

Intervention Planning Worksheet

(Complete and bring to Intervention Rehearsal)

Your Facilitator is: _____ Phone # _____

Your Intervention Leader is: _____ Phone # _____

1. The treatment alternative we have selected for our chemically dependent person is: _____

2. The treatment alternative will be financed by: _____

3. The secondary alternative ('what if') we have selected for our chemically dependent person is: _____

4. The alternative(s) we have selected for ourselves if the chemically dependent person selects the treatment alternative is (are): _____

5. The alternative(s) we have selected for ourselves if the chemically dependent person selects the secondary alternative is (are): _____

6. The alternative(s) we have selected for ourselves if the chemically dependent person rejects both the treatment and secondary alternatives is (are): _____

7. The best time of day during which to do the intervention is: _____

8. The best day of the week during which to do the intervention is: _____

9. The best place at which to hold the intervention is: _____