Sample Intervention Plan

Overview:

This is an actual intervention plan with names and details changed to shield identities. For us, it worked - we peacefully and uneventfully got our mentally ill relative into the hospital for treatment.

This plan is provided as an example. Your situation will require different strategies and details, but we strongly feel that your plan should incorporate:

- Family involvement & education
- Plan for every possible contingency (good & bad)
- List contact information for every person, agency, and doctor that could be involved.
- Include pictures and a physical description of your ill relative, in case they disappear and the police have to look for them. Include childhood fingerprint/footprint cards if you have them.
- Keep electronic copies of the documents on your computer (so you can quickly print them out and give them to doctor, police, and social workers).

This plan incorporates forms, advice, & information adapted from the following book:

- **How to Live With a Mentally Ill Person: A Handbook of Day-to-Day Strategies,** Christine Adamec, John Wiley & Sons, May 1, 1996; ISBN 0471114197, ($14.95 Paperback Edition)

Would We Do Intervention Again…?

In retrospect, our plan worked, but we've always regretted having to coerce our relative into getting treatment. Should things get bad, we will probably try different communications methods before resorting to coercion again. An excellent starting point is the LEAP (Listen, Empathize, Agree Partnership) strategy described in the following book:

- **"I'm Not Sick and I Don't Need Help!", Helping the Seriously Mentally Ill Accept Treatment, A Practical Guide for Families and Therapists,** Xavier Amador, Ph.D. with Anna-Lisa Johanson, Vida Press, June 2000, ISBN 0967718902 ($17.95 Paperback Edition)

Table of Contents

1. Overview

This document describes a plan to force Bill to get medical and psychiatric help for schizophrenia.

At this writing Bill is unemployed, having quit his job of 5 years last May. He stays at our parent's home all day, and does nothing but smoke cigarettes and watch TV. His only times outside the home are occasional walks, during which he talks to himself and makes angry comments about the people spying on him.

His schizophrenia has gotten worse since he quit his job (the muttering during his walks has developed over the last few months). He has stopped looking for a job, and has cancelled all medical appointments. Each of us separately has tried to talk with him about seeing his doctors, but with no luck. He will not listen to anyone, and insists that he is fine, and that there is no problem.

His condition is weighing heavily on the family. He is often angry, though he is not violent. He does not help out around the house or contribute financially to utilities or food. We do not know:

- Whether he is taking his medication
- Whether he still has health insurance.
- the state of his finances

We are afraid that Bill will eventually do something that will endanger his health or our parent's safety. Our fears include:

- Violence
- Suicide
- Financial crisis if Bill gets seriously ill and does not have health insurance.
- Our parent's health deteriorating under the strain of dealing with Bill
- The long-term financial and emotional burden of supporting Bill

Our only leverage is that Bill depends on us for room and board. From now on we will make that free room and board available only when Bill sees his doctors and takes his medicine regularly. Any deviation or backsliding means that he must live elsewhere, and that he will not have a key to the house.

Our hope that this will force him to get better. Our fear is that it could backfire, and that in his anger he would run away, eventually run out of money, and end up on the streets. Or end up dead.

The following pages describe the plan. It will involve the immediate family (parents, brothers, sisters), Bill's psychiatrist Dr. Jones, and possibly psychiatric crisis workers and the local police. The plan attempts to describe the possible situations that can develop in forcing Bill to get help, and how each of us can help deal with these situations.

2. The Intervention Plan

2.1 Script for Tuesday, October 5

The target day is Tuesday, October 5, 1997.

All of the brothers and sisters will meet at the mall parking lot at 9:00 AM, then proceed to the house.

We will enter the house, and, with our parents, we will ask Bill to come to the living room.

Each of us will tell Bill something like the following: (and each of us must emphasize that this is a decision by his brothers and sisters, so that he doesn't blame our parents). Please keep it short & sweet, so that we don't overload him.

You are not well. You are not behaving normally, and you haven't held a job since February of last year. Your behavior - and your financial situation - have gotten worse since then. We are afraid that you are going to get worse, and that you will not have the money to pay for medical treatment and medicines.

We believe you when you say that you are taking your medications. Unfortunately, the medicine doesn't seem to be working. You are acting the same way you did before you started taking these medicines.

We think that something is happening in your body to make those medicines not work. And we think that you can't hold a job because the medicines are not working.

We love you, we've supported you since you quit your job, and we want you to get better. The way to get better is to check into the hospital so that you can get a complete checkup, and to talk with your doctors about how you are feeling.

If you go to the hospital and stay there until the doctors say that you are better, then and get better, then you are welcome to stay at the house for as long as you wish – ***provided that you continue to see your doctors and take your medicines.***

If you don't want to do this, then we must do something that will deeply hurt us and make you very angry with us. We will immediately change the locks, and we will ask you to leave the house and go to a motel until you find a new place to live. We will give you enough money to pay for a motel room for two weeks, and will give you money for food. After that you must pay for your own housing and food.

We know that you will be very angry with us regardless of your decision, but we are doing this very difficult thing because we love you and want you to get better.

2.2 Contingency #1 - Bill Gets Mad & Goes to His Room, or else Walks Out of The House

- If Bill gets mad and goes to his room to sulk, then

  ➔We give him an hour to cool down.

  ➔After that hour, we ask him what his decision will be.

  ➔If he refuses to leave his room, then we call the police to have him removed (see Contingency #3)

- If Bill walks out of the house before/after we finish talking with him…

  ➔If he leaves for a walk, then we note the time he left and the direction he's going

  ➔If he takes his car, then we note the time he left and the direction he's going, and whether he is driving angry

  ➔We wait until he comes back, then ask him about his decision

  ➔If he doesn't come back after two hours, then we ask the police to look for him, and we go looking for him. Our parents will go with us, while two of the brothers/sisters stay at the house to wait for the locksmith.

  ➔We still change the locks on the house

2.3 Contingency #2 - Bill goes to the hospital voluntarily

- We help him pack

- We still change the locks on the house.

- We notify Dr. Jones that Bill is coming in for treatment - he will notify the triage nurse and on-call doctor that Bill is coming in for evaluation. Dr. Jones will be around until 5 or 6PM on Friday.

At the Emergency Room we tell the staff that Bill is coming in for a psychiatric evaluation, at the recommendation of his outpatient psychiatrist Dr. Jones. We also ask if we could wait in the room set aside for psychiatric evaluation. They will perform a preliminary physical, and another physical would be performed when he was admitted as an inpatient in the psychiatric unit.

(Ask that they call us immediately if Bill checks himself out early).

- We give the evaluating doctor a written summary of:
  *Bill's behavior since he started living at home.
  *Details of how he quit his job
  *Examples of things he has said and done
  *Our observations on his behavior

- If Bill is calm, we ask Bill to sign a waver that allows us to:
  *Discuss Bill's medical condition with his doctors
  *Get access to results of his medical tests.
  *Find out the dates for his medical appointments.
  *Find out if he showed up for appointments.
  *Find out if he picked up his medicines.

- ***We ask the doctors to notify us if Bill checks out early (we give them our phone #s).***

- We ask the doctors the following questions:
  *Can blood (or other tests) indicate whether he has been taking medication?
  *Could other physical conditions (thyroid, blood sugar problems) cause or intensify these problems?
  *Ask if Bill has had a recent general physical exam.

2.4 Contingency #3 - Bill Goes To The Motel

- We help him move his clothes, belongings, and cookware to the hotel.
- We change the locks on the house.
- We give him envelopes with cash for the motel room and food.
- We remind him that if he tries to get back into the house, we will call the police.
- Our parents have their mail temporarily held at the Post Office.
- Each of us calls Bill daily to see how he is doing.
- Our parents stop over several times/week to drop off his mail, and, if they feel comfortable with his behavior, invite him to lunch in a public place.
- We ask our neighbors to contact us if Bill is seen around the house.
- If it looks like Bill is no longer staying at the motel:
  *Motel management haven't seen him
  *His car isn't at the motel at night
  *He doesn't answer his telephone.

Then we ask the police to locate him, and we give them copies of this document.

2.5 Contingency #4 - Bill Refuses to Leave the House

- On the day before "D-Day", we will call the local police, and describe our plans for Friday morning.

- If Bill refuses to leave the house, then we must call the local police to have him removed from the house. The town officers have been trained to handle psychiatric emergencies.

- Our parents will have their passports, driver's licenses, and property tax bills to prove that they are the house owners, in case Bill says that HE's the owner.

- When the police arrive, we will brief them on the situation:
  - ➔We tell them Bill's location within the house.
  - ➔Bill is a schizophrenic who hasn't been taking his medicine.
  - ➔Bill has been having delusions (i.e. people spying on him and reading his thoughts)
  - ➔Bill is often angry.
  - ➔Bill is not a violent person, and has never struck or hurt anyone.
  - ➔Bill does not have any guns or knives.

- We will talk with the officer about how we can legally keep Bill from re-entering the house.

- If during the eviction Bill gets violent, is clearly delusional, or threatens harm to himself or us, then we will encourage the police to take him to the hospital for evaluation. (Under state law, he can be held for 72 hours if he is deemed a threat to himself or others). We will also see if the police could transport Bill to the hospital via an ambulance, rather than a police car.

2.6 Contingency #5 - Bill Threatens Us or Threatens to Harm Himself

If Bill becomes physically violent, then we leave the house and call 911 to summon the police. (Our parents must make sure that their cell phone is charged, ready, and in their possession).

Once the police arrive, we will describe the situation to them and let them handle it. They will decide on whether to summon a psychiatric emergency worker to the scene. We must recommend that he be taken to the hospital that has his medical records & doctors.

After the police have gotten Bill under control, we will encourage them to summon an ambulance to take Bill to the emergency room, rather than go there in a police car. The psychiatric worker will help us fill out a form XYZ authorizing the first phase of involuntary commitment. Under this order Bill can be held for up to YYY days for evaluation.

After this time, if the doctors feel that Bill should remain for treatment and he is found uncooperative about voluntary commitment and a potential danger to himself or others, then a judge must rule on a schedule YZX form, which would authorize involuntary hospitalization for another TBD days.

If Bill is violent or threatens to harm us, then we must also notify people who could be targets of that anger, which include:

- Dr. Jones
- Bill's former co-workers
- Bill's friends

Any additional documentation that could help establish a disturbed state of mind?

2.7 Contingency #6 - Bill Leaves the House, but he doesn't go the motel, and we lose all contact with him

- If it looks like Bill is no longer staying at the motel:
  *Motel management haven't seen him
  *His car isn't at the motel at night
  *He doesn't answer his telephone.

Then we ask the police to locate him.

2.8 Contingency #7 - Bill drives up to a brother's/sister's house while we are still down home.

- Our spouses and our children will not let Bill into the house, and they will call 911.
- The affected brother/sister will return home.
- The others will stay with our parents.
- Our parents will call the local police, in case Bill returns.

3. While He Is In The Hospital

While he is in the hospital, it is important that we maintain contact with him so that he doesn't think that we've abandoned him.

- At least one brother/sister will call him each day. (We will make up a schedule to make sure this happens)

- Mom & Dad will go up to visit him each day, along with any brothers & sisters that can go along. If he is doing well & is not delusional or angry, then we will allow the nephews and nieces to go along as well.

- After each visit and phone call, we will write down our observations & FAX them to his doctor. (We will also keep copies in a separate notebook). While his doctor legally cannot discuss Bill's condition with us, the law does not prevent him from listening to our comments & opinions.

We are the experts on Bill, and our input is crucial to effective treatment!

4. Coming Home From The Hospital

As a family, we will all go to the hospital together to pick up Bill. The brothers and sisters will go up to the ward for the exit meeting with the doctors, while the Mom & Dad will stay in the hospital lobby & watch the kids.

Note: beforehand, we must explain to the kids why their uncle is in the hospital. It should be made matter-of-fact, and treated like any other illness that requires hospitalization.

During the exit meeting with Bill and his doctors, we will review his medications & the doctor's recommendations. We will re-iterate to Bill that we love him, and that he is welcome to live at home so long as he stays on his meds, and avoids such behaviors as talking to himself while sitting with the family.

Once we leave the ward, we will go down to the hospital lobby & rejoin everyone. It is important that everyone talks to Bill and expresses their joy that he is well enough to leave the hospital.

When we get home, we will have a pizza, cake, and ice-cream party to celebrate his return. We will try to keep it brief, since he will probably be tired from the medicines and we don't want to overwhelm him.

The kids should be encouraged to play with their uncle - but they should be told beforehand that their uncle is still getting better & the medicines make him tired, and thus may not be able to play with them for very long.

5. Thank-You's To Everyone Involved

After everyone is recovered from the stress of the situation, we should all send thank-you cards to the people who were caring for Bill. It's the least they deserve for helping him get better.

6. Long-Term Consequences of the Intervention

Regardless of whether Bill gets better, he will be very angry with us. He may not talk with us again, he may not trust us again, he may not love us again. This may be especially difficult for his brothers and sisters. Bill may also reject his nieces and nephews, which could be very painful to those little children.

As a result, this action could be the most difficult thing we've ever done as a family. We have to remind ourselves that we are doing this for the love of Bill, and wanting him to get better.

If Bill is committed for an extended period of time:

- Do we have access to his patient records?
- Can we set up guardianship on finances? (representative payee?)
- Can we get him on SSDI?

Long-Term Issues That The Family Must Discuss;

- If Bill can't work and on SSDI, how is his medical insurance handled?
- What happens when COBRA runs out?
- How should we arrange our estates so that Bill is cared for after we are gone?

7. Description of Bill's Mental Condition

Bill is schizophrenic. He was formally diagnosed in 1994 and started taking medication at that time. However, we suspect that he has showed symptoms back in 1989 (when he was 15 years old). Co-workers indicate that he started to get noticeably worse when his grandmother died in 1997.

Since the initial diagnosis he has controlled the schizophrenia with daily oral doses of anti-psychotic medicine.

However, he got progressively worse after moving in with his girlfriend, who didn't like the medicine's side-effects (fatigue and weight gain), and she encouraged him to try homeopathic medicines instead.

Bill got progressively worse during this relationship, resulting in some psychiatric emergencies that required hospitalization. The last major emergency (that the family knows of, anyway), was about two years ago in February 2000. While at work, he was convinced that someone was going to hurt him, and he locked himself into a storeroom.

In July 2001 Bill left his girfriend and moved back in with his parents.

In spite of this, Bill managed to hold a job until last year, though co-workers indicate that he consistently thought they were talking about him, or that he heard non-existent voices coming from the radio. In October 2001, he called up his employer and told them that he was resigning.

At the time he quit, all family members tried to convince him to go back, or at least arrange for a medical leave of absence. He refused, claiming there was nothing wrong with him.

Things haven't improved since he quit his job. He stays home all day, watches TV, and smokes cigarettes. He has applied for several clerical jobs, but he quit those jobs the same day he started, saying that people were talking about him.

We've noticed that he seems to flip-flop between normal behavior and psychotic behavior very quickly, sometime in the space of a minute. In addition, his parents have noticed the following behaviors:

- He walks around the neighborhood talking to himself about alleged abuse at his former job.
- He is often angry with everyone (he does not have any friends)
- He thinks that people are spying on him.
- He feels that his family is conspiring against him.

He has also made worrisome statements to his parents that suggest violence to himself and others, which include saying that he'll kill himself, and that he might hurt people spying on him.

However, while Bill is often angry, he is not violent, and he does not have any guns or knives.

Bill is not aware that anything is wrong. All family members have talked to him about seeing his doctors - he thinks he's fine and he doesn't need help. However, while Bill is not aware of his condition, he is very suspicious of everyone. His parents suspect that he may be searching their belongings for "evidence" of the conspiracy, and he is keenly aware of times when they've gone to the neighbors to talk about his behavior.

We've found that firm talk seems to quiet him down. Once, when he was starting to rant, we repeated told him to "hush", and that seemed to work.

His condition is weighing heavily on the family, particularly his parents He is often angry, though he is not violent. He does not help out around the house, and does not contribute financially for food & utilities. We do not know:

- Whether he is taking his medication
- the state of his finances
- the last time he saw a doctor or his dentist

We are afraid that Bill will eventually do something that will endanger his health or our parent's safety. Our fears include:

- Violence/Suicide
- Financial crisis if Bill gets seriously ill and his health insurance runs out
- Our parent's health deteriorating under the strain of dealing with Bill

His family's only leverage is that Bill depends on us for room and board. From now on we will make that free room and board available only when Bill sees his doctors and takes his medicine regularly. Any deviation or backsliding means that he must live elsewhere, and that he will not have a key to the house.

The family also requires that Bill give us permission to access his medical. We want to know whether he keeps medical appointments, the results of medical tests, and whether he is getting his medication. We would also like his outpatient medication to be given in injectable form, so that we don't have to wonder whether he's taking his medication.

Other Background Information:

We suspect Bill's condition may be hereditary. He has an aunt who suffered from schizophrenia, and his grandfather's alcoholism may have been related to schizophrenia.

8. Authorization to Release Information

Permission is hereby given to ***Smallville Medical Center*** to release information contained in the medical records of Bill Doe.

Full Name of Patient: Bill Doe
Patient's Birthdate: November 1, 1981

1. This release shall comply with federal regulations (42 CFR part 2) and applicable state laws.

2. Information released to the above may not be redisclosed without further authorization by signature

3. This authorization is given voluntarily.

Name of persons, agencies or organization to which information may be released.

Name: Bill and Alice Doe
123 Anywhere Street
Anytown, NY 12345

Name: Jerry Doe
456 SomeWhereElse Drive
NextDoor, NJ 23456

Name: Jane Doe
Apt. 123, 105 Beech Road
Stamford, CT 88888

Specific Information To Be Released:

- Results of medical tests and evaluations (***excluding*** private, personal information discussed with his psychologist).
- Dates for medical appointments and whether the patient showed up for those appointments.
- Medicines prescribed and whether the prescriptions were filled or not.

Dates of Treatment for Which Information Is Requested: January 1, 1992 through Present.

Signature of Patient/Representative **Date** **Signature of Witness** **Date**

9. Police Crisis Information Form

Please take this person to <u>Local Hospital Name.</u>

Important! This person is NOT a criminal. He has a mental illness. Please treat him with compassion and dignity. Thank You.

Name:	Bill Doe
Birthdate:	November 1, 1981
Age:	22
Address:	123 Anywhere Street Anytown, CO 12345
Telephone:	123-456-7890
Hospital:	Local Hospital
SSN:	333-44-5555
Medical Ins:	Blue Cross/Blue Shield, Policy #XYZXYZ
COBRA Start Date:	March 1, 2002 (COBRA coverage for 18 months from this date).
Last Full-Time Job:	February 1, 2000 through February 1, 2002 @ Acme Industries

Primary Diagnosis:	Paranoid Schizophrenia
Date of Last Hosp:	July 1, 1998

Name of Psychiatrist:	Dr. Jones, Local Hospital, 125-456-7890
Name of Primary Care Phys:	Dr. Smith, Local Medical Center

Violent?	No
Suicidal?	No

Allergies?	Yes – Streptomycin, Benadryl
Blood Type:	A+ (double-check this)
Current Medications:	Abilify
High Blood Pressure?	No

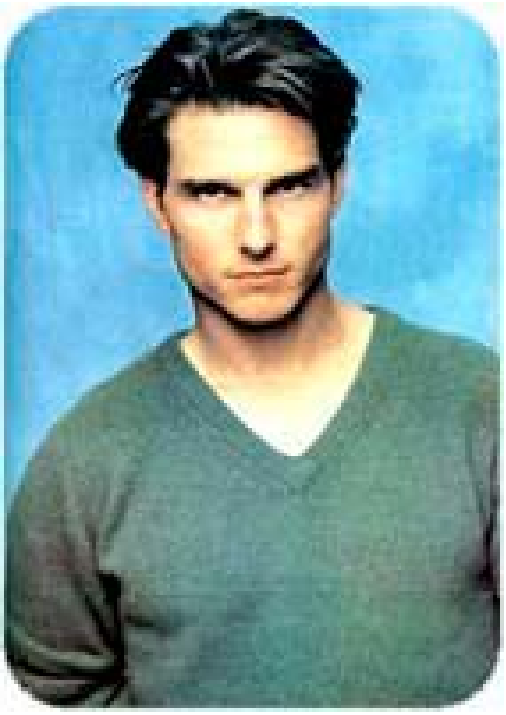
Eye Color:	Blue
Hair:	Red
Height:	6' 1"
Weight:	225
Identifying Marks:	Mickey Mouse tattoo on his left forearm
Glasses:	None
Race:	American Indian
Photograph:	***<u>See attached page</u>***
Car Make/Model:	Blue Plymouth Firebird
Car License #:	CO 789949

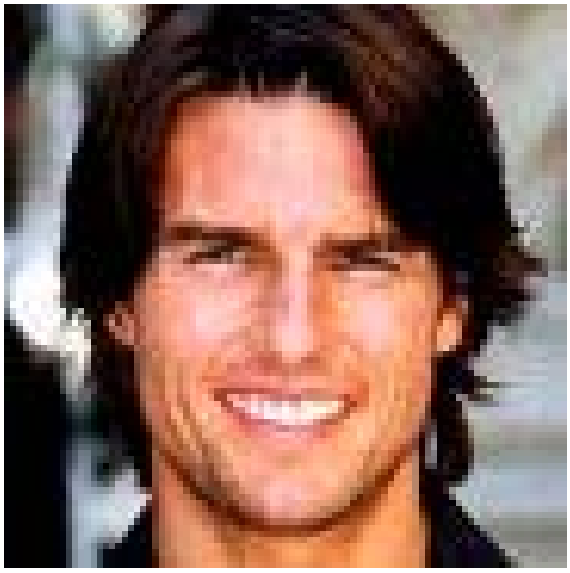
Contact Person:	Bill and Alice Doe 123 Anywhere Street Anytown, CO 12345 Home: 123-456-7890 Work: Bill @ 123-456-8893, Alice @ 123-234-2276
Other Information:	We suspect that Bill is either not taking his medication, or not taking a high enough dosage to be effective. Bill is not aware that he is sick.

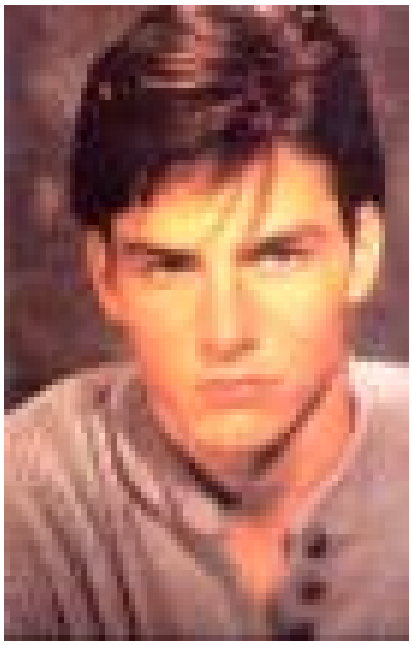
10. Pictures of Bill

Actually, these are pictures of Tom Cruise downloaded from the web, but it would be cool if Bill DID look like Tom Cruise.

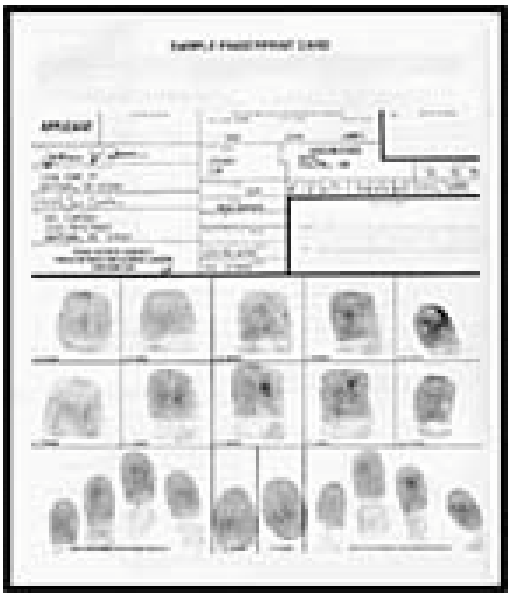
It's important to have pictures taken under different conditions and different moods - and especially pictures of what your relative looks when they are ill. Keep these in your plan, and have digitized pictures stored on your computer (so you can e-mail them to agencies or police, if needed).







11. ChildHood FingerPrint Card



12. Contact Numbers

Person	Phone #s	When can they be reached at the number?
Dr. Steven Jones (Bill's Psychiatrist)		
County Mental Health Association		
Local Psychiatric Crisis Workers (Names:		
Psychiatric Emergency Personnel (Police & Local Mental Health)		
Local Police (City, Town, County)		
Emergency Police/Fire		
Attorney		
Mom (home/work/cell)		
Dad (home/work/cell)		
Girfriend		
Brother:		
Sister:		
Bill's Former Employer		
Aunts/Uncles		
Motel #		