

Short Communication

The ARISE[®] intervention and continuum of care

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ARISE[®] Intervention and Continuing Care is a process developed to help individuals and families dealing with addiction (either substances or process/behavioural addictions) or any chronic, relapsing mental or physical illness. ARISE[®] is a process, not an event, and the primary goal is long-term recovery and healing for individual and family. Results of a clinical trial in the United States through the National Institute on Drug Abuse (NIDA) resulted in 83% of addicted individuals entering treatment in three weeks and 96% in 6 months. Several real world replication studies showed 61% sober by the end of the first year, with an additional 10% using less.

The process begins with Invitational Intervention[®] that mobilizes the Intervention Network towards motivating an individual struggling with into treatment. Everyone in the family and significant members of the support system are invited to participate in the process [1-3]. There are no secrets and no surprises. Incremental pressure is applied until treatment entry is achieved.

ARISE Continuing Care follows. This is a transitional phase averaging 6-12 months while the Intervention Network supports the loved one, their Person of Concern, through treatment and into early, stable recovery. During this process, the focus is not only on the recovery and health of the Person of Concern, but also on achieving health and wellbeing for the entire family. The goal is treatment completion, family relational improvement, grief resolution and relapse prevention.

The aim is for the family to become a family living in long-term recovery with long-term individual and intergenerational family recovery and healing. It focuses on reinforcing the family's behavioural changes and on healthy behaviours and life style.

Invitational Intervention[®]

The ARISE Intervention[®] itself is a graduated, three-level process that can be conducted long-distance via phone, conference call, and videoconferencing if all members of the support system cannot be physically present. The goal is to use the least amount of effort needed to motivate a substance abuser into treatment, stepping up the level of pressure gradually to match the intensity of resistance from the addicted individual [4-6]. The collaboration between the ARISE Interventionist and the family relies on the understanding that while the Interventionist is the expert on the interface between families and addiction, the family is the expert on itself. Throughout the process, the family is encouraged to take into account what they think will work. They are also encouraged to offer a selection of choices to the Person of Concern so as to encourage voluntary participation and to allow for maximum respect and autonomy.

The dual focus of the ARISE Intervention is on engaging the Addicted Individual in treatment and supporting the family in healing from the effects of living with addiction (or chronic mental or mental illness) for so long. The power of the ARISE process lies in the collective

motivation of the Intervention Network to bring about change. As the family's behavior changes, the Person of Concern inevitably follows suit because as the family system changes, so do the individuals within it [7,8]. Typically, if there are additional family members with substance abuse or other behavioral compulsions, they also embark on the recovery process.

Level 1: The First Call. The intervention starts when a Concerned Other (or First Caller) contacts an ARISE Interventionist and commits to the recovery process. At Level 1, 56% of individuals enter treatment.

Level 2: Strength in Numbers. Level 2 begins only if the substance abuser has not entered treatment in Level 1 and the Intervention Network wants to escalate their effort. This typically occurs after 1-3 meetings but proceeds regardless after 2 months. Additional members, who may have more insight, detailed examples of problems and leverage, are added to the network as the process continues. The Person of Concern's participation is continually encouraged, though his or her refusal does not deter the Intervention Network from their work. The focus remains on healing for all [9-11]. Strategies evolve over the course of these sessions and the network grows in strength as a group, allowing it to deliver a consistent message to the individual. All decisions are made by the majority of the Intervention Network, functioning as a Family Board of Directors. This prevents isolation and the vulnerability of any member to the one-on-one manipulation characteristic of addiction. After Level 2, 80% have entered treatment.

Level 3: The Formal ARISE Intervention. Fewer than 2% of families need to proceed to Level 3. At this level, the Intervention Network sets strict limits and consequences for the problem person, expressed in a loving and supportive way. By this time, the Person of Concern has been given, and refused, many opportunities to enter treatment [12,13]. Since he or she has been invited to every meeting, this final limit-setting approach is a natural consequence and does not come as a surprise. The Intervention Network commits to supporting each other in the implementation of the agreed upon consequences.

ARISE Continuing Care

Once the Person of Concern enters treatment, or 6 months has elapsed, ARISE Continuing Care begins. The Intervention Network continues meeting on a weekly then biweekly basis to support the recovery process. It is important for the encouragement and support of the family to take place over a period of time and through difficulties and stress that invariably arise during this transitional period [14,15]. The network collaborates with the addicted individual and their

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treatment providers to ensure that the group addresses the following topics as they pertain to each member of the network: physical, mental, emotional and spiritual health; relapse prevention and psycho-education about addiction, mental and physical health; family, social, and fellowship support, and financial and career vitality.

ARISE Continuing Care builds on the foundation established during acute treatment. The focus is on the individual and family living in recovery. This includes relapse prevention, attendance at self-help meetings, continued family therapy and psycho education, and grief resolution [16]. Of primary importance, is developing awareness of the details of family communication, relationships, patterns, and activities of daily living, to ensure that difficult issues are discussed openly and without secrecy so that the family can learn to grieve, heal, celebrate, relax and have fun together.

Fernandez, Begley and Marlatt compared the different forms of intervention and found that ARISE was most successful because of its being (a) a process rather than a single event, (b) invitational, rather than coercive, (c) open with no secrecy throughout the process, (d) the heavy emphasis on family involvement, and (e) a continuum of care.

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