

# Alcoholism chemical dependency diseases



**ASSIGN  
BUSTER**

1. Demonstrates the necessary knowledge, ability, and skill for assessing the physical, emotional, and mental capabilities of concerned persons to carry out an intervention. 2. Demonstrates commitment to ABCI principle that the primary goal of intervention is to secure immediate help for the chemically dependent person first and foremost. 3.

Demonstrates commitment to ABCI's principle that pre-intervention counseling sessions for concerned persons are short term and time limited and should not be prolonged to the extent that immediate help for the chemically dependent person is postponed. 4. Ensures that during the intervention statements by concerned person to the chemically dependent person are not shameful or demeaning but instead take the form of I-statements that describe facts and feelings. 5.

Has completed an ABCI approved training and certification process for Board Certified interventionists. 6. Treats all persons included in the intervention process with care and concern, and works to preserve the dignity and self-respect of the chemically dependent person. 7. Demonstrates a commitment to help families by directing each family member involved in the intervention into their own process of recovery. NATURE OF DISEASE We believe.

.. Alcoholism/chemical dependency are diseases that are\* Primary\* Progressive\* Chronic\* Fatal In the later stages of the disease the person is incapable of the spontaneous insight needed to seek remedial care, largely due to\* Blackouts\* Repressions\* Euphoric recall\* Their combined delusional thought process Those living with chemically dependent persons often become emotionally distressed to the point where they\* Enable the addiction

to continue despite best intentions\* Attempt to manipulate the situation to make it "go away"\* Show similar symptoms\* May require remedial care  
Completion of two levels  
Level I Through an educational-therapeutic process the significant others can identify their misunderstandings of the disease process, see it (and their own behavior) for what they are, and commit themselves to no longer protect the addicted individual from the consequences of his/her behavior. Level II The addicted person can be helped to see the love of those around him/her and the negative effects of his/her addictive behavior, and to accept treatment as appropriate. This disease is successfully treatable with the concurrent approaches to\* Attend to physical complications\* Reduce the symptoms of mental mismanagement\* Expunge the emotional distress\* Rebuild family communications\* Establish a workable spiritual connection

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**THE FAMILY RULES**  
**Don't Talk**  
The home of a chemically dependent person often becomes a household of conspiracy and cover up. Often family members do not talk about the problems caused by alcohol and other drugs.

They do not talk about any problems. An unwritten rule of silence encases the whole house. **Dependent Family Behavior**  
After a brother and sister sit silently watching their parents fight about their mother's drinking, neither child initiates a conversation with the other about the incident even when they are safely by themselves. The spouse and children of a chemically dependent person have an undeclared agreement to not share family secrets. It does not occur to the children to talk about the bizarre behavior of their parent to a neighbor, relative, or friend.

There is a false hope that if a problem or negative event is not talked about, it may not be real. If drunkenness, the embarrassment, and the

disappointment are not verbalized, maybe they are not really there. Don't Trust The disease of chemical dependence does not allow for honest or consistent behavior. Therefore, there is no basis for trust to be established in the family or a chemically dependent person. In order to trust, there first must be a feeling of safety. Dependent Family Behavior A mother stays up waiting for her daughter.

She doesn't know if her daughter has told the truth about her plans for the evening. Her daughter's drinking seems to be more than just experimental use. A child asks her mother why she is feeling so sad. The mother says she isn't feeling sad. She may try to smile or hum or say something light and pleasant. The child knows her mother is sad, but does not question her any further.

A wife/mother comes home from a party very drunk. The children watch their father assist their mother to bed. The next morning the father tells the children to play very quietly because mother is coming down with the flu. The children do not correct the lie. Don't Feel Real feelings get lost by chemical dependence. Because there is no trust, each member of the family also learns not to feel.

Feelings of anger, disappointment, sadness, and fear are held inside. Only certain feelings (and attitudes) are recognized as appropriate. Dependent Family Behavior A chemically dependent father does not show up at any of his daughter's volleyball games even after promising to attend time and time again. Instead of sharing her feelings of pain and disappointment, the daughter says, It's okay. I didn't play very well anyway.

A husband finds that his wife overdrew the checking account due to a spontaneous shopping spree. He does not express his feelings of anger at her irresponsible behavior. A teenage son has been suspended from school again, but his parents cannot express feelings of anger and fear. The situation is not discussed. The Family Rules Don't Talk Don't Trust Don't Feel Whether spoken or unspoken, these family rules often apply within the families of chemically dependent people.

How do these rules apply to your family? Give a few examples.

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       FORMING THE TEAM The Group Effort The first step in intervention is to gather together everyone concerned about the chemically dependent person. This might include immediate or extended family members, a spouse or partner, and close friends. Other people who might be asked to be

involved include the person's employer, doctor, clergy, or a school counselor, or administrator. If the chemically dependent person has been involved with the juvenile or criminal justice system, a probation officer, parole officer, or other professional might also be included in the intervention team.

In forming the team the counselor has to ask two questions: 1. Who are the most significant people in the user's life? 2. Will they come to the counselor's office and get involved? Taking Action The second step is to encourage detachment. Detachment does not mean you no longer care about what happens to the chemically dependent person.

In fact, quite the opposite is true. When you are no longer entangled in the emotional ups and downs of the other person's alcohol or other drug use, you are finally freed to intervene. Intervention usually involves confronting the person about his or her use and the problems it is creating for himself or herself and others. There is a need for a united front among those present, so that the person who is delusional can better hear you. When you are detached, you can present feelings and incidents in a nonjudgmental, caring way.

You can act responsibly to help prevent the person you care about from further harming himself or herself. Detachment allows you to intervene in a way without feeling responsible if the person makes a decision you feel is wrong. Forming the Team Cont..

...Everyone on the intervention team should learn the following about chemical dependence: 1. Alcohol/drug dependence and its effects on the user the level the symptoms 2. Enabling: its effects on the user, the family,  
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and others defenses and memory distortions behavior, attitudes, and feelings<sup>3</sup>.

Intervention Process overall view methods to use to show concerns about alcohol/drug use The interventionist has two tasks to perform with team members: 1. To evaluate each person as to the knowledge of the disease of chemical dependence and his/her emotional capability to detach from enabling. 2. To prepare each person in the intervention process.

INTERVENTION PRESENTATION GUIDELINES Your Intervention Data are the chemically-related facts or events which you are going to present during the Intervention Session.

Your data should follow the guidelines below. 1. Data should be chemically-related behaviors or events. It is extremely important that all data is drinking/chemically-related.

If data is not chemically related, we take the focus off the fact that our chemically dependent person has a disease for which he/she needs professional help. For example, Dad, last Friday you were drinking and driving; you were arrested and charged with a DUI. This piece of data is chemically related and tells the chemically dependent person that it is the chemical use which is causing his/her problems and his/her harmful consequences. If the data had been stated as Dad, last Friday you were arrested for reckless driving, then the data is not appropriate for the Intervention Session because it is not chemically related. The chemically dependent person can deny that this incident was unusual (Everyone breaks the speed limit now and then) and can deny that the chemicals were the



cause of the irresponsible drinking behavior (I was in a rush – It was a rough day and I was upset). We have to tell the chemically dependent person with every piece of data we present that it is the chemical use which we are concerned about and which is the cause of his/her problem, harmful consequences and inappropriate behavior; it is the chemicals for which the person needs help.

2. Data should be witnessed or documented chemically-related behaviors or events. In other words, we have to be sure data really happened and that we are reporting that data as it happened. For example, Mom, Tuesday morning you were shaking, your face was pale, and you looked sick and scared. This piece of data was witnessed and was reported as witnessed. A piece of data such as I think you are having an affair; or I think you go to the bar instead of working late at the office is speculative and is a guess, not a fact.

This means that you report incidents which you have personally witnessed. You cannot report data which other people have witnessed. 3. Data should point out facts about total chemical consumption or usage. Some of the items of data should focus on the amount of chemicals the chemically dependent person is presently using, such as Mom, you have five prescriptions for Valium, all from different doctors. You take 20 pills a day, or Dad, you drank eight cans of beer every evening this week; by 8: 00 p.

m. you were drunk and asleep. Intervention Presentation GuidelinesPage 24. Data should specify the date or time when a chemically related event or behavior occurred. The more specific we can be about when, where, and with whom a chemically related incident occurred, the more credible we will

be. Also remember that the chemically dependent person was probably intoxicated when these incidents happened and was therefore not perceiving or sensing accurately.

The more information we can provide them, the more we will help them recall these incidents. Data should specify when an incident occurred and can be stated as Last Friday or On June 15th or on our last anniversary or during this past month. If possible, data should be recent. Incidents that happened last week will be easier to recall and have more impact than data that happened ten years ago.

If you cannot recall a specific date, specify the time by the month during which an incident occurred or the season. 5. Data should be presented with care and concern. We need to begin and end each data presentation with a statement which says, I am here because I love you, care about you, and I want you to get some help.

We should present our data in a factual but supportive manner. Many times the data we discuss will be Painful for us to talk about and for the chemically dependent person to hear. We should be honest about the fact that these things are difficult for us to say, but that we care too much to leave these things unsaid. 6. Data should include the consequences we experienced and feelings we had as a result of the chemically related behavior or event. Data should include your feelings; (I was embarrassed by what you did.

I was scared for you or myself. I called up your boss and lied for you. I carried you out of the bar. I cleaned up your mess.

I borrowed money from my parents to pay our bills.) Be careful not to blame. Tell the truth in a factual manner, and let the chemically dependent person know that you chose your own reactions and responses to his/her behavior or these events. But also let him/her know that you have been affected by his/her chemical problem and that these effects have not been pleasant. 7.

Data should be written. Bring a written list of the data which you and your counselor agree upon in the Intervention Rehearsal to the Intervention Session. Do not rely on your memory. You will be nervous during the Intervention Session, and your nervousness may cause you to forget. Therefore, have your data written on a list and have the list in your hand during the Intervention Session. Intervention Presentation GuidelinesPage 38.

Data should point out the contradictions and conflicts in values and behaviors which occur during times of chemical influence/intoxication. You need to point out that your chemically dependent person does not behave normally when he/she is under the influence of chemicals. His/her intoxicated self is not the self he/she had been, can be, and honestly wants to be. Data can state this by pointing out that Joe, you have been one of the company's best employees and have always been evaluated as good in customer relations until recently. This week I received five customer complaints about your rude and drunken behavior, or you have always been a good, kind and considerate husband, but last Monday you came home drunk, we had an argument and you hit me. This isn't like you.

You have never hit me before, and I know you would never have hit me if you had not been intoxicated. [www. ambrd. com](http://www.ambrd.com)877. 857.

ABCI (2224)DATA PREPARATIONYOU CAN LOOK FOR SPECIFIC DATA IN THESE AREAS: Change in pattern of use: a. Uses moreb. Rapid intakec. Hides used. Uses away from home/exclusively in the homee.

Denies usef. Hides supplyg. Can't stop/doesn't stoph. Increased occasions of intoxicationi.

Uses alonej. Increased tolerance/decreased tolerancek. Attends more events where chemicals are used/presentBehavior when using: a. Becomes angryb.

Becomes violent/verbally/physicallyc. Becomes loud/shouting/argued.

Becomes silent/withdrawne. Becomes friendly, nice congenial when usingf.

Change in sexual behaviorHow is this affecting: a. Relationships with significant othersb.

Children's reactionc. Communication with significant othersd. Financese.

Physical, medical, sexual functioningf. Job problemsg. Responsibility toward self and othersh.

Legal problemsi. Accidents, (home, car, etc.)j. Traffic violations (DUI, tickets, warnings, etc.

)DATA SHEET EXAMPLEDate This Is What Happened This Is What I Did (And Said)This Is How I Felt April 11 You were drunk during a dinner party with my parents. You insulted my cooking in front of them and even insulted them. I

went into the kitchen and cried alone. I acted as if everything was all right when I returned.

I apologized for you the next day, and told them you were tired and not yourself. I was embarrassed for them and myself. I was also hurt and angry by your behavior and insults. My Birthday You promised to take me to a football game. You came home late and had been drinking.

You fell asleep, and we couldn't wake you. I tried to wake you up. Then I realized that you were out for the evening. I went to my room and cried myself to sleep.

I was disappointed about missing the game. I was also hurt because it didn't seem as if you cared about me. Last Week You were late for work each morning and you smelled of alcohol. I gave you easy assignments. I also made sure that no one else saw you that morning. I took care of the customers.

I was angry with you and your irresponsibility. I was also concerned, as you are a friend whom I care about. Friday You came home from work and you were noticeable drunk. You stumbled into the house and fell over the coffee table. You broke a vase. I picked you up and put you to bed.

Then I cleaned up your mess. I was scared; you could barely walk and you had driven home. I was angry about all the commotion you caused. Our Last Fishing Trip You were drinking on the boat. You became too drunk to even talk. You tried to stand up and caused the boat to capsize.

We all ended up in the water. We righted the boat, and got you inside. Then we returned to shore. We lost all of our equipment and went home the next day.

I was angry because you could have killed us and angry about the equipment. I was also very disappointed. It wasn't a good trip. SUGGESTED SCRIPT FOR EACH INTERVENERFive elements of each script1.

Address/name (call the person by name)2. Statement of care (I love you, I care about you, etc)3. Data – specific/irrefutable (You came home drunk Tuesday night)4. Effect on me (You tried to hit me)5. Request to treatment (We would like for you to go into treatment for your chemical dependency)EXAMPLES OF HOW TO BEGIN YOUR INTERVENTION FACTS I CARE..

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...(Describe behavior specifically)ANDI WANT YOU TO GET HELPORI WANT BOTH OF US TO GET HELPSUMMARY FOR PRE-INTERVENTION, INTERVENTION, POST-INTERVENTIONPre-InterventionClient:

\_\_\_\_\_Date:

\_\_\_\_\_Time: \_\_\_\_\_Location: \_\_\_\_\_Those

present at Pre-Intervention: Name:

Relationship\_\_\_\_\_



\_\_\_\_\_ Treatment Placement (have two options available):

\_\_\_\_\_ Insurance

Approved: \_\_\_ yes \_\_\_ no Reservation confirmed: \_\_\_ yes \_\_\_ no Employer notified: \_\_\_ yes \_\_\_ no Necessary arrangements: 1. Who will take the person to treatment? \_\_\_\_\_ 2. Who will pack clothes? \_\_\_\_\_ 3. \_\_\_\_\_

Other? \_\_\_\_\_ Data lists prepared: \_\_\_ yes \_\_\_ no Presentation order confirmed (seating arrangements made?): \_\_\_ yes \_\_\_ no Chairperson: \_\_\_\_\_ New behavior determined: \_\_\_ yes \_\_\_ no What If/ Obstacles discussed: \_\_\_ yes \_\_\_ no Intervention Intervening with: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Comments: \_\_\_\_\_

Post-Intervention Intervening with: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Comments: \_\_\_\_\_

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Post-Intervention Intervening with: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Comments: \_\_\_\_\_

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BASIC PRINCIPLES OF INTERVENTION You sat on the burner, baby... You sit on the blisters.

— Aunt Liz The First Basic Principle: You are not responsible for others, but to them. You are not responsible for others means that you cannot control another person's behavior, feelings, or decisions. You are responsible to

others means that you can only control two things: YOURSELF and YOUR ENVIRONMENT. 1. You can control your own behavior toward, feelings about, and decisions concerning others.

2. You can control the environment that is under your care, the home, the school, or wherever you come into contact with others as a person in authority. The Second Basic Principle: Everyone needs a connector – a significant other person outside of the immediate family whom they can trust and relate to. This person is called the connector because he or she connects through unconditional acceptance. He or she cares for the person no matter what. There are no strings attached to that caring.

Chemical dependence is an illness. Chemically dependent people have a love affair with a drug in which the drug becomes more important than people. Drugs are people substitutes. Intervention demands that people replace the chemicals that dominate a person's life. THIS BEGINS WITH A CONNECTOR. The Third Basic Principle: There is a need for a network of people willing and able to confront the person about his or her chemical use.

No one should attempt such a confrontation alone. Chemical dependence is a system illness. Chemically dependent people are trapped within a delusional system supported by many people. These people become enablers who unwittingly allow the alcohol/drug abuser to continue self-destructive behaviors.

Intervention demands that people stop enabling and start to work together as a united front in confronting the problem. IT TAKES A SYSTEM TO CRACK A SYSTEM. THE INTERVENTION CONCEPT AND GOAL

Chances are that your

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Intervention Session will not be the first time that you and others have tried to confront the chemically addicted person with the reality of his/her situation. You have probably discussed and presented the facts about chemical use and the harmful consequences of this use before. Some of these confrontations may have included threatening the chemically dependent person with the loss of job or family if change did not occur.

Maybe many of these past confrontations ended up in family arguments or apologies or tears or promises. As time passed, however, the promises were broken, the discussion forgotten, and/or the threats were not carried out. In short, the confrontations did not bring about any lasting positive changes. Intervention is different from these past confrontations and it is these differences which make it effective. First of all, care, concern, and support are provided during the Intervention. The chemically dependent person's defensiveness is reduced because he/she can feel that everyone is trying to help and not hurt.

There is no need to respond in anger or hide behind tears or silence. He/she can listen to what is being said and can be concerned others do not blame, judge, or criticize, the chemically dependent person does not feel attacked and does not need a shield from both the people and the words. The information which is presented during the intervention is all chemically-related data. We focus on the harmful consequences of the chemical use and give specific, accurate, and true accounts of these harmful consequences.

We do not discuss behaviors or weaknesses which are not related to the chemical use. By keeping the focus on the drinking/drug behavior, we tell the

chemically addicted person over and over again that it is the chemicals which are causing the life problems. In essence, we state and document the existence of the disease. We encourage the addicted person to get professional help for the disease. When the focus is not kept on the disease, we end up telling our chemically addicted person that he/she has many different problems, all of which need a separate solution. We overwhelm them with requests for change. He/she is not only confused by all these requests, but honestly doesn't know where to begin or what to change first.

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