Family Intervention Preparation Guide

For families and loved ones who completed the Confidential Inquiry Form

> This guide explains how we work with you to prepare a safe, ethical, and effective intervention. It distills broad principles, practical lessons we've learned as professionals, and concrete next steps you can take today.

(Quick Start)

1. **Choose one spokesperson** and keep **one coordinated message** to the Identified Person (IP).

2. **Pre-arrange treatment** (clinical fit, insurance/costs, travel, intake) **before** any conversation with the IP.

3. **Put boundaries in writing** (loving, specific, enforceable) and **practice** your letters/scripts with your team.

Our Core Principles

1) Alignment

- Intervention succeeds when **the family speaks with one voice**.
- Establish roles, ground rules, and decision-making **before emotions spike**.
- No side conversations with the IP about plans—**silence leaks create resistance**.

2) Clarity

- Define the **goal** (acceptance to a specific level of care) and the **plan B/C**.

- Decide what **success** looks like today (e.g., admission) and what **next step** follows if the IP refuses.

- Keep messages **short, specific, and behavior-based** (not debates about "how much" they use).

3) Leverage (Compassionate Boundaries)

- Leverage is not punishment; it's **clear choices and predictable consequences**.

- Remove **enabling** (money, housing, transportation, cover stories) that props up the illness.

- Offer **credible, immediate help**, not abstract promises.

4) Preparation

- **Pre-admit**: clinical fit verified, financing arranged, logistics booked.

- **Rehearse** letters/scripts; identify likely resistance patterns and responses.

- **Safety plan**: assess risks (self-harm, violence, weapons, medical issues) and coordinate accordingly.

What to Expect with John Walsh & Associates

1) Discovery Call
We clarify your goals, risks, and timelines, and suggest an initial roadmap.

2) Assessment & Team Building
We map and, where helpful, **expand** the system (family, partners, friends, employers, clergy); choose the **core team**; **assign roles**; and **gather history**.

3) Preparation Week

- Confirm treatment fit and admission pathway.

- Draft and edit letters, boundaries, and logistics (work leave, childcare, pet care, bills).

- Script the meeting flow; rehearse responses and handoffs; finalize transport.

4) Intervention Day

- Calm start, private setting, phones silent.
- Spokesperson leads; team reads letters; treatment offer presented; boundaries clarified.
- If "yes": transport immediately. If "not yet": implement consequences consistently and keep the door open.

5) Early Recovery Support (First 72 Hours)
Warm handoffs with the treatment team; family guidance on communication and boundaries; next steps for coaching/Al-Anon.

6) First 30 Days
We support alignment around aftercare, family programming, and relapse-prevention structure.

Practical Lessons We've Learned - Combined Experience of over 50+ years

- **One voice wins.** Multiple messages invite triangulation and stall decisions.
- **Silence is a tool.** No leaks or soft warnings to the IP about the intervention.
- **Debate loses.** Don't litigate quantity, timelines, or blame—**present help**.
- **Write it down.** Letters beat ad-lib; emotion rises, memory drops.
- **Time kills deals.** Have beds, funding, and transport ready **before** the ask.
- **Short, compassionate boundaries** beat long lectures.
- **Avoid rescuing after a refusal.** Let natural consequences—not crisis—do the persuading.
- **Rehearsal > willpower.** Practice tightens language and keeps meetings calm.

- **Respect ambivalence.** Expect mixed feelings; plan for second-chance windows within 24–72 hours.

- **Plan B/C matters. Plan B = a time-boxed re-approach within 24–72 hours with tightened, loving boundaries; Plan C = pre-planned legal/clinical pathways (e.g., civil commitment options like Casey's Law where applicable) used only when clinically indicated and ethically appropriate.** Know legal/clinical options (e.g., civil commitment statutes like "Casey's Law" in some states) and when to use them.

- **Protect relationships.** Boundaries are **for** the relationship, not **against** the person.

Family Readiness Checklist

- We have a **single spokesperson** and a **message discipline** agreement.

- Treatment is **pre-arranged** (insurance/costs, clinical fit, admission contact, room hold).

- **Letters/scripts** are drafted, edited, and **rehearsed**.

- **Logistics**: work leave, kids/pets, house, bills, transport, packing list.

- **Safety**: weapons secured; high-risk behavior assessed; medical/psychiatric plan in place.

- **Boundaries**: clear, loving, and **enforceable today**.

- **Follow-through**: team agrees to hold lines if the IP declines.

Emotional Climate & Readiness Questions (use what applies)

- **Previous attempts:** Have there been prior interventions or serious talks? What were the outcomes?

- **What's different now:** What will you do **differently** this time (alignment, pre-arranged treatment, rehearsed boundaries)?

- **Pitfalls/derailers:** What do you foresee (side texting, rescuing, minimizing, enabling, unmanaged resentment/anger)?

- **Unknowns about the IP:** Diagnoses, medical risks, triggers, access to weapons, daily routine, key influencers.

- **Unknowns about potential team members:** Availability, reliability, sobriety, willingness to hold boundaries and avoid side conversations.

- **Duration and trajectory:** How long has this been an issue? What escalations or patterns concern you most?

- **Extended family:** Who is suggesting what? Who is unaware? How does this affect whether to include them now or brief them later?

- **Mirror check:** Does anyone in the circle have current substance use or untreated mental health issues? If so, how will we handle roles ethically (e.g., support role, not reading, parallel help)?

- **Climate check:** What's the current emotional climate between key members (solidarity vs. conflict)? Any triangulation, secrets, or alliances that could undermine alignment?

- **Non-negotiables:** What loving limits can you sustain for 30+ days? What support do you need to hold them?

- **Minimum viable success:** If the IP doesn't say yes today, what measurable next step counts (e.g., evaluation, detox, clinician meeting)?

Roles & Responsibilities (Example)

- **Sponsor**: Funds logistics; final decision-maker if needed.

- **Spokesperson**: Runs the meeting; keeps pace and order.

- **Writer/Editor**: Polishes letters; ensures tone is loving and concise.

- **Logistics Lead**: Manages travel, packing, childcare, pet care, work leave.

- **Treatment Liaison**: Coordinates admissions, clinical info, and warm handoffs.

- **Transport Lead**: Executes travel plan and continuity to intake.
- **Aftercare Lead**: Tracks family programming and post-discharge steps.

Boundaries & Scripts (Templates)

Boundary Principles

- Loving, brief, behavior-specific.
- Connected to **today's** choices, not past penalties.
- **Do only what you can sustain** for 30+ days.

Sample Boundary Statement

> We love you and want you healthy. If you choose **not** to enter treatment today, we will no longer provide money for rent or rides. We will help with **this specific program** and transportation **today**. Our door is open when you're ready.

Letter Outline (1–2 pages)

1. **Connection**: Why you matter to me.
2. **Impact**: 2–3 recent, concrete examples—no exaggeration.
3. **Hope**: What recovery could restore.
4. **Offer**: The specific treatment plan we arranged.
5. **Boundary**: The loving limits we will hold if you decline.

Risk Management & Safety

- If there is imminent danger (self-harm, violence), **call 911** and follow local emergency guidance.

- Share relevant medical/psychiatric history with the treatment team (releases as needed).
- If legal options are appropriate, we will discuss jurisdiction-specific processes (e.g., civil commitment pathways available in some states) and how they fit ethically into your plan.

FAQs (Short)

What if they say "I can quit at home"?
Home detox can be medically dangerous. Our plan ensures **safe, supervised care**.

Should we warn them first?
No. Advance warnings typically harden defenses and reduce acceptance.

What if they walk out?
Keep boundaries, keep the door open, and reconnect within 24–72 hours; windows often reopen.

Can we bring friends or clergy?
Yes—**if** they align with the plan and agree to message discipline.

We tried before and it didn't work—why would this time be different?
Because we align the team, **pre-arrange treatment**, rehearse short letters and boundaries, and schedule a **time-boxed re-approach (Plan B)** if needed.

What if a team member also struggles with substances or untreated mental health issues?
We adjust roles to protect the process (e.g., support role, not reading) and encourage **parallel help** for that person.

Should we include extended family or keep it small?
Smaller, aligned teams usually perform better. We can brief others later once a plan is underway.

What if the IP says "you're no saint" and flips it back on us?
Acknowledge and pivot: *"We're getting help for ourselves too. Today is about you getting care—our plan stands."*

Confidentiality, Fees & Next Steps

- We handle your information with care and follow privacy laws; releases may be required to coordinate care.
- Fees, retainers, and travel costs are discussed transparently **before** intervention day.
- You'll receive a simple action plan after our discovery work with clear roles, scripts, and timelines.

Ready to Talk?

Book a Consultation with John Walsh & Associates
Book a Consultation →
Prefer email or phone? **** | (xxx) xxx-xxxx

This guide is educational and not medical or legal advice. If you have a medical or psychiatric emergency, call 911 or go to the nearest emergency department.

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