Love First

Clinical Intervention Field Materials™

FAMILY TEAM PLANNER



Love First Clinical Intervention Field Materials™ Team Planner

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Building a Team

Training and Preparation is Key

FAMILY, FRIENDS AND COLLEAGUES







"Individual commitment to a team effort-that's what makes a team work." -Vince Lombardi

Building an intervention team provides the best chance of defeating addiction. Success depends upon selecting and training a team of three to twelve significant people who are willing to work together. Begin by making a list of all significant people in the alcoholic or addict's life.

1)	
2)	
3)	
4)	
5)	Notes:
	_
7)	
8)	
9)	
10)	
п)	

CHOOSE YOUR TEAM

Work with the interventionist to finalize your intervention team. Share any concerns about the appropriateness of individuals. Creating a solid team requires choosing the right participants.

Team Member:	Relationship:	
Telephone:	Email:	
Significant Information About Team Member:		
Team Member:	Relationship:	
Telephone:	Email:	
Significant Information About Team Member:		
Team Member:	Relationship:	
Telephone:	Email:	
Significant Information About Team Member:		
Team Member:	Relationship:	
Telephone:	Email:	
Significant Information About Team Member:		
Team Member:	Relationship:	
Telephone:	Email:	
Significant Information About Team Member:		
Team Member:	Relationship:	
Telephone:	Email:	
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Significant Information About Team Member:		
Feam Member:	Relationship:	
Telephone:	Email:	
Significant Information About Team Member:		
Team Member:	Relationship:	
Celephone:	Email:	
Significant Information About Team Member:		
Ceam Member:	Relationship:	
Celephone:	Email:	
Significant Information About Team Member:		
Team Member:		
Telephone:		
Significant Information About Team Member:		
Feam Member:	Relationship:	
Telephone:		
Significant Information About Team Member:		
Notes:		
	go to: http://lovefirst.net/wpt/interve	

Intervention

A Spiritual Negotiation

GATHERING INFORMATION

"Intervention becomes a spiritual negotiation when founded upon empathetic family relationships and a pledge to act with virtue and dignity. We do not battle addiction with anger, judgment or blame; instead we reach out to the true person behind the addiction using love, compassionate honesty, and a vision for the future. Every life has a purpose, and intervention is a negotiation for *life* and the fulfillment of its purpose."—*No More Letting Go*, by Debra Jay



CLINICAL INTERVENTIONIST

Name:	 Email:	
	Website:	
Notas		
Notes.		

DATE, TIMES AND LOCATIONS Rehearsal Location: Date: Arrival time: Intervention Location: Date: ______Arrival time: _____ LEVERAGE AND INFLUENCE Who has influence: Who has leverage:

Veb:	TREATMENT CENTER	CHOICES		
Address:	Facility:			
Poposit Amount:Co-pay or deductible:Contact Person:	Web:			
Deposit Amount:	Address:			
Contact Person: Citel: Cell: Email: Admission date and time: Notes: Facility: Web: Address: Pinancial Requirements: Deposit Amount: Co-pay or deductible: Contact Person: Citel: Cell: Email:	Financial Requirements:			
Cel: Email:	Deposit Amount:		Co-pay or deductible:	
Admission date and time: Notes: Pacility: Web: Co-pay or deductible: Contact Person: Cel: Cel: Cell: Email:	Contact Person:			
Facility: Web: Web: Cinancial Requirements: Deposit Amount: Co-pay or deductible: Contact Person: Cel: Cel: Email:	Tel:	Cell:		_Email:
Pacility: Web: Web: Middress: Co-pay or deductible: Contact Person: Cel: Cel: Cel: Email:	Admission date and time:			
Pacility: Web:	Notes:			
Web:				
Web:	Facility:			
Address:				
Contact Person: Cel: Cell: Email: Cenarcial Requirements: Co-pay or deductible: Co-pay or deductible: Co-pay or deductible: Contact Person: Cell: Email: Cell: Cell: Email: Cell:				
Deposit Amount:Co-pay or deductible:Contact Person:				
Contact Person:				
Cel: Cell: Email:				
Admission date and time:				
Notes:	Notes:			

FINANCIAL DETAILS		
Insurance card number:	Group num	ıber:
Customer number:	Contact person:	:
Medicare, Medicaid:		
Private Pay:		
Notes:		
PRE-INTAKE INTERVIEW		
Responsible Team Member:		
Contact Person:	Title:	
Telephone:		Extension:
Date:	Time:	
Patient Information:		
Name:		DOB:
Address:		
0.110		
		Email:
Address:		
Chemical Use History:		

N-min C	
Negative Consequences:	
Physical Health:	
Mental health:	
	_
Other:	

Intervention Checklist

An Organization Tool

DETAILS, DETAILS



"Details create the big picture."-Sanford I. Weill

Select a team detail person	
Track the preparation details	Complete insurance requirements
Delegate to various team members	"What to Bring/Not Bring" lists
Work in tandem with the interventionist	Confirm reservation and time of arriva
Provide team with progress reports	Call to report result of intervention
Choose a treatment center	Choose co-chair for intervention
Make reservation	Determine co-chair's role
Complete pre-intake interview	Guide co-chair on his or her role
Complete financial arrangements	☐ Incorporate co-chair's role into the
Complete all paperwork	rehearsal

Discuss importance of not alerting the alcoholic of the intervention
List individuals who may sabotage the intervention
Create a plan
Compile a master list of team members and their contact information
Determine date, time and place for intervention
Create plan to guarantee addict's presence
Create plan for team members arrival
Team members create lists of past enabling behaviors
Identify leverage and influence of individual team members
Create a list of known negative consequences
Write 1 to 2 page letters following the 7-point format
Read letters to team/interventionist and ask for feedback
Edit out anger, blame and judgment
Edit out information that is disrespectful
Determine any important additions to letters
Discuss including letters from people who are unable to attend
Discuss including letters from people who cannot speak for themselves
Prepare envelope for letter delivery to treatment center
Deliver letters to treatment center
Deliver letters to alcoholic (if treatment was refused).
Determine bottom lines and write them on a separate piece of paper
Read example of a loving bottom line and discuss
Test resolve to follow through
Edit bottom lines as necessary
Discuss how and when bottom lines will be delivered during intervention
Prepare envelope for bottom line delivery to treatment center
Deliver bottom lines to treatment center
Prepare for the objections to accepting help
Make a list of objection categories
Enter objections under appropriate category
List responses to all objections

	Determine who will answer objections
	Determine if action steps are required to prepare for objections
	Identify objections too big to overcome and develop a plan
Prep	pare for objections while in treatment
	Educate team on denial resurfacing while in treatment
	Discuss most common treatment objections
	Determine best responses to objections
	Discuss ways families sabotage treatment, i.e., "rescuing addict from treatment."
	Role play how the addict will attempt to manipulate a team member
	Create plan for managing enablers who are not part of the team
	Secure commitment to making team decisions
	Major concerns:
Arra	ange for transportation
	Determine who will escort alcoholic to treatment
	Address identification needs (drivers license, passport)
	Plan for necessary travel time
Pack	c a suitease
	Follow treatment center guidelines
	Include a calling card, postage stamps and writing paper
	Pack prescribed medications
	Pack photos of children and significant others
	Ask treatment center about spending money
	Other needs
Reh	earse the intervention
	Create a seating strategy and chart
	Discuss order in which letters will be read
	Determine discreet place for parking cars
	Script opening and closing statements
	Review objections and answers
	Plan to avoid interruptions: phones, pets, visitors
	Rehearse intervention exactly as if it were the real thing

Make any necessary adjustments to letters, bottom lines or objections
Plan for unexpected events
Create secondary plan if alcoholic refuses treatment
Review plan and determine next step
Write and sign the "Friends and Family Commitment Statement"
Deliver copy to each team member
Schedule Team Huddle
Mid-treatment
Aftercare planning
Post-treatment
Other_
Additional details
Collect copies of clean, edited and rewritten letters
Collect copies of clean, edited and rewritten bottom lines
Put letters and bottom lines in separate, clearly labeled envelopes
Complete "Intervention Team Assessment" book
Review objections and answers
Address the issue of patient confidentiality and the need for signed releases
Sign up to attend family program
Commit to attending weekly Al-anon meetings
Facilitate the intervention
Call treatment admission staff with result and arrival time
Deliver letters, bottom lines and "Intervention Team Assessment" to counselor
Reconfirm team commitment.
During treatment
Send letters, cards and photos
Sending gifts: check treatment center policy
Keep phone calls with alcoholic to ten minutes
Bring concerns to the interventionist, primary counselor or another team member
Do not burden the alcoholic with unnecessary concerns.
Other:

Enabling Behaviors

Actions Based in Fear

MOVING FROM ENABLING TO INTERVENING

Out of love and fear, we do many things to protect our alcoholics. Most of the things we do, however, unwittingly helps the addiction instead. This is called enabling.



"Let us never negotiate out of fear. But let us never fear to negotiate." —John F. Kennedy

Almost all families inadvertently enable addicted loved ones by helping them avoid the negative consequences of addiction. We must be vigilant against blaming ourselves and each other for past enabling. Instead, focus on today's solutions.

IDENTIFYING ENABLING BEHAVIORS

Each team member shares ways they have enabled the addiction in the past. Listing these behaviors provides a clear picture of the system of enabling that has helped the addiction progress. Taking a close look at the role we play helps us break through our own denial, and gives us an opportunity to make new choices.

Following are some examples of common enabling behaviors. Check those that apply and add your own.

	Give or lend money	Placate or bargain
	Provide a place to live	Insist nothing can be done
	Rescue or fix problems	Keep secrets
	Supply a car	Put yourself in jeopardy
	Buy or provide alcohol/drugs	Leave minor children with the addict
	Bail out of jail	Allow drunk driving without calling police
	Hire attorneys	Take over responsibilities
	Lie to cover up problems	Protect from consequences
	Deny the addiction to others	Blame other people
	Defend behaviors to others	Blame circumstances
	Ignore or laugh at the problem	Avoid social functions
	Argue, plead, beg	Provide employment
	Threaten	Pay bills.
Other: _		
	The state of the s	
	To watch a video on this subject, go to: http://	/lovefirst.net/wpt/intervention-videos/

Writing Letters

7-point format

DON'T FORGET THE LOVE

Each person writes a letter to the alcoholic or addict to read during the intervention. Your loved one needs to hear you speak from the heart. Write your letter one day and review it the next.



"This is not a letter, but my arms around you for a brief moment." –Katherine Manfield

7-point Format

Follow the 7-point format, but think of your letter as having 3 main parts: a message of love, compassionate honesty, and a vision for the future.

- 1) Introduction: A brief opening statement of love that states the nature of your relationship. *Peter, I have been fortunate to have you as a friend for over 20 years. I cannot tell you how blessed I feel.*
- 2) Message of Love: This is the longest part of the letter and, perhaps, the most important. Be specific and sincere. If the addict's behavior has been difficult for a long time, remember back to better days.
- 3) Reframing: Shift from the love section to the honesty section by stating your understanding of addiction as a genetic disease. *Patty, alcoholism runs in our family. Our grandfather and two of our aunts had this disease. It requires professional treatment just like any other disease.*

- 4) Facts: This is the section of compassionate honesty. Describes one to three problems caused by the addiction that you have witnessed firsthand. Don't use judgment or angry language. Be brief. Speak of the recent past. Grandma, alcohol is making decisions in your life I know you would never make sober. You've driven to the grocery store and to my house inebriated. I know you would never choose to risk hurting other people. It's the disease of alcoholism, not you.
- 5) Commitment: Make a commitment to stand by the addicted person and help her anyway that's possible and appropriate. I have learned this is a family disease, and we all must participate in recovery.

 Therefore, I am pledging to do my part. I will attend the family program and Al-anon. Together, we will heal and grow.
- 6) Ask: This is a direct request that the alcoholic immediately accept the treatment program being offered. *Jake, will you accept the help we are offering you today?*
- 7) Affirmation: This is a vision of the future, giving the addicted person a sense of possibility and purpose. Dad, I need you in my life. I'm getting married next year, and I need you to be strong and whole to walk me down the aisle. You are my rock. I want you back.

Give yourself plenty of time to write your letter. Write from the heart. Share your letter with the interventionist and the team. Ask for feedback. Make whatever edits are necessary. Always use loving, nonjudgmental honesty when talking about the addiction problems. Throw your heart into the love section.

	To watch a video on this subject, go to: http://lovefirst.net/wpt/intervention-videos/
Notes:	

Bottom Lines

Leverage, Influence and Love

FOCUS ON YOURSELF

A bottom line is a pledge to no longer support the disease of addiction. It includes a promise to take care of ourselves. Use the list of enabling behaviors in *Love First* as a guide: pages 274 to 275.



Bottom lines are also an expression of love. We aren't trying to blame or shame the alcoholic or addict. We make it clear that our actions are based on an intention to support them in recovery.

SAMPLE BOTTOM LINE

Jack, when you have come to me in the past for money, I always gave it to you. I need to apologize for that, because I know I've been helping your cocaine addiction. So, from now on, I cannot give you money anymore. I love you too much to help you stay sick. I know this addiction is holding you hostage, and I will not help it do so. I also must begin taking care of myself, because this hurst me too. I've made a commitment to start going to Al-Anon to get help for me. And I have to ask you not to come by the house anymore when you're high or hung-over. It's too hard on me. The addiction isn't invited into our lives any longer. However, if you decide to change your mind and accept help, I will drive you to treatment myself and will eagerly help arrange to make it happen for you. I love you and, more than anything, I want you to get well. I want my son back. Won't you accept the help we're offering you today?



To watch a video on this subject, go to: http://lovefirst.net/wpt/intervention-

Objections

Verbal Escape Routes

BRAINSTORMING WITH THE TEAM

When intervening on an addicted person, you are undoing the addict's hard work of safeguarding the addiction from any outside interference.



Prepare for every possible objection. List objections under appropriate categories. Decide how the team will answer each objection. Determine if there are any objections too big to overcome and create a plan.

WORK OBJECTIONS	,		
Objection:		 	
Answer:		 	
Objection:			
Answer:		 	

Objection:	
Answer:	
Objection:	
Answer:	
Objection:	
Answer:	
FAMILY OBLIGATION OBJECTIONS	
Objection:	
Answer:	
Objection:	
Answer:	
Objection:	

Answer:	
Objection:	
Answer:	
Objection:	
Answer:	
MONEY OBJECTIONS	
Objection	
Objection:	
A	
Answer:	
Objection:	
Answer:	
Objection:	
Answer:	
Objection:	

Answer:	
Objection:	
Answer:	
SOCIAL OBLIGATION OBJECTIONS	
Objection:	
.	
Answer:	
Objection:	
Answer:	
Objection:	
Answer:	
Objection:	
Answer:	

Objection:	
Answer:	
PRACTICAL OBJECTIONS	
Objection:	
Answer:	
Objection:	
Answer	

DENIAL DRIVEN OBJECTIONS	
Objection:	
Answer:	
Objection:	
Answer:	
Objection:	
Answer:	
Objection:	
Answer:	
Objection:	
Answer:	

OTHER OBJECTIONS
Objection:
Answer:
Objection:
Answer:
Objection:
Answer:
Objection too big to overcome:
Plan
Plan:



To watch a video on this subject, go to: http://lovefirst.net/wpt/intervention-videos/

Treatment

Preparing for Objections While in Treatment

BREAKING DENIAL

Once the alcoholic or addict is in treatment, denial usually resurfaces. This happens to patients whether or not they have gone through an intervention. Denial is a symptom of addiction.



"Denial ain't just a river in Egypt." – Mark Twain

When denial pops back up, the addicted person may start looking for escape routes out of treatment. You'll know when she has found one, because she'll tell you about it in the form of an objection. The alcoholic or addict will likely call a team member she thinks she can easily influence or intimidate. She'll then present her objection to treatment. It'll probably be presented as an urgent matter.

Be Prepared

Prepare for treatment objections in the same way you prepared for the intervention. But first identify the team members most likely to get a call. Usually these team members can self-identify: "Yes, I'm the person she knows she can easily manipulate."

All team members must pledge to make *team decisions* not individual decisions. This is especially important for those who identify as being easily manipulated. Make this pledge part of your "Family and Friends Commitment Statement" (see page 287 in Love First).

Action Steps

Write down possible objections and how you will answer them. Refer to common objections listed on pages 224 and 225 in *Love First*. Every team member should be prepared to receive a call from the alcoholic or addict with reasons why he needs to leave treatment. If the alcoholic presents an objection or complaint, use one of the following responses:

- "I suggest you discuss that problem with your counselor (or the clinical supervisor)."
- "I don't know what to tell you. I suggest you raise the issue during group therapy."
- "I understand that you have an issue, but the most important concern is your recovery."

If the addicted person continues to attempt to manipulate you into supporting his objections, use the broken record technique by repeating the same answer over and over again. Better yet, get off the phone. Call the counselor, the interventionist or another team member. Keep no secrets. Have a plan.

Team Members Most Likely Targeted By The Addicted Person:				
DBJECTIONS WHILE IN TREATMENT				
Dbjection:				
answer:				
Objection:				

Answer:			
Objection:	 	 	
Answer:	 	 	
Objection:	 	 	
Answer:	 · · · · · · · · · · · · · · · · · · ·	 	
Objection:	 	 	
Answer:	 	 	
Objection:	 	 	
Answer:	 	 	
Objection:			
Answer:			

Commitment Statement

Family and Friends

FOCUSING ON OURSELVES

Our purpose is to initiate and support the recovery process. We understand that we will be traveling a rocky road. We are asking our addicted loved one to make long-lasting changes and a commitment to recovery. We can do no less. By creating a "Family and Friends Commitment Statement," we agree to remain united as a team and make changes in ourselves. Read pages 287 and 288 in *Love First*. Each team member receives a copy of the completed, signed statement.



"Commitment is an act, not a word." -Jean Paul Sartre

Our Statement			
	 	 	
·	 	 	

 _
 _
 -
 _

Team Signatures		



Structured Family Recovery®

A Family Team Working Together for Lasting Recovery

TEAMWORK DURING AND AFTER TREATMENT

Intervention creates a *family recovery team*. After an intervention, advance the treatment and recovery journey by transforming into a Structured Family Recovery team.



"Growth is never by mere chance; it is the result of forces working together."

-James Cash Penney

An SFR recovery team learns appropriate ways to support the newly recovering person:

- Obtain a copy of the companion book, *It Takes a Family*, from library or bookseller.
- Begin by reading the first 4 chapters.
- Determine who on the intervention team will continue as SFR team members.
- Ask each SFR team member to start by reading the first 4 chapters.
- Determine if your team will do SFR on your own or with an SFR counselor.
- If doing SFR on your own, read the entire book before your first SFR meeting.
- Engage in team decisions when dealing with addiction and recovery issues

Recovery Isn't a Spectator Sport

Intervention is not the end of the story. It's the beginning. SFR teams have a roadmap for the journey ahead.

SFR teams takes a path forward that not only lowers the probability of relapse, but knits a family back together. Together, families reclaim trust and happiness.

With SFR, we define recovery as a family activity, however we define family.

Your SFR Team
SFR Counselor Information
Tele:
Email:
Schedule your first SFR meeting.
ı) Date & Time:
2) Conference Call Number
3) Access Code:

Dial-in information will be emailed to participants.

Local Services

A list of services available in the vicinity of the patient's home area.

AFTERCARE PLANNING

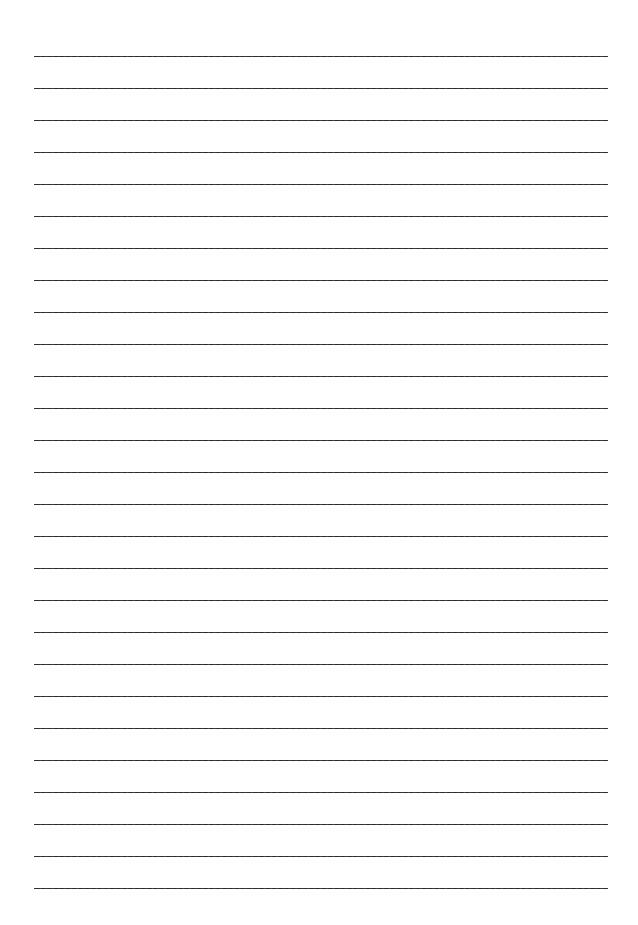
\			
1)			
2)			
/			
3)			
J/			
4)			
1 /			
-			
Notes:			

INTERVENTION RESULTS Intervention Result: Next Steps: Treatment Team Updates: 2) _____

Name:	PRIMARY COUNSELOR IN TREATMENT			
Tel:Email: Notes:	Name:			
Tel:Email: Notes:	Address:			
Notes:				
	Tel:	Cell:	Email:	
	Notes:			
AFTERCARE PLAN	AFTERCARE PLAN			

RELAPSE PL	AN
	·
	To watch a video on this subject, go to: http://lovefirst.net/wpt/intervention-videos/

NOTES	
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"May the love deep inside your heart find the love waiting in your dreams. May the laughter you find in your tomorrows wipe away the pain that you find in your yesterdays." –Unknown

