



**CONTINUING EDUCATION (CE) COURSE MATERIAL**  
**Course No. CE1202P1 – Intervention and Referral – Part 1**

**COURSE OBJECTIVE**

Part one of an examination of the intervention and referral process, including the format of, various methods employed in, and dynamic factors which affect an intervention.

**COURSE MATERIAL**

**Process of Intervention:**

It is usually a **CRISIS** - and not spontaneous insight - that is THE KEY TO RECOVERY, and therefore the major tool used in the Intervention process.

There's an accepted **FORMAT**, certain **METHODS**, and some **DYNAMIC FACTORS** to be considered in the Intervention process. They are discussed below.

**FORMAT**

Intervention requires a presentation of **REALITY** to the Chemically Dependent Person. The presentation will include:

- 1) Some Facts about the Disease/Illness condition in general
- 2) A realistic discussion about unacceptable, drug-induced behavior
- 3) A recitation of actual things done and said
- 4) Personalized views of the affect on family, friends, job, health

**METHODS**

Facts presented in "receivable way" ... objective, nonjudgmental, caring, non-blaming, non-moralistic manner.

- 1) **Gather significant persons (SP's) together who have FIRST HAND information about Indicated Patient (IP's) actions, habits, and behavior - past and present.**
- 2) **Have SP's make written list of specific data about the IP's use and abuse, the effects and the feelings created.**

**NO GENERALITIES:** "You're drinking too much"; "You're missing too much work"; "You're never home for dinner"

**BE SPECIFIC:** "Last Tuesday we had a date for dinner, you showed up drunk, an hour late, and I was hurt and embarrassed and felt totally discounted"; "Last Christmas, after a beautiful day, you got loaded, insulted me for no reason that I know of, and I was beside myself with hurt and shame and confusion"

- 3) **Have SP's agree to a specific treatment plan that they all expect the IP to accept.**

Arrange for immediate help following the intervention. The goal is to get IP not just to accept help, but to accept it **now**.

A "what if" option can be considered if SP's agree.

"Ok, we'll agree to have you try your plan, but we want you to agree, right now, that if you use or drink again, our plan will take effect immediately."



Breining Institute  
**COLLEGE FOR THE ADVANCED STUDY OF ADDICTIVE DISORDERS**

4) **Have SP's decide BEFOREHAND, what they will do if IP rejects all forms of help.**

"If you won't accept our suggestions, I can't live with your cocaine/speed/booze any longer."

"We aren't suggesting a BEST alternative, we're suggesting an ONLY alternative. You've had too many chances already; this is the LAST one. If you want (fill in power base), you'll get help now; if not, (the power base) is done with."

5) **Meet as a group with the IP and present data and recommendations in an objective, caring, and nonjudgmental way.**

Anger and frustration cannot be presented at this time. During or after treatment, in a clinical or structured setting, is the time to vent anger, disappointments and frustration.

The strength of the group of caring persons is always greater than the fear or anger demonstrated by the IP. It may not seem so to individual members of the SP group, but that fact must be clarified to each member, and the group as a whole without succumbing to the temptation to corner or otherwise bully the IP.

**Facts and feelings rule the intervention, not condemnation.**

---

**DYNAMIC FACTORS**

In the intervention process, there are certain factors to be aware of that can increase or decrease the effectiveness of the process. These factors include: **POWER, VALUES, DENIAL, ENABLING, and RESISTANCE.**

**1. FACTORS OF POWER**

There is the POWER of **Loved Ones:**

How they've been affected and hurt by the actions or inactions of the IP

There is the POWER of **Dependence:**

The possible loss of protection or support

There is the POWER of **Employment:**

The possible loss of job security and meaningfulness

There is the POWER of **Statute:**

The likely or possible chance of commitment or confinement

There is the POWER of **Law:**

The potential of Legal implications (courts, police, fines, etc.)

**2. FACTORS OF VALUES**

**Values can be Internal or External.**



Breining Institute  
**COLLEGE FOR THE ADVANCED STUDY OF ADDICTIVE DISORDERS**

**Internal values**, within the IP, may or may not be affected.

Drinking, using, stealing, lying may have become a way of life, an accepted mode of behavior for the IP, but it is most likely that some vestige of values remain, and these must be identified and called to attention. “Your word used to be reliable, but not so much lately.”

**External values**, or those of the SP's, may be used to influence the IP's rediscovery of his/her own now forgotten or abandoned values.

“Our family members have always loved and respected one another; this seems to be in jeopardy.”

**Family values** of honesty, hard work, responsibility, familial loyalty, honor and any other long-held traditional values may be absent the IP, but can be called into play if done non-judgmentally and factually.

### **3. FACTORS OF DENIAL / DELUSION**

The IP is likely to minimize the addictive condition from the perfectly normal psychological phenomenon referred to as a defense mechanism.

Memory Repression, Euphoric Recall, Rationalization, Excusing, Blaming, Justifying, Intellectualizing, Minimizing, and Compensating are examples of the defensive process that allows DENIAL, a major defense mechanism, to flourish and continue.

Blackouts (alcoholic amnesia) are also a physiological means of denying culpability and/or blame.

The involved SPs cannot allow any of the above defense mechanisms to stand unchallenged.

### **4. FACTORS OF ENABLING / RESCUING**

The process of allowing the IP to avoid the pain, embarrassment, and guilt, NECESSARY to motivate change.

#### **Enabling/Rescuing Methods:**

- Changing one's (SP's) lifestyle to accommodate IP;
- Throwing out chemicals;
- Keeping up IP's image;
- Being responsible for IP's duties and responsibilities;
- Taking over IP's duties;
- Nursing the IP;
- Consoling IP for the mess made;
- Making excuses for IP to others;
- Using with the IP;
- Lying for IP;
- Misdiagnosing symptoms;
- Focusing on RESULTS of CD, rather than on the CD itself;
- Relieving IP from deserved guilt;
- Prescribing other drugs to relieve symptoms of CD;
- Allowing use to continue by okaying involvement with SP while using;



Breining Institute  
**COLLEGE FOR THE ADVANCED STUDY OF ADDICTIVE DISORDERS**

- Not making abstinence requirement for counseling or treatment.

***Examples of enabling and how to stop it<sup>1</sup>***

Until they become acutely aware of enabling, family members, friends, coworkers, employers, and even helping-professionals unwittingly encourage the addict's use of alcohol/drugs. To stop enabling, everyone associated with the user must stop doing things like the following:

**1. Spouses must stop**

- ❑ Covering; making excuses and lying to friends, relatives, the children, and the user's employer
- ❑ Subordinating self and forfeiting fun to accommodate the wishes of the user; for example, turning down invitations to parties where alcohol will not be served
- ❑ Keeping up appearances; making sure that the user looks neat and properly dressed
- ❑ Taking responsibility for the user; making sure the user gets to work
- ❑ Doing all the household chores, including those that the user did in the past
- ❑ Disposing of caches of alcohol/drugs
- ❑ Taking care of the user who is sick from alcohol/drugs; cleaning up vomit and other messes
- ❑ Consoling the user who is moping about problems brought on by the use of alcohol/drugs

**2. Friends must stop**

- ❑ Looking the other way; pretending not to notice
- ❑ Acting entertained; making light of the user's behavior while drunk or high
- ❑ Covering; doing the user's work; making excuses for certain behavior
- ❑ Assuring the user that everything is fine, or that others are exaggerating the problem
- ❑ Joining the user in consuming alcohol/drugs
- ❑ Consoling the user; blaming others for problems caused by the alcohol/drug use
- ❑ Riding in a car with any driver who has been drinking or who is under the influence of another drug

**3. Coworkers must stop**

- ❑ Doing the work of the user; helping the user finish tasks
- ❑ Covering up the user's mistakes and poor performance; making excuses
- ❑ Lying to the supervisor about the user's absence during the work day
- ❑ Making excuses to the user's living companion; exaggerating the pressure the user is under
- ❑ Looking the other way; pretending not to notice
- ❑ Joining the user in a drink after work; teasing the user for ordering a nonalcoholic beverage; buying drinks; keeping up with the amount the user consumes; betting who can drink the most
- ❑ Assuring the user that certain behavior is normal; agreeing that others are wrong to worry about it

**4. Employers must stop**

- ❑ Allowing any employee with a pattern of tardiness, sick leave, or other absence to continue unchecked

---

<sup>1</sup> From *Training Families to do a Successful Intervention* (1996), Johnson Institute.



Breining Institute  
**COLLEGE FOR THE ADVANCED STUDY OF ADDICTIVE DISORDERS**

- ❑ Allowing the employee to work with dangerous equipment or to drive a company vehicle while under the influence
- ❑ Lightening the work load for an employee suspected of having a drinking problem; reassigning the employee to a less stressful position
- ❑ Excusing the employee's inappropriate behavior with coworkers or customers
- ❑ Pretending not to notice the smell of alcohol on the breath or the appearance of dilated/constricted pupils
- ❑ Keeping silent

**5. *Helping-professionals must stop***

- ❑ Regarding the use of alcohol/drugs as a symptom of some other problem when it may already have developed into the primary disease of chemical dependence
- ❑ Trying to discover psycho-social causes of the alcohol/drug use before initiating intervention and treatment
- ❑ Making assessments and diagnoses solely according to the user's self-report; proceeding without enough objective information
- ❑ Focusing therapeutic efforts on "fixing" what happens as a result of using chemicals, rather than on the use of chemicals per se (for example, in marriage counseling, trying to prevent arguments by improving communication skills although most arguments start because one of the partners is drunk or high)
- ❑ Prescribing or recommending tranquilizers or other drugs to help the user cope with life
- ❑ Accepting excuses for missed and tardy appointments
- ❑ Allowing the user to enter a counseling session while under the influence of alcohol/drugs
- ❑ Continuing to counsel the user while the using keeps on; not requiring abstinence as a condition of treatment

Trying to prevent feelings of guilt, when in fact it's appropriate for the user to feel guilty. Ordinarily it is not appropriate to say or imply, "Don't be too hard on yourself for breaking promises and letting your children down." Reassurance and consolation are forms of enabling. They take the user off the hook. The helping-professional should, instead, help the user take an honest look at the way other people are affected by the behavior. The professional must be there to help the user accept responsibility for those effects.

**5. FACTORS OF SYSTEM-BASED RESISTANCE**

**Family members** and other SP's take on roles to create harmony and homeostasis (balance) to maintain the status quo.

Instead of insisting that the IP function according to traditional family roles, rules and expectations, the SP's usually excuse the IP by taking over the duties and roles forsaken by the IP.

**Society and community** systems perpetuate addictive behavior by

- ❑ allowing it to continue
- ❑ rewarding its continuance by labeling the person and then
- ❑ paying that person in the form of disability, social security, welfare or other social means to keep the IP dependent, helpless, and unhealthy



Breining Institute  
**COLLEGE FOR THE ADVANCED STUDY OF ADDICTIVE DISORDERS**

- ❑ misdiagnosing the condition as a mental health problem and providing the IP with an excuse for continued unacceptable behavior
- ❑ denying the extent of the problem and funding other, more socially acceptable social problems
- ❑ incarcerating the problem and then not treating that problem
- ❑ punishing the problem rather than dealing with it
- ❑ pouring good tax money after bad by failing to educate health care workers about the addictive process, thereby
- ❑ perpetuating a dysfunctional system

**Intervention in the addictive process requires courage on the part of all who would attempt it, but more than anything, it requires a great deal of love and respect to make it work.**

---

**PROCESS OF REFERRAL: Identifying the needs of the client that CANNOT be met by the counselor or agency, and assisting the client to utilize the support systems and community resources available.**

For competence in this core function, the counselor must be familiar with all that can be accomplished **internally**, within an agency; what **limitations** are inherent within each agency's ability to provide services, and what services and resources are available in the client's own community.

The counselor's continued professional growth requires constant, **up-dated information about** community resources, costs, limitations, strengths, changes in personnel, availability, etc.

### **SELF HELP REFERRAL**

Making a **general, non-specific referral** to a twelve-step, self-help program may be appropriate for a non-professional concerned individual, but is not an adequate nor professional procedure for a certified, supposedly knowledgeable counselor.

There are a plethora of 12-step programs, and within each program there are a variety of groups with special interests, formats and/or populations.

Telling your client that they ought to go to an AA, NA or Alanon meeting, without a more respectful and thoughtful approach is unprofessional, if not lazy or just plain ignorant.

An appropriate referral to a 12-step program would most likely involve a personal contact with a member of a particular program, and that person would accompany your client to the most appropriate group.

There are young people's groups, gay and lesbian groups, men and women only groups, Christian as well as Atheists groups, and a variety of other groups too numerous to mention.

Simply telling a client to go to a meeting, **any meeting**, is inappropriate.

### **Confidentiality**

The counselor must be aware and familiar with **confidentiality** and legal requirements, **release of information** forms and procedures, other agency's screening and assessment processes, and the appropriate manner of referring a client to a specific self-help group.



Breining Institute  
**COLLEGE FOR THE ADVANCED STUDY OF ADDICTIVE DISORDERS**

The referral process is closely related to and an integral part of the CASE MANAGEMENT function, the on-going TREATMENT PLAN and the aftercare or DISCHARGE SUMMARY process that takes into account the continuum of care.

**Note:**

A counselor's referral must consider the good of the client and never have the appearance or hint of a conflict of interest. The counselor must always try for objectivity in this process, and not expect nor receive any reciprocity for a referral made to any other person or agency.

**SUGGESTED ADDITIONAL RESOURCES**

---

- ❑ ***Training Families to do a Successful Intervention*** (1996), Johnson Institute.
- ❑ M Bratton, ***A Guide to Family Intervention*** (1987), Health Communications, Inc.
- ❑ VE Johnson, ***Intervention: How to Help Someone Who Doesn't Want Help*** (1986), Hazelden.
- ❑ MD Meagher, ***Beginning of a Miracle*** (1987), Health Communications, Inc.
- ❑ FL Picard, ***Family Intervention*** (1991), Prentice Hall.

**ACKNOWLEDGEMENTS**

---

The information contained within this Course Material has been drawn from many sources, including the references cited herein, the Breining Institute ***Chemical Dependency and other Addictive Disorders "Workbook Series,"*** the professional, academic and teaching experiences of Bernard G. Breining, Dr.AD, and research input from Breining Institute graduate students.



**CONTINUING EDUCATION (CE) EXAMINATION QUESTIONS**  
**Course No. CE1202P1 – Intervention and Referral – Part 1**

You are encouraged to refer to the Course Material when answering these questions. Choose the best answer based upon the information contained within the Course Material. Answers which are not consistent with the information provided within the Course Material will be marked incorrect. A score of 70% correct answers is required to receive Continuing Education credit. GOOD LUCK!

**QUESTIONS**

1. The Format of an intervention should include all of the following except:
  - a. Facts about the disease in general.
  - b. Discussion about unacceptable, drug-induced behavior.
  - c. Recitation of actual things done and said.
  - d. Assist the user to complete outstanding tasks.
  
2. Facts of the user's actions should be presented:
  - a. In an objective manner.
  - b. In a manner that assigns blame to the user.
  - c. In a manner that stresses morally acceptable behavior.
  - d. None of the above.
  
3. Methods of intervention presentation include which of the following:
  - a. Have SP's agree to a specific treatment plan that they all expect will be acceptable to the IP.
  - b. Have SP's decide – before the intervention – what they will do if the IP rejects all forms of help.
  - c. Meet as a group with the IP, and present data and recommendations in an objective, caring, and nonjudgmental manner.
  - d. All of the above.
  
4. Dynamic Factors which can increase the effectiveness of an intervention include all of the following except:
  - a. Power
  - b. Values.
  - c. Finances.
  - d. Denial.
  
5. Within the Factors of Power, all but which of the following is included:
  - a. Loved Ones.
  - b. Dependence.
  - c. Employment.
  - d. Internal.
  
6. Within the Factors of Values, all of the following are included except:
  - a. Internal.
  - b. External.
  - c. Employment.
  - d. Family.



Breining Institute  
**COLLEGE FOR THE ADVANCED STUDY OF ADDICTIVE DISORDERS**

7. Regarding the Factors of Denial:
  - a. The IP is likely to minimize the addictive condition.
  - b. Excusing, justifying and compensating are examples of the defensive process that allows denial to continue.
  - c. The involved SPs cannot allow defense mechanisms – used by the IP to justify behavior – to remain unchallenged.
  - d. All of the above.
  
8. Factors of Enabling, which allows the IP to avoid the pain, embarrassment and guilt necessary to motivate change, include:
  - a. Keeping up the IP's image.
  - b. Consoling the IP for the mess made.
  - c. Lying for the IP.
  - d. All of the above.
  
9. To prevent enabling the IP to continue, those associated with the IP should do all of the following except:
  - a. Stop being candid with the IP about the situation.
  - b. Stop pretending not to notice.
  - c. Stop making excuses for the IP's behavior.
  - d. Stop taking responsibility for the IP.
  
10. Factors of System-based Resistance, which perpetuate addictive behavior, include:
  - a. Denying the extent of the problem and funding treatment for other, more socially acceptable problems.
  - b. Punishing the problem instead of dealing with the problem.
  - c. Misdiagnosing the condition as a mental health problem and providing the IP with an excuse for continued unacceptable behavior.
  - d. All of the above.

**This is a ten-question examination. Answer Questions 1 through 10 for full CE credit in this course. Questions 11 through 21 have been omitted.**



**Breining Institute**  
**COLLEGE FOR THE ADVANCED STUDY OF ADDICTIVE DISORDERS**

**CONTINUING EDUCATION (CE) ANSWER SHEET**

**SECTION 1.** Please type or print your information clearly. This information is required for CE Course credit.

First Name																								
Middle Name																								
Last Name																								
Address (Number, Street, Apt or Suite No.)																								
City																								
State (or Province)															USA Zip Code									
Country (other than USA)															Country Code									
Primary Telephone Number (including Area Code)										Facsimile Number (including Area Code)														
E-mail Address																								

**SECTION 2.** Credit Card Payment Information (if paying by credit card): Circle type of card: **VISA** or **MasterCard**

Credit Card Number															Expiration Date									
Full Name on Credit Card																								

Authorized Signature **Breining Institute is authorized to charge Twenty-nine dollars (\$29.00) to this card.**

**SECTION 3.**  
Course Title: **CE-1202P1 / INTERVENTION AND REFERRAL – PART 1**

Answers (circle correct answer):

- |            |             |             |
|------------|-------------|-------------|
| 1. A B C D | 8. A B C D  | 15. A B C D |
| 2. A B C D | 9. A B C D  | 16. A B C D |
| 3. A B C D | 10. A B C D | 17. A B C D |
| 4. A B C D | 11. A B C D | 18. A B C D |
| 5. A B C D | 12. A B C D | 19. A B C D |
| 6. A B C D | 13. A B C D | 20. A B C D |
| 7. A B C D | 14. A B C D | 21. A B C D |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Answer Sheet, with \$29 Continuing Education examination fee, by mail or facsimile to:  
**BREINING INSTITUTE · 8880 Greenback Lane · Orangevale, California USA 95662-4019 · Facsimile (916) 987-8823**