

Supplemental Materials for the Intervention Workshop video series**The Intervention Planner**

Use the planner to organize information as you prepare for your intervention. Select a member of the team to keep the planner updated as new information becomes available.

Team members:

Name_____	Phone_____	Email_____
Name_____	Phone_____	Email_____
Name_____	Phone_____	Email_____
Name_____	Phone_____	Email_____
Name_____	Phone_____	Email_____
Name_____	Phone_____	Email_____
Name_____	Phone_____	Email_____
Name_____	Phone_____	Email_____
Name_____	Phone_____	Email_____
Name_____	Phone_____	Email_____

Chairperson:

Name_____	Phone_____	Email_____
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Interventionist:

Name_____	Phone_____	Email_____
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List leverage the team can use during the intervention:

List the people with the greatest influence:

Dates, times and locations:

Rehearsal location _____

Date: _____ Time: _____

Intervention location _____

Date: _____ Time: _____

Financial details:

Insurance policy number

Insurance group number



Medicare, Medicaid

Other financial resources

Treatment Centers:

Treatment center #1:

Address

Contact _____ Phone _____ Email _____

Financial requirements

- ☐ Inpatient treatment
- ☐ Evening outpatient treatment
- ☐ Medical detox required prior to admission
- ☐ Smoking areas are provided

Admission date and time _____



What to bring: _____

What not to bring: _____

Family program schedule _____

Treatment center #2:

Address

Contact _____ Phone _____ Email _____

Financial requirements

___ Inpatient treatment

___ Evening outpatient treatment

___ Medical detox required prior to admission

___ Smoking areas are provided

Admission date and time _____



What to bring: _____

What not to bring: _____

Family program schedule _____

Hiring a Professional Interventionist

Name _____ Phone _____ Email _____

Address: _____

Fee _____

Conference call: _____

Meeting place, date, and time _____

Additional notes:

Family Involvement

Family program:

Dates _____

Times _____

Who will attend the family program?

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Al-Anon or Families Anonymous: Location _____

Day and time _____

History of the Chemically Dependent Person:

The intervention team can assist the treatment team by compiling the information related to the chemically dependent person's history. The treatment center staff will ask for some of this information prior to setting up the admission. In addition, make a copy and give it to the counselor at the time of admission.

Alcoholic's address

Phone _____ Date of birth _____

Age _____ Marital status _____

Children _____

Employment _____

Previous counseling _____

Dates _____

Previous detoxification _____

Dates _____

Previous treatment _____

Dates _____

Alcoholics Anonymous attendance _____

Dates _____

Periods of abstinence _____

Dates: _____



INTERVENTION



BOOKS & MEDIA



MENTORING



TRAINING

Medical problems _____

Physician _____ Phone _____

Medications

Previously diagnosed psychiatric problems

Dates _____

Suicide attempts or threats

Dates _____

History of violence toward others

Present legal problems

Past legal problems

Trauma Issues

Drugs used:

- Alcohol: Type _____

How often _____ How much _____

- Street drugs: Type _____

How often _____ How much _____

- Mood-altering prescription drugs: Type _____

How often _____ How much _____

- Inhalants: Type _____

How often _____ How much _____

- Other: Type _____

How often _____ How much _____

Consequences related to alcohol or other drug use:

Other significant information:

For more information on intervention, visit <http://lovefirst.net/>

Supplemental materials for the book, Love First, by Jeff Jay and Debra Jay
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