

Intervention

It's Time...



Waiting Won't
Make It Better

Introduction

It's Time... Waiting Won't Make It Better



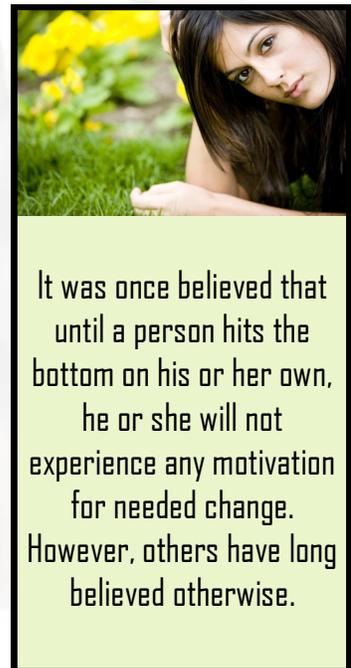
If you are reading this guide it is more than likely you fall into one of two categories:

- 1 you are simply interested in learning about how to help someone suffering with an addiction or,
- 2 you are desperately looking for answers to actually help someone you know and care about to overcome his or her addiction.

So, let's start with the meaning of addiction. Addictions are habitual involvements with people, substances, actions, or anything else that erode and eventually destroy both the addicted person and the addicted person's relationships. Some addictions are physiological (drugs, alcohol, etc.), while other addictions are psychological (sex, gambling, rage, etc.). The issue with addictions goes well beyond the habitual actions, thoughts, and attitudes. True addictive patterns are those that cause the addicted person's life to enter freefall. The addicted person's body, relationships, and environment begin to spin out of control as he or she plummets further and further into the heart of darkness. In far too many cases addicted people slam against the bottom...leaving nothing but ruin in their impact zone.

Overcoming an addiction can be a painful process...not only for the addicted person, but for those who care about him or her. In some cases, allowing the addicted person to hit bottom will ultimately mean we have waited too long. The tragedies involved with "hitting bottom" on one's own are far too many to recount here. Needless to say, such tragedies destroy too many people and too many relationships. What we need, therefore, is a means to bring the bottom up to the addicted person so that his or her landing will not be as great. In essence, that is precisely what is meant when someone refers to an intervention...bringing the bottom up.

It was once believed that until a person hits the bottom on his or her own, he or she will not experience any motivation for needed change. However, others have long believed otherwise. One of these was Rev. Vernon Johnson, an Episcopal priest, who in 1966 "convened a Minnesota church study group to figure out how to convince alcoholics to accept help before incurring tragic consequences of their drinking."* The results of his work continue today. The Intervention Model described throughout the rest of this study guide is based on his pioneering work and has become one of the working models for addiction intervention around the world.



Of course, there can be no absolute guarantee with any approach. Interventions have simply proved that bringing the bottom up is far better than waiting for the addicted person to hit

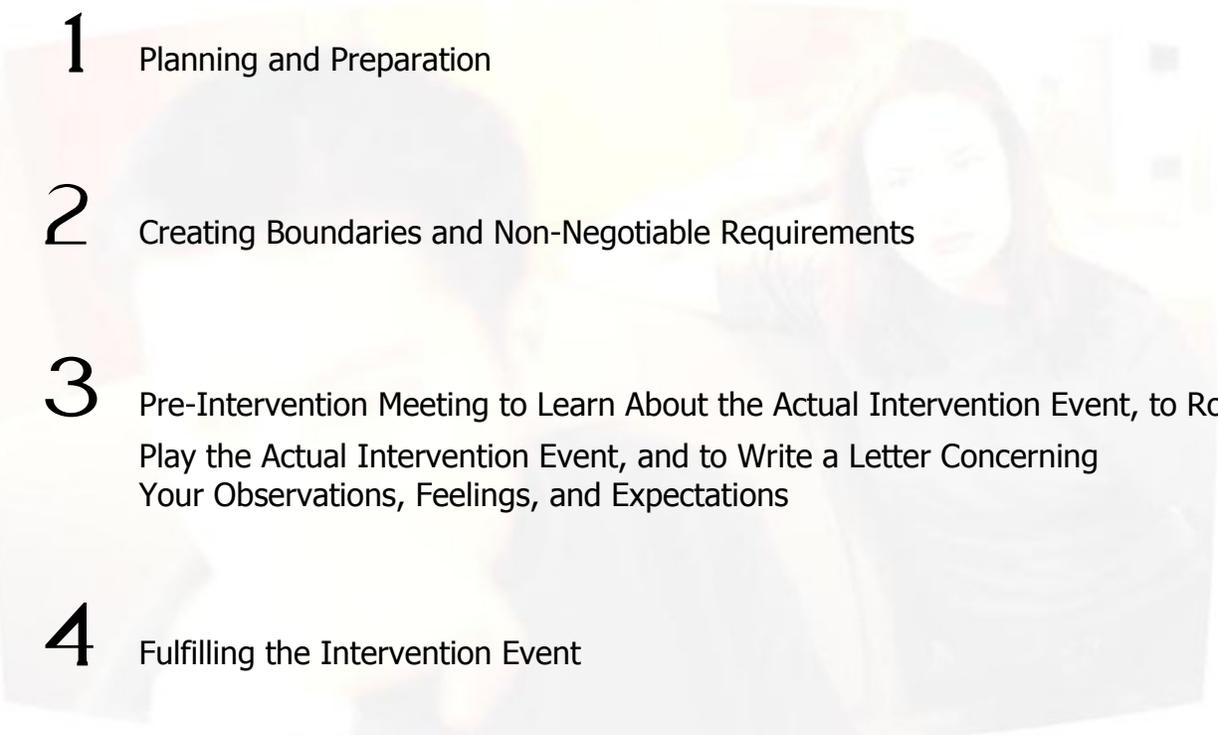
*<http://www.johnsoninstitute.org/AboutUs/History.aspx>

rock bottom. Addicted people still make their own choices. Through intervention we attempt to help them see the overwhelming need to make the right choice.

So, let's get started. It's easy to learn how, but some very important features dare not be missed.

Getting Started

Actually, you have already done this...simply by admitting you need some help and by reading this guide. However, getting started also includes a simple knowledge of what you can expect during the intervention process. We'll detail these at length in a few moments, but for now here's what you can expect:

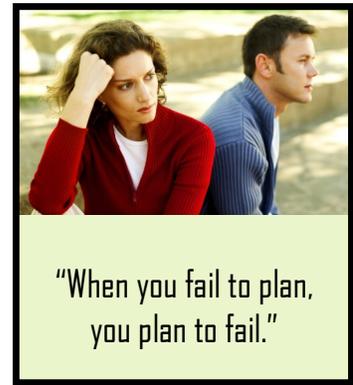
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- 1** Planning and Preparation
 - 2** Creating Boundaries and Non-Negotiable Requirements
 - 3** Pre-Intervention Meeting to Learn About the Actual Intervention Event, to Role-Play the Actual Intervention Event, and to Write a Letter Concerning Your Observations, Feelings, and Expectations
 - 4** Fulfilling the Intervention Event
 - 5** Post Intervention Strategies

Planning and Preparation

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There is an old proverb that goes something like this, "When you fail to plan, you plan to fail." The truth of this adage is never more true than when attempting to help people overcome their problems. The family intervention is a powerful motivator for positive change. However, an intervention is also quite intricate. If done in haste, without competent planning, preparation, and management, it can backfire. So, right from the start, you should resolve to carefully think everything through. There is no better way to begin doing so than by applying careful thinking to matters of timing and logistics.



Timing

Since you can ill afford to rush into this process without thinking through every step, you should begin by creating a calendar of events. In consultation with your intervention manager, choose the dates and

times for the following events:

- Choose a deadline date for drafting your Intervention Team.
- Choose a date for an initial meeting between the Intervention Team and the Intervention Manager.
- Choose a date for rehearsing the intervention.
- Choose a date for the actual Intervention Event.
- Choose a date for a follow-up meeting between the Intervention Team and the Intervention Manager.

Treatment

Once again, in consultation with your intervention manager, research and select a treatment center that will not only provide the best opportunity for recovery, but will also fit the logistical needs of all concerned. Of course, your primary concern is for the well being of the addicted person. However, if it is within your means, finding a facility that is easily accessible to the intervention team is also desirable.

A few things to keep in mind:

- How will the cost of the treatment be managed?
- What method of treatment does the treatment center use?
- What questions should you ask to give yourself enough information to be able to converse intelligently about the addiction and recovery process as proposed by various treatment facilities?

- Has your loved one already been through some forms of treatment without success? If so, how does this influence your decision making regarding a treatment facility?
- Who will make the final arrangements? When will this take place?



Creating Boundaries and Non-negotiable Requirements

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Unfortunately, the very nature of addiction assumes certain problems. It is not only true that the addicted person you care so much about has a catastrophic problem he or she seems unable to defeat, he or she also has a more primary problem that helps to facilitate the addiction. The name of that problem is *justification*. An addicted person has no shortage of reasons utilized to justify or rationalize his or her problem behavior. The addicted person uses — and often times actually believes — many different defenses, excuses, beliefs, and explanations for denying the problem exists or for why the problem exists or for why he or she cannot overcome the problem. Your task — and that of the Intervention Team — is to establish new boundaries that you will not allow to be violated. This process will include not only the development and proclamation of the boundaries, but the determination to live with them as non-negotiable expectations.

Boundaries

In the past, you have engaged in thoughts, behaviors, and attitudes that have actually hindered your desires for positive change in the person you care about. Many people refer to this as a process of enablement. You, as the caring and well-intentioned person, were complicit in the addicted person's addiction by choosing certain words and actions that actually enabled or helped to facilitate the addictive behavior. For example, no matter how well intentioned the out-burst may be, **"You just have to quit drinking,"** should the addicted person interpret this as brow-beating, nagging, or demanding, he will automatically justify his drinking. While anyone else may see his thinking as the twisted, mixed-up thought process that it is, he will rationalize his drinking based on his (perceived) lousy life... "Why shouldn't I drink? All I have to come home to is that demanding, nagging, cranky woman who calls herself my wife."

Naturally, you can see how this type of interaction could, first, take place between people in many different types of relationships and, second, take many, many different forms. For example, consider the following list as suggestive of the ways we often enable the person we care about:

- When we argue we end up enabling.
- When we cover up the problem we end up enabling.
- When we go it alone we end up enabling
- When we allow ourselves to get sucked into the addicted person's justification we end up enabling.
- When we react to the addicted person rather than being proactive we end up enabling.

So, we have to establish some new boundaries. We have to say to ourselves, "No more." Not only must we say it, we must find the maturity, strength, and help from others to live it.

- No more being a Lone Ranger. Now we (you and your Intervention Team) function as a team.
- No more being side-tracked by the addicted person's justifications. So no more arguing.
- No more reacting to the addicted person's words, attitudes, and behaviors. Instead, we will always be proactive and one step ahead of the addicted person. We will function from an educated base not a knowledge vacuum.
- No more start-ups and failures. Now we stay the course.
- No more acceptance of the addicted person's interpretations of events and situations. The time will come when healing and recovery will allow the addicted person to win back the trust and respect of others, but not now.
- No more martyr syndromes. We will no longer be victims. Instead we will take charge of our lives and live our lives victoriously...regardless of whether or not the addicted person changes.
- **No more danger. If abuse and harm are a part of your addicted person's pattern, a safety plan must be developed immediately.**

Non-negotiables

Having decided to establish these new boundaries, you must also realize that during the intervention process you are going to communicate to your

addicted loved one that you are no longer going to be complicit in his or her addiction. This will be your first non-negotiable requirement. Here are several more...

- If abuse and harm have played any part in your relationship it stops now.
- If the addiction includes loss of mental capacity (substance abuse, rage, etc.) you will not engage in any meaningful discussions when the mental incapacity occurs. Such discussions are of no value. The addicted person's thinking during these episodes is aberrant at best, his recall of the episode will be faulty (if remembered at all), and the episode will be filled with hyper-emotionalism — something not conducive to anything helpful.
- If the addicted person's life has spiraled out of control to the point where financial, spiritual, and social harm is being dumped upon others (children, co-workers, etc.) someone else is going to step in. We will no longer allow others to suffer the negative effects of his or her failures.
- There will be no intervention without a feasible plan for treatment and recovery.

- Communication will be respectful, not disrespectful, or communication will not occur.
- Each member of the intervention team will know, acknowledge, and communicate the specific attitudes and behaviors of the addicted person that will no longer be acceptable.
- Each member of the intervention team will know, acknowledge, communicate, and implement specific negative consequences to be faced by the addicted person should he or she continue in the addiction.
- From now on we deal with facts, not "what-ifs," "what might have been," or "should a, could a, would a's."



Pre-Intervention Meeting

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Remember, an intervention is all about helping the addicted person to finally see the awful truth of his or her condition. It is designed to knock the addicted person off balance...to push him or her beyond what has become a comfort zone...to tear down defenses so that truth can actually penetrate. The intervention will not be the answer to the problem...it will be the motivator to find the answer. Therefore, every bit of preparation we can put into it will pay huge dividends. In this section, we will look carefully at that preparation.

1 **Items to do before the pre-intervention meeting:**

First, we need to choose our intervention team. These will be people who...

- share your great concern for the addicted person
- who have relationships with the addicted person that the addicted person considers very important
- who suffer the detrimental affects of the addicted person's actions
- who are willing to risk their relationship with the addicted person
- who have the social, emotional, physical, and spiritual capacity to go the distance
- who will not back down should the addicted person react negatively
- who will not over-react during the intervention process by becoming hyper-emotional
- who have clear insight into the addicted person's unacceptable behaviors and attitudes
- who have clear insight into the negative consequences that will haunt the addicted person should he choose not to change

Second, marshal the facts. Each team member should write down as much specific information about the addicted person's detrimental behaviors and attitudes as possible. Each team member should also write down the negative consequences that are either currently happening or will eventually happen as a result of the addiction. These consequences must include the new boundaries and non-negotiable requirements that each team member sees coming and/or plans to implement.

Third, each team member will write a letter to the addicted person that includes some of the facts. This letter will help each team member to express his or her thoughts and feelings during the actual intervention event. Therefore, the letter should...

- describe exactly what the addicted person does to cause harm to himself and/or others
- be written in the second person (i.e. "you did this specifically")

- avoid generalizations and instead focus on clear, descriptive details of negative actions
- avoid second-hand information; list only what you know first-hand
- describe exactly the negative consequences that are already occurring
- describe exactly what negative consequences can be expected if the addiction continues
- remain free of any idle threats

Sample Letter:

Dear Mom,

I know this is hard, but it is also necessary. I love you and I'm here today because of that love. I'm very concerned for you and those you love and those who love you. So, I'm asking you to listen. Listen to what I have to say. Listen to how I feel and how I care and how I'm anticipating the best. As I said, I know this will be hard, but please, please listen.

I long for the old days...back when everything was so different...back when you could remember that on a particular day we were to have lunch together. Or even further back, when I was still a child...times when you would teach me something new...not because you had to, but because you wanted. I long for those times and long to offer those times to your grandchildren...but I can't.

Just last week, I had to come to a conclusion...a conclusion that hurts us all, but one that cannot be avoided. The kids and I were looking forward to spending that afternoon with you. Johnny and Sarah were so excited about just hanging out at the mall...having some lunch...maybe taking in a movie...all of us together. But then I saw you drive up. First, I noticed the wide turn you took at the corner. You were completely in the wrong lane. Then, as you got closer to our yard, I literally shoved both Johnny and Sarah behind me. It was all I could think to do since you drove up so fast, slammed on the brakes late, and bounced your tires over the curb. A few feet more and I and the kids could have been seriously injured or even...well, I'm not even going to go there. Sure you got out apologizing and making feeble excuses, but the same old problem was just as obvious as your breath...alcohol. So, the conclusion I came to is this: No one in my family will ever ride in a car that you are driving. We simply cannot trust you. Furthermore, I have decided that I cannot allow you to spend time alone with Johnny or Sarah. I simply cannot allow you to cause them harm. I know in your heart you would never intend harm, but your drinking is out of control.

So, here's the deal...everyone in this room wants the best for you. Should you choose to accept our help, we've got a plan already in place. We will stand by you, help you, pray for you, encourage you...we will do everything in our power. However, should you refuse to get help immediately, the consequences I've already stated will be accompanied by others. If it means risking our family's relationship with you, then so be it. I cannot allow my children to suffer the negative consequences of your wrong choices any longer. You do not have to continue drinking, but it is still up to you.

Jennifer

2

Items to accomplish during the pre-intervention meeting:

The first item of business at the pre-intervention meeting is to discuss the feelings and concerns of the team members. There will always be some anxiety and confusion, so these must be brought to the surface for clarification.

Second, the intervention manager will go over the meaning of addiction, the meaning of intervention, the meaning of treatment, the meaning of after care, the meaning of boundaries, and the meaning of non-negotiable requirements.

Third, the intervention manager will describe the actual intervention event. Dates, times, and locations for the event and treatment plan will be thoroughly covered as well as the intervention meeting itself.

Fourth, the intervention team will actually role-play the intervention event. The intervention manager will facilitate the meeting just as he or she will during the actual event...with a few exceptions. During the rehearsal the intervention manager will provide pauses for insight and clarification. The goal is to bring each team member as much knowledge and confidence as possible.

Just before the actual role-playing, the intervention manager will direct each team member to read his or her letter. After each letter is read, the group will discuss the content. This process will help the team guarantee that every letter meets the intervention guidelines:

- empty of any bitterness
- empty of generalizations
- empty of subjective opinions
- written in the second person
- filled with specific examples of wrong behavior
- strong with specific consequences for continued addiction

Once everyone is confident that each letter is as close to perfect as possible, the edited letters can be entrusted to their respective writers for final draft. This process is of vital importance, because when these letters are not spot on, they will open the door for the addicted person to create controversy. This controversy can then lead to debate...and debate will lead to an intervention event that may spin out of control.

Once everyone has read his or her letter and the group discusses and amends them, the intervention manager will determine the order in which they will be read at the intervention event. Final agreement among team members is then solicited so that nothing will be done out of order or through ill-conceived methods. The better the plan and the closer the team comes to fulfilling the plan, the better the chances for success.

At this point the role-playing will begin. Each person in the team will take an opportunity to play the part of the addicted person. As he or she listens to a letter being read, he or she will offer resistance just as the addicted person might do. Questioning, arguing, blustering, or

whatever should be tossed at the letter reader just as one might anticipate seeing during the actual intervention event. When these “resistant moments” occur the intervention manager will lead the team in a discussion concerning how best to deal with it should it actually happen. The team will decide how best to answer the objection and who will be the best person to offer the answer or solution.

Fifth, while the rehearsal is taking place, each team member should be taking a few brief notes. These notes can be read privately at a later time to assist each team member with memory recall and confidence.

Sixth, in consultation with your intervention manager, decide if another pre-intervention rehearsal is necessary. Two or three should suffice for pre-intervention meetings. No more than a week should be consumed on pre-intervention meetings. In fact, time is a precious commodity. The longer you wait the greater the risk



The Intervention

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We come then to the actual intervention event. Some have asked about the process of getting the addicted person to such a meeting.

“If we ask straight out, won’t this ensure that he or she won’t come?”

“If we invite the addicted person to a fictitious meeting and then drop the intervention like a bomb shell, is this not being dishonest?”

Both of these questions raise legitimate concerns. The first is, according to most intervention specialists, true. Inform the addicted person that he or she is being invited to an intervention (even if other words are used) and she or he more than likely will not show. The second is also a problem. No one wants to be and no one should be dishonest. Therefore most intervention specialists suggest that one of the key members of the intervention team invite the addicted person to a legitimate get together (for example, “Can we set aside Thursday evening to talk about some things that I am concerned about?”)

At the appointed time and place, the intervention team should already be in the room. Of course, the addicted person will be surprised...possibly even upset. The person who invited the addicted person should immediately explain that what he or she wanted to discuss is, admittedly, very difficult...and something he or she simply would not be able to fully articulate without help. Thus, the reason for the other people. An invitation is then extended to the addicted person to have a seat, to listen, and to consider what both he or she and the group wish to say.

At this point the intervention manager will begin the process:

- he or she will keep everyone on task
- he or she will keep the conversation from getting off target, hyper-emotional, or out of control
- he or she will ensure that everyone goes in the order decided at the pre-intervention meeting
- he or she will ask each person to read his or her letter
- he or she will direct the appropriate person to respond to the addicted person’s comments, questions, or objections
- and he or she will ensure that any unforeseen objections or problems are dealt with through respect, love, kindness, and gentleness.

During the intervention process the intervention manager will be gauging the addicted person’s responses and demeanor. The intervention manager will be looking for signs of resistance, repentance, or anything in between. Of course, a true desire for change is that for which everyone will be praying, but, just so we are clear, let’s first look at true repentance, and then, second, let’s look at resistance.

1 What will true repentance look like? True repentance will allow the addicted person to speak truth about his or her condition. There will be feelings of sorrow. There will be sincere apologies for the hurt thrust upon so many. There will not be objections to the desires of the intervention team. There will be sincere admissions of wrong behavior...no excuses, no justifications.

Searching for an example in literature or history to illustrate what this looks like, one might consider the account of the two thieves who were crucified along with Jesus Christ. If you recall the account, one of the thieves was boastful and arrogant. He abusively said to Jesus, "Aren't you the Christ? Save yourself and us!" However the other said, "Don't you fear God," since you are under the same sentence? We are punished justly, for we are getting what our deeds deserve. But this man has done nothing wrong." He then turned to Jesus and said, "Jesus, remember me when you come into your kingdom."

The arrogant thief refused to acknowledge his wrongs. Instead, he displaced his wrong by casting insults at Jesus. If he could not humble himself and if he could not elevate himself legitimately, he would force himself to believe he was not all that bad by attempting to bring someone else down. People do this all the time. By casting aspersions, by blaming others, by pointing out flaws in other people, by deflecting responsibility, they trick themselves into believing they are not so bad. They artificially inflate their own self-image by seeing others negatively. This may very well be the case during your loved one's intervention...something we'll address in a few moments.



People who finally and sincerely realize they have a problem point the finger at themselves. When looking at others, they sincerely say, "I'm sorry," and sincerely ask, "Can you help me?"

On the other hand, the second thief demonstrated true repentance. He recognized his own condition: he was justly condemned. He also recognized the condition of Jesus: he was innocent. People who finally and sincerely realize they have a problem point the finger at themselves. When looking at others, they sincerely say, "I'm sorry," and sincerely ask, "Can you help me?" This is what the second thief did and it's what we hope and pray your loved one will do.

If your intervention leads to this kind of response, your intervention manager will immediately initiate your team's plan for healing. He or she will describe to the addicted person a written plan for treatment and recovery. Once the plan has been described and understood, your intervention manager will ask the addicted person to sign the plan indicating his or her agreement.

This is where you will see surrender in the eyes and demeanor of your loved one. Finally, finally the blinders will be coming off and your loved one will be seeing what you and your intervention team have been seeing. This will be truly a humble moment for the addicted person...and a good moment. This is where the Latin phrase, *carpe diem* (seize the day) must come into play. The addicted person will at this point be ready...so too must you and the others be ready. Therefore, implement your recovery plans without hesitation.

2 However — and this is a big however — what if like the first thief your loved one does not respond positively? What if your addicted person reacts with either absolute resistance and refusal or with something in between repentance and resistance — an agreement that a problem exists between himself and the team members, but not a heartfelt admission of personal wrong-doing? Well, let's take them one at a time.

Should your loved one respond with resistance (anger, remaining self-absorbed, deflecting responsibility, blaming others, refusing to acknowledge wrong, etc.), stay calm. Remember, the very nature of an addicted person's problem demands the presence of justification and rationalization. This is a deep and established pattern for your loved one. Recognizing the possibility of resistance, therefore, can help you be prepared to respond with firm convictions conveyed with love and self-control. End the intervention event by reminding the addicted person of two things: the new boundaries established by the intervention team and the intervention team's determination to not give up.

And, what does this "determination to not give up" mean? It means each member of the intervention team will honor the new boundaries and non-negotiable expectations and will be willing to implement the intervention again and again and again. Of course wisdom demands that you reconvene pre-intervention meetings again as well. At these meetings you can collect more data (concerning the addicted person's behaviors and potential new consequences) that may prove useful for a second intervention...or a third. Do not grow discouraged. You and your team have chosen a new path. You are now in charge...not the addicted person. You and your team are no longer complicit in the wrong behavior and addiction of your loved one. Now you are planning and working for change.

Finally, what if you get one of those in-between responses? What if the addicted person acknowledges that a problem exists (i.e. members of the intervention team plan to implement consequences, plan to no longer tolerate the wrong behavior, etc.) and is therefore motivated to seek help not based on his or her sincere brokenness, but on anxiety or apprehension about losing valuable relationships? What if he or she is willing to go along with your plan even though the willingness is not coming from the best of intentions?

Go for it. While the best opportunity for life-long change always stems from true self-clarity (the sincere confession of one's wrong behaviors, attitudes, decisions, and destructiveness), the process of healing can begin with something less. Should one be motivated to seek positive change based on the fear of losing something precious, every encouragement should be offered. There will be time for deeper introspection in days and weeks to come. After all, it seems the better part of wisdom and love to see someone recovering based on half-measures than to see someone continue in his or her addiction.

Post-Intervention Strategies

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If you have been successful with the intervention, the person you love should now be undergoing a plan of treatment. Should all go well, the addicted person will come away from the treatment plan with a whole new beginning...but not a new ending, not yet. There will be more to accomplish.

Overcoming an addiction does not necessarily mean that all the problems go away. In fact, once an addicted person is free to see clearly again, he or she will be able to see many other problems. Life may very well remain just as difficult as before — both for the addicted person and those who love him or her. Post-intervention strategies will therefore be necessary. And, even though it is not within the scope of this intervention document, we recommend that you look for assistance to establish and practice these new strategies. Should you desire our assistance, we will be pleased to discuss with you what that might look like. Should you desire to look elsewhere, we will also be pleased to offer some fine recommendations. If you would like to learn and implement new strategies on your own, may we suggest two very helpful books:

Get Your Loved One Sober. Robert J. Meyers and Brenda L. Wolfe. Hazelden (press). Center City, MN. 2004

From the back cover: "Here is a book for those who have 'tried everything' to get their loved ones sober—from scolding and nagging, to begging and bribing, and even detaching—all to no avail. Using this compassionate yet effective approach, spouses, lovers, parents, or children of problem drinkers or drug users can improve the quality of their own lives while making sobriety a more rewarding option for their loved ones than drinking or taking drugs. Based on the scientifically validated CRAFT (Community Reinforcement and Family Training) model, *Get Your Loved One Sober* provides the guidance and tools you need to recognize how you and your loved one interact and to change those patterns to achieve healthier, happier results."

We would simply add this: the principles found in this book, while specifically aimed at those involved with substance abusers, are just as effective for those with loved ones suffering other addictions and/or problems.

The Purpose Driven Life. Rick Warren. Zondervan Publications, Grand Rapids, MI. 2002

A runaway best seller, *The Purpose Driven Life* helps a person to better understand his or her place in this world. It gives clear insight into God's purpose and plan for every individual. Within its pages are eternal guidelines for reducing stress, simplifying decisions, and increasing our relational capabilities.