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Intervention Process Consultation (IPC)
Assessment

Name of Person filling out form:

Nature/context of relationship with Identified Patient (IP):

Duration of relationship with IP:

Current status of relationship with IP:

Noticeable changes (if any) in the relationship with IP: What was your relationship like with the individual before alcohol/drugs became a problem? What sorts of things did the person enjoy doing or enjoyed doing with you that have been impacted?

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How have the aforementioned occurrences and concerns made you feel about yourself, your family and the individual? (Be specific).

IP Alcohol/Drug/Impulse Usage

Please state, to the best of your knowledge substances (including nicotine or nicotine replacement) used by the IP (past and present; lifetime duration if known).

Please state, to the best of your knowledge *current* substance type, amount, frequency and duration of the IP's usage:

Observations of IP:

I have observed **anxiety** (obsessions, compulsions, worries, preoccupations, fears) as evidenced by:

I have observed **depression** (low mood, lack of motivation, hypersomnia, sadness, emptiness, despair, lack of appetite) as evidenced by:

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I have observed **isolation** (withdrawal, decrease in social activities/relationships, loneliness) as evidenced by:

Substance Use: May include the spectrum of all substances including, use, misuse, abuse or dependence)

I have observed **rationalization** for substance use (excuse making, minimization) as evidenced by:

I have observed **denial** of substance use as evidenced by:

I have observed **marriage/family** consequences of substance use as evidenced by:

I have observed **relationship** consequences of substance use as evidenced by:

I have observed **employment** consequences of substance use as evidenced by:

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I have observed **medical/physical** consequences of substance use as evidenced by:

I have observed **legal** consequences of substance use as evidenced by:

I have **other** consequences of substance use as evidenced by:

Intervention Process Consultation:

Please state your concerns/fears (if any) about the IPC:

Excuses or resistances you imagine the IP to make during the IPC?

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What is your response(s) to these excuses or resistances? What would you like your response to be?

Your Part in the Intervention:

In the IPC you will be asked to confront the IP directly. Confrontation will be executed through requests.

I request that you (state in clear, behavioral, action-oriented language):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

If you do not or are unwilling to adhere to the aforementioned request(s) I will (state in clear, behavioral, action-oriented language)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

What would like to see your relationship become once the IP has addressed the problems with substance abuse and received professional help?

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What are the specific consequences with regard to your relationship with the IP if professional help is rejected and the abuse of alcohol/drugs continues? (May need to reference “request resistances”)

FRAMES Worksheet:

Feedback, Responsibility, Advice, Menu, Empathy, Self-efficacy

(FRAMES): The acronym **FRAMES** stands for six key elements that have been shown to be effective in assisting persons with at-risk or problem alcohol or substance use to change their drinking or using behavior.

Be concise and imagine you are speaking directly to the IP.

Feedback: Specifically address concerns about use
Concern about how substance is affecting you

Responsibility: Emphasize that change is up to the IP:
”Only you can decide to make your life better”.

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Advice: Give specific goals you have for the IP:
"I want you enter a treatment center".

Menu

Offer alternatives to advice (requests):
"You could alternatively go to an A.A meeting".

Empathy: I know you find talking about this difficult

Self-efficacy: You deserve better - you can be better with help

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Please compose a letter to the IP.

Remember to include positive regard for the IP (as a person) and negative regard for their drinking (behavior) ; Validate that alcoholism is a disease and it's not the IP's fault- it is not your intention to blame. Give specific situations where the drinking negatively affected you. Please limit your letter to three pages.

Example of an intervention letter

Mary, you are my closest friend and have been for 20 years. I can't tell you how much your friendship has meant to me and how much I love you. We have grown up together. There is no one in my life that has had a more positive effect on my life than you. Thank you for all of the years you have stood by me.

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When I made mistakes, you were always there to comfort me and accept all of the decisions I have made. Now comes the hard part of this letter and I might not handle this very well so bear with me. For a long time, I have been concerned with your drinking; I have had increased concern over the three months. I see you driving the car with the children after you have had too much to drink. In fact, after the Halloween party on Saturday, you were so drunk you could hardly walk, yet you insisted on driving your husband and your children home. We all tried to stop you but you wouldn't listen to anyone. Mary, alcoholism is a disease, just like the alcoholism that killed your father. It's genetic and life-threatening. I am here to ask you to get the treatment that you need to get well- to get the treatment you deserve. It hurts me too much to see you suffer. You and I know you can't drink in a healthy way anymore. These problems have happened too much. My own kids don't want to come over there anymore, and I avoid you myself; I found myself making up excuses not to see you. This hurts me too much for it to go on. Please help yourself and your family and get the help you need. We have set up treatment for you today at _____ Treatment Center and we would all be incredibly proud of you if you would go for help. I love you very much. Please do this for you and for all of the people who love you.

Love, _____

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Addiction: Self Diagnosis

1. Do you drink or use drugs alone? Yes No
2. Have you ever had a complete loss of memory as a result of drinking or drug use?
Yes No
3. Has your physician ever treated you for drinking or drug use? Yes No
4. Do you drink or use drugs to build up your self-confidence? Yes No
5. Have you ever been to a hospital or institution because of drinking or drug use?
Yes No
6. Do you lose time from work due to drinking or drug use? Yes No
7. Is drinking or drug use making your home life unhappy? Yes No
8. Do you drink or use drugs because you are shy with other people? Yes No
9. Is drinking or drug use affecting your reputation? Yes No
10. Have you gotten in financial difficulties as a result of drinking of drug use?
Yes No
11. Do you turn to lower companions and an inferior environment when drinking or
using drugs? Yes No
12. Does your drinking or drug use make you careless of your family's welfare?
Yes No
13. Has your ambition decreased since drinking or using drugs? Yes No
14. Do you crave a drink of drugs at a definite time daily? Yes No
15. Do you want a drink or drugs the next morning? Yes No
16. Does drinking or using drugs cause you to have difficulty sleeping? Yes No
17. Has your efficiency decreased since drinking or using drugs? Yes No
18. Is drinking or using drugs jeopardizing your job or business? Yes No
19. Do you drink or use drugs to escape from worries or troubles? Yes No

Yes to three or more questions indicates abuse or addiction is present and corrective steps need to be taken.

(Questions are courtesy of Johns Hopkins University Hospital, Baltimore, Maryland)