

## **Frequently Asked Questions:**

### ***If I intervene, will my loved one think I am being hateful, or I am forcing a "showdown"?***

There are many myths about intervention. Some think it is an uncaring attack or an emotional ambush directed toward punishing the alcoholic. Some look at intervention as the "inquisition" or trial. However, real intervention is based on **love**, on **care** on an intense desire to help someone come in from the cold and into the light. The greatest force in combating addiction is love. It is love rather than toughness that breaks through denial.

### ***Would it be best to let my friend work out his own alcohol problems?***

The first sin that one can commit against an alcoholic is to do nothing. To stand on the sidelines and watch as a mighty alcohol laden monster ravishes one more victim into submission. They say things like "If someone is not ready for help or change, then there is nothing anyone can do about this problem." Hogwash! This is a common myth. James Allen wrote in his landmark book, ***"Let a man radically alter his thoughts, and he will be astonished at the rapid transformation it will affect in the material conditions of his life."*** Alcoholics do not seek help because of miraculously coming to their senses. They seek help because someone or something turns up the heat.

### ***What would make my brother sober up and stay sober?***

There must be a life-altering event to shake up the alcoholic so badly that the decision to give up drinking becomes more appealing than staying drunk. This shake up is loosely called "intervention." And it could be an disorganized, gruelling jumble of personal tragedy for the alcoholic and the family. This may be in the form of divorce, job loss, financial ruin, domestic violence, child neglect, jail, cirrhosis, insanity, and ultimately death. Something must shake up his entire world before an alcoholic will seek recovery. That type of intervention can take years to destroy a man's will. A better, very successful type of intervention can take a few short weeks with proper planning. This intervention includes love, kindness, and help from a few friends and family.

### ***Am I ready to intervene in my employee's life?***

The fact that you have read this far indicates that you are willing to intervene to save a life. Napoleon Hill wrote, ***"The moment you commit and quit holding back, all sorts of unforeseen incidents, meetings, and material assistance will rise up to help."***

### ***What exactly is "enabling?"***

Enabling is a word bandied about quite a bit. It is possible that we are contributing to the problem even though we believe we are trying to solve the problem. Every alcoholic must have someone to enable his habit for it to exist. It is done in a number of ways, including loaning money, taking over responsibilities, making up excuses, covering the problem, and allowing an alcoholic to be manipulative.

### ***Why do my efforts, to try helping my husband quit drinking, turn into World War III?***

Dr. Vernon Johnson in his book, *I'll Quit Tomorrow*, writes, ***"The reason alcoholics are unable to perceive what is happening to them is understandable for many reasons, they are progressively unable to keep track of their own behaviour and begin to lose contact with their emotions. Alcoholics don't know what is happening inside of them."*** Reason and logic will not work against them. Alcoholics will undoubtedly come out ahead in the battle of denial. The alcoholic will do

anything to keep you off his back. To him, you are his problem, not the alcohol and suddenly you are defending yourself

**Were does an alcoholic get off telling me that I am part of his “problem?”**

Alcohol makes him feel good and if you try to take this away from him, he will feel bad, or so he believes. Following a path of denial, alcohol is not the problem, according to the alcoholic; it is the person who wants to take alcohol away from him that is the problem.

**Why does my fiancé tell me he has stopped drinking, when I know for a fact he hasn’t stopped?**

He will promise you anything knowing he will never keep his promises. You are his last hope. Intervention is his lifeline, and you should seek to help him. When you hear, “You can’t help an alcoholic until he’s ready to accept help,” simply tell him to sit back, fasten his safety belts and hold on. You are about to show him that intervention can and does work. You can follow one of our suggested courses of intervention and then Jorg's **Ark** can help you both.

**How do I intervene right now?**

Before we can proceed on intervention, we must understand some basic concepts. To motivate an alcoholic to accept help requires a new outlook and conditioning. The first thing you must realize is those one-on-one confrontations with an alcoholic rarely if ever work. Alcoholics are skilful manipulators and on your own, you will lose. To overcome an alcoholic, you must work in a group. The power of the group originated two thousand years ago in Roman times. AA discovered these principals 70 years ago and many people have tried to rewrite “The Book,” of AA since then, but it remains unchanged since 1935 for the simple reason, it works.

**O.K., you follow A.A.’s plan for intervention, How successful is it?**

Statistically, success ranges from 80 to 85 percent, if we define success as motivating the alcoholic to seek and accept help for his addiction.

**I see an uphill battle with my loved one.**

If God allowed us to go through life without any obstacles, it would cripple us. We would not be as strong as we are. Sometimes struggles are exactly what we need in our life. This principle must be allowed to flow over and into the intervention process.

**How does my group of family and friends help in confronting my husband?**

The alcoholic learns that the people closest to him no longer intend to enable the disease, but instead, each person has a commitment to support only recovery. He is told he can turn to anyone in the group at any time. They will do whatever they can to help him get into recovery, but no one is willing to help him stay sick any longer. We will not allow him to continue on with his drunkenness. Intervention is not a complicated process, but it does require a group of people, usually five to eight, and it requires planning and preparation. For best results, you should follow our guidelines in the INTERVENTION section below and do not cut corners.

**Guidelines to Intervention**

Most people, when they have a disease will try to find a cure or treatment for that disease. Alcohol addiction and chemical dependency are unlike any other known disease. People, who have it, generally do not seek treatment without some form of intervention. This can be intervention by family, friends, work, court ordered rehabilitation, civil or criminal charges, even a complete

mental or physical breakdown, to name a few. Addicted people do not seek treatment because they do not know they have a disease, or they are in total denial. This denial effectively blocks the conscious ability to make the right decisions.

The chemically dependent person remains unaware of the progress of the disease. As behaviours becomes more bizarre, rationalization and denial take an emotional toll. Rationalization and denial are no longer trotted out on occasion; they become part of the fabric of everyday life. They are invisible, they become insidious, and they are a disastrous response to the pain of addiction. The more an individual believes his own rationalization, the further into delusion and denial he goes. The only thing that can save this slide into oblivion is intervention.

Intervention is the most effective technique that can be used to help one suffering from alcohol addiction dependency. It is also the most ignored. Intervention is the first line of defence in bringing an alcoholic to sobriety. It is the single most powerful step that can overcome denial and initiate an alcoholic's recovery process.

Many of your questions about intervention are answered in the Frequently Asked Questions section of this handbook. The following is our guideline to assist you helps your loved one, friend, or employee.

#### **Step One:**

Building a team gives you the best possible chance of defeating addiction. Your success depends on the help of a well-selected group of **five to eight** people working together. Selecting the team for intervention starts with making a list of all of the significant people in the alcoholic's life. The names of relatives, friends, co-workers, employers, clergy, teachers, and family should be top of the list. Not all will participate, but build the list anyway.

#### **Step Two:**

Make sure the intervention is kept **secret** and remove anyone from the list who may tell the alcoholic about the upcoming meeting. Some people might think they are doing the alcoholic a favour but they will not be. A "heads up" will give the Alcoholic time to build stronger defences against help. If the alcoholic learns about the intervention, the intervention will fail.

#### **Step Three:**

Plan a **rehearsal** and if a team member cannot attend, then remove him from the list. Whatever the circumstance, rehearsal attendance is **not optional**.

#### **Step Four:**

Arrange a treatment centre that will take the alcoholic away from his environment of booze and addiction for at least 28 days. We believe **The Jorg's rehabilitation centre** is the best choice. If you stumble across someone who claims they have found the "cure" or a "new way" to treat addiction that no one else has thought of before, be wary. Choose a program such as ours at **The Jorg's Ark**, which treats addiction as a primary disease and use the Twelve Steps of Alcoholic Anonymous as these programs have proven time and time again to be effective in about 80 to 85 percent of the cases. Remember that relapse is a real and constant danger. Without a strong AA group and a community support system after treatment, the chances of failure are great. **The Jorg's Ark** can arrange a sponsor and schedule 90 AA meetings in ninety days after release from the program. Without this, you will not have much chance of success.

**Step Five:**

Choose a Chairperson to conduct the intervention. Everyone writes a letter about two pages long to read to the alcoholic. It must start with **love and care**, outlining how much the Alcoholic means to the person in their life and no one says anything other than what they have written, except the chairperson. The chairperson is the spokesman for the group. The team must **NEVER** get into a debate with the alcoholic. To do so would take the power away from the group and bestow it upon the alcoholic. Team members read their letters and say nothing else. If you have an urge to speak up during the intervention, do not. If arguing worked, it would have done so long before now. Do not fall into old confrontational patterns during the intervention.

**Step Six:**

Following the initial intervention, send the alcoholic to an educational treatment program away from his “stomping ground”, with a 90-day program as a minimum. Keep in mind that you are instituting a change. A life altering change can only be possible if the alcoholic leaves behind all of the factors that contributed to his addiction. That means friends, family, familiar surrounding, job, the neighbourhood liquor store, and bar. An alcoholic who has been through intervention needs the support of a residential facility such as **The Jorg's Ark**. If this does not happen, the disease will take control again and denial will spring back into place.

**The Letter**

During the initial intervention, emotions can and do run high. Reading your letter prevents you from exploding into spontaneous anger or freezing up at the last moment. Think of your letter as having three parts.

First, begin with a message of love. The alcoholic needs to hear you speak from your heart. You can use the standard newspaper article “who, what’ where, when, how and why.” The WHO is the alcoholic, but the WHAT is the part you love and cherish about the alcoholic. Talk about memories; where you were, when it happened; and how you felt. Tell him why you love him. List the special qualities he possesses, and the things you miss about him. Be specific and make sure you speak **of love first**.

The second part of the letter addresses the **addiction**. Be careful not to impose anger, judgement, and blame. No matter how angry you are at the alcoholic, leave the anger outside the door when you enter for intervention. When you write from your first hand experience, be specific. A good example is “Three Saturdays ago, you started drinking at noon. First it was beer, but then you switched to vodka. Your mood changed and it seemed to me everything I did irritate you. You ended up yelling at me. You left in the car. The children cried when you left. I worried all night long that you might have killed someone or yourself by driving drunk. I was afraid every time the phone rang that it would be the police.”

When you write your description, avoid making judgemental statements. Use words that are not blaming like - **anger, discouraged, helpless, anxious, depressed, worried, hurt, insignificant, insecure, inadequate, ashamed, afraid, frustrated, rejected, reckless, lonely, guilty, apathetic, bewildered, confused, embarrassed, miserable, inferior, or numb**.

The third and final part of the letter is the closing. Repeat here how much you care and how concerned you are. Then state your support of recovery and ask the alcoholic to **accept help**. If he says yes, take him immediately to the **Ark** to begin the recovery process. End your letter with a direct question asking the alcoholic if he is willing to accept help. Make him say yes.

**Remember, a rehearsal is necessary before the actual intervention and plan to:**

1. Have all team members complete a letter.
2. Listen for a message of love and concern.
3. Use **first hand experience** when talking about the addiction and refrain from repeating second hand information.
4. Write in the first person, using the word **I**, rather than we.
5. Remove negative content from the letters.
6. Identify a person that commands the **respect** of the Alcoholic and make him your chairperson to conduct the meeting.
7. Determine the **order** in which the letters will be read; the chairperson last.
8. A person with a strained relationship e.g. wife or husband should read his or her letter in between two strong people.
9. Choose your seating arrangement where the alcoholic **faces** the strongest people in the group.
10. If you become overwhelmed, stop and take a breath and then proceed.
11. Make sure you stick with your plan and do not deviate. .
12. Stay focused on the intervention plan and not the denial of the alcoholic; the standard answer for all of his objections is: "I hear what you say, but today, we're talking about how we're going to help you with your alcohol problem."
13. End the letter by asking the alcoholic to accept help.

**Letter from Betty Ford**

Intervention is not the end of the story. It is the beginning. Prepare yourself for the journey ahead. It will not always be easy. The addiction and all of the related problems did not happen overnight. It took the alcoholic years to get into that condition and it will take time for him to return to normal. Be patient. Give him a chance to recover. Be supportive but be strong. He may call you and tell you he is leaving treatment early because he thinks he is cured. If you find yourself considering this, call the team back into place and discuss it. It is not a good idea. Make him stick with the plan. Be prepared to participate in a group session at the rehabilitation facility. Family counselling is a critical part of the recovery process. Remember, after he is released, it is important that he go to group meetings and continue the process for at least a year. No short cuts. It will not work

In 1991, MEDSTAT, a company that specializes in health service research, completed a study of three million people. MEDSTAT found there was a direct correlation between the rate of relapse and the length of the stay in a residential treatment facility setting. Alcoholics who stayed in treatment longer had a lower rate of a relapse. All who did not relapse had continued on with group meetings each week after release from the residential treatment programs. Follow up was proven to be the most critical factor in recovery and continuing sobriety.