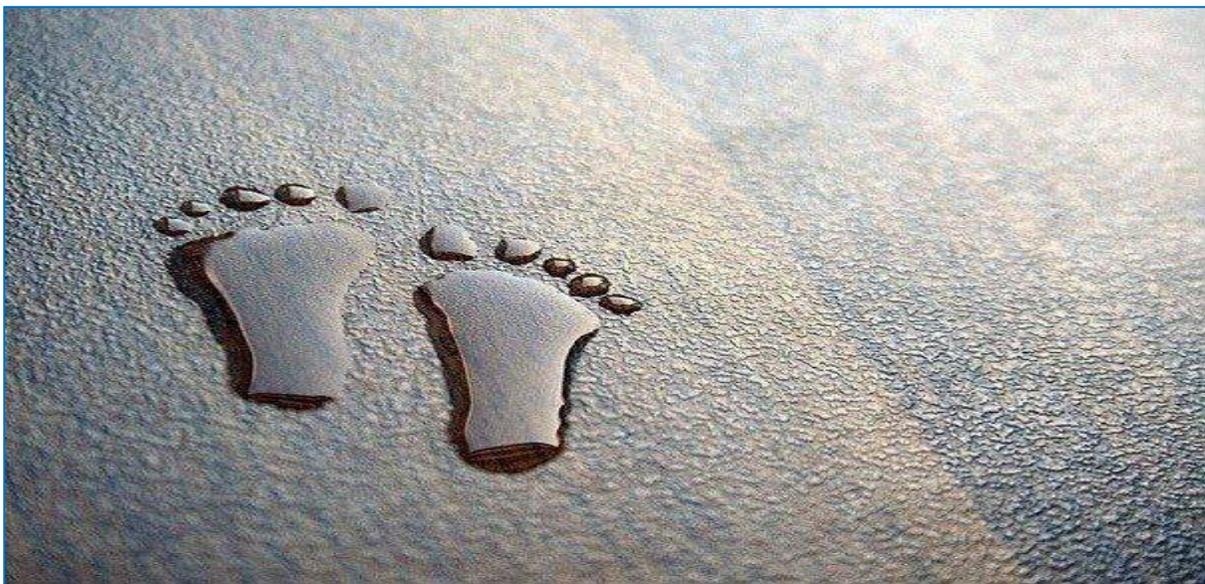


Johnson Model: the Johnson model stems from the 12 step model with a need to help the Intervention Patient (IP) recover but without waiting for the IP to hit their bottom. The contrast with the Johnson Model (JM) is the JM enables raising the bottom of an IP, while the 12 step model is geared more towards carrying the message of recovery then waiting for the IP to hit their bottom. The JM includes training the family, confronting the IP, setting up treatment, and getting the IP into treatment. This process consists of writing two letters including a "we love you" letter, and a "bottom lines" letter, also this process includes incorporating the theory of a backup approach, focused more on the behaviors, and not on the family. The Johnson model is very structured and primarily an orchestrated model. This orchestrated approach includes the initial call, putting the group together, gathering information, setting up the intervention, planning a pre-intervention and rehearsal meeting, and finally the intervention meeting. The intervention is directed by the interventionist with a goal to get the IP into treatment utilizing the surprise approach. Most of the follow-up is done by working closely with the IP's treatment program and continuing to work with the family. There may also be a need for further referrals to professionals in the community. My perspective is that the Johnson model has grown in terms incorporating other models and in my opinion enables the interventionist to integrate other appropriate intervention models and approaches in practicing this paradigm.



Systemic Model: the Systemic approach is more of a clinical model that involves the entire family through an invitation process. The timeframe is usually two and half days, and the approach includes intensive workshops and education for the family on the Systemic approach. This is primarily facilitated by licensed practitioners and a second professional usually attends to help with family education presentations and assists in facilitating family process groups. There is also an in depth assessment and a comprehensive gathering of historic information on the family of origin. In this process we look for the patterns in the family system such as: mental health / illness, chemical dependency, CODA, ACOA, and from the results can assess the various family roles, values, and beliefs within that family system. Some of the curriculum that is used for the groups is genogram, art projects, and other educational materials provided to the family, also in this approach everything is well scripted. The goal is looking at and facilitating the whole family's involvement, and then the patient is invited to participate with a plan to access treatment services. The family is also included in participating in 6 months of follow up, and ongoing weekly groups either in person or by video.

