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Season 02. Episode 12

More About Intervention.

When I started this podcast, some in my circle of so-called friends (I love them anyway) wondered out loud, out very loud, if I might run out of stuff to talk about. I am happy to prove my doubter friends wrong, and quite honestly, ours is the only podcast I know of that is specifically designed to help those who love an addict or alcoholic, in other words, moms, dads, siblings, spouses - anyone who cares about the addict and whose life is affected by addictive disorder.

To give loved one's hope, peace of mind and guidance on what they can and shouldn't even try to do during this confusing and painful time, is my purpose.

So you might hear, on other recovery-oriented podcasts, for example, stories from people who hit their bottom and now live a good life, not that that's not important to hear for those who might be tuning in to help them stay sober. I say *stay sober* because active alcoholics and addicts, deep in their addictive state, will ignore reality and go on drinking and using, and have not the least interest in surrendering their old ways of thinking and being. Not yet.

I focus instead on cracking the window open to fresh thinking about addiction and alcoholism from the perspective of science, from the learning I and others have acquired

as recovering people, and from the journey some of us took as parents or spouses of then-drinking or still-using addicts.

Turns out that there is a whole lot to talk about.

And one thing that deserves more attention is the topic of intervention, which is one of the few things you can actually do to help your loved one change his life for the better. Right now.

In the meantime, you can stop enabling him or her. Hard to do. I found it almost impossible but what helped me was two sessions with a skilled addictions psychiatrist. These are MD's, psychiatrists trained in every aspect of addictive disorder.

After the second session, which cost a fortune for my lack of insurance for that type of treatment at the time, I said to the good doctor: "What's your bottom line"?

His answer has stayed with me for the 20 years since I last saw him. He stated, firmly and kindly: "Bruno, don't let your daughter's disease steal your money or your peace of mind".

That was then, when I was allowing my daughter's cocaine addiction to steal my money and my peace of mind. Classic enabling.

I asked for the courage to do the right, painful thing: pull the rug out, with a head's up that this was coming, and I stuck with my decision. No more free car, or free apartment, or spending money. Damn, there were some sleepless nights, but it ended well in the end, with my kid checking herself into a treatment centre in Austin, Texas years ago. It was an amateur's intervention and could have just as easily ended up badly.

The first place to start with your intervention is to have everyone who will be on your team read a book about it. A great one is called *Love First, a Family's Guide to Intervention*. I mean it. If the family means to really help make the turnaround possible for your loved one, then the least they can do is read the darn book, or any guide. But you all need to read the same thing and discuss and agree on the process as described by the authors.

I mentioned the word *team*. This only works as a group exercise. All the research shows without a doubt that the group is the one factor whose absence in recovery means failure. Whose presence is indispensable.

So, you need to build your team, all the people who are significant in the alcoholic's/addict's life. These are people the addict loves, respects, depends on, needs, likes, admires.

So, you go down the list of names and ask people if they would like to participate in an intervention that will help the addict see the light, perhaps bring some heat so that he or she will accept treatment. That is the immediate goal: get the loved one into treatment.

Just remember that some people on the list may be very sceptical in light of what they have experienced in their interactions with the alcoholic in question. They might believe that he is beyond hope - and that is of course a stab in the heart – or they might still carry a resentment and refuse to help.

This is where your patience and your love will be tested to the limit, to get enough people together, to have them educated, to have them write the letter of concern and love and to have them share their thoughts and feelings in the spirit of compassion. You need to do your research and identify which treatment centre, which could be inpatient - an expensive but most effective option - or an intensive outpatient program (IOP) is the right option for you and your loved one.

New treatment hybrids are now emerging which include partial hospitalization - work or school during the day and treatment in the evening and in the morning and overnight in the inpatient facility. But the all-important part is to make sure that your loved one is steered to a facility now, not later, now as in “as soon as we are done here”. He has a bag already packed and the odds are good he didn’t do the packing – his mom did.

Back to teambuilding. If you start with the people who are very likely to want to help, your inner circle, and work your way out, you can use the early yes’s to recruit others who might not have otherwise agreed to show up and do some work.

You should consider inviting key people at his workplace, since they may have an enlightened interest in helping and may already know about his troubles whether he is still employed or not. But do not sabotage his employment unnecessarily, and do not sabotage the process by asking an active addict or alcoholic to join your team, nor should you tell your loved one or have anyone else tell him about the event ahead of time.

Some family members just cannot keep a secret, so those loose lips shouldn’t be allowed on the ship, and make sure you have a plausible story to tell Aunty Loose Lips why she didn’t make the team.

So, whether you hire a professional interventionist or do it on your own, the process and the rules are essentially the same. There is the story of the alcoholic who listened intently during the intervention session and it all went without hitch until he was asked to accept help. Instead of agreeing, he announced to the group that he did not need help, thank you very much and walked out cool as a cucumber.

What happened was that his wife told him about it in a fit of rage a week earlier, and he was just waiting for the moment to humiliate her. That's what we alcoholics do. Hurt people who love us.

Very important to know that addiction is a primary disease, not a symptom of something else. So, if you invite a healthcare professional who is not firmly grounded in addictive disorder, he or she might throw the addict a lifeline, an excuse or so-called reason for his addictive behaviour. If that happens, you might as well throw in the towel. Trust me. I've seen well-meaning clinicians bring their own pet theories into an intervention and blow it to smithereens.

Make sure everyone on your team is on the same page, reads from the same book, or watches a video like this which you can find on YouTube...search Professional Alcohol Intervention by Daniel Feerst. I have no connection to Mr. Feerst; he does offer good advice and is a practicing interventionist.

If an intervention is to have any chance at success, it needs total commitment, careful planning and teambuilding along the lines I suggested earlier, a treatment option at the ready, and even a rehearsal of the intervention. It's not uncommon for an intervention to have a detail person chosen to manage every step of the process.

The plan includes asking each participant to write a letter beforehand and read out loud about how much that person cares about the addict, and how the addict's behaviour has affected the person, and an appeal for him to accept help, today. The whole point is to have love break the resistance to accepting help. That's why we lead with love.

And then there is leverage and consequences: the options do not include supporting his addiction further. The only option is accepting help right now. This may mean saying, as I had to do with my own kid: "I want you to accept help, and I am prepared to cut you off if I have to because I have only been enabling you, without realizing it".

What you want to hear is: "I love you guys so much and yes, I'll go". What you fear is defiance, but please realize that many interventions have a delayed effect. Why? Because he is now living the consequences of his defiance and he doesn't like it. He's finally feeling the heat.

So, what did we learn today?

1. The overriding goal of an intervention is to get the addict/alcoholic to accept help and go into treatment.
2. You will use the immense power of the group to achieve your purpose.

3. You will use the power of love which cannot be denied and cuts through resistance and overpowers defiance.
4. Readiness is everything: teambuilding, education, inviting people who care for him into the circle.
5. Have them share their love and concern by reading their letters out loud.
6. And this part is why you are all there: offer the option of either treatment today or lack of future support for their current lifestyle.

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