

BRS

CFI

Certified Family-Focused Interventionist

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Notes

BRS CFI-Training Program Outline



- This educational training process is a three-day (24 hour) experience comprised of six educational training sections
- This is an interactive training experience and will require your individual and group participation in all discussions and role play activities
- Participants will receive a complete set of workbooks and materials for performing the CFI-Model in their own practice
- To successfully complete the CFI-training and receive the 24 CE's toward the PCB CIP, individuals must participate from start to finish
- Upon completion, participants will receive a certificate of completion acknowledging successful completion of the CFI-Training program
- Each participant will have the opportunity to receive continued guidance and CFI support from BRS for 90-days



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Michael Wilson, CFI, CIP

CFI Trainer
Director of Family Services
Baystate Recovery Services
Author - Loving Lions

Meet Your CFI Trainer

2018 Family-Focused Intervention Training



Family



Recovery



Experience



Training



Passion



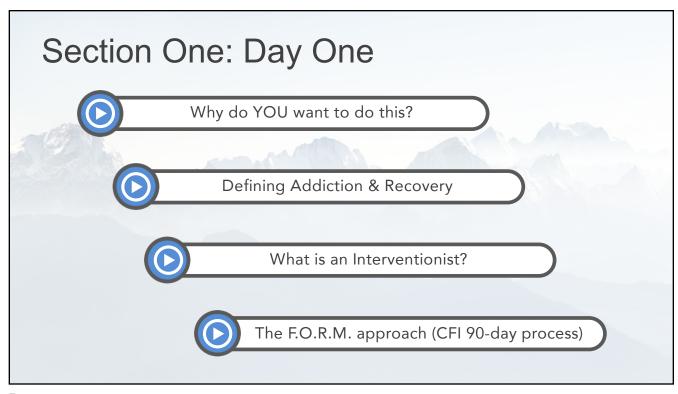
Recreation

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CFI - Learning Objectives

What you should walk away with after this training



BRS CFI-Training
Expected Learning
Objectives



Connection

Assessment

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

Asses a clients needs using

consultation forms - Can you

our conversation-based

Clarity & Transparency

cost for services, and any

personal limitations

Communicate clearly about

your professional experience,

really help them?



Educate

Understand addiction and recovery - BCFS - Properly researching treatment - CFImodel - Aftercare planning - Providing family support



Strengthen

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



Ethics

Maintain an ethical mindset within a flawed and easily manipulated industry

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About You

Getting to know each other better

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

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

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

It is your responsibility to make sure that you have an "emotional hazmat suit" that you can wear which will keep you from getting the family's "stuff" all over you.

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It's All About You!

Lets take some time to get to know each other

Who are you?

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

Other trainings?

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



Additional objectives

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

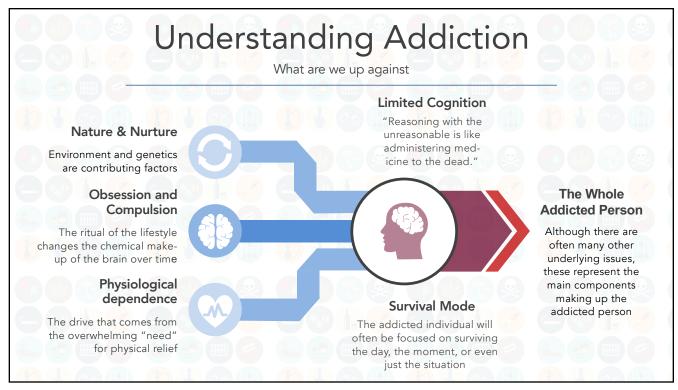
Have you ever...

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

The more you share the better we can help you individually

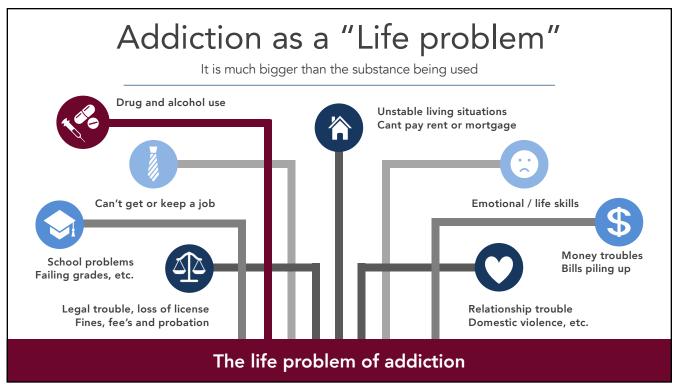
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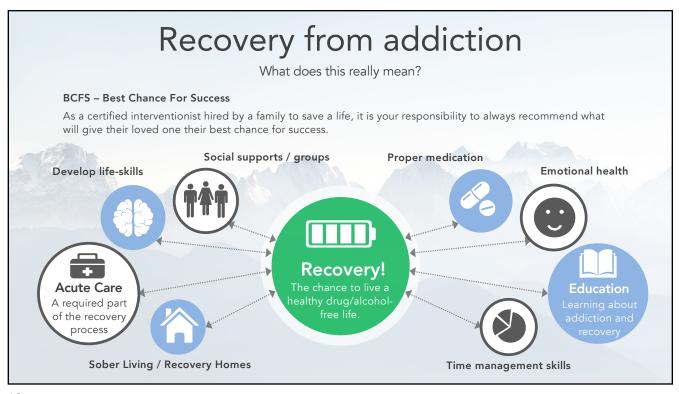


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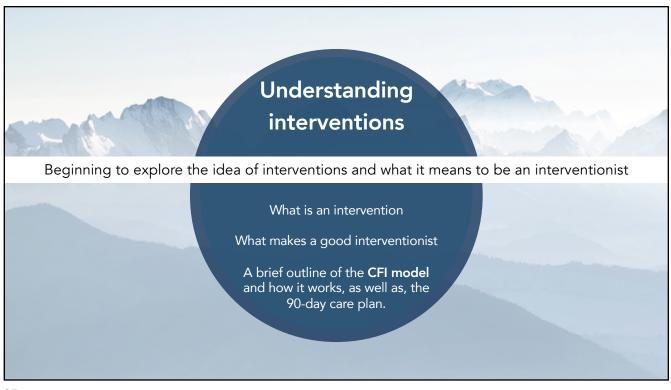
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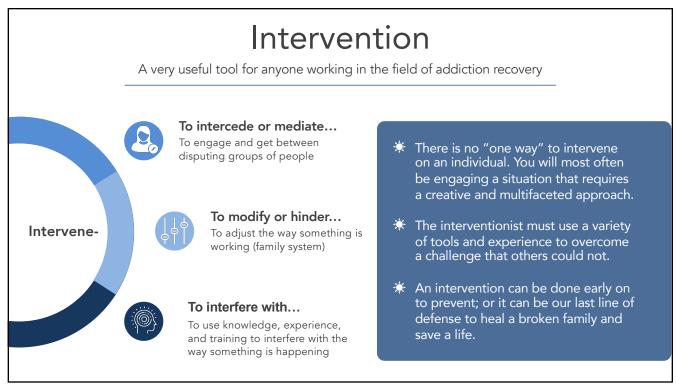
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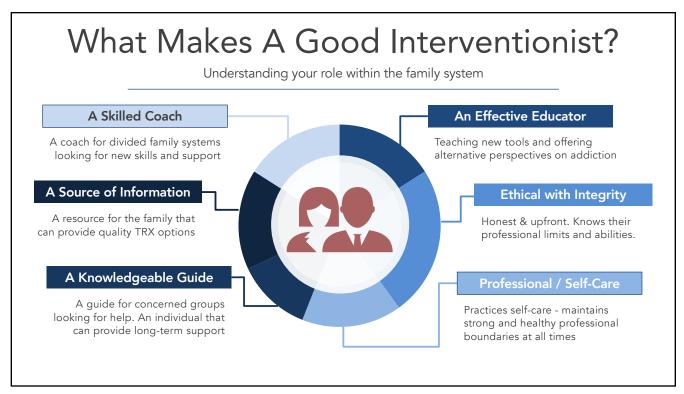
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The Family-Focused Approach

The formative properties of this intervention process

Family Education

Families will come to us broken and confused looking for a better understanding of what has happened to them and what can be done about it.



Organization and Planning

Organizing the intervention includes preparing the family for the meeting with their loved one and any treatment options that will be made available.

Review and Approach

Reviewing all of the material and treatment options using a mock intervention. Approaching the affected loved one and offering treatment.



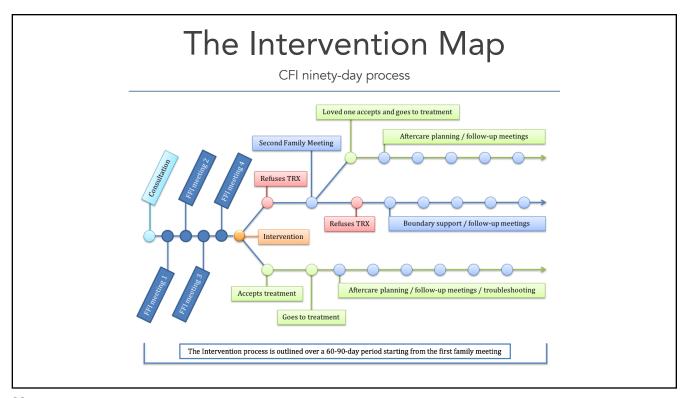
Maintenance

Providing a layer of ongoing support for the family regardless of their loved ones decision to get help or not. Creating a strong support system to help provide the best chance for success.

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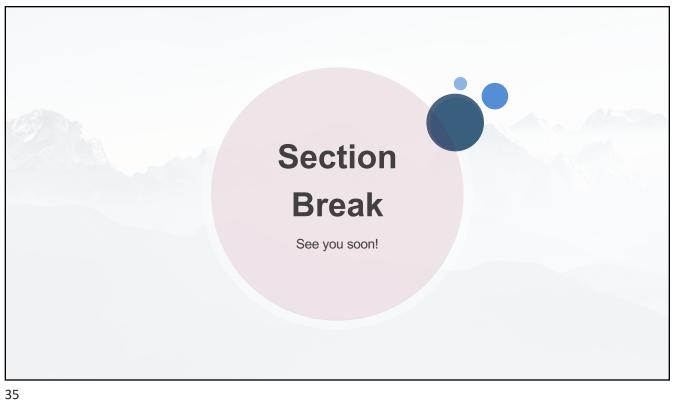
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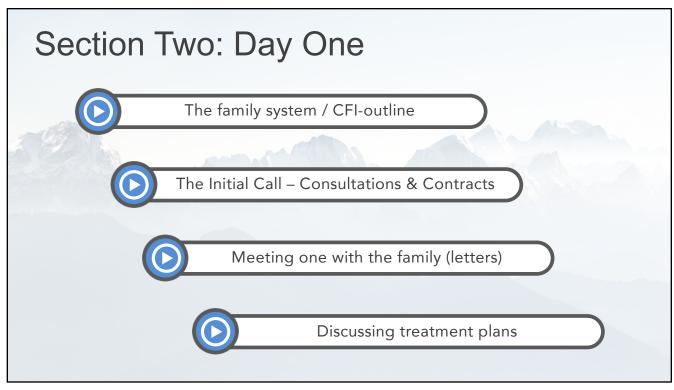
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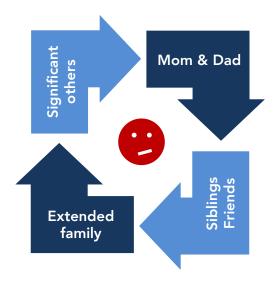
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We need to create a strong "team"



Mom & Dad

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

Siblings & Friends

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

Extended family

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

Significant others

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

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Breaking "bad"

Finding the family's unique strengths

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

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

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

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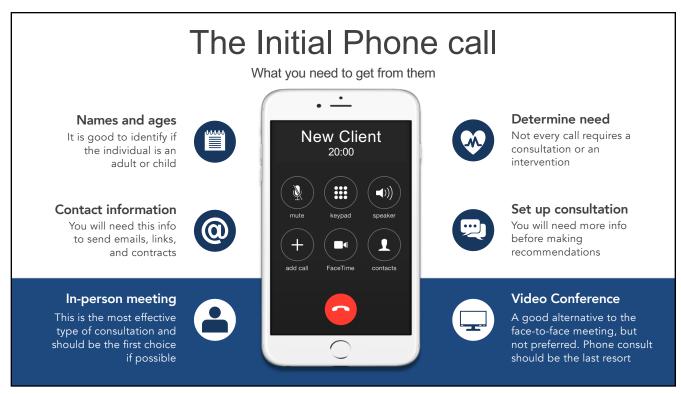
The BRS CFI meeting Outline

20 – 45 minutes	The Family Letters	The family or groups "mission statement" is delivered
	Treatment is offered	
30 - 60 minutes	Open Discussion A A loving, supportive, and caring group	Time to vent: Bad ideas & Shaky plans
	Discussing and challenging their choice	
15 - 30 minutes	Open Discussion B The family's boundaries are discussed	-Reality- Everything is changing; new plans are discussed
	Accepting their choice	
20 - 45 minutes	The Closing Full review / Chance to offer 2 nd meeting	Logistics and discussion of how the plans are applied

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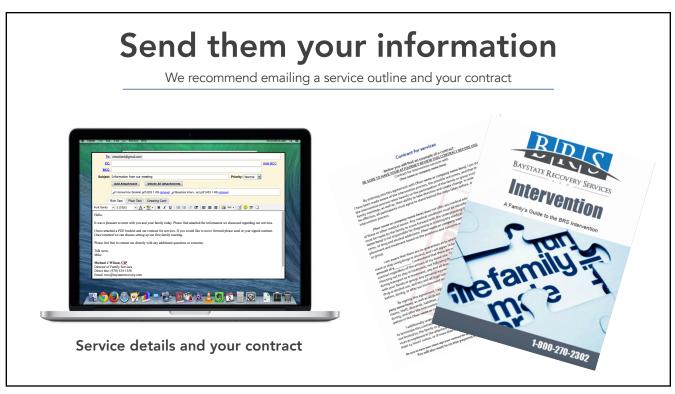
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The Family Consultation The goal of this meeting is to ask a series of specific questions and follow-up questions to help you understand the family system as much as you can. Ask questions in a way that you feel comfortable but be thorough enough to understand if you can actually help this family. Have the family fill out a contact sheet giving you enough information to make contact as well as insights about the referent. Take the family through the consultation sheet and be thorough enough to decide if you can help Take the family through the consultation sheet and be thorough enough to decide if you can help

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The 24 hr. Rule

Give them a chance to sleep on it...

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

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

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

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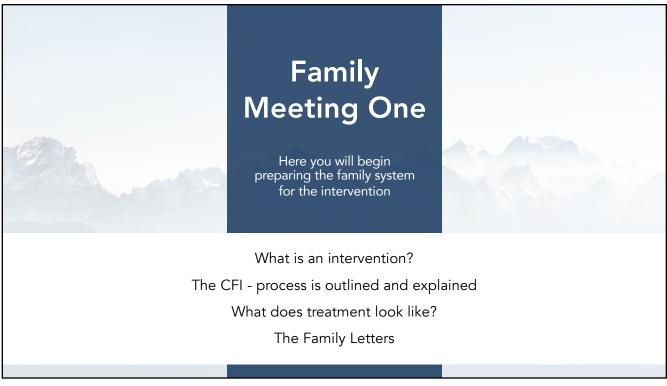
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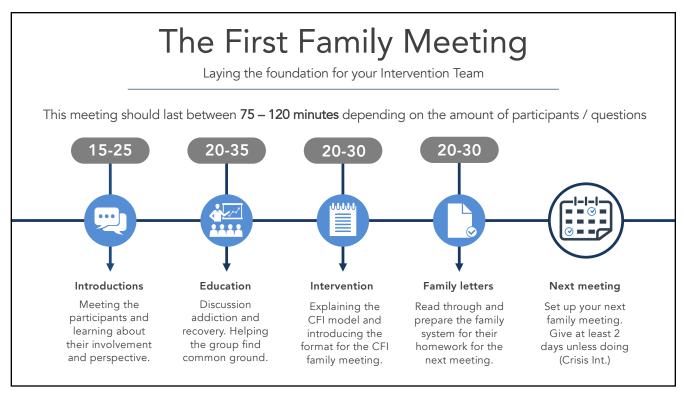
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Compassion

They need someone who understands

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

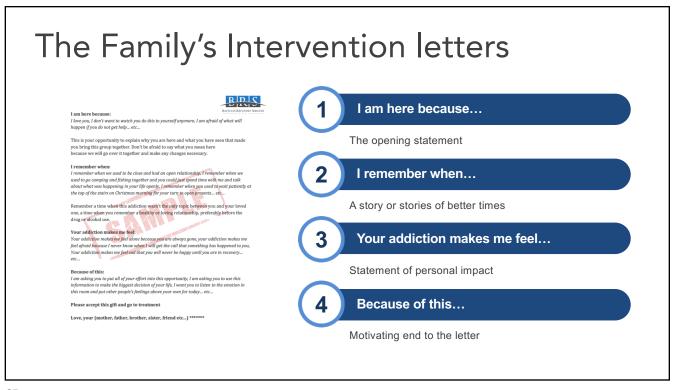
Families have usually exhausted themselves trying to get their loved one to get help before they reach out for an intervention. They will very often feel like there is no hope and that their loved one may never get well. They will feel defeated and embarrassed that their situation has come to this.

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

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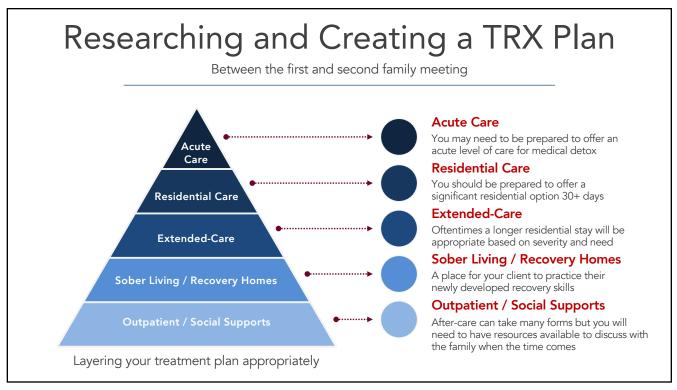


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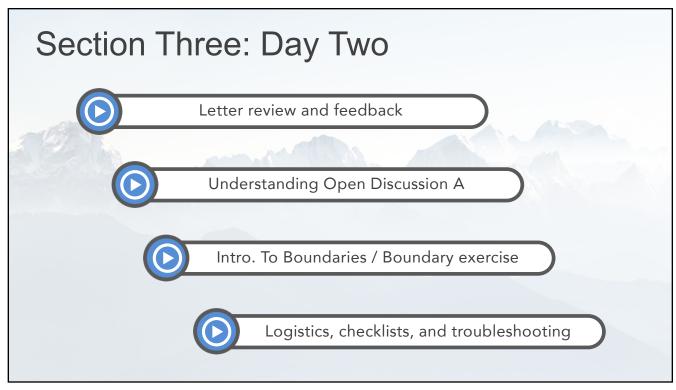
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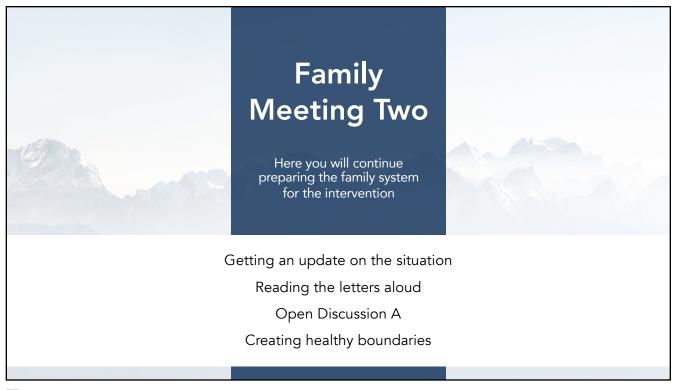
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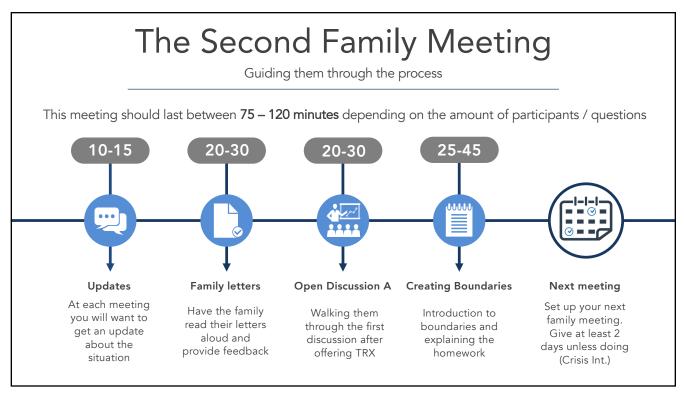
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The Family letters

Providing constructive feedback to shape the letters

I am here because

This part seems simple and straightforward, but many family members are still angry and fed up so this one may need to be toned down and simplified.

2 I remember when
Not everyone involved w
memories. You may need

Not everyone involved will have good memories. You may need to get creative in helping them find a positive spin on a personal experience.

Your addiction makes me feel

This one can get weird. We need feelings statements not opinions here. You may need to break this section down and ask them to repeat the phrase, "your addiction makes me feel" to help them focus.

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Because of this

A nice closing paragraph, nothing too fancy here. Any positive or supportive statements provide hope and a plea for change.

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The Missing Paragraph



There is a paragraph that many people will try to sneak into their letters. The one that outlines and highlights all of the damage that the addicted individual has caused to themselves and everyone around them. The one that points out their failures and how "bad" they have been.

There is no benefit to pointing out anything beyond the personal impact that the addiction, not the person, has had on any individual family member or friend. Sometimes we can end up with a shaming letter instead of a loving letter. It will be your job in many instances to repair the letters and remove this information if it exists

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Positive, Loving, Caring, & Supportive

Creating a safe place for you to have a difficult conversation

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

I love you / I care about you

I just want to help you

I know you would do this for me

You're a good person

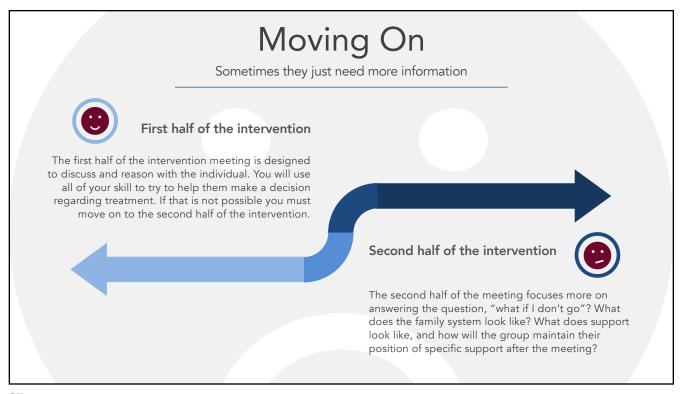
There is nothing to be afraid of

I miss you / I want you back in my life
This is a great opportunity / a gift
You deserve this chance / time to heal
You can deal with that stuff later
I don't want to fight / argue with you

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New Perspective

Adjusting the groups focus for change

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

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

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

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Creating Boundaries

Getting the family used to the idea of protecting themselves



The offer for treatment remains on the table

The family system begins the healing process

No more money is spent to support the addiction

The family physically separates itself from the addiction

The family supports each other with their new changes

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

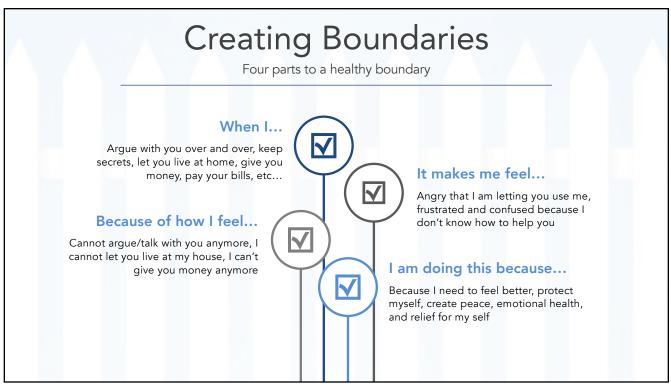
There is a loving door open for discussion around TRX

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

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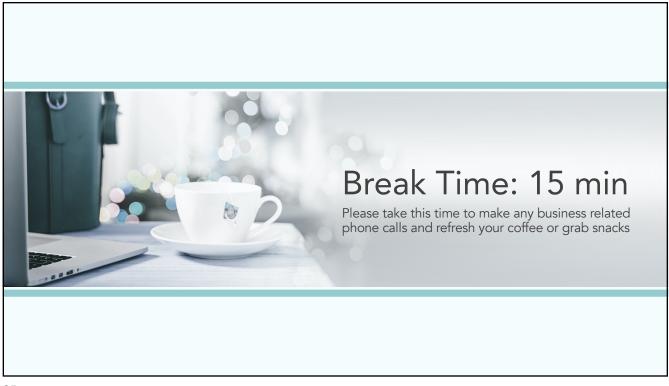
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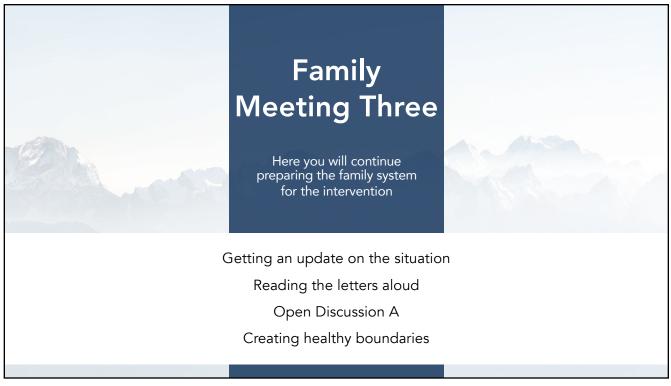
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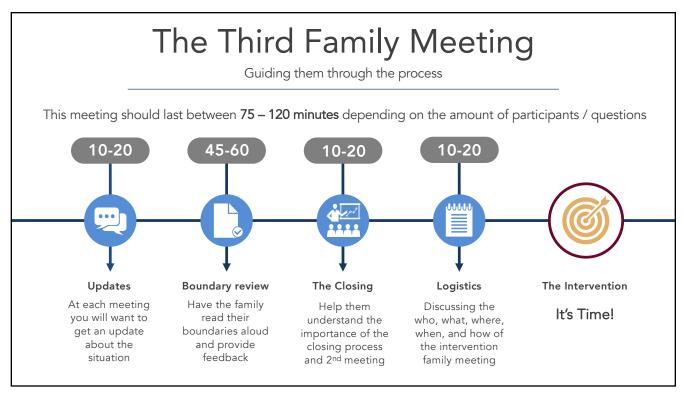
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Boundary Review

Providing feedback to the family / Creating unity and strength

When you ask me for money...

It makes me feel like you are going to use it for drugs and alcohol...

Because of how I feel I am not going to give you any money so don't ask...

I am doing this because you need to stop this and get help.

When I give you money...

It makes me feel like I am contributing to your addiction...

Because of how I feel I can no longer give you money...

I am doing this because I want to have a healthier and more honest relationship with you.

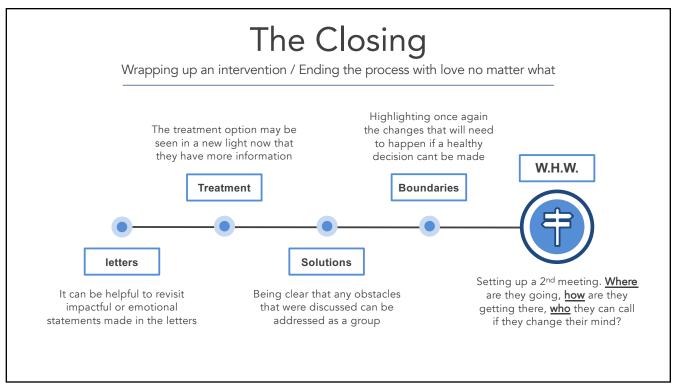




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Setting Up The Intervention

A checklist of what needs to be put in place before the intervention



The Family Intervention Meeting



Where will it be

This should take place in a family members house if possible



What will we say

What is the story, and if it is not the truth then is there a back-up story?



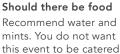
Treatment secured

You will need to have the treatment plan and transportation secured



How will they get there

Always best if someone else can bring them to the event itself



Other people, kids, pets

There should be nobody that is not participating in the house at that time

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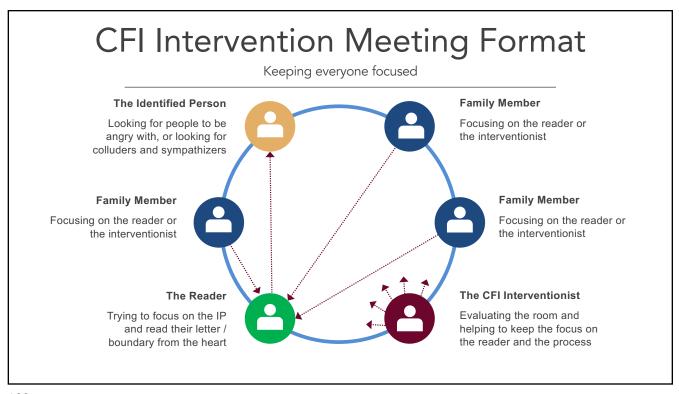
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Location – Location – Location Where you decide to host the intervention matters Family members house This is the primary location and should always be your first choice. This will provide you with (BCFS) Hotel or conference center These are a good back-up option but can often feel very rushed and provide an impersonal feel. Office setting This can be a good option if you are using the truth as your reason for the meeting. They can show up voluntarily and you will have a safe and secure location to use.

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Troubleshooting

Dealing with adverse scenarios

The IP does not show up

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

The IP leaves before the end

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

The IP is under the influence

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



Family not paying attention

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

Rogue family member

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

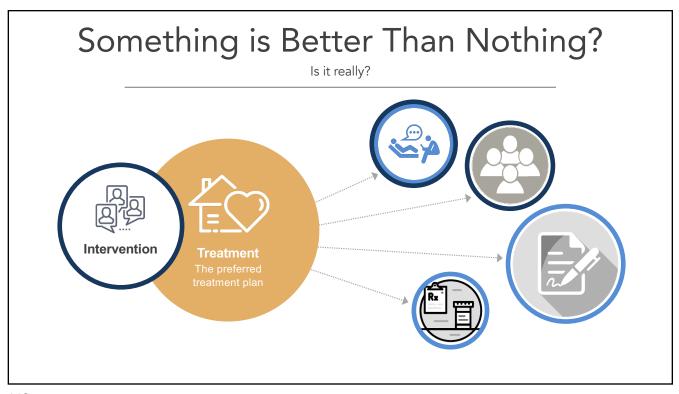
Negotiations & compromise

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

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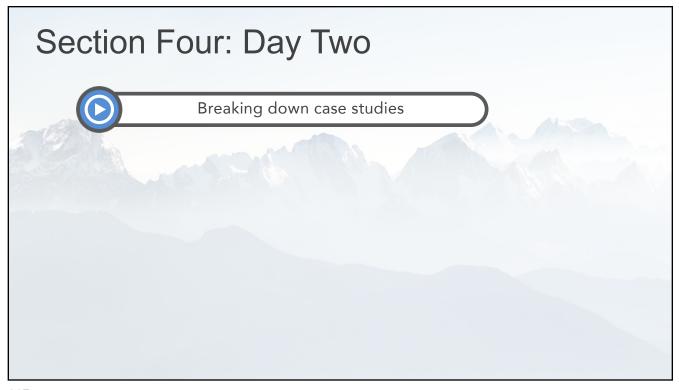


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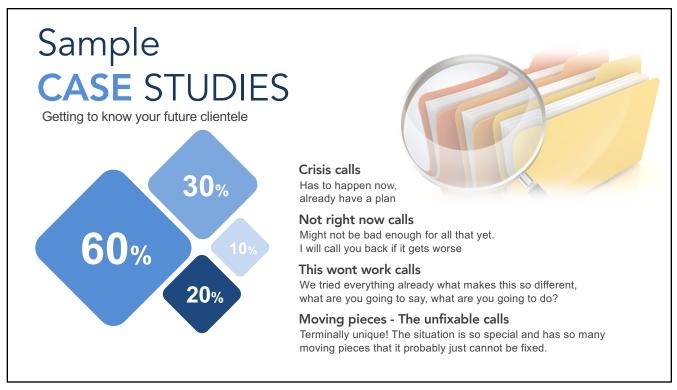
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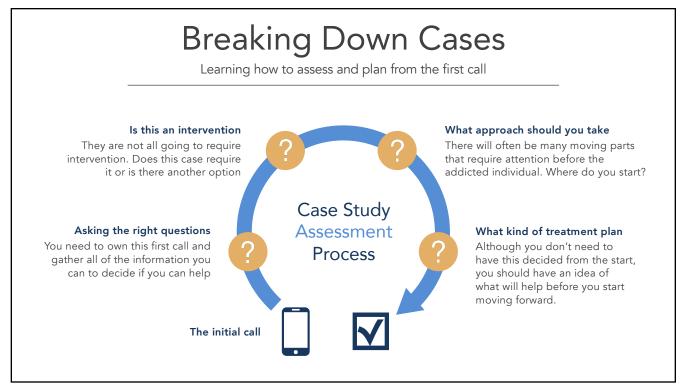
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Lauren has reached out to you about her son Chad who is 20 years old. She is reporting that he struggles with depression and has been diagnosed with ADHD as a pre-teen. She is also reporting that she fears Chad may be using Cocaine and is definitely 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. | Ouestions | Intervention? | Approach | Treatment |

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Sample Case #2 Active group discussion Kathy has reached out to you about her daughter Lindsey, who is 27 years old with two young children 4 and 7 years old. Lindsey has been in and out of treatment for the past thirteen years. She has been to two different wilderness programs as a teenager and spent a year in a therapeutic boarding school. She has cycled in and out of many detox programs but has never successfully completed a residential program. Lindsay has recently found her way into the methadone clinic but is drinking and using benzodiazepines (Xanax and Clonazepam). Kathy is a single mother and lost her husband (Lindsay's father) 5 years ago. Questions How would you approach Intervention? this situation, and how will you prepare this family for the intervention? **Approach Treatment**

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

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

Treatment

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Sharon has reached out to you about her son Jaxon who is 22 years old and using IV Heroin and Cocaine. He is a part-time student at a local college and is barely holding onto a part-time job. She has Jaxon living at home and is currently managing every aspect of his life for him to try to help him hold his life together. She is holding his money for him and driving him around to his job and to school. She is getting a lot of pushback from her husband (Jaxon's step father) and her two older children Kai and Marcus who have moved out, married, and have both been very successful at life. | Questions | Intervention? | Approach | Treatment | Treatmen

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Sample Case #5 Active group discussion Elizabeth and Patrick have reached out to you about their daughter Jenna who is 33 years old and her boyfriend Joel who are both living in the parents' house with their infant child 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. Questions How would you approach Intervention? this situation, and how will you prepare this family for the intervention? **Approach Treatment**

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Sample Case #6 Active group discussion

Donna and Larry are calling about their son Allen who is 37 years old and using IV Heroin. They recently found out when he was visiting from California for the holiday. They found his needles and he admitted to using but said that he had it under control and would be seeking out "help' when he got back to California. This was months ago and he has made no progress so now the parents want to intervene and get him into treatment. Allen has a girlfriend who is also using and they live together on a piece of proper ty that they rent and grow Marijuana on. They are out of resources and up to this point Allen has received all of his support from mom and dad.

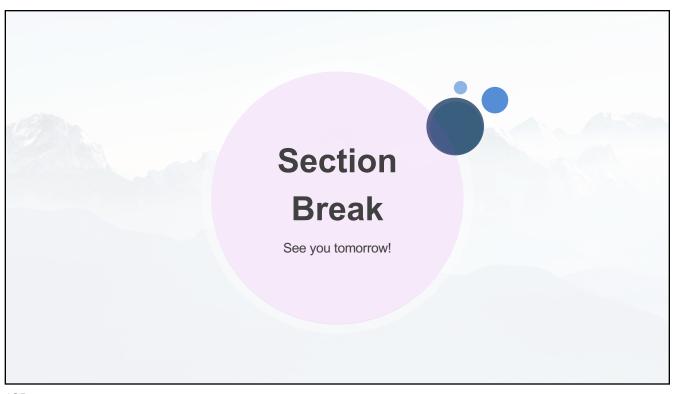
How would you approach this situation, and how will you prepare this family for the intervention? Questions Intervention?

Approach Treatment

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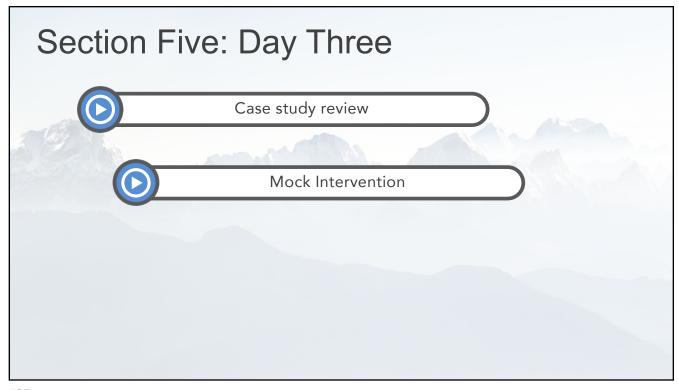


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CFI Mock Preparation

Getting set up for the mock intervention



Write two intervention letters

You should all be able to create two brief half page family intervention letters. You can choose to write as any male and female member that you would like to be.



Choose a scenario

Choose a scenario out of the six different scenarios that we have provided. You can adopt the addiction issues outlined in any one of these.



Write a boundary statement

You must assume that as a family member you have been actively or passively involved in the addiction and you now have a desire to change that relationship.



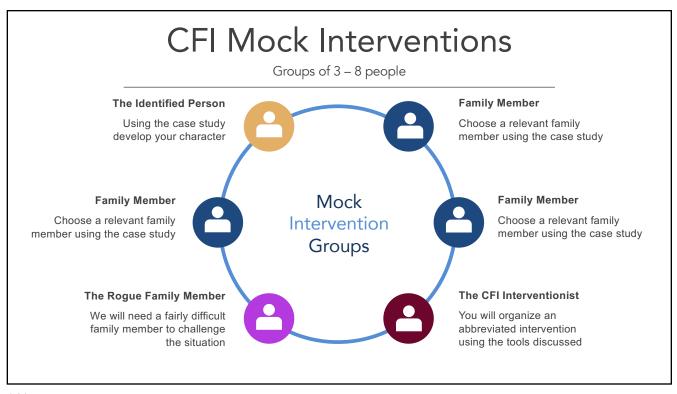
Break into groups

Break into groups of at least three people and begin your mock intervention scenarios. Each person must act as the IP, the interventionist, and a family member.

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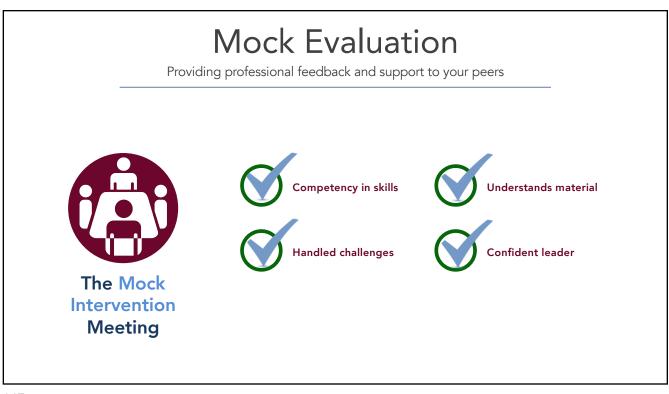


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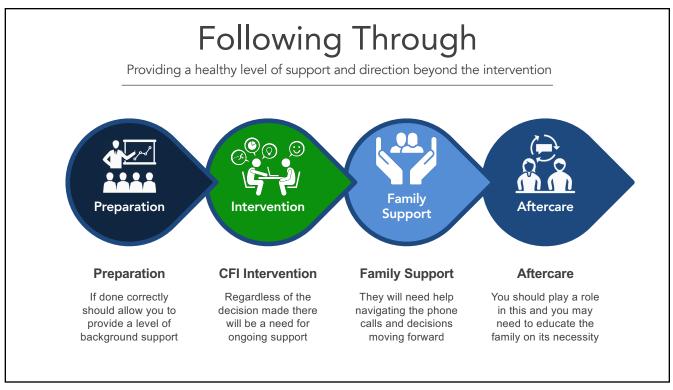
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Ongoing Family Support



Video Conference Meetings

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

Phone / Email Support

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



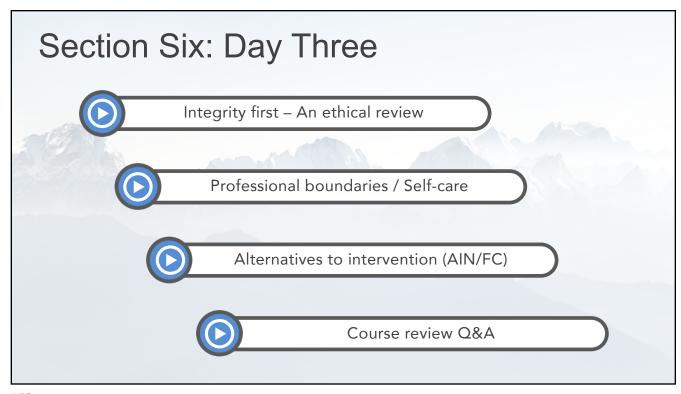
If you can manage to get them into your office this will always be your most effective means of support.



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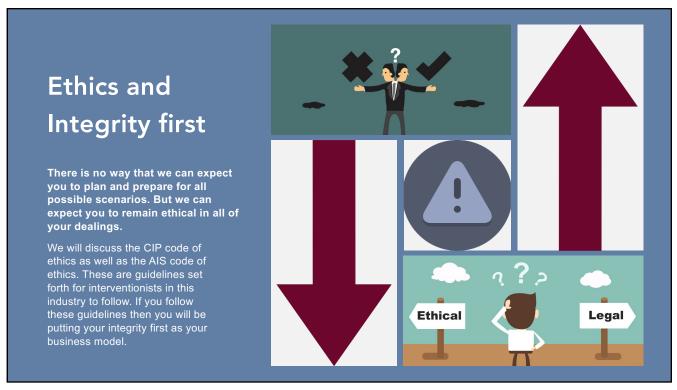
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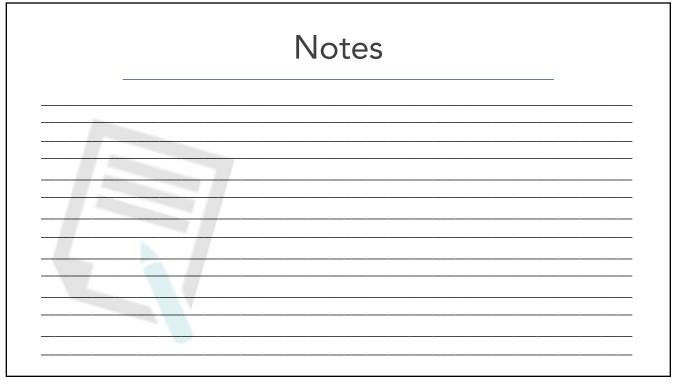
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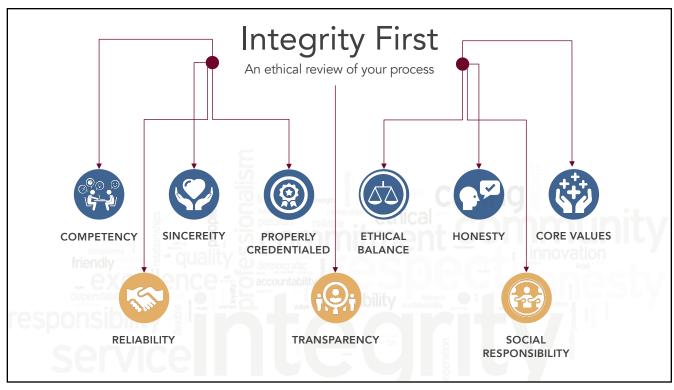


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Ethical Dilemmas

Active group discussion (ethics in the field)

Ethics:

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

Dilemma:

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

Ethical Dilemma:

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



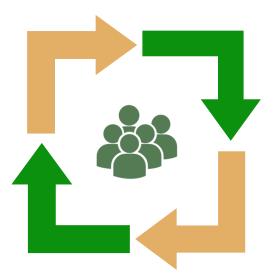
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CFI Professional Boundaries

What are they, and what do they mean



Protection

They protect the space between the professionals power and the clients vulnerability. Ensures that clients aren't hurt physically, emotionally, spiritually, or financially.

Limits

They are clearly established limits that control this unspoken power differential and allow for a safe connection between professionals and clients.

Objectivity

They create the distance the professional needs to remain as objective as possible. They prevent emotional decisionmaking on the part of the professional.

Power

Relationships with clients have both the power to heal and the power to harm. Personal involvement, well intentioned or not, could reduce the benefit of services to an individual or family.

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Am I Doing This Right?

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

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

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





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Professional Preparedness

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



Becoming an effective & reliable CFI interventionist



Solid recovery

If you are in recovery you will need to have a solid program in place



Peer support

Both personally and professionally having access to peers



Physical / Emotional

Physical and emotional health should be a priority in your life



Organization

It will always be your responsibility to keep materials and organize family meetings



Presentation

You should present yourself as a professional at all times. Clean and appropriately dressed.



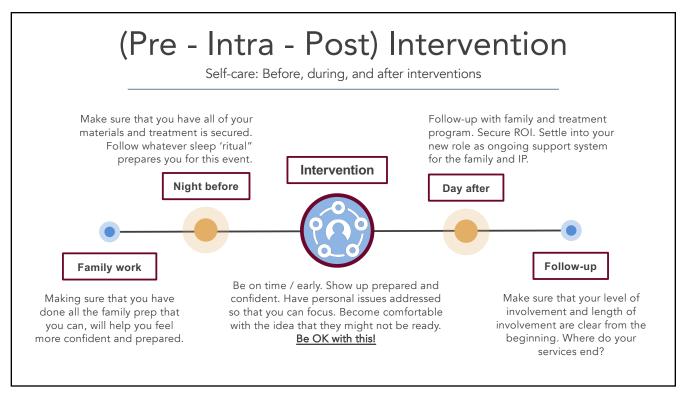
Personal life

Your house should be in order as not to interfere with your professional abilities

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Alternative Interventions

Sometimes the you and the family need another option



Weekly Meetings

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

Testing and Accountability

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

Family Support

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

Outpatient Services

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

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The Agreement

An outline of expectations to guide the process

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

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

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The presentation

Positive options for continued support

Option A

In home option

Option B

Treatment option

Option C

(IP)'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 TRX

This is a plan that comes with adjusted support

This should be a list of the limited support that will remain available if there is no movement toward

option A or option B.

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Special Circumstances

Sometimes things don't go as planned



Couples / families using together

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



Stepping back

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



Residential TRX not an option

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



Your thoughts...

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

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Help Us Improve

Please be as honest as you can when completing our survey

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



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

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