

## **COMMON TERMS:**

*Denial:* The "hallmark" of the disease. All family members and close friends are affected by the actions of the Chemically Dependent Person. The refusal to admit the truth is a part of the disease process and must be overcome before the healing can occur.

*Enabling:* Due to shame and fear, significant family members often allow the Chemically Dependent Person to continue disruptive, irrational behavior patterns. This condition is established through a long history of deception, manipulation and control. Family members must learn to focus on their own needs.

*Fear:* A natural protective instinct that actually allows conditions to continue and only serves to reinforce the cycle of denial. A trained interventionist will help remove these barriers by allowing all concerned to see the truth.

*Recovery:* The process of learning to cope with feelings on a daily basis free from mind changing chemicals. The healthy family unit can be restored and all concerned parties are then able to live their own lives.

*Hitting Bottom:* Complete physical, mental and spiritual defeat. The condition when all power, family, job and money must be lost before someone will accept help. It is no longer necessary to wait. Intervention and treatment are far better alternatives that have been proven to work.

More Following:

## **Diagnosis**

### **Alcohol/Drug Addiction - Other Person Diagnosis**

If you think a friend, co-worker, or family member with an alcohol or other drug problem may affect you, the following test can help you determine if your suspicions are founded. Answer each question with a "yes" or "no."

Are you ever afraid to be around the person when he or she is drinking or using drugs because of the possibility of verbal or physical abuse?

Do you worry about the person's drinking or drug use?

Has the person broken promises to control or stop his/her drinking or drug use?

Have you ever made excuses for the way the person behaved while drinking or using?

Do you feel guilty about the person's drinking or drug use?

Do you feel anxious or tense around the person because of his or her drinking or drug use?

Are you afraid to ride with the person after he or she has been drinking or using?

Have you ever lied to anyone else about the person's drinking or drug use?

Have you ever helped the person "cover up" for a drinking or using episode by calling his or her employer, or telling others that he or she is feeling "sick"?

Have you ever been embarrassed by the person's drinking or drug use?

If you answered "yes" to three or more of these questions, then there is a good chance that the person you care about has a drinking or drug problem. If you answered "yes" to any five, the chance is even greater. And if you answered "yes" to seven or more, you can feel safe in assuming that the person you care about needs help.

Johnson Institute September 1996

## **Help Through Intervention**

**Alcoholism: It is a Disease, Not a Disgrace**

Alcoholism, according to the American Medical Association, is "an illness characterized by a preoccupation with alcohol and loss of control over its consumption . . . "

In other words, alcoholism is a physical disease, not a disgrace; it is a *health problem*, not a moral problem. The alcoholic does not choose to become an alcoholic nor does his illness stem from a lack of willpower. (Both men and women may be alcohol addicted; the male pronoun is used for convenience only.)

Instead of being sinful, the alcoholic is sick and in need of medical attention.

Without treatment, the disease of alcoholism progresses. The alcoholic's suffering may lead to permanent physical damage, mental damage, and an early death. Without treatment, nine out of ten alcoholics in America today will die of their illness.

Sadly, alcoholism impairs people who know the alcoholic as well. Family

members may suffer; co-workers may be injured; and employers may fail to receive the drinker's full productive talents.

There is no "cure" for alcoholism. Yet, the disease can be treated and arrested. Under a structured health care program the alcoholic should find his health does respond, predictably, to effective professional treatment.

### **Who is the Alcoholic?**

Few alcoholics fit the stereotype of "town drunkard". Who is the alcoholic? Man or woman, teenager or senior citizen. Low income or six figure income. Indeed, alcoholics are to be found in all walks of life.

The average alcoholic is in his mid-40's with a responsible job, home and family. Alcoholics tend to be nice people except for the severe personality changes caused by the alcohol. They have a sickness that causes problems for themselves and others.

### **Denial: A Roadblock to Treatment**

A principal symptom of the disease of alcoholism is denial. That is, the problem drinker will stoutly maintain that he isn't drinking more than those around him. He will assert that he can "handle it" by himself.

Comments or criticisms from others about his drinking drive him to become even more defensive. His excuses become frequent (and quite inventive). The alcoholic becomes increasingly self-centered to ensure that his needed supply of alcohol is available. Simply, the alcoholic can't and won't help himself.

### **Denial May Also Occur Among Family and Friends**

Most of the time, those around the alcoholic feel frustrated, unsure, confused and afraid about how to handle his problem drinking. Sometimes they don't want to admit that they are being victimized by his broken promises and abuse. Other times, with the best of intentions, they believe that "just one more chance" will allow the drinker to regain control over his life.

Denial may occur among family members or work associates of the alcoholic. Family members may be protective and pretend that the alcoholic is not seriously sick: "He just had a few too many." They may make excuses for his absences from work, bad checks, drunk driving arrests, or abusive behavior. A work supervisor may overlook his tardy arrivals or absences from the job; co-workers may cover for him.

### **The Alcoholic May Not Appreciate Your Help**

Family and friends, concerned about the problem drinker, will usually find that their efforts to help him are rudely rebuffed. He may accuse them of intruding and take their concern for him as nagging.

After awhile, even the strongest defenders of the alcoholic's good qualities begin to grow weary of his persistent denial and unresponsiveness.

Discouraged, the family and friends of the alcoholic may 1) deny the problem exists, 2) blame the alcoholic for his problem, 3) withdraw emotionally from the alcoholic, or 4) privately acknowledge the problem exists but refuse to talk about it. In all these instances, the problem drinker is allowed more time to continue his drinking.

Unfortunately, however, time is not on the side of the untreated alcoholic. Delay in the alcoholic's treatment only results in him getting sicker.

The earlier the alcoholic can be diagnosed and treated, the less the destruction to his health and the greater the likelihood of his recovery. Alcoholism needs to be confronted regardless of the stage of the disease.

### **Intervention: Helping the Alcoholic Seek Treatment**

Usually, motivating the problem drinker to seek treatment starts when you realize he may be unable to help himself and needs you to act in his best interest. While you still love him and have concern for his health, you must resolutely refuse to share his warped "life in a bottle" perspective. Also you need a plan of action to get him to accept professional help at a treatment facility.

There is a hopeful method, called "intervention," which will allow you to help a problem drinker even if he does not now want help.

### **What Is Intervention?**

Intervention is a group process to motivate the alcoholic to enter a treatment program for his disease. After intervention the alcoholic usually will feel the need for professional assistance. Intervention calls for you to join together with other people to confront the alcoholic and to create a caring crisis for him. Such a confrontation faces the alcoholic with the effects of his drinking upon both himself and those closest to him.

An arranged meeting brings together the alcoholic with members of his family, friends, personal physician, employer, co-workers, minister or others who have closely observed the harmful effects of alcohol upon his life. The confrontation intends to create a turning point in the alcoholic's life by presenting a fairly full and realistic picture of the harm that his drinking is causing.

## **How Intervention Works**

The basic belief behind intervention is that, even at his sickest, the alcoholic can accept the reality of his problem if it is presented in a way that he can understand. Those encouraging him to look squarely at the effects of his disease should be people whom the alcoholic loves or respects as important to his career and personal life.

A group of at least two persons is needed to provide the necessary weight to break through the denial of the alcoholic. An especially effective member of the confronting group is the employer or supervisor of the alcoholic. The risk of losing one's job means a possible loss of both income and identity--severe losses, indeed.

With help from a trained counselor, group members prepare for the intervention session by assembling two detailed listings. The first is a list of positive memories of how the patient functioned prior to the current problem. The second is a list of the times, dates, places and consequences known to them of the alcoholic's major drinking episodes. Each person describes specific consequences of the drinker's behavior and their feelings about these events. They need to document embarrassing behavior, neglect of responsibility, absenteeism, personal injury and other drinking-related events.

## **Some Do's and Don'ts of Intervention**

### ***Do:***

- \* Act from true concern or love for the problem drinker.
- \* Explain that the alcoholic's drinking problems stem from an illness.
- \* Avoid hatred, hostility, condemnation, lecturing or moralizing. You are there to help him.
- \* Tell him about the methods of treatment available for his disease.
- \* Allow the alcoholic to feel the full weight of the consequences of his drinking behavior.
- \* Offer limited choices for the alcoholic to consider, such as:

1. get help and retain your work position and role in the family or . . .
2. do nothing and possibly lose your job and possibly live alone.

\* Prepare to act upon the alcoholic's decision to seek help. Admission arrangements at a treatment facility should have been made (even provision made for transportation, childcare, and pet care). Remove the excuses for not acting now.

\* Prepare to act upon the alcoholic's decision not to seek help. The

confrontation must not be perceived by the alcoholic as a "cry wolf" exercise that will blow over in a few hours.

\* Give him hope that recovery from alcoholism is possible. Hundreds of thousands of problem drinkers have already done so.

***Don't:***

\* Grow emotional and hostile about your own hurts. You may document your hurts, but maintain your focus upon the factual effects of alcoholic's drinking behavior.

\* Digress into possible reasons why the alcoholic drinks, or why he drinks so often. To seek such explanation is a futile exercise. It is enough to establish and have the alcoholic accept the fact that drinking has become a problem in his life.

\* Accept further hollow promises from the alcoholic, no matter how sincere or tearful (haven't you been along this road before?). The problem drinker's commitment must be to accepting immediate treatment for his disease.

\* The key here is to document, not judge. The events given should show only that there is cause for genuine and deep concern.

**Your Next Step: How To Ask a Counselor To Help You**

These suggestions can not, by themselves, give you all the information you may need to plan an intervention. But with a minimum of professional guidance, you can successfully be shown how to confront the problem drinker in your life.

The next step is yours. We understand that it requires courage on your part to call us for help. We urge you to do so before the drinker's disease progresses further. The real encouragement to try intervention is from your knowing that the alcoholic's treatment may stop his impaired health and suffering. Through the help of intervention, you may make it possible for him to regain his health and regain control over his life--free of alcohol.