

“Hitting Bottom”

Formal Intervention practice was begun by Vernon Johnson, minister working with alcoholics in the 60's and 70's

Johnson suggested it was possible to “raise the bottom” through the process of intervention, even with someone who was not in touch with reality because of his/her chemical abuse.

Such a person, according to Johnson, *was capable of accepting some useful portion of reality, if that reality is presented in forms they can receive.*

Evolutionary vs. Revolutionary Interventions

Commonalities:

Effective Interventions, whether “evolutionary” or “revolutionary”, must have the following characteristics:

- **Non-judgmental expressions of concern**
 - **“carefrontation” vs. confrontation**
- **Respectful and preserve the dignity of the targeted individual**
- **Fact based and objective observations of behavior**
- **Specific to time and place**
- **Identify potential harms of continued behavior**
- **Identify options and consequences**

Evolutionary:

- Brief interventions
- Typically done one-to-one and in the moment
- Serve as a warning (“Flashing the brights”)
- Survey of 259 patients at Independence Center, Lincoln Neb= 10-11 brief interventions before getting help for themselves

Basic Steps in Evolutionary Interventions:

- Remember that anyone can become involved with substance abuse.
- Understand that addiction is a treatable disorder.
- Know that when people are abusing or addicted to drugs, they often do not comprehend the problems the alcohol or other drugs are causing themselves or others.
- Be friendly and don't argue or try to be "right." Arguing sidetracks the issue, resulting in frustration, hostility and hurt feelings. Allow your friend to express his or her point-of-view.
- Be objective. Point out facts and observations, not suspicions. Be specific, not "absolute" (say: "I've noticed that last Thursday and Friday, and the Friday before that, you smelled of alcohol and your speech was slurred. Do not say "You're *always* drunk when we go out!"

- Focus on behavior. Express concern for what a person does or says, not what you imagine s/he thinks or feels.
- Stick to a specific concern. Do not use this conversation as an opportunity to “dump” a lot of stored up feelings and resentments.
- Be direct. Avoid “beating around the bush.” Keep your comments brief and to the point.
- “Own” your feelings. Use “I” statements, such as “I am worried... I am concerned... I am frustrated” as opposed to “You make me frustrated!”
- Be non-judgmental. You probably only see the “tip of the iceberg”; you probably have no extensive understanding of your friend’s life history or current life situation. On the other hand...

- Don't ignore the problem out of sympathy. If you ignore the problem you may unintentionally enable your friend to continue drug abuse to the point that something terrible may happen. If you are truly sympathetic with the person you will say something to him/her about your concerns.
- Follow-up with your friend in a week or so to find out if s/he is dealing with the issue or needs any further encouragement.
- Repeat all of the above. Most people with an alcohol or other drug problem only do something about it after being confronted 10-11 times.

Consider a time when you received an intervention.

What worked? What didn't work?

Revolutionary:

- *Facilitated confrontations* performed by a group of people of *importance and consequence* to the targeted individual in order to *force a cessation* of addictive behavior (“an organized effort on the part of significant others in the addict’s environment to break through the wall of denial and rationalization, usually supervised by a chemical dependency professional, with the immediate goal of securing treatment”)
- *Planned (or Formal)* interventions that typically require *training and rehearsal*
- *The primary goal of any intervention is to motivate the person to seek treatment immediately.*

Intervention Principles

The person has a disease that is causing significant damage in his or her life.

Denial is part of the disease process that prevents the person from fully appreciating the damage.

The person is unlikely to seek help on his or her own.

The people that surround the person can change the environment by destroying the enabling system and making it more likely that the person will seek help.

One of the most important factors in influencing the person to seek help is the sense of love and genuine concern conveyed by the interventionists.

Anger and punitive measures have no place in an intervention, and will only serve to increase the person's defenses and make it less likely that he or she will seek help.

Consequences for not going to treatment should not be designed to punish the addict. They should be designed to protect the health and well-being of the addict.

Individuals that require an intervention are often in a great deal of denial and may need an initial period of intensive treatment such as a residential program or an intensive outpatient program.

It is useful to intervene even if the person is not likely to go to treatment. There are many secondary goals that can be accomplished .

Intervention is not "confrontation." It is a well-organized expression of genuine concern for a person that is sick with a chronic illness.

Planned Intervention Considerations and Features:

- “Significant others” (S.O.s) may be desperate and want immediate (and/or unrealistic) results
- S.O.s objectivity (degree of anger and frustration) needs to be evaluated
- S.O.s need education regarding the disorder as well as the process of intervention
 - Addiction is treatable; offer hope
 - Denial, rationalization, etc.; effects of drugs on brain chemistry and behavior
- Formal interventions are script-based

Impediments to Successful Interventions:

- The family no longer cares what happens to the person.
- They are too angry and punitive.
- They fear the anger of the addict.
- They are in denial that a problem exists.
- Some of the other family members are also chemically dependent.
- The family is geographically dispersed.
- The family is too fearful of the risk in changing the family system.

Developing individual scripts, and practicing them, helps intervention team members stay focused during a highly emotional situation, and helps assure a successful intervention.

Elements of an intervention script:

- **expression of support and concern;**
- **Identification of specific harmful behaviors;**
- **impact on S.O.s;**
- **desired outcome;**
- **consequences for not following through**
 - **determine what is within their power to do and not do**

Some outcomes of “unsuccessful” interventions:

The enabling system is destroyed. This will make it more likely that the person will seek treatment at some time in the future. It becomes difficult for many addicts to continue their addiction without the support of their chief enablers.

The conspiracy of silence is broken. Just the fact that the family is able to sit together and speak openly about the problems that have occurred over the years is very important. Often there have been incidents that were kept secret.

Family and friends receive basic alcohol and drug education. When the people that are closest to the addicted person understand the disease, they are better able to deal with it.

The family is exposed to Alcoholics Anonymous and Al Anon meetings. (Narcotics Anonymous and NarAnon for drug addiction). These are the twelve-step groups that are free and widely available that act as support for the recovering person and his or her family.

Participants are exposed to the local treatment resources. The family becomes aware of and may even visit the local treatment centers. When the addicted person reaches out for help in the future, he or she will be able to act quickly.

A contingency plan may be used. If the intervention takes place and the addicted person refuses to go to treatment immediately, the family may suggest a contingency plan. This plan allows the person to "try it their way first." They may be refusing to go into inpatient treatment, but are willing to go into outpatient treatment. The family agrees to hold off consequences as long as the person follows through and does not relapse. If the person does relapse, he or she agrees to go into inpatient treatment immediately.

“A study published in 1996 (Treatment Today Magazine, 6-96, J. Fearing)* which compared the inpatient treatment experience between self-referred patients and the intervened patients

This study compared both groups of patients (self-referred and intervened) as well as polling the attending treatment staff.

The results of this research demonstrated that the intervened patient has as great a chance of positively experiencing inpatient treatment as the self-referred patient.

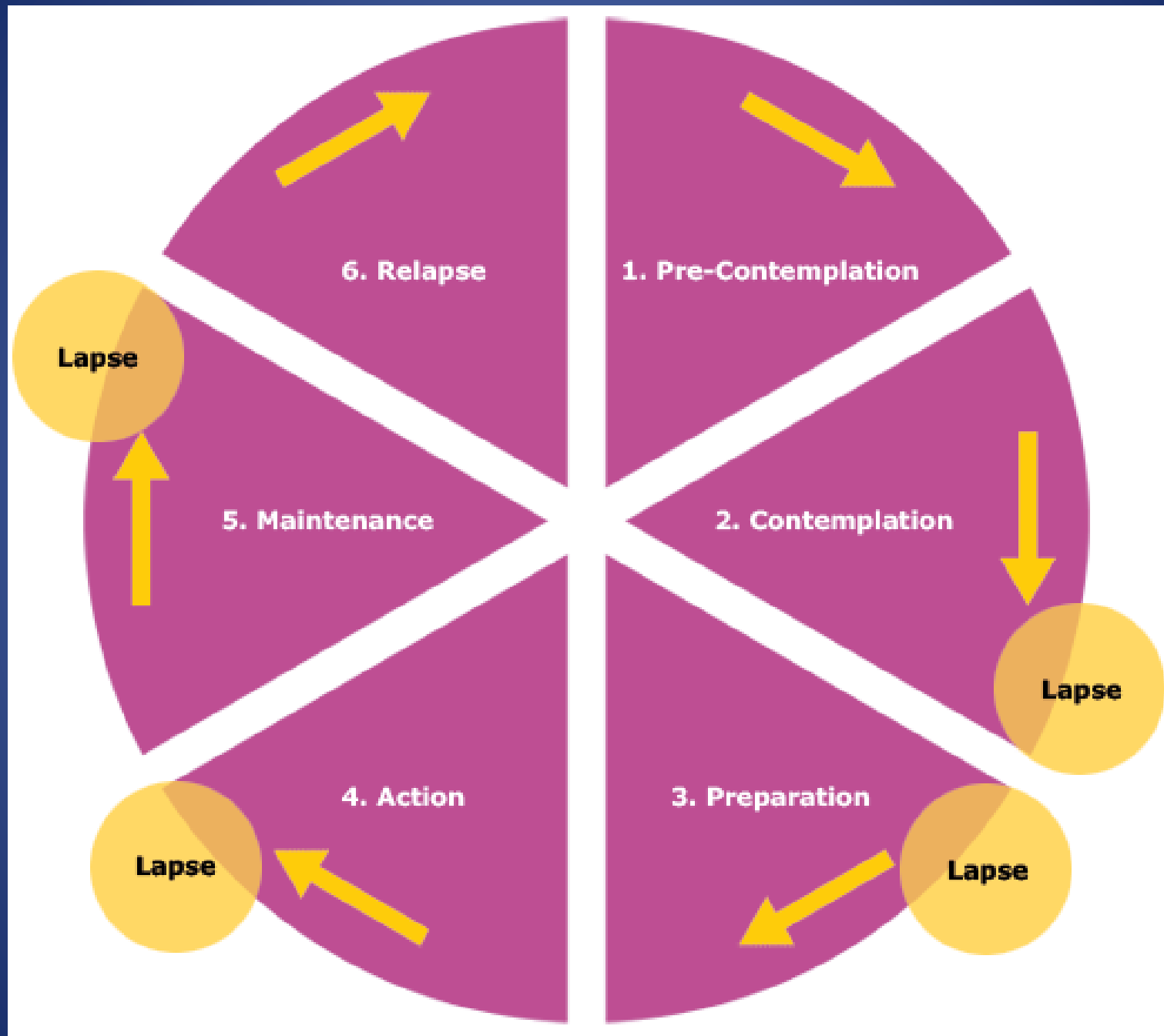
A 25 year study resulted in no statistical difference between self-referred clients and clients that entered treatment due to an intervention.

***Intervention Resource Center, Inc. <http://www.interventioninfo.org/research/family.php>**

What do you think the role of law enforcement should be in intervening in a person's addiction?

The purpose of an intervention is to motivate people to change

**Intervention is most effective when designed to address the individual's
stage in the Cycle of Change**



Pre-Contemplation:

the substance user has no desire to change. They do not see their using as problematic even if others do.

How to help in the pre-contemplation stage: As the user doesn't see there is anything to change, the most appropriate support is limiting the impact and harm of their substance use to them and to everyone else. Also help the user to become aware of the consequences of their use and associated behavior.

Contemplation:

at this stage the substance user starts considering their situation and whether they want to change. They are more aware of their situation and may want to get out of it. However, they are still using at this stage.

How to help in the contemplation stage: support at this stage continues to be about minimizing the impact and harm of substance use. In addition support can be given by helping to motivate the user to change, such as exploring with them the choices they have and offering them information to better inform their choice.

Preparation:

the user makes a decision to change their substance using behavior and starts to prepare themselves to do so.

How to help in the preparation stage: appropriate support involves helping and encouraging the user to make the changes they want to make, whilst acknowledging their anxiety about changing.

Action:

the user takes practical steps to bring about a change to their substance using behavior.

How to help in the action stage: appropriate support is about encouraging the positive changes the user is making in their behavior.

Maintenance:

When someone reaches maintenance they have achieved a change in their substance using behavior. A substance user may have either stopped using drugs or alcohol, or moved to a more controlled, less harmful way of using and is maintaining that change.

How to help in the maintenance stage: supporting the changes that have been made by the user, such as removing triggers to use from the home. It is important also to adjust to changes in family life and in the relationship with the user, which are likely to have resulted from the user's changed behavior.

The stage clients are in when they engage in change impacts how they move into action and maintenance of change.

Of those who entered in the Pre-contemplation phase and moved on to the action phase...

- only 6% were abstinent after 18 months**
- 15% of those who entered in the Contemplation phase moved on to action and were abstinent after 18 months**
- 24% of those who entered in the Determination phase moved on to**
- action and were abstinent after 18 months**

Changing for Good, James O. Prochaska, John C. Norcross, Carlo C. Diclemente (Avon; New York), 1994