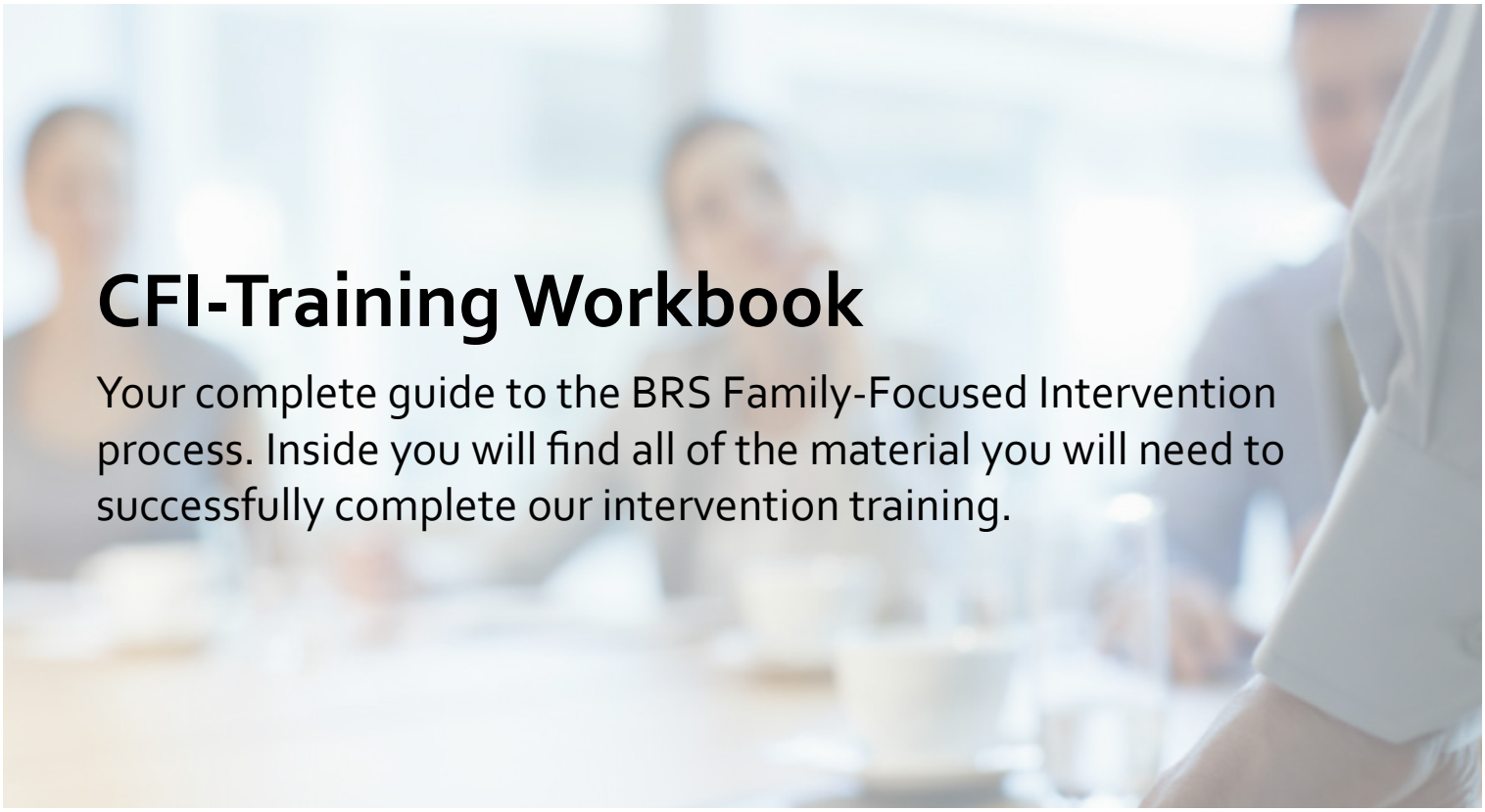
BRS CFI

Certified Family-Focused 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



CFI-Training Workbook

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

Table of contents:

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 CFI-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 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 avilable in the CFI-Training program.

CFI-Training Process Outline

- This educational training process is a three-day (24 hour) experience - sixTraining 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 CFI-Model in their own practice
- Each participant will have the opportunity to receive continued CFI supervision and support for 90-days
- In order to successfully complete the CFI-training all participants must participate from start to finish
- Upon completion each participant will receive a certificate acknowledging successful completion of the training

CFI-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 CFI model - A full understanding of the various components involved
- How to use the tools provided in the CFI-training process to create a strong family/group intervention 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

CFI-Training Schedule / Three-day intensive (24 hrs.)

DAY ONE

Section One - 8:00 - 12:00pm
The basics / Getting you ready to help
Learning about each other
Understanding intervention
Intro to the CFI-Model

Section Two - 1:00 - 5:00pm
Assessments, Contracts, & Outlines
Family assessment
Creating a treatment plan
Initial call & Consultation
Contracts & Fee's
Family letters

DAY TWO

Section Three - 8:00 - 12:00pm
Letters & boundaries
Letter review and feedback
Open discussion A
Introduction to boundaries
Boundary exercise and review
Logistics and checklists

Section Four - 1:00 - 5:00pm
Case study discussion
Creating placement options

DAY Three

Section Five - 8:00 - 12:00pm
Review of case studies
Mock interventions

Section Six - 1:00 - 5:00pm
Integrity first / an ethical review
Family support beyond intervention
Alternatives to intervention
Family Contracts
Special circumstances

Q & A
Networking & Discussion

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

The Family-Focused Intervention process

What is the CFI-Model?

This is an education-based family system model of intervention. There is a strong focus on changing the family system through educational intervention prior to the planned meeting with the (IP). This is not an invitational model by design and will most often require a "surprise meeting" approach in order to be effective, however there can be opportunities for invitational participation given the right set of circumstances. Our 4-step "FORM" theme can be seen throughout the intervention process and provides the foundation and strength that this model is built upon.

- Family Education
- Organize & Prepare
- Review & Approach
- Maintenance & Support

The history behind the CFI-Model of intervention stems from the personal and professional experience of its creator and founder, Michael Wilson. Although this is not a completely unfamiliar approach toward working with families, it does provide an effective twist on an existing and highly successful tool for battling addiction. This approach begins with intervening on the system that has developed around the addiction, in order to create lasting changes beyond getting a loved one into treatment. This is not a "new" idea but this approach does focus more on the impact on the group as a whole rather than just the (IP).

By the time a family has reached out for an intervention the dynamic within that family has often become so affected by the lifestyle of addiction that this will need to be addressed first before a successful intervention can be provided. A fractured family system broken down over years of addiction is no longer a viable tool when approaching an individual struggling with an active addiction or behavioral issue.

No one single intervention process will ever be fully effective in every situation that could arise, but we have learned that regardless of their loved one's ultimate decision to go into treatment or not, every family can use this time to get help first and be more prepared for what may come.

One of the most common statements that we receive when requesting feedback from our clients is, "*after we completed our preparation meetings we felt more confident and capable than we ever have before*". An intervention should be about providing lasting effects within a family system, not just getting their loved one into treatment.

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-**

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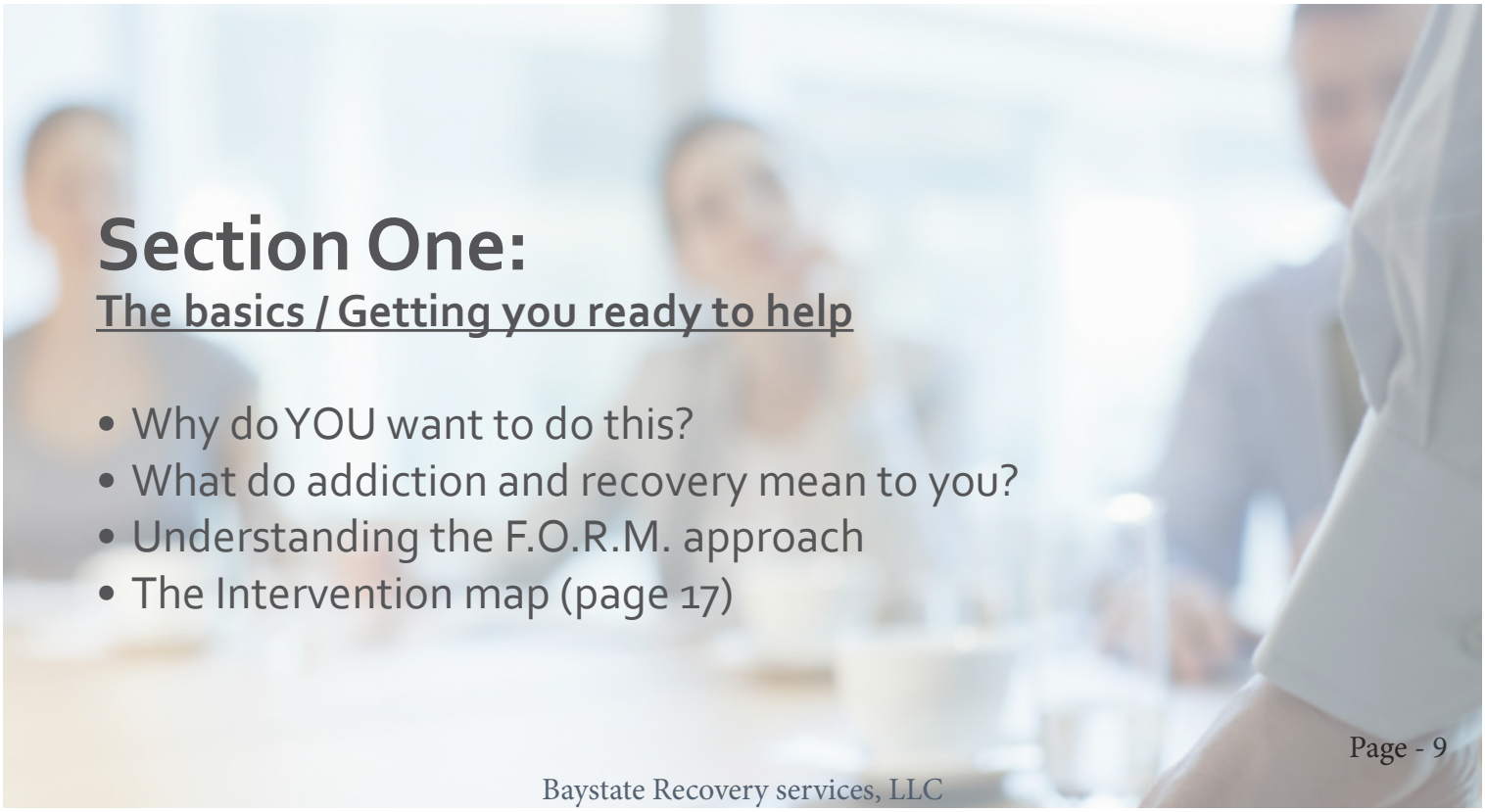


Section One:

The basics / Getting you ready to help

- Why do YOU want to do this?
- What do addiction and recovery mean to you?
- Understanding the F.O.R.M. approach
- The Intervention map (page 17)

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.

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.

Loving them safely

They want to love them, not enable them. I have rarely come across a family that was actively enabling a loved one. They are almost always just trying to help them and love them but have found no effective alternative to what they are familiar with. If all you know as love is giving and providing (which is pretty

common), then how do you love an addict or an alcoholic who is capable of using that form of love against you? The answer is not just to pull away and stop providing, because that will feel like pulling the love away. There needs to be a new way to safely love an addict or an alcoholic that does not put the family at risk.

It is our job to replace the old forms of love and support with newer healthier forms of love and support that can still offer protection and compassion. Seems impossible, but it is not. We use boundary building and communication as effective ways to protect families and give them an opportunity to still show love without being taken advantage of.

Understanding the approach - F.O.R.M.

There are many different modalities that one can learn regarding intervention, and all hold a format specific to their desired outcome. Here you will learn about our CFI-model, but any previous training that you may have had, or plan to have, will still be useful and may even be incorporated into certain parts of this model. There is no "one way" to do interventions, but you will need to find the right combination to be effective and create the best results for both you and your clients.

(Q&A regarding other types/models of intervention learned or practiced)
What do you already know and are you open to trying something new?

What are we planning for?

We are planning for the worst possible storm that they can imagine. Of course, no matter how well you prepare for a storm there are going to be some things that are out of your control. For the things that we can control, we will need to find a way to control them. One of the variables in any intervention is how the struggling individual will react, and to some extent we cannot control that, but we can adjust and regulate the emotional temperature of the room and the people in it. **We are the majority in the room and how we react, respond, and speak will set the tone.**

How many people, and why?

The number of participants can make a big difference in the outcome of an intervention. Many people try to "make an impact" by including everyone that they can get and often end up with an overwhelming or oppressive group that can diminish your results.

What is the ideal number of people and who should be there?

Four to six participants, not including yourself and the individual you are intervening on. This will be the ideal group size to have an impactful yet manageable conversation with a struggling individual. Why not more? Well, the more people that you have present the more you are at risk of losing control of the group, and in turn the more likely you are to lose focus of the priority in the room, addressing the addiction and the need for treatment.

Who should be there?

When deciding who to include it is best to stick with blood relatives and children over 16 years of age. I have allowed younger children to participate in the past, but only in special circumstances. You do not want to cause any additional trauma to the children or prevent the (IP) from being vulnerable in front of children. The children can offer get well soon cards in order to show support of the process.

I avoid recruited friends at all costs unless absolutely necessary, because their loyalty often comes into question and I have to worry about collusion. In very rare occasions I will include a friend or an employer but only if I trust the dynamic and their motives. It can be hard to tell just by listening to them explain these people to you, so sometimes it will be good to meet them with the understanding that you will choose who needs to be there based on your need for them in the room.

Reserving the right to pick and choose the participants for that day does not mean that these other individuals cannot participate in, and benefit from, the preparation meetings and the tools that are being taught. I often encourage other members of the family to join in even if they will not be in the actual intervention meeting so that they can provide knowledgeable support and then they can be a more effective part of the aftercare team.

The Family-Focused Intervention process:

Our Interventions provide an educational and interactive approach that addresses the entire family system as well as the need for treatment and placement of an addicted loved one. Our standard Intervention process is outlined below:

FIT Development Meetings: 3 - 4 family meetings / 1 ½ - 2 hours each

- The Family Intervention Team is identified, developed, educated, and prepared

Mock Intervention: 1 - 2 hours

- We make sure that the FIT is prepared for the upcoming Intervention meetings

Day of Intervention: 2 - 8 hours

- This will be the first intervention meeting to offer treatment and an opportunity for change

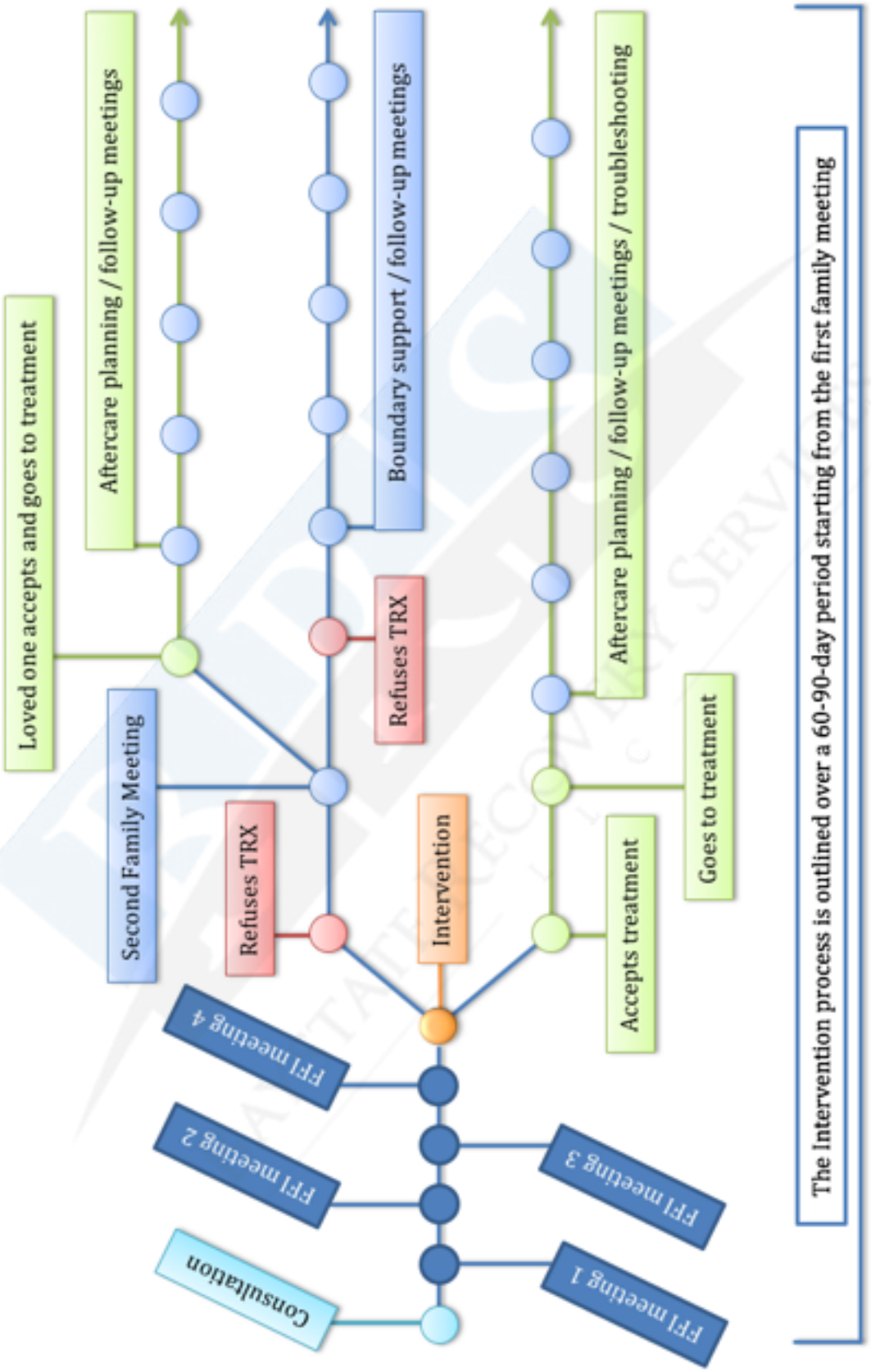
Ongoing follow-up meetings: face-to-face, phone, email, and video support

- Second Intervention meeting, aftercare planning, troubleshooting, ongoing support

* Our involvement with families will most often last for 3 or more months after initial contact. Additional ongoing family support services and meetings can be made available at a monthly rate.

20 - 45 minutes	The Family Letters	The Family or groups "Mission Statement" is delivered
	Treatment is offered	
1 - 2 hours	Open Discussion A A loving, supportive, and caring group	Time to vent: Bad Ideas & Shaky Plans
	Discussing and challenging their choice...	
1 - 2 hours	Open Discussion B The family's boundaries are discussed	Reality: Everything is changing; new plans are discussed
	Accepting their choice...	
½ - 2 hours	The Closing Chance to offer a 2nd meeting	Logistics and discussion of how the plans are applied

A second meeting will always be available and strongly recommended to our clients. We do not believe that the decisions made during that first meeting accurately reflect their true level of willingness. This second meeting must be voluntary and will be a follow up to the intervention and will give the family a chance to make their changes and for their loved one to witness and accept the changes and adjustments that are happening within the family system.


The Intervention process is outlined over a 60-90-day period starting from the first family meeting
Consultation
FFI meeting 1
FFI meeting 2
FFI meeting 3
FFI meeting 4
Intervention
Second Family Meeting
Refuses TRX
Loved one accepts and goes to treatment
Aftercare planning / follow-up meetings
Refuses TRX
Boundary support / follow-up meetings
Accepts treatment
Goes to treatment
Aftercare planning / follow-up meetings / troubleshooting

Choosing a treatment program

It is important to make sure that whichever program is chosen has been thoroughly discussed and unanimously agreed upon by the group. Whenever we recommend a program we need to be sure to suggest that they do independent research on the program and communicate with them regarding any financial obligations prior to the meeting.

Remaining ethically focused when choosing treatment is important. You may work for a program, own your own program, or you may have relationships built with programs over the years. It will be your responsibility to make sure that whichever treatment options you are putting on the table represent what is best for the client not your business. **It may seem like this does not need to be said, and you may be thinking to yourself, "I would never do something that might put my client at risk" but think about this; there are many unethical and financially driven incentives out there to help good people to make poor decisions. Protect yourself and your clients at all costs when making referrals because your name, and their life, is on the line!**

Getting ready for the intervention

Teaching the family how to speak and behave at the Intervention. Remember you are the coach and they are your team. The struggling individual has become extremely adept at self-deception, justification, feigned sincerity, and all of the other disarming conversational tactics adopted buy them to survive. The family will never win a conversation with their loved one, so it should be structured and limited. Education provides the foundation for the family, preparation provides the outline for treatment and the structure for our meeting, the message is where these two steps come together and we are able to present all that we have done to the struggling individual.

The family letters

The family's participation must be scripted. As the leader of this meeting we need to ensure that we can count on the family to say and not say certain things at the right times to help us accomplish our goals.

I am here because… Everybody in that room will need to prepare a letter explaining why they are there, but this cannot be left up to them. The content of this letter is structured in a way that prevents the use of rhetorical questions, accusatory or combative language, and the part that blames/shames the addict for all the damage that they have "caused". Instead we write a letter of love and change.

Treatment is offered - Getting them to engage

We are trying to engage them in a discussion not ask them a direct question with a simple answer. Of course, there will often be many "reasons" why they don't think they need to, or just don't want to, go to treatment. Some may even have seemingly important reasons for not being able to go. Our job is to go over these with the family first and make sure that they are strong enough to prioritize the need for treatment above all else.

Open discussion A

I don't want to, I don't need to, you can't make me. Whatever the reasons that they feel they can't or shouldn't have to go to treatment, the meeting must go on. In order for us to do that the family members must have a voice, and so we script it. We provide responses that help us keep the focus on treatment while WE discuss the options, their situation, and help them with their decision.

Open discussion B

It is OK if they say no. I would probably say no up to this point, wouldn't you? I mean if nothing has changed yet and I am still hung up on the idea that I want to get high, have another drink, or fix it on my own from home, why would I agree? Something needs to change in order for them to see the need for a decision. We will spend a large chunk of our time discussing and preparing family members to set and hold clear and concise boundaries. **How do you get them to change without feeling like they are punishing their loved one for having an illness?**

The closing

Even after all the boundaries have been read, we are not done trying to help. The closing is our opportunity to re-visit the reason we all came together in the first place, which was to save a person's life and offer treatment, a way out of the chaos, and a chance to heal with their family. We will also use this time to discuss the logistics of any boundaries that need to be put in place. **This is not the end**.

The second meeting - A follow-up meeting with or without them

As a part of the closing we will offer a second family meeting (in person if possible) to follow-up on the options for treatment. **The boundaries would be put in place but the option for treatment will remain**. It can be difficult to believe that a family system will actually change and hold you accountable if they have struggled with it in the past, so the (IP) may need to see them actually change before they agree to go to treatemtn and get help.

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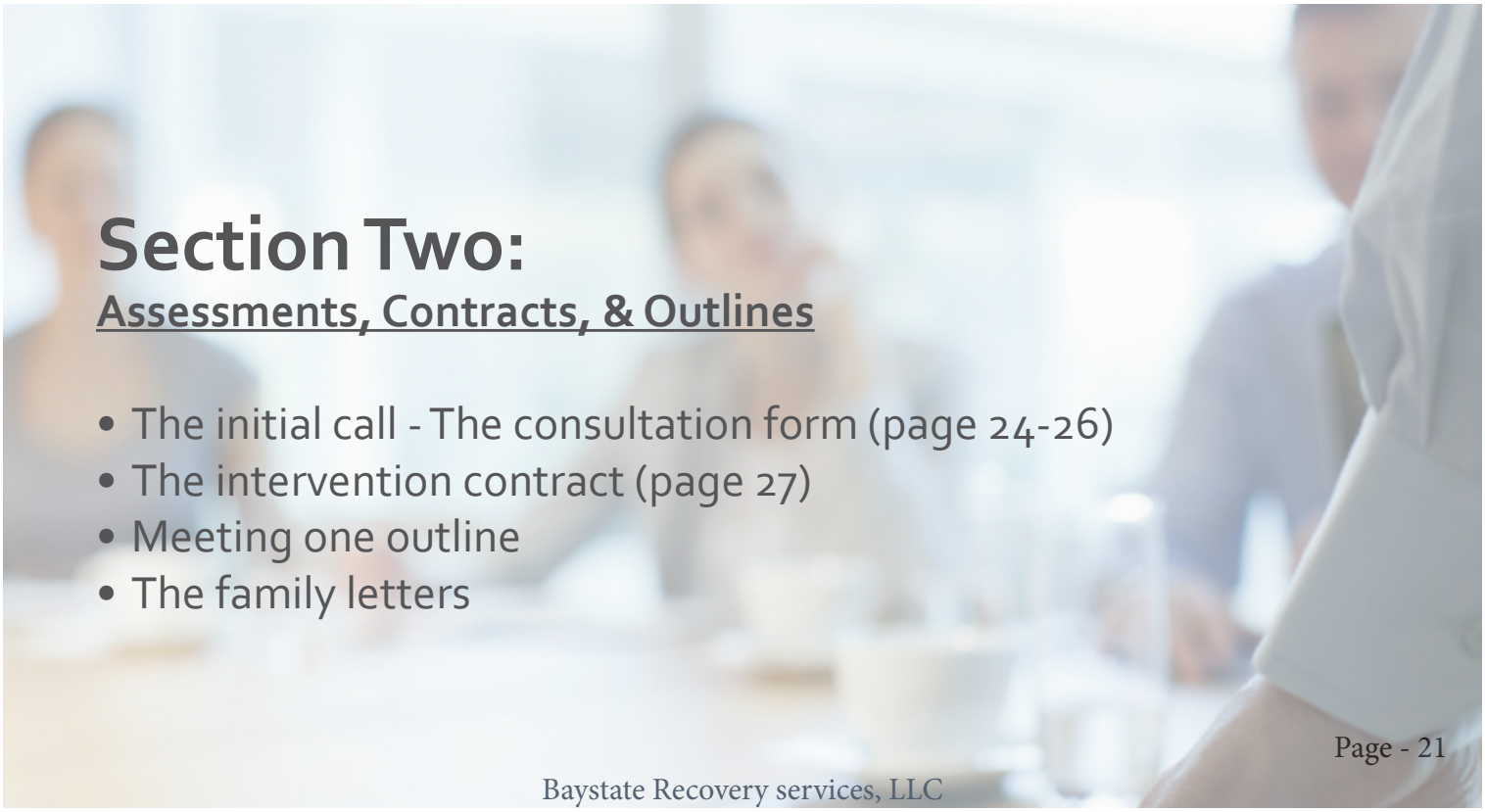

Section Two:

Assessments, Contracts, & Outlines

- The initial call - The consultation form (page 24-26)
- The intervention contract (page 27)
- Meeting one outline
- The family letters

Section Two:
Assessments, Contracts, & Outlines

The initial phone call -

This call should last no more than 20 minutes and should be your chance to set up a consultation. This is a chance to find out the basics. Who, how old, what is the drug/alcohol use like, and when can the family come in or meet to give you more information and background. **We do not sell during the first call!**

The consultation

The phone rings and you now have a desperate possibly confused family member or friend looking for help. They will want answers to questions and they will want to know how you intend to help them, but you have limited information and an incomplete picture of what has been happening. **At this point it would be irresponsible to give advice or direction as to whether or not you can help and what you would suggest that they do**. You need to ask them to get a small group of concerned individuals together so that you can assess the situation and get the answers you need to provide a professional recommendation.

We use a three-page consultation form included on the next page. The questions that we ask give the chance to discuss, in depth, the circumstances that have led to this point, but also the history of the individual. There needs to be a clear understanding of how the family's situation has evolved over the months and/or years leading up to this moment, and what they have, or have not, tried to change in the past. This is your chance to ask questions and explain your approach. This meeting should be a face to face meeting but may require the use of secure video conferencing software. As a last resort you can use a phone call for this consultation, however it is extremely difficult to read a family over the phone. **Interventions are a big undertaking and the last thing you want to do is go into it ill-informed.**

This meeting should be planned so that the family has time to gather a small group of between 1-4 concerned family members. **This meeting should not include their struggling loved one and you may have to be clear about this to prevent confusion**. Many times, they just want you to speak with their loved one so badly that they will show up with them as if this first meeting is the intervention. You will need to be clear about this when setting it up.

They will have questions for you, it is important to be very open and clear. **Don't be afraid to be up-front about your level of involvement, the time needed to prepare, and the cost for your service.** This consultation generally lasts for 1-2 hours and is a necessary first step. You can charge, or not charge, a family for this meeting depending on how your practice is set up. In our practice we do not charge a fee, and **we require that a family takes 24-hours to sit with their decision before we allow them to sign into an agreement for our services**. This helps to prevent emotional decisions and second thoughts about moving forward. We encourage you to adopt a similar policy as well, and in turn you will have less back-outs, negative feedback, buyers remorse, and less potential refund issues down the road.

Family Consultation Information Sheet

Today's Date: _____ / _____ / _____

(IP) Identified Person Information

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Estimated length of use: _____

Substances or behaviors of concern: _____
_____
_____
_____

Lives with: _____

Family members, friends, and loved ones involved: (names, ages, relationship to IP)
_____
_____
_____
_____
_____
_____

Children: (YES) _____ (NO) _____ Live with: _____

Additional Details: _____
_____
_____

Vehicle: (YES) _____ (NO) _____ License: (YES) _____ (NO) _____

Additional Details: _____
_____
_____

Married: (YES) _____ (NO) _____ Divorced (YES) _____ (NO) _____

Additional Details: _____
_____
_____

Employment: (current + history)

Financial Support:

(IP) Health Insurance name: (out of network coverage) (YES) _____ (NO) _____

Medical issues or concerns -

Physical:

Mental Health:

List any prescribed medications: Current or recent

School / Hobbies / Sports / etc…

Legal issues: Arrests, probation, parole, or warrants

Program / Treatment history:

Recent events of concern:

Recommendations:

Meeting One
Contracts and the letter

Contract for services

- Below you will find an example of a contract -
BE SURE TO HAVE YOUR ATTORNEY REVIEW THIS CONTRACT BEFORE USE
Contract for Intervention services with
(Your name or company name here)

By entering into this agreement with ***(Your name or company name here)***, I am stating that I have been made aware of the Intervention process, the possible outcomes, and that the success of the Intervention process relies heavily on the participation of the family or group involved in the initial family meetings, as well as, their ability to take direction and create change. In order for this process to be effective, all participants must agree to stand behind the steps taken before, during, and after the Intervention process.

(Your name or company name here) does not offer any medical advice regarding the treatment of these or other medical issues. Any medical conditions must be identified, disclosed, and a decision must be made by the family to move forward with the understanding that ***(Your name or company name here)*** is not responsible for diagnosing or treating any medical issues, mental health related concerns, or drug and alcohol addictions. ***(Your name or company name here)*** will provide suggestions for placement and treatment based on the problems and concerns as described and identified by the family or group.

I am aware that there are no guarantees as to whether or not my loved one will agree to treatment or stop using drugs or alcohol, and I will agree to be held responsible for **payment in full for the amount of $**_____. I understand that there are no refunds for the services defined within this contract regardless of the actions of my loved one. These actions could include but are not limited to; choosing not to stay in treatment, not following through with the treatment plan, fleeing or fighting during transport or in treatment, any and all drug or alcohol use before, during, or after our involvement with your family or group, any personal injuries or injuries to others resulting from or related to their drug or alcohol use, and any and all legal consequences related to or caused by the drug or alcohol use before, during, or after our involvement with your loved one.

By signing this agreement, I agree to release, indemnify, and hold harmless ***(Your name or company name here)***, as well as all its employees, agents, representatives, successors, etc. from all losses, claims, theft, demands, liabilities, causes of action, actions of the family, group, or its members before, during, and after the Intervention service, or any expenses, known or unknown, arising out of my participation in the ***(Your name or company name here)*** Intervention process.

I additionally understand and agree that ***(Your name or company name here)*** reserves the right to terminate this contract for Intervention Services. The reasons for termination could include but are not limited to; the family or group proves to be unwilling to take direction or follow the outline for services as explained in the attached document, 2 or more scheduled but unattended meetings without at least 24 hours' notice, or if more than 60 days has passed between family meetings.

Be sure to have your client sign your contract for services prior to engaging in any services beyond the consultation.
You will also want to receive payment in full at, or prior to, the first family meeting

Meeting 1 outline:

At the first meeting we will get to know your family system and the members that make up your family intervention team. Here we will be asking questions related to the last 6 months of interaction, any recent attempts to create change, and any discussions about treatment.

This round table discussion will help us understand what your loved one has been experiencing and what they have become used to when dealing with the family system. The answers to these questions will help us identify the types of things that may need to be addressed in order for the Intervention to be effective.

Information will be collected regarding insurance, current living situation, access to drugs and alcohol, and who is in contact. This information will help us advise as to how things should be addressed or approached during the intervention preparation process.

We will outline the entire intervention process and why we must address certain things at certain times. A family in crisis may feel need to "rush" things or try to get answers to questions in the beginning that we just do not have answers to yet such as; where will we hold it, how will we get him/her there, who will take them to treatment, what if they say no, and many others.

We fully understand the importance of these questions but the answers will come during the process because they are discussed and created together. Each intervention is custom built to the family system and will be different every time. Your input will help us make these important decisions so please write down any questions you have and look at the outline to see when they will be discussed.

Meeting 1 goals and expectations:

- Family system discussion and family intervention team built
- What is an Intervention? The process is outlined and explained
- The team's goals and their unified message is identified
- What does treatment look like?
- Roles and groups will be identified
- The purpose of using a script to talk to your loved one
- The letter writing homework is explained and handed out
- How to deal with your loved one and concerns about the time between meetings
- Questions or concerns from the family intervention team for discussion at the next meeting

The Family-Focused Intervention process:

Our Interventions provide an educational and interactive approach that addresses the entire family system as well as the need for treatment and placement of an addicted loved one. Our standard Intervention process is outlined below:

FIT Development Meetings: 3 - 4 family meetings / 1 ½ - 2 hours each

- The Family Intervention Team is identified, developed, educated, and prepared

Mock Intervention: 1 - 2 hours

- We make sure that the FIT is prepared for the upcoming Intervention meetings

Day of Intervention: 2 - 8 hours

- This will be the first intervention meeting to offer treatment and an opportunity for change

Ongoing follow-up meetings: face-to-face, phone, email, and video support

- Second Intervention meeting, aftercare planning, troubleshooting, ongoing support

* Our involvement with families will most often last for 3 or more months after initial contact. Additional ongoing family support services and meetings can be made available at a monthly rate.

20 - 45 minutes	The Family Letters	The Family or groups "Mission Statement" is delivered
	Treatment is offered	
1 - 2 hours	Open Discussion A A loving, supportive, and caring group	Time to vent: Bad Ideas & Shaky Plans
	Discussing and challenging their choice...	
1 - 2 hours	Open Discussion B The family's boundaries are discussed	Reality: Everything is changing; new plans are discussed
	Accepting their choice...	
½ - 2 hours	The Closing Chance to offer a 2nd meeting	Logistics and discussion of how the plans are applied

A second meeting will always be available and strongly recommended to our clients. We do not believe that the decisions made during that first meeting accurately reflect their true level of willingness. This second meeting must be voluntary and will be a follow up to the intervention and will give the family a chance to make their changes and for their loved one to witness and accept the changes and adjustments that are happening within the family system.

Creating the family message

The family has a message and they need to figure out how to express this message as a group. Your job as the interventionist is to ensure that the message is clear and appropriate for the meeting. We have a format laid out for writing these letters which helps us remove all of the blame, shame, and arguments from the message. Instead we end up with a clear unified message of hope and understanding to help lead us into our opportunity for treatment and recovery. Make sure that each participant knows that the letter must be completed prior to the next meeting. You will offer guidance, support, and feedback, so offer them the chance to write from the heart.

Writing a healthy Intervention letter

1. Remember who you're writing to: You are writing a letter to your loved one in their time of crisis and discussing things they do not want to hear.
2. Be honest: It is important to tell the truth and only state things that you know are really happening. The confirmed facts are bad enough.
3. Read it out loud: Reading it out loud to yourself may help you hear what you have written from a different perspective.
4. One page or less: You have many things you want to say to your loved one, but it is important to keep it to one page or less and get to your point.
5. Language: Letter writing can bring emotions to the forefront very easily, but you want to avoid being aggressive, accusatory, combative, or asking questions.
6. I & Me not Us & We: Some people tend to generalize their feelings and speak for a group or a couple. This makes for a very impersonal letter. You will be speaking for yourself only.
7. For others not present: It's OK to discuss others' feelings as long as it pertains to you.

   EXAMPLE: The way your addiction affects my children makes me feel sad because they will never know you until you get help.

   EXAMPLE: Your addiction makes me feel afraid that your father is so upset that he cannot work, and scared because we fight about how to help you all the time.
8. Send it to us: Send your letter to us by e-mail so that we can have it printed out for you at each meeting - _____@_____.com This will also help prevent your loved one from finding it lying around the house.
9. Try not to over-think it: Once you have a letter written and we read through it, try not to make too many changes to your original thoughts. Changing your letter too many times may cause you to lose the point you are trying to make or you may dumb down what you really want to say for fear of others hearing it when we read them out loud in the group.

Explain the format

It is important to take them through this format so that they understand what you are looking for. When you are an emotional, and possibly angry, family member it can be hard to follow written directions, so it will be very helpful for you to explain it and offer some guidance in your meeting.

Dear *****,**

I am here because:

I love you, I don't want to watch you do this to yourself anymore, I am afraid of what will happen if you do not get help… etc…

This is your opportunity to explain why you are here and what you have seen that made you bring this group together. Don't be afraid to say what you mean here because we will go over it together and make any changes necessary.

I remember when:

I remember when we used to be close and had an open relationship, I remember when we used to go camping and fishing together and you could just spend time with me and talk about what was happening in your life openly, I remember when you used to wait patiently at the top of the stairs on Christmas morning for your turn to open presents… etc…

Remember a time when this addiction wasn't the only topic between you and your loved one, a time when you remember a healthy or loving relationship, preferably before the drug or alcohol use.

Your addiction makes me feel:

Your addiction makes me feel alone because you are always gone, your addiction makes me feel afraid because I never know when I will get the call that something has happened to you, Your addiction makes me feel sad that you will never be happy until you are in recovery… etc…

Because of this:

I am asking you to put all of your effort into this opportunity, I am asking you to use this information to make the biggest decision of your life, I want you to listen to the emotion in this room and put other people's feelings above your own for today… etc…

Please accept this gift and go to treatment

Love, your (mother, father, brother, sister, friend etc…) *****

Feelings worksheet:

Many families struggle to explain their feelings or put feelings phrases together.

Abandoned
Abused
Afraid
Aggravated
Agony
Alarmed
Alone
Ambivalent
Angry
Annoyed
Anxious
Apathetic
Astonished
Bad
Betrayed
Bitter
Burned out
Cautious
Cheated
Cold
Confused
Crushed
Curious
Defeated
Defensive
Dejected
Depressed
Despairing
Despised
Destroyed
Devastated
Diminished
Discouraged
Disappointed
Disgusted
Distraught
Disturbed
Divided
Doubtful
Drained
Embarrassed
Enthusiastic
Exhausted
Exposed
Fatigued
Fearful
Foolish
Forgotten
Frantic
Frightened
Frustrated
Furious
Grateful
Grief-stricken
Hated
Hateful
Heartbroken
Helpless
Hesitant
Hopeful
Hopeless
Horrible
Horrified
Hurt
Hysterical
Ignored
Impatient
Indifferent
Infuriated
Insecure
Insulted
Intimidated
Isolated
Jealous
Judged
Left out
Let down
Lonely
Lost
Loving
Miserable
Mistreated
Mournful
Neglected
Nervous
Offended
Optimistic
Outraged
Overwhelmed
Pain
Panicked
Paralyzed
Pissed
Petrified
Powerless
Pressured
Puzzled
Rejected
Remorseful
Resentful
Restless
Sad
Scared
Screwed up
Shocked
Sick
Skeptical
Solemn
Sorrowful
Stressed
Stunned
Stupefied
Stupid
Tearful
Tense
Terrible
Terrified
Threatened
Tired
Trapped
Tortured
Unaccepted
Uncomfortable
Uneasy
Uninterested
Unsettled
Upset
Used
Useless
Victimized
Violated
Vulnerable
Weary
Worried

Dear _____,

I am here because:

_____
_____
_____
_____
_____
_____

I remember when:

_____
_____
_____
_____
_____
_____

Your addiction makes me feel:

_____
_____
_____
_____
_____
_____

Because of this:

_____
_____
_____
_____
_____
_____

Please accept this gift and go to treatment

Love _____

Your homework

Your homework will be to write an intervention letter using either a real or hypothetical scenario. This letter will be read out loud in the group and critiqued by our trainer to help illuminate some of the natural mistakes that can happen when writing this type of letter. This is your opportunity to put yourself in the shoes of a struggling family member desperately trying to save someone from dying. Be clear and try to follow the guidelines as we have laid them out.

BRS CFI

Certified Family-Focused 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

Section Three:

Reading letters - Understanding boundaries

- Reading letters - Getting feedback
- Open Discussion A
- Boundary exercise & review
- Logistics & checklists

Section Three
Reading letters - Understanding boundaries

Reading letters

Today we will be reviewing the letters that you have all written, and discussing the do's and don'ts of letter writing and letter reading. Please keep all comments to yourself until the trainer has given his feedback and opens it up to group discussion.

These letters will become the family's message of love, hope, and support and is the foundation for our meeting. It is important that this first message is clear before we move on and talk about treatment, and what the situation will become if treatment does not happen.

Giving feedback

I will be giving you feedback today to help you understand the way in which I give feedback to my clients. I will try to reinforce and validate the writer's feelings and fears even if they do not belong in the letter. I will provide constructive ways to clarify or even simplify the message. It will be your responsibility to help them craft and formalize this message almost like a maestro coordinating a group of musicians. You will use this message of hope to set the tone in the room as preparation for the challenging discussion ahead of you.

Being flexible

Although I know what the format is for the letter and I know what I want it to say, sometimes it is important to be flexible and remain open to someone who just cannot conform. Although the letters are an important part of this process they are just the opening statement and are not the intervention itself. There is no offer of specific treatment, there is no real challenge discussed, it is just a statement of love and hope. The real magic will happen on the other side of the letter when we start talking about treatment and the path toward change.

If someone is struggling with their letter it may be useful to step in and help them shorten it just so that they can focus on what comes next and not hang everything on their letter.

Now what?

Once the letters have been read, and the feedback has been provided, you will want them to re-write their letters to include the changes that you have discussed. They should email them to you so that you can retain the final copies in your folder. This will ensure that they do not continue to get adjusted and re-written over and over again. Once you have finished with the letters it is time to move on and discuss the offer for treatment and the rest of the intervention process.

Meeting Two
Open A & Boundaries

Meeting 2 outline:

At the second meeting, and all meetings to follow, we will begin with a review of your loved one's situation. This will give us an opportunity to discuss, as a group, any changes in circumstance that may be causing any concern. Very often the situation can evolve while we are preparing to Intervene and may require review, direction, or action at each meeting.

After our review we will begin by reading the family letters out loud to allow each participant the opportunity to hear the collective family message of love and support. We will be providing important feedback and recommending changes, if necessary, based on how each letter will be heard by your loved one. Once we offer your loved one the opportunity to hear about our treatment option, we are going to be met by a variety of reasons not to go. This is a critical place where the intervention team can break down without some structure.

Our goal is to create a positive, loving, caring, and supportive environment for your loved one to learn about and discuss a treatment option. So it is important for us to learn what to say and what not to say when we approach them. The letters are just an introduction which will lead us into Open Discussion A, which will be reviewed and discussed at this meeting.

There will come a point in the intervention where your loved one may still be struggling to make the decision to go to treatment. At this point we will introduce the third part of the intervention process which is Open Discussion B. There will be an exercise that each family member to complete for the next meeting along with any changes to the letter.

Meeting 2 goals and expectations:

- Family system update and review of loved one's situation
- The family message is outlined and discussed
- Feedback on family letters
- How we introduce treatment to your loved one
- Understanding Open Discussion-A
- Creating a positive, loving, caring, and supportive environment
- Introducing Open Discussion-B / Homework is discussed
- How to deal with your loved one and concerns about the time between meetings

Getting through Open Discussion A

It is important to remain a positive, loving, caring, and supportive group for the first discussion. We want to give your loved one the opportunity to make this decision without the distraction of arguments, defensive discussions, and fighting within the family system. This discussion should be very different and be focused on why this is a good opportunity, and why your loved one will benefit.

Your responses or statements should always be leading toward one of two positions:

- **How much you love them**
- **Why treatment is a good idea**

This is a hard conversation to have when your loved one is attacking you, making you feel like you must defend your actions, or even justify your right to be in the room trying to help. Because of this we have created a list of statements below that will help you feel more equipped to handle this difficult discussion.

Some helpful disarming statements

I'm sorry you feel that way

I love you / I care about you

I just want to help you

I know you would do this for me

You're a good person

There is nothing to be afraid of

You can worry about that stuff later

Today is about change & moving forward

I just want you to be happy / healthy

I miss you / I want you back in my life

This is a great opportunity / a gift

This is a great program, because…

You deserve this chance / time to heal

Your job will be waiting for you

You can deal with that stuff later

I don't want to fight / argue with you

If none of these will work for you, or you find that it is too difficult to engage, then sometimes the best thing to say is nothing. Instead provide a loving look, a shrug of the shoulders, or turn to someone else who can speak for their strength and support.

Am I helping my loved one or hurting them?

As a general rule we say if your addicted loved one seems comfortable and they have found any kind of balance while still using then you are playing a role in this. This is because drug and alcohol addiction is only manageable if there are enough resources available to exhaust.

These resources can be financial, emotional, or material, they can even be people, like you. There are many different ways that you could become a resource to a child or loved one struggling with an addiction. Some are helpful and some are not. Unfortunately, many people end up as the type of resource that is continuously trying to help by addressing only the symptoms of their child or loved one's addiction or behavior.

We call these types of people "symptom resources," and many of them end up feeling like all of their efforts are helping, even when they are not. Their loved one continues to reinforce this idea and lead them on by saying things like, "I just need a little more help or time and I will be all set," "If you would just do this one more thing for me, I promise I can change," or "I just need a job."

Getting involved with managing a loved one's active addiction and trying to help them treat the symptoms of their use, will always lead to a feeling of frustration and confusion simply because there is never any real progress to be made. Only more and more compromises that include statements like, "At least he is doing it at home where I know he is safe," "Once she has a job and starts to feel better about herself she won't need to use," or "At least he isn't using as much now."

Here are some things to consider:

1. Does your child or loved one have the ability to make you doubt yourself, question your own version reality, or re-think what you know to be true when you confront them?
2. Are you lying about, hiding, or defending your loved one's actions and behaviors to other family members or friends, creating the illusion that things are OK or maybe even getting better?
3. Are you or your family not reporting thefts, crimes, or acts of violence at home to prevent arrest, accountability, or to protect your loved one from having or worsening a record?
4. Have you isolated yourself from family that "doesn't understand", aligned with your addicted child or loved one thereby dividing the family, or do you find yourself avoiding the subject around friends and family because you don't want them to know what's happening at home?
5. Are you missing small or even large amounts of money, alcohol, property, or medications at home without explanation or without confrontation?
6. Are you trying to follow a plan designed by you and your loved one based on what "they think they need" in order to avoid going to treatment?
7. Have you tried to treat these symptoms with your loved one in the hopes that they will be OK? Money problems, getting a new job, going back to school, hanging around with better friends, going to meetings, staying in the house, handing over the paycheck, hiding, etc...

This does not mean you are crazy…

Answering yes to any of these questions does not make you crazy or a bad parent, family member, or friend. It simply means that you love them, and want them to heal and get well, but just don't know how to help. Being an "Symptom Resource" is a place that you end up after a loved one continues to take advantage of you and your love for them over and over again.

Families often help to create a kind of protective shell around their addicted loved one, by picking up the pieces of their life as it begins to fall apart. This is a perfectly natural response and comes from a place of love, empathy, and compassion. Under any other circumstances this action may even be a useful way to get someone out of a "rut" or "tough times". This would not be a good way to help someone who needs to feel the full weight and consequences of their actions in order to understand that they have a problem that MUST be addressed.

If you, your family, or friends are actively preventing your child or loved one from feeling the effects of their addiction by "protecting" them, then you may be enabling them and possibly even making it harder for them to get the help that they truly need. It is not a bad thing to be an addict or an alcoholic, as long as you can get help for it. It is only a bad thing when parts of or even the entire family are helping to hide the fact that it exists and there isn't an opportunity for help.

We know that this isn't done intentionally; in most cases it is just a lack of understanding about addiction, and your place in it. Other times it may be out of fear that if you do not help, then something terrible might happen to your loved one. Without feeling that level of desperation as a result of their addiction, why would they stop, especially if they don't have to? Would you?

We believe that all family members, friends, and loved ones within the emotional reach of an addict are vulnerable to being used as resources, and any help, no matter how well intentioned, can be used as a way to continue use and abuse of alcohol and drugs. Understanding this fact is the first step toward learning how to protect yourself from becoming a resource to your loved one's addiction.

Why tough love won't fix the problem:

As a rational response to finding out how their love is being used against them, many families will try what is commonly referred to as "tough love." Unfortunately, this ineffective approach will leave many families emotionally broken, divided, disappointed, and frustrated with each other over how "tough" the tough love should be, how long should it be applied, the unrealistic expectations, and the lack of results.

Addiction is a sickness that does not respond to reason, or rational approaches like tough love that are designed to teach a life lesson or modify behavior through consequences. The mental obsession and physical compulsion related to addiction will almost always overpower the life lessons associated with the consequences of a tough love approach.

What a Boundary is:

- A way to re-define an unhealthy relationship
- A change in a relationship that protects you
- A chance to become healthy after an unhealthy relationship
- A way to protect a relationship that you value
- A reflection of your core beliefs/values

What a Boundary is NOT:

- It is not a punishment
- It is not an empty threat or an ultimatum
- It is not to be used as a tool for manipulation
- It is not something to argue about as it is your position
- It is not designed to change another person's behavior

Consider this…

You have just approached a loved one with concerns about how their behavior has been negatively affecting you. You passionately ask them to change the way that they treat you and they say NO, or worse they repeatedly say yes but do not stop.

What can you do?

There are really only two choices

• Continue to put up with the way that they treat you and go on as if you said nothing and continue to feel uncomfortable around them in order to maintain your relationship. This is the most common response from the family.

OR

• Set a boundary that is clear. Change the situation starting with yourself. This is where boundary building comes into play and is designed to change and improve on the family system around the addict or alcoholic.

Change must be a part of the intervention process and without the addict or alcoholic making changes the family will then be responsible for the outcome of the intervention and will determine the amount of change that comes from the process.

Feelings worksheet:

Many families struggle to explain their feelings or put feelings phrases together.

Abandoned
Abused
Afraid
Aggravated
Agony
Alarmed
Alone
Ambivalent
Angry
Annoyed
Anxious
Apathetic
Astonished
Bad
Betrayed
Bitter
Burned out
Cautious
Cheated
Cold
Confused
Crushed
Curious
Defeated
Defensive
Dejected
Depressed
Despairing
Despised
Destroyed
Devastated
Diminished
Discouraged
Disappointed
Disgusted
Distraught
Disturbed
Divided
Doubtful
Drained
Embarrassed
Enthusiastic
Exhausted
Exposed
Fatigued
Fearful
Foolish
Forgotten
Frantic
Frightened
Frustrated
Furious
Grateful
Grief-stricken
Hated
Hateful
Heartbroken
Helpless
Hesitant
Hopeful
Hopeless
Horrible
Horrified
Hurt
Hysterical
Ignored
Impatient
Indifferent
Infuriated
Insecure
Insulted
Intimidated
Isolated
Jealous
Judged
Left out
Let down
Lonely
Lost
Loving
Miserable
Mistreated
Mournful
Neglected
Nervous
Offended
Optimistic
Outraged
Overwhelmed
Pain
Panicked
Paralyzed
Pissed
Petrified
Powerless
Pressured
Puzzled
Rejected
Remorseful
Resentful
Restless
Sad
Scared
Screwed up
Shocked
Sick
Skeptical
Solemn
Sorrowful
Stressed
Stunned
Stupefied
Stupid
Tearful
Tense
Terrible
Terrified
Threatened
Tired
Trapped
Tortured
Unaccepted
Uncomfortable
Uneasy
Uninterested
Unsettled
Upset
Used
Useless
Victimized
Violated
Vulnerable

Boundary homework:

Getting families to a place where they can understand what a boundary is, and how to communicate them in a healthy way, can be a challenge. This is an exercise developed to help each family member focus on themselves and the changes that they can make post-intervention to protect themselves, and each other, from an individual that may not be willing or ready to get help. At the very least just have them write something down even if they don't know how to finish it so that it can be discussed.

Questions to consider while creating your boundaries.

- **What am I doing to contribute to, or support, my loved one's addiction?**
- **What will my relationship look like post-intervention with my loved one?**
- **Am I really capable of making these changes?**

When I: (Identify some things that you are doing)

(Argue with you over and over, keep secrets, let you live at home, give you money, pay your bills, etc…)

_____
_____
_____

It makes me feel: (How does doing this make me feel?)

(Angry and taken advantage of, frustrated and confused because I don't know how to help you)

_____
_____
_____

Because of how I feel: (I cannot do what I have been doing anymore.)

(Cannot argue/talk with you anymore, I cannot let you live at my house, I cannot give you money)

_____
_____
_____

Why am I doing this? (Explain why you feel like you need to change)

(Because I need to feel better, protect myself, create peace, emotional health, and relief for myself)

_____
_____
_____

Your homework

You should be able to write a healthy boundary and give examples to the families that you are working with. I want you to use the break to write at least four separate boundaries showing that you understand the concept and can articulate it with both written, and verbal, proficiency to the group.

Meeting Three
Boundary review - Treatment plan

Meeting 3 outline:

At the first meeting we outlined the four parts to the Intervention process and that each part of this process played a critical role in helping to give your loved one information to make a decision. Although Open Discussion-B is often seen as the most difficult part of the intervention process to prepare for it can also be the most impactful and necessary.

As with the letters we will read out loud and review each individual boundary providing feedback and support. Our goal will be to ensure that each team member has a strong and clear boundary that they are not only willing to put in place but are capable of following through with. Any recommended changes to the boundaries will be made here and we will ask you to have a final draft of both your letter and your boundaries sent in before the next meeting.

Closing or ending an intervention can be very difficult and requires that the intervention team has been well prepared. The worst thing we can do for your loved one is to drag this part out and prolong the closing. The most common mistake here is to keep trying to get your loved one to change their mind once we have gone beyond the boundaries. So we have created a process to close the intervention which will be discussed at this meeting.

At this point we will begin the discussion of where we will host this meeting, how we will get your loved one to attend, and when we will be having this meeting. Although some of these details may have already been discussed or agreed upon we will need to finalize them at this meeting. We can discuss whether or not another meeting needs to take place before we can meet with your loved one, or if we can have our fourth and final meeting the same day that we have the intervention.

Meeting 3 goals and expectations:

- Family system update and review of loved one's situation
- Boundary discussion and review
- Feedback and real-time support on boundaries
- How do we close an Intervention?
- Finalizing the treatment option
- Where, when, and how is discussed and planned
- Do we need a Sober Companion?
- How to deal with your loved one between now and the intervention

Meeting Four
Logistics & Checklists

Meeting 4 outline:

At our first meeting we got to know your family system, and the members that make up your family intervention team. As a team we have grown together and by now everyone should be able to understand the four stages of the Intervention process, and their parts in how to make it happen. Our team should feel strong and ready to go… with only a few unanswered questions. At this meeting we will discuss any concerns, as well as, go over all of the "what if's".

As a part of our Mock Intervention we will hone your new skills, focus on group actions and reactions, learn to show confidence in our approach, where to look while letters are being read, and how to respond under stressful reactions from your loved one. This level of preparation will show your loved one that we are in control even if they are not.

This will create a comfortable and safe place for them to have this experience.
This meeting may take place in the office, or it may take place at the location where we intend to hold the Intervention with your loved one. The location will depend on the progress made in previous meetings. If we hold this meeting in the office there will still need to be a pre-intervention meeting the day of to refresh, review, and refocus the group.

Although it is hard to prepare you for all possible outcomes we are preparing you for the most common or expected possibilities. Because of the work we have done together up to this point we are prepared to handle any reaction that your loved one may have. We have experienced many Intervention scenarios, and the families fears about their loved one's responses rarely come true. In fact, it is most often the exact opposite. Their loved ones generally try to listen out of curiosity and will usually stay because our interventionist represents what we call, an "unknown authority".

By this point in the process, you should be feeling confident and ready to move forward with the intervention. If you do not feel this way, then please speak up and ask us any questions that may help you overcome any doubts you may be feeling.

Meeting 4 goals and expectations:

- Family Intervention team should feel prepared
- Where, when, and how, is finalized and confirmed
- All written work is collected and secured
- Treatment location is confirmed and reserved
- Any transportation (Sober Companion) needs are confirmed and reserved

Day of Intervention outline:

The big day is here and we are ready to sit with your loved one.

This meeting is where we will discuss both, the best, and worst-case scenarios. We will prepare our team for all possible outcomes by identifying realistic expectations. Of course, each member of the family intervention team is hoping that your loved one will go to treatment from this meeting. However, it is important to note that it can be very difficult, if not impossible, for someone to make such a big life changing decision in an afternoon. Therefore, our best hope is to make sure that your loved one has enough information to leave with and make their decision.

Assuming that our fourth meeting has already happened, we will begin with a quick refresh of the process, go over seating arrangements, and make sure the house is set up for an Intervention.

Intervention Day Checklist -

- ✓ **Location: Do we have a secure and comfortable place to hold the Intervention**
- ✓ **Attendance: Have we reached everyone who will be attending**
- ✓ **Material: Do we have all of our letters, boundaries, and brochures**
- ✓ **Treatment: Have we decided where he is going /are there beds available**
- ✓ **Transportation: Do we have a secure way to get them to treatment**
- ✓ **Food: Light snacks and water are good enough, no meals**
- ✓ **Distractions: No dogs, phones, TV's, radios, or people who are not involved**

Frequently asked questions:

- Who will bring him to the meeting?
- What is the reading order for the letters?
- What do I do while other people are reading their letters?
- What is the best way to arrange the room for seating?
- Who will go after him/her if he/she tries to leave?
- What if he begins to bargain with us about where and when?
- How will I know when it is time to discuss my boundaries?
- How do we end the intervention and how will we know it is over?

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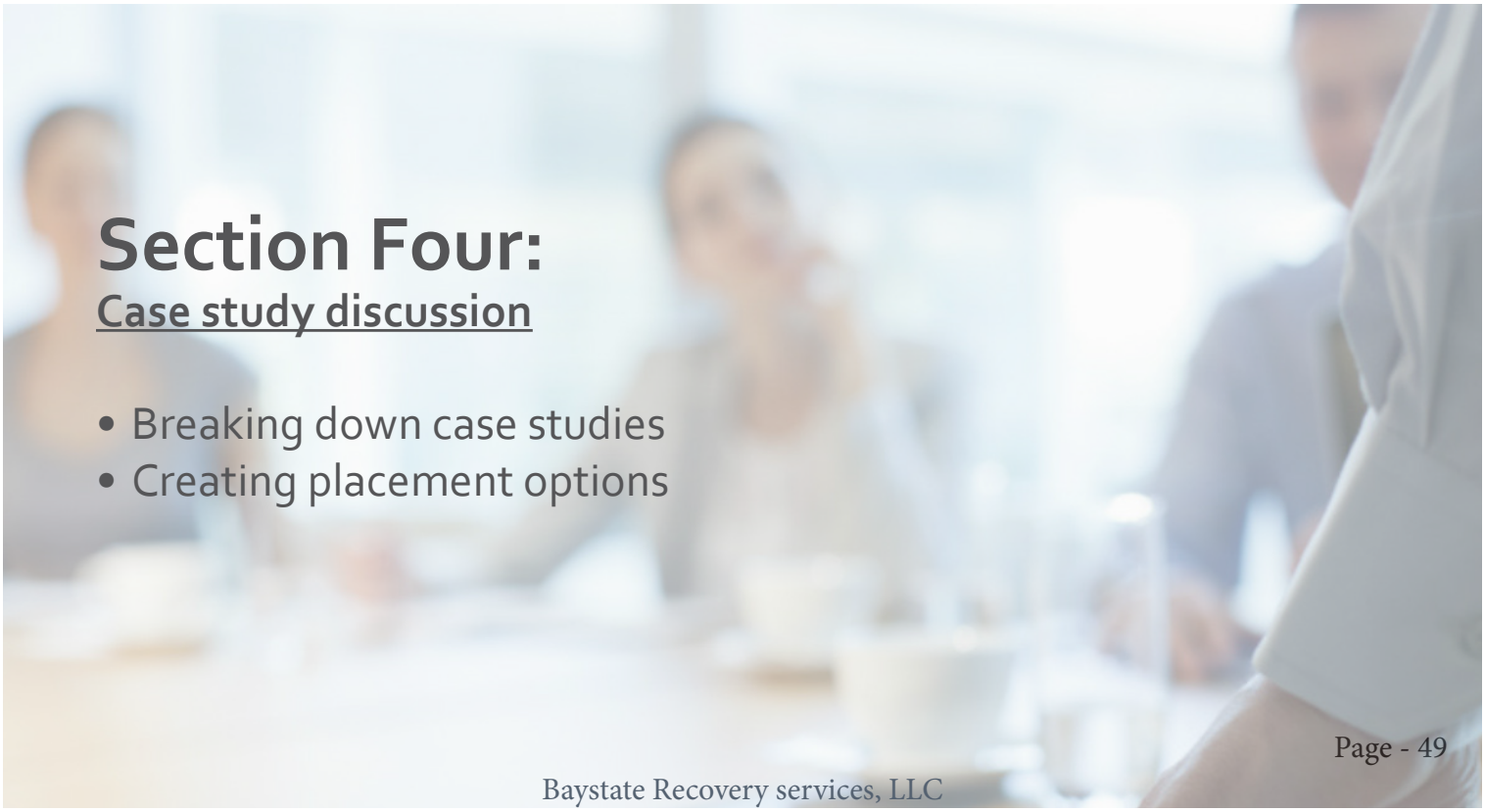

Section Four:

Case study discussion

- Breaking down case studies
- Creating placement options

Section Four
Putting your knowledge into action

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. Lindsay 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 Alexus. 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 Alexus 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?

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Section Five:

Practicing your craft - Knowledge into action

- Review of case studies
- Mock Intervention
- Maintenance and review

The final meeting and preparation

The final meeting with the family always takes place on the day of the intervention. It is wise to re-engage the family and help them focus on using all that they have learned. In the same way that you will take the family through the intervention process and try to prepare them for any and all possible outcomes, we will now take you through the intervention process and give you a chance to participate and lead an intervention with our trainer providing real-time guidance and direction. There is no way to foresee every possible outcome, but if done correctly you can prepare the group to respond in a healthy way to most circumstances.

Here your ability to educate and lead will be challenged, and our trainer will present challenges that will help you practice your newly developed skill-sets.

Skill-sets that you will need

- ✓ **Crowd control**
- ✓ **Active listening**
- ✓ **Negotiation**
- ✓ **Composure**
- ✓ **Versatility**
- ✓ **Assertiveness**
- ✓ **Compassion and empathy**

Any seasoned interventionist will tell you that if you can master these skill-sets in a room with a family you will be effective. They will take both time and practice to get good at, so don't get frustrated at first if you think one of these does not describe you or your abilities. You may have other skills that can compensate in an area where you might feel weaker or not as capable. Regardless you will need to know how to "**own the room**" and be in charge. **Someone has to be in charge, and if it's not you then an emotional family member or their struggling loved one will be**. This one is mandatory and cannot be substituted. The family must be comfortable handing the room over to you, and their struggling loved one will need to see that in order to give you even a minute of their time or attention.

Addressing the "what if's"

From the moment that you start working with a family they will be asking you "what if" questions. What if they say no, what if they don't show up, and what if they leave or get violent. These are all great questions, and for the most part the process helps answer a majority of them. The lingering questions that still need to be addressed prior to the actual meeting with their loved one are usually focused around how to handle the room that day.

What if they don't show up? This one is a common question, but if prepared correctly it is a rarity. If they do not show up then you use the meeting to reinforce the family system and the process. Go to whatever length is appropriate without tipping your hand to engage, and if you cannot then you set up another opportunity to sit with them asap.

What if they leave before we can finish our prepared material? This is the most common question that we get. This is also a rarity if set up correctly, because most of the time we are only asking them to sit and listen, so there is nothing preventing them from leaving nor are we asking for a commitment up front. If presented correctly the interventionist should continue to reassure the individual that they can leave when we finish. If, however they do get up and leave, which does happen occasionally for a smoke break, to use the phone, or even to leave and start walking home, we use a three-pronged approach to bring them back in.

Once they leave we wait for a minute to see what they are doing, and we do not "chase" them. We send out one family member who we feel is the least likely to be combative with the task of inviting them back in to sit and listen. We give them about 3-5 minutes before we send out a second family member to reinforce this message. After 5-10 minutes the interventionist should go out to relieve and dismiss both family members to engage the (IP) professionally. If there is no clear way to get them back into the meeting, then the interventionist will need to deliver as much information as possible, one-on-one, regarding the family's position in order to move the intervention forward.

The (IP) should be given a final opportunity to come back in and share their thoughts or feelings regarding this information with their family or to ask for a ride or any other support. Once inside the family system will have prepared answers in the form of written boundaries for their loved one to hear and we can revisit the treatment option.

There is no guaranteed way to hold them "captive" for the duration of the intervention meeting, and oftentimes small smoke breaks, or even a short walk around the house or the yard, can produce amazing results. For an individual who has spent days, weeks, months, or more likely years hiding from people the act of sitting around a table is not necessarily conducive to them opening up. **I have personally experience more healthy treatment decisions during a smoke break, or even just a one-on-one discussion outside or in another room, rather than in front of the entire family system.**

Mock Interventions - Groups of 4-6 people

Each participant will go through the teaching process of the CFI model and the intervention meeting as the interventionist, a family member, and the affected individual. This role-play allows for feedback, support, and additional guidance. Now that you have been thoroughly prepared it is time to see if you can engage and lead. Here we will break down into small groups and roles will be chosen.

Each group will need an:

- **Interventionist**
- **Affected individual (IP)**
- **A Parent (when possible)**
- **Other family member**

Each person in the group will get to play the role of interventionist, the affected individual and a family member. You will write letters and boundaries and play out an intervention. This will be done in front of the class and support will be offered by the trainer to ensure all needs are being met. You will receive feedback and insight from the trainers as well as the class.

Notes - Mock Intervention

Please use this section for feedback

It is important to be open to, and able to give, healthy constructive feedback to your peers and difficult family members. They may not be as different as you might think. Please be honest but respectful when offering your insight or your perspective here.

Did the interventionist show competence in the necessary skills?

(Crowd control - Active listening - Negotiation - Composure - Versatility - Assertiveness - Compassion and empathy)

Did the interventionist handle challenges in a professional way?

Did the interventionist appear to own and understand their material?

Did you feel comfortable letting them lead you through the process?

Post-Intervention support

The entire intervention process is preparation for what comes next. **Aftercare planning and continued family support are the defining characteristics of an effective intervention**. Every family needs to know that they are in good hands and that they will have ongoing support well beyond the "big day". This step is invaluable and creates a lasting effect within the family system regardless of the struggling individual's decision during the intervention.

"You are doing the right thing"

Regardless of the outcome of the intervention (TRX or no TRX) some participants may feel like they have overreacted, that maybe they did not do the right thing. These people will need you to help them understand that they have made a good decision and that their actions are saving a life. This is the reinforcement step.

It is one thing to get them prepared but yet another to keep them on track if you want lasting results within the system. I would estimate that the largest percent of relapses by the family happen within the first few days after the intervention and are a direct result of this feeling of guilt and overreaction. They abandon all reason and fall back into an old more familiar way of doing things.

Being available

Some families will call every day, and others you may never hear from. It is important to have some control over the frequency and purpose of these calls and meetings. I like to set up a weekly call or a monthly follow-up call to discuss treatment and aftercare, depending on the treatment model.

We always make ourselves available for the first 90 days as a part of this process because that is where the most support is necessary. You can however offer additional family case-management services that keep you engaged for much longer if the situation warrants it or if your practice is capable of offering it.

Q&A Section:

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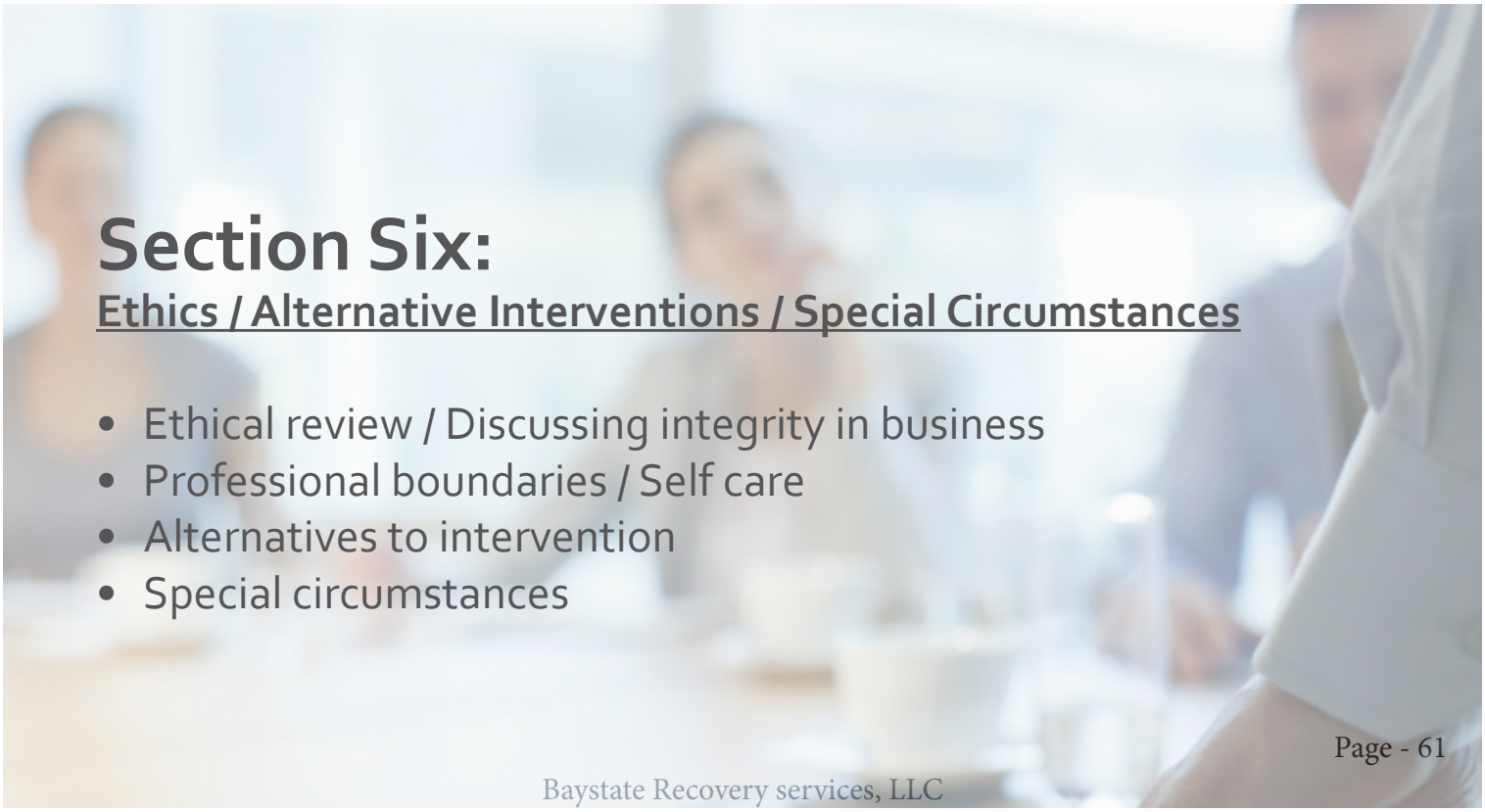

Section Six:

Ethics / Alternative Interventions / Special Circumstances

- Ethical review / Discussing integrity in business
- Professional boundaries / Self care
- Alternatives to intervention
- Special circumstances

Section Five
Ethics / Alternatives / Special circumstances

A review of what you have learned

- ✓ Why you want to learn about interventions
- ✓ A strong personal understanding of both addiction and recovery (One that you can effectively communicate with others)
- ✓ The basic four-part outline of the CFI-Model of intervention
- ✓ How to choose a treatment option / create a treatment plan
- ✓ How to assess a family system using the first call and the consultation
- ✓ Writing, evaluating, and giving feedback for healthy intervention letters
- ✓ How to navigate through open discussion A with an emotional family
- ✓ What a healthy boundary is and how to explain it to a family in your own words
- ✓ Writing, evaluating, and giving feedback for healthy boundaries

Now let's talk about you - Self-care for the interventionist

As an interventionist you will be placed in a variety of difficult situations that will truly challenge your ability to stay focused and navigate within a family system. As with any other guided presentation, the proper amount of preparation and professional self-care prior to the intervention should help you lay the groundwork for a successful meeting. At the completion of your last scheduled family meeting prior to the day of intervention, you should have all of the information necessary for the day of the intervention. **This information should include; the letters, the boundaries, a print out of the (Open Discussion A) statements for the family, and a brochure identifying the program or an iPad or laptop with the website for the program easily accessible in a browser.**

The night before & The day of

Considering that you will be spending the day with this struggling family, you will need a proper amount of self-care to insure that you show up **well rested, clearheaded, and emotionally prepared for the day**. The family will be counting on you to be there rock and their guide through one of the most difficult days in their life. **It will be your responsibility to set aside the other stressors and/or challenges in your life in order to truly focus on their needs for the day**. Many of us have families, children, and other responsibilities which can be demanding and possibly distracting, but it is important to **remember that a life is on the line** and you must be able to separate those things for this one day.

Over the years I have become very comfortable looking to the spiritual side of my recovery for strength and support prior to walking into a family's home for an intervention. Just before leaving my car to walk into the house I do some deep breathing exercises - inhale (letting god in) - exhale (pushing me out). I truly believe that there is a higher power working through me that allows me to communicate effectively to parents, families, and the individuals struggling with addiction. **Find your own center**

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.

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.**

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

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 individuals 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 is 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 to do. There will also be a question; "what if I dont 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 interuption 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 postive 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 tabel 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 clients plan, and is the choice to walk away from the contract and treatment. This is the "I dont want to, you cant 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

Option A In home option	Option B Treatment option	Option C (_____)'s plan
This is the in-home / family contract option • Outpatient treatment • Drug testing • Weekly meetings • Self-motivation	This is the residential treatment option • Detox / primary treatment • Sober living • On-going recovery	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.

Meeting Three: (IP) present - Presenting our agreement

Like any other intervention we must meet with the (IPo 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 say's 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.

Special Circumstances

When couples or families are using together

This dynamic presents itself quite often. Whether it is a couple that has been using drugs or alcohol together, or it is a family system that includes generational drug or alcohol use between siblings, or even worse, between the parents and their children. These can be the most difficult to address through traditional intervention methods.

When approaching couples there is usually a discussion around them needing to "do it together". As you can imagine, trust may not be very strong in this type of relationship, and there will be a lot of fear around cheating, or the other person leaving treatment and getting high or returning to alcohol without them. Most couples will want to go to the same programs or see the same people so that they don't risk losing their relationship. **This is a bad idea. We do not send couples to treatment together.**

It will be important to choose one person to approach first and focus on getting them to sit with you individually. It will be much easier to break through to a single person, rather than a couple. A person can be reasoned with. A person can make an individual decision to get well. This does not mean that they will give up on the idea of helping the other person, but if they choose to go to treatment then you may just have a little bit more leverage to help when you approach the other person.

When it comes to generational abuse within a family, it will require a similar approach. The individuals in that situation may want to change or get help once they are outside of the influence of other family members. It will be important to choose your approach wisely here because once you pull that first string the entire thing could start to unravel. You should have a plan set up for all of them before you approach the first person. This will include different programs for each, and a solid aftercare plan considering the unhealthy family system and lack of internal support that may exist at home.

When residential treatment seems like it is not an option

This one is tough, considering that most interventions should be leading toward the acute level of care when needed, and will most often include residential treatment and a structured aftercare plan. Occasionally I have come across the individual who has a seemingly "terminally unique" situation. Their circumstances are so unique and difficult that it seems like there is no solution. They may have children that nobody can take care of, a job that requires them to stay or get fired, vindictive family members, etc.

It will be your job as the interventionist to come up with a treatment plan that still offers this person their best chance for success. These treatment plans can be pieced together and you can reach deep within the family to come up with supportive options to help make it work. **What you cannot do, is let the inconvenience of getting help decide what this person truly needs to change their life.** Remember, the foundation for this person's long-term success will be built using the plan that you create. If that plan is shaky then everything built on top of it is at risk as well. This risk includes the children's long-term welfare, jobs, relationships, etc.

When residential treatment seems like it is not an option (cont.)

There is no guarantee that the plan you build for your client will be used correctly, or even to its fullest potential. Even so, your job will be to **offer them a solid treatment plan that will give them their best chance for success, even if it is inconvenient or disrupts their current way of life.**

When to step back and end your involvement

Our intervention process allows for an initial 90-days of family support.

Scenario one:

The individual goes to treatment and you will be coordinating the continuum of care into after-care. This will most often be done in conjunction with family support meetings by phone, in person, or video conf., alongside of collaboration with other involved professionals to ensure best placement options. In this scenario your direct involvement will end at the 90-day mark while the individual is still in treatment. If the family would like additional / continued support you can offer an extension of your services if available or refer the family out.

Scenario two:

The individual does not go to treatment at the first meeting with the family or goes to treatment but leaves (AMA, ASA, ACA). As we know the intervention does not stop at the first meeting. The intervention process is about creating lasting changes within the family system, whereas the addiction can no longer thrive, kind of like exposing mold to sunlight. We offer the 90-days of support because sometimes it can take up to 90-days (or more) to upset the system supporting the addicted individual enough to affect any real change in their decision to get help.

There can be many meetings, phone calls, and decisions that will require your attention if this scenario plays out. It will be your responsibility to set and hold weekly support meetings to ensure that the family is staying strong and supporting each other. You will need to maintain contact with the program(s) to ensure that there will be availability if the situation begins to lean toward treatment.

Most importantly you will need to know when it is time to re-engage the family at a new level of support. If it is determined that the individual will not be going to treatment after 90-days then the family will need additional long-term support beyond the intervention process. If the family would like additional / continued support you can offer an extension of your services if available or refer the family out.

DO NOT GET STUCK IN A FOREVER CONTRACT!