

The background features a dark green base with several overlapping, organic shapes in a lighter teal and a vibrant orange. The shapes are layered, creating a sense of depth and movement. The text is overlaid on this abstract composition.

We Do Recover

Intervention Guide

Interventions

Saving lives, healing families

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Introduction

Thank you for downloading and reading the We Do Recover guide to interventions. We hope that the information contained herein will inform you and help you to help your loved one.

This guide is split into three sections. The first introduces the concept of drug addiction and alcoholism. The next section focuses on theoretical aspects of an intervention and the final section provides some practical tips on how to conduct your intervention.

At the outset it should be said that an intervention is a very delicate affair. We Do Recover suggests that you always have a professional involved. Their training and experience will be invaluable in making a success of your intervention.

Part One – Understanding the problem

Drug addiction and alcoholism are regarded as diseases by medical science. Research conducted over the years has helped doctors to understand the chemical changes that occur in the brain as a result of chronic drug abuse or drinking.

It has been shown that the brain actually “rewires” itself as a result of drug abuse by forming new connections and strengthening existing ones. The behaviour of the addict or alcoholic will change as a result of the changes within the brain.

Seeing alcoholism and addiction as a disease means that the stigma attached to these conditions is removed. The blame for addictive or alcoholic behaviour can be placed on the illness and not the person. Thus it removes the element of judgment and allows for the possibility of treatment.

It's important for you as a family member or colleague to know that you are not responsible for the disease. You can't make an addict/alcoholic drink or drug. Addicts and alcoholics may be very manipulative in trying to blame their family or friends for their behaviour. In reality their behaviour is a result of their disease.

There are two physical symptoms of drug addiction and alcoholism that are related to changes in the body and brain. These are the presence of withdrawal symptoms and tolerance.

Withdrawal symptoms can be very unpleasant (muscle cramps, cold sweats, nausea) or outright dangerous (convulsions, hallucinations). They occur as a result of the body's physical dependence on the drug which has developed as a result of chronic abuse. Addicts and alcoholics may have to use their substance just to avoid withdrawal symptoms.

Other symptoms of the disease focus on how the addict or alcoholic will use their substance no matter what problems it creates in their life. Job loss, divorce, financial ruin, and legal troubles are all potential consequences of drug addiction and alcoholism. The addict or alcoholic will continue to use despite inflicting great harm on themselves and their family.



Drug addiction and alcoholism are progressive illnesses. This means that they get progressively worse over time if left untreated. As a concerned family member you're probably able to describe how your loved ones problem is getting worse.

There is currently no complete cure for drug addiction or alcoholism. Research has shown that a person who has been addicted to a substance, is unable to ever regain control of their usage. In other words, if an alcoholic stops drinking for a few years and then tries to have just a few social drinks they are most likely going to return to full blown alcoholism. Don't lose hope - Alcoholism and drug addiction *can be treated* and the patient can live a fulfilled and happy life.

So to sum up - the problem is that the addict or alcoholic is sick and will get worse and worse unless they stop.

Part two – What are interventions?



How did interventions develop?

The need for an intervention has always existed. Addicts and alcoholics are often in deep denial of their problem and are the last to know that they need help.

The first systematic description of what developed into today's interventions was by Vernon Johnson in the 1960's. Since then the technique has been refined and improved by successive researchers.

One way in which interventions have developed is through expanding their scope. Originally they were used exclusively for drug addiction and alcoholism, but are now used in a variety of contexts. Sports teams, companies, and the military will all use interventions to help modify behaviour.

Because of the increase in areas to which interventions are applied the range of techniques used has also been expanded upon.



The purpose of an intervention

An intervention is a process of helping a person change their thoughts, feelings, and behaviours. In the context of drug addiction or alcoholism an intervention is a meeting of people who approach a person in the grip of addiction to alcohol or other drugs with the aim of helping them see the nature and severity of their problem and offering a practical way to enter treatment.



The meeting is planned in advance so that the concerned friends and family are well prepared. The intervention itself is held in a respectful manner that makes it clear exactly what behaviour is the problem.

The purpose of a meeting is therefore twofold – firstly to bring attention to destructive behaviour and secondly to offer an opportunity for the addict or alcoholic to accept help.

Ideally they will agree to enter treatment immediately. Sometimes an interventionist will suggest having bags packed and bookings made in readiness of this decision. Delays in admitting the person to treatment could result in them changing their mind.

Ultimately the objective of the process is to end the suffering of the addict/alcoholic and the people around them who have been affected by their behaviour.



What are the behaviours that might need an intervention?

We've spoken about an intervention as being required to help a person identify and change their behaviour, but what exactly is this behaviour?

Interventions are not just for addictions to substances. An intervention can be held for just about any self-destructive behaviour: drug addiction, alcoholism, sex addiction, eating disorders, gambling, or any other such behaviour.

Likewise interventions are not restricted solely to drug addiction or alcoholism. Even an elderly person who is unable to take care of themselves but is refusing to enter a care facility can benefit from an intervention.

If the behaviour is self-destructive and causing distress to the drug addict/alcoholic or their family then there is potential for an intervention.



When is an intervention necessary?

Often an intervention is the last step a family can take before seeking the help of the courts. Individual family members may have tried to reason with the addict or alcoholic one-on-one without success.

So we can say that an intervention is necessary when other methods have not been effective in helping the alcoholic/addict to see their problem and seek help.



Drug addiction and alcoholism are progressive illnesses. They only get worse if left untreated and lead to increasingly severe consequences. Permanent physical damage or even death could arise as a result of persistent substance abuse or drinking. And let us not forget job loss, divorce, legal troubles, and financial woes.

An intervention is necessary if you want to help the person acknowledge their problem and get help. Often it is the alcoholic or addict that is the last to realise that they have a problem. An intervention helps them to break through this denial and seek help.



What happens in an intervention?

An intervention should be carefully planned by the family and friends of the addict/alcoholic. The details of what is going to be said should be discussed.

Ideally an intervention professional should be involved in the planning phase and brought up to speed regarding the nature of the problem. Together they will identify who will attend the intervention, develop a plan for treatment following the intervention, and then plan when to conduct the intervention.

The ongoing behaviour of the addict/alcoholic may have left them feeling angry, betrayed, guilty, or betrayed. Family and friends often have the misconception that the intervention is there to help them process their negative feelings so that they can leave feeling emotionally lighter. This is not a chance for catharsis where emotions are shared and expressed.

It's important to understand that interventions are not the place to process the emotions of family and friends.

An intervention is a directed event with a clearly defined objective – getting the patient into treatment.

When the patient is in treatment and the significant others attending the 'Family Programme' learning about the addiction treatment process and also what stance they can adopt in relation to the patient to help in achieving a successful outcome then only can they begin to frame their experience in the most useful light.

Letting the addicted or alcoholic family member know just how serious their behaviour has been and the full negative impact it's had on the family is an important part of treatment, not of intervention.

This open, direct communication is useful in narrowing the discrepancy between how the patient sees their life and how it really is. It's a great *treatment tool, not an intervention tool.*



A drug addiction intervention and appropriate treatment can change the way the family interacts. By bringing the problem of drug addiction or alcoholism to light it loses the status of “rhinoceros in the room” that no-one can say anything about and becomes something the family can begin to deal with.

Going through the addiction treatment process will make the family more cohesive and effective in helping each other recover.

During the intervention each person will get a chance to address the alcoholic. They will describe how the behaviour around drinking is affecting them and how they can see it damaging the alcoholic. They will give specific examples of how they have been embarrassed or harmed as a result of the drinking.

The interventionist will moderate the discussion and ensure that order is kept. They will help to keep the focus on the aims of the intervention as well as assist people to express themselves appropriately. This prevents the intervention from turning into a blaming session or a shouting match.



What should we be aiming to accomplish with an intervention?

There is only one objective when holding an intervention. It's great if the intervention helps the addict realise the nature of their problem, but the sole objective is to get them to agree to go to treatment.

It's a common mistaken belief that people need to willingly enter treatment for it to work. Most addicted people enter treatment under some form of pressure and this can actually benefit the treatment process.

A secondary benefit of the patient being in treatment is that the suffering of the people around the alcoholic who have been affected by their drinking is temporarily alleviated.

The alcoholic or drug addict is caught up in the grip of an illness that compels them to use drugs and alcohol against their will and in spite of the resultant destructiveness.

Examining this behaviour is an important part of treatment, not the intervention. By scrutinizing the drug addicts behavior too closely and how they're harming themselves the intervention may be derailed.

It's important to list the reality of their addiction and what you need to see happen without allowing the patient too much room for discussion.



The intervention aims are not to create self-awareness, erode denial, and ultimately put an end to the self-destructive patterns. It's way too early in the process for that, let's just get them into the detoxification phase of treatment first!

Even if drug addicted and alcoholic patients are initially furiously unwilling or resistant to treatment this can be worked with as a therapeutic issue and motivation enhancement done as a normal part of treatment. Being resistant at some point in the rehabilitation process is entirely natural and won't negatively influence the treatment outcome.

Having said that, your interventionist might suggest a slightly longer treatment program for a person who doesn't want to be there. This will allow the treatment centre more time to overcome the denial system that causes the resistance.

There are various treatment options to consider, which are contemplated later in this brochure.

A side focus of the intervention could be to educate the families. Sometimes they can benefit from treatment themselves to help them develop new attitudes around addiction and behaviours that support recovery and not enable addiction.

Treatment helps to change any attitudes and behaviour which might have had an influence on the drinker. There are support groups such as Al-Anon, Al-Ateen, and Nar-Anon which offer support focused on the people affected by the alcoholic/addict. The intervention will aim to help everybody see how they can take part in the family healing process by seeking appropriate treatment, education, and support.

Part Three – Practical advice on holding an Intervention

This part of the brochure answers several important questions:

- What is the process of intervention?
- Is it necessary to have a professional interventions counsellor to help?
- How do I choose an intervention specialist?
- How urgently must I arrange the intervention?
- Who should participate in the intervention?
- How should I handle angry, hopeless or reluctant family members?
- How can we intervene when my family lives all around the country?
- How long will an intervention take?
- Where are we going to conduct the meetings?
- How will we choose a treatment option for our loved one?





What is the process of intervention?

Intervention is described as a process and not as a single event. This is because there is more to it than simply holding a meeting and hoping that it will be effective.

As a suggestion, you should follow this general format in order to maximise the effectiveness of your intervention:

- First, find a professional interventions addiction counsellor who can assist you in planning and conducting your intervention.
- Second, meet with the interventionist to discuss the case. They need to know about the pattern of using, the family history, and other information that is pertinent to understand the problem.
- Third, the family should meet together with the interventionist for a series of planning sessions. These should include discussions about treatment options and what will happen if the addict refuses treatment (e.g.: will they be “cut off” financially, court ordered, etc).
- Fourth, conduct the intervention.
- Fifth, have a follow-up meeting. This should focus on reaffirming the ground gained and ensuring that the family does all it can be maintain the drug addict or alcoholic’s engagement in treatment.
- Sixth, the interventionist may follow up on the patient’s progress in rehab and act as a case worker.



Is it necessary to have a professional interventions counsellor to help?

It is possible to conduct the intervention without the assistance of a professional interventions counsellor, but you need to be very careful. This is not an easy process and can be very emotionally charged. It is best to do the intervention once and properly the first time around and so having professional experience is a very good idea.



It may not only be a waste of your time to try and conduct an intervention by yourself, it may be damaging to the next intervention.

The process needs to be carefully planned and every detail thought of. You also need to plan for how to deal with the difficult emotions that may arise through the group dynamic. This may be so difficult that the intervention never takes place at all. Including a professional to guide the family is best practice.

An intervention can actually be harmful if it is not done properly. Think about the consequences of the meeting turning into an uncontrolled family fight as a result of the emotions that fly around!

It seems best to rather find out about getting an interventionist than have the intervention fail.



How do I choose an interventionist?

It is a given that your interventionist should be properly trained and experienced. Make sure that they are registered with a professional body. You need to feel comfortable with the interventionist, does your gut tell you that (s)he is trustworthy?

Guiding family, friends, and colleagues through the intervention process requires specialist training. An intervention is a special type of group, it is not simply an opportunity to discuss the problem or a chance to tell the addict to go to rehab. These simplistic views of intervention do not take into account the complexity involved in helping the addict get into treatment. An interventionist will draw on an understanding of traditional therapy and extend this knowledge into the arena of interventions.

If you're unsure about the interventionists ability to successfully help your family you should ask them about their training, experience, and whether they are under the supervision of a more experienced counsellor.

Experience comes over time. Ask the interventionist how long they have been specialising in this field. You'll be able to judge for yourself whether they have practiced long enough to be considered a specialist in the field. Training is essential – not only must the interventionist be qualified as an addictions counsellor but they should have received additional training in managing interventions.

Supervision is an ethical way for counsellors to ensure that they are maintaining and improving their standard of practice. Even psychologists who have been in practice for many years will be in supervision of some sort.





How urgently must I arrange the intervention?

Drug addiction and alcoholism are described as progressive diseases. This means that they get worse over time if left untreated. Of course the speed at which the illness is getting worse will for a large part determine the urgency with which it must be treated.

It is a good idea to treat any drug addiction or alcoholism problem with a sense of urgency. Drug abuse and alcohol abuse place the person at risk every time they get drunk or high. Their lifestyle is altered and they may be in dangerous situations (drunk driving, for example).

If you decide to wait a little while before holding the intervention then you are allowing the disease to progress, allowing further consequences to occur, and even risking the death of the alcoholic/addict.

Rather discuss this question with a professional interventionist who will be able to assess the situation and provide some opinions to consider.



Who should participate in the intervention?

Classical thought holds that everybody who is meaningful to the alcoholic/addict should be considered for inclusion. An alternative point of view removes the need for the person to be meaningful to the alcoholic and suggests that anybody who is affected by the alcoholic/addict's behaviour could be considered to attend.

An intervention can be successful with a small number of people and can even be effective with just one person. It must be kept in mind that the guidelines for an intervention should still be followed, rather than just making this another one-to-one confrontation that degrades into an argument.

One suggestion for deciding on who should participate is to choose people who will be able to accurately describe how the alcoholic/addict's behaviour is negatively affecting their performance at home, work, socially and personally both to the alcoholic and to the family. It requires a certain degree of courage to tell somebody you care about how their behaviour is causing you harm and is unacceptable.



Some people are not able to reach this point and will talk around the topic. Bear in mind that your interventionist will guide you on how to describe the behaviours that are causing distress and will provide you with support in the meeting.

Another pattern in some families is to have a person who tries to smooth issues over and makes excuses for the alcoholic/addict. This might be because they struggle to differentiate between the value of a person and the behaviour that person displays. It might also be because they're worried the person might reject them if they provide feedback on behaviour. Whatever the reason if they are going to protect or excuse the behaviours displayed by the alcoholic/addict you should discuss with your interventionist whether they should be included.

Such a person should be helped by the interventionist to see that the process is in the best interests of the alcoholic/addict. If they are unable to objectively identify problematic behaviour you might consider not inviting them to the actual intervention (but still include them in planning sessions).

Remember that the aim of the intervention is to help the addict/alcoholic into treatment. You need to provide enough motivation to them in the meeting in order to convince them to go. Choose people who are going to offer strong reasons why the addict/alcoholic's behaviour is dangerous and who are going to stick to the objectives of the meeting.

The role of the interventionist in planning who is appropriate and who is best left out of the actual intervention is also very important and if you have not already done so you should consider getting help to determine the group size before going ahead.

Do all you can to ensure the success of the intervention.



How should I handle angry, hopeless or reluctant family members?

The interventionist will be an invaluable resource in helping you to manage these difficult emotions during the planning sessions and the intervention itself. Your interventionist is a qualified counsellor and understands these emotions. Before trying to deal with family members who are struggling with the intervention process yourself you should ask for advice from your interventionist.

Somebody who is too angry, too hopeless, or too frightened is not going to be as effective in an intervention as they could be under better emotional circumstances.

An angry family member could be helped to express their anger appropriately. Given the selfish and dishonest behaviour displayed by so many alcoholics/addicts they probably have a good reason to be angry!



Help them to realize that they are angry with the behaviour and not the person. This will help them to objectively state what makes them angry and avoid judging the person. Help them to be able to express their anger in a way that does not attack the alcoholic/addict which might make them defensive or withdraw.

Anger is sometimes a symptom of another emotion which is being suppressed – such as hurt, disappointment, or worry. Help the angry family member check if the root cause of their anger is actually another emotion. This will help them bring that emotion to the intervention and process it. This will be a cathartic healing experience for the angry family member.

Hopeless family members may have tried to help before but failed. They may be under a negative impression about the morbidity of addiction or believe that treatment is ineffective. You can help them by showing that although addiction is a potentially fatal illness it can be effectively treated. Point out the facts about treatment and how it has advanced in recent years. Reassure them that even if the alcoholic/addict resists treatment they can still enjoy a positive treatment outcome. Point out that their previous efforts were not done in an intervention format in the presence of a professional.

Frightened family members may be afraid of the anger of the alcoholic/addict. Maybe the alcoholic/addict has previously expressed this anger in hurtful ways – physical abuse or emotional punishment.

You could help the frightened family member to realize that physical abuse is highly unlikely in the group setting and that the interventionist is trained to deal with anger outbursts. This means that if the alcoholic/addict starts getting angry they will be helped to process their anger appropriately by the interventionist and not have to resort to physical abuse.

Emotional punishment is a more subtle form of abuse that alcoholics or addicts may employ. Withdrawal (sulking, ignoring) is one form of emotional punishment. Guilt (blaming) is another way in which drug addicts and alcoholics inflict emotional punishment on the people around them. In a more general manner we would describe emotional punishment as the effort by the alcoholic/addict to engender negative emotions in the family member in an effort to control their behaviour.

The interventionist is trained to spot these manipulative techniques and will draw attention to them. Often by exposing the attempt to manipulate it's effect is negated.

You can see by the length of the answer to this question that this is a very complex issue. Part of the skill set of a counsellor lies in supporting people through emotional difficulty. An interventionist is trained to do this within the actual intervention. You should consider drawing on the skills of a professional for help.





How long will an intervention take?

The planning phases of an intervention will take longer than the actual meeting itself. Be prepared to meet with the concerned friends and family members at least two or three times before the actual intervention. A well planned intervention is probably going to be more successful so don't skimp on planning sessions. There are a lot of fine details to be considered.

Each planning session may take an hour or two, or longer, depending on how informed the family members are about the process and what is expected of them. Perhaps you should give a copy of this brochure to each person attending so that they can cover the groundwork before the meeting.

Ideally these planning phases should include an interventionist who will guide the process.

You can space the planning sessions out a little bit, but obviously the longer you leave an intervention the worse the addiction will get. Consult with your interventionist to get a sense of the urgency and then conduct your planning sessions accordingly.

An intervention meeting may also last an hour or two, depending on how many people are going to talk, how well planned it is, and whether an interventionist is there to keep it on track and focused on the primary aim.

A follow-up meeting should be included in your time planning. This meeting should happen a few days later and focus on ensuring the family does all it can to keep the alcoholic or drug addict committed to the treatment process.

Try to see the intervention as a process and not an event. It is a process of education, planning, execution, and follow-up.



Where are we going to conduct the meetings?

There are no specific requirements for where the meetings need to be held.

You can certainly conduct the planning sessions wherever you choose – at home, at the office of the interventionist, in a coffee shop, or wherever you find comfortable. Just so long as everybody can participate you'll be fine.

For families with members in different towns you could consider internet chat solutions (such as Skype), email, or conference calls as alternatives for travelling to every planning session.



The actual intervention can also be held anywhere. Sometimes the home is chosen because it is non-threatening to the alcoholic / drug addict and it is easier to get them to attend the meeting than if it were held somewhere else. For example the alcoholic/addict may not be willing to travel to the interventionists offices. They might use distance or inconvenience as an excuse not to attend.

So hold the meetings wherever will work for you.



How will we choose a treatment option?

There are many different addiction treatment centres of varying quality and therapeutic approaches. Your interventionist will be able to make suggestions as to which centre to choose. If you are not using an interventionist you could consider contacting a company that specializes in coordinating treatment intakes. They will assess the patient and direct you to an effective treatment program.

Failing taking professional advice you can look for a treatment option yourself, but this can be an involved process in itself.

Searching on the internet for rehabilitation centres will yield many results. Let's narrow down the list by separating wheat from chaff.



As an absolute minimum you should ensure that the treatment centre is:

- Licensed by the appropriate government bodies and adheres to all relevant Health and Safety codes.
- Staffed by qualified members of professional bodies and not by lay-persons. Some people claim to be qualified addictions counsellors but have no formal training or recognition by a professional body.

Your next set of checks should be on the programme offered at the clinic. Eschew centres that are focused on a religious programme such as Scientology. While spirituality is vital in recovery, an effective treatment programme should include other elements as well.



Rather look for treatment programmes that incorporate a diverse range of therapeutic interventions such as:

- Group and individual psychotherapy.
- Art therapy, music therapy, and other creative sessions.
- A healthy diet and appropriate physical exercise (e.g.: light walks) overseen by dieticians and doctors respectively.
- Attention to dual diagnosis.

A wide range of therapeutic activities helps the centre to address drug addiction and alcoholism comprehensively.

Finally you could look at the amenities offered by the addiction centre. Having access to gyms, swimming pools, saunas, and so forth could make your loved one's stay more enjoyable.

