INTERVENTION – FREQUENTLY ASKED QUESTIONS

This summer, thousands of viewers of MTV’s *The Real World* got a chance to witness the alcohol abuse of a 21-year-old cast member, Ruthie. This young woman, who characterized her drinking as “social,” was hospitalized in the premiere episode with alcoholic seizures. She also experienced blackouts and personality changes from her drinking before her behavior finally motivated her roommates to intervene and confront her alcoholism.

For many people, this episode marked their first exposure to the concept of intervention as a way of treating someone with a drinking problem, and it may have created some misconceptions. Here, to clear them up, are some answers to “Frequently Asked Questions” about the intervention process.

Q. What is an intervention, anyway?

A. An intervention is a way of breaking down the denial that is a primary symptom of alcohol or drug addiction. In an intervention, family members, friends, and/or coworkers, as a group, present reality in a loving, caring way. Without blaming, accusations, or covering up, they set out the facts of the alcoholic or addict’s use – and the consequences of that use – in a structured environment. The goal of an intervention is to get the alcoholic or addict to stop using and get into treatment.

Q. What happens, exactly?

A. Before the actual intervention takes place, the concerned parties meet with a professional counselor to discuss the process. They name specific ways they have observed the person’s drinking or drug use and how it has affected them. (“You were drunk when you met with this client. You made a mistake and I had to take care of it. Your job is at risk.” “You showed up at Bobby’s birthday party high and made a scene. I was hurt and embarrassed.”) With the help of the counselor, all the parties clearly understand their roles, what they are going to say, and how to say it.

When the intervention is staged, the alcoholic or addict is not warned or notified but is asked to sit down and listen to what the concerned parties have to say. The person is told he or she will have a chance to speak. One by one, friends, family members, and partners state their cases. When they are finished, the alcoholic or addict is asked to take the next step: to have an evaluation or enter outpatient or inpatient treatment. The people participating in the intervention make the arrangements for treatment ahead of time, including setting necessary appointments and packing the alcoholic or addict’s bag.

Q. I just work with this person. Isn’t participating in an intervention interfering in his or her private life?

A. Many people feel this way because they fear being rude, or cruel. An intervention does not require being either. Remember, alcoholism and drug addiction are progressive, fatal diseases. It is not rude or cruel to help a sick person or to save someone’s life. The “interference” of an intervention provides a crucial opportunity for the alcoholic or addict to gain recovery without more serious legal or medical consequences.

Q. Should children participate in an intervention?

A. Sometimes children can provide poignant evidence of the toll alcoholism or addiction takes on the family. Children can understand that their parent’s behavior is sick, not bad. Generally, it is suggested that children be at least eight years old to participate in an intervention – old enough to be able to verbalize their concern and describe what they have observed.
Q. How many people are needed?
A. A group of three to five people is most effective. They should be individuals who have meaningful contact in the life of the alcoholic or addict. It can be most helpful if an employer or partner participates in an intervention. For many who are chemically dependent, the job is the part of their life that is affected last and is another area of justification (“I’m still a good lawyer.” Or, “I just drink to relieve the stress of my practice.”). When confronted with facts about how their drinking impacts their work, their denial crumbles.

Q. Can the OAAP help with an intervention?
A. Yes – the OAAP has lots of experience helping the chemically dependent. For a confidential consultation with an OAAP Program Attorney, call 503-226-1057.

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