



Guidelines for Intervening on Mental Health Issues

BY MARY BOONE

All of us encounter situations of substance abuse, depression, or suicidal thoughts that seem to call for intervention with family members, friends, or clients. We hesitate, wondering if we should get involved or wondering what to say. However, we should get involved if we have a caring relationship with the person, and the person appears to be in jeopardy. Intervention is a continuum: It can be as simple as telling a friend you are concerned for him or her or as involved as a formal intervention. The following is a model for addressing such situations, no matter where they fall on the intervention spectrum.

Often, a person cannot see the extent to which his or her behavior has become a problem. People utilize defenses around these issues for a reason — to keep from being overwhelmed. However, with gentle yet firm support, those defenses can be lowered and the problem can be looked at.

It is important to remember that you are not diagnosing anything specific, but simply naming the behavior you are worried about. The goal is to motivate the person to consult with a mental health professional.

Establish connection.

Take a few minutes to express what the relationship with the person you are concerned about means to you. Share a fond memory or cite a time when this person helped you out.

Express concern about the behavior you observe, what you did as a result, and how you felt about it.

It is hard to argue with observed behavior — unless the person has no memory of it due to severe alcohol or drug use. You can add a statement about the discrepancy between his or her behavior and usual values because that is where the motivation for change lies. It is important to be brief and to the point. Too often, we are inclined to ascribe motivation to the concerning behaviors. This is a mistake as it sets the stage for an argument. Examples include:

At the party last week, I saw you drink a six-pack and insist on driving. You adamantly refused to give up your car keys or accept a ride. I just stood by in the face of your anger and let you go. I felt sick and scared that you could seriously injure or kill yourself or someone else. It is not like you to put yourself or others in danger, and I know you would not have done that if it were not for that amount of alcohol.

When you stayed in bed until noon three days last week and said you didn't have the energy to get up, I worried that your depression was worsening. I know you have a strong work ethic, and this behavior is not like you. I tried to encourage you, but to no avail. I feel sad that you have to contend with this, and I worry that you will need to be hospitalized.

When I heard you say that you would be better off dead and that we would be better off without you, I knew I needed to talk with you about seeking help. It is not like you to say things like this. I feel frightened that you will do something destructive to yourself.

Elicit the person's thoughts about what happened and reinforce statements leading to change.

There is the possibility of a flight-or-fight response when someone perceives statements such as these to be a threat. Such responses are normal and natural, and the energy generated often moves the person to voice objections and want to discuss the behavior.

Be prepared to stay with objective evidence about behaviors you have observed, not get drawn off into intentions or excuses for the behaviors, and understand that ambivalence about seeking help or making changes is normal.

Employ the principles of motivational interviewing¹: Express empathy and hold an attitude of acceptance and respectful listening. Develop and amplify any discrepancies between values and behavior. Roll with resistance by listening respectfully, paraphrasing, and offering a new perspective to consider: "On the other hand ..." or "Have you thought about ...?" Involve the person in problem solving. Support self-efficacy. Ask about other times he or she has accepted help or made significant changes. Express confidence in his or her ability to do so now.

If substance abuse is the concern, tell the person you realize you have enabled the problem by ignoring it. Clearly state that you are no longer able to do that.

Assure the person of your care and concern, and that the choice is his or hers to make.

This assurance helps lessen the sense that he or she is being "made" to do something, and frees him or her up to make a positive decision on their own.

Be prepared to propose a plan of action if the person doesn't arrive at a satisfactory one.

Have resources for assessment or treatment in mind, like a mental health professional or a hospital. If substance abuse is



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involved, inquire about expertise in that specialty area. In serious cases, you might make an appointment prior to the intervention. Be prepared to take the person after the intervention.

Bring the intervention to a conclusion.

Simply ask, “What is in the way of you taking action now?” Acknowledge the barrier briefly, and ask, “If it were not for that, could you take action now?” Tell the person you will follow up with him/her in a few days.

Situations of Crisis or Urgency

Such situations are defined by a high degree of imminent harm to oneself (such as active suicidal thoughts) or to another. Determine the presence of serious intention to act, a lethal plan, access to a means of carrying out this plan, irrationality, and auditory or visual hallucinations. The risk is heightened by a history of suicide attempts, physical harm to others, or a history of very impulsive behavior. If the person refuses to let you take him or her to a hospital, call 911 and ask for mental health deputies. They are trained to do assessments and empowered to take a person into custody and to a mental health hospital.

Further Suggestions from Motivational Interviewing

In addition to following the general principles, it is helpful to think in terms of stages of change: precontemplation, contemplation, preparation, action, and maintenance. The intervention might begin with a person in precontemplation (not thinking at all about a change in behavior), contemplation (thinking about it, but feeling ambivalent), or preparation (readying him- or herself to make the change). The goal is to move the person to the next stage or through the stages to action. When encountering someone in precontemplation stage who is reluctant, realize that he or she may lack knowledge. Provide information in a sensitive manner, planting seeds of an idea that may need time to germinate. The person may progress rapidly to action after verbalizing the reluctance, feeling listened to, and beginning to feel the tension between the status quo and the possibility of a different life.

It is important to acknowledge that for those who are rebellious have knowledge about and investment in their behavior — and also an investment in making their own decisions. Accept that no one can make them change and be sure to provide options. Once a decision is made, the energy of resistance can shift into the energy of determination to succeed.

For those who are resigned, realize that he or she does not want to change and has given up hope. You must help to instill hope and explore barriers to change. Build confidence a little at a time by encouraging a small change to begin with and affirming each success.

For those who are rationalizing, acknowledge that he or she believes the risk is not great or that he or she believes they are a victim of someone else’s behavior. It’s important to realize that the resistance is in the *thinking*, rather than in *emotion*, as with the rebellious person. Avoid debating as it only strengthens the person’s belief in his or her argument. Ask about the good aspects of their behavior and acknowledge that there are some positives. Additionally, ask about the “not so good” and encourage elaboration.

When encountering someone who is contemplating the recovery process, connect his or her behavior to the consequences experienced. Ask about the good and not so good aspects of their behavior, as with the person who rationalizes. Listen for statements of concern, problem recognition, optimism about change, or intent to change and affirm. Keep in mind that the outcome is not in our hands despite our best effort, but you can have confidence in this proven model.

Notes

1. DiClemente, C.C. & M.M. Velasquez. “Motivational Interviewing and the Stages of Change” in Miller, William R. & Stephen Rollnick. *Motivational Interviewing: Preparing People for Change*. 2nd ed. New York: Guilford Press, 2002.

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