Please list some of your goals, hopes, or expected outcomes for this process**

- **Please feel free to use this space to add any additional thoughts or concerns**

Writing the paragraph

Creating healthy options

How do we know if we are providing healthy support vs. enabling? Is what we are offering the only option available to them? What happens if they don't accept what we are offering?

These questions, driven by fear and confusion, are the most common questions when trying to create healthy options for support. During an Intervention style situation, we are trying to challenge an old way of doing things. This old way is usually derived from "normal parenting" techniques, which do not apply when dealing with addiction issues. Instead we look toward creating a better more proactive set of options with varying degrees of support based on your loved one's decisions. To create these options, we must first answer some questions.

The first question you should ask yourself is:
Why am I doing this?

It is very important that the answer to this question be written out in a paragraph form so that it can be read out loud once you are presenting your options for support.

Your paragraph should start out with:
I am doing this because...

(Good examples might be)

- I love you.
- I want a more honest relationship with you.
- I want to play a more significant role in providing options for your recovery not your addiction.
- I hope we can have a stronger relationship with healthier communication

(Bad examples might be)

- You are an addict
- Your life is a mess
- You need to go to treatment to fix yourself
- I can't live with you anymore
- I don't know how else to help you
- You are not able to hold a job and you have nothing to stay out here for

This is not a conversation, just an opening to our meeting, and it will help your loved one understand that this is a positive opportunity and not a punishment. Once we get beyond this paragraph we can begin to present our options. This will be the more difficult part of this process, as we reveal our options for support and your loved one may want to challenge you for doing this "to them". Because we want to avoid having a blow-out, which would prevent us from staying focused, we suggest that you plan to stick to a written script and avoid improvising.

Meeting Two: No (IP) present - The contract and the alternatives

Using the information that the family has provided at the first meeting it will be your responsibility to come up with a reasonable outline for the agreement. This should be clear, palatable, and achievable. We do not want to overstate our expectations or corner ourselves with lists that don't include everything. Be somewhat vague but clear enough to explain what we want. You will review this with the parents to ensure that they understand and agree with the outline.

Sample family agreement:

Clients name: _____ Start Date: _____

1. Stay drug-free alcohol free (drug testing each week)
2. Communicate in a safe, healthy, non-threatening, and respectful way
3. House curfew: (Sun - Thurs) 8:00 / (Fri -Sat) 11:00 unless other arrangements are made
4. Have face time with family (daily) - eating meals together or otherwise
5. Discuss personal appetite as it relates to drugs, alcohol, and other substances
6. Create and maintain a healthy balance between work, recovery, personal / physical health. This includes paying own bills and managing own money.
7. Continue to remain medication compliant / engage and complete a structured IOP program along with weekly or monthly therapy and or counseling meetings.

If you decide that I have failed this agreement then I will agree to: Participate in whatever plan, or treatment plan, is considered necessary by you, and may include me having to be hospitalized, placed into and finish a residential treatment program, some other form of treatment based on my needs, or possibly move out of the house.

Name: _____ Date: _____

Signature: _____

Name: _____ Date: _____

Signature: _____

Name: _____ Date: _____

Signature: _____

Presenting alternatives: The three choices

There will be a meeting with the (IP). There will be a discussion around what we are asking them to do. There will also be a question; “what if I don't do it?” We must have a healthy and supportive response to this to keep it positive. To do this we try to outline the three possible ways the this could go and how the parents or family members will continue to provide support.

Option A

This is the option where the child or loved one remains at home with minimal interruption to their lifestyle other than the expectations that have been requested. This comes with a continuation of support and freedom that will be conducive to an individual trying to make positive changes in their life.

Option B

This is an alternative to option A and reflects the growing concern that the (IP) is not willing to make changes from home and would require a higher level of care. This option will remain on the table and discussed as a positive option that will help the (IP) overcome an issue that they are clearly not able to address on their own from home.

Option C

This is the client's plan, and is the choice to walk away from the contract and treatment. This is the “I don't want to, you can't make me” approach. Rather than listing the things that will be taken away we try to put a positive spin on it by accepting their decision to walk away and discussing the various supports that would remain available.

Presenting positive options for continued support

<p style="text-align: center;">Option A</p> <p style="text-align: center;">In home option</p>	<p style="text-align: center;">Option B</p> <p style="text-align: center;">Treatment option</p>	<p style="text-align: center;">Option C</p> <p style="text-align: center;">(_____)’s plan</p>
<p>This is the in-home / family contract option</p> <ul style="list-style-type: none"> • Outpatient treatment • Drug testing • Weekly meetings • Self-motivation 	<p>This is the residential treatment option</p> <ul style="list-style-type: none"> • Detox / primary treatment • Sober living • On-going recovery 	<p>This is a plan that comes with adjusted support</p> <p>This should be a list of the limited support that will remain available if there is no movement toward option A or option B.</p>

Meeting Three: (IP) present - Presenting our agreement

Like any other intervention we must meet with the (IP) in order to discuss their situation. Unlike the traditional format which we have previously discussed in this training, the AIN is an invitational option. We offer scripts for the family to use which offer our service as an alternative to treatment, or an easier option. An example of a script is offered below.

The script

We have been meeting with and talking to many people, counselors, and other families trying to figure out what to do, and how we can get help. Based on everything that's been happening recently, the advice that we keep getting is that you may need to take some time off and be in a residential program, away from work, school, family, friends, and some of the other distractions in your life right now.

And although we agree, that this may ultimately be your best chance for success, we have found somebody who is willing to work with us and give us an opportunity to work together and try this from home first.

So we have a meeting set up and would like you to come in and talk with us about this process.

If she says no:

Do not argue, coach, convince, or therapize her.

Your response should be short and to the point:

If you choose not to come in, we will still be attending the meetings without you to discuss how to move forward. If you want to play a role in how that happens you should be there otherwise we will be forced to decide ourselves and move forward without you.

Once they come in

The planning has taken place. You should have parents or a spouse that are prepared to read their prepared paragraph. You should have copies of this approved agreement to discuss with their loved one, and you should have your three options plan ready to go if needed.

- Introduce yourself, do not be introduced and take charge of the room in as kind a way as possible but stay in control
- Ask the (IP) if they know why they were asked to join us; Explain in brief
- Have the family members read their paragraphs (stick to their script)
- Thank them and move on to reading through the agreement
- Give everyone a copy of the agreement so that they can follow along
- Explain each item on the list, what they mean, and how they will be regulated
- Do not negotiate the terms of the agreement, this is the lowest the bar can go
- Focus on getting them to try, not to fully commit to the entire process...

Weekly Meetings and Review

Weekly family meetings

We recommend structuring your meetings in a certain way to maintain some control and to give everyone a voice. With all parties present in the same room, we begin with a check-in conversation with the (IP) to understand their situation and their week. We discuss their ability to adhere or their struggles. During this conversation the family members will remain silent and will not answer questions from the (IP) unless absolutely necessary. This prevents crosstalk and arguments. This format continues and you will have an individual discussion with each person present to get their perspective. Once completed if it is necessary or warranted then you can open it up for discussion and action items.

An example check in sheet is below

Client name:	Test Results	Sober Link
_____	_____	_____

Weekly Highlights Outlined (from dates _____ - _____)

Positive / Accomplishments

Negative / Concerns

Goals / Action Items

12-meeting review

We offer a review upon completion of our 12-meeting process, to determine if it makes sense to offer more meetings for maintenance and support. Below is an example of the questions we ask.

- What were you expecting when we began this process?
- List some thing you were able to take away from this process.
- List some things that you did not get that you would still like to work on.
- Identify an additional thoughts
- Do you feel like we should extend the agreement in full or with amendments?
- If yes, please explain...
- If no, please explain...

We recommend the interventionist also fill out a review form explaining their position for discussion.

Case Review

Learning what does and does not require intervention

Case review and group discussion

Let's take a look at some of the different situations that you may find yourself in and discuss how you would handle or approach them. I would like you to choose an example below and openly discuss your plan of action from start to finish.

Here we will break down and discuss various case studies in preparation for the mock interventions

Example one:

Lauren has reached out to you about her son Chad who is 20 years old. She is reporting that he struggles with depression and has been diagnosed with ADHD as a pre-teen. She is also reporting that she fears Chad may be using Cocaine and is definitely smoking Marijuana and using alcohol. She is not sure how he is using the Cocaine, but she has discovered various text messages from his friends that outline a variety of very risky situations involving drug deals and the purchase of Cocaine. She doesn't know if he really needs to go into residential treatment, or if an intervention will even be able to help. She is expressing that she has run out of options and that you were recommended to her as a resource. How would you approach this situation and how will you prepare the family for the intervention?

Example two:

Kathy has reached out to you about her daughter Lindsey, who is 27 years old with two young children 4 and 7 years old. Lindsey has been in and out of treatment for the past thirteen years. She has been to two different wilderness programs as a teenager and spent a year in a therapeutic boarding school. She has cycled in and out of many detox programs but has never successfully completed a residential program. Lindsey has recently found her way into the methadone clinic but is still drinking and using benzodiazepines (Xanax and Clonazepam). Kathy is a single mother and lost her husband (Lindsay's father) 5 years ago. The family system has been fractured but the siblings are supportive of mom's decision to get help. How would you approach this situation and how will you prepare the family for the intervention?

Example three:

Alex has reached out to you about his mother Susan who is 52 years old and struggling with years of alcohol abuse and the misuse of her various prescriptions including Xanax and Ambien. His father Mark is concerned about Susan's prescription pill abuse but since he drinks as well he is less concerned about the alcohol. Alex has been trying to get his mother into treatment for years but his father continues to stand in the way and believes that she can just stop the pills and manage the alcohol. Susan is a Nurse and is extremely strong-willed and manipulative. How would you approach this situation and how will you prepare the family for the intervention?

Example four:

Sharon has reached out to you about her son Jaxon who is 22 years old and using IV Heroin and Cocaine. He is a part-time student at a local college and is barely holding onto a part-time job. She has Jaxon living at home and is currently managing every aspect of his life for him to try to help him hold his life together. She is holding his money for him and driving him around to his job and to school. She is getting a lot of push-back from her husband (Jaxon's step father) and her two older children Kai and Marcus who have moved out, married, and have both been very successful at life. She is uncertain about what to do because Jaxon tells her that he doesn't need to go away he just needs some time to pull it together, and she is still kind of convinced that he might be able to stay in school and keep his job if someone can just talk to him about stopping the drugs. How would you approach this situation and how will you prepare the family for the intervention?

Example five:

Elizabeth and Patrick have reached out to you about their daughter Jenna who is 33 years old and her boyfriend Joel who are both living in the parents' house with their infant child Alexis. The parents have given them a chance to put their lives back together after they got out of treatment 4 years ago but since then they have fallen back into a life of heroin abuse. Jenna is currently on 24mg of Suboxone and has been since she became pregnant. Recently she has been manipulating her prescription and is using Heroin and Xanax again with Joel. The parents want to get custody of the child and are almost finished trying to help their daughter as they have already spent most of their money on her more than 15 years of abuse. Joel's family is also fed up but willing to discuss helping Alexis and working with Elizabeth and Patrick. How would you approach this situation and how will you prepare the family for the intervention?

Example six:

Donna and Larry are calling about their son Allen who is 37 years old and using IV Heroin. They recently found out when he was visiting from California for the holiday. They found his needles and he admitted to using but said that he had it under control and would be seeking out "help" when he got back to California. This was months ago and he has made no progress so now the parents want to intervene and get him into treatment. Allen has a girlfriend who is also using and they live together on a piece of property that they rent and grow Marijuana on. They are out of resources and up to this point Allen has received all of his support from mom and dad. Allen's sisters Jenn and Mary are very angry and see that Allen is taking advantage of their parents and just want him to be punished. How would you approach this situation and how will you prepare the family for the intervention?

Integrity as business model - A review of ethics

Unfortunately, we all work in an industry where best practices are not always met and the integrity of a program, an individual, or their relationship can easily come into question. In my opinion the easiest way to navigate this minefield of unethical opportunities is to repeatedly ask myself the questions, “is this in the best interest of my client?” and “am I providing them with their best chance for success”? This however is not the only way. There are ethical guidelines that clearly illuminate the path toward lasting success and for building your business on a foundation of integrity and effectiveness.

Here we will review the CIP and AIS code of ethics among others. We will actively discuss the expectations regarding your practice, your behavior, and your professional integrity. This portion is designed to reinforce any information or training that you have previously had and should help maintain a healthy focus on your clients and your business.

PCB CIP Ethical Code of Conduct: Handout 1

AIS Ethical Code of Conduct: Handout 2

These are the most recent versions of the (PCB) Pennsylvania Certification Board (CIP) code of ethics and the (AIS) Association of Intervention Specialists code of ethics. The PCB will be the regulating agency which holds your certification as a (CIP) Certified Intervention Professional. The AIS is a Peer led professional association, which helps hold intervention professionals accountable and offers insight and guidance. These ethical policies should act as the guiding principles for business. Your professional boundaries with clients will need to be clearly defined and well maintained to prevent an ethical lapse in judgment that could collapse your practice.

