Guide to

INTERVENTIONS

for Families:

How to Get Your *Loved One* Into Rehab

One of the hardest parts of rehab for substance use disorder (SUD) or addiction is for people with SUD to realize and accept that they have a problem. People have a high threshold for self-delusion and rationalization.

Many people with addictions are ***high-functioning*** and adept at concealing the effects of SUD from themselves and others. If they can still work, wash, dress and feed themselves, they think they ***do not have a problem.*** At first, even family and friends may not notice that their mental and physical health is deteriorating because it happens slowly over time.

Sometimes they need help to realize that they need help. By the time they do, it may be more difficult to quit because addiction changes the brain's chemistry

Even if they do, they may not realize that others know, that it is affecting their job performance, their relationships, their hygiene, and their physical and mental health

At some point, however, the curtains part, the masks slip, and you catch a glimpse of how their ***addictions are affecting them.*** You may approach them, attempt to express your concerns, but to no avail.
If your gentle inquiries into their behavior and health go unheeded, it may be time for more ***aggressive action***. That is when an ***addiction intervention may become necessary.***

What is an INTERVENTION?

An intervention is a coordinated, loving attempt to convince a person with a substance use disorder (SUD) to stop using alcohol, prescription medications, illicit drugs, or other substances and accept rehab treatment.

There are several different intervention models, but the most common and well-known is largely based upon the ***Johnson intervention model*** for confrontational direct intervention. Confrontational means the person with SUD is not involved in the intervention planning and does not expect it, but the tone of the ***intervention should not be hostile.***

The intervention is a group effort to show the person with SUD that their problems are not one person's opinion, but the ***opinion of multiple people they know, love, and trust.*** It is staged by family and friends—possibly including fellow church members or officials and coworkers or an employer—who have ***witnessed the SUD and its detrimental effects*** on the loved one.

An intervention is not the first resort.

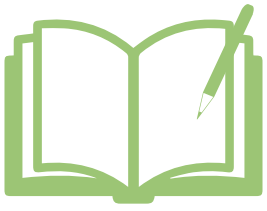
There is a good chance that at least some of the people involved have already attempted to discuss the SUD. The intervention is staged after the loved ones have ***shown no interest in or ability to stop on their own,*** even though their substance use is negatively affecting their lives by:

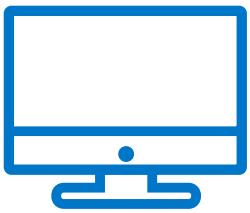
- Putting a strain on their relationships
- Damaging their employment prospects
- Causing health problems, up to and including threatening their lives

Interventions are attempts to **SAVE YOUR LOVED ONE,** but good intentions are not enough. They require careful planning, including knowing what *not to do at interventions.*

How do YOU PLAN *an* INTERVENTION?

One of the first steps of any intervention is ***making a plan.*** Planning is one of the most important parts of interventions. Interventions require a certain amount of improvisation because addicts are unpredictable, but interventions work best when they are as ***tightly scripted*** as a stage play.



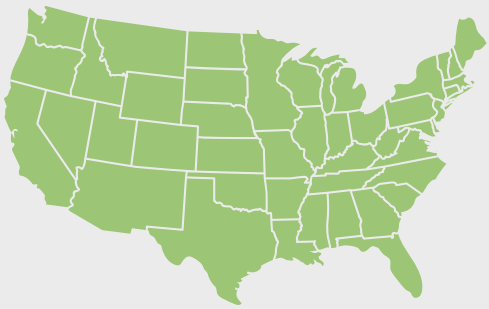


There are many online resources that include advice about planning an intervention. Many substance use disorder treatment centers include that information on their websites, even if they do not offer the service themselves. Most recommend that you ***obtain some professional advice and counsel.***

What is an Intervention Specialist?

An intervention specialist is an alcohol or drug addiction counselor who has training about how to ***plan an intervention.*** Specialists know what to do and what not to do.

The requirements to be a substance abuse counselor vary from state to state but usually include an accredited counseling degree, work experience as a counselor, a criminal background check, and some form of state or national licensing. Some states may require multiple licenses.



Some intervention specialists have ***advanced degrees***—from a bachelor's to a doctorate—or certifications, but some have both.

If you can't find a licensed or certified addiction intervention specialist, other professionals who might be able to assist you in planning an intervention ***include:***

- Doctors
- Nurses
- Psychiatrist/psychologists
- Social workers
- School counselors
- Clergy members

WHY HIRE an INTERVENTION *specialist?*

Opinions vary as to whether or not you need a professional intervention specialist or can manage it on your own.

One reason to hire an interventionist is to have the help of someone neutral who is not emotionally involved with the loved one's SUD. Even though the point of an intervention is that it is an act of love by family and friends, addressing relationship and addiction issues may also arouse anger and hurt feelings. A third party can help keep things on track.

Some other reasons you may need a professional intervention specialist include:

1. If the loved one has a history of violent acts.
2. If the loved one has a co-occurring mental health problem, also known as a dual diagnosis.
3. If the loved one has had previous problems with addiction rehabilitation treatment.
4. If the loved one has attempted or threatened to commit suicide.
5. If there are other complicating factors.

Intervention specialists may not be cheap.
According to various sources, the cost of a professional interventionist can vary from $1,500 to $20,000, and insurance often does not cover the cost of interventions. Some treatment centers may supply specialists for free if you agree to send your loved one there.

Select an Intervention Team

Deciding who will be involved in the intervention is the next step of the intervention process. The size of the intervention team should be small. Jeff Jay—a certified intervention and addiction professional and coauthor of the Love First intervention guide—suggests as few as three people and no more than eight.

The intervention team should consist of family, friends, a spouse, adult children, coworkers, or a church official, ***people who have noticed the signs*** of the loved one's developing SUD. Do not include young children, any person the person with SUD dislikes, or any person who dislikes the person with SUD.

When selecting the members of the intervention team, here are some additional guidelines:

1. They must have direct experience of your loved one's SUD and its negative effects. They also must be willing to share those details with the rest of the team before the intervention so the whole team knows the scope of the problem.
2. They must be willing participants in the intervention. If they are not convinced of the necessity or wisdom of the intervention or are otherwise reluctant to participate, they will not be helpful. If you still feel their presence is necessary, try to educate them before the intervention.
3. They must have some influence on the loved one. Each member must be someone with an emotional connection to the person with SUD, someone whose opinion the loved one respects and cares about.
4. If possible, at least some members of the team should have leverage over the loved one: something the loved one wants to keep, such as a job or marriage or access to children. This leverage must be applied carefully so the person with SUD does not perceive it as a threat. The intervention will not work if it seems to be coming from a place of hostility.
5. They must be confident in their sobriety. It is all right if some team members have past SUDs themselves, but only if they are currently sober and secure in their recovery.
6. They must be motivated by love and concern, not anger. The goal is not to berate or bully the person with SUD but to overcome their denial, persuade them that they need to go to rehab, and help them find it.

What is an INTERVENTION *chairperson?*

Even if you do use an intervention specialist, the team needs a leader, a chairperson, to keep the process moving and continue the conversation. The chairperson does not make unilateral decisions but ***keeps everybody informed.***

Before the intervention, the chairperson is the central contact for the team. He or she notifies the other members about planning, meetings, and other developments.

The chairperson also reads an opening statement, will keep things from becoming too passionate or sidetracked, and will ***speak for the group*** in most circumstances.

Research the addiction

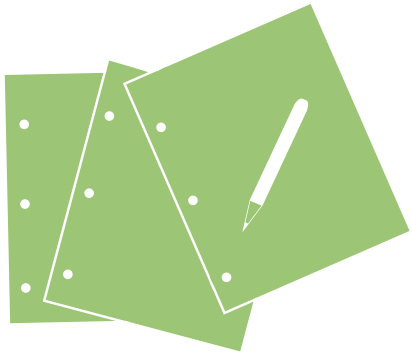
Among the things that all the team members should do is ***learn all they can about the SUD.*** You must know what you are talking about. If you get something wrong and your loved one knows it, you may ***lose credibility*** and the ***impact of your message may be diminished.***

WHAT HAPPENS *at an* INTERVENTION?

An intervention is a coordinated meeting with close friends and family, individuals who the person with SUD respects and loves. During this meeting, the participants:

1. Explain the reality of people's substance use disorders.
2. Read letters they wrote about the people's addictions and discuss how the addictions have affected each member of the intervention team.
3. Warn people of the consequences of their continued use. Those consequences may include the complete withdrawal of support and cutting the addicted people out of their lives.
4. Try to convince their loved ones to find help. It is better to suggest treatment centers on the spot so people do not have time to reconsider. Do the prep work first, make sure the loved one's insurance will cover the cost of treatment, and arrange a tentative admission in advance.

Write an INTERVENTION *letter*



One of the reasons the intervention should ***only include*** people who are close to the person with the SUD and have personally witnessed and been affected by the SUD is so they can ***talk about it.*** Each member of the team should write a short, detailed letter to the person with SUD.

The intervention will include testimonials of how the loved one's SUD has ***affected the speakers' lives,*** but the testimonials must be dispassionate and unemotional with no accusations. An intervention can and hopefully will become very emotional but your ***testimonials must not.*** This is much easier to accomplish if they are written down. ***This is an intervention letter.***

What is an INTERVENTION LETTER?

Interventions work better when they are tightly scripted and team members can't forget details or points that they were going to say. The intervention ***letter is that script.***

Letters are an essential part of interventions. This isn't a letter that you mail to the person with the SUD. It is a ***personal script*** that you read aloud at the intervention to attempt to break through the denial and persuade the person with SUD to accept or ***find help.*** It is intended to be heartfelt and stir emotions but not to express or cause anger. ***It should not assign blame.***

Why do people write down the letter instead of delivering it impromptu?

Because people with addictions may be looking for reasons to ***divert or disrupt*** the intervention, and anger and blame may give them a ***self-righteous way out.***

Take your time with the letter, but keep it short and to the point. The letter should be no more than two pages, and a half page may be all that you need. Reading it aloud should take no more than ***five minutes.*** Keep the letter factual, as any error may give the person with the SUD an excuse to ***reject the process.***

When you have completed the letter, read it aloud to the other members of the team, and listen to their letters. Together you can edit out any needlessly hurtful language (the term addict is considered judgmental and should be avoided) and correct errors of fact or timeline. As well as getting the facts straight, the letters will also inform everybody on the team about the ***scope of the problem*** caused by the SUD.

Consider giving the letters to the treatment centers' counselors to assist with the rehab process. They may help the professionals know if your loved one is not telling the whole truth. ***Be careful only to speak for yourself*** (use statements that begin with the word "I"), not for the entire group.

Intervention
Letter Template

The intervention letter should include:

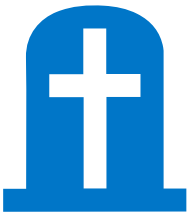
1. A simple, straight-from-the-heart statement of love and concern for the person with the SUD, such as, "I love you."
2. Fond memories. Recall a time or two when the loved one was helpful, understanding, or kind to you, times when you felt gratitude for or were proud of the person with SUD: "I still remember and appreciate the time that you ..."
3. (Optional) A statement that you now know that people with addictions have a disease and need treatment, not condemnation.
4. Without placing blame or expressing anger, a statement of how the loved one's SUD has affected you, with specific firsthand examples. This provides evidence that could counter the loved one's denials that he or she has a substance use disorder.
5. Based on your love and concern for your loved one, a plea to find or accept help for the SUD, now, not later. Maybe include where the person can and should go to receive treatment.
6. (Optional) Detail the bottom line consequences of not accepting help. If the individual depends on you for transportation, a place to live, money, access to young children, or anything else, explain that refusal means an end to the assistance. Sometimes this step is not part of the intervention letter or is only used if help is rejected. The realization that such help will no longer be available may persuade your loved one to seek rehab.

WHEN should you STAGE AN INTERVENTION?

An intervention should be a ***surprise to a person with a SUD.*** They should not know what they are walking into, or else they probably would not. The idea is to catch them off-guard.

Intervention should not be your first step. It is almost a last resort. If the intervention does not succeed, you may lose all contact with and influence on your loved one's actions.

You should not wait too long to hold an intervention, however.



Addiction and intervention professional Jeff Jay recalled an intervention for a bedridden woman suffering from cirrhosis (liver scarring) and complete liver failure. She could not receive a liver transplant because she had ***refused addiction treatment*** despite her health problems. Although the intervention succeeded, it was too late. She died three days later.

If you feel your loved one's life is at risk, plan and stage an intervention as soon as possible.

When NOT to stage an INTERVENTION

You may only get one shot at an intervention. ***Do not blow it before you start with these rookie errors:***

1. The intervention should be a surprise, but it should not be an ambush. That is one reason to keep it small. A crowd looks oppressive. An intervention is intended to be honest but gentle persuasion, not an attack.

2. You should not stage an intervention when your loved one is intoxicated. They cannot react properly, they are more likely to be belligerent, and they may not remember anything said or agreed to. It may be better to postpone the intervention, especially if it is not clear to the loved one that the gathering was meant to be an intervention.

3. Do not attempt an intervention if you are angry or more interested in settling scores than helping your loved one.

WHERE should you STAGE AN INTERVENTION?

Different guides offer different recommendations for where to stage an intervention, often contradictory.

Some say the loved one's ***home is the best location*** because they will feel comfortable. Others say that is the worst possible location because the person with the SUD will be too comfortable and too familiar with the location. The loved one can too ***easily escape*** by simply leaving the room or the house, or may even hide behind a locked door.

According to some, a ***public spot*** is the best place for an intervention because the loved one may be less likely to make a scene. Others say that an intervention in a public place may make a person with a SUD ***feel threatened.***

The best option is the one that you can get your loved one to attend. A neutral, third-party location might be best, somewhere the loved one can plausibly be tricked into going for a small get-together and a place where the person feels somewhat comfortable.

Other types of INTERVENTIONS

While variations on the Johnson model are the most common intervention strategy, there are others, including:

1. ***Unilateral family therapy.*** The friend, family member, caregiver or other learn not to engage in aversive behavior such as nagging or otherwise enabling the SUD before attempting to get the loved one to accept rehab.

2. ***ARISE*** (A Relational Intervention Sequence for Engagement). The person with SUD is part of the process from the beginning, no surprises or ambush. Group meetings are still part of the process to convince your loved one to accept treatment.

3 ***Systemic family model.*** The person with SUD is in on the consultations with the interventionist from the beginning, only family members are involved, the intervention may consist of multiple meetings rather than one meeting, and family therapy is a part of treatment, not just inpatient/outpatient treatment for the loved one.

4 ***CRAFT*** (Community Reinforcement Approach and Family Training). Concerned significant others (CSO) learn to improve their relationships with the person with the SUD and encourage the reduction or end of the substance use. They may provide this encouragement by setting a good example or other ways.

Manage EXPECTATIONS

What if the intervention fails?

If the intervention ***does not persuade the loved one*** to go into rehab, you may have burned your bridges. ***The person with SUD may no longer trust you.***

If you set some ***bottom-line conditions,*** such as ending further financial assistance or no longer letting the person with the SUD to see their kids, you must ***stick to them.*** In time, the conditions may persuade the loved one to seek help. If you do not stick to the conditions, the person with SUD may be ***less likely to believe future ultimatums*** and you may be serving as an enabler.

Finally, ***an intervention is not a cure.*** It will not increase the chances that the rehab will work. However, ***it improves the chances the loved one will enter rehab.***

DON'T WAIT,
CALL FOR HELP ***NOW.***
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Sources

Premazon. "What Is the Johnson Model of Intervention?" May 4, 2017. Association of Intervention Specialists. https://www.associationofinterventionspecia ists.org/what-is-the-johnson-model-of-intervention/

"Johnson Intervention." American Psychological Association. https://www.apa.org/pi/about/publications/caregivers/practice-settings/intervention/johnson-intervention

Mayo Clinic staff. "Intervention: Help a Loved One Overcome Addiction." July 20, 2017. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/intervention/art-20047451

Jay, Jeff. "6 Articles on Intervention: 4. How to Write an Intervention Letter." Love First. https://love-first.net/books-and-media/6-articles-on-intervention/4-how-to-write-an-intervention-letter/

Benton, Sarah A. "The 411 on Addiction Interventions." Aug. 14, 2012. Psychology Today. https://www.-psychologytoday.com/us/blog/the-high-functioing-alcoholic/201208/the-411-addiction-interventions

"What Is an Addiction Professional?" NAADAC, the Association for Addiction Professionals. https://www.naadac.org/what-is-an-addiction-professional

"How to Become a Substance Abuse Counselor." Get Educated. https://www.geteducated.com/career-center/detail/substance-abuse-and-drug-addiction-counselor

Marcus, Mary Brophy. "Do Interventions Actually Work?" May 31, 2018. Men's Health. https://www.menshealth.com/health/a20962345/what-is-intervention-do-they-work/

Castaneda, Ruben. "How to Stage an Intervention." Dec. 5, 2016. U.S. News & World Report. https://health.usnews.com/wellness/family/articles/2016-12-05/how-to-stage-an-intervention

Jay, Jeff and Jay, Debra. Love First: A New Approach to Intervention for Alcoholism and Drug Addiction. http://www.hazelden.org/web/public/document/love_first_1203.pdf

Young, Joel L. "Drug and Alcohol Interventions: Do They Work?" Aug. 27, 2014. Psychology Today. https://www.psychologytoday.com/us/blog/when-your-adult-child-breaks-your-heart/201408/drug-and-alcohol-interventions-do-they-work

"Unilateral Family Therapy." American Psychological Association. https://www.apa.org/pi/about/-publications/caregivers/practice-settings/intervention/unilateral-therapy

Premazon. "What Is an ARISE Intervention?" May 24, 2017. Association of Intervention Specialists. https://www.associationofinterventionspecialists.org/what-is-arise-intervention/

Premazon. "What Is the Family Systemic Model?" May 2, 2017. Association of Intervention Specialists. https://www.associationofinterventionspecialists.org/what-is-the-family-systemic-model-of-intervention/

Scruggs, Steven M. and others. "Manual for the Community Reinforcement and Family Training Support and Prevention (CRAFT-SP) Program." 2001, Updated Dec. 15, 2014. Department of Veterans Affairs, South Central Mental Illness Research, Education, and Clinical Center (MIRECC). https://www.mirecc.va.gov/visn16/docs/CRAFT-SP_Final.pdf