

## INTERVENTION

*A lifeline for those who have lost the ability to help themselves*

*By Dr. Janice Blair*

### **Alchemy: the process of turning lead to gold**

At a recent intervention, the “intervenee” called me the Blair Witch Project. It’s hard not to take that personally. At my age I don’t immediately go to Sabrina or even Samantha Stevens. Rather, that horrible, green-faced, wart-nosed, black hat-wearing “I’ll get you, my pretty, and your little dog, too!” nightmare came to mind and sent me debriefing to my most supportive colleagues. Like any good group of therapists, we processed until someone cognitively reframed the comment with a quote from a witch expert of sorts. According to Gerina Dunwich, “*to be a witch is to live one’s life in tune with the earth and the cycles of nature. It is reclaiming old ways, viewing the world and everything in it as magical, and working with the mystical energies of (nature) to create positive changes within and without.*” In tune with nature to create positive changes - it sounded more like alchemy than witchcraft but I wasn’t going to quibble because either way I felt better. I began to wonder if this wasn’t, in fact, the best of what I bring to the intervention process.

There was a time in my life when this was a foreign, and not altogether appealing, notion. It went against everything I was taught - if something isn’t working, I was told, try harder, work longer, push on. I can do that and I’m quite good at it. Which is likely why it took me so long to grasp the recovery concepts that would ultimately save my life. Healing, growth, and restoring the true self required a way of thinking and a set of skills I did not have at the time I hit my own bottom with alcohol. In AA, I was advised that I should find a guide and follow directions. That turned out to be harder than it sounded, despite my sponsor’s constant reminders that he could teach a lab chimp the 12 steps. I used to tell him not if the chimp was a middle child. I still had my dignity.

I would come to understand the need for being “in tune with,” for surrender and acceptance; I would learn how to listen, to slow down and to go with the flow. This flow idea intrigued me from the very start and I recall spending a good portion of my first year in a befuddled attempt to find it. “Enough of inventories and service work,” I would complain, “where is the flow?” Twenty-five years later I remain intrigued and also humbled that I am just as often out of the flow as in it.

My personal journey has me standing at a very empathetic vantage point as I watch family after well-meaning family trying so hard to affect some change, any change in the addict. Most of the time, I notice, they are working much harder than the addict. I watch them exhaust themselves and each other with some very rational and innovative approaches that do not budge the problem. Intervention, like recovery and life itself, is about trying easier. *Living in tune* with the reality of this disease, its treatment and each other.

## **The climb**

I don't know much about mountain climbing, but I can't help but be in awe of those who do it and, as an observer, I am fascinated by the process and its similarities to intervention. Frankly, I have been involved in my share of interventions where I would have preferred being on the north face of Everest, at least for the moment.

I recently watched *As Far As the Eye Can See*, a gripping documentary of Eric Weihenmeyer's unfathomable trek to the top of Mt. Everest. Weihenmeyer lost his sight completely when he was a young child so it was difficult to imagine how he was to accomplish such an impossible goal. In my head, it was so impossible that I likely would not have believed it had the camera not captured him stepping onto the top of the world. In light of the bleak survival statistics of alcoholics and addicts, have we anything to learn from such people about achieving the long shot? I watched the film a few more times taking mental notes of the components integral to his success. Weihenmeyer began by picturing himself already there and then summoning the will to turn the improbable into the inevitable. He surrounded himself with close friends and family - those who would stand by him. He handpicked trained professionals and took direction. He learned everything there was to know about climbing and about his mountain. He was exhaustive in his preparation for uncontrollable events like weather and accidents. He trained himself to view and interpret obstacles as challenges that may slow him down but would not stop him. He conformed his expectations to the formidable task at hand and did not expect that it would go seamlessly. He committed that he would not yield to despair but would practice tolerating the nerve-racking moments. He hired Sherpas who had been up and down the mountain under every sort of condition and took their direction. His team stayed together, continually checking in with and encouraging each other. He stopped and recharged as needed. He did not stop at the first base camp and call it the summit.

## **Where's my epidural?**

Much like mountain climbing, intervention offers up the best of times and the worst of times. The coming together of the family, the healing of relationships, the synchronicities and personal epiphanies, the letting go's, the ups and downs of a worthy journey taken with those most cherished and, ultimately, the passing forward of all that - the very best. The worst, while typically dwarfed by comparison, can be daunting enough to stop all but the most courageous in their tracks. Perhaps it's a bit like childbirth; the labor phase - very painful. In the midst of it, you feel as if it will go on forever but of course it doesn't because it's a phase. It paves the way for the birth of a new being - a being pushing to be free, to evolve into the higher life form it was meant to be. It finds itself in a bigger world with bigger choices and, hopefully, in a family that knows how to support all that. Equally painful and challenging phases can be found during the intervention process; yet they are phases that we must pass through in the service of growing and evolving to a higher, better life. The labor pales in comparison. All are part of the miracle.

### **How many interventionists does it take to change a light bulb?**

Only one, but it really has to want to change. Despite all evidence to the contrary, this remains the most enduring myth associated with addiction and is one of the main reasons why so many continue to suffer and die from a very treatable disease. Those of us who work in this field know that “you can’t help an alcoholic until he’s ready for help” is simply not true and the implication - “therefore there is nothing I can do except stay out of the way until he wakes up” - is a tragic misconception. The wake-up call is all-too-often a crash of sorts that is irreparable and is precisely what the intervention is designed to avoid. Addiction is progressive and fatal, if not treated. It does not get better on its own. Intervention, while necessarily creating certain discomfort and chaos in the addict’s world, is planned to control for many of the potentially destructive variables. This misconception also adds to the confusion and suffering of friends, family and even employers who typically commit themselves to one of two equally futile camps: either so totally immersed in the problem that their own lives are in chaos, or ignoring the problem to the extent that they aren’t allowing themselves to be part of the solution. It is not uncommon to switch camps when frustration sets in. To effectively address addiction is to simultaneously feed the solution and starve the problem. Tricky business. It is true that deep changes occur only once the addict is internally motivated to get well but, more often than not, it takes the treatment process to get them to that stage and some form of outside intervention to get them to treatment.

The team approach is critical to the successful intervention - the group is simply stronger than the individual. Fritz Perls called this the Gestalt concept and developed a whole branch of psychology based on “the whole is greater than the sum of its parts.” From *The Wizard of Oz* to *Seabiscuit*, life and literature are rife with stories of down-and-outers achieving great things when they hook up and support each other. The simple act of teaming up seems to *create* hope while bringing out the best in people, scarecrows and horses alike. Dale Earnhardt described it as “a crew emerging into a single force that is unstoppable.”

There is any number of ways to move forward and all can be effective if done by an informed, committed and professionally-guided team. Far from helpless, the addict’s circle of people have, in fact, a great deal of influence (this is different from control). While we cannot control addicts, we can change their environment so as to make it as easy as possible for them to say yes to treatment and as uncomfortable as possible to remain in the problem.

### **Power, not force**

The intervention process is off and running when the team begins to shift their focus from the problem to the solution; time and again this has proven to be a most empowering and inspiring first step. We have Einstein to thank for that. I hope he would forgive my ignorance of his equations and theorems when I say that, for me, one of his fundamental laws boils down to “when a thing is energized or given attention, it expands.” Most people unwittingly but relentlessly throw their energy at the addict’s problems and then become exasperated as those problems expand. Having developed a finely-tuned, low-threshold Trouble Radar that detects and even anticipates problems, these well-

intentioned folks have things solved before they are even a blip on the screen of the addict's own radar (which is typically set to a much higher threshold). Problems caused by the addict are *symptoms*, and a quieted symptom will soon be replaced by another, louder symptom. It's nature's way of calling attention to the *source* of the problem. This vicious cycle has the problem-solver and the addict choreographing a dance that eventually spins everyone out of control and right off the dance floor. Einstein would say 'I told you so.'

Understandably caught up in the cycle, families need help making the leap from being *reactive* to being *proactive*. While the family is by no means the *cause* of their loved one's addiction, they may well be aiding and abetting in myriad ways that *maintain* the addictive cycle. It is not at all uncommon for the addict's environment - family, friends, workplace, trust funds, etc. - to inadvertently clear the way for the addict to forge ahead in relative comfort, save for occasional lectures, threats or silent treatments. The addiction field refers to this as "enabling." Enabling the problem to continue is really disabling or handicapping the addict and robs him of the opportunity to grow. If you are doing something for the addict that he should be able to do for himself, you are enabling the problem. If you are not standing true to your own intuition, your feelings and your inner wisdom, deferring instead to the addict, you are enabling. If you are not confronting the problem (confronting is more than noticing), you are enabling. If you are covering up, excusing, minimizing, accepting half-truths and shallow promises, or allowing yourself to be moved off your own integrity, you are enabling. During the intervention process, we look at all of this in a very sympathetic light. It is all absolutely understandable within the context of addiction, and it's important in life to know when to cut yourself slack. We do not play a Blame game but we do take an honest and courageous look at the contributing factors that will end up sabotaging your goal and, ultimately the life of the addict. Rather than putting out one fire after another, then, we begin to focus on what we *can* control by replacing enabling behaviors with healthy behaviors that do not support the problem. It is important here to underscore that all team members will need the collective support and compassion of the others where this is concerned. Oftentimes, we don't see our own enabling so we're lucky to have loving family members to readily point them out. This may not feel lucky at the time.

Power, not force. Intervention is not Gary Cooper in *High Noon* nor does it look anything like the Sopranos' ill-fated attempt to get Cousin Christopher to change his drug-dealing ways. There is no strong-arming, no bounty hunting and no circling of the wagons. It is a very empowering process once the family stops dancing long enough to recognize where the power *is*. There is tremendous power in knowledge, in numbers, in love, in kindness, in taking responsibility and in doing the right thing. There is power in the solution-focused approach. The earth doesn't force the moon into its orbit. It's simply attracted to us and who can blame it. The laws of gravity are similarly at work during the intervention process: the intervention team reaches a critical mass of solution and positive energy so as to attract smaller, weaker objects around us; i.e., the addict.

**Addiction isn't a spectator sport. Eventually the whole family gets to play** Rebeta-Burditt

All families have spoken and unspoken rules that provide the foundation for all the rest. The rules in an alcoholic family evolve to preserve the pathology of drinking or using drugs. “*Don't talk; don't feel; don't trust*” are typically the three foundational rules in any dysfunctional family. The first phase of intervention involves breaking them all, effectively collapsing the existing family structure. The intervention team pools their experiences and information; they share their feelings (the most accurate source of information); they begin to trust each other and trust the process. The collapse is not a pleasant phase for anyone in the family. We've all seen news footage of buildings imploding. The implosion literally demolishes the old structure to make way for something more stable and safe. Much easier to watch on CNN than to experience first-hand within our own families. And, while we all agree that this collapse makes good theoretical sense, we are not buildings; we are very human and, as such, we love and are drawn to the familiar much as we are to an old pair of slippers. The known is our default, our autopilot and our comfort zone and it beats the unknown even if it stinks. Change, therefore, will take a collective commitment to trust the process and practice replacement behaviors for a long enough period of time for them to become familiar. The family needs to step outside the unhealthy system to get the help they need and to learn and appreciate healthy family rules. The underlying goal of the intervention process is to get the family out of the destructive cycle and into healing. Intervention includes, but is not restricted to, getting and maintaining help for the addict.

**Take that, Tommy Holloway**

Until the last few years, we have been unable to explain the behavior of addicts except in pejorative terms with lots of colorful expletives. I recall sitting in a laundromat in Edmonton, Canada for hours one harsh winter night, stealing a quarter here and a quarter there until I had enough to buy a small bottle of bad Scotch. I was 24, broke, unemployed, unemployable, divorced, disliked and/or disowned by despairing family and friends, just out of the ER with lacerations and black eyes of unknown origin, and looking every bit the pitiful alcoholic. I had grown up in a very loving and safe family, given a wonderful education and every opportunity. I did not have a bad personality, bad morals or bad parenting. Yet there I was, barely able to see out of swollen eyes, running to make it to the liquor store before it closed. My thoughts were of my family and what they would be doing, two weeks before Christmas. Standing in line with my quarters and my scotch, I had a moment of lucidity and questioned what had happened that I was *here*; it seemed completely inconceivable and quite insane and yet I also recall with absolute clarity that it did not feel like a choice.

Today, we have hard facts and very good neurophysiologic explanations for my feeling and my behavior that night. It has taken science a long time to put some of the pieces in this puzzle because the brain is so difficult to study. Many brain-based disorders are at a distinct disadvantage because they cannot be measured or proven with an X-ray or a blood test. Hence, it will likely be a long time to come before people stop debating the disease concept of addiction. Functional MRIs and the like, mouse experiments and correlational studies, however, are finally shedding enough light on the brain to explain why alcoholics continue to drink despite egregious consequences, why addicts crave and

lose control of drugs and why they will step over everything that is most meaningful to them to get to the drug.

We now know that this is a disease of the cerebral cortex versus the midbrain. The cortex is the most highly developed part of the brain and is responsible for its highest functions - our thinking and interpreting, our sense of self, our personality, our values, our purpose and meaning, our spiritual connections, how we choose our friends, how we treat others. It sees the big picture. Drugs, it turns out, actually work in a much more primitive part of the brain - the midbrain or limbic system. This is the survival brain, in charge of the most basic, survival-related information: eat, drink, have sex, kill a thing if it threatens your survival. It sees the next 60 seconds. Found here are highly potent feel-good chemicals like dopamine which tell us to do something again and again if it is perceived as good for our survival. The highly reinforcing properties of the midbrain play *the* critical role in addiction because the addicted brain directs the addict to use the drug repeatedly *in order to survive*. Before addiction took hold, my thoughts about alcohol were at the level of “I want to take the drink.” Once I crossed the addiction line into what I call the “Hotel California” phase (you can check in anytime you want, but you can never leave), my thoughts became “I have to take the drink.” Empirical and clinical data have established that the addict will use drugs to the exclusion of all other survival imperatives and even to the point of death. In other words, the drug of choice is more rewarding to the addict than life itself; it is *the* trump card and becomes synonymous with survival.

Under normal circumstances, the thinking, rational cortex overrides the power of the midbrain. In a disease state, the cortex shuts off - it has no voice - it is fair to think of the addict as a prisoner inside his own body. This is why the family’s attempts to appeal to common sense, rationale, family ties or his sense of right and wrong appear to be falling on deaf ears. You might as well be talking to the dog. In the grips of the disease, the addict does not have access to his better judgment or the depth of his family connections or anything else that means anything to him. I was not asked to write an article on the biological underpinnings of addiction so I will leave the addict’s dysregulated dopaminergic system, compromised CRF levels and stress response, as well as inherited predispositions for another day. It is critical, however, that families, addicts and health professionals (not to mention politicians and insurance companies) understand the biological nature of this disease. Its power should not be underestimated. Addiction does not play by the same rules as any other psychiatric or physical disorder. It is like the playground bully that way. During an intervention last summer, a particularly insightful group of siblings responded to their sister’s demand to “leave me alone” by pointing out that they didn’t leave her alone in Grade six when she was being bullied by Tommy Holloway and they weren’t going to back down now.

### **Train for a marathon, not a sprint**

Treatment involves waking up the prefrontal cortex and turning the volume down in the reptilian midbrain. Sobriety allows the brain to re-set its neurochemistry, optimizing the body’s innate healing properties. Addicts are given tools to manage stress and reduce craving. They dump baggage, help others and take a long, courageous look in the mirror, perhaps even catching a glimpse of who they really are. They are helped by counselors

and peers to find that one thing that is more important and powerful to them than the drug - in AA, this thing is referred to as their “higher power.” Doing good causes feeling good and they begin to rediscover dignity and pride. They find hope and they begin to trust the recovery process.

Recovery is a developmental, lifelong process, not a singular event. As with all chronic diseases, addiction cannot effectively be treated as if it were acute. It does not get fixed in an office visit, a moment of revelation, or 28 days. While those things can begin the recovery process, possibly even stabilize the addict, it is a common and deadly mistake to think of stabilization as anything but the first phase of recovery. It is the first base camp. Likewise, abstinence does not equal recovery. We know that it takes an average of three to five years for the new family structure to gel, and five to seven years for the addict to achieve the solid, deep changes that predict future success in recovery.

Just as important as coming together to extend a lifeline to the addict, is *staying* together as the recovery process takes root. The whole group should reconvene after treatment to discuss and clarify the recovery plan and the relapse plan. Each person has the potential to fall back into old, self-defeating behaviors (relapse) so each person should have a plan. Everyone must understand the reliable predictors of successful recovery and how to quickly and effectively respond when they have concerns. I have found that the single most important determinant for success is the addict’s willingness to follow the directions of professionals *to the letter* until ongoing recovery is demonstrated over a significant period of time. ‘Demonstrating ongoing recovery,’ however, is not easy for the family to recognize, verify or agree upon. Nor is it particularly useful to go by the addict’s idea of what this means. Best to rely on your Sherpa all the way up and down the mountain.

“Within every problem,” Einstein said, “lies hidden an opportunity so powerful that it literally dwarfs the problem.” This concept is the most valuable tool in my personal toolbox and I pester every person involved in an intervention process to search fearlessly for the opportunity to grow, to learn and to give.

### **Amazing grace**

One of the life lessons I count among my most precious came to me through an article I read a few years ago. It was a brief report on what I recall was an event at the Special Olympics, an athletic competition for children with intellectual disabilities and mental challenges. Little boys and girls, at the starting line of a running event, eagerly awaiting the flag that would set them off on their dash toward the finish line. They must have made for quite a scene, their excitement far outweighing their personal challenges. At the half-way point, one little guy fell and began to cry in frustration as he struggled to get back up. Just as suddenly as the fall, the contestants, every one of them, turned back in unison to pick up their opponent and, linking arms, stumbled and laughed their way over the finish line (sometimes I wonder about how we psychologists define mental disability). Little witch-chemists viewing the world as magical, living in tune with what is, creating positive change. Showing the rest of us *family* at its best. No one gets left behind. Their oath: *Let me win. But if I cannot win, let me be brave in the attempt.*