

Intervention **NY**

The New York Family Intervention *Packet*

A private, practical guide for parents, partners and loved ones who are worried about someone's drinking or drug use and want a plan.

Prepared by
Benjamin Zohar, NCACIP & Christopher Veto, NCACIP

Call 24/7
(914) 594-5851
interventionny.com

You don't have to have this figured out.

If you're reading this, someone you love is struggling with alcohol or drugs, and you're probably exhausted, frightened, or both. That's normal. This packet is meant to help you slow down, get organized, and take the next right step.

Families often feel they have only two choices: say nothing and hope it gets better, or force a confrontation and risk making it worse. There is a third option. With preparation, a family can speak with one voice, offer a specific path to treatment, and hold steady boundaries, whether or not the person says yes the first time.

Use the sections in any order. If you only have five minutes, read **Section 1** so you know when a situation can't wait.

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Important: This packet is general education, not medical, mental-health, or legal advice, and it does not replace care from a licensed professional. Intervention NY is an intervention and family-navigation service. We are not a treatment program, detox, hospital, or emergency service. If anyone is in immediate danger, call 911.

How to recognize an urgent safety situation

Planning an intervention takes days, sometimes weeks. Some situations can't wait that long. Know these signs before you do anything else.

Call 911 now if someone:

- Can't be woken up, or is unresponsive to your voice or a firm sternum rub
- Has slow, shallow, irregular, or stopped breathing, or is making gurgling or snoring sounds while unresponsive
- Has blue or gray lips or fingertips, or cold, clammy skin
- Has tiny "pinpoint" pupils with heavy drowsiness (a common sign of opioid overdose)
- Is having a seizure, or is confused, vomiting repeatedly, or passing out after heavy drinking
- Has chest pain, a very high body temperature, or severe agitation after using stimulants
- Talks about wanting to die, has a plan, or has access to a weapon or a stockpile of pills
- Is threatening or committing violence toward you, children, or anyone else

If opioids may be involved, give naloxone (Narcan) if you have it, then call 911. Stay with the person, turn them on their side if they're breathing, and be ready to give a second dose if they don't respond after 2 to 3 minutes.

Get naloxone now

Naloxone nasal spray is sold over the counter at pharmacies. Through New York's N-CAP program, many pharmacies provide it at little or no cost. Keep it where people in the house know where it is, even if you think opioids aren't involved. Fentanyl is now found in many street drugs and counterfeit pills.

New York's 911 Good Samaritan Law

New York law protects people who call 911 during an overdose, and the person who overdosed, from charges for possessing most controlled substances, drug paraphernalia, and underage drinking. It doesn't cover open warrants, probation or parole violations, or possession at the A-1 felony level. Don't let fear of police stop you from calling.

Withdrawal can be dangerous, too

Stopping alcohol, benzodiazepines (like Xanax, Klonopin, or Valium), or some other sedatives suddenly can cause seizures and other serious complications. **Don't pressure someone to quit these "cold turkey" at home.** A safe plan usually starts with a medical assessment, and often a medically supervised detox.

Urgent, but not an emergency

- **988 Suicide & Crisis Lifeline:** call or text 988, 24/7, for mental-health or suicide concerns.
- **NYS HOPEline (OASAS):** call 1-877-8-HOPENY (1-877-846-7369) or text HOPENY (467369), 24/7. Nationally, the SAMHSA Helpline is 1-800-662-4357.

What an intervention does, and does not do

An intervention is a carefully planned conversation in which family members, and sometimes friends or colleagues, ask a loved one to accept a specific treatment plan, usually with the help of a professional interventionist.

It isn't an ambush, and it isn't a punishment. Done well, it's a structured way to replace years of arguments, broken promises, and walking on eggshells with one clear message: *we love you, we see what's happening, and help is ready today.*

What a well-planned intervention does

- Gets the family on the same page before anyone speaks
- Replaces blame with specific, honest examples
- Presents a treatment option that has already been vetted, with admission arranged ahead of time
- Gives the person a real chance to say yes while everyone is together
- Sets clear, loving boundaries the family is prepared to keep
- Helps the family keep going whether or not the person agrees that day

What it does not do

- It can't guarantee a yes. People keep their own choice.
- It isn't medical treatment and doesn't replace detox or therapy
- It doesn't "fix" the person. Recovery happens over months and years.
- It shouldn't involve threats, shaming, or surprise attacks
- It isn't the right tool in an active emergency (see Section 1)

Why professional guidance matters

Families who plan alone often get derailed by anger, guilt, or one person who isn't on board. A professional helps you prepare statements, anticipate objections, choose the right treatment option, line up admission, and handle the moment if emotions run high. That matters most when there's a history of violence, mental illness, suicidal thoughts, or several substances in use, or when past attempts have gone badly.

A note on timing

Choose a time when your loved one is most likely to be sober, often in the morning, and a private place where they feel safe, not a public setting. Avoid holidays, birthdays, and moments right after a fight.

Approaches, and how the process unfolds

Stage	What happens
1. First conversation	A confidential call to understand the substance use, safety risks, family dynamics, insurance, and what has already been tried.
2. Build the team	Choose 3 to 6 people the person loves and respects. Leave out anyone likely to lose their temper or undermine the plan.
3. Choose and arrange treatment	Identify a program that fits the person's clinical needs and insurance, check that it's licensed, and arrange admission in advance, including detox if needed.
4. Prepare and rehearse	Each person writes a short letter. The team practices, agrees on boundaries, and plans logistics such as time, place, travel, and who drives.
5. The intervention	A calm, structured meeting, usually 30 to 90 minutes. If the answer is yes, travel to treatment begins as planned.
6. Follow-through	Whether the answer is yes or no, the family keeps its boundaries, gets its own support, and stays in contact with the treatment team.

Common approaches

Approach	How it works	Often a fit when...
Structured family intervention	The family prepares in advance with a professional, then meets the loved one together, shares prepared statements, and presents a treatment plan with admission arranged ahead of time.	There's a pattern of refusal and the family needs a clear, decisive moment.
Invitational (systemic) model	The loved one is told about the family meeting and invited to take part in planning. The focus is the whole family system, not one person.	The person is likely to come, or a surprise would damage trust.
Family coaching (such as CRAFT)	Over several weeks, family members learn communication and reinforcement skills that make treatment more appealing and reduce conflict at home.	There's no immediate crisis and the family wants a gentler, gradual path.

Many families use a blend. A good interventionist will tailor the approach to your situation rather than force one model.

How to prepare for a difficult conversation

The goal isn't to win an argument. It's to be heard. That takes preparation, a calm tone, and statements that are hard to argue with because they're simply true.

The letter: a simple four-part structure

Part	What to write	Example
Love	Open with what this person means to you, specifically.	<i>"You taught me to drive. You're the first person I call when something good happens."</i>
What I've seen	Two or three specific, recent, factual examples. No labels or diagnoses.	<i>"Last Sunday you didn't remember the drive home. Emma asked me why you were sleeping in the car."</i>
How it affects me	Use "I" statements about your own feelings.	<i>"I lie awake waiting for a phone call I'm scared to get."</i>
The ask	One clear request: accept the help that's ready today.	<i>"A bed is ready for you this afternoon. Will you accept this help today?"</i>

Keep each letter to about one page. Read it aloud to the team first. Cut anything that sounds like blame, sarcasm, or a lecture.

Helpful

- "I'm worried about you."
- "I've noticed..." followed by a specific example
- Staying calm and keeping your voice low
- Listening, then calmly coming back to the request
- Letting silence happen
- Having the treatment details ready to show

Usually backfires

- Labels: "You're an alcoholic," "junkie," "addict"
- Bringing up every past wrong
- Threats you aren't ready to carry out
- Arguing about how much they use
- Talking while anyone is intoxicated or furious
- Letting the meeting turn into a debate

Common objections, and calm responses

Your loved one will probably push back. That doesn't mean it isn't working. Decide ahead of time who answers, and keep responses short.

If they say...	You might say...
"I can stop on my own."	"We believe you want to. You've tried before, and it's been hard. This time we want you to have real support."
"I can't leave work or the kids."	"We've thought about that. Here's who will cover what." (Have the answer ready.)
"It's not that bad."	"We're not here to argue about that. We're here because we love you and we're scared."
"You're all ganging up on me."	"We're here because we're on your side. Nobody here wants to hurt you."
"I'll go next week."	"The bed is available today. Next week it may not be, and we may not all be here together again."
"I'll go, but not there."	"Let's look at the options together right now." (If you have an approved alternative, offer it.)
Silence or walking out	Let them go. Don't chase or block the door. Calmly repeat that the offer stands, and follow your plan.

Logistics checklist for the day

- ☐ Admission confirmed with the treatment program, with time, contact name, and insurance pre-authorization if needed
- ☐ A packed bag ready: clothing, medications in original bottles, ID, insurance card, phone charger
- ☐ A driver chosen and a travel plan confirmed (or a sober escort arranged)
- ☐ Responsibilities covered at home: work, children, pets, bills
- ☐ Phones silenced, and the meeting order agreed
- ☐ A plan for what each person will do if the answer is no

What to do if your loved one refuses help

A "no" today isn't the end. Many people who say no at first accept help later, especially when the family stays consistent and stops cushioning the consequences.

Boundaries are not ultimatums

An ultimatum tries to control another person: *"Stop, or else."* A boundary describes what *you* will do to protect yourself and your home: *"If you come home intoxicated, I'll ask you to stay elsewhere that night."* Only set boundaries you're truly prepared to keep, and keep them calmly, without lectures.

Stop protecting the addiction, not the person

Enabling often looks like:

- Paying debts, fines, or rent caused by use
- Calling in sick for them or covering with family
- Giving cash that may go to alcohol or drugs
- Cleaning up messes so they never see the impact

Supporting looks like:

- Paying a treatment program directly, not giving cash
- Offering rides to appointments or meetings
- Spending time together when they're sober
- Telling them clearly: "When you're ready, I'll help you get there."

Keep the door open

- Repeat the offer in calm moments: "The help is still there whenever you want it."
- Notice and acknowledge any step toward change, however small.
- Keep naloxone in the home and know the emergency signs in Section 1.
- Revisit the plan with your interventionist. A second, adjusted approach is common.

Take care of yourself, too

You can't control someone else's recovery, but you can protect your own health. Support groups such as Al-Anon, Nar-Anon, and SMART Recovery Family & Friends meet in person and online throughout New York. Individual counseling can help as well, especially if there are children in the home.

Questions to ask when comparing treatment options

The right program depends on the substances involved, medical and mental-health needs, safety, insurance, and what has or hasn't worked before. Use these questions on every call.

Levels of care, in brief

Level	What it is
Medically supervised detox	Short-term (often days) medical care to manage withdrawal safely. It's a first step, not treatment by itself.
Inpatient / residential	Living on site with structured treatment around the clock, typically for several weeks.
Partial hospitalization (PHP)	Treatment most of the day, several days a week, returning home or to sober housing at night.
Intensive outpatient (IOP)	Several sessions a week, usually 3 hours a day, while living at home and often working.
Outpatient and medication treatment	Regular counseling and, when appropriate, FDA-approved medications for opioid or alcohol use disorder, such as buprenorphine, methadone, or naltrexone.

Questions to ask every program

- ☐ Is the program certified by New York's Office of Addiction Services and Supports (OASAS), or licensed in its home state? Is it accredited (for example, by The Joint Commission or CARF)?
- ☐ Who does the medical assessment, and how is detox handled?
- ☐ Do you offer medications for opioid or alcohol use disorder, and will you continue a medication the person already takes?
- ☐ Can you treat co-occurring mental-health conditions such as depression, anxiety, PTSD, or bipolar disorder?
- ☐ What are the credentials of the counselors and clinical staff?
- ☐ How is the length of stay decided: clinical need, or insurance only?
- ☐ Is there a family program? How will we be kept informed, with consent?
- ☐ What does discharge and aftercare planning include, such as step-down care, sober living, and follow-up?
- ☐ Are you in-network with our insurance? What will we owe out of pocket, in writing?
- ☐ Can admission be arranged in advance for a specific day and time?

Red flags, and paying for treatment

Be cautious if a program or "helpline":

- Offers free travel, free housing, gifts, or cash to get someone to enroll
- Won't tell you who owns or operates the facility
- Answers the phone without naming a specific program, or steers every caller to the same place
- Guarantees results or "cures"
- Asks for large up-front payments without a written estimate
- Pressures you to decide immediately while refusing to answer clinical questions

Paying for treatment

Most commercial health plans, Medicaid, and Medicare cover medically necessary addiction treatment, and federal parity law requires many plans to cover it comparably to other medical care. Coverage still varies by plan and level of care, so ask for benefits and any pre-authorization in writing.

Treatment costs are billed by the treatment provider. **Health insurance generally does not pay for intervention services.** Intervention fees are typically paid privately by the family.

Free public tools

- **NYS OASAS Treatment Availability Dashboard:** search OASAS-certified programs and open beds through oasas.ny.gov.
- **FindTreatment.gov:** the federal SAMHSA locator for licensed treatment nationwide.
- **NYS HOPEline:** 1-877-8-HOPENY (1-877-846-7369) or text 467369, 24/7.

What we've observed

Write down specific, factual events: dates, what happened, and who saw it. These become the examples in your letters and help a professional understand the situation.

Date	What happened (facts only)	Who saw it

Substances and health

Substances we know or suspect are being used: _____

Any past overdose, seizure, or hospitalization? _____

Mental-health concerns, medications, or past treatment: _____

Weapons, violence, or safety concerns in the home: _____

Our team

Choose 3 to 6 people your loved one loves and respects. Leave out anyone who is actively using, likely to lose their temper, or unwilling to follow the plan.

Name	Relationship	Phone	Role (letter, driver, home coverage...)

People who should NOT be there, and why

Practical responsibilities we need to cover

Responsibility (work, kids, pets, bills, car...)	Who will handle it

My boundaries

Each team member completes their own. Write only what you're truly prepared to do, then share it with the team so everyone is consistent.

If this happens...	I will...
<i>e.g. I'm asked for money</i>	<i>e.g. I'll pay for treatment directly, but I won't give cash</i>

Signed _____ Date _____

Worksheet 4 · My letter (draft)

Use the four-part structure in Section 3: love, what I've seen, how it affects me, the ask.

Comparing treatment options

	Option A	Option B	Option C
Program name			
Location			
Level of care			
OASAS / state license confirmed?			
Accreditation			
Detox on site?			
Medication treatment offered?			
Mental-health care?			
Family program?			
In-network with our insurance?			
Estimated out-of-pocket (in writing)			
Earliest admission date			
Aftercare plan			
Contact name and phone			

Emergency contact card

Fill this in, print it, and keep a copy on the refrigerator and in your phone.

Emergency	911
Suicide & Crisis Lifeline	Call or text 988
NYS HOPEline (addiction help, 24/7)	1-877-846-7369 · text 467369
SAMHSA National Helpline	1-800-662-4357
Poison Control	1-800-222-1222
Intervention NY (24/7)	(914) 594-5851
Where the naloxone is kept	
Loved one's doctor / prescriber	
Nearest hospital ER	
Current medications and allergies	
Treatment program contact	
Family point person	

How Intervention NY can help

Intervention NY is a professional intervention and family-navigation service for families in New York. We help you plan, prepare, and follow through, and we stay independent of any single treatment program.

Transparent local pricing

Local professional intervention package	\$2,750
Family preparation	Included
Intervention planning	Included
Treatment placement assistance	Included
Admissions coordination	Included
Sober escort / transport	Quoted separately
Travel outside our service area	Quoted separately
Treatment program cost	Billed by the provider

Our local service area includes the five boroughs of New York City, Westchester, Long Island, and the lower Hudson Valley. You receive a written scope before you commit. Our fee is not contingent on admission to any specific provider, and Intervention NY does not accept payment from treatment programs for referrals or placement.

Your interventionists

Benjamin Zohar, NCACIP
Nationally Certified Advanced Clinical Intervention Professional

Christopher Veto, NCACIP
Nationally Certified Advanced Clinical Intervention Professional

Talk it through before you commit

A first conversation is confidential and carries no obligation.

(914) 594-5851

Phone answered 24/7
interventionny.com

This packet provides general educational information and is not medical, mental-health, or legal advice. Intervention NY is not a treatment facility, detox, hospital, or emergency service, and no outcome or admission is guaranteed. If someone is in immediate danger, call 911. For a mental-health crisis, call or text 988. Resource phone numbers verified October 2026. © 2026 Intervention NY.