Coalition of Alcohol and Drug Educators

Dalgarno INSTITUTE

Alcohol & Other Drugs (AOD) Intervention: Family/Friend

Introductory Intervention Tool:

Helping you, help others start the journey out of dependence.

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“The world is a dangerous place. Not because of the people who are evil, but because of the people who don’t do anything about it.”

— Einstein

SOME KEY FACTORS WHY PEOPLE GET AND STAY INVOLVED IN ALCOHOL AND OTHER DRUGS USE.

> *"Between stimulus and response is the greatest power we have – the power to choose!"*
> – Stephen Covey

There may be innumerable nuances that influence the decision making around AOD (alcohol & other drug use), but there are definable key factors and indicators that enable us to identify and engage people trapped in these dysfunctional spaces.

Some of the axiomatic and empirical realities...

- ***"Accessibility, acceptability and availability all increase consumption."*** (Dalgarno Institute) This axiom covers two of the key initiating factors of a) how easy any drug, legal or illegal, is to get b) perceived risk – the more a substance is 'normalised' the lower the perceived risk and the greater likelihood of initiation/ uptake.
- ***Biological and/or psychological predisposition of an individual.*** These can be strongly influenced by family of origin in both use and/or levels of AOD induced psycho-social problems. (see 'recipe that is you' Page 3)
- ***Familial modelling and patterns based on the predominant paradigm of family constellation.***
- ***The growing disconnect from sustainable hope and meaning.*** This impacts Worldview construct: a) absence of sustainable meta-narrative = no or poor 'map' and no or poor 'compass' for life b) no or poor foundation for informing and sustaining values = no or poor 'rudder' for conduct and no or poor 'anchor' to resist storms of not only life, but also the increasingly relentless pushes of pop-culture or social contagions.
- ***Peer association, modelling and social contagions enhanced by aggressive marketing of the 'social benefits' of alcohol (and other drug) consumption.*** I.e. initiation, belonging, conformity, 'celebration', 'entitlement, 'fun', relaxation, confidence etc.
- ***All these create lack of resiliency*** – increase or add to poor impulse control, inability to delay gratification and the increasing inability to handle, and subsequent active avoidance of any form of pain or even discomfort.
- ***The earlier the onset of AOD commencement, the higher the risk of a) life-long patterns of use b) dependency issues c) failing to complete education d) potential for suicide e) developing diseases including a number of cancers***

SOME FACTS

- "67.1% of Australians, [just shy of 12 million people] had their first drink of alcohol before the age of 17 including 2.35 million under the age of 10!" 'Alcohol Awareness Study' Roy Morgan research in 2009
- "TEN-year-old children are seeking treatment for alcohol addiction - Five Australian teens and youths die a week in incidents tied to binge drinking - By 16, one in five teenagers regularly binge drinks; by 18 it is 50 per cent -A national survey of high school students has found parents have eclipsed friends and all other sources for supply of alcohol.".[5]
- Alcohol initiation before age 14 significantly reduces the probability of completing high school by between 7% and 22%. [1]
- Early exposure to alcohol switches off its sedative effect in the teen brain, allowing teens to be able to drink more and still walk a straight line.[2]
- "The child learns it's OK to use alcohol, they tell their friends and their friends' parents that they are allowed to use alcohol," [3]
- And the evidence shows this practice will increase the likelihood the teenager would go on to drink more alcohol more frequently. A national survey found one in five 12-year-olds drank in the week before the survey and 90 per cent of Australian kids had tried alcohol by age 14. [3]
- Teens exposed to even small amounts of alcohol in early adolescence developed a tolerance to its effects. [3]
- "Your ability to drink a lot before you physically fall down is incredibly reduced if you don't start drinking until you are an adult."[3]
- Parental interest in learning is 4 x more important than social and economic factors or [even] the quality of the school in influencing attainment - Positive parenting protects against the risks associated with growing up in poor or deprived neighbourhoods - Children spend 85% of their time outside school – when peer and family influences are the greatest.[4]
- "The likelihood of alcohol dependency is around 10% if you start drinking after 20 years of age. If you start before 14 that likelihood increases to 40%" Dr Peter Landless, "Alcohol: heart, health and cancer"

> *"The world is a dangerous place. Not because of the people who are evil, but because of the people who don't do anything about it."*
> – Einstein

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1. Koch, S.F., McGeary, K.A (2005) The Effect of Youth Alcohol Initiation on High School Completion. Economic Inquiry. 43 (4), 750-765.
2. Karl G. Hill, Helene R. White, Ick-Joong Chung, J. David Hawkins, and Richard F. Catalano. (2000) Early Adult Outcomes of Adolescent Binge Drinking: Person- and Variable-Centered Analyses of Binge Drinking Trajectories. Alcohol Clinical and Experimental Research. 24(6): 892–901.
3. "Binge drinking starts at home" Professor John Toumbourou http://www.news.com.au/heraldsun/story/0,21985,25921468-661,00.htmlcompleting school by age 21
4. Think Family Policy - Sean Hilditch; Families at Risk Division, DCSF UK
5. http://www.heraldsun.com.au/news/national/boozy-children-beg-for-rehab/story-e6frf7l6-122600470305

(ALSO SEE 'GENERATION BOOZE' POSTER AND GREATERRISK.COM)

THE 'RECIPE' THAT IS YOU!

Making a really good cake is an art, but one that can be perfected if the 'rules' are followed. Those 'rules' in the culinary world are called 'recipes'.

When a recipe is followed well and all ingredients, measures and timing are followed, the cake turns out great. Sure, you can vary it a little for slightly different outcomes, but if too much variation is introduced, the outcomes are interesting and mostly disastrous. Some cakes may look shocking and taste OK, or just the opposite they look great but - Eiuw!

Science is now starting to realise this reality also applies to the very complex unit we call the Human Being. We were designed with amazing blue print components, however also the capacity to imprint and shape those components. Incredibly, management of that shaping process has been given to us.

Almost all behavioural issues can be distilled down to the complex, but clearly evident influence of **developmental environment** of every human being. The 'nature and nurture' debate is over. The evidence is in. We are not just a lump of clay totally moulded and shaped by our external environment, nor are we a predetermined, blue-print dictated, biological machine – we are a complex recipe that includes elements, essences and measures of both. The ongoing discovery of the interplay between the two continues to surprise!

> *"Research in the last few years has dramatically changed what we know about how behaviours are inherited. Today's findings show how our genes and environment work together to influence brain development throughout a lifetime."*
>
> – Flora Vaccarino, MD, from Yale University

The latest data emerging reveals how incredibly sensitive and interactive genetic expression and environments are in all major development phases and environments; a) In-utero environments b) The first four years of life (and the most important phase of brain development) c) The pubescent brain development (which is the second most important phase of maturation and development) d) Parental instruction, behaviour and conduct – or lack/absence there of e) Family constellation, parental interaction, values, behaviours, world view and the list goes on.

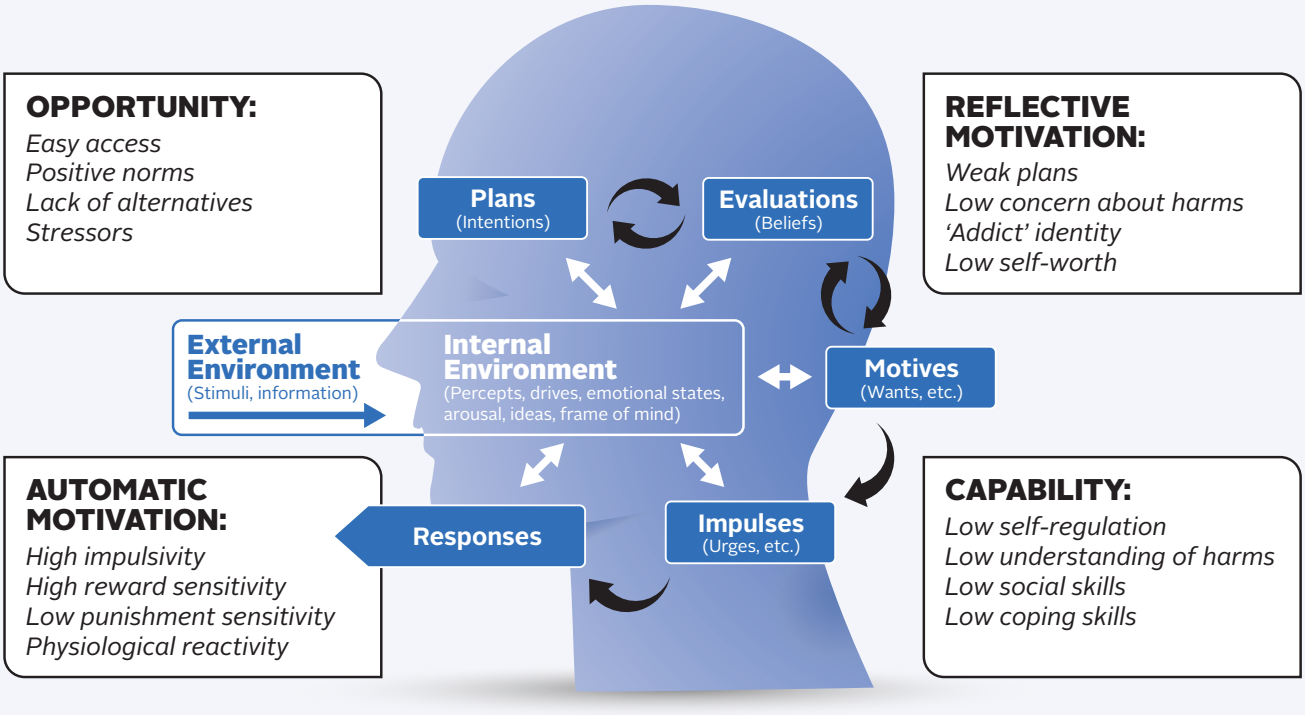
Whilst it has been known that genetic data, especially faulty or mutated information, can impact on physical, psychological and emotional development, what has only just been discovered is that it is the epigenetics that is the key influencer on how genes express themselves. The epi (outer-other than) coating of DNA has as much, if not more information contained in it than the gene, but its role lies in impacting how that genetic information is released/expressed. This process/medium in the epigenetic is the space that both behaviours and environs can have a significant impact on. Sure, alcohol and other drug taking at all the above mentioned developmental stages will do that, but so will moral/ethical choices and behaviours - especially when they're repeated/enforced by and in the environment, i.e. relationships, conduct, instructions and patterns etcetera, will also influence gene expression.

Because it is clear that we are more designed rather than random-mutated biological units, all these factors are incredibly important in how a human being develops and grows – including the choices they make and the way they behave. Historically sustainable anthropological models has been clear on this for millennia and the relatively new social sciences are just catching up.

Shane Varcoe
– Executive Director

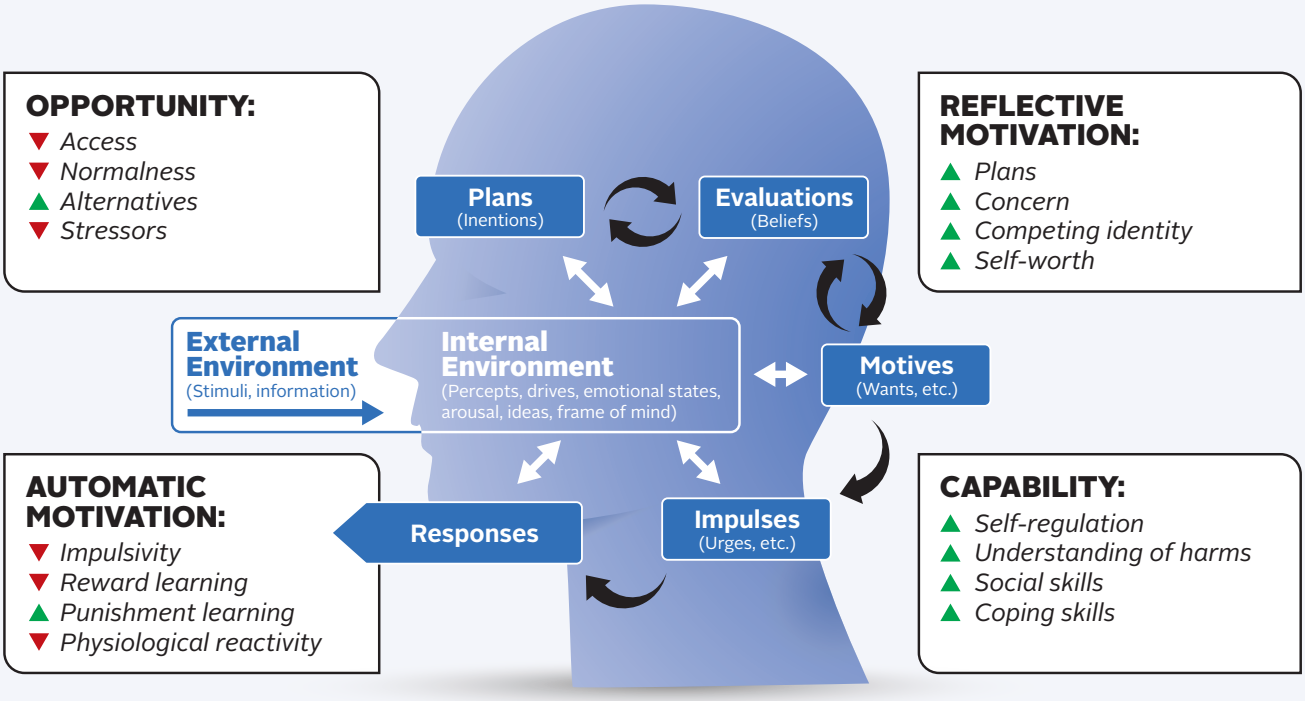
Behaviour modelling also reinforces this interplay of nature and nurture, values, behaviour and worldview as partly represented here in this graphic, thanks to **The Human Behaviour Change Project** https://www.humanbehaviourchange.org

FACTORS PROMOTING ADDICTION



Combatting/reversing those process through environmental, relational and behavioural changes, aids and abets the epigenetic recalibration.

COMBATTING ADDICTION



DEVELOPMENTAL ASSETS

The **Search Institute** is one of a number of think tanks who have inventoried what they call **internal** and **external** assets, that they believe are necessary to help the emerging adult grow healthily and wisely and avoid much of the deviant behaviour that our now 'rudderless' and 'compass' damaged culture spends the vast majority of its resources trying to manage.

According to all sound evidence, it is sound, strong and loving families that provide the strongest and best environment in which a person can develop and grow.

The following is one chart predicting outcomes based on what is known as **Developmental Assets**® generated by the **Search Institute**® and are identified as building blocks of healthy development of the emerging human being.

Mr S.W. Varcoe – Dalgarno Institute

The following snapshot graph gives a quick insight into the imperative of developing resilient children. (For graph interpretation see below)

PERCENTAGE OF 6TH- TO 12TH-GRADE YOUTH REPORTING SELECTED HIGH-RISK BEHAVIOUR PATTERNS, BY LEVEL OF DEVELOPMENTAL ASSETS*

High-Risk Behaviour Pattern	0–10 Assets	11–20 Assets	21–30 Assets	31–40 Assets
Problem alcohol use—Has used alcohol three or more times in the past month or got drunk once in the past two weeks.	45%	26%	11%	3%
Violence—Has engaged in three or more acts of fighting, hitting, injuring a person, carrying or using a weapon, or threatening physical harm in the past year.	62%	38%	18%	6%
School Problems—Has skipped school two or more days in the past month and/ or has below a C average.	44%	23%	10%	4%

*Data based on aggregate Search Institute sample of 148,189 students across the United States surveyed in 2003.

***See appendix 2 for details on external and internal assets.**

This isn't an 'easy' path, but it is vital that you persist – Not be treated like a doormat but keep persisting.

ALCOHOL AND OTHER DRUG INTERVENTION

INTRODUCTION:

Dear Concerned Family Member or Friend,

How do you engage with a person who either, needs and wants help, or a person who needs, but doesn't want help?

There are a number of positive things you and your friends/family can do, and there are a couple of things to try to avoid, in bringing about a very important intervention with a person you care about.

From the outset, one thing to avoid is *avoiding the problem* - it can be intimidating especially when you don't know what to do or if you hate wanting to be unpopular. Love, particularly God's love at least, insists on intervention. In his remarkable work, ***'The problem of pain'*** prodigious author and brilliant thinker, Clive Staples Lewis puts one of the best perspectives on the issue going beyond the silence and/or non-engagement of kindness to the imperative of real care;

> *"I might, indeed, have learned, even from the poets, that Love is something more stern and splendid than mere kindness.. There is kindness in Love: but Love and kindness are not coterminous, and when kindness.. is separated from the other elements of Love, it involves a certain fundamental indifference to its object, and even something like contempt of it. Kindness consents very readily to the removal of its object – we have all met people whose kindness to animals is constantly leading them to kill animals lest they should suffer. Kindness, merely as such, cares not whether its object becomes good or bad, provided only that it escapes suffering. As Scripture points out, it is bastards who are spoiled: the legitimate sons, who are to carry on the family tradition, are disciplined.*
>
> ***It is for people whom we care nothing about that we demand happiness on any terms; with our friends, our lovers, our children, we are exacting and would rather see them suffer much than be happy in contemptible and estranging modes."***

Some important initial steps for intervention…

- **First step is to** either partner with, or at least tell a mature trusted adult and/or objective peer, what you are doing and your process, so they can 'walk' with you in it.

- Before engaging the candidate for intervention, line up and talk with an Alcohol and Other Drug (AOD) Counsellor first, both to get perspective and more importantly, to have someone to refer the person to. The following URL (web address) will give you some excellent resources to approach. Check Dalgarno Institute – Need Counselling?

- If not already done – build and/or enhance a relationship with the person needing intervention. Invite them out say, for coffee with them and maybe some other friends – create a healthy non-drug using community connection space to build their positive network. If a relationship already exists, then you have the rapport needed to broach the issue.

- Timing is also essential. If you know the person needing the intervention has just come off a 'session' (and is relatively sober) then that can be one of the best times to engage.

- Then invite this individual to a safe and confidential setting (preferably with at least one other mutual friend – if not possible, have someone else know where you are and what you're doing) and start a warm, caring, but deliberate conversation: Questioning/inquiry process may include…

    - ***"Are you OK/how are you travelling, is there anything that is really bothering you, do you want to talk about it with a friend?" If the response is…***'I'm fine', then you ask the next question

    - ***"We are really worried about you, we have noticed some changes lately – can you tell us more about what's been happening and how you are feeling?"*** (if the candidate is not forthcoming and opening up so you can easily follow with a conversational investigation process, then you will have to become more direct without being insensitive)

    - ***"We know there is something wrong because you alcohol/drug use has started/increased and we/I can see it is having a negative effect on you and that really concerns us."***

    - (Then communicate sensitively with candidate with the drinking/drug problem examples of how this may be manifesting in their lives)

- If there is a glimmer of positive response, then look to engage the candidate in collaboration for solution. i.e. *'First port of call for us to visit a doctor, because it is clear that you are already 'self-medicating' because of your hurt and if that is the case, then you've already acknowledged you have a problem, but you're attempt to make yourself 'feel better' are only making you worse and damaging you on a greater scale. A doctor can help arrest that – which doctor do you want to see? Do you want me to help set up an appointment? I need to know by the end of the week when your appointment is, if not I'll set one."*

- If the candidate becomes agitated... **avoid being apologetic and retreating.** For example, when an animal is injured, often the first response to help is to snap or bite – you need to persevere and assure the candidate that the intervention is based on concern for their well-being. Affirm to the problem user /dependant person that they are valued and/or loved, and that you want to help them and their family move up and out from this situation/condition. You also wish to assist them in avoiding actions/words/processes that enable them to stay substance-dependent. Whilst your assistance may not stop substance use/abuse straight away, it shouldn't inadvertently permit or enable continuing substance use – either by word of action. Recovery should always be the focus, and whilst it may be a journey and part of that a 'cutting-back' process, it is important that the candidate always be pointed toward recovery, not to mere 'maintenance' of 'less dangerous' substance use.

- If the candidate is insistent and wants nothing to do with you then you could ask... ***"Do you think a person concerned for your well-being is going to just let this go? You are worth much more than that!"*** Then as a last resort, you need to communicate that this can't end here. In all good conscience you cannot just stand by and watch someone self-destruct and take their family/friends with them.

- You need to strongly recommend the candidate get help and **offer to set up an appointment with detox/rehab/counsellor, and where possible, go with them to the first appointment.** Then recommend the preferred option. If the candidate says... *'Just leave the details with me and I'll follow it up!'* Then insist we do it now, in case they get busy tomorrow. If they still insist, then to let them know that you'll call them tomorrow at a specific time to see how you went making an appointment and reaffirm your commitment to help! (ensure this is done at the stated time.)

- Finally - The following web resource gives some other more involved options that the person may want to pursue, Fresh Start

This isn't an 'easy' path, but it is vital that you persist – Not be treated like a doormat but keep persisting. Further Resources available at

HELP - I NEED TO STOP THIS!

THE IMPERATIVE OF INTERVENTION

Alcoholism [or any other drug] intervention is a serious undertaking that must be entered into carefully by counsellors, family members and friends – and as mentioned, best done in conjunction with counsel from a substance abuse professional.

Confronting the alcoholic/addict with evidence of how his or her substance abuse has affected loved ones and friends may serve as motivation to seek treatment. Yet, AOD (alcohol & other drug) intervention strategies may vary and, if not done properly, can backfire making the substance dependent person even more resistant to help.

For example, the National Institute on Alcohol Abuse and Alcoholism recommends the following steps to help create a successful intervention:

- ***Stop making excuses or protecting the alcoholic from the consequences of his or her substance abuse so that he or he she can see the full impact of their behaviour.***
- ***With interventions, timing is everything. The immediate aftermath of an alcohol-related problem such as an accident or major dispute is not a good time to talk to the alcoholic. It is important to make sure the candidate is sober, both of you are relatively calm, and you get together in private before you do an alcoholism intervention.***
- ***Give the alcoholic specific examples of how his or her drinking has created problems.***

- ***Make sure the alcoholic understands what you will do to protect yourself from his or her problems if he or she does not seek assistance, and that this action is not intended to punish him or her. This could range from refusing to participate with them in a social activity where alcohol will be served, to removing yourself (and/or vulnerable others) from the immediate threatening environment/situation. Your stated intentions must not be empty gestures; you must be prepared to follow through on these actions.***
- ***Research options for treatment in your area so that if the alcoholic intervention convinces a family member or loved one to seek help, you can quickly arrange an appointment. Offer to accompany him or her on their initial visit.***

If your attempt at an intervention is not successful, don't give up. Talk to a caring, nonjudgmental, but 'no-crap taking' friend about using these same steps to encourage the addicted person to seek help. Several tries by several different people may be required.

An option to confronting an alcoholic individually is to bring a group of family members and friends together. Again, the planning and guidance of a professional substance abuse counsellor is **absolutely important** before doing this or any other intervention.

Keep in mind that there are a number of support groups ready to help you through this difficult time. Most communities have 12 Step Programs such as Al-Anon and Narc-Anon meetings and have ancillary groups for spouses of addicts and others affected by their AOD use, as well as groups such as Alateen, designed for children of alcoholics.

Their purpose is to help family members understand that it is not their fault that an alcoholic drinks and they must ultimately look after themselves whether or not their loved one gets help.[1]

RECOVERY ALTERNATIVES

Once the decision to intervene has been made, it is essential to thoroughly plan and prepare for the event. The interventionist will guide you through the planning and preparatory process and will, of course, be present during the intervention. Remember that the primary goal of the intervention is to have the person accept the professional help that is being offered and agree to enter treatment at the conclusion of the intervention.

Intervention planning and preparation will include:

An initial meeting of family/friends with the interventionist discussing in detail the history of the individual and his/her problems with alcohol/ drugs. The interventionist will provide step-by-step worksheets to guide everyone through the planning and preparation phase.

- ***Writing a Letter to the individual (see below)***
- ***Rehearsing what will actually be said to the individual during the intervention by each participant***
- ***Determining what strategies will be used***
- ***Establishing boundaries and a contingency plan***
- ***Making the admission and financial arrangements with a counsellor and/or treatment facility.***
- ***Selecting the site, date and time for the intervention***

https://recoveryalternatives.com/step-by-step

INITIAL MEETING WITH THE INTERVENTIONIST

The initial meeting with the interventionist should include all persons that will possibly be present during the intervention. This may include family, friends, colleagues, co-workers, neighbours, clergymen, or anyone else that has concern for the individual The actual number of persons that will be present can range from just a few to a dozen, or more. The important thing is to have a united group of people present during the intervention that can offer support, love, compassion and firmness, but without judgment or anger. There may also be other participants that may not be able to be present during the intervention but will participate through letters or statements that will be read. During the initial meeting with the interventionist, the disease concept of alcoholism/addiction will be explained. Listen carefully and feel free to ask any questions. Also, express any fears or concerns you may have. You will be asked about your relationship with the person and what has occurred that causes your concern. The interventionist will provide step-by-step worksheets that should be completed prior to the intervention rehearsal.

WRITING A LETTER TO THE INDIVIDUAL:

An intervention is stressful for everyone. Emotions may unexpectedly surface during the intervention despite having rehearsed what we are planning to say to the individual.

Sometimes it is simply hard to remember and convey everything we want to say. It is a good idea to write a letter to the individual and bring it to the rehearsal and read it aloud to the interventionist and group. Many times this is also a very emotional moment. That's OK. It's understandable. Sometimes many years of pent up feelings, pain, anger, resentment, worry and fear may suddenly surface and reading the letter can be a very difficult thing to do. However, it does begin the healing process and it is better to let our emotions emerge than it is to try and continue to stuff our feelings. As we read our letter during the rehearsal, the reality of the actual intervention begins to unfold.

Yes, we are soon going to finally confront the condition/non-communicable disease. Remember, too, that we are confronting a disease and not personally attacking the individual.

The individual is a dysfunctional/broken person, not necessarily a bad person, although the condition may have caused many bad things to happen. Here are some things you will want to try and convey in your letter:

- Begin the letter by expressing your love and concern. Talk about happier times before alcohol/drugs became such an enormous problem. Let the person know that the entire group shares your concerns but also shares in the hope that the individual will accept the help that is being offered. Let the person know that you think he/she is beyond the point of being able to help him/herself but that professional help is available and has been arranged. Ask him/her to make a decision to accept the help that is being offered.
- Next, be very open, honest and direct about your concerns. Cite very specific examples of things that you have seen or that have occurred that are directly related to alcohol/drugs. Be very graphic, descriptive and specific about dates, times and places and events. Remember, we must break down the denial that a very serious and uncontrollable problem exists. Don't minimize. We're not trying to shame the person but many times the individual doesn't realize, and sometimes doesn't even remember, what all has taken place. We are trying to create a moment of clarity for the individual so that they may see, for a moment, just how bad things really are. We don't hold back at this point. We want him/her to see exactly what others see.
- Let the person know how these things have made you feel. Let him/her know about the pain and worry and fear you have felt. Again, we're not trying to heap shame or guilt, but it is OK to let him/her know how the use of chemicals has made us feel and what it has done to us. Also, tell him/her what the cost has been to your relationship, but also what you would like to see your relationship become once he/she agrees to accept professional help.
- Finally, let the person know that things cannot continue as they have in the past. Let him/her know that if he/she makes the decision to get professional help then you are willing to support and stand by him/her but if the choice is to continue down the path to oblivion, that you cannot for your own sake and well-being continue to enable his/her self-destruction. Ask him/her to make the decision to accept the professional help that has been arranged.

THE INTERVENTION REHEARSAL:

Before the actual intervention takes place, the interventionist will guide the participants through a complete rehearsal. Often, this takes more time than the actual intervention. If the rehearsal is thoroughly and meticulously completed the actual intervention is often anticlimactic. Again, the success of an intervention is largely determined through planning and preparation and this cannot be overemphasized. If possible, the rehearsal should take place in the same room where the intervention will occur. Also, it is essential that everyone that plans to be present at the intervention be present at the rehearsal.

During the rehearsal, the speaking order and seating arrangements for the actual intervention will be determined. The interventionist may make specific recommendations based upon his experience. It is a good idea for the lead off speaker to be someone that is highly respected by the individual, sometimes a senior family member or well respected friend. Everyone will read his or her own letter aloud. At the conclusion of each letter it is important to reaffirm love and concern but also to ask the person to make the decision to accept the professional help that is being offered. The rehearsal will allow all participants to gain insight as to how the actual intervention will unfold.

DETERMINING INTERVENTION STRATEGIES
- ESTABLISHING CONTINGENCY PLANS AND BOUNDARIES:

During the intervention rehearsal, certain contingency plans will be discussed. What happens if the person refuses to listen and walks out before the intervention even begins? What happens if the person refuses to accept professional help and says they can stop or control drinking themselves? What if he/she says it's impossible to go to treatment today but promises to go next week? The interventionist will discuss these questions and others during the intervention rehearsal. Rest assured, every imaginable excuse not to enter treatment has been heard before, and successfully dealt with, by an experienced interventionist. It is absolutely essential, however, for the group to remain focused and united.

In many situations, the alcoholic or addict has been enabled to continue a destructive lifestyle by family members, spouses, employers and friends. Sometimes this is referred to as co-dependency. Unfortunately, we can sometimes literally enable someone to death. By allowing destructive behaviour to continue, we help no one. Not the person we care about and certainly not ourselves. We may have grappled with the difficult question of why we continue to stand by and allow problems to continue and even worsen. There are any number of reasons. However, enabling must stop now if the intervention is to be successful. Alcoholism and addiction are powerful and the individual is firmly in its grasp. If we continue to enable nothing is likely to change. We must set healthy boundaries for our own sake or we will emotionally perish, too.

SELECTING THE SITE, DATE AND TIME FOR THE INTERVENTION:

The ideal site for an intervention is a non-threatening and comfortable environment for everyone. However, the home of the individual is not a good site because everyone could be told to leave immediately. The element of surprise is a key component to an intervention. In fact, without the element of surprise, an intervention may be very difficult to accomplish. Ideally, a friend or family member will drive the individual to a familiar and comfortable location. It may be uncomfortable but necessary to mislead the person about the nature of the trip. One thing that is absolutely essential is that the individual cannot be intoxicated or under the influence of any drug when the intervention takes place. Sometimes it is a good idea to intervene in the morning. The added advantage is getting the person to the treatment facility during business hours and being able to meet his/her primary counsellor.

The main thing to remember is that all planning, preparation and rehearsals are complete before the actual intervention takes place.

MAKING ARRANGEMENTS WITH THE TREATMENT FACILITY:

Since the goal of an intervention is to get the person to accept professional help in the form of a treatment program immediately following the intervention, it goes without saying that arrangements must be made in advance. The interventionist knows what treatment resources are available and, based upon the information given, will be able to recommend facilities that are clinically and financially appropriate. The interventionist may be able to contact treatment facilities and to refer the families based upon his experience. A tour of the facility by family members is a good idea so that when the individual wants to know just what this particular treatment facility is like, the family members can let them know that they have seen the facility, met the staff and made all necessary arrangements.

Unfortunately, in the world of managed healthcare, it is very difficult to make prior arrangements for treatment. Until the individual has been clinically assessed and the managed care company has certified the individual for a certain level of care, there is no guarantee that any benefits will be available to pay for the cost of treatment. However, based on the experience of the interventionist as well as the treatment facility, an educated guess can sometimes be made. It is likely, however, that the treatment facility may require a cash or credit card deposit to guarantee admission. The family should discuss financial options and arrangements directly with the treatment facility to determine the appropriate treatment for the candidate.

The interventionist will notify the facility of the date and time of the intervention and confirm that a appointment is available before the intervention begins. Once the intervention is successfully concluded the interventionist will call the facility and let them know that the client is in route to the facility and the approximate arrival time.

Clothing, personal grooming and hygiene needs should be packed and in the car that will transport the individual to treatment before the intervention begins. It is usually not advisable for the person to return home to pack for an obvious reason; they may change his/her mind. However, the dignity of the individual must be respected at all times. Even when the person makes the decision to immediately enter a treatment facility, it may be necessary to deal with some unexpected or unknown last minute issues or circumstances. Each situation is a bit different. However, the most ideal situation is for the individual to proceed with family members and/or friends directly from the intervention to the treatment facility.

SAMPLE LETTER:

Dear Dad,

Before I begin to say anything, I want you to know that I love you. I'm here today not only because I love you, but also because I'm very concerned about you. I'm concerned about what I have seen happen to you as direct result of your drinking. What I'm asking now is for you to listen to me. Listen carefully to what I'm going to say. It may be painful to hear but it is from the bottom of my heart.

When I was a boy we used to _____ together. We used to play_____. Sometimes we would just get in your car and ride for hours going nowhere in particular, just enjoying our time together and stopping for a soda or for you to reminisce about some of your old escapades and stomping grounds. I've heard your stories so many times that I have most of them memorized but I've always enjoyed hearing them. I miss hearing them, Dad. I haven't heard any of your stories in a long time. Mike (my brother) and I feel like our Dad is gone. You're here physically but you're gone. I miss you and I want my Dad back.

Dad, I have become convinced that you can't stop drinking on your own. I see what a tremendous toll drinking has taken on you and on our relationship and on our whole family. I honestly don't think you can stop drinking on your own. I think you need help and we have arranged professional help for you. What I'm asking for you to do today is to make the decision to accept the help we are offering you.

Last week I was in your garage looking for some jumper cables because Mum's battery was dead in her car. The battery was dead because you had passed out in the car and left the lights on when you came home. You couldn't even get out of the car and into the house. You slept in the car in the garage. Mum found an empty bottle of vodka on the floor of her car. There is a strong odour of urine in the car because you had wet your pants and the seat of the car was soaked in urine. When I was looking for the jumper cables I found three bottles hidden in the garage.

On New Year's Day I came over with my wife and kids to have dinner and watch sport, like we've always done. You were drunk when we got here at noon. You didn't even speak to your grandchildren after getting their names mixed up. You couldn't even keep your grandchildren's names straight, Dad. Mum tried to make excuses telling us that you weren't feeling well but the smell of alcohol and the way you stumbled gave you away. You were drunk again.

Jay said he's afraid of you, Dad. He doesn't want to come over to your house anymore. And he doesn't want you coming to any of his ballgames, either. You were screaming obscenities at his coach after he took Jay out of the game. Jay heard what you were yelling and he was ashamed. He knew you were drunk again. I asked him to come over here today and be a part of this, but he said he doesn't care anymore. He just wants you to stay away from him. Dad, Jay is your first grandson.

We're all scared, Dad. We see what alcohol is doing to you and to Mum. It's killing you and it's killing your marriage and our family. None of us can go on like this anymore and we're tired of denying it any longer. We all got together last month and decided to try and get some help for you. We talked to his man right here who said if you are an alcoholic it's good news. It's good news because alcoholism can be treated and many people recover from the disease. We don't think you're a bad Dad, but we think you need help. He recommended a treatment centre and we went there and talked with them and they said you could come there for help today. Please, Dad, I'm asking you to decide to get help and accept the help we've arranged. I promise while you're gone I'll take care of Mum, your garden and the horses. And we'll all come there and visit you.

I want you to go because I want our family to be like it used to be. I want your grandkids to know you like I knew you when I was growing up. I want you to take my kids and go driving them into town for sodas and to tell them all the stories you used to tell me. But, Dad, I have to draw the line. This can't continue any longer. I have to protect my kids. If you're willing to get help we'll all be there for you. If you won't get help we're not coming over anymore and we don't want you coming over anymore, either. Joy and I have talked about it. We can't let our kids be around you when you're drunk, and you're drunk almost all the time. I know this will be very hard on Mum but we've had to make our decision. Now, Dad, will you make your decision to accept help? Your drinking doesn't have to go on any longer, but it is your choice. We love you and we want you back.

Steve[2]

Stop making excuses or protecting the alcoholic from the consequences of his or her substance abuse.

— National Institute on Alcohol Abuse and Alcoholism

OTHER KEY RESOURCES TO ENGAGE...

- 12 Step Program: Watch the Overview
- FAMILIES & ADDICTION - The Often Forgotten Piece of the Addiction Puzzle
- Stigma, Drug Use & Proactive Contagions to Reduce Both
- The Key Role of Epigenetics in Human Disease Prevention and Mitigation
- Social Determinants and Substance Use
- Cannabis Conundrum Information Kit
- Your Brain on Cannabis Video
- Association of Cannabis Use with Adolescent Psychotic Symptoms
- Peeling Back The Label: Alcohol Advertising & Young People
- One Stop Shop for Information on Alcohol & Young
- 17 Key Facts on Alcohol
- The Hidden Harm: Alcohol's Impact on Children & Families
- Preventing Addiction for Beginners - Video
- Drug Policy: Changing the Narrative – Building or Demolishing Resiliency?

READINESS TO RECOVERY CHECKLIST

Rate the following statements on the following 1 to 5 scale.

1= Strongly Agree; 2= Agree; 3= I'm Not Sure; 4= Disagree; 5= Strongly Disagree

1.	I don't think I have an alcohol or drug problem.	1	2	3	4	5
2.	I might have an alcohol or drug problem, but it isn't that bad yet.	1	2	3	4	5
3.	I sometimes worry that I could develop a severe alcohol or drug problem in the future.	1	2	3	4	5
4.	I think about stopping my alcohol or drug use but I haven't tried to quit yet.	1	2	3	4	5
5.	I have an alcohol or drug problem, but feel like I can handle it on my own.	1	2	3	4	5
6.	I don't think going to treatment would do me any good.	1	2	3	4	5
7.	I can't afford to go to treatment.	1	2	3	4	5
8.	I can't take time off work to go to treatment.	1	2	3	4	5
9.	I think going to treatment would negatively affect my social relationships and my job.	1	2	3	4	5
10.	I know people in successful long-term recovery from alcohol and/or drug problems.	1	2	3	4	5
11.	I have promised myself and others many times that I would cut down or stop my drinking or drug use.	1	2	3	4	5
12.	I have tried to stop my drinking or drug use many times.	1	2	3	4	5
13.	I can name three things in my life that would improve if I stopped my drinking and/or drug use.	1	2	3	4	5
14.	I can name three bad things that might happen to me if I continued my drinking or drug use.	1	2	3	4	5
15.	I have some family and friends who will support me if I try to stop my drinking and/or drug use.	1	2	3	4	5
16.	I'm surrounded by family members and friends that would make it very hard for me to stop my drinking and/or drug use.	1	2	3	4	5
17.	I currently have a plan to stop my drinking and/or drug use, but I haven't acted on the plan yet.	1	2	3	4	5
18.	I live in a community with lots of treatment resources that could help me.	1	2	3	4	5
19.	I lived in a community with a variety of recovery support groups.	1	2	3	4	5
20.	I live in a community with many recovery support meetings per week.	1	2	3	4	5

SCORING INSTRUCTIONS.

- The pre-awareness stage of change is indicated by ratings of 1 or 2 on Questions 1, 13 and 14 and by multiple ratings of 3 on other questions.
- The best total composite score for these questions is 3; ***my score is _____.***
- A high composite score means that I may need to spend more time evaluating my relationship with alcohol and drugs and the effects they have had on myself and others.
- The awareness, pre-action stage of change is indicated by scores of 1 & 2 on Questions 2, 3, 4, 5, 6, 7, 8, 9, 13 and 14
- The best total composite score for these questions is 10; ***my score is _____.***
- A high composite score means that it is time I made some serious decisions about changing the role of alcohol and drugs in my life.
- The action stage of change is indicated by ratings of 1 or 2 on Questions 11, 12, and 17.
- The best total composite score for these questions is 3; ***my score is _____.***
- A high composite score here indicates that you need to go from planning and promising to doing.
- Family, social and community support for recovery initiation is indicated by ratings of 1 or 2 on questions 10, 15, 18, 19 & 20, but a rating of 1 or 2 on Question 16.
- The best total score for Questions 10, 15, 18, 19 & 20 is 5; ***my score is _____.***
- A high composite here means I need to reach out to family and friends to help me.
- The best total score for Question 16 is 5; ***my score is _____.***
- A low score on question 16 means that I may need to break contact with those family members and friends who will undermine my recovery efforts.[3]

REFERENCES

1. http://www.learn-about-alcoholism.com/alcoholism-intervention.html
2. http://recoveryalternatives.com/tools.html
3. Taken from William White Recovery Toolkit http://www.williamwhitepapers.com/recovery_toolkit/

ASSETS CHECKLIST

EXTERNAL ASSETS (PAGE 1 OF 2)

Search Institute® has identified the following building blocks of healthy development—known as ***Developmental Assets®***—that help young people grow up healthy, caring, and responsible.

Sourced from: http://www.searchinstitutepress.org/free_downloads/Asset%20Checklist.pdf

WHAT IS AN ASSET? "A USEFUL AND DESIRABLE THING OR QUALITY."

Type of asset		YES / NO
Support	1. I receive high levels of love and support from family members.	Y N
	2. I can go to my parent(s) or guardian(s) for advice and support and have frequent, in-depth conversations with them.	Y N
	3. I know some nonparent adults I can go to for advice and support.	Y N
	4. My neighbours encourage and support me.	Y N
	5. My school provides a caring, encouraging environment.	Y N
	6. My parent(s) or guardian(s) help me succeed in school.	Y N
Empowerment	7. I feel valued by adults in my community.	Y N
	8. I am given useful roles in my community.	Y N
	9. I serve in the community one hour or more each week.	Y N
	10. I feel safe at home, at school, and in the neighbourhood.	Y N
Boundaries & Expectations	11. My family sets standards for appropriate conduct and monitors my whereabouts.	Y N
	12. My school has clear rules and consequences for behaviour.	Y N
	13. Neighbours take responsibility for monitoring my behaviour.	Y N
	14. Parent(s) and other adults model positive, responsible behaviour.	Y N
	15. My best friends model responsible behaviour.	Y N
	16. My parent(s)/guardian(s) and teachers encourage me to do well.	Y N
Constructive Use of Time	17. I spend three hours or more each week in lessons or practice in music, theatre, or other arts.	Y N
	18. I spend three hours or more each week in school or community sports, clubs, or organizations.	Y N
	19. I spend one hour or more each week in religious services or participate in spiritual activities	Y N
	20. I go out with friends with nothing special to do two or fewer nights each week.	Y N

ASSETS CHECKLIST

INTERNAL ASSETS (PAGE 2 OF 2)

Search Institute® has identified the following building blocks of healthy development—known as ***Developmental Assets®***—that help young people grow up healthy, caring, and responsible.

Sourced from: http://www.searchinstitutepress.org/free_downloads/Asset%20Checklist.pdf

Type of asset		YES / NO
Commitment to Learning	21. I want to do well in school.	Y N
	22. I am actively engaged in learning.	Y N
	23. I do an hour or more of homework each school day.	Y N
	24. I care about my school.	Y N
	25. I read for pleasure three or more hours each week.	Y N
Positive Values	26. I believe it is really important to help other people.	Y N
	27. I want to help promote equality and reduce world poverty and hunger.	Y N
	28. I can stand up for what I believe.	Y N
	29. I tell the truth even when it's not easy.	Y N
	30. I can accept and take personal responsibility.	Y N
	31. I believe it is important not to be sexually active or to use alcohol or other drugs.	Y N
Social Competencies	32. I am good at planning ahead and making decisions.	Y N
	33. I am good at making and keeping friends.	Y N
	34. I know and am comfortable with people of different cultural/ racial/ethnic backgrounds.	Y N
	35. I can resist negative peer pressure and dangerous situations.	Y N
	36. I try to resolve conflict non-violently.	Y N
Positive Identity	37. I believe I have control over many things that happen to me.	Y N
	38. I feel good about myself.	Y N
	39. I believe my life has a purpose.	Y N
	40. I am optimistic about my future.	Y N

Your Score :

My External Assets (Page 1) _____ / 20

My Internal Assets (Page 2) _____ / 20

TOTAL _____ / 40

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Coalition of Alcohol and Drug Educators

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