Helping Families Help Their Loved One — Exercises

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Practical Exercises: The Johnson Letter, the ARISE Sequence & CRAFT Techniques

A workshop handout for clinicians, counsellors and family-support workers.

> **How to use this pack.** Each of the three exercises below stands alone and takes 15–30 minutes. Run them after you have introduced the model on slides. Each exercise has: a short briefing, a worked example, a fill-in template, and a facilitator debrief. Photocopy the template pages for participants.

> **A note on choosing a model.** These three approaches sit on a spectrum. **Johnson** is a confrontational, single-event surprise meeting (engagement ~20–30%, high family drop-out). **ARISE** is invitational and transparent, escalating across three levels (cumulative engagement ~83%). **CRAFT** is a non-confrontational behavioural method the family member uses unilaterally and that improves the family member's own wellbeing even if the loved one never enters treatment (engagement ~64–70%). Match the model to the family's readiness, the relationship, and any safety concerns.

Exercise 1 — Writing a Johnson Model Intervention Letter

Why a letter?

In the Johnson Model, each participant reads a **pre-written letter** aloud during the intervention. The script matters because emotions run high in the room — a written letter stops people sliding into spontaneous anger, blame, or freezing at the decisive moment. The aim is to lovingly but firmly break through denial and move the person toward pre-arranged treatment **that same day**.

The six components — always in this order

#	Component	Purpose
1	**Love & concern**	Open from the heart. Set a frame of safety: *the motive is love, not punishment.*
2	**A specific positive memory / gratitude**	Recall one concrete moment you were proud of them or they helped you. This disarms the person who is braced for attack.
3	**Addiction as an illness**	Reframe from moral failing to medical condition. Separates the person from the disease.
4	**Objective firsthand facts**	Describe specific incidents *you personally witnessed.* No hearsay, no rumours.
5	**Offer of help**	Restate love; offer the concrete, pre-arranged option — a bed is booked, paid for, ready today.
6	**Bottom line / consequence**	Only if they refuse: the firm boundary that takes effect immediately.

Tone rules

DO

- Use **I-statements**: "*I feel frightened when…*", "*It hurt me to see…*"
- Be **specific**: dates, times, behaviours — "*last Tuesday at 6pm you fell asleep on the kitchen floor*", not "*you're always drunk.*"
- Describe only what **you** saw or heard.
- Keep each statement **short**.

DON'T

- Use **labels**: "alcoholic", "addict", "liar", "slob".
- Use **"always / never / constantly".**
- Lecture, moralise, judge, or argue.
- Repeat what someone else told you ("Mum said she saw you drunk").

The bottom line / consequence

State a consequence **only** if the person refuses help. It must be:

- **A boundary, not a punishment** — it protects your wellbeing or stops you funding the illness.
- **Concrete "If… then…"** — no vague threats.
- **100% enforceable** — only say what you will truly do, immediately. A broken bottom line destroys your credibility forever.

Workable examples: stop financial support; stop covering lies to their employer; change the locks; stop contact (including with grandchildren).

Worked model phrases

- **Love:** "*Dear ___, we don't say it enough lately, but I love you more than I can express.*"
- **Memory:** "*I'll never forget how, three years ago, you were the one person who backed me when I started my business.*"
- **Illness:** "*I've learned that addiction isn't weak willpower — it's a serious illness, and I want to help the real you come back.*"
- **Fact:** "*Last Thursday at 7pm when I called, your speech was slurred and the next morning you didn't remember the conversation.*"
- **Offer:** "*We love you, and we've already booked and paid for a place at ___ clinic — they can take you today. Will you let us help?*"
- **Bottom line:** "*If you choose not to go today, I will no longer call your boss with excuses — if he asks, I will tell him the truth.*"

✍️ Template — My Johnson Letter

Write 1–3 sentences for each section. Read it aloud to a partner and check it against the tone rules.

1. Love & concern

> Dear _____, I am writing this because _____

2. A specific positive memory / something I'm grateful for

> I will never forget when you _____

3. Addiction is an illness

> I understand now that
> _____
> _____

4. Objective firsthand facts *(specific date/time/behaviour I saw myself)*

> On _____ I saw
> _____
> ___
>
> On _____ I saw
> _____
> ___

5. Offer of help *(the concrete, pre-arranged option)*

> We are here because we love you, and we have already _____ Will you accept our help and go today?

6. Bottom line *(only if they refuse — must be specific and 100% enforceable)*

> If you choose not to accept help today, then I will
> _____

🔎 Self-check & facilitator debrief

- [ ] Did I open with love, not the problem?
- [ ] Is my memory **specific** and genuine?
- [ ] Are my facts things **I personally** witnessed, with date/time?
- [ ] Did I avoid every label and every "always/never"?
- [ ] Is my offer **already arranged** (bed booked, paid, today)?
- [ ] Is my bottom line a **boundary I will actually keep**?

Debrief prompts: Where did anger or blame creep in? Which fact was most powerful — and why was specificity the reason? Could you really enforce your bottom line tomorrow morning?

Exercise 2 — Structuring an ARISE Intervention

What makes ARISE different

ARISE (**A Relational Intervention Sequence for Engagement**) is **invitational and transparent**: the loved one is invited from the very first phone call, knows a meeting is happening, and there is **no secrecy and no ambush**. It mobilises the whole family as an ongoing **Intervention Network** ("Family Board of Directors") over 6–12 months, not a single event.

The three levels (apply the *minimum* pressure needed)

Level	What happens	Cumulative engagement
Level 1 — First Call & First Meeting	A Concerned Other calls a certified interventionist, who coaches them to mobilise the network and openly invite the loved one.	**~56%** enter treatment
Level 2 — Strength in Numbers	Network keeps meeting and expands (extended family, friends, employer) with a unified message. No one engages the loved one one-to-one.	**~80%** cumulative
Level 3 — Formal ARISE Intervention	Loving but firm, non-negotiable consequences. Because the person was invited all along, this is no surprise. Rarely needed (<2% of cases).	**~83%** cumulative

Escalation trigger: move up a level only if treatment entry hasn't happened and the network decides together to escalate (typically after 1–3 meetings / within ~2 months).

Level 1 step-by-step

Phase A — The First Call (coaching the Concerned Other):

1. **Establish hope** — relieve them of "enabler" guilt and the "wait for rock bottom" myth.
2. **Map the network** — who cares enough to come? (family, friends, employer).
3. **Draft the "Recovery Message"** — a multi-generational, blame-free message of hope.
4. **Plan the invitation** — open and transparent, no secrecy.

Phase B — The First Meeting (held whether or not the loved one attends):

1. **Joining** — welcome everyone; if the loved one comes, include them with equal respect.
2. **Elicit family strengths** — list them on a flip chart (loyalty, work ethic, survival).
3. **Build a genogram** — map intergenerational patterns, grief, cut-offs.
4. **Review previous efforts** — see that one-to-one pleading hasn't worked.
5. **Statements of concern** — each member shares personal, loving observations.
6. **Strategies & contract** — if present, agree level of care and a start date; if absent, plan how to invite them next time.

Example invitational scripts

- **Recovery message:** "*We love you, and we want to stop this pain reaching the next generation. This isn't about willpower — it's an illness, and we want to break the cycle together so our family can heal.*"
- **Open invitation (no secrets):** "*I want to be completely honest with you. I've contacted an interventionist because we're worried. We're meeting Tuesday at 6pm — your spouse, your sister and your parents are all coming because we care. You can choose where we meet.*"
- **The "regardless" boundary:** "*Because we love you and we're committed to our own healing, we'll hold this meeting whether you come or not — but your voice matters to us and we really hope you'll sit with us.*"

🗺️ Template — Plan a Level 1 ARISE Intervention

A. Map your network *(who cares enough to be in the room?)*

Name	Relationship	What strength do they bring?	Will the loved one listen to them?

B. Draft your Recovery Message *(blame-free, hopeful, multi-generational)*

> We love you, and _____ _____ We want to break this cycle together because _____

C. Write your open, transparent invitation *(no secrets — say who is coming and offer a choice of place)*

> I want to be honest with you: _____ We are meeting on _____ at _____. The following people are coming because they care: _____ You can choose where we meet: _____

D. The "regardless" boundary

> Because we love you and we're committed to our own healing, we will _____ But your presence matters, and we hope you'll join us.

E. If they don't enter treatment at Level 1 — escalation plan

> Who will we add to the network at Level 2? _____ What is our unified message? _____

🔎 Facilitator debrief

Debrief prompts: How does removing secrecy change the loved one's likely reaction versus a Johnson surprise? Whose presence in the network is most influential, and why? How does framing addiction as a multi-generational pattern reduce shame? What's the risk if the family escalates levels too fast?

Exercise 3 — Using CRAFT Techniques

What CRAFT is

CRAFT (Community Reinforcement and Family Training) trains a **Concerned Significant Other (CSO)** to change their *own* behaviour so that sober time becomes more rewarding than using time — and to look after themselves along the way. It is non-confrontational, used unilaterally by the family member, and reduces the CSO's anxiety and depression **even if the loved one never enters treatment.**

Core techniques

1. **Self-care** — build your own wellbeing independent of the loved one's using.
2. **Functional/behavioural analysis** — map the triggers → using behaviour → consequences.
3. **Positive communication** — soft, assertive, direct (see PIUS below).
4. **Positive reinforcement of non-using behaviour** — reward sober time.
5. **Withdrawing reinforcement during use** — calmly step back when they're intoxicated.
6. **Allowing natural consequences** — stop enabling (don't lie to the boss, pay the fines, bail them out).
7. **Inviting treatment** — at a "window of opportunity," with intake pre-arranged.
8. **Safety first** — assess risk; have a safety plan, because new boundaries can trigger reactions.

The PIUS positive-communication formula

Make high-stakes conversations **PIUS**:

- **P**ositive — say what you *want*, not what you don't ("*I love time with you when you're sober*").
- **I** — lead with "I", not "you".
- **U**nderstanding — name that their situation is hard.
- **S**hare responsibility — acknowledge your own part (without owning the addiction).
- *(plus: be brief and specific.)*

The I-statement formula

> **"When [non-judgmental description of the behaviour], I feel [specific emotion], because [the impact on me]."**

- ❌ "*You're a lazy, inconsiderate slob for coming home late and ruining my evening.*"
- ✅ "*When you come home late without calling, I feel hurt and anxious, because I worry about your safety and dinner goes cold.*"

Reinforce sober time / withdraw during use

- **Reward sobriety (and say why):** "*I've loved sitting and talking with you this afternoon while you're clear-headed — you're so funny when you're sober.*" *(Rewards: favourite meal, a film together, a shared hobby, a walk.)*
- **Step back during use (calm, not punishing):** "*I love you, but I don't enjoy time with you when you've been drinking. I'm going to go and read for a while.*" *(Withdrawals: leave the room, go for a walk, don't discuss big decisions while they're high.)*

When & how to suggest treatment

- **When:** the relationship is moving positively, both are sober and calm, OR a "window of opportunity" — they're feeling natural remorse/discomfort (health scare, money worry, job loss).
- **How:** offer it calmly as support, not punishment; a "back-door" framing is fine (counselling for stress). **Have a rapid intake slot pre-booked** so the hand-off is immediate before motivation fades.
- **Script:** "*I know how exhausted and stressed you've been. I found a counsellor who helps with exactly this, and they have an opening tomorrow at 2pm. Would you let me drive you, just to see if it helps?*"

✍️ Template 3a — Translate "You" into a PIUS I-statement

Rewrite each hostile line using ***"When… I feel… because…"*** *plus a positive ask.*

1. Confrontational: "*You're useless at the weekend because you're too hungover to help.*"

> My PIUS version: When _____, I feel _____, because _____. I'd love it if _____.

2. Confrontational: "*Don't come home smelling of a bar again, you selfish liar.*"

> My PIUS version: When _____, I feel _____, because _____. So tonight I'm going to _____; let's catch up tomorrow.

3. My own real situation:

> When _____, I feel _____, because _____.

🗺️ Template 3b — Functional Analysis (the behaviour roadmap)

Map one recent using episode to find where you can shift your response.

Step	Your notes
External triggers (who / where / when)	
Internal triggers (emotion / stress / craving)	
The using behaviour (what / how much / where)	
Short-term rewards (relief, escape, social) — *why they do it*	
Long-term consequences (arguments, money, health)	
Where I can shift my response:	
→ A **sober reward** I can give:	
→ My **calm step-back** during use:	
→ An enabling act I will **stop** (natural consequence):	
→ My **window of opportunity** to suggest help:	

🔎 Facilitator debrief

Debrief prompts: Why does arguing with an intoxicated person act as *reinforcement*? Which felt harder — rewarding sobriety or stepping back during use? Where in your roadmap is the single highest-leverage change? What's your self-care plan if your loved one says "no" this month?

Comparison at a glance

	Johnson	ARISE	CRAFT
Stance	Confrontational	Invitational	Non-confrontational
Surprise?	Yes (ambush)	No (invited throughout)	N/A (works with the CSO)
Format	Single event	3 graduated levels over months	Ongoing CSO skill-building
Engagement	~20–30%	~83% cumulative	~64–70%
Family drop-out	High (~70%)	Low	Very low
Helps family even if loved one refuses?	No	Some	**Yes**

Content grounded in sourced material on Vernon Johnson's model, the ARISE model (Landau & Garrett) and CRAFT (Robert J. Meyers), researched via NotebookLM. This handout is for training/education and does not replace supervised clinical practice; complex or high-risk cases should be referred to a certified interventionist.