

# Questions Asked During Live Webinar Broadcast on 1/24/2018

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## *Brief Intervention: Process and Techniques*

Presenter: Rebecca Bullion

### **Do you have a good example of a no harm disclosure?**

A: Here is a great article that gives some facts and thoughts about a No Harm and Hold Harmless Disclosure.  
<http://www.cpsso.on.ca/cpsso/media/uploadedfiles/policies/policies/policyitems/disclosure.pdf>

### **What are some specific techniques you would use to move IP from Pre-Contemp. to Contemp. or Contemp. to Planning, or Planning to Action, etc.?**

A: Specific techniques that would help move a client from pre-contemplative to contemplative in intervention is the use of the power of the group. It is powerful. The interventionist can also employ the good relationship held between the IP and any one or two members of the team to talk and help convince privately or opening during the intervention.

### **Is there research that shows whether Brief or Full Interventions have higher outcomes getting people into treatment and completing treatment?**

A: It seems that most counselors and intake workers that work in call centers are doing a great job at using Brief Intervention techniques. There is no formal study done with which I am familiar.

### **What factors do you consider when determining if patient will be going to social model recovery, behavioral model recovery program, etc.?**

A: I almost always follow a 12 Step /Disease Model/ Minnesota Model for alcohols and drugs addicts. I do not like to guide anyone toward an idea of controlled use or a harm reduction model. All components of a 12 Step model should be utilized, that is, meetings, sponsorships and fellowship, reading literature, prayer.

### **Can you give more information about crisis contingency planning?**

A: Crisis contingency planning comes from a full history taken by the interventionist and understanding the level of risk by the past attempts, gestures, talk about SI or HI from the IP as well as current risks and red flags.

### **How many family members are usually present during an intervention?**

A: I usually want no more than 8. This just gets too big but the culture of the family also needs to come into consideration. Is it a large family or a smaller one? Would having a lot of people be more beneficial or no? It's not one size fits all. We need to remain flexible and resourceful.