



# BRS AIN

## BRS Alternative Intervention Training

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## BRS AIN-Training Program Outline



- This educational training process is a one-day (8 hour) experience comprised of four educational training sections
- This is an interactive training experience and will require your individual and group participation in all discussions and role play activities
- Participants will receive a complete set of workbooks and materials for performing the AIN-Model in their own practice
- To successfully complete the AIN-training and receive the 8 CE's from NAADAC, individuals must participate from start to finish
- Upon completion, participants will receive a certificate of completion acknowledging successful completion of the AIN-Training program
- Each participant will have the opportunity to receive continued guidance and AIN support from BRS for up to 90-days



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**AIN Trainer**  
Director of Family Services  
Baystate Recovery Services  
Author - Loving Lions

# Meet Your AIN Trainer


2020 Family-Focused Alternative Intervention Training

**Family****Recovery**


**Experience****Training**

**Passion****Recreation**


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**BRS AIN-Training  
Expected Learning  
Objectives**

**Connection**


Use your experience, either personal or professional, to create a personal connection when engaging with clients

**Assessment**


Asses a clients needs using our conversation-based consultation forms - Can you really help them?

**Clarity & Transparency**


Communicate clearly about your professional experience, cost for services, and any personal limitations

**Educate**

Understand addiction and recovery - BCFS - Research treatment - AIN-model - Aftercare planning – Ongoing family support

**Strengthen**

using the tools outlined to create a strong family, or group intervention team

**Ethics**

Maintain an ethical mindset within a flawed and easily manipulated industry

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## About You

### Getting to know each other better

"Families can see who you are, and if you don't believe in you, then they won't either."

You must have a personal passion for what you do. One that can be felt by the others working with you and the families that you connect with.

You must maintain unquestionable professional integrity in order to avoid all of the potentially unethical options that this industry has to offer.

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.

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## It's All About You!

Lets take some time to get to know each other

### Who are you?

Please tell us about your story. Where you are from, what you do for a living, where you work, and why you want to do this training?

### Other trainings?

Have you trained in other modalities of intervention, and if so, was it helpful to your clients, your business, or your practice?



### Additional objectives

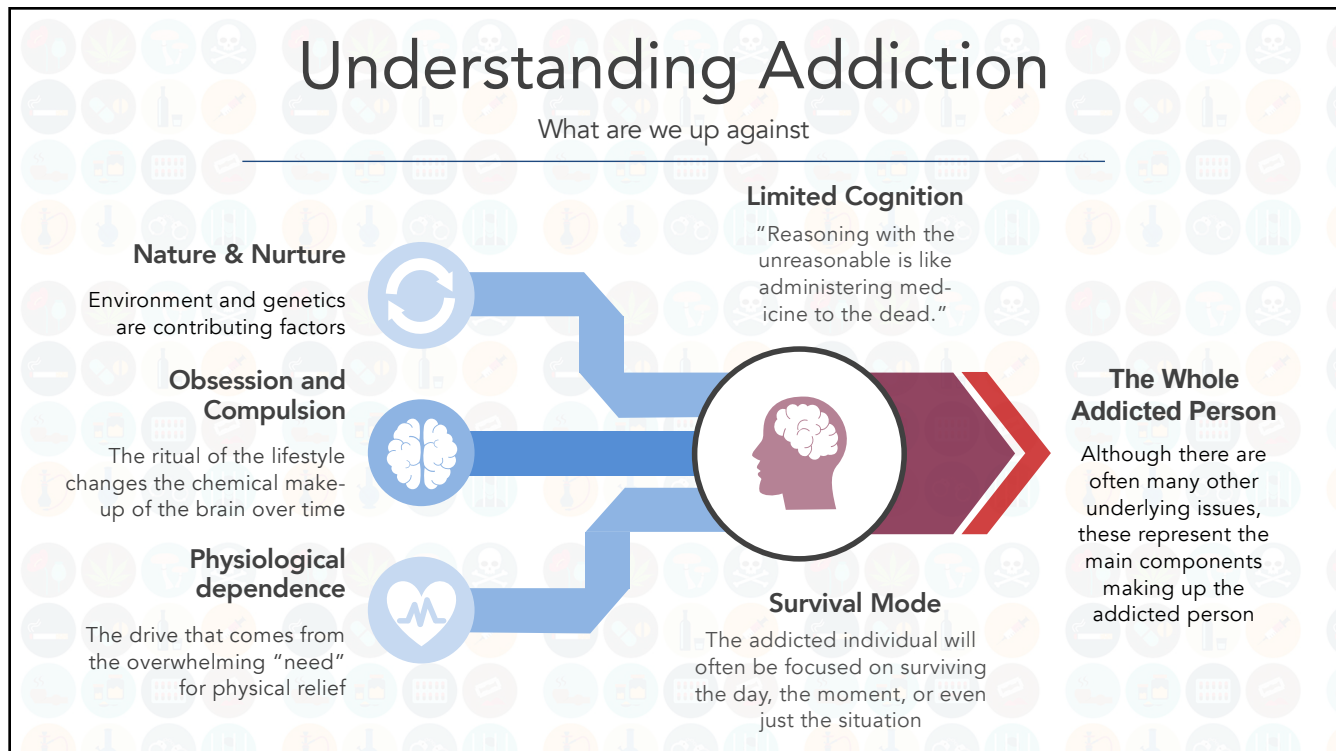
Do you have any additional topics, above and beyond the learning objectives, that you would like to discuss in training?

### Have you ever...

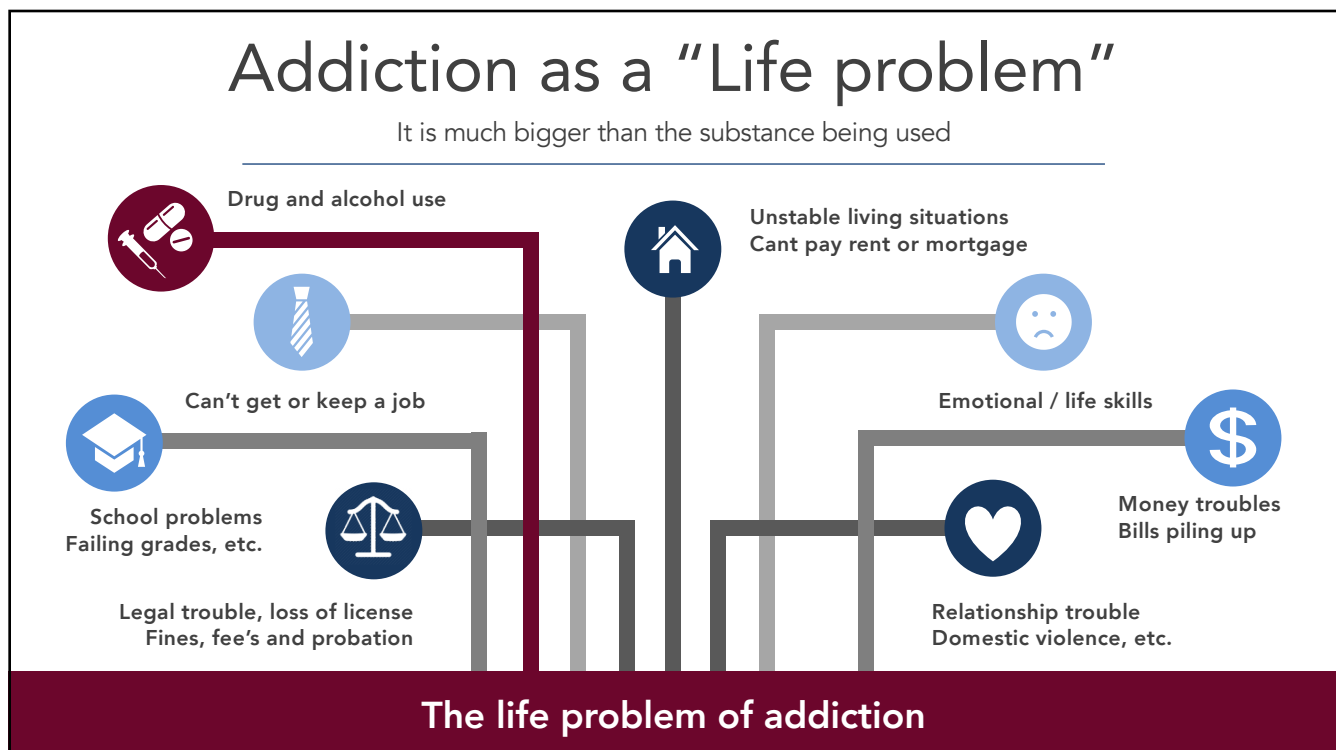
Please share with us any experiences that you may have providing various types of intervention with clients, and their different outcomes.

The more you share the better we can help you individually

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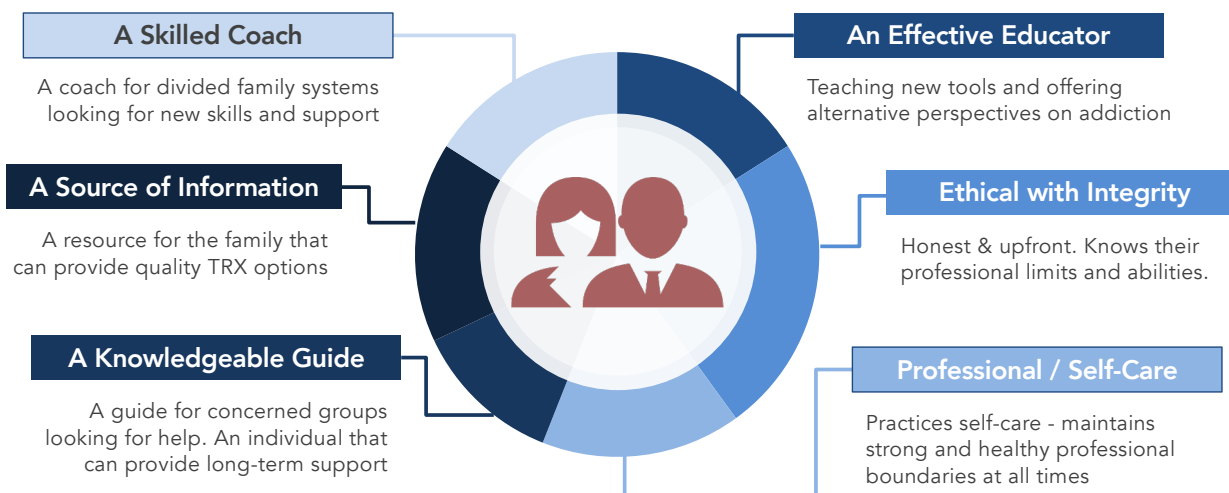
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# What Makes A Good Interventionist?

Understanding your role within the family system



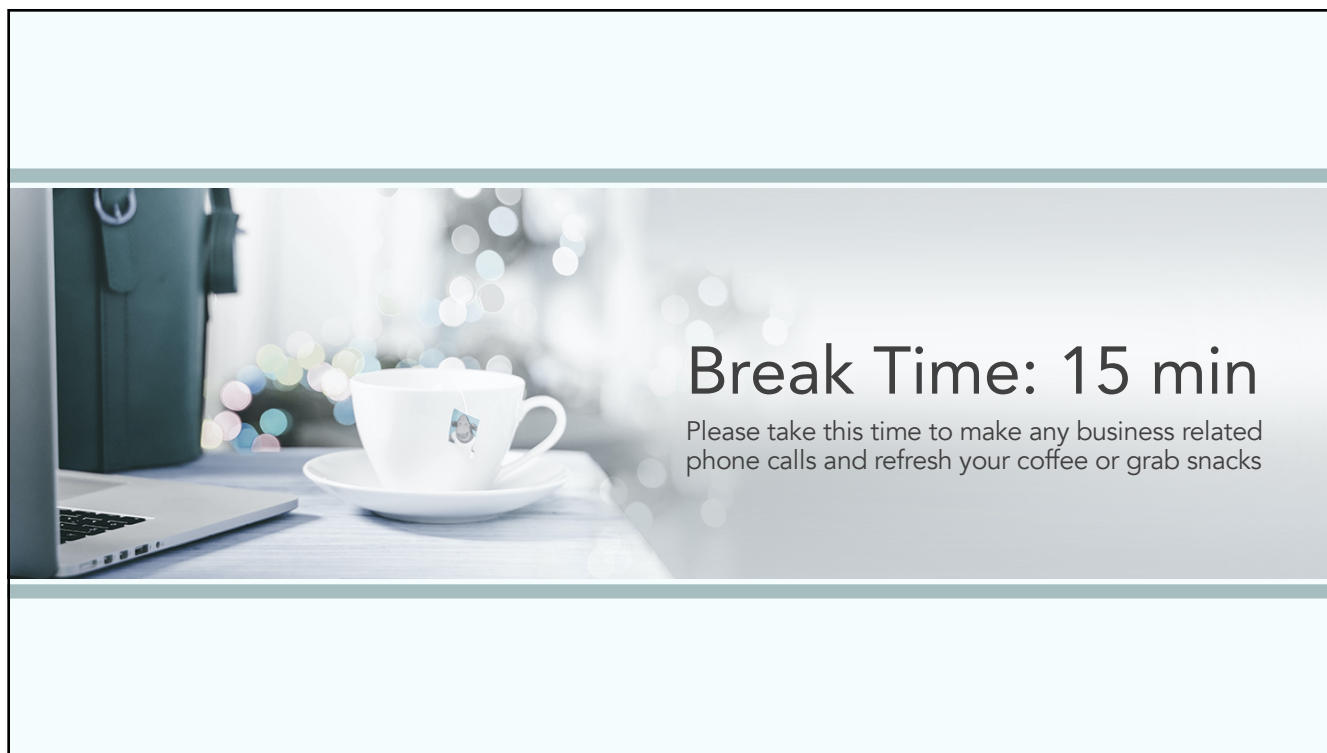
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# Professional Preparedness

Self-care: Organizing your life in a way that is conducive to your profession



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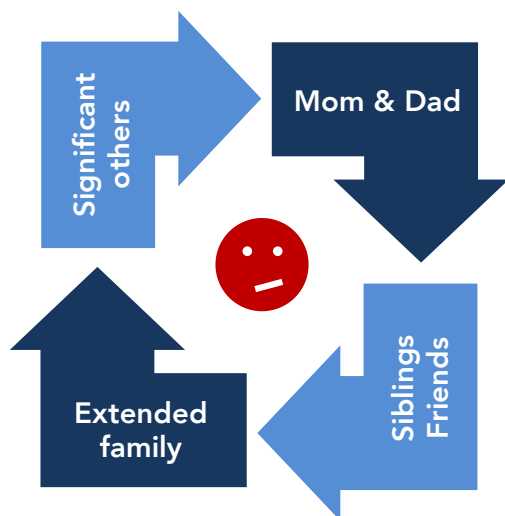
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# Addressing the Family System

We need to create a strong "team"



## Mom & Dad

Often the first to find out and the last to take action. There is a lot of compounded guilt and shame here.

## Siblings & Friends

This group often knows more than they are willing to share and is most likely to collude at the intervention.

## Extended family

Aunts, uncles, grandparents, etc., will be of great value and can help provide peer support for the parents.

## Significant others

Any of these can be your most valuable asset or your most difficult challenge. There is a complicit element to most relationships that includes fear, responsibility, and empathy.

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## Breaking "bad"

Finding the family's unique strengths

"We want to inspire a newer healthier way for the family to work together. You want to find the most common ground for everyone involved."

As a AIN practitioner you are pushing up against months, years, or even decades of "bad" behavior in a very short period of time. Everyone will be feeling a sense of desperation, urgency, fear, and confusion. The focus will be on the addicted individual as the source of the family's pain, and now they are seeking relief.

We need to harness this desperation and use it to adjust the family system. their loved one needs to see that things are changing first hand. Your goal is to break down the bad habits of the family system and replace them with healthy ones.

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# The Initial Phone call

What you need to get from them

## Names and ages

It is good to identify if the individual is an adult or child



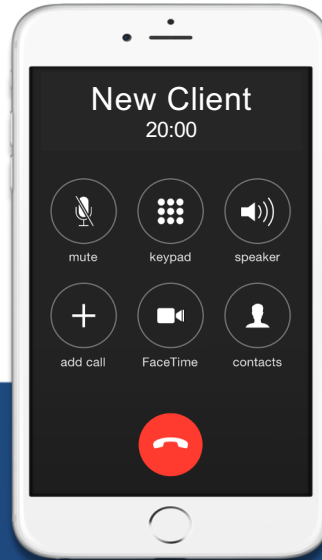
## Contact information

You will need this info to send emails, links, and contracts



## In-person meeting

This is the most effective type of consultation and should be the first choice if possible



## Determine need

Not every call requires a consultation or an intervention



## Set up consultation

You will need more info before making recommendations



## Video Conference

A good alternative to the face-to-face meeting, but not preferred. Phone consult should be the last resort



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# The Consultation

An opportunity to sit down and listen to the family share their story with you

We provide this consultation for free but you can charge if your practice is set up that way.

We generally offer **90-120 minutes** for a small group of concerned family members to gather and discuss the situation.

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# The Family Consultation

The goal of this meeting is to ask a series of specific questions and follow-up questions to help you understand the family system as much as you can. Ask questions in a way that you feel comfortable but be thorough enough to understand if you can actually help this family.

A contact form with fields for Today's Date, First Name, Last Name, Address, City, State, Zip, Telephone #, and Email Address. It also includes a section for how the family was referred to Baystate Recovery Services and a section for reasons for coming to the service.

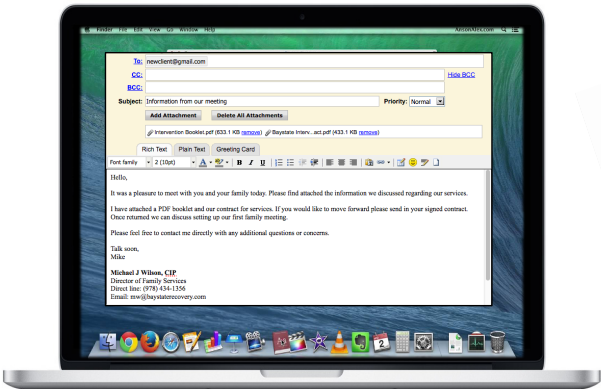
Have the family fill out a contact sheet giving you enough information to make contact as well as insights about the referent.

Take the family through the consultation sheet and be thorough enough to decide if you can help

A family consultation information sheet with sections for (IP) Identified Person Information, (IP) Family Information, and (IP) Medical Issues or Concerns. It includes fields for First Name, Last Name, DOB, Age, Estimated length of use, and various checkboxes for family members, friends, and loved ones involved.

# Send them your information

We recommend emailing a service outline and your contract



Service details and your contract



## The 24 hr. Rule

Give them a chance to sleep on it...

"We are not trying to trick the family into working with us. The goal of the consultation is to learn and recommend, not to use fear to make a sale"

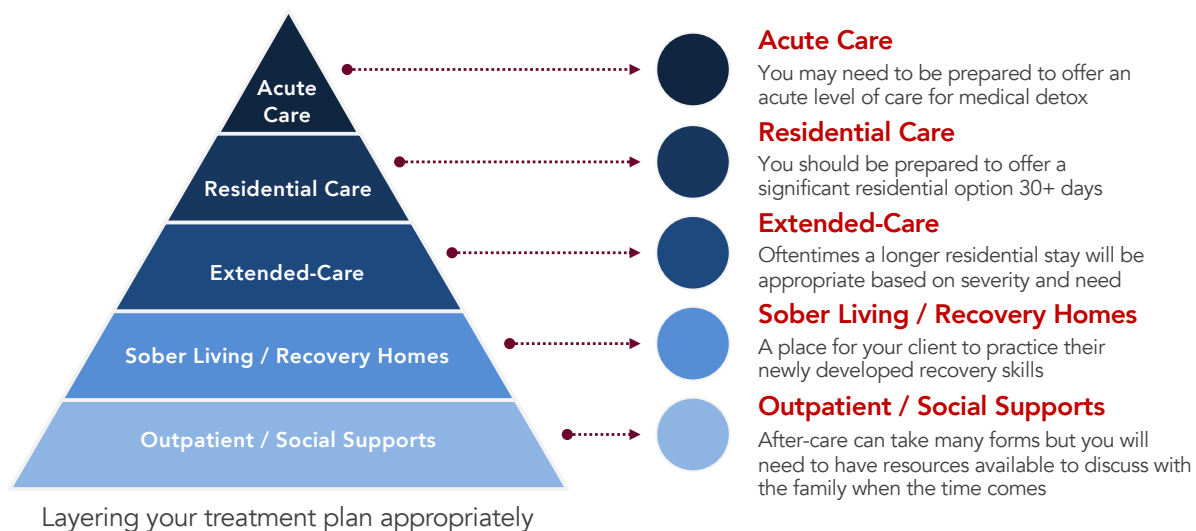
Families in crisis are often desperate and looking for anything that makes sense to buy into or believe in. This is where your professionalism and integrity will come into the equation.

We recommend that you require the potential client to take some information home with them and sleep on your recommended course of action. Our experience is that this will reduce buyers remorse. The families will feel more confident and you will deal with less refund requests.

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## Researching and Creating a TRX Plan

Between the first and second family meeting



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## Lunch Break: 60 min

Please take this time to make any business related phone calls, do any homework, and enjoy your lunch

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## Family Meeting One

Here you will begin preparing the family system for the Alternative intervention

# Getting the family ready

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# A Chance to Succeed

What would they need to do to prove that they do not need treatment



The Family Contract



Drug and Alcohol Free



Medication maintenance



School / Employment



Communication Behavior

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# Alternative Interventions

Sometimes the you and the family need another option



## Weekly Meetings

This program allows for multiple weekly meetings, each of which can be an opportunity to intervene and guide.

## Testing and Accountability

Weekly testing provides accountability and illuminates the level and frequency of use to determine next steps.

## Family Support

Parents / Guardians are included throughout the process, which allows for the family to heal and learn together.

## Outpatient Services

The at home option must include a high level of external supports. These will often include outpatient counseling and and clinical / psychiatric services as needed.

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# Compassion

They need someone who understands

"Families need to know that their interventionist is going to be confident and understanding about all that they have been through with their loved one"

Families have usually exhausted themselves trying to get their loved one to get help before they reach out for an intervention. They will very often feel like there is no hope and that their loved one may never get well. They will feel defeated and embarrassed that their situation has come to this.

You will need to provide a strong but compassionate ear for them. You will also need to give them some hope that things can be different for them and their loved one without making them feel any additional guilt for what has already occurred.

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# The Agreement

An outline of expectations to guide the process

- 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.

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## Family Meeting Two

Here you will continue preparing the family system for the Alternative intervention

### Creating the options

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## Positive, Loving, Caring, & Supportive

Creating a safe place for you to have a difficult conversation

A list of safe statements the family can use that aren't emotionally charged, defensive, or argumentative.

I love you / I care about you

I miss you / I want you back in my life

I just want to help you

This is a great opportunity / a gift

I know you would do this for me

You deserve this chance / time to heal

You're a good person

You can deal with that stuff later

There is nothing to be afraid of

I don't want to fight / argue with you

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## New Perspective

### Adjusting the groups focus for change

"Families can easily become hyper-focused on their loved ones impact on them as a whole. We need to refocus the need for change to a family-wide need"

The group delusion will be, if their loved one will just get better then they will not need to change and things will get better. This is a common misconception among desperate families. We will need to help them understand that change can begin either way.

The boundary building exercises will help them to understand their ability to change the dynamics within the family system with or without their loved ones help. Each person can institute a new approach toward the addiction.

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## Creating Boundaries

Getting the family used to the idea of protecting themselves

What family support and involvement looked like before the intervention meeting



The offer for treatment remains on the table

The family system begins the healing process

No more money is spent to support the addiction

The family physically separates itself from the addiction

The family supports each other with their new changes

The in-fighting stops and the addiction is not in control

There is a loving door open for discussion around TRX

What family support and involvement will look like after the intervention meeting

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## Creating Boundaries

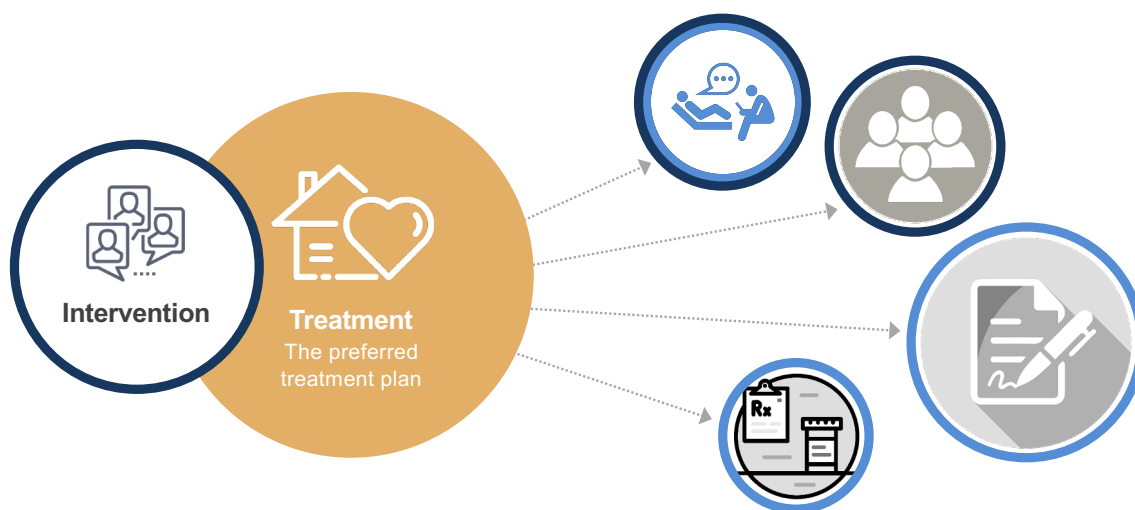
Four parts to a healthy boundary



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## Something is Better Than Nothing?

Is it really?



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## Family Meeting Three

Here you will present your plan to their loved one or discuss their refusal to participate

### The Alternative Intervention

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## The presentation

Positive options for continued support

### Option A

#### In home option

This is the in-home / family contract option

- **Outpatient treatment**
- **Drug testing**
- **Weekly meetings**
- **Self-motivation**

### Option B

#### Treatment option

This is the residential treatment option

- **Detox / primary treatment**
- **Sober living**
- **On-going TRX**

### Option C

#### (IP)'s plan

This is a plan that comes with adjusted support

This should be a list of the limited support that will remain available if there is no movement toward option A or option B.

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## Special Circumstances

Sometimes things don't go as planned



### Couples / families using together

It will be important to choose your approach wisely here, because once you pull that first string the entire thing could unravel and sabotage your intervention.



### Stepping back

You must be in control of your participation with families. If you are not you could very easily get stuck in what we call the "forever contract".



### Residential TRX not an option

There is not always an option to step away from life and get help. It will be up to you to create an option that still offers your client their best chance for success.



### Your thoughts...

Do you have any special circumstances that you would like to discuss, either in your previous experience or with future concerns.

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## Troubleshooting

Dealing with adverse scenarios

### The IP does not show up

Even with all of the planning we put into interventions, sometimes we need a back up plan for when addiction strikes

### The IP leaves before the end

We institute a three-pronged family approach to keep the individual engaged long enough to deliver the information

### The IP is under the influence

Depending on the severity of the impairment you can make a decision to hold the meeting, wait for sobriety, or call EMS.



### Family not paying attention

Your prep work and the mock intervention should help prevent this but if not you can call for a break to discuss.

### Rogue family member

It is always good to have an ally within the group that can help you pull a rogue family member who is off track

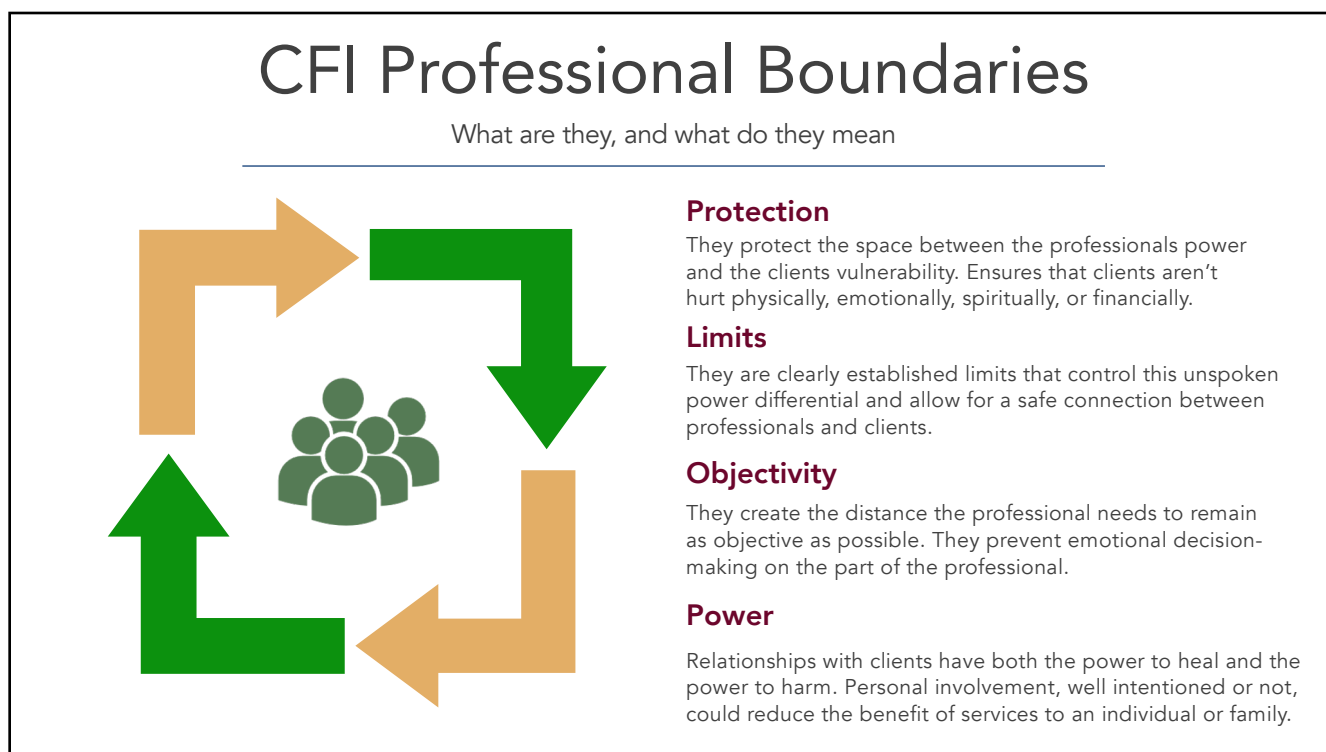
### Negotiations & compromise

It does not hurt to ask the IP to step out and let you discuss their proposal with the family. It shows that you are taking them seriously.

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## Am I Doing This Right?

If you are not sure then please reach out to a colleague or regulating agency

Keeping secrets  
 Feeling like you alone can help the client  
 Using position to create relationships  
 Giving or receiving gifts  
 Borrowing or lending money  
 Owning a clients success or failure  
 Confiding personal issues or troubles  
 Personal social media relationships  
 Feeling responsible for clients success or failure



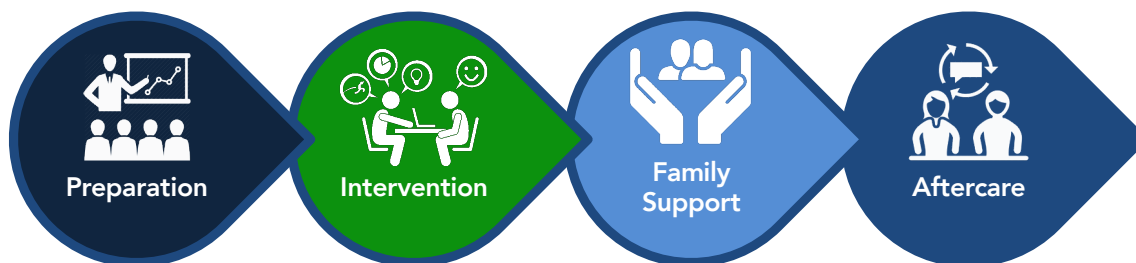
Respecting the power differential  
 Focused solely on client or family's wellbeing  
 Only available as a professional (not a friend)  
 Honoring confidentiality where appropriate  
 Maintain proper appointment system  
 Getting help for yourself (self-care)  
 Refraining from over-familiarity (over-sharing)  
 Not accepting or giving gifts  
 Consulting with colleagues about questions



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## Following Through

Providing a healthy level of support and direction beyond the intervention



### Preparation

If done correctly should allow you to provide a level of background support

### AIN Intervention

Regardless of the decision made there will be a need for ongoing support

### Family Support

They will need help navigating the phone calls and decisions moving forward

### Aftercare

You should play a role in this and you may need to educate the family on its necessity

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## Ongoing Family Support



### Video Conference Meetings

If you are working with families across the country or internationally, this will become your most effective medium for family support.

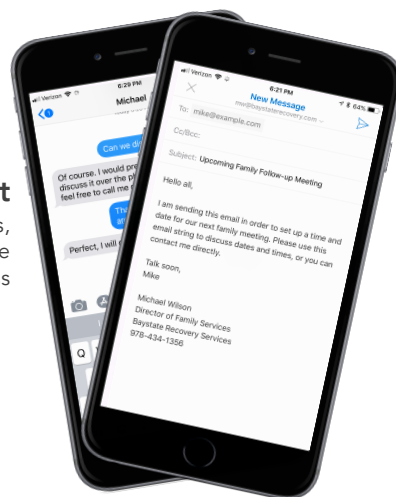
### Phone / Email Support

You will need to be available for calls, texts, and emails in order to coordinate care and support throughout the process



### In-office meetings

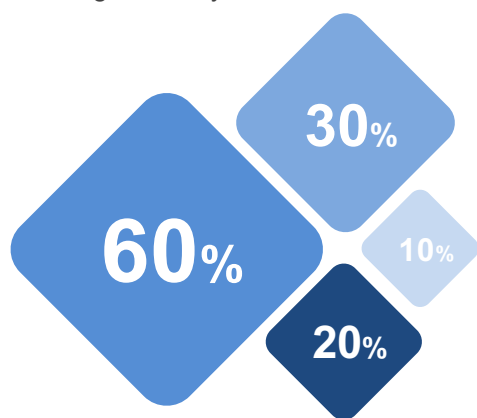
If you can manage to get them into your office this will always be your most effective means of support.



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## Sample CASE STUDIES

Getting to know your future clientele



### Crisis calls

Has to happen now, already have a plan

### Not right now calls

Might not be bad enough for all that yet. I will call you back if it gets worse

### This wont work calls

We tried everything already what makes this so different, what are you going to say, what are you going to do?

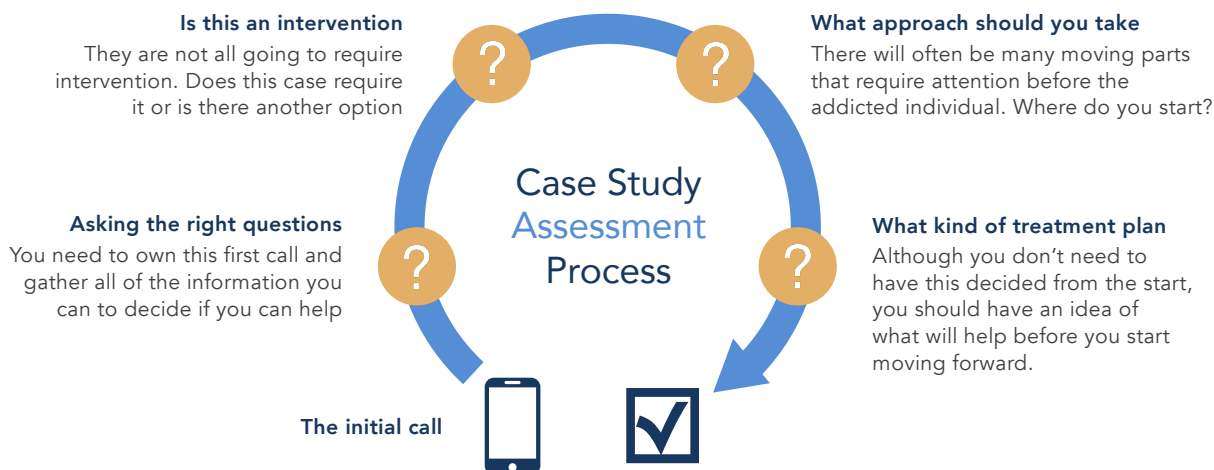
### Moving pieces - The unfixable calls

Terminally unique! The situation is so special and has so many moving pieces that it probably just cannot be fixed.

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## Breaking Down Cases

Learning how to assess and plan from the first call



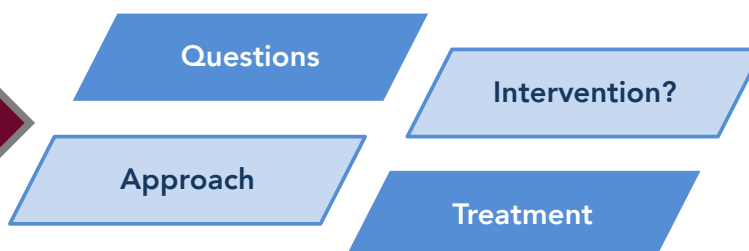
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## Sample Case #1

Active group discussion

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.

How would you approach this situation, and how will you prepare this family for the intervention?



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## Sample Case #2

Active group discussion

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. Lindsay has recently found her way into the methadone clinic but is drinking and using benzodiazepines (Xanax and Clonazepam). Kathy is a single mother and lost her husband (Lindsay's father) 5 years ago.

How would you approach this situation, and how will you prepare this family for the intervention?

Questions

Intervention?

Approach

Treatment

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## Sample Case #3

Active group discussion

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 this family for the intervention?

Questions

Intervention?

Approach

Treatment

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## Sample Case #4

Active group discussion

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 pushback 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.

How would you approach this situation, and how will you prepare this family for the intervention?

Questions

Intervention?

Approach

Treatment

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## Sample Case #5

Active group discussion

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.

How would you approach this situation, and how will you prepare this family for the intervention?

Questions

Intervention?

Approach

Treatment

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## Sample Case #6

Active group discussion

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.

How would you approach this situation, and how will you prepare this family for the intervention?

Questions

Intervention?

Approach

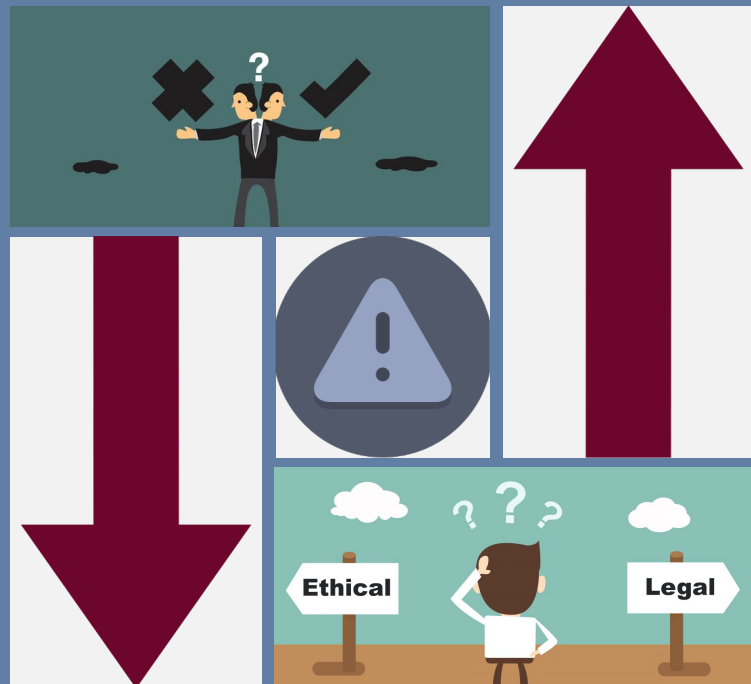
Treatment

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## Ethics and Integrity first

There is no way that we can expect you to plan and prepare for all possible scenarios. But we can expect you to remain ethical in all of your dealings.

We will discuss the CIP code of ethics as well as the AIS code of ethics. These are guidelines set forth for interventionists in this industry to follow. If you follow these guidelines then you will be putting your integrity first as your business model.



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## Ethical Dilemmas

Active group discussion (ethics in the field)

### Ethics:

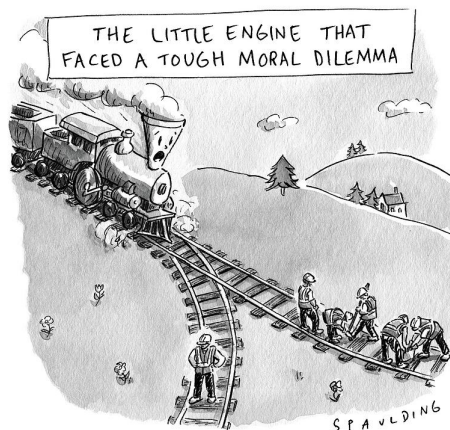
The principle of right and wrong that are accepted by an individual or a social group

### Dilemma:

State of uncertainty or perplexity, especially as requiring a choice between equally unfavorable options

### Ethical Dilemma:

A situation that will often involve an apparent conflict between moral imperatives (*some duty that is essential and urgent*), in which to obey one would result in transgressing another (*the action of going beyond or overstepping some boundary or limit*).



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# Questions & Answers

Let us answer your questions

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# Help Us Improve

Please be as honest as you can when completing our survey

**This is a required portion of the training for all participants to receive your certificate of completion**

EXCELLENT	GOOD	FAIR	POOR

We need your feedback to keep our training process current and effective.  
If you have additional feedback we would love to hear it.

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