

**Addiction Recovery: Preparing For An Alcohol or
Drug Intervention**
By Peggy L. Ferguson, Ph.D.

When family members are gearing up for an intervention to get their loved one into alcohol and/or drug rehab, they tend to be understandably nervous about it. Alcoholics and addicts are not exactly waiting around, biding their time in joyful anticipation of an intervention. They will be angry. There will be resistance. Family members do not have to be reactive to their anger and can stay on task with an intervention if well prepared.

In considering an intervention, you should decide who you want to participate. Ask yourself these questions:

- Who has influence on the addict?
- Who loves them?
- Who does the addict love?
- Who does the addict respect?
- What the addict most fear the loss of?
- Who would be the weak link in doing an intervention?

When considering who will participate in an intervention, you want to make sure that you only invite people who can be on the same page as the other participants. You don't want someone present in the intervention that will sabotage your efforts. So, it is appropriate to figure out who, on your list, presents themselves as the weakest links. Anyone who would not be able to tell the addict about the negative effects on his/her own life that are associated with the addict's drinking/using, without waffling, apologizing, or taking it all back under pressure--would be a weak link. An intervention is not a popularity contest. Don't worry about whether someone will have their feelings hurt because they were not invited. It is not about them. You have a goal. Who can help you achieve that goal?

Do some brainstorming about anticipating some of the objections that your loved one will have about going to treatment at this time. Figure out how to problem solve around those roadblocks before you get to the intervention. Some examples might be that they can't leave work at this time, that there is no one to care for the kids, that they have no money for treatment, etc.

Remember that an intervention is about caring enough about someone to try to help save his/her life. It is not about punishment. It is not about getting even. It is not about making them straighten up and fly right. It is about getting them the help that they need to not only be able to choose recovery, but to regroup, learn the necessary skills for recovery, and to thrive in his/her life.

If you do not plan to have a professional interventionist present, a person should be designated to be the leader. This person will be responsible for starting off the

intervention, by telling the addicted person why they are all there and setting the stage for the intervention participants to read their lists. They should have a script written beforehand or a speech rehearsed. You can use a speech like this:

"We are here because we care about you and know that something has to be done about your drinking/drug use. We all have something that we want to say to you, so please just listen and let us each tell you what we need to say. There will be time for you to make your comments, remarks, and responses after we are finished. Please just listen for now. We are not leaving until we are finished."

You know your significant other and have a better idea about what would be an appropriate speech to allow the intervention to begin. You should anticipate that s/he will want to bolt before you get started. Address it in your speech (if appropriate).

Your leader should be someone who can stay on target, not take the bait to be derailed or distracted by the interruptions of the addict. This person will be responsible for keeping everyone on task and making sure that the intervention is conducted with respect for the suffering person's dignity. The leader should remind the addict as needed that whatever s/he is saying may be true, but there will be time to talk about it when everyone is finished.

As each person reads their prepared list, they can make a brief statement about what the afflicted person means to them and that they care about them, that the intervention and the list they are going to read is done with love and concern.

The list should involve examples of the drinking/drugging behavior that has had a negative impact on your life.

Examples:

- Hurt feelings, financial irresponsibility, time and energy spent, self-esteem damage to them or you, fear of job loss (theirs or yours), physical, emotional abuse, safety issues, mental health consequences (i.e., damage from constant worry).

Make simple statements like these:

- "When you come home drunk in the middle of the night, I feel scared, hurt, and angry."
- "When you lost your last job because of drinking, I felt frustration, desperate, and hopeless."
- "When you flunked out of college again this semester, I felt angry."
- "When you rage at me, I feel afraid, hurt, and angry."
- "When you _____, I feel/felt _____."

At the end of your list, write out what you are not willing to tolerate in your life. List your bottom line. A bottom line is a boundary that you know that you can keep.

Examples:

- "If you do not go to inpatient treatment now, I am not willing to continue to live with you."
- "If you do not go to inpatient treatment and stay there until they say you are ready to come home, you cannot come home."
- "If you do not go to inpatient treatment and get the help that you need to stay clean and sober, I am not willing to pay for your car, cell phone, rent, college tuition, etc."

Don't say it if you don't mean it. That makes it a threat instead of a bottom line and threats do not work. They make things worse.

During the intervention, do not argue with the addicted person. Don't defend your position or your perception or beliefs. Just state it. Don't over explain it. Don't respond to their questioning, nit-picking, derailing, or other diversionary attempts. Stay on target. Keep using a "back on task" statement as needed, like "OK, but we can address that when we are finished. Please just listen for now."

Keep going back to your list. At the end of the list, or at the end of all the lists, each person should state what you want him/her to do. "We want you to go to inpatient treatment. We want you to go today." If you make the "go to treatment statement" after everyone has finished their list, then go back around the room with bottom lines.

Chances are pretty good that your loved one will try to bargain about where s/he goes to treatment, preferring to go to a psychiatrist, a counselor, an outpatient program, or AA/NA. You probably have a pretty good idea of whether these other options are feasible for the level of the your loved one's problem. If not, consult with a professional about a different levels of care and your loved one's addiction. If you believe that inpatient is the appropriate level of care, have a list ready for why you want him/her to go to inpatient treatment. It could involve some of these items:

1. It is the most effective treatment for acute needs.
2. S/he can make the most progress over the shortest amount of time.
3. S/he has said that s/he would quit before, has tried, and has not stayed quit.
4. S/he needs help with detox.
5. S/he needs help with other issues like anger, depression, anxiety, that can be treated at the same time in an environment where his/her whole attention is focused on doing just that.

Tell them that a bed is already reserved at a specific treatment center. If you have two reserved, give him/her a choice. Let him/her know that s/he is expected today, that his/her bags are packed and that they are leaving from here to go to treatment. Tell your significant other that you will be calling and writing letters and offering your support

while they are in treatment. They will be fearful about going. Let them know that you love them.

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Hubbard House Publishing, Stillwater, Oklahoma