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# Intervention 101

by Steve Alexander, Ph.D.

Every intervention is different because people and situations are different.

When planning an intervention to help someone with an addiction or emotional problem, it is important to adapt to the circumstances: the who, what, when, where and why.

That said, effective interventions share several basic, unifying principles.

## Trust

A successful intervention - which doesn't always mean the person goes right into treatment - calls for a good measure of trust between the parties involved.

As we all know, trust does not develop instantaneously. Authentic trust

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**An intervention is best thought of as an ongoing process as opposed to a discrete event.**

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requires time and experiences of care, concern and mutual respect.

It is best to include trusted individuals when helping to deliver an intervention message and not just rely on an authority figure to handle the situ-

ation. Of course, if the authority figure has the relationship and those qualities, he or she can be one of the best persons to be a part of an intervention.

## Planning

Thorough planning is essential. An intervention is best thought of as an ongoing process as opposed to a discrete event. That means a good intervention starts long before the actual meeting and lasts well beyond the meeting.

It involves thoughtful coordination and communication before, during and after.

Participants in an intervention should have a plan of action (including a contingency plan). How will the intervention team address the individual and respond to her/his reactions?

While an individual may feel relief following an intervention, it is not uncommon also to feel panic, anger, defensiveness or even hopelessness when told you need treatment.

Among the questions to consider: Is there a trusted friend who can stay with the individual between the time of the meeting and getting into treatment?

Is it best to hospitalize the person prior to transporting him or her to a residential treatment program? Perhaps most importantly, is this intervention part of a larger, well-thought-out plan, in case an incremental approach (for example, outpatient treatment first)

doesn't work and a higher level of care is eventually required?

Are the means available to carry out proposed consequences or to leverage the person's cooperation? Are they communicated ahead of time, applied fairly, firmly and in a reasonable manner if the person refuses to get help?

As part of the planning process, coordinate with other people who are important in the individual's life. Trusted peers, family members and already-involved professionals can add information and emotional safety to the process.

Saint Luke Institute's clinical team also is available to provide guidance on developing and implementing a plan, and the Institute's five-day evaluation can be helpful in assessing a situation and developing next steps.

## Delivering the Message

One of the most crucial factors in any intervention is actually delivering the message to a person that he or she may need help.

Concern and compassion must be expressed (and systemically cultivated) throughout the process. An intervention done from any other motivation is neither advisable nor helpful.

Meeting on neutral territory may be useful, depending upon the person's re-

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# Case Study Father Bill

by Margaret Crowley, SHCJ, LCSW-C

Father Bill often was increasingly absent from the evening socials with his religious community, and he began spending an inordinate – and noticeable – amount of time alone in his room. At times, he missed morning prayer with the community because he overslept. He otherwise seemed to be himself.

During spiritual direction sessions, Fr. Bill revealed his struggles with watching pornographic images on the Internet and his inability to stop the compulsive masturbation that accompanied this activity.

He was feeling more and more desperate and afraid. He feared that he would not be able to cope any longer. He was spending more and more time in this activity and was not getting sufficient sleep. The lack of sleep and subsequent fatigue was becoming op-

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**Fr. Bill's struggle was not merely a spiritual problem, but stemmed from several other factors.**

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pressive. His ministry began to suffer as a result.

His spiritual director recommended that Fr. Bill make an appointment with a therapist who was skilled in addictions counseling.

## Proactive Support

The spiritual director had been working with Fr. Bill for many years. They had built a strong trust and he knew that Fr. Bill had been in therapy almost a decade ago for severe depression after



an intervention. This had really helped him. He also knew that Fr. Bill's current superior was not aware of this past. He understood that this struggle was not merely a spiritual problem, but stemmed from several other factors, yet to be determined.

This was the first of several small interventions. Fr. Bill's spiritual director knew that problems with social isolation can be one of the markers for an addictive lifestyle. It often becomes very difficult for an individual to reveal the problem in venues other than spiritual direction and therapy.

Reluctantly, Fr. Bill made the call to a therapist. Now, he had intervened upon himself — a second intervention.

His relief was palpable, even during his first session. The therapeutic session provided the safety and environment where Fr. Bill could “lean on the ego” of the therapist and slowly open up about his struggle.

In time, his therapist was able to get his permission to make a call to another priest who was a member of the Sexaholics Anonymous Fellowship (SA). This was a third intervention.

This series of interventions with a

“small i” provided timely interruptions to the addictive process and allowed Fr. Bill to appreciate the inquiries and interest of caring individuals.

Fr. Bill opened up to this other priest about the SA Fellowship and received a copy of the “White Book,” the organization's publication. This contains stories of individuals who suffer from sexual compulsion as well and a way forward toward sexual abstinence.

## Access to Therapy and Support

Meanwhile, his local superior recently had granted general permission for therapy sessions as part of ongoing support for the community. He knew, from experience, that individuals go for much needed therapy sessions for a variety of reasons.

While he would not interfere with this process, he wondered whether Fr. Bill would ever share his therapeutic goals and issues with him. His superior was wise. He prayed over this situation and took the opportunity to ask Fr. Bill how life was going for him. He told him that he observed that he was suffering

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## Father Bill, continued

and was open to listening. This was a fourth intervention.

Fr. Bill was not ready to reveal, with full disclosure, how his life was going. This would come in time. In fact, this did happen with the help of his therapist who prepared Fr. Bill for a joint session with his superior.

Often, healing comes from a series of “small interventions.” Together, each small step is valuable and can impact the impaired thinking, shame and

unmanageability that are intrinsic to the belief system that drives the addictive cycle.

Making inquiries, showing sincere interest in the life of a confrere and interrupting the isolating pattern of behavior can result in a successful Intervention with a “capital I.”

*Margaret Crowley, SHCJ, LCSW-C, is a therapist on the Continuing Care clinical staff of Saint Luke Institute.*

*For confidentiality reasons, names, identifying data and other details of*

*treatment have been altered for this case study.*

## Online Resource

July 23 webinar at SLIconnect.org:  
“From Intervention to Healing:  
Ministering to Those in Treatment”  
Facilitator: Nancy Kluge, Ph.D., LCPC

Learn how to navigate an intervention successfully, select a treatment provider and gain strategies for effectively supporting a person through treatment and beyond.

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relationship with those involved. Timing is also always a relevant consideration, as is taking real care to honestly express concerns and expectations without shaming the person.

## Keep It Simple

Striking a balance between too little and too much information and feedback is important. The individual likely already will be overwhelmed and unable to process a great deal of detail.

For this reason, it can be best to deliver concise, manageable amounts of verbal information along with a written summary of the concerns. After all, the intent of an intervention is to respectfully provide additional information and perspectives that help a person accept the assistance that he or she needs and is forthcoming.

Along these lines, leave as much choice (within certain parameters) as possible to the individual. It is obviously ideal for someone to seek treatment himself, post intervention, without feel-

ing coerced or as if he is responding to an ultimatum simply out of obedience.

Keeping a constructive tone and providing helpful content (e.g., what has been observed that is worrisome and what is expected/encouraged to address the issue) can be the difference between someone feeling understood versus resentful and out of control.

## Follow Through

Finally, following through after the actual meeting is an important part of any good intervention. It will help your friend, colleague, priest or community member immeasurably to know that he or she is not forgotten by hearing from

you periodically following an evaluation or after he or she seeks treatment.

This brings us full circle to building trust. When done with genuine concern and compassion, and as part of a broader intervention, continuing to build trust can only increase the likelihood that the person who is the focus of your concern truly receives the care he needs and deserves.

*Dr. Steve Alexander is on the clinical team for the Halfway House, Saint Luke Institute's transitional housing program for clergy and men and women religious.*

## Tips for a Successful Intervention

- Include people the person trusts
- Plan carefully
- Consider message, place and timing
- Keep the message simple; don't overwhelm the person
- Follow up

## Meet our president: Fr. David Songy, O.F.M.Cap., S.T.D., Psy.D.

Capuchin Father David Songy is the new president of Saint Luke Institute. A psychologist, he is experienced in providing integrated psychological and spiritual care for seminarians, clergy and religious; multicultural candidate assessments; and initial and ongoing formation.

He previously served as spiritual director and prefect of studies at Redemptoris Mater Missionary Seminary and held several positions at St. John Vianney Theological Seminary, both

in Denver. For several years, he was director of counseling services for the Pontifical North American College in Rome.

He is on the Provincial Council for the Capuchin Province of Mid-America, and has served as formation director and safe environment coordinator. He holds a doctorate in psychology from the University of Denver, a doctorate in sacred theology from the Teresianum in Rome and a master's degree in pastoral counseling from Loyola College.



### New website and blog

Saint Luke Institute launched a redesigned, mobile-friendly website this spring, at [www.sli.org](http://www.sli.org).

The site is easier to navigate and includes a staff photo directory, frequently asked questions, information on services at all of our locations and a blog with updates and news. Login areas for superiors and prospective clients will be available soon.

### Support our ministry

A contribution to Saint Luke Institute is a wonderful way to thank a priest, brother or sister who was there for you in your time of need. Donate online at [www.sli.org](http://www.sli.org).

For information about including Saint Luke Institute in your estate plan, please contact Rich Landfield at 301-422-5406 or [richl@sli.org](mailto:richl@sli.org).

### New! Short-term residential program

Saint Luke Institute is now offering the expertise of our signature residential program and clinical staff in a short-term format.

The Visitation Program is for clergy and men and women religious who have relapsed from a behavioral or chemical addiction; are at risk of a relapse due to a stressor such as depression or a significant life transition (e.g., grief or a change in ministry); or who have not had success with outpatient therapy.

Treatment focuses on regaining sobriety, strengthening recovery skills and stabilizing psychological issues. Clients have access to our full range of therapies.

For details or admission, please contact the program coordinator, Dr. Stephen Carroll, at [stephenc@sli.org](mailto:stephenc@sli.org) or 301-422-5427, or visit [www.sli.org/services/residential](http://www.sli.org/services/residential).



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