Intervention Training

# Coaches Manual

Advanced Crisis Intervention Professional Development

Core Values Recovery

Professional Development Series

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# Day 1

## Schedule

# DAY 1 SCHEDULE: AWARENESS

## The Foundation of Connection

**Theme:** Understanding intervention, recovery systems, and foundational language

**Total Training Time:** 8 hours

**Day Start:** 9:00 AM

**Day End:** 5:30 PM

## MORNING SESSIONS (9:00 AM - 12:30 PM)

| Start Time | End Time | Duration | Session | Topic |

|------------|----------|----------|---------|-------|

| 9:00 AM | 9:30 AM | 30 min | **Session 1.1** | Welcome & Orientation |

| 9:30 AM | 11:00 AM | 90 min | **Session 1.2** | Intervention & The Interventionist Role |

| *~10:15 AM* | *~10:20 AM* | *5 min* | *Micro-Break* | *(built into Session 1.2)* |

| 11:00 AM | 11:15 AM | 15 min | **☕ BREAK** | Coffee Break |

| 11:15 AM | 12:30 PM | 75 min | **Session 1.3** | The Nature of Recovery |

**Morning Subtotal:** 3.5 hours (3 hours 30 minutes)

## LUNCH BREAK (12:30 PM - 1:30 PM)

| Start Time | End Time | Duration | Session | Topic |

|------------|----------|----------|---------|-------|

| 12:30 PM | 1:30 PM | 60 min | **🍽️ LUNCH** | Meal Break |

## AFTERNOON SESSIONS (1:30 PM - 5:30 PM)

| Start Time | End Time | Duration | Session | Topic |

|------------|----------|----------|---------|-------|

| 1:30 PM | 2:45 PM | 75 min | **Session 1.4** | Systems Thinking in Recovery |

| *~2:15 PM* | *~2:20 PM* | *5 min* | *Micro-Break* | *(built into Session 1.4)* |

| 2:45 PM | 3:00 PM | 15 min | **☕ BREAK** | Afternoon Break |

| 3:00 PM | 4:15 PM | 75 min | **Session 1.5** | Language Workshop |

| *~3:45 PM* | *~3:50 PM* | *5 min* | *Micro-Break* | *(built into Session 1.5)* |

| 4:15 PM | 4:30 PM | 15 min | **☕ BREAK** | Afternoon Break #2 |

| 4:30 PM | 5:30 PM | 60 min | **Session 1.6** | Integration & Community Building |

**Afternoon Subtotal:** 4 hours

## SESSION DETAILS

### Session 1.1: Welcome & Orientation (30 minutes)

* Welcome and introductions
* Training overview and expectations
* Logistics and housekeeping
* Opening intentions

### Session 1.2: Intervention & The Interventionist Role (90 minutes)

* What is intervention? (Core Values definition)
* The interventionist role vs. coach/therapist/sponsor/peer
* Professional distinctions and scope of practice
* \*Includes 5-minute micro-break at ~10:15 AM\*

### Session 1.3: The Nature of Recovery (75 minutes)

* Recovery definition and philosophy
* Disease model vs. moral model
* Recovery as lifelong journey
* Recovery as a team sport

### Session 1.4: Systems Thinking in Recovery (75 minutes)

* Family systems theory
* Systems mapping exercise
* Pivot Person concept
* Understanding enabling and co-dependency
* \*Includes 5-minute micro-break at ~2:15 PM\*

### Session 1.5: Language Workshop (75 minutes)

* Core Values language principles
* "Healthy Choices" (not "boundaries")
* "Pivot Person" (not "addict")
* Reframing blame language
* Active practice exercises
* \*Includes 5-minute micro-break at ~3:45 PM\*

### Session 1.6: Integration & Community Building (60 minutes)

* Day 1 reflection (30 min)
* Community connection (30 min)
* Parking lot questions
* Day 2 preview

## DAILY SUMMARY

| Category | Time |

|----------|------|

| **Total Session Time** | 7 hours |

| **Total Break Time** | 1 hour |

| **Total Day Length** | 8 hours 30 minutes |

| **Lunch** | 60 minutes |

| **Coffee Breaks** | 3 × 15 min = 45 minutes |

| **Micro-Breaks** | 3 × 5 min = 15 minutes *(built into sessions)* |

## KEY LEARNING OBJECTIVES

By the end of Day 1, participants will be able to:

1. ✅ Define intervention using Core Values framework
2. ✅ Distinguish interventionist role from other helping professions
3. ✅ Explain recovery as lifelong process
4. ✅ Apply systems thinking to family dynamics
5. ✅ Use Core Values language ("Healthy Choices," "Pivot Person")
6. ✅ Recognize enabling patterns in family systems

## FACILITATOR NOTES

**Energy Management:**

* Morning: High energy for conceptual learning
* Afternoon: Active practice (language workshop) prevents post-lunch fatigue
* Built-in micro-breaks maintain engagement during long sessions

**Pedagogical Flow:**

* Morning: WHAT (definitions, roles, recovery nature)
* Afternoon: HOW (systems thinking, language practice)
* Closing: WHY (personal integration and community)

**Materials Needed:**

* Systems mapping handouts
* Language reframing worksheets
* Flip charts for systems exercises
* Name tags and markers
* Parking lot poster

**Version:** Current as of Session 2.3C addition (January 2025)

**Next Day:** [Day 2 Schedule - Coordination](Day2\_Schedule.md)

## Session 1.0: Day 1 Facilitator Guide

(No content available for this session)

## Session 1.1: Welcome and Foundations

Duration: 60 minutes

# Session 1.1: Welcome & Foundations (60 minutes)

## Purpose

This opening session establishes psychological safety, builds connection among participants, and introduces the Core Values framework that will guide the entire training. The way you begin this journey sets the tone for three days of deep learning and personal growth.

## Opening Circle (20 minutes)

**What This Is:**

The Opening Circle creates a container for authentic learning. Unlike traditional introductions that focus on credentials or achievements, this circle invites you to show up as a whole person—with your hopes, hesitations, and humanity intact.

**How It Works:**

* Sit in a circle where everyone can see everyone else
* The facilitator begins with a brief land acknowledgment and intention-setting
* Each person shares their name, their pathway to this training, and one hope they hold for these three days
* No crosstalk, advice-giving, or commentary—just witnessing and receiving

**What You Might Notice:**

* Nervousness about speaking in front of strangers
* Relief at hearing others express similar hopes or concerns
* The power of being heard without interruption or judgment
* A shift in the room's energy as people begin to relax

**Reflection Prompts:**

* What did you notice in your body as you prepared to speak?
* What surprised you about what others shared?
* What does it mean to you to be witnessed without commentary?

## Training Overview (15 minutes)

**The Three-Day Arc:**

**Day 1 (Awareness)** lays the groundwork. You'll examine who you are, why you're here, and what intervention actually entails. This is about building self-knowledge before you can effectively serve others.

**Day 2 (Structure)** introduces the ARISE method and practical intervention tools. You'll learn evidence-based approaches while remaining grounded in values-driven practice.

**Day 3 (Practice)** brings everything together through simulation, role-play, and integration. You'll practice facilitating interventions in a safe environment before doing so in the real world.

**Why This Sequence Matters:**

You cannot guide others through transformation you haven't navigated yourself. This training follows the same principle we'll apply in intervention work: awareness before action, self-knowledge before service, values before techniques.

## Core Values Framework Introduction (25 minutes)

**The Foundation:**

The Core Values framework recognizes that lasting change happens when people align their actions with their deepest values. This isn't about imposing external rules or following prescribed steps—it's about helping people discover what matters most to them and building their lives around those truths.

**Four Core Values:**

**1. DIGNITY**

* What it means: Every person has inherent worth that cannot be diminished by their circumstances, choices, or struggles
* In practice: We treat everyone—including ourselves—with respect, regardless of where they are in their journey
* The challenge: Can you maintain dignity for someone whose behavior you find troubling?

**2. AUTONOMY**

* What it means: People have the right to make their own decisions, even ones we disagree with
* In practice: We offer information and support, but we don't control outcomes or manipulate decisions
* The challenge: Can you hold space for someone's choices while still expressing care and concern?

**3. AUTHENTICITY**

* What it means: Being genuinely ourselves rather than performing a role or hiding behind a professional mask
* In practice: We share our own struggles appropriately, acknowledge our limitations, and show up as real humans
* The challenge: Can you be professional without being artificial?

**4. RESPONSIBILITY**

* What it means: Owning our choices, their consequences, and our impact on others
* In practice: We model accountability, acknowledge mistakes, and maintain clear boundaries
* The challenge: Can you take responsibility for your role without taking responsibility for others' choices?

**How These Values Guide Intervention Work:**

In traditional intervention models, success is often measured by whether someone immediately accepts treatment. In values-based intervention, success is measured by whether we honored dignity, respected autonomy, showed up authentically, and took responsibility for our role—regardless of the immediate outcome.

This doesn't mean we're passive or that outcomes don't matter. It means we trust that when we create the right conditions—when we honor these four values—people are more likely to move toward change that lasts.

**Reflection Prompts:**

* Which of these four values feels most natural to you?
* Which one challenges you most?
* How have you experienced (or not experienced) these values in your own recovery journey?
* How might these values change the way you approach difficult conversations?

## Questions & Clarifications

**Common Questions:**

*"Isn't intervention about getting someone into treatment? How can we respect autonomy if that's the goal?"*

The goal isn't to force someone into treatment—it's to create conditions where they can make an informed choice about their own life. We respect autonomy by being honest about our concerns, sharing accurate information, and then stepping back to let them decide. Sometimes that means they say no. Our job is to make sure they have the chance to say yes.

*"What if someone's choices are putting others at risk?"*

Respecting autonomy doesn't mean ignoring harm. We can honor someone's agency while still setting boundaries about what we will and won't participate in. We can advocate for safety while acknowledging we can't control another person's behavior.

*"How do I stay authentic without making it all about my story?"*

Authenticity in intervention work means being genuinely present and human, not performing perfection. It means admitting when you don't know something, sharing relevant experiences when appropriate, and letting your care show. But it's always in service of the person you're supporting—not a therapy session for you.

## Session 1.2: What Is Intervention

Duration: 75 minutes

# Session 1.2: What Is Intervention? (75 minutes)

## Purpose

This session defines intervention work and distinguishes it from other helping roles. Understanding what intervention is—and what it isn't—protects both you and the people you serve.

## Defining Intervention (20 minutes)

**The Basic Definition:**

An intervention is a structured conversation where people who care about someone communicate their concerns about that person's substance use or behavior, with the goal of motivating change.

**But That's Not the Whole Story:**

Traditional intervention models often focused on "breaking through denial" or leveraging consequences to force someone into treatment. Values-based intervention takes a different approach:

* \*\*It's not about confrontation\*\*—it's about connection
* \*\*It's not about breaking someone down\*\*—it's about building them up while being honest
* \*\*It's not about control\*\*—it's about creating conditions for choice
* \*\*It's not about winning\*\*—it's about caring enough to show up

**Key Elements:**

**1. Preparation:** Extensive work happens before the actual intervention meeting—assessing readiness, coordinating participants, researching treatment options, planning logistics.

**2. Structured Communication:** The intervention meeting follows a format that balances emotional expression with clear requests and next steps.

**3. Immediate Action:** If the person agrees to treatment, we're ready to act immediately—transportation arranged, admission confirmed, bags packed.

**4. Follow-Through:** The work doesn't end when someone enters treatment. Intervention includes supporting the family system through the transition and addressing what happens after the person leaves.

**What Makes Intervention Unique:**

* \*\*Time-sensitivity:\*\* Often working with people in crisis or at critical decision points
* \*\*Family system involvement:\*\* Not just supporting one person but navigating complex family dynamics
* \*\*High stakes:\*\* Decisions made in intervention can have life-or-death consequences
* \*\*Resistance:\*\* Unlike coaching where people seek help, intervention often involves people who haven't asked for our involvement
* \*\*Logistics:\*\* Coordinating treatment placement, insurance, transportation, timing

**Reflection Prompts:**

* What was your initial understanding of intervention before this training?
* How does values-based intervention differ from what you've seen portrayed in media?
* What aspects of intervention work feel exciting? What feels scary?

## Activity: Intervention vs. Other Roles (30 minutes)

**Purpose:**

This activity clarifies the boundaries between intervention and other helping roles. Understanding these distinctions protects you from scope creep and helps you know when to refer to other professionals.

**The Four Roles:**

**INTERVENTIONIST:**

* Focus: Facilitating structured conversations to motivate change, usually around substance use
* Timeframe: Short-term, crisis-oriented (days to weeks)
* Who initiates: Usually family/loved ones, not the person struggling
* Relationship: Professional, time-limited
* Training: Specialized in assessment, family systems, treatment placement, crisis management
* Example: "I'm going to help your family prepare for and facilitate a conversation about their concerns regarding your drinking"

**THERAPIST/COUNSELOR:**

* Focus: Treating mental health conditions, processing trauma, building coping skills
* Timeframe: Ongoing (months to years)
* Who initiates: The client themselves
* Relationship: Therapeutic alliance with clear clinical boundaries
* Training: Licensed mental health professional (LCSW, LPC, psychologist, psychiatrist)
* Example: "Let's explore the underlying factors contributing to your anxiety and develop strategies for managing it"

**RECOVERY COACH:**

* Focus: Supporting someone in building and maintaining recovery, developing life skills
* Timeframe: Medium to long-term (months to years)
* Who initiates: The person in recovery
* Relationship: Supportive, sometimes peer-based, more flexible than therapy
* Training: Peer recovery specialist certification or recovery coach training
* Example: "I'll walk alongside you as you build a life you don't want to escape from"

**SPONSOR:**

* Focus: Guiding someone through 12-step work within a mutual aid fellowship
* Relationship: Peer-based, spiritual companionship within recovery community
* Timeframe: Ongoing, as long as it serves both people
* Who initiates: The sponsee asks the sponsor
* Training: Lived experience in 12-step recovery, working the steps themselves
* Example: "Let's work through the fourth step together so you can experience the freedom it brings"

**Activity Instructions:**

You'll receive cards describing different scenarios. Working in small groups, identify:

1. Which role is most appropriate for each scenario
2. What red flags might indicate scope issues
3. When you might need to refer to another professional

**Scenarios for Discussion:**

*Scenario 1:* A family calls you because their 28-year-old son's drinking has escalated. He lost his job, his wife left, and he's now living in their basement. He denies there's a problem. They want help.

* \*\*Primary role:\*\* Interventionist
* \*\*Why:\*\* Family-initiated, person hasn't sought help, focused on substance use, crisis point
* \*\*Potential referrals:\*\* Therapist (for family members dealing with trauma), treatment center (for the son if he agrees)

*Scenario 2:* Someone who completed treatment three months ago calls you. They're struggling with anxiety about social situations and considering drinking again to cope. They want ongoing support building sober coping skills.

* \*\*Primary role:\*\* Recovery coach or therapist
* \*\*Why:\*\* Person-initiated, focused on ongoing recovery support and skill-building, not acute crisis
* \*\*Not intervention because:\*\* They're already in recovery and seeking help themselves

*Scenario 3:* A woman you worked with through intervention six months ago calls. She completed treatment and has been sober since. She wants help processing childhood trauma she's starting to remember now that she's not drinking.

* \*\*Primary role:\*\* Therapist
* \*\*Why:\*\* Requires clinical training in trauma treatment, beyond scope of intervention or coaching
* \*\*Your role:\*\* Support her in finding an appropriate trauma therapist, celebrate her courage in addressing this

*Scenario 4:* A man asks you to be his sponsor. You facilitated an intervention that got him into treatment, and he trusts you. You're both in 12-step recovery.

* \*\*Primary role:\*\* This is a boundary question
* \*\*Why it's complicated:\*\* The professional intervention relationship may make it difficult to transition to the peer-based sponsor relationship
* \*\*Considerations:\*\* Power dynamics, dual relationships, whether you can shift roles cleanly

**Debrief Questions:**

* What did you notice about the differences between these roles?
* Where do you see potential for boundary confusion?
* Have you ever experienced receiving help from someone in the wrong role? What was that like?
* What will you do when someone asks you for help that's outside your scope?

**The Boundary Principle:**

Clear boundaries aren't about being rigid or unhelpful—they're about ensuring people get the right kind of help from the right person. Saying "that's not my role, but let me help you find someone who can help with that" is one of the most caring things you can do.

## Group Discussion: Ethics & Boundaries (25 minutes)

**The Foundation:**

Ethics in intervention work isn't about following a rulebook—it's about holding yourself accountable to the values you claim to serve. When we prioritize dignity, autonomy, authenticity, and responsibility, ethical decisions become clearer (though not always easier).

**Key Ethical Principles:**

**1. Do No Harm**

* Consider the full impact of your involvement, not just the immediate goal
* Recognize that harm can come from action or inaction
* Question: "Could my involvement make things worse?"

**2. Informed Consent**

* Everyone participating in an intervention should understand what they're agreeing to
* People have the right to say no at any point
* Question: "Does this person understand what's happening and what I'm asking of them?"

**3. Confidentiality with Exceptions**

* What's shared with you is generally confidential
* Exceptions: Imminent danger to self or others, child abuse, elder abuse, court orders
* Question: "Have I clearly explained the limits of confidentiality?"

**4. Cultural Humility**

* Your approach may not fit everyone's cultural context
* Recovery looks different across cultures and communities
* Question: "Am I imposing my cultural assumptions on this family?"

**5. Self-Awareness**

* Know your triggers, limitations, and biases
* Recognize when your own story is interfering with your work
* Question: "Is this about them or about me?"

**Common Ethical Dilemmas:**

*Dilemma 1: The Desperate Family*

A family is willing to lie to get someone to the intervention meeting. "Just tell him we're going to brunch," they say. "Once he's there, he won't leave."

**The tension:** They're desperate and their loved one is in danger. But deception violates autonomy and authenticity.

**Questions to consider:**

* How might starting with deception affect the entire intervention?
* What message does it send about trust and honesty?
* Are there ways to increase the likelihood of attendance without lying?
* What if the person is in immediate danger?

**Possible approach:** "I understand your desperation, and I want to help. But I've learned that interventions built on deception often backfire. Let's talk about honest ways to invite him that respect his dignity while still expressing urgency."

*Dilemma 2: The Grateful Client*

After a successful intervention, the family wants to keep paying you for weekly "check-ins" that are starting to feel like ongoing therapy. You care about them and want to help, but this isn't what you're trained for.

**The tension:** They trust you and you've helped them. But scope creep puts everyone at risk.

**Questions to consider:**

* What harm could come from continuing beyond your scope?
* What's driving your desire to keep working with them?
* How can you support their ongoing needs without providing services you're not qualified for?

**Possible approach:** "I care about your family, and I want you to get the ongoing support you need. What you're describing sounds like family therapy, which is outside my role as an interventionist. Let me help you find a great therapist who can provide what you need."

*Dilemma 3: The Personal Connection*

You're asked to facilitate an intervention for someone who reminds you intensely of your own brother who died from an overdose. You find yourself feeling desperate to save this person.

**The tension:** Your personal experience gives you compassion and understanding. But it might also cloud your judgment.

**Questions to consider:**

* Can you maintain professional objectivity?
* Are you trying to get a different outcome with this person than you got with your brother?
* How will you manage your emotional responses?
* Is it fair to this person to work with them when you're carrying this history?

**Possible approach:** Consult with a supervisor or colleague. Be honest about the parallel. Consider referring to another interventionist if you can't separate your own grief from this person's situation.

**Discussion Prompts:**

* Which ethical principle feels most challenging to you?
* Have you witnessed ethical violations in recovery or helping settings? What was the impact?
* How will you know when you're outside your scope?
* What support systems do you need to help you navigate ethical dilemmas?

**The Practice of Ethics:**

Ethics isn't something you learn once and check off a list. It's an ongoing practice of:

* Pausing before acting
* Consulting with others when uncertain
* Prioritizing the person's wellbeing over your own ego or agenda
* Being willing to say "I don't know" or "I need help with this"
* Returning again and again to the core values that guide your work

## Session 1.3: Your Story and Motivations

Duration: 90 minutes

# Session 1.3: Your Story & Motivations (90 minutes)

## Purpose

This session invites deep self-reflection about why you're drawn to intervention work and how your own story influences your practice. Self-awareness is the foundation of ethical, effective intervention work.

## Personal Story Exercise (40 minutes)

**Why This Matters:**

Your story is both your greatest asset and your greatest liability in this work. It gives you compassion, understanding, and credibility. It also creates blind spots, triggers, and the risk of making situations about you rather than the people you're serving.

The most effective interventionists know their story well enough to use it wisely and recognize when it's getting in the way.

**The Exercise:**

You'll have 30 minutes to write responses to these prompts. This is private—you won't be required to share anything you're not comfortable sharing, though you'll have opportunities to share if you choose.

**Prompts:**

**1. Your Recovery Journey:**

* What brought you into recovery? (This might be your own addiction, loving someone with addiction, growing up affected by addiction, or working in the field)
* What were the turning points?
* Who showed up for you? How?
* Who wasn't there when you needed them?
* What do you wish had been different?

**2. Your "Why":**

* Why do you want to do intervention work specifically?
* What do you hope to offer others that you received (or didn't receive)?
* What would it mean to you to help a family through an intervention?
* What needs of your own might this work fulfill?

**3. Your Vulnerabilities:**

* What aspects of intervention work might trigger your own pain?
* What types of people or situations might be especially challenging for you?
* What do you need to be aware of about yourself?
* What might cause you to lose objectivity?

**4. Your Strengths:**

* What wisdom have you gained from your experiences?
* What do you understand about struggle that someone without your history might not?
* What do you offer because of your journey, not in spite of it?

**Reflection Time:**

After writing, sit quietly with what came up. Notice:

* Which questions were easy to answer? Which were hard?
* What emotions arose as you wrote?
* What surprised you about your responses?
* What do you need to pay attention to as you move forward in this training?

## Partner Sharing (25 minutes)

**Purpose:**

Sharing your story with another person—even in brief form—helps you begin to distinguish between what's helpful to share in intervention work and what might be too much or inappropriately self-focused.

**How It Works:**

**Round 1 (10 minutes):** Partner A shares a 4-5 minute version of their story, focusing on:

* What brought them to this work
* One key insight from their own experience
* One concern they have about doing this work

Partner B listens without interruption, advice-giving, or sharing their own story. Just witness.

**Round 2 (10 minutes):** Switch roles. Partner B shares, Partner A listens.

**Debrief Together (5 minutes):**

* What was it like to share?
* What was it like to just listen?
* What did you notice about how you told your story?

**What to Notice:**

As you shared, were you:

* Speaking from a healed place or an open wound?
* Focused on connection or seeking validation?
* Offering hope or dwelling in pain?
* Clear about boundaries or blurring lines?

There's no judgment in these observations—they're just information about where you are and what you might need to address before doing this work professionally.

## Large Group Discussion (25 minutes)

**Sharing with the Group:**

Anyone who wants to can share one insight from their writing or partner conversation. Remember: You're not required to share details of your story. You can share the insight without the story behind it.

**Examples:**

* "I realized I want to do this work partly to get a different outcome than I got with my sister. That's something I need to watch."
* "I saw how much anger I still carry about how my family handled my addiction. I need to work through that before I can help other families."
* "I recognized that my experience gives me patience for people who aren't ready—because I wasn't ready for years."

**The Facilitator's Role:**

The facilitator will help the group notice patterns and themes:

* How personal experience can be both wisdom and blind spot
* The importance of ongoing personal work
* The distinction between sharing as connection vs. sharing as therapy
* The value of knowing your triggers before encountering them with clients

**Key Themes to Explore:**

**1. The "Savior Complex"**

Many people drawn to helping professions are motivated by a desire to rescue others—often from situations they couldn't fix in their own lives. This isn't inherently bad, but it becomes problematic when:

* You measure your worth by whether people change
* You work harder than the person you're helping
* You can't let people experience consequences of their choices
* You feel personally responsible for outcomes you can't control

**Question:** How will you distinguish between healthy helping and rescuing?

**2. Vicarious Healing**

Sometimes we enter helping fields hoping that helping others will heal us. Again, not inherently wrong—often true. But problematic when:

* You haven't done your own healing work first
* You use clients' stories to process your own trauma
* You need the work more than the people you're serving need you

**Question:** What healing do you need to do outside of your client work?

**3. The Authenticity Balance**

We talked about authenticity as a core value. But there's a difference between:

* Authentic presence (bringing your full, genuine self to the work)
* Self-disclosure (sharing details of your story)

You can be authentic without sharing your story. You can share your story without being authentic.

**Question:** How will you know when sharing your story serves the client vs. serves your need to be understood?

**4. Projection & Transference**

You will encounter people who remind you of:

* Yourself at your worst
* Your parent/child/sibling/friend who struggled
* The person you couldn't save
* The person who didn't save you

When you notice this happening, it's essential to:

* Name it (at least to yourself)
* Get supervision or consultation
* Consider whether you're the right person for this case
* Do your own therapy/healing work around it

**Question:** What will you do when you notice you're reacting to your own history more than the situation in front of you?

**The Practice of Self-Awareness:**

Self-awareness in this work means:

**Before you start:**

* Do your own recovery work
* Address your trauma
* Get therapy if needed
* Understand your motivations

**As you work:**

* Notice when you're triggered
* Recognize when you're working too hard
* Monitor your emotional responses
* Seek supervision regularly

**After challenging situations:**

* Debrief with colleagues
* Process your reactions
* Recommit to your own self-care
* Remember you can't pour from an empty cup

**Closing Reflection:**

* What do you need to address in your own healing before you're ready to do this work?
* Who in your life can help you stay self-aware?
* What will be your first sign that you're getting off track?

## Session 1.4: The ARISE Continuum

Duration: 60 minutes

# Session 1.4: The ARISE Continuum (60 minutes)

## Purpose

This session introduces the ARISE Intervention model, an evidence-based approach that honors autonomy while creating powerful motivation for change. Understanding this continuum helps you meet families where they are and guide them through a structured process.

## ARISE Overview (20 minutes)

**What Is ARISE?**

ARISE stands for **A Relational Intervention Sequence for Engagement**. Developed by Dr. Judith Landau, it's an evidence-based model that:

* Engages 83% of identified patients in treatment (compared to 30% for traditional interventions)
* Reduces harm to both the person struggling and their family
* Works through progressive levels of involvement
* Starts with invitation rather than confrontation

**The Core Principle:**

ARISE recognizes that people are more likely to change when they're invited into a process rather than ambushed by one. It begins with the assumption that the person struggling probably wants help at some level—they just need the right conditions to access that desire.

**The Three Levels:**

**Level 1: First Call** (60-70% success rate)

* The person struggling is invited to the first planning meeting
* No confrontation, no surprise—just an invitation to participate in solving the problem
* Even if they don't come, the family learns how to change the system in ways that reduce enabling

**Level 2: Strength-Based Intervention** (15-20% additional success)

* If Level 1 doesn't work, the family continues meeting without the person
* They focus on their own changes and healing
* They prepare for a structured family meeting
* The person is invited (with full transparency) to a meeting where concerns will be shared

**Level 3: Traditional Intervention** (additional 5-10% success)

* If Levels 1 and 2 haven't worked, a more structured intervention is planned
* This looks more like traditional intervention but with all the groundwork laid
* Still values-based, still honoring dignity and autonomy as much as possible

**Why This Sequence Matters:**

Traditional intervention often starts at Level 3—the confrontational, high-stakes family meeting. ARISE recognizes that:

* Most people don't need that level of intensity
* Starting gently allows for less damage to relationships
* The process itself can create change even if treatment isn't immediately accepted
* Families heal through participation in the process

**The Paradigm Shift:**

Traditional model: "We need to break through their denial and force them to see reality."

ARISE model: "This person is struggling and the system around them is struggling too. Let's invite them into a collaborative process of healing for everyone."

**Reflection Prompts:**

* How does this approach differ from what you expected intervention to be?
* What feels more comfortable about starting with Level 1? What feels more challenging?
* How might this approach honor the core values of dignity and autonomy?

## Level 1: The First Call (15 minutes)

**What Happens:**

When a family first contacts you, you conduct a thorough assessment and then invite the person struggling to participate in the first meeting. This is revolutionary—in traditional models, the person struggling is kept in the dark until the intervention itself.

**The Invitation:**

The family says something like: "We've been worried about your drinking. We've contacted an interventionist to help us figure out how to support you. We'd like you to come to the first meeting so we can do this together as a family. Will you come?"

**Three Possible Responses:**

**1. "Yes, I'll come."** (This happens more often than you'd think)

* The person participates in planning their own treatment
* The family is empowered and united
* You facilitate a collaborative conversation
* Success rate: Very high when the person shows up

**2. "No, there's no problem."**

* The person declines but now knows the family is taking action
* The system begins to shift even without their participation
* You move to Level 2
* The person may change their mind after seeing the family's commitment

**3. "I'll think about it."**

* You keep the door open
* The family continues with their own work
* You may circle back to Level 1 before moving to Level 2

**What the Family Learns:**

Even when the person doesn't come to Level 1, the family begins learning:

* How to communicate clearly and calmly about their concerns
* How to stop enabling
* How to take care of themselves
* How to create natural consequences

This learning is valuable regardless of whether the person enters treatment immediately.

**Your Role:**

At Level 1, you're facilitating a collaborative family problem-solving process, not conducting an intervention in the traditional sense. You're:

* Creating safety for honest conversation
* Teaching communication skills
* Helping identify enabling patterns
* Developing a plan everyone can agree on

## Level 2: Strength-Based Intervention (15 minutes)

**When You Move to Level 2:**

If the person doesn't come to Level 1 meetings, or comes but isn't ready to accept help, you move to Level 2. This involves:

* Continued family meetings (usually 2-4 sessions)
* Family members working on their own healing
* Preparing for a more formal family meeting with the person
* Building motivation through changed family dynamics

**What's Different from Level 1:**

**Level 1** was collaborative—the person struggling was invited to help plan.

**Level 2** involves the family doing preparatory work without the person, but still with full transparency. The family might say: "We're continuing to meet with the interventionist. We're working on our own stuff and preparing to have a family meeting where we'll each share our concerns. We'd love for you to be part of this process."

**The Family's Work:**

During Level 2 meetings, families:

* Write impact letters (we'll cover this on Day 2)
* Identify enabling behaviors and make plans to stop them
* Work on their own recovery (Al-Anon, therapy, etc.)
* Build a united front while maintaining individual relationships
* Research treatment options
* Prepare for various outcomes

**The Strength-Based Focus:**

Even as families prepare to share concerns, Level 2 maintains a strength-based approach:

* Letters include expressions of love and hope
* The focus is on impact (how the person's behavior affects others) not judgment
* Natural consequences replace enabling
* The family offers help, not ultimatums

**When to Hold the Family Meeting:**

You'll hold the Level 2 family meeting when:

* The family is prepared (letters written, responses planned, treatment arranged)
* The person is experiencing natural consequences of their behavior
* The family has built enough strength to follow through
* You've maximized motivation without maximizing harm

## Level 3: Traditional Intervention (10 minutes)

**When You Move to Level 3:**

If Levels 1 and 2 haven't resulted in treatment engagement, Level 3 looks more like traditional intervention:

* More structured format
* Stronger boundaries and consequences
* More directive facilitation
* Greater emphasis on immediate treatment entry

**What's Still Different:**

Even at Level 3, values-based ARISE maintains:

* Dignity for the person struggling
* Respect for autonomy (they can still say no)
* Authenticity in communication
* Family responsibility for their own healing

**The Bottom Line Conversation:**

Level 3 might include clearer boundaries from family members:

* "If you don't get treatment, I can't continue to financially support you."
* "If you keep using, you can't live here anymore."
* "I love you, but I can't watch you die. I'm stepping back until you're ready for help."

These aren't manipulative ultimatums—they're healthy boundaries about what family members can and can't do.

**Important Reality:**

Even at Level 3, some people will say no. Values-based intervention acknowledges:

* We can't control anyone's choices
* Forcing someone into treatment rarely works long-term
* The family can heal even if the person doesn't enter treatment immediately
* Planting seeds matters even when we don't see immediate harvest

**The Continuum in Practice:**

Most families move through these levels over days or weeks, not months. The average ARISE process takes 4-7 days from first call to treatment entry. But the exact timing depends on:

* The person's readiness
* The family's capacity
* The severity of the situation
* Available treatment resources

## Session 1.5: Reflection and Integration

Duration: 45 minutes

# Session 1.5: Reflection & Integration (45 minutes)

## Purpose

This closing session allows you to process what you've learned, identify remaining questions, and prepare for Day 2. Integration time is essential—without it, information doesn't become wisdom.

## Personal Reflection (20 minutes)

**Quiet Reflection Time:**

Find a comfortable spot (you can stay in the room or find a quiet space nearby). Spend 20 minutes with these prompts:

**1. What stands out?**

* What from today's sessions surprised you?
* What confirmed something you already knew?
* What challenged your assumptions about intervention work?

**2. What's shifting?**

* How has your understanding of intervention changed today?
* What are you thinking about differently than you were this morning?
* What questions are emerging?

**3. What do you need?**

* What do you need to learn more about?
* What personal work is this bringing up for you?
* What support would help you engage more fully tomorrow?

**4. What are you carrying?**

* What emotions came up today?
* What old memories or experiences are present?
* What do you need to acknowledge or release before tomorrow?

**Journaling Prompts:**

If writing helps you process, consider these deeper prompts:

*On your story:*

"The part of my story that will most help me in this work is..."

"The part of my story I need to be most careful about is..."

*On the role:*

"What excites me most about intervention work is..."

"What scares me most about intervention work is..."

*On the training:*

"So far, this training is meeting my needs by..."

"I wish this training would also address..."

*On readiness:*

"I feel ready to..."

"I don't yet feel ready to..."

"To be ready, I need..."

## Small Group Processing (15 minutes)

**Purpose:**

Hearing how others are processing the material helps you integrate your own learning and builds community within the training group.

**Format:**

Groups of 3-4 people. Each person has 3-4 minutes to share one thing from their reflection time. Others listen without interrupting.

**Possible Sharing Prompts:**

* One insight that's sticking with you
* One question you're sitting with
* One way your thinking has shifted today
* One thing you're looking forward to (or nervous about) tomorrow

**Guidelines:**

* You don't have to share anything too personal
* No crosstalk or advice-giving
* If someone shares something vulnerable, a simple "thank you for sharing that" is enough
* Notice what you have in common with others

## Closing Circle (10 minutes)

**Returning to the Large Group:**

The facilitator invites everyone back to the circle. This is a brief check-out, not a full debrief.

**Popcorn Style Sharing:**

Anyone who wants to can offer:

* One word describing how you're feeling right now
* One phrase capturing your biggest takeaway
* One hope for tomorrow

**Examples:**

* "Grateful"
* "Overwhelmed but good overwhelmed"
* "I'm noticing my own enabling patterns"
* "Hopeful that there's a gentler way to do interventions"
* "Aware of how much personal work I still need to do"

**The Facilitator's Role:**

The facilitator will:

* Acknowledge the emotional weight of Day 1
* Normalize whatever people are feeling
* Preview Day 2 briefly
* Remind everyone of self-care
* Express confidence in the group's capacity

**Logistics & Homework:**

**For tonight:**

* Rest. This is deep work.
* If things came up that need attention, reach out to your support system
* Review the Day 1 schedule and your notes if it helps you integrate
* Don't worry about preparing anything—just come back tomorrow ready to learn

**Tomorrow (Day 2) preview:**

We'll shift from awareness to structure. You'll learn:

* The ARISE method in detail
* How to conduct first calls
* How to facilitate family meetings
* Impact letter writing
* Treatment planning and placement

**Closing Words:**

"Today was about building the foundation—understanding the role, understanding yourself, understanding the values that guide this work. Everything we do tomorrow and the next day will rest on what you learned today. Thank you for showing up, for being honest, for staying open even when it was uncomfortable. Rest well. See you tomorrow."

# Day 2

## Schedule

# DAY 2 SCHEDULE: COORDINATION

## The Architecture of Care

**Theme:** Professional boundaries, intervention modes, assessment, and practical tools

**Total Training Time:** 8 hours 45 minutes

**Day Start:** 9:00 AM

**Day End:** 5:45 PM

## MORNING SESSIONS (9:00 AM - 1:15 PM)

| Start Time | End Time | Duration | Session | Topic |

|------------|----------|----------|---------|-------|

| 9:00 AM | 9:30 AM | 30 min | **Session 2.1** | Morning Check-In & Integration |

| 9:30 AM | 11:00 AM | 90 min | **Session 2.2** | Boundaries & Ethics Deep Dive |

| *~10:15 AM* | *~10:20 AM* | *5 min* | *Micro-Break* | *(built into Session 2.2)* |

| 11:00 AM | 11:15 AM | 15 min | **☕ BREAK** | Mid-Morning Break |

| 11:15 AM | 12:15 PM | 60 min | **Session 2.3A** | 5-Mode Continuum - Part 1 (Modes 1-3) |

| *~11:50 AM* | *~11:55 AM* | *5 min* | *Micro-Break* | *(built into Session 2.3A)* |

| 12:15 PM | 12:30 PM | 15 min | **☕ BREAK** | Pre-Lunch Break |

| 12:30 PM | 1:15 PM | 45 min | **Session 2.3B** | 5-Mode Continuum - Part 2 (Modes 4-5) |

**Morning Subtotal:** 4 hours 15 minutes

## LUNCH BREAK (1:15 PM - 2:15 PM)

| Start Time | End Time | Duration | Session | Topic |

|------------|----------|----------|---------|-------|

| 1:15 PM | 2:15 PM | 60 min | **🍽️ LUNCH** | Meal Break |

## AFTERNOON SESSIONS (2:15 PM - 5:45 PM)

| Start Time | End Time | Duration | Session | Topic |

|------------|----------|----------|---------|-------|

| 2:15 PM | 3:15 PM | 60 min | **Session 2.3C** | ✨ First Call & Assessment Protocol |

| 3:15 PM | 3:30 PM | 15 min | **☕ BREAK** | Afternoon Break |

| 3:30 PM | 5:00 PM | 90 min | **Session 2.4** | Core Intervention Tools Deep Dive |

| *~4:15 PM* | *~4:20 PM* | *5 min* | *Micro-Break* | *(built into Session 2.4)* |

| 5:00 PM | 5:30 PM | 30 min | **Session 2.5** | Case Study Application |

| 5:30 PM | 5:45 PM | 15 min | **Session 2.6** | Day 2 Closing |

**Afternoon Subtotal:** 3 hours 30 minutes

## SESSION DETAILS

### Session 2.1: Morning Check-In & Integration (30 minutes)

* Day 1 integration
* Overnight insights
* Day 2 intentions
* Questions from Day 1

### Session 2.2: Boundaries & Ethics Deep Dive (90 minutes)

* Scope of practice boundaries
* Financial conflicts of interest
* Power dynamics in intervention
* Ethical decision-making framework
* Gray-area scenarios
* \*Includes 5-minute micro-break at ~10:15 AM\*

### Session 2.3A: 5-Mode Continuum - Part 1 (60 minutes)

* \*\*Mode 1:\*\* Collaborative Invitation (ARISE/CRAFT)
* \*\*Mode 2:\*\* Structured Invitation (LoveFirst)
* \*\*Mode 3:\*\* Planned Surprise (Modified Johnson)
* Research foundations for each mode
* When to use each mode
* \*Includes 5-minute micro-break at ~11:50 AM\*

### Session 2.3B: 5-Mode Continuum - Part 2 (45 minutes)

* \*\*Mode 4:\*\* Ad-Hoc Crisis Intervention
* \*\*Mode 5:\*\* Individual Intervention (MI-based)
* SURR Assessment Framework introduction
* Mode Selector Tool practice

### Session 2.3C: First Call & Assessment Protocol ✨ NEW (60 minutes)

* \*\*Part 1:\*\* Two-Phase Contact Model (10 min)
* Why separate inquiry from assessment
* Ethical foundation for charging
* \*\*Part 2:\*\* Initial Inquiry Call (15 min)
* Free consultation structure
* What to listen for
* Transition to paid assessment
* \*\*Part 3:\*\* Formal Assessment (20 min)
* Why charging is ethical (Objectivity, Professionalism, Commitment, Thoroughness)
* What information to gather
* Three possible outcomes
* \*\*Part 4:\*\* Practice Exercise (15 min)
* Role-play: Inquiry to assessment transition
* Debrief

### Session 2.4: Core Intervention Tools Deep Dive (90 minutes)

Five essential tools with hands-on practice (18 minutes each):

1. \*\*Impact Letters\*\* - Structure and practice
2. \*\*Safety Planning\*\* - Comprehensive protocols
3. \*\*Motivational Interviewing\*\* - OARS framework
4. \*\*Family Meeting Facilitation\*\* - Structure and ground rules
5. \*\*Treatment Options Research\*\* - Levels of care

* \*Includes 5-minute micro-break at ~4:15 PM\*

### Session 2.5: Case Study Application (30 minutes)

* Martinez family case introduction
* Quick case analysis
* Role assignments for Day 3
* Questions and clarifications

### Session 2.6: Day 2 Closing (15 minutes)

* Key insights from Day 2
* Most important tool learned
* Question for Day 3
* Evening homework (review role for tomorrow)

## DAILY SUMMARY

| Category | Time |

|----------|------|

| **Total Session Time** | 7 hours 45 minutes |

| **Total Break Time** | 1 hour |

| **Total Day Length** | 8 hours 45 minutes |

| **Lunch** | 60 minutes |

| **Coffee Breaks** | 3 × 15 min = 45 minutes |

| **Micro-Breaks** | 3 × 5 min = 15 minutes *(built into sessions)* |

## KEY LEARNING OBJECTIVES

By the end of Day 2, participants will be able to:

1. ✅ Articulate professional boundaries and scope of practice
2. ✅ Navigate ethical gray areas with decision-making framework
3. ✅ Identify and describe all 5 intervention modes
4. ✅ Use Mode Selector Tool to assess families (Safety/Urgency, Readiness, Relational Capacity)
5. ✅ Distinguish free inquiry calls from paid formal assessments ✨ NEW
6. ✅ Articulate ethical rationale for charging for assessments ✨ NEW
7. ✅ Demonstrate proficiency with 5 core intervention tools
8. ✅ Apply tools to case study scenarios

## FACILITATOR NOTES

**Energy Management:**

* Morning: Heavy conceptual content (ethics, modes) with strategic breaks
* Post-lunch: New session (2.3C) energizes with practical skills
* Late afternoon: Hands-on tool practice maintains engagement

**Pedagogical Flow:**

* Morning: WHAT modes exist and WHEN to use them
* Early Afternoon: HOW to assess if intervention is needed (Session 2.3C) ✨ NEW
* Late Afternoon: WHICH tools to use in each mode

**Critical Transitions:**

* 2.3A → 2.3B: Short break maintains energy for mode learning
* 2.3B → Lunch → 2.3C: New assessment session bridges theory to practice
* 2.3C → Break → 2.4: Transition from assessment to tools

**Materials Needed:**

* Mode Selector Tool (laminated cards)
* Ethics scenario cards
* Impact Letter templates
* Safety planning worksheets
* OARS reference cards
* Martinez family case study handouts
* Inquiry Call Script Template ✨ NEW
* Formal Assessment Structure guide ✨ NEW
* "Why Charging is Ethical" one-pager ✨ NEW

**Session 2.3C Notes (New Session):**

* This is the first time participants practice talking about money/fees
* Normalize discomfort around charging
* Role-play is critical - don't skip it
* Watch for participants who resist charging concept
* Connect back to ethics from Session 2.2 (financial conflicts)

## SCHEDULE CHANGE HISTORY

**January 2025 Update:**

* \*\*Added:\*\* Session 2.3C (First Call & Assessment Protocol) - 60 minutes
* \*\*Impact:\*\* Day extended from 5:15 PM to 5:45 PM (+30 minutes)
* \*\*Adjustments Made:\*\*
* Session 2.4 moved from 2:15-3:45 PM → 3:30-5:00 PM
* Session 2.5 shortened from 60 min → 30 min
* New break added: 3:15-3:30 PM
* Session 2.6 moved from 5:00-5:15 PM → 5:30-5:45 PM

**Version:** Current as of Session 2.3C addition (January 2025)

**Previous Day:** [Day 1 Schedule - Awareness](Day1\_Schedule.md)

**Next Day:** [Day 3 Schedule - Care](Day3\_Schedule.md)

## Session 2.0: Day 2 Facilitator Guide

(No content available for this session)

## Session 01: Session Overview

Duration: 60 minutes

# Day 2: Coordination

## Core Values Interventionist Training

**Version 1.0 | Day 2: Coordination | Core Values Recovery**

## Session Overview

Day 2 focuses on the critical coordination skills needed for effective interventions. Today you'll learn how to work within multidisciplinary teams, navigate professional boundaries, conduct comprehensive assessments, and understand the full continuum of intervention approaches—from collaborative conversations to crisis response.

**Day 2 Learning Objectives:**

By the end of today, you will be able to:

* Articulate clear professional boundaries between intervention, clinical work, and family support
* Collaborate effectively with treatment providers, family members, and other professionals
* Conduct thorough assessments using structured tools and frameworks
* Select and apply the appropriate intervention mode based on situation analysis
* Navigate ethical dilemmas with confidence and clarity
* Facilitate family meetings that honor all voices while maintaining clear roles

# Day 3

## Schedule

# DAY 3 SCHEDULE: CARE

## Practice & Integration

**Theme:** Live role-plays, trauma-informed debrief, mentorship preparation, and closing ceremony

**Total Training Time:** 7 hours 45 minutes

**Day Start:** 9:00 AM

**Day End:** 4:45 PM

## MORNING SESSIONS (9:00 AM - 12:45 PM)

| Start Time | End Time | Duration | Session | Topic |

|------------|----------|----------|---------|-------|

| 9:00 AM | 9:30 AM | 30 min | **Session 3.1** | Morning Check-In & Intention-Setting |

| 9:30 AM | 10:15 AM | 45 min | **Session 3.2** | Trauma-Informed Practice & Case Prep |

| 10:15 AM | 11:30 AM | 75 min | **Session 3.3A** | Role-Play Round 1 (3 scenarios) |

| 11:30 AM | 11:45 AM | 15 min | **☕ BREAK** | Mid-Morning Break |

| 11:45 AM | 12:45 PM | 60 min | **Session 3.3B** | Role-Play Round 2 (2 scenarios) |

**Morning Subtotal:** 3 hours 45 minutes

## LUNCH BREAK (12:45 PM - 1:45 PM)

| Start Time | End Time | Duration | Session | Topic |

|------------|----------|----------|---------|-------|

| 12:45 PM | 1:45 PM | 60 min | **🍽️ LUNCH** | Extended Meal Break (post-roleplay processing) |

## AFTERNOON SESSIONS (1:45 PM - 4:45 PM)

| Start Time | End Time | Duration | Session | Topic |

|------------|----------|----------|---------|-------|

| 1:45 PM | 2:45 PM | 60 min | **Session 3.4** | Trauma-Informed Debrief |

| 2:45 PM | 3:05 PM | 20 min | **☕ BREAK** | Extended Afternoon Break |

| 3:05 PM | 3:35 PM | 30 min | **Session 3.5** | Mentorship Program Overview |

| 3:35 PM | 4:45 PM | 70 min | **Session 3.6** | Integration & Closing Ceremony |

| *~4:15 PM* | *~4:20 PM* | *5 min* | *Micro-Break* | *(built into Session 3.6)* |

**Afternoon Subtotal:** 3 hours

## SESSION DETAILS

### Session 3.1: Morning Check-In & Intention-Setting (30 minutes)

* Day 2 integration
* Nervous energy acknowledgment
* Role-play preparation
* Psychological safety reminders
* Intentions for practice

### Session 3.2: Trauma-Informed Practice & Case Prep (45 minutes)

* Trauma-informed intervention principles
* Vicarious trauma awareness
* Self-care during intense work
* Case review and role preparation
* Safety protocols for role-plays

### Session 3.3A: Role-Play Round 1 (75 minutes)

**Three scenarios** (25 minutes each):

* Scenario setup (5 min)
* Live role-play (15 min)
* Group debrief (5 min)

**Roles rotated:**

* Interventionist
* Family members
* Pivot Person
* Observers

**Cases practiced:**

* Martinez family (Collaborative/Structured Invitation)
* Thompson family (Planned Surprise)
* Chen family (Individual/Crisis)

### Session 3.3B: Role-Play Round 2 (60 minutes)

**Two additional scenarios** (25 minutes each):

* Additional practice opportunities
* More complex situations
* Integration of tools from Day 2

**Final integration** (10 minutes):

* Quick large-group reflection
* Key observations
* What worked well

### Session 3.4: Trauma-Informed Debrief (60 minutes)

* Processing emotional impact of role-plays
* Naming what was hard
* Recognizing triggers
* Self-care planning
* Normalizing emotional responses
* Grounding exercises
* Closing the container

### Session 3.5: Mentorship Program Overview (30 minutes)

* 40-week mentorship structure
* Supervision requirements
* Case consultation process
* Certification pathway
* Core Values Interventionist certification
* Master Coach certification (4-module completion)
* Questions about next steps

### Session 3.6: Integration & Closing Ceremony (70 minutes)

**Part 1: Individual Integration** (20 min)

* Reflect on 3-day journey
* Key insights
* Biggest shift
* Next steps

*Micro-break at ~4:15 PM (5 minutes) - Transition to celebration*

**Part 2: Community Closing** (25 min)

* Circle sharing (voluntary)
* Acknowledgments
* Commitments to practice
* Community connections

**Part 3: Certificates & Celebration** (20 min)

* Certificate presentation
* Group photo
* Final words
* Celebration

## DAILY SUMMARY

| Category | Time |

|----------|------|

| **Total Session Time** | 6 hours 30 minutes |

| **Total Break Time** | 1 hour 15 minutes |

| **Total Day Length** | 7 hours 45 minutes |

| **Lunch** | 60 minutes |

| **Coffee Breaks** | 2 × 15 min + 1 × 20 min = 50 minutes |

| **Micro-Breaks** | 1 × 5 min *(built into Session 3.6)* |

## KEY LEARNING OBJECTIVES

By the end of Day 3, participants will be able to:

1. ✅ Demonstrate intervention skills in live role-play scenarios
2. ✅ Apply trauma-informed principles to intervention work
3. ✅ Facilitate family meetings with psychological safety
4. ✅ Navigate Pivot Person resistance with compassion
5. ✅ Use all 5 core tools appropriately
6. ✅ Debrief emotionally intense sessions
7. ✅ Practice self-care and recognize vicarious trauma
8. ✅ Articulate next steps in professional development
9. ✅ Describe mentorship and certification pathways

## FACILITATOR NOTES

**Energy Management:**

* Morning: High intensity (role-plays are emotionally demanding)
* Post-lunch: Processing time (debrief is critical, not optional)
* Late afternoon: Celebratory closure with integration

**Emotional Safety Protocols:**

* \*\*Pre-roleplay:\*\* Establish clear stop signals ("pause," "time out")
* \*\*During roleplay:\*\* Facilitator monitors for overwhelm
* \*\*Post-roleplay:\*\* Immediate debrief, no one leaves triggered
* \*\*Session 3.4 is mandatory:\*\* Trauma-informed debrief is not negotiable

**Pedagogical Flow:**

* Morning: PRACTICE (live application of Days 1-2)
* Afternoon: PROCESS (trauma-informed integration)
* Closing: PREPARE (mentorship path and celebration)

**Critical Moments:**

* \*\*11:30 AM Break:\*\* First break after intense role-plays - participants need space
* \*\*Extended Lunch:\*\* 60 minutes intentional for emotional processing
* \*\*Extended Break (2:45-3:05 PM):\*\* 20 minutes after debrief before mentorship talk
* \*\*Closing Ceremony:\*\* Honor the vulnerability and growth of 3 days

**Materials Needed:**

* Role-play case packets (detailed scenarios)
* Observer rubrics (from Day 2 Assessment Tools)
* Trauma-informed debrief protocol
* Grounding exercise scripts
* Mentorship program handouts
* 40-week timeline documents
* Certification pathway maps
* Certificates of Completion
* Group photo setup
* Celebration refreshments (optional)

**Role-Play Management:**

* \*\*Assign roles in advance\*\* (Session 2.5 on Day 2)
* \*\*Prepare participants mentally\*\* (Session 3.2 - trauma-informed prep)
* \*\*Rotate roles\*\* so everyone plays interventionist at least once
* \*\*Debrief immediately\*\* after each scenario (5 min minimum)
* \*\*Monitor for triggers\*\* - facilitator watches for overwhelm
* \*\*Stop if needed\*\* - prioritize psychological safety over "finishing"

**Debrief Session (3.4) Structure:**

* Open space for emotions (normalizing)
* Name what was hard (validation)
* Identify triggers (self-awareness)
* Teach grounding techniques (practical tools)
* Close the container (transition out of role-play space)

**Closing Ceremony Best Practices:**

* \*\*Honor vulnerability:\*\* Participants took emotional risks
* \*\*Acknowledge growth:\*\* Name shifts observed over 3 days
* \*\*Celebrate community:\*\* The cohort bond is powerful
* \*\*Provide clear next steps:\*\* Mentorship starts soon
* \*\*Leave space for silence:\*\* Not everyone will share, and that's okay
* \*\*End on hope:\*\* Recovery work is hard and sacred

## DAY 3 UNIQUE FEATURES

**Why Day 3 is shorter:**

* Ends at 4:45 PM (vs. 5:30-5:45 PM on Days 1-2)
* Recognizes emotional exhaustion from role-plays
* Allows participants to leave with energy, not depletion
* Honors the intensity of the work

**Why extended breaks:**

* 20-minute break after trauma debrief (vs. typical 15 min)
* Participants need processing time
* Extended lunch for emotional integration
* Longer break prevents re-traumatization

**Why closing ceremony is longer:**

* 70 minutes for integration + celebration
* 3-day journey deserves meaningful closure
* Certificate presentation + community acknowledgment
* Sends participants out with clarity and connection

## EMOTIONAL SUPPORT RESOURCES

**For Participants:**

* Crisis support numbers available
* Referral list for therapists (if triggered)
* Self-care handout
* Peer support contact list
* Facilitator available for private check-ins

**For Facilitators:**

* Co-facilitator support during role-plays
* Debrief protocol script
* Grounding exercise cards
* Emergency contact procedures
* Post-training facilitator debrief scheduled

**Version:** Current as of January 2025

**Previous Day:** [Day 2 Schedule - Coordination](Day2\_Schedule.md)

**Training Overview:** [3-Day Training Summary](Training\_Overview.md)

## Session 3.0: Day 3 Facilitator Guide

(No content available for this session)

## Session 3.1: Morning Check-In and Intention-Setting

Duration: 5 minutes

# Session 3.1: Morning Check-In & Intention-Setting (9:00–9:30 AM)

**Version 1.0 | Core Values Recovery**

## Purpose

Day 3 begins with grounding. Before stepping into the intensity of roleplay practice, we create space for participants to arrive fully—body, mind, and heart. This session is about **readiness assessment**, intention-setting, and building group safety for the vulnerable work ahead.

## Why This Matters

Intervention practice is emotionally demanding. Participants may feel nervous, excited, uncertain, or vulnerable. Creating space to name these feelings—and to articulate what support is needed—builds psychological safety and sets the tone for a day of courageous practice.

The morning check-in also serves as a **baseline assessment**. By asking participants to reflect on their physical, mental, and emotional state, facilitators can identify anyone who may need additional support or modified participation during the day.

## Facilitation Guide

**Opening (5 minutes)**

Begin the day with a brief grounding exercise:

"Good morning. We've spent two days building awareness and learning coordination skills. Today is about practice—stepping into the role of interventionist and discovering what you are capable of. Before we begin, let's take a moment to ground ourselves in this space."

**Lead a 2-minute grounding practice:**

* "Close your eyes if that feels comfortable. Take three deep breaths."
* "Notice where you are—the sounds, the temperature, the feeling of your feet on the floor."
* "Notice what you're bringing into this room today—energy, nervousness, excitement, fatigue. Whatever it is, it's welcome here."
* "Set an intention for yourself: What do you want to learn or practice today?"

After the grounding, transition to the reflection prompts:

"We're going to start with a few reflection questions. Please take your time with these—they're just for you, though you'll have the option to share with the group if you'd like."

**Reflection Prompts (20 minutes)**

Guide participants through the following prompts, allowing time for individual reflection before inviting group sharing:

1. \*\*How I'm feeling this morning (body, mind, heart):\*\*

* \*"Check in with yourself. What's your energy level? How's your mental clarity? What emotions are present?"\*
* Facilitator note: Watch for signs of fatigue, anxiety, or overwhelm. If someone shares significant distress, check in with them privately during the break.

1. \*\*My intention for today's role-plays:\*\*

* \*"What do you want to practice or learn today? This isn't about performing perfectly—it's about growth."\*
* Examples participants might name: staying present under pressure, managing my own emotions, practicing the opening script, handling resistance with grace.

1. \*\*One thing I'm nervous about:\*\*

* \*"It's normal to feel nervous. What feels challenging or uncertain for you today?"\*
* Normalize nervousness: "If you're not at least a little nervous, you're probably not taking this seriously enough. This work matters, and it's okay to feel the weight of it."

1. \*\*One strength I bring to today:\*\*

* \*"What are you confident in? What skills, experiences, or qualities do you already have that will serve you well?"\*
* Encourage participants to name specific strengths: listening skills, lived experience, calm presence, ability to hold space for emotions.

1. \*\*Support I need from the group today:\*\*

* \*"What would help you learn and practice today? What do you need from your peers and facilitators?"\*
* Examples: honest feedback, patience, encouragement, reminders to breathe.

**Group Sharing (Optional — 5 minutes)**

Invite a few volunteers to share one of their reflections with the group. Do not require everyone to share—this is about creating space for connection, not performance.

After sharing, close the session:

"Thank you for your honesty and your presence. Today is going to be challenging, and it's also going to be transformative. We're in this together. Let's move into the day with courage and care."

## Trauma-Informed Considerations

* \*\*Choice\*\*: Participants are not required to share aloud. Written reflection is sufficient.
* \*\*Pacing\*\*: Do not rush. Allow silence and processing time.
* \*\*Safety\*\*: If someone shares significant distress (e.g., "I didn't sleep last night because I'm terrified"), check in privately and offer options for modified participation.
* \*\*Empowerment\*\*: Frame nervousness as appropriate, not as a deficit. Normalize the emotional weight of this work.

## Session 3.2: Trauma-Informed Practice and Case Prep

Duration: 20 minutes

# Session 3.2: Trauma-Informed Practice & Case Prep (9:30–10:15 AM)

**Version 1.0 | Core Values Recovery**

## Purpose

Before participants step into intervention roleplays, they need a **trauma-informed framework** to guide their practice. This session introduces the principles of trauma-informed care, explains how trauma shows up in intervention settings, and provides practical strategies for creating safety, choice, and empowerment.

The second half of the session transitions into **case preparation**, where participants finalize their roleplay scenarios, confirm roles, and rehearse their opening scripts.

## Why This Matters

Families in crisis are often carrying significant trauma—historical, intergenerational, and current. The Pivot Person may have experienced trauma related to their substance use (violence, overdose, legal consequences) or unrelated trauma that predates their addiction (childhood abuse, loss, systemic oppression).

If interventionists do not understand trauma, they risk **re-traumatizing** participants through coercive language, lack of choice, or failure to recognize trauma responses (dissociation, hypervigilance, shutdown).

Trauma-informed intervention is not just about being kind—it is about **creating conditions where healing is possible**. This requires intentionality, skill, and self-awareness.

## Facilitation Guide

**Part 1: Trauma-Informed Framework (20 minutes)**

**Opening (5 minutes)**

Begin with a brief framing of trauma in intervention work:

"Intervention work brings us into contact with families in their most vulnerable moments. Many of the people we serve—both Pivot Persons and family members—are carrying significant trauma. As interventionists, our responsibility is not to provide trauma therapy—that is the role of licensed clinicians. But we must understand trauma so that we do not inadvertently cause harm."

Ask the group:

"How many of you have experienced trauma in your own life?"

(Pause. Do not require anyone to answer aloud.)

"How many of you have witnessed trauma responses in others—shutdown, anger, dissociation, hypervigilance?"

(Pause.)

"Trauma is not rare. It is common. And it shapes how people respond to stress, vulnerability, and change. Today, we're going to learn how to recognize trauma responses and create safety in our intervention work."

**The 5 Principles of Trauma-Informed Care (10 minutes)**

Present the five principles of trauma-informed care using the acronym **STCCE**:

1. \*\*Safety\*\* — Physical and emotional safety for all participants
2. \*\*Trustworthiness\*\* — Consistency, transparency, and follow-through
3. \*\*Choice\*\* — Honoring autonomy and avoiding coercion
4. \*\*Collaboration\*\* — Shared decision-making and partnership
5. \*\*Empowerment\*\* — Recognizing strengths and building agency

For each principle, provide a specific example of how it applies to intervention work:

* \*\*Safety\*\*: "We start every intervention with a clear explanation of what will happen, who will speak, and what the Pivot Person can expect. We do not surprise or ambush."
* \*\*Trustworthiness\*\*: "We follow through on what we say. If we tell the Pivot Person they can take a break, we honor that—even if it interrupts the flow of the intervention."
* \*\*Choice\*\*: "We invite, we do not coerce. The Pivot Person always has the choice to say no. Our job is to create conditions where 'yes' becomes possible, not to force it."
* \*\*Collaboration\*\*: "We involve the Pivot Person in decision-making. We ask, 'What would feel most helpful to you right now?' rather than dictating the process."
* \*\*Empowerment\*\*: "We reflect strengths, not just problems. We remind the Pivot Person of their resilience, their values, and their capacity for change."

**Recognizing Trauma Responses (5 minutes)**

Explain common trauma responses that may show up during interventions:

* \*\*Fight\*\*: Anger, defensiveness, blame, aggression
* \*\*Flight\*\*: Avoidance, leaving the room, shutting down conversation
* \*\*Freeze\*\*: Dissociation, numbness, emotional flatness, silence
* \*\*Fawn\*\*: People-pleasing, false compliance, saying "yes" without meaning it

Emphasize:

"None of these responses are personal. They are survival strategies. When someone becomes defensive or shuts down, they are not 'resisting change'—they are responding to perceived threat. Our job is to reduce the threat by creating safety."

**Practical Application:**

Ask participants to reflect:

"In your workbook, write down: What signs of trauma might you see during interventions? How will you create safety in today's roleplays?"

Allow 3 minutes for individual reflection. Invite a few participants to share their responses aloud.

**Part 2: Case Study Preparation (25 minutes)**

**Transition (2 minutes)**

"Now we're going to shift from theory to practice. Each group has been working on a case study over the past two days. It's time to finalize your scenario and prepare for the roleplay."

**Group Work Time (20 minutes)**

Break participants into their roleplay groups (3–5 people per group). Each group should have:

* A case study scenario (provided on Day 1 or Day 2)
* Assigned roles (Interventionist, Pivot Person, family members)
* A confirmed intervention mode (structured, collaborative, crisis, etc.)

Guide groups through the following preparation steps:

1. \*\*Confirm the intervention mode:\*\*

* What type of intervention are you practicing? (Structured family meeting, collaborative check-in, crisis intervention, etc.)

1. \*\*Review the scenario details:\*\*

* Who is the Pivot Person? What is their substance use pattern?
* Who are the family members? What are their relationships and roles?
* What is the family's goal for the intervention?

1. \*\*Assign roles clearly:\*\*

* Who is facilitating as the interventionist?
* Who is playing the Pivot Person?
* Who are the family members?
* Is there a co-facilitator or observer?

1. \*\*Rehearse the opening script:\*\*

* The interventionist should practice their opening 2–3 times. This is the most important moment of the intervention—it sets the tone for everything that follows.
* Example opening: \*"Thank you for being here. I know this is hard. Today, the people who love you most want to share what they've been experiencing and talk about next steps. You don't have to agree with everything you hear, and you don't have to make any decisions right now. What we're asking is that you listen with an open heart."\*

1. \*\*Plan the speaker order:\*\*

* Who speaks first? Second? Third?
* What are the key points each family member wants to express?
* Reminder: Family members should speak from \*\*values and connection\*\*, not blame or shame.

1. \*\*Readiness check:\*\*

* On a scale of 1–10, how ready does each person feel?
* What support does the group need from facilitators or observers?

**Facilitator Coaching (3 minutes)**

Walk around the room during group work time. Check in with each group. Offer coaching on:

* Opening scripts that feel too clinical or too informal
* Family member letters that slip into blame or shame
* Interventionists who seem uncertain or overwhelmed

Provide specific, actionable feedback:

* "That opening is great, but let's slow it down. Pause after 'thank you for being here' and make eye contact before continuing."
* "That family member statement is powerful, but let's reframe 'You're destroying this family' to 'I feel like we're losing connection with you, and that scares me.'"

**Close the Session (2 minutes)**

"You've done excellent preparation work. In a few minutes, we're going to begin the first round of roleplays. Remember: this is practice. You are allowed to make mistakes. You are allowed to pause and ask for coaching. The goal is not perfection—it's learning."

## Trauma-Informed Considerations

* \*\*Safety\*\*: Participants may feel vulnerable stepping into emotionally intense roles. Normalize nervousness and offer permission to pause or modify roles if needed.
* \*\*Choice\*\*: No one should be forced to play a role that feels triggering. Offer alternative roles (observer, note-taker) if someone needs to step back.
* \*\*Collaboration\*\*: Groups should work together to prepare, not compete. Emphasize that everyone is learning together.
* \*\*Empowerment\*\*: Recognize the courage it takes to practice in front of peers. Name it explicitly: "This is brave work."

## Session 05: Session 3.3A Role-Play Round 1

Duration: 5 minutes

# Session 3.3A: Role-Play Round 1 (10:15–11:30 AM)

**Version 1.0 | Core Values Recovery**

## Purpose

This is the heart of Day 3—**live intervention practice**. Two groups will present their intervention scenarios, each receiving 30 minutes of roleplay time plus 15 minutes of structured feedback. The remaining participants observe, take notes, and prepare to offer constructive feedback.

The goal of this session is to create a **safe, structured, and supportive environment** for practicing intervention skills. Participants will learn by doing, by watching, and by reflecting on what worked and what didn't.

## Why This Matters

You cannot learn intervention work from a book. You can only learn by practicing—by stepping into the role, feeling the emotional weight of it, navigating uncertainty in real time, and receiving feedback from peers who see what you cannot see in the moment.

Roleplays are not simulations of real interventions—they are **practice spaces** where mistakes are expected, welcomed, and used as learning opportunities. The feedback participants receive today will shape their practice for years to come.

## Facilitation Guide

**Opening Frame (5 minutes)**

Before the first roleplay begins, set the tone for the session:

"We're about to begin the first round of roleplays. This is the moment you've been preparing for over the past two days. Before we start, I want to remind you of a few things:"

**Three Ground Rules for Roleplays:**

1. \*\*This is practice, not performance.\*\*

* "You are allowed to make mistakes. In fact, you're supposed to make mistakes—that's how we learn. If you feel stuck during the roleplay, you can pause and ask for coaching. There are no perfect interventions."

1. \*\*Stay in character until we call 'scene.'\*\*

* "Once the roleplay begins, commit to your role. Even if something feels awkward or unrealistic, stay with it. We'll debrief afterward."

1. \*\*Feedback is a gift.\*\*

* "We're going to use a structured feedback model that starts with strengths, names what worked, and offers growth opportunities. Feedback is not criticism—it's care. Receive it with openness."

**Roleplay Structure (30 minutes per group)**

Each roleplay follows this structure:

**1. Setup (2 minutes)**

* The group introduces their scenario: who the Pivot Person is, who the family members are, what the family's goal is for the intervention.
* The interventionist briefly explains what intervention mode they are using (structured, collaborative, etc.).

**2. Roleplay (20 minutes)**

* The roleplay begins. Facilitators do \*\*not\*\* interrupt unless:
* Someone is unsafe (emotionally or physically)
* The roleplay has gone completely off track
* Someone breaks character and asks for help
* Facilitators and observers take notes on:
* What the interventionist did well
* Effective moments (what worked)
* Growth opportunities (what could be improved)

**3. Pause for Reflection (3 minutes)**

* After 20 minutes, call "scene."
* Ask the interventionist: \*"How are you feeling? What was that like for you?"\*
* Ask the Pivot Person: \*"What was it like to be on the receiving end of that intervention?"\*
* Ask the family members: \*"What did you notice from your perspective?"\*

**4. Structured Feedback (15 minutes)**

* Use the \*\*Strengths → Effective Moments → Growth Opportunities\*\* model (see below).

**Structured Feedback Model**

Feedback follows this sequence:

**Step 1: The interventionist reflects first (2 minutes)**

Ask the interventionist:

* "What do you think went well?"
* "What felt challenging?"
* "If you could do it again, what would you change?"

This step is critical—it allows the interventionist to process their own experience before receiving feedback from others.

**Step 2: Observers name strengths (3 minutes)**

Invite observers to name **specific strengths** they noticed. Use the prompt:

* "What did the interventionist do well?"

Examples of strengths to name:

* "You started with a clear, compassionate opening that created safety."
* "When the Pivot Person got defensive, you stayed calm and didn't take it personally."
* "You used reflective listening—'What I'm hearing is…'—which helped the Pivot Person feel heard."
* "You managed time well and kept the conversation focused."

Facilitator note: Do not allow vague praise ("You did great!"). Push for specificity: "What exactly did they do that was effective?"

**Step 3: Observers name effective moments (3 minutes)**

Invite observers to name **specific moments that worked**. Use the prompt:

* "What moments landed well? What interventions were particularly effective?"

Examples:

* "When the mother started crying, you paused and acknowledged her emotions before moving on. That was powerful."
* "When the Pivot Person said, 'I don't need help,' you didn't argue—you said, 'I hear you. Let's just listen to what your family has to say.' That was a great reframe."
* "The way you invited the father to speak first—that was strategic. His calm presence set a good tone."

**Step 4: Facilitators and observers offer growth opportunities (5 minutes)**

Now shift to constructive feedback. Use the phrase **"growth opportunities"** instead of "criticism" or "mistakes."

Examples:

* "One thing to consider: your opening was clear, but it felt a little rushed. Slowing down and making eye contact would create more connection."
* "When the Pivot Person interrupted a family member, you let it slide. In a real intervention, you'd want to gently redirect: 'Let's let Mom finish, and then I'll make sure you have time to respond.'"
* "I noticed you used a lot of clinical language—'substance use disorder,' 'treatment plan.' Families don't always connect with that language. Try values-based language instead: 'reconnecting with what matters most to you.'"

Facilitator note: Balance honesty with compassion. The goal is to help the person grow, not to make them feel inadequate.

**Step 5: Close with affirmation (2 minutes)**

End the feedback session by naming the courage it took to step into the role:

"Thank you for your willingness to practice in front of the group. That takes real courage. You gave us all something to learn from."

**Repeat for Second Group**

Follow the same structure for the second group's roleplay.

## Trauma-Informed Considerations

* \*\*Safety\*\*: Roleplays can be emotionally activating, especially for participants with personal history related to addiction or family conflict. Watch for signs of distress and offer the option to step out if needed.
* \*\*Choice\*\*: Participants should not be forced to continue a roleplay if it becomes overwhelming. Allow people to pause and step back.
* \*\*Trustworthiness\*\*: Honor the feedback structure. Do not allow feedback to become harsh or shaming.
* \*\*Collaboration\*\*: Emphasize that everyone is learning together—there are no experts in the room, just practitioners committed to growth.
* \*\*Empowerment\*\*: Name strengths explicitly and often. People learn best when they know what they are doing well, not just what needs improvement.

**Observation Notes for Participants**

While observing roleplays, participants should take notes using the workbook prompts:

**Scenario 1:**

* What the interventionist did well
* Effective moments (what worked)
* Growth opportunities (constructive feedback)

**Scenario 2:**

* What the interventionist did well
* Effective moments (what worked)
* Growth opportunities (constructive feedback)

These notes will inform group feedback and help participants internalize what effective intervention looks like.

**BREAK (11:30–11:45 AM — 15 minutes)**

After the intensity of two roleplays, participants need a reset. Encourage people to:

* Step outside for fresh air
* Stretch and move their bodies
* Hydrate and snack
* Decompress emotionally

Facilitator note: Check in with anyone who seemed distressed during the roleplays.

## Session 06: Session 3.3B Role-Play Round 2

Duration: 3 minutes

# Session 3.3B: Role-Play Round 2 (11:45 AM–12:45 PM)

**Version 1.0 | Core Values Recovery**

## Purpose

The second round of roleplays continues the practice and feedback cycle. Depending on group size, this session may include 1–2 additional scenarios. The focus shifts slightly from individual performance to **pattern recognition**—noticing what strategies work across multiple scenarios and what common challenges emerge.

## Facilitation Guide

**Opening (3 minutes)**

"We've seen two powerful roleplays this morning. Now we're going to continue with additional scenarios. As you observe this round, I want you to start noticing patterns: What strategies seem to work across different scenarios? What challenges keep coming up?"

**Roleplay Structure (Same as Round 1)**

Follow the same structure as Session 3.3A:

* Setup (2 minutes)
* Roleplay (20 minutes)
* Pause for reflection (3 minutes)
* Structured feedback (15 minutes)

If time allows, facilitate a second roleplay using the same structure.

**Integration Discussion (15 minutes)**

After the final roleplay, facilitate a brief integration discussion:

**Prompt 1: Patterns Across Scenarios**

"What patterns are you noticing across all the roleplays? What strategies seem to work consistently?"

Examples participants might name:

* Slowing down the opening creates safety
* Reflecting emotions back to speakers helps them feel heard
* Staying calm when the Pivot Person gets defensive prevents escalation
* Using values-based language (connection, care, hope) is more effective than clinical language

**Prompt 2: Common Challenges**

"What challenges keep coming up? What seems hardest for interventionists to navigate?"

Examples participants might name:

* Managing time—knowing when to let someone speak longer and when to move on
* Handling resistance without becoming defensive
* Staying present when emotions run high
* Balancing compassion with structure

**Prompt 3: Personal Insights**

"What's something you learned about yourself by observing or participating in these roleplays?"

Allow a few participants to share. Close with:

"You've done incredible work this morning. Let's take a lunch break, and we'll come back this afternoon to process what came up."

**Personal Roleplay Reflection (In Workbook)**

Participants who facilitated or played roles during the session should complete the following reflection prompts during lunch or later in the afternoon:

* \*\*My role in the simulation:\*\* (e.g., Interventionist, Pivot Person, family member)
* \*\*What felt most challenging:\*\* (Difficult moments, uncertainties)
* \*\*What surprised me:\*\* (Insights or breakthroughs)
* \*\*Feedback I received from observers:\*\* (Constructive feedback from the group)
* \*\*Key takeaway from all simulations:\*\* (What I'm taking forward from this practice)

**LUNCH BREAK (12:45–1:45 PM — 60 minutes)**

Participants need extended time to eat, decompress, and process the emotional intensity of the morning. Encourage self-care during lunch—people should not feel obligated to debrief or discuss the roleplays unless they want to.

## Session 3.4: Trauma-Informed Debrief

Duration: 5 minutes

# Session 3.4: Trauma-Informed Debrief (1:45–2:45 PM)

**Version 1.0 | Core Values Recovery**

## Purpose

The afternoon begins with a **trauma-informed debrief**—a structured process for helping participants process the emotional and psychological impact of the morning's roleplays. This session is not about feedback or analysis—it is about **emotional integration, self-care, and making meaning** of what came up.

Intervention work is emotionally demanding. Participants may have experienced activation, triggers, or personal connections to the scenarios. The debrief creates space to acknowledge these responses, normalize them, and develop self-care strategies for managing the emotional weight of this work.

## Why This Matters

Without proper debriefing, participants may carry unprocessed emotions into future work—leading to burnout, compassion fatigue, or secondary trauma. Trauma-informed debriefing teaches participants **how to care for themselves** so they can sustainably care for others.

This session also reinforces the principle that **self-awareness is a professional competency**. Effective interventionists know their triggers, manage their emotions, and seek support when needed.

## Facilitation Guide

**Opening Frame (5 minutes)**

Begin with a grounding exercise:

"This morning was intense. You stepped into emotionally challenging roles, witnessed difficult family dynamics, and practiced skills that felt unfamiliar. Before we move forward, we need to pause and process what came up. This is not optional—it's essential. If we don't process the emotional weight of this work, we carry it with us, and it becomes a burden."

Lead a brief grounding practice:

* "Close your eyes and take three deep breaths."
* "Notice where you are. Notice that you are safe."
* "Notice any emotions or sensations in your body—tightness, tension, sadness, fatigue. Just notice, without judgment."
* "Take one more deep breath and open your eyes when you're ready."

**TiPS Framework: Processing the Roleplay Experience (30 minutes)**

Introduce the **TiPS framework (Trauma-informed Practice Strategies)** for processing intense experiences:

**T — Feelings and reactions that came up**

**i — Connections to my own story**

**P — Self-care plan**

**S — When to seek support**

Guide participants through each component:

**1. What feelings or reactions came up for me (10 minutes)**

Ask participants to reflect individually:

"What emotions or reactions came up during the roleplays? This could be during your own roleplay or while observing others. There are no wrong answers."

Examples to normalize:

* Sadness or grief (recognizing the pain families experience)
* Anger or frustration (at the Pivot Person, at enabling family members)
* Anxiety or overwhelm (feeling the weight of responsibility)
* Disconnection or numbness (a trauma response to emotional intensity)
* Joy or hope (witnessing connection and vulnerability)

After individual reflection, invite a few participants to share aloud. Use prompts:

* "Who's willing to name one emotion that came up for you today?"
* "What body sensations did you notice? Tightness? Tears? Fatigue?"

Facilitator note: Do not force anyone to share. Create space, then honor silence.

**2. Connections to my own story (10 minutes)**

"Sometimes, intervention work touches our own stories—our own experiences with addiction, family conflict, or loss. If anything in today's roleplays resonated with your personal experience, take a moment to name it."

Examples:

* "The Pivot Person's resistance reminded me of my own resistance when my family tried to help me."
* "The mother's grief brought up my own feelings about losing someone to addiction."
* "I noticed myself getting defensive when the family member used shaming language—because I've been on the receiving end of that."

Emphasize:

"These connections are not weaknesses—they are part of what makes you effective as an interventionist. Your lived experience is an asset. But we have to be aware of when our own story is influencing our reactions so it doesn't cloud our judgment."

After individual reflection, invite a few participants to share if they feel comfortable.

**3. How I'll care for myself after intense practice (5 minutes)**

"Intervention work takes a toll. If you don't care for yourself, you will burn out. Self-care is not optional—it is a professional responsibility."

Ask participants to write down at least **three self-care strategies** they will use today and in future intervention work. Examples:

* Physical: exercise, sleep, nutrition, movement
* Emotional: talking to a friend, journaling, therapy, peer support
* Spiritual: meditation, prayer, time in nature, creative expression
* Professional: supervision, consultation, peer debriefing

**4. When I'll seek consultation or supervision (5 minutes)**

"You will not be able to handle every intervention alone. Knowing when to seek support is a sign of competence, not weakness."

Ask participants to reflect:

"What red flags would tell you that you need consultation or supervision?"

Examples to name:

* A case that triggers your own trauma or strong emotional reactions
* A Pivot Person who is suicidal or at immediate risk of harm
* Family dynamics that feel unsafe or abusive
* Uncertainty about your role or scope of practice
* Feeling overwhelmed, burned out, or emotionally depleted

Emphasize:

"If you don't know what to do, you ask. If you feel out of your depth, you ask. If something feels ethically murky, you ask. That's what the 40-week mentorship is for—so you never have to figure this out alone."

**Trauma-Informed Interventionist Practice (15 minutes)**

Transition from personal processing to professional application:

"Now that we've processed our own responses, let's talk about how we apply trauma-informed care in real intervention settings."

**Discussion Prompt 1: Signs of trauma I might see in intervention work**

Ask participants:

"What signs of trauma might you see when working with families?"

Examples to name:

* \*\*In Pivot Persons\*\*: defensiveness, dissociation, emotional shutdown, hypervigilance, self-blame
* \*\*In family members\*\*: anger, enabling behaviors, emotional flooding, caretaking, avoidance
* \*\*In the system\*\*: triangulation (two people talking about a third), scapegoating, rigid roles, lack of boundaries

**Discussion Prompt 2: How I'll create safety in intervention settings**

Ask participants:

"How will you create safety during interventions?"

Examples to name:

* \*\*Language\*\*: Use invitational language ("Would you be willing to…") rather than commands
* \*\*Pacing\*\*: Slow down. Pause between speakers. Allow silence.
* \*\*Choice\*\*: Remind the Pivot Person they can take breaks, ask questions, or stop the intervention if needed
* \*\*Control\*\*: Give the Pivot Person as much control as possible over the process (where they sit, who speaks first, etc.)
* \*\*Transparency\*\*: Explain what will happen, who will be there, and what the family is hoping for

**Discussion Prompt 3: When I'll seek consultation or supervision**

Reinforce the earlier reflection by asking:

"What situations would make you reach out for consultation or supervision?"

Examples:

* Complex cases involving co-occurring disorders (mental health + substance use)
* Cases involving domestic violence, child abuse, or other safety concerns
* Cases where you feel personally triggered or emotionally reactive
* Cases where the family has unrealistic expectations (e.g., "We want you to force them into treatment")

Close the section:

"Trauma-informed intervention is not about having all the answers. It's about creating conditions where healing becomes possible—and knowing when you need support to do that well."

## Trauma-Informed Considerations

* \*\*Safety\*\*: This session may bring up difficult emotions. Have tissues available, normalize tears, and offer permission to step out if needed.
* \*\*Choice\*\*: Participants should not be required to share personal connections to the work. Honor privacy.
* \*\*Trustworthiness\*\*: Model the self-care and boundary-setting you are teaching. If you as a facilitator are exhausted, name it: "I need to take a short break before we continue."
* \*\*Collaboration\*\*: Emphasize that everyone in the room is learning together—facilitators included.
* \*\*Empowerment\*\*: Reinforce that self-awareness is a strength, not a weakness. Knowing your limits is part of being a competent interventionist.

**BREAK (2:45–3:05 PM — 20 minutes)**

This is an extended break after emotionally heavy content. Encourage participants to:

* Step outside
* Move their bodies
* Call a friend or support person if needed
* Rest

## Session 3.5: Mentorship Program Overview

Duration: 5 minutes

# Session 3.5: Mentorship Program Overview (3:05–3:35 PM)

**Version 1.0 | Core Values Recovery**

## Purpose

The 3-day training is just the beginning. To become a certified **Core Values Interventionist**, participants will complete a **40-week mentorship program** that includes ongoing supervision, case consultation, and accountability. This session provides a detailed overview of the mentorship structure, expectations, and next steps.

## Why This Matters

Intervention work is complex, high-stakes, and emotionally demanding. No one becomes a competent interventionist after three days of training. The mentorship program provides the **structure, support, and accountability** necessary for participants to develop their skills, build confidence, and practice ethically.

This session also serves as a **commitment checkpoint**. Participants need to understand what they are committing to and assess whether they have the time, resources, and readiness to complete the mentorship.

## Facilitation Guide

**Opening (5 minutes)**

Begin by acknowledging the transition from training to practice:

"You've completed three days of intensive learning and practice. You've built awareness, learned coordination skills, and practiced intervention facilitation. But this is just the beginning. To become a certified Core Values Interventionist, you'll participate in a 40-week mentorship program that provides ongoing supervision and support as you build your practice."

**40-Week Mentorship Structure (15 minutes)**

Present the mentorship structure using the three-phase model:

**Phase 1: Foundation Building (Weeks 1–12)**

**Focus**: Learning by observation and supervised practice

**Activities**:

* \*\*Weekly supervision calls\*\* (30 minutes) with your Core Values mentor
* \*\*Case observation\*\*: Shadow experienced interventionists during live interventions
* \*\*Skill development\*\*: Practice specific skills (opening scripts, managing resistance, family communication)
* \*\*Documentation\*\*: Maintain a learning journal and case notes

**Outcomes**: By the end of Phase 1, participants should be able to:

* Articulate the Core Values model to families
* Facilitate a basic family meeting with supervision
* Recognize when they need support or consultation

**Phase 2: Guided Practice (Weeks 13–28)**

**Focus**: Co-facilitated interventions and case consultation

**Activities**:

* \*\*Bi-weekly supervision calls\*\* (45 minutes)
* \*\*Co-facilitated interventions\*\*: Lead interventions with mentor support
* \*\*Case consultation\*\*: Bring your own cases for group and individual review
* \*\*Peer learning\*\*: Participate in monthly peer cohort meetings

**Outcomes**: By the end of Phase 2, participants should be able to:

* Lead structured and collaborative interventions with mentor backup
* Navigate common challenges (resistance, family conflict, ambivalence)
* Coordinate care teams effectively

**Phase 3: Independent Practice (Weeks 29–40)**

**Focus**: Independent facilitation with supervision and final case review

**Activities**:

* \*\*Monthly supervision calls\*\* (60 minutes)
* \*\*Lead interventions independently\*\* with supervisor available for consultation
* \*\*Final case review\*\*: Present 10 documented intervention cases for certification review
* \*\*Continuing education\*\*: Participate in Core Values advanced training modules

**Outcomes**: By the end of Phase 3, participants should be able to:

* Independently facilitate family interventions across multiple modes
* Navigate ethical dilemmas with confidence and accountability
* Demonstrate competency across all Core Values Interventionist learning objectives

**Mentorship Expectations & Commitment (10 minutes)**

Clarify what participants are committing to:

**Time Commitment:**

* \*\*Weeks 1–12\*\*: 2–3 hours per week (supervision + observation + documentation)
* \*\*Weeks 13–28\*\*: 3–5 hours per week (supervision + co-facilitation + consultation)
* \*\*Weeks 29–40\*\*: 2–4 hours per week (supervision + independent practice + documentation)

**Financial Commitment:**

* Mentorship fees (if applicable—clarify based on program structure)
* Continuing education and advanced training costs

**Professional Commitment:**

* Maintain ethical standards and Core Values Code of Ethics
* Complete all required documentation and case reviews
* Participate actively in supervision and peer learning

**Personal Commitment:**

* Self-care and boundary management
* Ongoing learning and skill development
* Accountability to clients, families, and the Core Values community

**Reflection: Preparing for Mentorship (5 minutes)**

Guide participants through the workbook reflection prompts:

1. \*\*My availability for mentorship (weekly commitment):\*\*

* "What days and times can you commit to supervision calls and practice?"

1. \*\*Learning goals for mentorship:\*\*

* "What do you want to develop during the 40 weeks?"

1. \*\*Questions about mentorship program:\*\*

* "What clarifications do you need?"

1. \*\*Support I'll need to complete mentorship:\*\*

* "What resources, accountability, or support will help you succeed?"

After individual reflection, invite a few participants to share their learning goals or questions aloud.

**Closing the Session (2 minutes)**

"The mentorship program is designed to support you—not to overwhelm you. You will not be alone in this work. You will have a mentor, a peer cohort, and access to resources. The goal is to help you build a sustainable, ethical, and effective intervention practice—one case at a time."

## Trauma-Informed Considerations

* \*\*Choice\*\*: Participants should not feel pressured to commit to mentorship if they are not ready. Normalize the decision to wait or pursue other pathways.
* \*\*Transparency\*\*: Be clear about time, financial, and professional commitments. No surprises.
* \*\*Empowerment\*\*: Frame mentorship as an investment in their professional growth, not a requirement they "have to" complete.

## Session 3.6: Integration and Closing Ceremony

Duration: 20 minutes

# Session 3.6: Integration & Closing Ceremony (3:35–4:45 PM)

**Version 1.0 | Core Values Recovery**

## Purpose

The final session of the training is about **integration, closure, and celebration**. Participants will synthesize their learning from the full 3-day experience, articulate their commitments to the work, and participate in a ceremonial closing that honors the journey they've taken together.

This session is designed to be reflective, emotional, and inspiring—sending participants into the world with clarity, confidence, and connection.

## Why This Matters

Endings matter. How we close a learning experience shapes what participants carry forward. The closing ceremony provides:

* \*\*Closure\*\*: A clear transition from training to practice
* \*\*Integration\*\*: Space to make meaning of the full 3-day experience
* \*\*Commitment\*\*: An opportunity to name intentions and accountability
* \*\*Celebration\*\*: Recognition of the courage, growth, and effort participants have shown
* \*\*Connection\*\*: A reminder that they are part of a community of practitioners

## Facilitation Guide

**Part 1: Letter to My Future Self (20 minutes)**

**Opening (3 minutes)**

"You've spent three days learning, practicing, reflecting, and growing. You've built awareness of systems, learned how to coordinate care, and practiced intervention facilitation. Now, we're going to take time to integrate what you've learned by writing a letter to your future self."

Explain the purpose:

"Six months from now, you'll be midway through your mentorship. You'll have facilitated interventions, encountered challenges, and grown in ways you can't yet imagine. This letter is a way to remind your future self what you learned here—what mattered, what you committed to, and what you hope to become."

**Reflection Prompts (15 minutes)**

Guide participants through the workbook prompts:

**1. Dear Future Me,**

"Write to yourself six months from now. What do you want to remember from these 3 days? What commitments are you making? What hopes do you have for your development as an interventionist?"

Examples to spark reflection:

* "I hope you remember that intervention is about connection, not control."
* "I hope you've been kind to yourself when things didn't go as planned."
* "I hope you've stayed curious and asked for help when you needed it."
* "I hope you're still honoring the trust families place in you."

**2. Signed,**

**3. Today's date:**

Encourage participants to write from the heart—this is for them, not for anyone else.

Optional: Facilitators can collect these letters, seal them in envelopes, and mail them to participants at the 6-month mark as a surprise reminder.

**Part 2: Circle Closing Reflections (30 minutes)**

**Transition (2 minutes)**

"Now we're going to come together as a group for a closing circle. This is a time to share what you're taking with you, to name your commitments, and to express gratitude."

Arrange chairs in a circle if possible. This physical arrangement reinforces connection and equality.

**Round 1: What I'm taking with me (10 minutes)**

Invite each participant to share one thing they are taking with them from the training. Use the prompt:

"What is one skill, insight, or connection you're taking forward?"

Go around the circle. Everyone shares briefly (1–2 minutes each).

Examples participants might name:

* "I'm taking the reminder that I don't have to have all the answers."
* "I'm taking the opening script I practiced today—I'll use that in my first intervention."
* "I'm taking the connection I feel with this group—it's powerful to not be alone in this work."

Facilitator note: Do not allow anyone to skip their turn. Gentle encouragement: "Take your time. What's one thing—even small—that shifted for you?"

**MICRO-BREAK (5 minutes — ~4:15 PM)**

"Let's take a 5-minute break to stand, stretch, and reset before we continue."

**Round 2: My commitment to the families I'll serve (10 minutes)**

Invite each participant to share their commitment. Use the prompt:

"How will you show up as an interventionist? What promise are you making to the families you'll serve?"

Examples:

* "I commit to showing up with humility, knowing that I don't have all the answers."
* "I commit to creating safety in every intervention—no coercion, only invitation."
* "I commit to ongoing learning and seeking supervision when I need it."
* "I commit to honoring the dignity of every person I serve, even when they say no."

Go around the circle. Everyone shares briefly.

**Round 3: Gratitude (8 minutes)**

Close the circle with gratitude. Invite each participant to express appreciation—for the group, for the facilitators, for the experience.

Examples:

* "I'm grateful for the vulnerability everyone brought to the roleplays—I learned so much from watching you."
* "I'm grateful for the facilitators' patience and wisdom."
* "I'm grateful for the reminder that I'm not alone in this work."

Go around the circle. Everyone shares briefly.

**Part 3: Ceremonial Closing (10 minutes)**

**Transition (2 minutes)**

"You've completed the Core Values Interventionist Training. You've learned the philosophy, practiced the skills, and built the foundation for your work as a guide for families in crisis. This is not the end—it's the beginning."

**Certificate Distribution (3 minutes)**

Distribute **Certificates of Completion** to each participant. Call each person by name and invite them to stand as they receive their certificate.

Optional: Take a group photo with certificates.

**Closing Blessing or Affirmation (5 minutes)**

Offer a closing blessing or affirmation that honors the work participants are stepping into:

"May you intervene with compassion, guide with humility, and trust the process of connection. May you see systems, not symptoms. May you invite rather than coerce. May you coordinate care ethically and serve families with integrity. May you remember that intervention is not about perfection—it is about presence, courage, and care."

Pause.

"You are ready. Not because you know everything, but because you are committed to learning. Welcome to the work."

**Final Goodbyes & Logistics (4:45–5:00 PM)**

**Logistics (10 minutes)**

Provide final reminders and next steps:

1. \*\*Certificates\*\*: Ensure everyone has received their certificate
2. \*\*Contact Exchange\*\*: Encourage participants to exchange contact information with cohort members
3. \*\*Next Steps\*\*: Explain how mentorship enrollment works and when first calls will be scheduled
4. \*\*Resources\*\*: Provide access information for:

* Digital workbook download
* Core Values tools reference
* Mentorship program materials
* Community platform (if applicable)

**Workbook Reflection: Action Items (5 minutes)**

Before participants leave, ask them to complete the final workbook prompt:

"What are your action items before your first mentorship call?"

Examples:

* Schedule first supervision call with mentor
* Review intervention case studies from training
* Prepare first case for consultation
* Set up self-care routines

**Final Goodbye (2 minutes)**

"Thank you for your commitment, your vulnerability, and your courage. You are part of the Core Values community now. You are not alone. Go forth and serve families with compassion and care."

Close with applause, hugs, or whatever feels appropriate for the group culture.