



New York State Bar Association

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Intervention: The Journey from Despair to Hope

"The substance abuser has to hit bottom before they accept help."

For many years this was the general belief among drug abuse treatment professionals and in society as a whole. Until the substance abuser had suffered enough, there was nothing to be done. Employers paid billions of dollars in lost productivity and retraining costs; families suffered emotional pain held hostage by an addict's behavior; treatment strategies dealt primarily with patients who wanted help. Those not motivated or those who complained did not meet the criteria for treatment services. You had to "hit bottom" first.

In the legal profession, waiting for an attorney or judge to hit bottom is a useless strategy which will lead to higher levels of mental, physical, professional, and ethical breakdown. We know that it doesn't have to be that way. Rather than waiting out the process of physical, emotional and social breakdown, we can interrupt the cycle by "raising the bottom." This is the intervention.

An intervention is a highly structured process through which groups of individuals who are significant in the life of a drug dependent person, such as partners, associates, family members and members of the judiciary, can provide factual information which is objectively used in developing strategies to break through resistance and get the person help. Interventions can save lives if the following elements are addressed:

1. The key to an intervention is planning. Once the elements are in place, the event itself is anti-climatic. An effective interventionist will systematically develop the intervention by: gathering data regarding the substance abuser's behavior; assessing the data for potential intervention strategies; coaching the intervention team and rehearsing the intervention; clarifying treatment goals; and identifying loopholes that could be used to postpone or reject treatment. However, the interventionist must be careful not to risk overwhelming the substance abuser with negative data that shames him or her into accepting treatment. The focus of planning is to eliminate destructive options by presenting factual information by people who care.

2. An intervention focuses on the entire team. In order to build a strong group of individuals who can effectively confront the drug abuser as a unilateral front, the interventionist

must be able to identify and challenge co-dependency where it appears. Because the players have been chosen for their closeness to the substance abuser, they are likely to manifest co-dependency characteristics such as: covering up, minimization, and denial which must be addressed. However, the intervention is not a counseling session, and the interventionist must stay focused on maintaining forward momentum toward the goal of building a cohesive group if the intervention is to be completed successfully.

3. The intervention is the beginning, not the end. An intervention is the catalyst which begins the process of restructuring the family group, altering on-the-job dynamics and changing the drug dependent person's behavior.

As part of the planning process, the interventionist must alert the team and treatment personnel to post-intervention benchmarks which can provide clues regarding the long-term success of the process. Feelings of guilt, anger and betrayal can emerge as recovery begins, and the significant individuals must be helped to work through these dynamics. The treatment field must also learn to recognize these danger signs in order to reduce AMA's (leave against medical advice), elopements, refusal to attend Twelve Step meetings and therapeutic discharges. Post-intervention strategy is a critical element of intervention planning.

4. All interventions are successful. Regardless of whether the substance abuser goes into treatment immediately or not, the members of the intervention team have developed an awareness of the disease and options for getting on with their own lives. Substance abusers who reject the offer of treatment must be viewed not as "lost" but as "pending" cases. The interventionist and the team must stay connected and keep the squeeze on for as long as it takes for the enabling to end or for the abuser to seek help.

Additionally, confidentiality issues must be reviewed and dealt with from the beginning to give the substance abuser and those involved in the intervention assurance that what they disclose won't be repeated.

In conclusion, the intervention can be used as a wedge between the substance abuser and their drug of choice. Recently a lawyer in recovery from alcoholism said that some people believe that if you don't do anything about a lawyer's drinking or drug problem, the problem will eventually go away. The Committee on Lawyer Alcoholism and Drug Abuse and the LAP agree. The lawyer will either be disbarred or die.

We can help with confidential assistance to any lawyer or judge in New York State. Please call 1-800-255-0569.