

ADDICTION PROFESSIONAL

From a Message to a Movement

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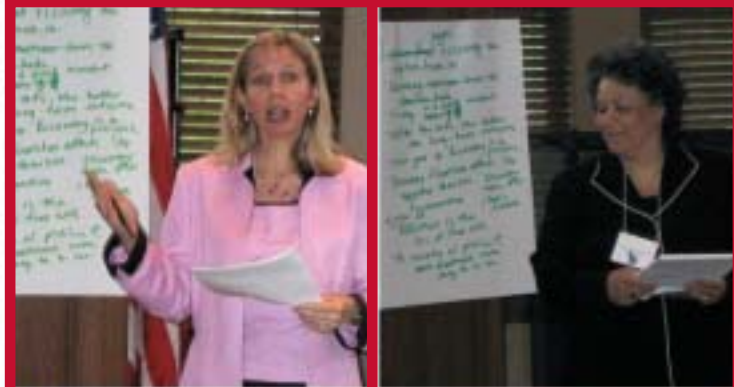
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Improving Intervention:

The Advantages of a Team Approach

“You can’t help someone who doesn’t want help!” This has been one of the most unchallenged myths across the broad spectrum of helping professions and self-help groups globally. There are professionals, recovering individuals, family members and even books that continue to perpetuate this belief.

You can help someone who doesn’t want help by engaging them in the process of getting help for themselves. This process is known as intervention.

Mistakenly, intervention is frequently thought of as an event preconceived as a forceful, confrontational, emotional episode. Most often this event takes place immediately following a crisis. Dr. Vernon Johnson, a minister who initially developed techniques to help families help loved ones with alcoholism, first identified this method in the 1960s. The original model of intervention was very confrontational.

Co-author Middleton recalls in the late 1970s working as a solo professional using the basic Johnson technique, which back then focused primarily on the presenting of “concerns” by the intervention team with a minimum of time spent addressing the fact that the participants had feelings for the identified client other than a brief statement of “I care about you” or “I love you.” The reading of the list of concerns with a rapid transition to the presenting of consequences to the client was often met with mixed results. Middleton’s initial training for the facilitating of his first intervention consisted of being instructed by his supervisor to read Johnson’s book *I’ll Quit Tomorrow* and then to “go do it.”

Many colleagues have shared similar experiences from the early years of practicing intervention. Fortunately, we have

come a long way in professional development and practice.

Over the past 30 years the profession of intervention has evolved into a very skilled strategic process that motivates the person who doesn’t want help not only to want help, but also to be prepared to accept it. Intervention can be a very lengthy process for both family members and the individual needing the help. The evolution of professional intervention has provided numerous approaches for the consumer to choose from. Trained interventionists have used all of these approaches effectively.

Most frequently, a “single” interventionist facilitates the intervention. The interventionist works as a catalyst for the intervention team, made up of family members, friends and, in some cases, the employer of the identified client.

It is important to note that in many instances intervention is successfully conducted by a single interventionist. This occurs where effective consequences are available for implementation in the event they are needed, or where the client already has voiced concerns about his or her difficulty and has given some indication of being willing to consider help (the main problem then becomes convincing them that the time to act is now). In these instances a single facilitator may readily execute the intervention with a high probability of success.

We would not presume to detract in any way from the appropriateness of the implementation of the intervention process by a “solo” interventionist working with a properly prepared intervention team. But at SPIRIT and Associates, we have developed a collective, eclectic team approach that proves to be quite effective with the difficult client.

There are several distinct advantages offered by using two

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trained professional interventionists in the facilitating of the intervention process. This tactic often is best considered in those instances when it is determined ahead of time that the intervention is likely to be difficult, in terms of convincing the client to accept help. Often the primary difficulty is the absence of significant consequences that may be brought to bear should they be needed, or difficulty in maintaining control of the intervention due to client resistance.

We worked as solo interventionists for many years prior to combining our practice. While working as solo interventionists we were successful at getting the client to accept treatment at the first meeting approximately 80 percent of the time. But we have found that by working together for the past three years our overall success on first-time meetings with our clients has increased to better than 90 percent.

This team approach initially came together quite by accident. We consulted each other regarding several difficult cases and decided to conduct those interventions together. Beforehand all three interventions were “doomed for failure” as prejudged by family members, professionals and the clients’ individual treatment histories. To our amazement, the very same power that manifests itself within the group vs. “one-on-one” attempt to convince the client appeared to be taking place among us as co-facilitators.

The families confirmed this with regard to their preparation and the response of the clients during the intervention. Each client went to treatment with the first meeting. All three had prior interventions conducted by family members and coupled with the presence of a professional interventionist.

Soon thereafter, we began receiving referrals requesting that we conduct interventions together as a team. Our collective experience and education lends itself to providing intervention and mediation services to individuals who suffer with addictions, eating disorders, domestic violence and mental health issues.

Co-author Pennachi’s experience as a therapist with the criminal justice and trauma client helps significantly with the preparatory work with the family, as well as the assessment and monitoring of the client’s needs, treatment process and after-care. Middleton’s experience with business and labor over the years has facilitated the effective introduction of the workplace to the intervention process.

We are available to our clients and their families for a minimum of six months following the initial intervention, as well as the conducting of subsequent interventions in the event the client chooses to terminate treatment early or experiences relapse.

The following list shows a few of the comparison advantages of having two interventionists working together as a team (the “B” statements) when conducting an intervention,

vs. the single interventionist approach (the “A” statements). This list came about as a result of our experience, a review of our statistical records, and feedback from family members and clients.

A. If the client doesn’t like the interventionist, half the battle is lost.

B. The client may respond more positively toward one member of the team. Should this occur, having that interventionist take the lead in conducting the intervention enhances the chance of a successful outcome. Rapport is critical for a successful outcome.

A. If the client has issues with men and the interventionist is male, the outcome of the intervention could be negatively affected. Obviously, the reverse can also occur.

B. Sometimes a client may be more responsive to a male rather than a female, or vice versa — this isn’t clarified until the intervention has begun. The team interventionists can then decide who will lead and who will take a secondary role.

A. The participants are limited to a single perspective of the process and client. The single interventionist depends solely on his own expertise and insight.

B. The intervention participants are better trained and prepared for the intervention due to being able to be exposed to both a male and female perspective. In addition, by having more than one interventionist available the advantage of multiple experience, expertise and perspective is achieved.

A. The solo interventionist must carry the entire process, relying only upon his insight as to what the next “best step” is to be.

B. Two interventionists working as a team are able to share the labor in conducting the intervention, and on those occasions when the intervention becomes lengthy the “fatigue factor” is greatly reduced, enhancing the likelihood of a successful outcome. In addition, when two interventionists work together as a team they have the advantage of working as co-facilitators in being able to bring to bear twice the level of expertise and insight. Furthermore, the team interventionist approach allows greater ability to coordinate and adjust the strategy utilized during the intervention.

A. The client’s objections can be challenging and draining for the best of interventionists when working alone, especially if over a prolonged period.

B. Interventionists working as a team have found that their ability to overcome the client’s objections has been, in effect, doubled by working together. The old adage of “two heads are better than one” clearly applies in the intervention setting.

A. The solo interventionist risks becoming exhausted, and therefore less effective, if the intervention process becomes longer in duration.

B. Should the intervention become particularly long in duration, the team interventionists are able to have greater stamina and effectiveness. A single intervention, on occasion, may be as long as nine hours or more.

We have found that important details are less likely to be overlooked by having two professionals working in concert, whether it is in understanding all of the family dynamics that may be present or in the training/education phase of the participants.

Another vital consideration is the protection of the family and friends that may be participating in the intervention from verbal or emotional abuse from the identified patient. Professionals working together as a team are far often better able to shield family members and friends from the client's negative projections, blaming, or abuse.

Conclusion

We would not presume to detract in any way from the appropriateness or effectiveness of the successful implementation of the intervention process by a "solo" interventionist working with a properly prepared intervention team. There will be many instances where a single interventionist working with a well-trained family-and-friends intervention team will be sufficient to carry the day, not unlike a solo pilot on a bright sunny day having a smooth Sunday afternoon flight.

There will also be those times when it is dark and stormy and the conditions are difficult and the situation may approach "marginal" at best. These will be the times when the "pilot and co-pilot" interventionist team approach may best serve all concerned, ensuring the best of outcomes. ■

Penny Pennachi and Gene Middleton reside in the Wilkes-Barre, Pa., area, and travel throughout the United States to conduct interventions, mediations and training programs in their private practice, SPIRIT and Associates. For more information, visit www.spiritandassociates.com or e-mail spiritandassoc@cs.com.

Pennachi, president of SPIRIT and Associates, has extensive experience working with victims and perpetrators of trauma and abuse, including the implementation of cognitive restructuring programs in the criminal justice system. She is also a co-founder of Advocates for Today's Families, a program designed to encourage and empower families and communities to resolve and eliminate violence and conflict within the family unit.

Middleton has worked with private addictions treatment agencies for the purpose of effective development and implementation of programs for the successful delivery of care to adults and adolescents in need of treatment. He has conducted numerous training programs for addictions treatment professionals in the effective use of intervention techniques, and for industry in the effective design and implementation of employee assistance programs (EAPs). He is a member of the board of directors for the Euro-Mediterranean Partnership Against Substance Abuse.