

FREQUENTLY ASKED QUESTIONS (FAQs) ABOUT INTERVENTION

WHAT IS AN “INTERVENTION?”

An intervention is a group process during which the reality of an individual’s alcohol or other drug (AOD) use is presented to that person by a group of other individuals, e.g., family, friends, colleagues, etc. Each member of the group should be a significant person in the patient’s life, and should be prepared to relate several experiences in which the person’s drinking or drug use adversely affected him or her. The weight of all this objective evidence, presented in a structured manner by friends and family members, usually overcomes the “denial” of the identified patient (IP) so they can be motivated to enter a treatment program. This approach is characterized by statements that affirm: (1) positive regard, love, affection for the individual, (2) statements that specify negative consequences of the IP’s AOD use in a descriptive and non-judgemental manner and (3) statements that affirm the need for the IP to seek treatment. When necessary (4) the behavior changes, i.e., consequences, the participants will make if the IP does not seek treatment are presented.

HOW ARE ALCOHOLISM AND OTHER SUBSTANCE USE DISORDERS DEFINED?

SUBSTANCE USE DISORDERS (synonyms: alcohol or other drug problem, alcoholism, drug dependence, addiction, etc.)

SUBSTANCE USE DISORDER DEFINITION: A complex behavioral disorder characterized by preoccupation with obtaining alcohol or other drugs (AOD) and a narrowing of the behavioral repertoire towards excessive consumption and loss of control over consumption. It is usually also accompanied by the development of tolerance and withdrawal and impairment in social and occupational functioning.

HOW CAN YOU DETERMINE WHETHER A PERSON MIGHT HAVE A SUBSTANCE USE DISORDER? WHAT ARE THE SIGNS AND SYMPTOMS?

As you review the following material ask yourself if these signs or symptoms characterize the IP, and if so work them into your letter, message or script (more on this below).

SCREENING: CAGE/CAGEAID

(NB: while this is a self-test it identifies four central signs of AOD problems)

Have you ever felt the need to **C**ut down on your drinking (or drug use)?

Have people **A**nnoyed you by criticizing your drinking (or drug use?)

Have you ever felt bad or **G**uilty about your drinking (or drug use?)

Have you ever needed an **E**ye opener the first thing in the morning to steady your nerves or get rid of a hangover?

(2 positive answers)

SCREENING: THE TWO QUESTION SCREEN

Have you ever had a drinking or drugging problem?

Have you had any alcohol to drink or taken a drug in the last 24 hrs?

(2 positive answers)

SUBSTANCE DEPENDENCE DIAGNOSTIC CRITERIA:

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

- (1) tolerance, as defined by either of the following:
 - a. a need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - b. markedly diminished effect with continued use of the same amount of the substance
- (2) withdrawal, as manifested by either of the following-
 - a. the characteristic withdrawal syndrome for the substance
 - b. the same or a closely related substance is taken to relieve or avoid withdrawal symptoms
- (3) the substance is often taken in larger amounts or over a longer period than was intended
- (4) there is a persistent desire or unsuccessful efforts to cut down or control substance use
- (5) a great deal of time is spent in activities necessary to obtain the substance (e.g. visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects
- (6) important social, occupational, or recreational activities are given up or reduced because of substance use
- (7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption.)

SUBSTANCE ABUSE DIAGNOSTIC CRITERIA (synonyms: alcohol or other drug problem, alcoholism, drug dependence, addiction, etc.)

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

- (1) recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home (e.g., repeated absences or poor work performance

related to substance use; substance related absences, suspensions or expulsions from school; neglect of children or household)

- (2) recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
- (3) recurrent substance-related legal problems (e.g.) arrests for substance-related disorderly conduct)
- (4) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

WHAT ARE THE SUBSTANCES INVOLVED IN SUBSTANCE USE DISORDERS?

- (1) Alcohol: wine, beer, liquor, whiskey, gin, vodka
- (2) Amphetamines: Benzedrine, Dexedrine, methamphetamine, crystal, ice
- (3) Caffeine: coffee, cola
- (4) Cannabis: marijuana, hash, has oil
- (5) Cocaine: crack
- (6) Hallucinogens: LSD-25, psilocybin, mescaline,
- (7) Inhalants: nitrous oxide, glue, gasoline
- (8) Nicotine: cigarettes, snuff, chewing tobacco
- (9) Opioids analgesics: opium, morphine, heroin, codeine, fentanyl, Demerol
- (10) Phencyclidine: PCP
- (11) Sedatives, hypnotics or anxiolytics: barbiturates, Ambien, Valium, Librium, Tranxene, etc.
- (12) Other: MDMA aka Ecstasy,

WHAT KINDS OF CHANGES ARE EXPECTED FROM AN INTERVENTION?

- (1) The process of intervention asks, encourages, or demands that the identified patient change their behavior in many ways: stop using, go to treatment, go to and get active (get a sponsor, join a group, work the Steps, help others, etc.) with A.A., N.A. or other peer supported programs, get a therapist, etc.
- (2) The process of intervention does exactly the same thing for the members of the intervention group, it asks, encourages, or demands that they change their behavior: stop enabling, go to Al-Anon or Nar-Anon, go to therapy, etc..
- (3) Ideally all concerned come to recognize the desirability of these changes for their own sake although initially the changes are often made with the specific goal of getting the identified patient into treatment.
- (4) One way of thinking about an intervention is: how can we produce the most productive change in all of the participants? What have each of us been doing that helps to continue the alcohol or other drug use? What can each of us do to eliminate the alcohol or other drug use? How can each of the participants encourage movement toward health and away from illness, disorder, etc.?

- (5) Stages of change: pre-contemplation, contemplation, preparation, action, maintenance, termination

OTHER TERMS AND CONCEPTS

- (1) ENABLING-dysfunctional approaches to the person with an AOD problem
- (2) CO-DEPENDENCY-maladaptive, unhealthy reactions to the alcoholic
- (3) DENIAL- A developmentally immature psychological defense mechanism to prevent the recognition of unpleasant aspects of reality. Examples: “I don’t have a problem with alcohol.” “I can take care of this problem myself, I don’t need help.” “There is no alcoholism.” “Just don’t talk about it, don’t deal with it.” “You would drink (drug) a little to if you had my problems, my life, to deal with.”

WHAT DO WE NEED TO THINK ABOUT AS WE PREPARE FOR THE INTERVENTION?

1. Conduct rehearsal and planning meeting(s) this may be done electronically or face to face,
2. Make a decision about invitational vs surprise intervention,
3. Avoid alerting the IP to the intervention if the intervention is a “surprise.”
4. Establish group roles, e.g., detail person, contact person, etc.,
5. Review as needed: alcoholism, addiction, illness, enabling, change, etc.,
6. List negative consequences of the AOD problem,
7. Participants write descriptive and persuasive letter to the IP,
8. Review letters, editing out anger, blame, judgment, stick with data, employ specific examples, use imagery.
9. Determine changes (consequences or bottom lines), which will occur if the IP does not seek treatment, write on separate page.
10. Review willingness to follow through on consequences.
11. Identify financial resources,
12. Establish time, place, date for further rehearsals and the intervention itself.
13. Identify treatment center and interface with,
14. Assure transportation arrangements,
15. Create plan to guarantee IP, is at the intervention
16. Identify objections/barriers that the IP may use to avoid treatment and prepare responses/solutions.
17. Pack a suitcase, include everything needed including medications.
18. Rehearse the intervention: who will sit where including the IP, order of presenting letters, park cars discreetly, script opening and closing statements.
19. Arrive at intervention site in a timely manner.
20. Arrive at intervention site as a group.
21. Make sure the treatment center knows the person is or isn’t coming.
22. Give the letters and consequence statements to interventionist for the IP’s counselor.
23. Sign up for family program at treatment center.
24. Locate Al-Anon Nar-Anon meetings and go to several, and/or find a competent therapist

25. Consider acceptable back-up plans.

HOW WILL WE REMEMBER TO SAY ALL THE THINGS WE SHOULD TO THE SUBJECT OF THE INTERVENTION? (THE LETTER OR SCRIPT)

During an intervention structure is very important, and participants are often anxious and may forget what they agreed to say or if allowed, diverge from the agreed upon statements. To better prepare participants and assure that the messages are delivered as agreed during planning and rehearsal, participants write a letter, or “script” their remarks.

The content of the letter is relatively simply:

- (1) statements of love, affection, positive regard,
- (2) data, i.e., descriptions, of the negative consequences of substance use and recognition of the identified patients suffering,
- (3) exhortations to accept treatment/therapeutic recommendations, and if necessary
- (4) consequences of unwillingness to treat the substance use disorder and go to treatment.

This latter part, the consequences, are put on a separate sheet of paper. In so far as possible specific examples should be used to illustrate and elaborate on these four themes with as much imagery as possible. Below are some sample letters.

#1 A Sample Letter from a friend of the identified patient.

Dear Frank:

We’ve been best friends since the eighth grade. That’s twenty-three years now. You were always the guy ready to try anything. You’ve never let anything get in your way. I may not have told you this before, but you were always an inspiration to me. I’ve pushed myself harder to accomplish more in my life because of the example you set.

You were the best man at my wedding, and you’re my son’s godfather. This makes you more than my best friend—you’re a member of my family. The kids call you “Uncle Frank” and they love you very much.

Lately, however, the kids are asking me what’s wrong with you. The last several times you’ve been over you’ve been intoxicated, and the kids have been frightened because you get too loud and aggressive. The kids have always adored you, but alcohol changes you. We’ve explained to them that you have an illness. Christopher asked us why nobody was helping you. At that moment I realized I was avoiding you more and more when I should be helping you instead. I promised Chris I would do whatever I could to help.

That’s why I here today. I’ve always considered myself a good friend to you, but I’ve known for some time that alcohol is a problem in your life and I chose to look the other way. That’s not what friends do. Today I’m willing to do the tough thing and ask you to accept treatment for your alcohol problem.

Consequence (**Separate sheet of paper**)

You're my best friend and you can always call me if you change your mind and decide to get help. I'll pick you up and get you to treatment anytime, but I'm not going to lend you any more money. Also, I'm going to ask that you don't stop by the house until you get help. If you choose alcohol over treatment you can't be around the kids. They've already been affected by your drinking problem, and their welfare is my first priority. It doesn't mean we don't love you. It means we are deciding how to take care of ourselves. Won't you take care of your self and get help today?

#2 A Sample letter from a sister who lives distantly from the IP.

Dear Tom:

Many times I've described you as the world's greatest brother.

Though I couldn't have articulated it then, as a child I felt you noticed me more than any other person did, and I felt the most love from you. In our family you often seemed to be the person most able to perceive others' needs and respond to those needs. Twenty-five years ago you saved a foolish pregnant teenager from years, perhaps a lifetime, of self-destructive recrimination. Something you said to me then made a world of difference. It sounds simple. All you said was to draw a distinction between responsibility for my own actions vs those of others. But you stuck up for me when no one else did, not even me. It made a world of difference.

Your intellectual prowess is a gift not an accomplishment, Tom. But your compassion and empathy are choices. Many times you've chosen to see our needs, and to meet our needs. Well today, the good news is your family is in pretty good shape. None of us need rescuing at the moment. In fact, it's time for us to payback some of the help you've given us.

Tom, I see how much pain the drinking causes you. Last time we were together, in summer of 2000, I watched you drink to the point of stupor. These days, you yourself mention alcohol each time we're on the phone. I've noticed your memory failing. During a telephone conversation earlier this month you claimed to remember an important incident from a few years ago concerning Mom's ophthalmologist, but I'm pretty sure you didn't really remember. When I observed that all of us are mortal, you compared your having 'alcohol problems' to Mom's having diabetes and cancer. Tom through that whole conversation I could hear how hard you tried to enunciate clearly so I wouldn't know you'd been drinking. But I do know. We all know.

I love you and hope you will choose to go into treatment. Of course your primary motivation ought to be your own health, your own life. But consider too the effect your choice will have on the rest of your family. Your companionship provides something for me that no other person on earth can give. Your absence would create a void that no

other person can fill. My life wouldn't totally disintegrate if you dissolve into alcohol, but it certainly would diminish. You so often choose compassion for us Tom. Choose wisely now for yourself.

Love,
Carole

Consequence statement:

I can't make any threats or ultimatums. I can only tell you how much the world's greatest brother will be missed if you leave me and that will be the result of your continued use of alcohol.

#3 A sample letter from a 45 year old sister.

John,

I love you! I love you! I love you!

We have been together through thick and thin for years. You are my big brother, someone I could talk to about anything when I was young. You were the only one I could ask all those questions of and the only one who would ever answer me honestly. You advised me on boyfriends, jobs, financial matters, real estate..... You did it unconditionally with all the love and caring that a big brother could. We have raised our children together and have grown closer for it. I love your children as my own, because of my love for you. You are the godfather to my first born child. There is much we share in life.

I came today to advise you this time, big brother. I am certain that you are not well. You have told me that you are sad and depressed. At the last family gathering on the Cape you fell in the swimming pool and had to be rescued. You've just had your second impaired driving arrest and Daniel had to go to the police station and bail you out. I know that the disappointments of life, coupled with the use of alcohol, have left you depleted. So I am here big brother to return the favors of my youth. I am here to advise you to seek treatment.

I promise to continue to do all that I can to help you raise the boys you love so much. I promise to help with their education plans. I would love to continue the golf lessons and sailing that we started last summer. I wish for them all the same privileges that their cousins enjoy. All of my efforts over the years will continue with your children as long as you are there to guide me. Those four boys need their father in the next ten years, more than anything they could be given in this entire world. They need and I need a healthy John in their future.

So big brother, to ensure the future of your children and to continue to see that your boys enjoy the opportunities they deserve, you need to go to treatment today. My link to them is you. I cannot be in your life or your children's lives unless you are well. This is my final plea, John. You must go to treatment !!!

Love,
Melinda

Consequences:

My kids and your kids have seen a lot. Jeannie was crying and wanted to know if you were going to be all right after you were dragged from the pool and laid on the lawn. But its gradually and subtly affecting all of them. If you can't bring yourself to accept what we are offering then I very reluctantly will have to keep my kids away from you. I've thought a lot about this, but watching the continuation of your problems with alcohol is something I want to spare them.

#4 A sample letter from a husband to a wife

Dear Mary:

We are about to celebrate our 30th anniversary. You have always been the love of my life. You always remind me of things to do and made sure that the task was performed, even if you reminded me ten times! You are the mother of our children who also love you. You engendered in them the love of life and education. I still love you so much.

Lately, however, despite my love, your alcohol use is causing me tremendous pain and heartache. I'll let Susan and Donald speak for themselves, but I'm very worried about the effect your drinking is having on them. While in Mexico, you frightened and embarrassed me. You fell in the hotel room, there was blood everywhere, it required 911, EMT's and 36 stitches at the hospital. I once thought your drinking was only a phase but, unfortunately, it goes on and on. The incident in Mexico brought back the terrible memories of Evie's wedding when you got so drunk that you fell into the lake. It brings back the terrible times when you would get sick in the car on the way to Fairlawn after the CLLA meetings in New York. It brought back the frightening experiences of the fires that you start. Alcohol is clearly changing you. I love you Mary, I hate what alcohol is doing to you and us. .

That's why we're all here today. I know there is a way out for you and us. I considered myself as a good and loving husband who enjoys your company. But the drinking has put a wedge in the relationship. I chose to look the other way, hoping that I could believe you and that you could deal with the alcohol. I was wrong to look the other way and I'm not going to do it any more. After Mexico and, even in the past week, I have come to believe that you cannot help yourself. I took you in sickness and in health and I am here for you today. It is a difficult and serious request that I make of you today. I am asking that you agree to inpatient treatment for your alcohol problem. I have investigated the different facilities and I believe that _____ is the best for all of us. I want you to go to treatment now and I'll take you myself.

Love,
Eric

Consequence

You are my wife and best friend. I could count on you for all your help. I want you to get help. You need to get treatment and if you do not or cannot do it voluntarily, I will be forced to take drastic measures. I have drafted a civil commitment complaint and, as I

understand it, the treatment facility is at _____ State Hospital where you would remain in locked confinement. I only have in mind your welfare and that of _____ and _____. Please don't make an involuntary hospitalization my only option, take care of yourself and go to the rehabilitation hospital.

#5 A sample letter from a college student daughter to her mother

Mom:

I love you. You're a pain in the ass, but I still love you. I owe you and Dad everything I have, and I always have and always will appreciate what you've given me. I remember the last time I really got to talk to you, and actually enjoyed talking with you, was when you were in the hospital last summer. You were talkative, coherent, and most importantly sober. That was the best week I can remember spending with you.

Ever since your drinking became a problem I've been upset. Its been years now. I'm embarrassed to have friends over because I'm afraid you will fall over and hurt yourself. It's worse for me when you come over and try and talk to us and can't follow anything that is going on. I don't want to have to introduce you to the same people everyday because you can't remember what I said two minutes ago. The nights when I'm not home I go out worrying about whether or not I'll see you passed out in the trash bleeding from a head wound, or whether I'll have a house to come home to or if it's been burned down due to one of your fires. The biggest fear I have is you driving under the influence.

When we talked to Dr. Sharon I had faith that after the surgery you'd be able to stay clean on your own, but as soon as you returned home you lost control and only hurt yourself more. I wanted to walk out of the house on Rosh Hashanah when you fell out of your chair while you were still on crutches. It's too much pressure for me staying at home watching you do damage to yourself.

You need treatment! We've made all the arrangements. Please go to treatment so we can have a good relationship and our family can be restored. I want you well. I want my mother back.

Consequence:

When I left for school a great weight was lifted from me because I didn't have to see you everyday, which made my life much easier and simpler. I hate seeing you drunk, which is why I never come home anymore. I can't stand it and I won't. If you don't get the help that's offered you'll see me even less than now. I don't want it that way but I just can't take seeing you so out of it.

#6 A sample letter from a friend of the IP

Dear Nora:

I write this letter to you with both a sense of sadness and hope. The sadness is for the harm I see you repeatedly inflict upon yourself and others who love and care for you, by your excessive drinking. When we first met I saw a bright, engaging woman, interested in the world around her. Over the past four years that woman has gradually faded from sight.

Lenny and I love sharing Shabbat dinners with you and Bill. Your out of control drinking episodes have made these evenings very tense and uncomfortable for us. The pattern is always the same. The evening begins on such a lovely note and then within a short period of time deteriorates as you disappear into a drunken stupor.

This scenario played itself out recently when you and Lenny joined us for dinner when our friend Ralph was visiting. Halfway into the evening you disappeared into the bathroom where you remained for an hour. When you returned to the table you made no excuse for your prolonged absence and we ignored the obvious. You spent the rest of the night passing in and out of lucidity while listing in your chair. No one said a word about your disappearance or behavior. We felt humiliated for you and frustrated because we didn't know how to help. It is so terrifying to watch someone you care for self-destruct. Today we are taking the risk of confronting your behavior with alcohol.

The hope I see is for your bright future. You can reclaim your life once you acknowledge your illness and seek treatment so you can live again, fully and richly.

I pray for your success.

Love,
Ester

Consequences:

Nora:

Our evenings together cannot continue if you persist in drinking. You have accomplished too much to lose it all for a drink. I hope you make the right decision for you and join us once again.

Ester

#7 A sample letter from a teenage son

Dear Mom:

I love you very much Mom and I hope you can find it in your heart to accept help for yourself.

Your drinking has caused many problems throughout my life. I wish you had never started drinking. I have continuously tried to encourage you to stop drinking, or at least not to drink as much. I know now that you can't stop on your own. You have refused any help that I have offered, Dad has offered, or anyone else.

You have lied to me and everyone else that cares about you. You have told us that you would not drink and then you hide alcohol or disguise the fact that you have been drinking. You drive under the influence. You start blazing fires in the fireplace and then pass out. Mom, you know that I know what happens at home every night. It hurts.

I believe now, more than ever, that you have a sickness. I don't want to be near you when you drink. You forget important thoughts and feelings I share with you. What we are doing today is long over due. Please commit yourself to treatment and recovery.

I love you very much Mom and I hope you can find it in your heart to go to treatment.

I still love you,

Mark

Consequences:

If you can't get help and stop your drinking we're going to move even farther apart. I don't like coming home now and pretty soon I won't have to come home at all. I guess that's what alcohol problems do to people they just get away from each other.

Mark

#8 A sample letter from an adult brother to his sister.

Dear Fiona:

My sister, my friend, together it was us against adversity and rising above everything to be happy and good natured and funny. We have come a long way from growing up in _____ as a secure home base for so long. Many adventures and significant events, college, marriage, children, deaths, and building new extended family ties. To build such a life of memories and accomplishments is a dream that many are still looking to achieve.

We only see each other a few times a year and I am glad to get the children together to be with their cousins. Our outings over the years have been hiking and skiing, first at _____ and now at _____ Carol, Susan, Megan and Frankie skiing

together over the years have built memories and friendships that will remain forever. Skiing together as a group of eight extends that friendship bond out to include Aunts and Uncles, nieces and nephews. In most recent years the pack of eight has become a pack of eight minus one, you, Fiona. You have been gradually fading out of the group. Now you have to listen to your family and friends.

Last year when you and I went out to the garage for our long talk, I told you that everyone sees what you are doing and you need to make choices in your behaviors about your future and your family's future. As we continue to relive our childhood issues and the choices that we said we would never do to our kids you now need to change. The night before you fell down in front of all of us and needed assistance to get up and go out for some fresh air. Then you could not stay at the table for dinner. We discussed many things about what our kids should have for their future because they are our future. You agreed with me to work on your choices and get better for yourself and your family.

After much crying and hugging we gathered up, packed our car and we all went to lunch at _____. I arrived with my family to see you at the bar just as the bar tender delivered the second and took away the empty. I shook my head that my heartfelt conversation of fifteen minutes ago appeared to mean nothing to you. As lunch progressed, you continued to have more glasses of wine, unable to eat your lunch and I watched you become meaner and more belligerent with everyone at the table. Finally, storming away only to be concluded by a yelling display at your husband in the parking lot in front of all of us with your children in the car. Driving in this condition is dangerous for you, your children and others on the roads.

During our most recent family visits this year and last are a series of incidents that have created great sadness for me and need to be examined. We were having a Saturday night dinner party at your house after skiing, standing around the kitchen island with Susan, Richard, Bertha, Tom, and yourself. After a short conversation, there was a lull and you walked over to me and said, "I don't think we've met I'm Fiona_____." I looked into your eyes and realized at that moment you were serious and did not recognize nor remember that I was your brother. Everyone looked at each other not knowing what to do. Susan quickly made a funny line to break the ice, "come on Fiona this is Joe your brother."

Our last trip this year was wonderful when you skied with us on Saturday and we all had lunch at the top of _____. It was great to have you with us enjoying the day and the group being together for skiing. I thought you were really back, then Sunday came and a different Fiona appeared. I saw you yelling at Frankie until he was begging you to stop yelling at him. Then you moved on to yelling at Megan and Paul. I did not want my kids to see you like this any longer so we left for home.

Our weekend ski trips have turned into us seeing you mostly in bed and when you get up not knowing who you are or the mood of the hour. Everyone around you has to be careful not to create a possible problem that could make you erupt. There is a lot of energy from a lot of people that goes into smoothing everything just for you. That energy

should be put to use in developing our children's future so that we have provided a better life for our kids than we had ourselves. I feel that we have already done that and now are in a better place to participate and lead by example in their lives. The examples you are displaying to all around you is unbecoming of your talents, personality and roles as a wife, mother, sister, aunt and friend.

After every visit, the car ride home is a sad time for me as Linda and I recall the events of the weekend thinking about how much you need help and feeling we need to do something about it. We think about Frankie and Megan growing up in an environment of yelling and scared of their mother. We often have to explain to our two that you have a problem and need help discussing real life issues with them and dealing with their concern for your family. Frankie and Megan have to deal with the tension and yelling every day.

Fiona, your drinking is putting you in a dark place, going down a destructive path to nowhere and you know this. I am asking you to take this opportunity to get yourself better and to a happier state of mind for yourself and your family. You have a supportive network of family and friends and we want you with us, but not in the state you are in now. You should know how hard it is for me to watch you self-destruct in front of me. I offer you my love and support to help you overcome this and rebuild your relationships with family and friends.

You must realize how much we love you to get to this point to request you get help and I think you are really screaming out for help and now it is here. Take it. This is your opportunity to do the right thing and work toward being sober a day at a time, saving yourself, your family, and all your accomplishments along the way. You must move on and get to the present so that you can build a promising future and a legacy of happiness for those around you. It is unfair to put such a burden on your children to grow up in a household that is mean and angry. You should feel lucky that you have this opportunity and that so many people care about you. I encourage you to take the first step and accept help for your drinking problem. I love you and await your decision.

Your loving brother,

John

Consequence statement:

Your behavior cannot continue the way it is without affecting the way I feel toward you. If you do not take this opportunity to work out your problems I will have to think about and reconsider my relationship with you and how we interact in the future. I will no longer feel we can stay at your home in the future so the children do not have to witness your fall-down-drunkenness and constant yelling.

I do feel that the cousins should still see each other so we still get together but without you. You will be left out from our plans because we don't know if you will behave

appropriately or be able to function. I never thought I would be saying that my sister Fiona _____ is a drunk. That just is not right.

Please take this time to get to the good side of life and you will see how lucky you are to be you, have a wonderful family and great friends that love you and want the best for you. Now its up to you, don't disappoint yourself, others and me. You can do it and make things good again. Let go of the bad start to grab hold of the good. Your past should not be your children's present. Work together to build your future for the good of all. I love you.

John

WHAT HAPPENS AT THE INTERVENTION?

The interventionist and the participants arrive together at the venue and arrange themselves in an agreed upon manner. The interventionist often provides the introduction to the identified patient although another member of the group may have been identified for this task. Each participant in turn presents the text of their letter either by reading the letter or if they feel able, they use the letter as a script from which they speak. This is often a very emotional process and most often this emotion is expressed in hugs or other touching, tears, vocal tones, etc. Often the process appears to move very rapidly. The interventionist provides structure, responds to unanticipated events and guides the direction of the group process as needed. The most common outcome is acceptance by the identified patient of the course of treatment offered. When this is not the case the consequence statements are invoked and presented and this may produce the desired outcome: acceptance of treatment recommendations. If the identified patient continues to resist the interventionist may attempt further clinical maneuvers and interventions. In either case the interventionist will bring the intervention to closure at a time and in a manner that seems most appropriate.

WHAT HAPPENS AFTER THE INTERVENTION?

When the identified patient accepts the treatment recommendations the post intervention period is a time of bustling activity, the goal of which is to get the identified patient on his or her way to treatment i.e., bags into the car, last minute details resolved, goodbyes, etc. The preliminary planning has hopefully provided for every eventuality. When the identified patient has left there is often a short debrief or discussion of the process and peoples' feelings.

The interventionist will send a summary letter concerning the intervention and the texts of the letters and consequence statements to the treatment program staff. These may be used during the course of treatment.

If the identified patient does not accept the treatment recommendations of the group, the debrief and discussion process will reiterate the action steps that have been already

established in the consequence statements, and include a reiteration of the clinical plan for members of the intervention group. It is important to note that on those occasions when the identified patient does not immediately accept the treatment recommendations it is quite probable that if the group members hold firm to their consequences and their own clinical plans, the identified patient will eventually accept treatment.

WHAT HAPPENS DURING TREATMENT, AFTER TREATMENT, OR DURING THE PERIOD AFTER THE INTERVENTION WHEN AN IP HAS REJECTED TREATMENT?

The interventionist will continue to function as a resource and to some extent as case manager for family during and immediately after intervention and/or treatment. The interventionist can often advocate for family and identified patient when needed, identify resources or simply answer questions.

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