

Intervention Training and Certification for Clinicians

Hosted by Betty Ford Center

Rancho Mirage, CA • June 7 - 12, 2015

- Presented by [Jeff & Debra Jay](#)
- [30 CEUs, 5 days](#)
- Experienced professionals only
- [Advanced skill-building](#)
- Custom [curriculum](#) workbooks
- Clinical field materials
- Supervision of 3 interventions
- Limited to 20 participants
- Hosted by [Betty Ford Center](#)
- First class hotel [included](#)



Authors of *Love First*, **Jeff and Debra Jay**, are offering training and supervision for experienced therapists and clergy who wish to become clinical interventionists.

The 5-day course covers every aspect of intervention: structured family intervention, executive-style intervention, workplace intervention, invitational-style / process intervention and other variations. The goal is to prepare clinicians to individualize intervention to the needs of families and the addicted person, including working with dual diagnosis and special populations. Participants also learn how to build their own intervention practice.



Active learning dominates the classroom experience. Participants engage in problem solving, analysis, evaluation, and participate in team-based learning. The course includes case supervision of participants' first three interventions. Certification hours are compliant with CAADAC, NAADAC, APA, BRI and more. The training is provided personally by Jeff Jay and Debra Jay. A maximum of 20 students will be accepted for the course.

Jeff and Debra Jay have developed curriculum workbooks specifically for this course. Additionally, all participants will receive clinical field materials, written by the Jays, to be used when doing actual interventions.

Curriculum Highlights

Intervention: The Event and the Process

As a foundation for the clinical intervention training and all subsequent advanced trainings, students will explore the complexities of intervention in holistic terms. We will differentiate between intervention as an event and intervention as a process. Intervention as a process occurs before treatment, during treatment, and after treatment. Participants will become skilled in training intervention teams to think differently about intervention, preparing them to take an active role in ongoing recovery. Participants will write intervention team commitment letters.

Assessment, planning, ethics

The primary objective is proficiency in assessing appropriateness of intervention as the next step for a family. Proceeding with intervention should occur once the clinical interventionist assesses the situation and is reasonably assured that the subject of the intervention is suffering from an addiction or other disorder appropriate for intervention. The interventionist must determine the following: Is there an intermediate step the family should take before intervening? Will facilitating an intervention create a worse situation for the family? Does the family have the resources for treatment or can they access services appropriate for the addicted person's needs? Is the interventionist certain he or she has the skill-set required to handle the issues the case presents? We discuss differences between a private practice model and a business model, and choosing a model that always puts the welfare of the client first. Participants learn ethical practices and proper professional appearance and decorum.

Spiritual Negotiation Techniques

Participants become skilled in negotiation techniques, using spiritual negotiation based upon empathetic family relationships and a pledge to act with virtue and dignity. We discuss how addiction erodes the integrity of families, friends and colleagues. We examine how intervention restores a family's integrity. Integrity is defined as taking action according to our principles and commitments. Participants learn to help families self-identify the ways their integrity diminished as enabling progressed. We look at the ways families and friends become dishonest with alcoholics: breaking promises and teaching alcoholics not to trust them. We explore using exercises of self-discovery to help family members identify enabling behaviors and how enabling is used for self-protection. We discuss how these exercises help reduce anger, increase empathy, and solidify the intervention team's commitment.

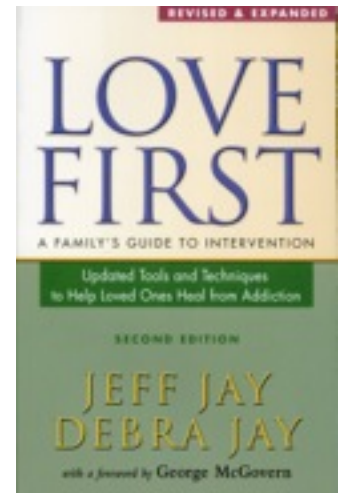
Participants problem solve the reasons alcoholics and addicts refuse treatment and how to effectively negotiate when faced with the adversarial negotiation style of alcoholics. We explore the types of negotiation styles families typically use and why they almost never work. Participants role play the identified negotiation styles and are trained to transform intervention team members into powerful, effective negotiators called ambassadors.

Understanding the Addicted Brain

Advances in science provide compelling evidence on how addicted brains are changed. Participants learn how the anatomy and function of the addicted brain differs from non-addicted brains. We study the latest research and how to use this information to educate family members: help them overcome myths and misinformation, facilitate a greater understanding of why alcoholics and addicts behave the way they do, and explore why intervention and appropriate levels of support are crucial for successful recovery.

Understanding Changes to the Family Members' Brains

Participants learn how relationships with alcoholics change the non-addicted person's brain. We examine learned helplessness, free-floating anxiety, and anger. We discuss how these traits sabotage the intervention process. We take a special look at the brains of children of alcoholics. We teach how to present this information to families in a supportive manner, which will help motivate them to participate in their own recovery process (12-step programs for families and friends). Students learn to negotiate with potential team members who resist involvement or are hostile to the process.



Questioning Our Assumptions

Common myths and misinformation are often stated as fact by some professionals and members of the general public. Participants are asked to challenge their own belief systems. We focus on dismantling action-stopping myths. Participants learn to engage members of intervention teams in the same process. Participants closely examine their communication styles and the unintended messages they send. Participants practice critical thinking skills and identify new ways of communicating.

Building an Intervention Team

The interventionist must be skilled in building intervention teams. Guidance is required on several levels: knowing how to create the right mix of relationships; identifying people by the leverage or influence they bring to the intervention; knowing when someone should not be part of the team; what to do when someone who is not ideal as a team member has a key relationship with the alcoholic; bringing reluctant participants onboard; when and how to involve children; how to include people who cannot be present; including people who cannot speak for themselves; overcoming team disharmony; building team commitment; and intervening when there is no team.

Intervention Team Assessment

Intervention is probably the only time a professional therapist will meet with most – or all – of the significant people in an alcoholic's life. Family, friends, and coworkers candidly sharing their firsthand experiences. This information can be used in multiple ways. First, it provides the interventionist with a clear picture of the problem. Second, students learn how an interventionist can open-up team members who are reluctant to share. Team assessment gives families an opportunity to see the whole picture, perhaps for the first time. This helps solidify the resolve of team members, especially those questioning the value of intervention. Finally, by documenting the information in a usable form, we can present the treatment team with an intervention team assessment – information gathered from lengthy discussions with as many as 10 or 12 people in the alcoholic's life. This is information the treatment team would probably not access in any other way. Field materials, developed by Love First Institute, will provide a format for delivering information to treatment centers.

Practical Preparations

Success is in the details. Thorough planning is essential. Last minute snafus give alcoholics reason to refuse treatment. Students brainstorm the practical details that must be completed before facilitating an intervention. We discuss choosing a member of the intervention team to serve as planner – the person who records all the details. An interventionist field manual, developed by Love First Institute, helps organize the interventionist by providing checklists and other guidance.

Team Education

Participants learn to educate families about the disease of addiction and the process of recovery. Students practice active listening, communication skills, and refine their ability to promote fertile discussions that promote learning. Students test their own knowledge and ability to answer the myriad questions a family asks.

Writing Intervention Letters

Participants will learn the 7-point format for writing intervention letters, as presented in the book Love First. Discussions will include what is and isn't appropriate to include in letters; how to spot hidden anger, blame or resentment; editing letters in a respectful manner; how to write the problem section of a letter when you don't have first hand experience with the addiction; how to write the love part of the letter if the relationship is badly eroded; coaching families on ways to read letters during the intervention, determining the order team members will read letters, and collecting letters and delivering them to the treatment center.

All participants will be required to write an intervention letter as a homework assignment, preferably to someone they have known personally. Participants will work with one another to help them review and edit their letters. All participants will share their letters with their breakout group, talk about the process of writing it and ask for feedback. Participants will make changes to their letters based on group suggestions. Each breakout group will select one letter to share with the entire group. As a group, we will discuss the experience of writing letters, whether it matched their prior expectations and how the process affected them. We also share letters from actual interventions.



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Brainstorming Objections

Participants are taught to think of objections as escape routes created by the addiction. Breaking into groups, participants are given case studies and asked to brainstorm all possible objections. They will determine the best ways to address each objection. Participants develop strategies to prevent the alcoholic from forcing the team into a defensive position.

Participants problem solve how to negotiate with alcoholics who refuse treatment, but do not vocalize objections. We discuss silent objections – objections the alcoholic is thinking but not saying. Participants are required to identify negotiation strategies to use when alcoholics use stall tactics or aren't interested in reasonable problem solving. Additionally, we address objections too big to overcome and when to postpone an intervention. Finally, participants explore the art of knowing when it's time to end a negotiation and use the bottom lines. Participants will be asked to defend their decisions orally.

Writing Bottom Lines

Bottom lines require answering 2 questions: How have I enabled the addiction in the past and am I ready to stop that behavior? How am I going to begin taking care of myself? Each participant writes a bottom line for someone they know, and then write a second bottom line using a sample case. Participants learn that bottom lines are not punishments, but an effective and loving way families communicate their decisions should the alcoholic refuse treatment. Participants explore bottom lines as promises the family members are making to themselves as well as to the alcoholic.

Each participant is asked to test his or her bottom line by discussing willingness to follow through. If it's determined he or she might not follow through, they rewrite their bottom line, selecting a bottom line they can honor. Participants learn to define bottom lines as sacred promises. We explore writing bottom lines when someone doesn't have leverage or first hand knowledge of the addiction. Each bottom line is a call to action designed to help the alcoholic clearly understand decisions made by each member of the team. In breakout groups, participants read bottom lines and ask for feedback. They make changes based on group suggestions. We ask participants to share their experience of writing their bottom lines. What did they learn about themselves? We share bottom lines from actual interventions.

The Intervention Rehearsal

Participants learn to prepare all details required for a successful intervention rehearsal. Using letters, objection preparation and bottom lines, the breakout groups role-play the rehearsal. The planner goes over all details to be sure planning is complete. Participants learn the 4 segments of a rehearsal. Seating arrangements and letter order are determined, and students orally explain their rationale. Participants learn breathing exercises for reducing anxiety, bi-lateral calming techniques, and what to do if a letter reader is overwhelmed with emotion. We examine how to prepare intervention teams for unexpected events. After the rehearsal, students determine if any changes are necessary and discuss, as a group, the rehearsal experience.

The Intervention

This is a role-play experience. Each participant gets an opportunity to act as family member and as interventionist. Participants are given scripts as a guide. Scripts are written to mimic actual interventions, providing a sense of uncertainty and the unexpected. After role-playing, participants evaluate themselves and go through a peer review within their breakout groups. Each participant completes a self-evaluation form. Instructors offer feedback.

Understanding and Preparing for the Treatment Process

Most families see the intervention as the end of the process. Intervention, at it's best, has an expanded role: it's necessary to help families understand that intervention is an ongoing process. Once an addict is in treatment there are new challenges. Participants are asked to determine how to help families prepare for the treatment process. What are the possible objections to treatment? How can we respond to treatment objections? What if our loved one wants to leave against staff advice? What if they refuse to sign a release of information? Which team member is most easily manipulated by the alcoholic? How do we prevent manipulation? How do we continue working as a team? How do we communicate with the treatment team? What do we do if the addict refuses to sign releases? How are our intervention letters and bottom lines used in treatment? What is the interventionist's role during treatment? What does a day in treatment typically look like? How can the family support a loved one in treatment? How does the family communicate the alcoholic: what's good and what's bad?



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Understanding and Preparing for Continuing Care

Everyone benefits when the family is properly prepared for continuing care recommendations. Participants learn to effectively explain different levels of aftercare and reasons why they are recommended. The interventionist needs to know how to discuss aftercare planning with both the family and the counselor at the treatment center. Today, most counselors welcome some input from the interventionist. The interventionist has information the counselor may not know, such as the finance restrictions of the family, what services are available locally, the degree of support provided by the intervention team. Bottom lines can be used to support aftercare recommendations. Participants brainstorm how to supply information to counselors and, when necessary, educate the counselor on using the families' bottom lines, or by inviting members of the team to participate in conflict resolution.

Understanding and Preparing for Twelve Step Recovery

Each participant is expected to be personally knowledgeable about the 12-steps and Alcoholics Anonymous. Each student explains A.A. to a mock family group in a role-play. They also answer family member questions. Important points of discussion are sponsorship, what it means to work a program of recovery, service work, home groups, different types of meetings and sobriety anniversaries. Myths about A.A. are debunked as well as learning to respond effectively to anti-AA rhetoric.

Intervening on Special Populations

Participants learn guidelines and techniques for intervening on people in special populations, such as adolescents, older adults, impaired professionals, and ethnic populations.

Intervention and Co-occurring Disorders

Participants explore intervening on individuals suffering from co-occurring disorders: mental illness, eating disorders, compulsive gambling, sex addiction, and compulsive spending. We also discuss aging issues such as asking an older relative to relinquish his or her driver's license. Students learn different skills necessary for intervening on various disorders and evaluate their clinical capabilities.

Intervention and Chronic Pain

Participants learn how to effectively intervene on an addict who claims to be suffering from chronic pain. We focus on educating the family about chronic pain, addiction and the preferred management methods. We will examine the Pain Management Track at the Betty Ford Center to learn how it works, alternatives to opiates, addicts' experiences as they progress through the program, and the final results. We will discuss chronic pain, aftercare needs, and relapse prevention.

Intervention Result: The Next Steps

Throughout intervention planning and rehearsal, it is the interventionist's job to prepare the team for all possible outcomes and appropriate follow-up plans. Participants work in groups to brainstorm various intervention results and choose corresponding plans. Discussions include how to implement methods for keeping intervention teams united. Each breakout group shares 2 scenarios with the training class and then asks for feedback.

Team Cohesiveness Throughout Treatment and Into Recovery

Participants are provided with case studies of different ways intervention teams unravel. For instance, team members who turn against the treatment process and begin supporting the addiction again. In breakout groups, participants problem solve and develop strategies to reunite the team and renew the commitment to recovery.

Relapse and the Intervention Team

Participants collaborate to present ways an intervention team can: a) support relapse prevention and b) quickly move the alcoholic back into treatment after a relapse. We will discuss and write relapse agreements.

Special Considerations: Financial, Team Members, Special Needs

Finding treatment resources is difficult for individuals with limitations or special needs. Interventionists must be resourceful, identifying the right level of support. A common block is financial limitations. Other blocks include cognitive problems, inability to perform daily living tasks, psychiatric instability, hearing or vision impairment, illiteracy, childcare needs. In breakout groups, participants are provided with a sample case and asked to use computers and cellphones to identify appropriate treatment resources, develop a list of



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questions to ask for evaluating the selected program(s) before recommending it to the family.

Science and Current Research: How to Use It Effectively

Brain scans and other up-to-date research can help move a resistant addict to “yes” on intervention day. Participants’ discussion revolves around the best ways to use science during an intervention. How can technology help the process?

Family Recovery

Participants learn to educate and motivate families to participate in the recovery process by attending a family program and a 12 step program. We examine how working a program of recovery together can rebuild relationships and create an environment that reduces the probability of relapse. Special attention is given to helping children, and we will examine the Children's Program at the Betty Ford Center. Parents and other relatives often discount the effects addiction has on young children. We will strategize how to enlighten family members as well as obtain commitments to enroll children into a program.

Developing a Professional Intervention Practice

Jeff and Debra Jay have built a national intervention practice over the last 20 years. Learn their techniques for connecting to treatment centers, offering added value and using technology to reach out to families and other professionals. Discussion will include: working with admissions departments, building an effective website, marketing and giving back to the community.

More

Placing the focus beyond intervention, we explore working with families and treatment teams to develop long-term recovery plans. We also explore how increasing your clinical skill set and the use of technology helps build a private practice.

Participants learn how united intervention teams can create accountability for newly recovering alcoholics and addicts. Participants work out problems, which can lead to increased compliance and increased probability of successful sobriety post-treatment. Skill development includes: determine the proper level of recovery support; educate the family on needs associated with ongoing recovery; facilitate communication between the intervention team and the treatment team; assist families in making a commitment to support continuum care recommendations; identify appropriate levels of support within a family’s financial limitations; work through objections to continuing care recommendations; use leverage and influence to overcome an alcoholic or addict’s resistance; develop a relapse agreement between family, the newly recovering person and the treatment team.

Each participant will be asked to write a plan for working with the family, the treatment team and the recovering person that encompasses the continuum of care planning process.

Participants are introduced to a progressive approach for creating a Practice of Excellence. Each student will write a mission statement and a clinical vision for their practice. The goal is to bring excellence and consistency to all aspects of our work.

Clinician Testimonials

"This was one of the great training experiences of my professional life. I first picked up the book Love First in 2002 and this training was the fullest realization I can imagine of Jeff & Debra's vision of how Love First becomes the gold standard for professional clinical intervention services in the field of chemical dependency care.

—Bill Russen, Executive Director, Cayuga Addiction Recovery Services, Ithaca, NY

"Hands down one of the best, most professional, 'content rich' trainings I have ever attended...a total joy and privilege to have spent time not just with Debra and Jeff, but the whole class!"

—Helen Parker, Ph.D.(candidate), Sydney Intervention, Sydney, Australia

"Long ago when I first read the books Love First by Jeff and Debra Jay and No More Letting Go by Debra I fell in love with their approach to interventions. I realized over time that Jeff and Debra Jay are two of the top interventionists in the world and as I got to know them, I saw that they lived lives of dignity and integrity. Jeff and Debra put together a package of written material for this training that amazed me. It must have taken countless hours. The team teaching and group involvement format was a very stimulating experience. The group of participants quickly became a team and we learned a great deal from each other. The small class size allowed for close personal attention. Even though I am an experienced interventionist holding the BRI-II credential, I benefited greatly from this seminar. This seminar cost me nothing. The money I paid was an investment in my profession, which will pay a handsome return over the years. I highly recommend this training."

—Norm Boshoff, Clinical Interventionist, M.Div., Th.M., CADC II, BRI-II

"This was a fantastic training that included didactic, experiential, and interactive learning. What an incredibly caring and competent group I shared the experience with. Thank you Debra and Jeff for your generosity of self and all the work that went into organizing it. Not only have I made new friends, but once again, saw the power of Love First in our clinical intervention work. Thank you!"

—Paige Stetson, MA, LPC, LMHC, clinical interventionist, Greenwich, CT

"The training I received from Love First was the best I have attended in 25 years as a counselor. It was engaging, relevant and imminently useful. I would not hesitate to recommend it to anyone."

—Jeff Henrich, LADC, Director of Men's Treatment, Guest House, Rochester, MN

"I truly cannot speak highly enough about my experience with Jeff and Debra Jay and their clinical intervention training. The Jays have a passion and a working knowledge of interventions that I couldn't begin to find elsewhere. The training was incredibly inclusive and well-paced. They were highly accessible as instructors and imparted their knowledge in a fun, warm and energetic environment."

—Adam Crump, MA, LPC, LCDC, therapist, Fort Worth, TX

"The 5 day training at Betty Ford with Debra and Jeff was absolutely fabulous! I will hold that experience close to my heart for a very long time. The concepts & skills I learned will enable me to be an even better clinician. Thank you so much for the amazing learning opportunity and thank you for being so thorough in your teaching methods."

—Patti Griffis, MA, LMHC, CAP, therapist, Jacksonville, FL

"As an overseas participant from Australia, I want to express what an unforgettable five days I had. The training and information package Jeff and Debra Jay provided was of an exceptionally high standard and quality. The training gave me a deeper and richer understanding of facilitating a successful Intervention with families/teams. I can't say enough for the training, accommodation, food, professionalism and ease as the five days unfolded.

"As an overseas visitor I was made to feel extremely welcome and made some lovely friendships. This was an experience that I will never forget and the wonderful people that came into my life, even though it was for a short time. Thank you Debra and Jeff for a wonderful experience, and last but not least a big thank you to Angelica for being an instrumental part of the week and your warm spirit of presence to the group."

—Lesley Withey, Counsellor and Psychotherapist, Sydney, Australia



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Requirements and Costs

The Love First clinical interventionist training and certification is open to experienced clinicians and clergy only. We believe that the job an interventionist does is an advanced position and not a job for beginners.

In order to register for this training, a participant must meet the following requirements:

- Advanced degree in an appropriate field or
- Bachelor's degree with 3-year certification (CAC, CAP or other) or
- Five years clinical experience plus certification.
- Strong knowledge of 12-Step programs.
- Clergy and others with strong experience will be considered.

\$3900 all-inclusive

Limited time offer includes tuition for 5 day training; 5 nights in a private room at Rancho Las Palmas, including resort fee, Wi-Fi and taxes; breakfast and lunch daily at Betty Ford Center and supervision of 3 interventions before December 15, 2015. Space is strictly limited to 20 participants to assure personal instruction.

Jeff and Debra Jay will present the 5-day training live at Betty Ford Center
June 7th – 12th, 2015.

For information, contact Angelica Stokes
888-220-4400 or email: frontdesk@lovefirst.net



Application

Email your request to participate in the training, **including your resume**, to Angelica Stokes, clinical coordinator: frontdesk@lovefirst.net

Once you are accepted application details and payment information may be taken over the phone: 888-220-4400.

Applicant Information

Client Name	
Address	
City, State, Zip	
Telephone	
Email	

Payment Information

Name on card	
Billing Address	
City, State, Zip	
Card Number & Exp.	
CCV security code	
Amount	

Refund Policy: The Love First Interventionist training is designed to be an intensive learning experience, thus we are accepting only a small number of participants. For this reason, we ask participants to make a solid commitment upon enrollment. However, if there is a family or health emergency, we provide full tuition reimbursement until March 30th, 2015.

After March 30th, 2015 there is no refund available. However, if you can arrange for another qualified candidate to take your place in the training, we will refund the tuition, less a \$100 processing fee, upon receipt of the new candidate's full tuition payment.

For more information on the Love First Clinical Interventionist Training,
Visit our website: lovefirst.net