



INTERVENTION GUIDE

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eBook



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INTRODUCTION

Addicts and alcoholics are often in deep **denial** about their problem and are frequently the last ones to realise that they need help.

An intervention is a well-planned and structured conversation, during which the loved ones and other concerned people in the addict or alcoholic's life, share with them how their drug or alcohol abuse, and the resulting behaviours, are affecting their lives. They can also explain how they see the abuse affecting the life of their loved one and ultimately try to convince the addict or alcoholic to seek help.

It is important to note that, although this

guide refers to addicts and alcoholics, interventions can be held for just about any self-destructive behaviour, including, but not limited to, sex addiction, eating disorders, gambling addiction, self-harming and co-dependence. If the behaviour is self-destructive and causing distress to the person or their families, friends or colleagues, then there is potential for an intervention.

As an intervention is a very delicate affair, at We Do Recover we strongly advise that the services of a trained professional, like an interventionist, be engaged, to facilitate this process and thus increase the chances of success.



“There is currently no complete cure for drug addiction or alcoholism”



UNDERSTANDING THE PROBLEM

Drug addiction and alcoholism are **chronic and progressive brain diseases**. This means that they get progressively worse over time, if left untreated. The addict or alcoholic will continue to use despite inflicting great harm on themselves and their loved ones. They are unable to stop the abuse despite experiencing unpleasant and serious consequences, like job losses, divorce, financial ruin, health problems and legal troubles.

This disease-model assists in alleviating some stigma associated with these conditions and goes some way in removing an element of judgement. Addicts and alcoholics may be very manipulative and try to blame their family or friends for their behaviour. In reality their behaviour is a result of their disease.

Research has become more successful in understanding 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 these changes in the brain.

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

Withdrawal symptoms occur when the body reacts to an absence of drugs or alcohol and is a result, and proof, of physical dependence caused by chronic abuse of the substance. It can be very unpleasant, ranging from muscle cramps, cold sweats and nausea to outright dangerous, when convulsions and hallucinations are experienced. Addicts and alcoholics very often use the substances purely to avoid withdrawal symptoms.

Tolerance is when the substance abusers' bodies develop the capacity to endure continued subjection to alcohol and drugs, resulting in the need to use more in order to feel the same effect. This is very dangerous, as tolerance can easily lead to an overdose.

There is currently no complete cure for drug addiction or alcoholism. But, but similar to other chronic illnesses, like diabetes, which also cannot be cured, it can be treated. Don't lose hope - alcoholism and drug addiction can be treated and the patient can live a fulfilled and happy life.



INTERVENTION EXPLAINED

An intervention is a meeting of people who respectfully approach a person in the grip of addiction to alcohol or other drugs, in order to help them break through their denial and see the nature and severity of their problem. It also serves to assist them in changing their thoughts, feelings, and destructive behaviours. It is an opportunity for the family to clearly let the addict/alcoholic know what their needs are, and to offer them their continued support, under the condition that they enter a treatment program or facility.



Staging an intervention is one of the most loving things you can ever do for someone in the grips of alcoholism or drug addiction.

Process

It is a process, not a single event, and is much more than simply holding a meeting and hoping that it will be effective. Ultimately, the main objective of this process, is to end the suffering of both the addict/alcoholic, as well as the affected people around them.

An intervention is often the last step taken before seeking the help of the **courts**. Individual family members, or other concerned individuals, may have tried to reason with the addict or alcoholic, one-on-one, without success. An intervention thus becomes inevitable when all other methods have been unsuccessful.

By the time an intervention seems necessary, it is quite obvious that drugs and alcohol abuse place the person at risk every time they get drunk or high. If you decide to stall the intervention, then you are allowing the disease to progress, allowing further consequences to occur, and even risking the death of the alcoholic or addict. Get an addictions counsellor or specialised interventionist to assess the situation and provide a professional opinion on the urgency of the intervention.

Interventionist

An intervention should be carefully planned in advance. This is not an easy process and can be very emotionally charged. Consider the consequences of the meeting turning into an uncontrolled family fight as a result of the uncontained emotions. It is best to do the intervention once, and properly, the first time around. If not done properly, an intervention can be harmful. If the addict/alcoholic feel that they have managed their way through a previous intervention, without changes to their addiction or the family, then they will think that they can do it through a second intervention again. Rather gain the services of an interventionist, than have the intervention fail and thus damage all chances for future interventions.



An interventionist will draw on an understanding of **traditional therapy** and extend this knowledge into the arena of interventions. It is a given that your interventionist should be properly trained and experienced.

Ask them about their training. Not only must they be qualified as an addictions counsellor, but they should also have received additional training in managing interventions. Guiding family, friends, and colleagues through the intervention process requires specialist training. An intervention is a special type of group, where the complexity involved in helping the addict get into treatment must be taken into account.

Ask them how long they have been specialising in this field. Judge for yourself whether they have practiced long enough to be considered a specialist.

Ask whether they are under the supervision of a more experienced counsellor. Supervision is an ethical way for counsellors to ensure that they are maintaining and improving their standard of practice. Even counsellors who have been in practice for many years will still be in **supervision** of some sort.

Make sure that they are registered with a professional body and, most importantly, make sure that you feel comfortable with them.

The interventionist and the family will carefully plan the whole process and attend to the finest details. They will identify who will attend the intervention and discuss what is going to be said by whom. Effectively, anybody who is affected by the alcoholic or addict's behaviour could be considered to attend.



INTERVENTIONIST

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To partake or not to partake

Chose people who can accurately describe how the alcoholic or addict's behaviour is negatively affecting their performance at home, work, socially and personally. Have them draw up a list of examples to have with them in the session. It takes a certain amount of courage to tell someone you love that their behaviour is unacceptable and how it is causing you harm. Ensure that these people are close to the addict/alcoholic and is respected by them. The interventionist will coach the involved people in how to communicate effectively during the intervention. The ideal group size ranges between two to five people.

It is also extremely important to know who not to have in the session. You cannot have people who will **make excuses for or protect** the addict/alcoholic or who is worried



about [being rejected because of their feedback](#). Also ensure that you do not include people who trigger strong emotional responses, like anger, in the addict/alcoholic. People should be reminded that this is in the best interest of the alcoholic/addict. 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, which is to get the person into treatment.

The secret is in the detail

The planning phases of an intervention will take longer than the 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 has a great chance of success, 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. You can hold a trial run as your last planning session. Ideally the planning phase should include an interventionist who will guide the process.

The actual intervention meeting may 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 planning. This meeting should happen a few days later and focus on ensuring that the family does all it can to keep the alcoholic or drug addict committed to the treatment process.

The planning sessions can be conducted 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. 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.

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

The actual intervention can also be held anywhere. Sometimes the home is chosen because it is a non-threatening environment to the alcoholic/addict and it is easier to get them to attend the meeting there than somewhere else. 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. Hold the meetings wherever will work for you.

Lights, camera, action

During the intervention each person will get a chance to address the alcoholic or addict. They will describe how they see the drinking or using [damaging the alcoholic/addict](#) and also how they are being affected by that behaviour. They will give specific examples of how



they have been embarrassed or harmed as a result of the drinking or using. It's important to list the reality of their addiction and what outcome is expected, without allowing the patient too much room for discussion.

Remember that an intervention is a conversation, not a confrontation. The interventionist will moderate the discussion, ensuring that order is kept. He/she will also keep the focus clearly on the aims of the intervention and assist all parties to express themselves appropriately. This prevents the intervention from turning into a blaming session or a shouting match.

The ongoing behaviour of the addict/alcoholic may have left their family, friends or colleagues feeling angry, guilty, or betrayed. The intervention is not there to help them process these negative feelings so that they can leave feeling emotionally lighter. The interventionist will be an invaluable resource in helping you to manage these difficult emotions during the planning sessions and the intervention itself. Remember, an interventionist is a qualified counsellor, they understand these emotions and know how to manage them.

Somebody who is too angry, too hopeless or too frightened, is not going to be effective in an intervention. Their emotions need to be contained, so that they can make a valuable contribution.

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 realise 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 or attacking the person, 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 the appropriate emotion to the intervention and express it.

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, and that this can make all the difference.

Frightened family members may be afraid of the anger of the alcoholic/addict, as they may previously have expressed their anger through physical abuse or emotional punishment. You could help the frightened family member 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, the interventionist will help them to process their anger appropriately, so they do not have to resort to physical abuse.

Emotional punishment, like withdrawing (through sulking and ignoring), and guilt (by blaming), is a more subtle form of abuse that alcoholics or addicts may employ. It is the effort by the alcoholic/addict to engender negative emotions in the family members, 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, its effect is negated.

Do not ever hold an intervention if the alcoholic/addict is drunk or high. The intervention will produce the best result if ALL parties concerned are calm and completely sober.

It is helpful if the intervention assists the addict or alcoholic to realise the nature of their problem and behaviours, but remember, ***an intervention is a directed event with a clearly defined objective – getting the patient into treatment.***

WHAT TO EXPECT FROM TREATMENT

Ideally, the addict/alcoholic 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.

It is a common mistaken belief that people need to willingly enter treatment for it to be a success. Most addicted people enter treatment under some form of pressure, in the form legal or relationship problems. Even if the addict/alcoholic is 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. Research is proving that a good long-term prognosis for recovery from addiction has nothing to do with pre-admission motivation levels.

IMPORTANT

It is a common mistaken belief that people need to willingly enter treatment for it to be a success.



Choose with your eyes open

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 specialises in coordinating treatment intakes. They will assess the patient and direct you to an **effective treatment program**.

Failing to take professional advice, you can look for a treatment option yourself, but this can be a tedious and very involved process. 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:

- a) Licensed by the appropriate government bodies and adheres to all relevant Health and Safety codes.
- b) 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 program offered at the treatment facility. Eschew centres that focus solely on a religious programs such as Scientology. While **spirituality** is vital in recovery, an effective treatment programme should include other elements as well. Look for treatment program that incorporate a diverse range of therapeutic interventions such as:

- a) Group and individual psychotherapy.
- b) Art therapy, music therapy, and other creative sessions.
- c) A healthy diet and appropriate physical exercise, overseen by dieticians and doctors respectively.
- d) 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.

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.

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





Family disease

A side focus of the intervention could be to educate the families. Sometimes they can benefit from treatment themselves. They may need help to develop new attitudes around addiction, as well as learn new behaviours that support recovery and not enable addiction. 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. Going through the addiction treatment process will make the family more cohesive and effective in helping each other recover.

While the patient is in treatment, it is beneficial for the significant others to attend the 'Family Programme'. There they will learn more about addiction, the treatment process and what stance they can adopt to help their love one in achieving a successful outcome.

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

CONCLUSION

It is clear that addiction and alcoholism are progressive diseases that destroy people and relationships and potentially kills.

An intervention is one of the most trusted and proven methods to convince an addict or alcoholic to enter treatment and starts the healing process for themselves and their loved ones. But, interventions are very complicated and should not be taken lightly. They can cause damage.

We strongly recommend the involvement of an interventionist to guide you through this maze of pitfalls and potential outburst. This will increase the chances of success and in the process you get your loved one back.

