

Family Interventions with Substance Abusers

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Intervention is a process in which people concerned about the behavior of a drug user/drinker focus their intention to change the user's behavior. Overall there is good evidence that interventions can change the course of self-destructive behaviors; but the process is seldom without complications.

Hard Sell Intervention by legal authorities and employers can be both coercive and effective. Hard sell interventions may be ineffective when a user resists the coercion and accepts consequences of jail time or job loss. When "interveners" are friends or family the intervention process is usually less coercive. Family interventions typically rely on relationship pressure and persuasion to prompt change in the user's behavior. However family interventions with adolescents can be coercive when parents have legal authority to enroll the adolescent in a treatment program without the child's consent.

Some "specialists" focus only on interventions – offering their services on the internet, arriving in a community to conduct a process in which they (1) meet with the family/friends to discuss the history of the user's behavior, (2) rehearse roles to be taken by the family members and friends who participate in the intervention; (3) facilitate the intervention itself in the home of the user or in some other safe and familiar place, and (4) facilitate transportation to treatment and enrollment of the user. Fees for these services may be substantial. Treatment programs to which the user is referred/taken may be among the most expensive. Involving "specialists" can give a family the sense that they are following an "approved mode." However, following an intervention specialist's crisp prescriptive explanations for how an intervention "should be done" can sometimes backfire and lead to recriminations that reverberate through families for years. When beginning any intervention process, the motives and motivation of all parties must be fully considered.

Soft Sell Intervention. As a psychologist trained in the complexity of addictive processes and family dynamics I offer intervention services as a fluid and individualized process. I help family members support their loved ones toward detoxification, enrollment in appropriate inpatient or outpatient treatment, and/or mutual-help programs such as Alcoholics Anonymous, Smart Recovery or Women for Sobriety. Interventions to support behavior change are sometimes sought by family members who "see a problem developing." Such early interventions can be extremely effective.

Family members may be self-referred, referred by a friend, a physician, or a mental health colleague. I charge for my time at my usual per-session rate. I encourage and support family members to do much of the research that gathers information about local, regional and national treatment options, to determine costs, availability and program philosophies. Treatment programs' availability and affordability can vary widely and change frequently.

Preparation for the intervention process is focused first on the family member/s as "client," and second on the behavior of and treatment venues appropriate for the drug/alcohol user. The process involves gathering history and descriptions of the problem behaviors, and assessment of family members' willingness, ability and resources available to intervene. Family members seeking to change the user's behavior first need an understanding of the complexity of addictive behavior. Creating that understanding is an important professional task. Even the best intentioned attempt

to change a user's behavior can be sabotaged when family members do not understand that treatment is a process rather than a "cure" and that relapse may be an inevitable part of the process of change away from self-destructive behaviors. To be helpful to the family the professional needs to know both the current state of affairs in the family and users lives and what change attempts, treatments or approaches have already been tried. The family needs to understand the variety of models and approaches to changing substance abuse behavior and to have a clear sense of which approach will be most likely to help in their particular situation. Not everyone who is abusing substances is appropriate for inpatient treatment. The painful corollary to that fact is that some substance abusers could benefit from inpatient or structured outpatient programs that last much longer than those that are usually available. Before the intervention I work with family members to explore treatment options, whether inpatient, outpatient, private therapy or mutual-help and we discuss the availability and affordability of treatment. Problems can arise when there is a large gap between family resources and the cost of appropriate treatment.

We consider approaches that may convince the user to enter a supported change process. Intervention only happens after family members have created the best plan they can to support the user toward change. The intervention itself may involve a family meeting in which I participate, or more private conversations between the user and family members who have prepared an approach and strategies during their meetings with me.

Models of intervention in substance abuse are frequently based in disease-theory. In the disease model the user is ill and needs to be convinced to accept treatment for the illness. In contrast to the disease model, a biopsychosocial or harm reduction model acknowledges that drug problems can be the result of serious life problems as well as a source of harm to oneself and others. This approach allows professionals who support interveners to assess each situation and to help create plans for treatment suited to the individual. Such an intervention approach incorporates other important considerations: age, emotional distress, family problems, social functioning, and medical complications. While preparing for an intervention in the harm reduction model, family members are coached to a nonjudgmental and collaborative approach that helps both user and family explore the barriers to change and to choose among an initial range of options such as abstinence, moderation, or other short-term goals. When options are offered and change has begun, users frequently opt for abstinence after finding that moderation "doesn't work" for them.

To support family interventions the professional must understand both addictive behavior and family dynamics. Experience with inpatient or outpatient substance abuse treatment is useful. Training in intervention processes, and knowledge about treatment options is required. A biopsychosocial intervention supports both the family and the alcohol/drug user.

Michaele Dunlap, Psy.D. is a clinical psychologist in a private practice group, [Mentor Professional Corporation](#), in Portland Oregon. Treatment of alcoholics, addicts, and their relationships has formed 40-50% of her practice for more than 25 years. She has worked in a dual diagnosis hospital and managed and provided treatment in a state-certified treatment program. Dr. Dunlap holds a Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders from the APA College of Professional Psychology.