

Love First: A New Approach to Intervention

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I want to talk today about intervention. I want to start by talking on it on a personal note though, because I am an intervention story. That's the reason why I'm standing here today; so my interest in this is not just professional. It isn't something that I learned out of a book. This is something that really saved my life.

My story shines a light on what can happen to pull somebody out who does not want help. I certainly didn't want help. I came from a good home and a good family. I was born and raised in Gross Pointe, Michigan. I had everything going for me in life. I was head of the altar boys at St. Paul's School. I was a National Merit scholar. I was president of the high student school association. By the time I was 18 years old, nobody could tell by looking at my outside what was going on on the inside. Nobody could tell that I was a budding alcoholic and drug addict, even though I had picked up by the police for drinking when I was 13 years old.

It's not like there were no signs that this was going on, but my family, like all families, acting out of simple love and concern, saw this as only being a little phase that I was going through. I was accomplishing so much in the larger picture that it was safe to ignore the alcohol and drug involvement.

Getting away from home and going off to college was my great downfall of course, like it is for so many people. Just because I got away from whatever controls were around me, and then I really went off to the races. By the time that I was 26 years old, I had drank and drugged my way out of college without a degree. I was hitchhiking back and forth across the country, homeless, penniless, just going from one city and town to another.

My family had basically given up on me. They had tried everything they could to either cajole me back into good behavior or threaten me back into good behavior, or something in between. My lifelong friends had given up on me as well. I had a bleeding ulcer, a bleeding colon, neuropathy of the legs, and I basically just settled into sleeping under bushes in the city parks out in California.

I did not believe that I had an alcohol or drug problem. I just thought I had a little cash flow problem and if I could get a little bit more money together everything would be all right. I always like to underline that when I talk to groups because alcoholism and drug addiction are not particularly rational. While a person is still addicted you can't talk to them in rational terms.

For me, for example, alcohol and drug addiction was not a problem from my perspective, it was a solution; and anything that got in the way of that solution was the problem. You'll find that out very quickly if you ever try to go and have a little one-on-one with somebody who's still actively addicted and try to tell them what to do. You will find very quickly that you are the problem and that anything that you're proposing is wrong.

Pitiful little existence

That's very much where I was at. I saw everybody and everything else as a problem and I just settled down into my pitiful little existence, panhandling money. I knew I couldn't go on. I was bleeding from both ends. I couldn't really walk. I could no longer even hold the little bus boy jobs that I would get from time to time to try to support myself. I was, at 26 years old, really at the end of the road.

Then I heard that my friend Ricky, an old high school buddy, had committed suicide. Just to give you an idea of how far down the pike I had gone, my immediate reaction to the news was, "Far out, that's the thing for me, that's the ticket." It was like a light bulb went on in my head, and I was like, "That's what I am going to do." I didn't say that to anybody. I didn't tell anybody. I simply went about getting together what I needed to get together in order to do exactly what Ricky had done.

What that entailed for me was that I had to panhandle up a little extra money, get somebody to take one more bad check from a bank account from years ago, get a little flop house room for \$4 a night, pay for three nights in advance, get the tools for the job, big plastic bags, heavy duty rubber bands, a couple of Valium, just get ready to sync it all together, lie down and breath normally. No muss no fuss.

Like any good alcoholic I decided to give myself a little going away party before I shoved off. I had three days. I had a little extra money. So I got drunk as a skunk, which I did on a daily basis anyway, and I was the kind of

guy that I blacked out at least five nights a week. I was just a blackout kind of a guy, and I don't really remember what happened that night. But it was quite fateful, apparently; this is what I am told.

I somehow got myself to a telephone and called my old girlfriend Helen in New York City. I don't remember doing this, but this is what I'm told. I told Helen all about my brilliant plan. I wasn't crying out for help. From what she said, I was just bragging about it because it was so perfect, just the thing for me.

She was so appalled that when she got off the phone she immediately called my parents in Gross Pointe. I hadn't talked to them in two years; they didn't even know what state I was in. I didn't even call home Christmas, Easter, nothing; they had no idea where I was. She said, "He's in this flop house out in California. He's going to kill himself. He's probably going to do it immediately. You've got to do something."

It just so happened that my mother, the day before, had had a dream. In this dream she heard a voice, and the voice said, "You've got to find Jeff." Then she gets the phone call. There was just pandemonium. They had also been talking to a physician about intervention, so they had been getting some tips on how to approach somebody who had an alcohol and drug problem.

Apparently they got the number of the pay phone and the next morning at 8:30 I hear, "You got a phone call." This is something you never hear in a flophouse. I made my way down the hall, down a few flights of stairs to the basement to the pay phone with the receiver hanging down. "Hullo." It was my father. I haven't talked to him in two years, you know? He's like, "Jeff, how you doing?" I said, "I can't talk to you. I'll call you back," and I hung up. That was our whole conversation.

I cannot tell you how depressing and how demoralizing it is to be a failure at your own suicide, to be found out. I was so depressed I walked immediately outside, across the street to Quaint Liquors, bought a half pint of port, and made a beeline across to Washington Square Park, a little one square block of green space in the middle of the city and just sat down on the grass and proceeded to start drinking, so depressed. All around me these people are going to work.

Everybody's got their little briefcase, and the Chinese people are in the park doing their exercise thing. As I sat there drinking I looked down in that bottle into the black hole down the neck and realized that my whole life was just being sucked down into that. My whole life had become meaningless and now I knew that the only thing left for me was to commit suicide. That was my only option. I looked down into that black hole and I did something that I hadn't done since I was a little boy. I started to cry like a fool in the middle of the park in broad daylight with the people walking around.

Returning the phone call

I stopped that fast enough, polished off the bottle, decided I was going to take care of business. I was just going to get up, go back to that little flophouse; I had everything all ready to go. I was going to make a little detour on the way and return the phone call the way I said I would. I can't tell you exactly why, but I knew if I broke my promise and didn't return the phone call that somehow it would jinx it again. There was a little kiosk over on the side with pay phones, and I got on the phone with my parents. It was very strange. They were very calm. There was no anger, everything was very calm. We hadn't had a calm conversation in years.

My dad got on the phone and the question that he asked me stumped me. He said, "Jeff, how are you doing?" I was like, "Wow, how am I doing? Well, let's see. I'm sitting here with a bleeding ulcer, a bleeding colon, neuropathy of the leg, and I'm getting ready to kill myself." He did know that, but I didn't know he knew that. It was a beautiful day. The sun was shining and the birds were singing. I couldn't speak for a couple of minutes. Then I said the most intelligent thing that I have ever said in my life. I don't know where it came from, but I said, "I think I need to go into a hospital."

Boom, boom, boom, the next thing I knew I was on United Airlines drinking my way back to Detroit. The next morning they had me in the hospital. I got into this ward and I didn't know what was going on. I was wearing those funky little green detox pajamas, I'm shaking, I'm sweating, I'm having a terrible time.

You got a disease

A doctor came in to talk to me. He comes and gets right up in my face. This big black guy has been doing alcohol and drug treatment for 20 years; he's like God himself, he's like James Earl Jones coming into the room. He gets right up in my face like this and he goes, "Boy, you got a disease. You're not responsible for

what you've done, but you're responsible for what you do now. Your disease is incurable. The most we're going to be able to do is put it in remission. We're going to give you a program to follow, 12 steps. Follow that program; the disease will stay in remission. You stop following that program, the disease is going to kick you in the ass again." And he stood up and walked out.

I didn't know what he was talking about. I didn't know what alcoholism was. It went completely over my head. It is more than 20 years later right now, and it was perfect. But at the time it meant nothing to me.

I started to get a little insight into it when I went to my first AA meeting about a week later. It was mostly guys like me in the green detox pajamas, but an old guy would come in from the outside to lead the meeting. His name was Zeb. He was a little wiry guy about 70 years old, and he was just all fired up.

Zeb apparently knew one of the other characters in the hospital with me. Zeb goes, "Harry, what the hell are you doing here?" Harry goes, "Well, I was sober for about seven years..." and I'm like, "Wow, what's he doing with the pajamas on like me?" He goes, "I was sober for seven years, and then I cut back on my meetings and then I quit going to meetings, and then I had a drink, and then I had a whole bunch of drinks, and pretty soon I was worse off than I ever was before." I'm like, "Damn, the disease kicked him in the ass again just like the doctor said."

I did 10 days in detox, and then I went to a 28-day facility in our area. I was doing the group therapy thing and the individual counseling and all the usual routine. I was getting down to the end of treatment, and I came to a very stark realization in the privacy of my own heart. I knew that I was going to drink again and I knew that I was going to die, because I was a real alcoholic.

I didn't want to just have a drink, I wanted to get drunk. I knew it would kill me and I knew I was going to do it anyway. I couldn't get that thought out of my head, "I'm going to drink again. I'm going to die." Now normally if you're drinking and drugging you don't care about consequences, but I was sober now, and I had been sober for a little over a month, so I didn't have the cockiness.

I knew I could stay sober

The obsessive thought frightened me. It scared me. I became desperate to find any kind of a solution. At 2 o'clock in the morning, I said, "God, help me! God, help me!" When you get down in this position, all the clever cockiness is gone. I cried out to the God that I did not believe in from the depths of desperation of my soul; I cried out to Him for help. In that moment it was as though I was under a great waterfall of love. I had an ongoing rapturous experience that went on for about 30 minutes. I was in the presence of Christ, in the presence of God, in a deluge of love that I cannot begin to describe. It went on and on and on for a half hour or more, and I knew I could stay sober.

Like any good alcoholic I was ready to mess it up the very next day. I couldn't wait for the whole treatment day to be over, so I could get back to my room and have the big show again. But nothing happened. Zip. Now I was faced with a dilemma. I knew that that had been the most real experience of my life. It was more real than the fingers on my hand. On the second night I learned that I wasn't going to be able to recreate it every day for my own entertainment. This wasn't going to be my nightly spiritual buzz. I was going to have to go on faith and start working the steps that they had talked to me about. That was a difficult part for me. Now I had to become a part of the great "we." It wasn't just going to be the "I." It wasn't going to be the vertical experience. It had to be the horizontal as well.

I started going to meetings. The worst part was my parents and the rest of my family were going to Alanon. This was a key point. I always stress when working with families, if you are doing what you're supposed to do, going to Alanon, going to your counseling meetings and so on and so forth, it makes it very difficult for the alcoholic not to follow through. How often is it that we put all the emphasis on the weakest link of the chain, the alcoholic, and say, "You're the one that's got to do everything right, and the rest of us will do half measures, because we've been putting up with this for years."

I highlight the beginning of my recovery story because I would have never come off that street if it hadn't been by the intervention of others. I don't believe that there are very many voluntary admissions into treatment, or people who voluntarily come into AA or some other recovery program. There is always somebody or some cascading events over time that finally result in that thing we call hitting bottom. And that's where you get into a lot of myths around intervention.

People say, "There's nothing you can do to help the alcoholic. We've got to wait until they hit bottom. Then

we'll be able to do something with them." What is hitting bottom? If you go into an AA meeting, you'll probably hear some old guy say, "I couldn't get this program until I hit bottom. The wife left me. I lost my job. I lost all my money. I was living out of a cardboard box. I finally hit bottom." What's he really saying? He's saying that there was a disorganized family intervention, job intervention, financial intervention, all disorganized and happening without any kind of cohesiveness that finally broke through his denial, so that he could say, "Maybe I'm drinking too much."

Bring the bottom to right now

In a structured intervention we bring that bottom to right now. We organize the disparate elements in this human being's life into a loving but very clear conversation, where everything can be brought to bear in the space of a half hour or an hour to clarify things for the alcoholic, not by beating them over the head, but by using the spiritual power of love and clarity. It is a spiritual event. We want to create a space for grace where the miracle can take place. We can't script that miracle. We can't cause it to happen. But we can create an environment in which it is most likely to happen. The miracle that we want to happen is we want to see a little break in that denial, where the person says, "Okay, I'll go. I'll accept some help." The help's out there. We know the help works. Treatment works. The steps work. It all works. The miracle, the hard part, is getting the person to "Okay."

There are two phases to the enabling system that hold people in their addiction. Virtually all families will enable this disease to continue just because they're operating out of simple love and concern. They look at someone like me, for example. He's crashing cars, he's not doing what he's supposed to do in school, but he's just going through a phase. After all, this is our beloved Jeff, or our beloved grandfather, or our beloved mother. She's just going through a hard time, and so things are overlooked. Rather than doing something to address a medical issue, we instead protect an embarrassing family problem.

Contrast, if you will, the way families operate with two different types of brain problems, one's alcoholism, and one is cerebral bleeding. Say I'm driving along, and I have some sort of a cerebral hemorrhage. I pass out. I lose control of the car. I go off the road. I smash into another car. How's my family going to react? They're all going to race to the hospital. They're going to make sure that the very best specialists are summoned or brought to bear to deal with this problem. Everybody is going to be talking about it all throughout the problem. "Did you hear about Jeff's brain problem?" They're going to be doing everything in their power to make sure that there is not a recurrence of this problem. Contrast that with me driving along, smashing into another car, dead drunk, going off the road, going into a telephone pole. What's the family going to do? Call a lawyer. We've got to bail him out. We've got to protect him. This is our beloved Jeff. This is our family member. We're going to protect him. Very different.

Innocent then desperate

Enabling has two phases. The first phase is called the innocent phase. We detail this more in our book *Love First*. In the innocent phase, the family doesn't recognize that there's a problem. They just do what they think is right by their family member. They protect him, maybe call the boss and say that they're sick, but they don't identify the fact that the person is suffering from alcoholism or drug addiction. That word does not apply. That word is for "those people." They are anybody but our family, and it doesn't matter what socio-economic level you are at, it's always "those people." This phase of enabling blindness parallels the alcoholic and the addict to an extent through the first phase of their disease where they don't realize that there's any kind of problem. The desperate phase of enabling comes about when the light goes on for the family. Something happens to break through, and they say, "Oh my God, he really is an alcoholic and drug addict. Now we're really going to have to protect him, or he's going to wind up in jail like those people."

I got a call not too long ago from a woman, 75 years old. She had to re-mortgage her house and go back to work because her 45-year-old son was a heroine addict and couldn't take care of himself. He had two young children of which he was the sole custodian, so she saw nothing to do but try to support them. She is in the desperate enabling mode. She doesn't know what else to do. God love her.

Of course there is something that can be done. We can bring together the most important people in the alcoholic's life — we like to see family members, we like to see friends, we like to see clergy, we like to see

employers where possible, who will come forward and work as a unified group to talk to the alcoholic. We can break through that denial and get them into treatment.

The structured intervention is successful 85% to 90% of the time in getting the person into treatment that day. In my experience, the 10% to 15% who do not go on that day will go within the next 30 days because in preparing for the intervention all of the enabling behaviors will be identified and they will be stopped. In addition, the natural consequences that should come about can also be brought about. The combination of these two things will make this person's life as an alcoholic simply untenable and they will choose treatment within the next month.

First you plan

There are three keys to a successful intervention. Plan, Plan, Plan. Okay? The biggest mistake the families make is when they say, "Things have gone crazy with grandma. We've got to do an intervention today." Never. Interventions can be brought together fairly quickly, but you really need a week or two to bring it together properly. All the family members need not be present. If there's a sister in California and the intervention is in Pittsburgh, we can train her and have her write her letter and during the intervention we'll bring her in by phone and let her participate for her portion. It can be a very powerful event. Often people choose to fly in. That makes a powerful statement, too, that we care enough to come. The main thing that differentiates the new style intervention from the old style intervention is the use of love.

First we have everybody write down what they're going to say in the form of a letter. Every letter starts with a very detailed recitation of why the person means so much to us. When they have been there for us. When we've been proud of them. Good times we had together 30 years ago. Whatever it is. The result of beginning the intervention in this way is so powerful. It's so destabilizing for the alcoholic, because when they come into the room they see all these people and they think, "I am going to get beat up right now."

Instead they hear in great detail why they are so loved. You see them coming and they're angry for that first 30 or 60 seconds, until they start hearing what people have to say. You can tell all their antennae are out. They're absolutely just waiting to pick a fight with somebody. All they hear is this avalanche of love. It changes the conversation.

Our goal in doing a Love First-style intervention is always to preserve the dignity of the alcoholic and addict, so that we give them a way to say yes, even when we are going to bring consequences to bear. If after an hour the person is still saying that they are not going to go, we will never, for example, have a wife say to her husband, "Joe if you don't go into treatment today, I'm going to leave you. I'm kicking you out of the house, and the kids and I are going to be in divorce court tomorrow." That kind of language is always going to start a fight. It's always going to start a row and everything is going to go down the drain.

Instead, if somebody is going to bring about a strong bottom line like that, we're going to say in a very loving and a very dignified way that clarifies the situation and allows the addict a way back in, a way to save face and a way to say yes. For example, we might have the wife say, "Joe, I love you and I care about you, but if you are not going to accept help for the medical condition that we're talking about today, I am no longer going to be able to raise our two beautiful children in an alcoholic household. I'm going to have to start making immediate arrangements for their and my welfare." Now she just said the same thing and he got the message loud and clear, but it gives him a way to come back and say, "If when you put it that way..." We left the door wide open for him. We didn't confront him, and it really works.

In my experience, in 99% of the cases it never works to just pound on somebody. That doesn't get anywhere. It never does. What we want to do instead is harness the power of love. We want to harness the spiritual energy in a family and get them all moving in the same direction.

God works through people

God doesn't work by lightening bolts. God works through people, and in my experience there is not a more powerful way that God works through people than in this kind of a structured intervention. When someone is addicted to alcohol or other drugs, they are truly locked down. They cannot make the right choice. I always say to families that we need a little miracle to break them out of that. And God sent you.

Acting as a group, with that synergy of love, we create a space where the grace of God can be present to

bring about that little moment of clarity that we need. That's all we need. We're not asking somebody to quit drinking for the rest of their life. We're asking them to accept some help, and we have cleared away all the possible roadblocks in advance.

That's part of the plan, plan, plan. Every single detail is worked out. If we have a single guy living alone with his dog, he'll say, "I can't possibly go to the Betty Ford Center because who is going to take care of Spot?" We've got every answer at our fingertips. We say, "Uncle Charlie has agreed to take Spot, and, in fact, we've got Spot's bowl packed and his food packed and his leash packed and Uncle Charlie's waiting for him. He stayed home from work today so that he'd be there to take Spot. We told him we'd be there in about 30 minutes." It really kills them when you've thought of every single objection in advance.

I want to leave you with the idea that when the family's come to "What can we do?" they should never hear, "There's nothing you can do. You've got to wait until they hit bottom." There is a great deal that can be done to break through the denial of the addicted person and get them on the road to recovery. It worked for me and I know it can work for virtually anyone.

Debra Jay:

Intervention is not an event, it's a process. We are giving the alcoholic an opportunity to reach out for help. When a family calls me, it's usually one person out of the family. Oftentimes it's what we call the hero child in the family, and they're going to take some action.

We have to build a team. It's not always easy to do. When I'm talking to that one person who's calling me, sometimes it's nice, they come on and they give me the list of everybody who wants to do an intervention. Those are the minority of cases. Usually that person is calling me, and they're like, "I don't know, my sister might get involved, but you know my dad never will. I know he won't. And my brother's so angry, forget it, we can't even talk to him about this." I get all the reasons why we can't build a team with these people, and sometimes they're legitimate. A brother is a hopeless alcoholic, or the alcoholic absolutely despises this person, and it's long term they hate this person. Probably not a good team member. In most cases it's just fear. It's just the alcoholic mayhem that's gone on for years. It's affected all these relationships in this family, and I find that just by listening, just by saying "You know what, let's take it really easy."

It's about listening

So much of the work is about the family. It's this little short period of time at the very end of a long planning process where we bring in the alcoholic. With a family it's about listening, listening, listening. Getting lots of information. It's amazing the information you'll get if you take the time to listen. As you get this information, move things forward in little tiny steps.

When we build a team, let's just put a list down of everybody that's important, everybody, it doesn't matter if the alcoholic's mad at them. It doesn't matter where they live. It doesn't matter if they're too busy, because you know what? We don't have to ask them. We're just going to write this list. Let's just write everyone down. That's safe. That's easy. We don't have to get into all that stuff.

Now we're going to pick our team from this list. We start talking about the strengths of each person. What the problems might be. We're just going through this process. It's amazing how suddenly you can come up with a team, when in the beginning there was no team. "Uncle Joe'll never do it." "Well, do you think he would just talk to me? Do you think he would be willing to do that?" It's about meeting people where they're at, and when people have objections, I always say probably it's about needing more information. If you have an objection to doing it, you're getting me some information about what you probably need. In the end, never ever try to force anyone into doing the right thing and joining the team.

Building the team can be one of the biggest jobs in many families. I say to people there is no right or wrong answer about becoming part of an intervention team. There's just a personal decision, and whatever's right for you is the right answer. That preserves the dignity of that family member, but it also maintains the integrity of the intervention. If you have somebody on an intervention team that doesn't want to be there, if they feel pressured into doing it, that alcoholic's going to know the second they walk in the room. They know exactly what's going on, and they'll zero in to the little chink in the armor instantly. So you have to have this team where everybody is saying, "Yeah, this is what I want to do. I'm scared to death, but I believe that it's the right

thing.”

It is a process in building a team. Once you have that team, then you start the whole planning process. Even if they're not all on board, you keep planning, and there are a lot of logistics you need to do. In Love First or on our website (lovefirst.net) there's a checklist, but there's just lots of stuff. Gathering information. Talking to treatment centers. Finding out about money, all the details.

If you do an intervention, the worst thing is when the person just sits there and doesn't say a word. That's when you're in trouble. They say nothing. You just have to kind of wait them out and just use silence. With objections, we can go somewhere with that. We're prepared for every objection. That also tells the alcoholic that this group is prepared. No surprises on our side of the street.

There can be blocks

Sometimes there are events that are going on in the alcoholic's life that are going to be a block, and they're going to reduce your chances of success. There are cases where somebody's so sick and the family is so afraid that they're going to die that we have to move. But I also say to people, "There's always risk and there's always danger, but we have to balance these. We can do this intervention, but if there's no way in the world that they're going because there's a major life event, can we wait two weeks?"

You have to look at the person's life and you have to realize that sometimes there can be blocks that you're not going to get past easily. When we finally go into the room, all of the details are taken care of. If we're flying out of state, if we're going to Hazelden, Betty Ford, Father Martin's Ashley, Sierra, Tucson, wherever it might be, we have plane tickets. We have it figured out, worked backwards. When the plane is leaving. How much time it's going to take to get to the airport. How much time it's going to take for the intervention. How much time do we need for possible objections. A little more time just for buffer. We get this all figured out, so we are so tightly choreographed. We know what we're going to do. We know where we're going to sit. We know where the alcoholic is going to sit. We know how the letters will be read.

Like Jeff said, we write letters. There are three parts to the letters. The first part is the longest part. I don't want anyone talking off the top of their head in an intervention. Someone can go into anger. Someone can freeze up. We write these letters, three parts. The longest part is the love part. Alcoholics feel anything but lovable. When you read this letter so filled with love from the heart it really has an incredible effect of breaking through denial, getting past the addiction to the real person. Rather than getting angry in intervention, people get tearful, the alcoholics, certainly the family members.

The second part of the letter, you have to have some honesty, too, with the love, loving honesty, because the alcoholic cannot see himself or herself the way we can. They cannot see how the disease is affecting them the way we can. What I say to people is when you're talking about the problem we want to be as specific as possible using as few words as possible. If it gets too long, I don't care how loving it sounds, it's going to sound abusive. So I usually say come up with one to three specific examples. We will always leave out anger, blame, and judgment. Always. Believe me I go through every letter. I have people e-mail me their letters ahead of time, fax them to me, we work together. When we do a rehearsal and they read their letters, everyone listens because the written word can change once it's spoken. Does anybody hear any anger, judgment, blame, anything the alcoholic may grab on to? We get it out of there.

Third is a conclusion. It's very simple really. The conclusion is very loving, but we bring the love and the problem together. A lot of people, they say things such as, "You know what, if it were me, you would be the first person reaching out to me. I could not live with myself if I did not step forward and try to help you. I could not lose you." They may talk about their children, how important the alcoholic is to their children. They really talk about how important that person is, how they can't lose them. Then there's a call to action. They say, "Will you please accept the help that we are offering you today?" They sign it, "Love, your mother" or whatever. Letters usually run anywhere from one to two pages long.

A bottom line

We also ask everybody on a separate page to write what's traditionally called a bottom line. If in the end the alcoholic refuses to accept help — they're in that 15% that refuse to accept help — we write the bottom line in a very loving way. The way I explain it, this is not a punishment. With the bottom line, each person on the team

asks themselves two questions. First question, if this person that I love cannot accept help, is going to stay in the disease, I have to make a choice and a decision not to help support the disease any longer, enabling right? Through the whole training process they're thinking about this. How have I enabled the alcoholic in the past? Often the parents of adult children will pay the mortgage, pay the car payment.

This is a very concrete kind of enabling. That's the thing. I cannot support your disease anymore. I will do anything in my power to help you get treatment and eventually get into recovery, but I cannot support the disease. These are the ways I have supported the disease in the past and I am choosing not to do that anymore, because now I know I am hurting you, not helping you.

The second part of that bottom line is to recognize the need to take care of myself. Your disease affects me, and how am I going to do that? If I have children I am also responsible for taking care of them and protecting them from the disease. How am I going to do that?

The whole time in there we let them know that we love them. At the end of the bottom line, we ask again, "Won't you please accept the help we're offering you today?" We keep reaching out.

Many many alcoholics that refuse help when they realize how their world is going to change because no one is going to support the addiction, decide maybe it's a good idea. Sometimes the family has enabled them so well they don't really believe them and they test them. They don't get help and then the family needs to follow through.

With bottom lines I say to family members, "Don't select bottom lines because you think they'll make me happy." If you pay the mortgage and you're going to say, "I'm not going to pay your mortgage," you had better test yourself and know that you really won't. If you think, "Push comes to shove, going to lose the house, I'll pay the mortgage." — find another bottom line.

Some people have no bottom lines, aren't willing to have a bottom line. In that case I want them just to write a statement of support. Whenever somebody is going to select a bottom line, encourage them to test yourself. Talk to another family member. Make sure you're going to follow through. Otherwise pick something else.

Health, mental clarity, independence

I want to talk just a little bit about older adults. A loving intervention is really expanding the love in intervention. It used to be a few loving remarks and then the list of things that you've done wrong in your addiction. When you expand the love, it is just so powerful for everybody. For older adults, I can't imagine doing it any other way. Be very, very careful about your language for any age, but with older adults I say to people, "Really focus on this as a medical issue. Talk about it as a medical problem."

Focus on three areas that older adults are most concerned about. One, health. Two, cognitive clarity, mental clarity. Three, independent living. That's going to resonate. Don't at any age, but especially with older adults, don't use the words, "what you're doing to yourself." Families always fall into that, "I can't stand to watch what you're doing to yourself any longer." No. Alcohol has turned against you. This happens to many people as they age. The body changes, and the alcohol is turning against them.

To say, "Pop, you had a problem when you were 35" doesn't do any good. It just brings up the shame. When we bring up the shame, what comes at us is a defense mechanism. Let them deal with that in treatment. I can't do everything in an intervention. Pop's going to do a first step and he's going to have to look at how this has affected his life. Let's not take this on in an intervention. Let's stay in the recent past. So language is very important, and with older adults just keep it all about being medical.

The other thing I have my family members write in the problem area of their letter is, "It's not your fault." What a nice thing to hear. It's not your fault. Again we're keeping shame down by using love, but when we talk about the problem to be very careful about our language, very careful.

After the intervention, when we go into answering objections, if we have objections, if I'm the interventionist I pick one family member that the alcoholic has the greatest respect for, or a friend, it might be a friend. This is not always the person who is closest emotionally. This might be the person the alcoholic is most angry with. I make the person the alcoholic has the most respect for my co-chair during an intervention. The last thing we want to do is get in a big free-for-all discussion around an objection. The alcoholic can grab power away from the group so fast. I have one family member who is going to work with me, and we know who is going to answer what objections. We've planned for it.

We've planned for surprise objections. What if he thinks of something, how are we going to answer that? One

of the pet phrases that we have all memorized is, "That may be so, but today we are talking about what alcohol is doing to you." This way we don't get into a free-for-all discussion. We don't lose control of the group. Another important point is that we never get into debates. And we don't go into opinion. The alcoholic may go into opinion, we do not. Your opinion against my opinion, the alcoholic will always win. We always stay in fact. We never argue. We never debate. We always remain loving.

Jeff and I were very lucky to write Love First for Hazelden, and we're very proud of it. It was really really a project of love, because our job was to write about intervention as close as possible to the way families experience the whole process, from before the intervention, the intervention itself, while the person is in treatment, and early recovery.

I think we did a pretty good job at it. If you really want to know how, nuts and bolts all the way though, that's a great resource. There are other great books, but Love First will really take you through the whole process.

Follow the book

We make intervention a very professional thing now, but quite honestly there are a lot of families that cannot afford to call me, fly me across the country, put me in a hotel, pay for a rental car, and pay my fee. A lot of people say, "If you can't have a professional, you can't do an intervention." When Vern Johnson developed this, he developed it for families, and there were no such things as interventionists then. He was a minister, and he developed intervention in his church with a group of people from his congregation. A lot of people call us and they just use the book. They're very successful at doing interventions. They follow the book.

The book also talks about when you absolutely should have a professional. If you don't have money, you might be able to go to your church and find somebody within your church that's willing to help you. But I think it's really important to say that not in all cases can people access professionals. We hear about families all the time that do really great work on their own.

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