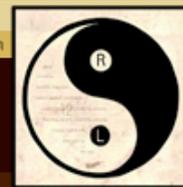


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the stage is my world
and the world is my stage

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Intervention

Intervention is a process that helps an alcoholic recognize the extent of their problem. Addict/alcoholics usually do not know they are out of control. They look at their substance-using peers and their own use appears normal in comparison. They need objective feedback on their behavior. Through a non-judgmental, non-critical, systematic process, the addict/alcoholic is confronted with the impact of their disease. The goal of an intervention is for them to accept the reality of their disease and to seek help. It was once thought that an alcoholic had to "hit bottom" before help could be offered and accepted. It was also thought that an addict/alcoholic could only get better if he was self-motivated to change. This has changed to the view that a skilled professional counselor can motivate an addict/alcoholic toward recovery.

Interventions are difficult and delicate matters. It is very important that they be done properly. No intervention should be undertaken without advice and counsel of a professional experienced in the intervention process. Furthermore, since people embarking on an intervention often feel ambivalent and apprehensive, it is important that they trust the interventionist. If you ever feel uneasy with your interventionist or feel that you are being asked to do something you do not understand or agree with, you would be wise to stop the process and go elsewhere.

Remember, intervention is the most loving, powerful, and successful method yet for helping people accept help for their addiction.

Q) If an addict/alcoholic is unwilling to seek help, is there any way to get him into treatment?

A) This can be a challenging situation. An addict/alcoholic cannot be forced to get help except under certain circumstances, such as when a violent incident results in police being called or following a medical emergency. This doesn't mean, however, that you have to wait for a crisis to make an impact. Based on clinical experience, many treatment specialists recommend the following steps to help an addict/alcoholic accept treatment:

STEPS OF AN INTERVENTION

1. Stop all "rescue missions." Family members often try to protect an addict/alcoholic from the results of his behavior by making excuses to others about his drinking and/or using and by getting him out of drug-related jams. It is important to stop all such rescue attempts immediately, so that the individual will fully experience the harmful effects of his use and thereby become more motivated to stop.
2. Don't enable him. Sometimes family members feel sorry for the person or tend to avoid them. They let him come and go as he pleases. This comes across to the addict/alcoholic as a reward, because all he wants is to be left alone. Be careful not to reward by paying his bills, bailing him out of jail, letting him stay for free, etc. This kind of reward favors the addict/alcoholic and promotes criminal behavior.
3. Contact a professional Interventionist.
4. Set up a meeting by phone or in person between the Interventionist and each of the significant others who share the same concerns about the addict/alcoholic. The significant others should

include family, friends, coworkers, clergy or anyone else who carries weight with the addict/alcoholic.

5. Once the Interventionist determines that the criterion is met for an intervention to take place and the significant others are willing to confront themselves and the addict/alcoholic, then and only then should an intervention be planned. There are several important dynamics in regard to criteria:

- This is not just a knee-jerk situation based upon one or two episodes of the individual drinking too much or just going through a bad stretch in his or her life.
- The significant others don't see this as just the addict/alcoholic's problem, but with the Interventionists help they are able to see that they have a responsibility in this as well. They must be able to recognize that the addict/alcoholic may be addicted to a substance but they are addicted to the addict/alcoholic or otherwise this situation would not exist. It would've been handled long before now. In order for the intervention to truly be effective, the entire world of the addict/alcoholic must affect some sort of change.
- If it is determined that rehab is the best course of action, insurance capabilities must be determined.
- A hospital bed must be reserved.

6. Rehearse the intervention. Usually the evening before the planned intervention. The Interventionist should help the significant others understand just exactly what their script is based upon the facts and the truth that they share. They must be specific. They must be willing to tell the addict/alcoholic that they are concerned about his substance abuse and they want both of them to get some help. Be willing to discuss the loss of quality in their relationship. They should back up their concern with examples of the ways in which his or her substance abuse has caused problems, including any recent incidents. Don't be afraid to state the consequences. Tell the family member that until he gets help, you will carry out consequences. **Be clear that you do not want to punish the alcoholic**, but want to protect yourself from the harmful effects of the addiction. These may range from refusing to be with the person when they are under the influence, to having them move out of the house. DO NOT make any threats you are not prepared to carry out. The basic intention is to make the addict/alcoholic's life more uncomfortable if he continues using alcohol than it would be for him to get help. Once the script is determined, there should be no deviation. If there is someone in the group that is unwilling to confront the individual with this sort of commitment, then they should be asked to not participate.

7. Time your intervention. If possible, plan to talk with the addict/alcoholic when he is straight. The best time is usually in the morning, before the addict/alcoholic has an opportunity to start drinking or using again.

8. The meeting should take place at a neutral location. The person deemed most likely to be able to transport the addict/alcoholic to the meeting should do so. The meeting could be a mock breakfast, a doctor's appointment, a business opportunity or what ever would be believable for the addict/alcoholic. Some people don't feel good about being deceitful and tricking the addict/alcoholic into a confront with their family members, but we must remember that we are dealing with something that is incredibly powerful... denial. The addict/alcoholic has been very clever in keeping everyone out of the loop. They would never willingly agree to an open forum with their family and friends.

9. The significant others should arrive early enough to park their cars out of sight. They should have enough time to gather themselves and go over what they're going to say and the order of when they're going to say it, which will be determined by the Interventionist.

10. There is no way to determine how an intervention will go, but a strong and effective rehearsal

will provide the highest degree of possible success because the significant others will be more prepared to remain resolved in their commitment for change.

11. Even if the addict/alcoholic chooses not to go in the treatment, the intervention has achieved a tremendous degree of success because the significant others are no longer in denial. Reemerging from denial is the cornerstone to recovery for all parties involved.

Once the addict/alcoholic has been confronted, and has agreed to accept treatment, someone must be appointed to transport the individual immediately to the hospital or place of treatment.

12. The work has just begun for everyone involved. The significant others must understand that the addict/alcoholics world cannot be the same when he or she return's. If they return to the world that they left where everybody's behavior is exactly the same, the chances of success are very slim for addict/alcoholic and the significant others. The entire group could eventually slip back into old behaviors.