

20 YEARS OF BREAKING THROUGH ADDICTION

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L  **VE** THIRD EDITION
FIRST

A Family's Guide to Intervention

Jeff Jay and Debra Jay

Renowned experts in family recovery

With the third edition of *Love First*, the Jays continue to demonstrate that they are the preeminent experts in the field of addiction intervention. In this unprecedented time of ever-increasing deaths from addiction, it is not an exaggeration that literally everyone in the world should read and appreciate this book.

—Buddy Stockwell, JD, CCI, executive director
Tennessee Lawyers Assistance Program

Jeff and Debra Jay are leaders in the behavioral health field. As a clinician, educator, author and fellow interventionist I am a huge fan of their work. Many of my clients have found *Love First* to be indispensable to their growth. A must-read for clinicians and families.

—Louise Stanger, EDD, LCSW, author of *Addiction in The Family: Helping Families Navigate Challenges, Emotions, and Recovery*

Love First is such a fundamental tool for any family that is affected by the disease of addiction. It is unique in its ability to bring about an intervention approach through love, acceptance, and positivity.

—Rabbi Yarden Blumstein, founder and director of UMMatter

A compelling and systematic way of reaching your loved one who may have fallen down and lifting them up to lofty heights. Jeff and Debra Jay are consummate professionals who speak from the heart and connect individuals and families, making them whole again.

—Colin King, PhD, clinical psychologist and co-host of *For Guys Only*

A beautifully enhanced “bible” that I have used with clients for 20 years. It goes beyond getting a loved one into treatment. The inclusiveness of a structured family recovery restores the family integrity with love.

—Michael S. Parr, MD, FASAM board certified in Addiction Medicine

The road to sobriety can be complicated—especially when there are co-occurring mental health issues. Many intervention models are confrontational. These models fit reality television, but not the real world. Your best chance of helping your loved one is a model based upon grace and kindness. *Love First* teaches you how to navigate resistance without adding insult to injury. Not every loved one is salvageable, but Jeff and Debra’s model increases your chance of success.

—Jerry A. Boriskin, PhD, senior psychologist, specializing in post-traumatic stress disorder
VA Northern California

Jeff and Debra Jay know addiction, intervention, and structured family recovery better than anyone. They've literally written the book on it! Their body of work is fully immersed in guiding others to navigate addiction and recovery successfully. *Love First* offers forward-looking guideposts and meaningful and effective steps for long-term success in intervention and recovery—including strategies for unique and difficult situations. Families who follow this process will emerge triumphantly from addiction and despair. *Love First* is the most powerful and compelling book I've read in the field of addiction and intervention. I keep multiple copies in my private practice for patients struggling to find help for their loved ones and for themselves. *Love First* is a nuts-and-bolts field guide for returning the family to health and happiness.

—Miriam Engstrom, PsyD, co-founder and coordinator
The Michigan TriCounty Trauma Recovery Network

Well-written and full of compassion, this primer on helping people with addictions is literally the best book on the subject. After 47 years in the recovery field, I have confidently recommended this book to many hundreds of families—assured that they will receive meaningful help for their loved one.

—James Balmer, president
Dawn Farm Community of Programs

In *Love First*, Jeff and Debra Jay present a clear path to helping a person we care about recover and grow, without losing ourselves in the process. Family members, friends, and professionals will all gain from this gentle, yet assertive, approach.

—Rabbi Benny Greenwald, director
The Daniel B. Sobel Friendship House

When families reach out to me for recommendations when they are considering intervention for their loved ones, I have only one: *Love First* by Jeff and Debra Jay. There is no better resource. This book is well crafted, easily accessible, and readable, and most importantly, it is written with nothing but kindness and compassion for the families of those who are struggling. Many times these families feel like there is nowhere to turn and are concerned about even sharing about their

loved one, because of the stigma that exists in our society surrounding the disease of addiction. The Jays help families to know that they are not alone and not only is there help available for their family, they will lead them all through the process step by step. They do all of this while honoring the core family value of love.

—Sherry Gaugler-Stewart, Director of Family and Spiritual Recovery, The Retreat

Love First

Love First

A Family's Guide to Intervention

THIRD EDITION

Jeff Jay and Debra Jay

[Haz Pub logo]

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Editor's notes

This publication is not intended as a substitute for the advice of health care professionals.

All the stories in this book are based on actual experiences. The names and details have been changed to protect the privacy of the people involved. In some cases, composites have been created.

Structured Family Recovery® is a registered service mark owned by Debra Erickson Jay.

In memory of

Pauline Carlson Eisele

and

Robert Janiga Jay

who live on in our hearts

[Epigraph]

There is a breeze that can enter the soul.

—Rumi

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Acknowledgments

Two decades have passed since we held the first copy of *Love First* in our hands. Since then, so many families have touched our lives with their dreams, hopes, unwavering love, and persistence. We have witnessed, up close and personal, the struggles to overcome the damage addiction has inflicted, not just on the addicted loved one, but on each and every person who calls themselves friend or family. We have had the privilege to offer our helping hand to so many families, but the greatest honor is what we learn from each one of them. What we take away from the experiences with these awe-inspiring people as they step forward to banish addiction, save their loved one, and reclaim their happiness is what we are most grateful for. We thank each family we have been fortunate enough to know throughout these many years for all the gifts you have given. Through our work with you, we have grown in innumerable ways.

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All well-crafted books rely on a team. We began the journey twenty years ago with our editor, the late Richard Solly. We hold him in our hearts always. For the third edition, we have tremendous gratitude for our current editor, Marc Olson, who worked diligently and with great attention to detail to ensure that our clarity and writing was at its best. An excellent editor sees what an author does not. We thank Marc for seeing what we needed to see and for his untiring enthusiasm. Additionally, we thank Andrea Lien, editorial director, in her invaluable role as coordinator of all aspects required to produce a book, including the design team who makes the book, inside and out, look great. Joe Jaksha, publisher, we thank you for appreciating our vision and giving this project a green light. A well-designed book is a pleasure to read; I thank the work art director Terri Kinne. A book free of typos and other stumbles requires the heedful work of copyeditors. For this work, I thank Cathy Broberg, Betty Christenson, and Victoria Tirrel. We would also like to thank Jean Cook, editorial project manager, for her acuity and professionalism.

We'd like to thank our friends and family members who have encouraged and supported us through the writing of all three editions of this book. We also thank the many addiction

professionals in the United States and abroad who've handed families a copy of *Love First* and said, "Start here."

We acknowledge a debt of gratitude to the late Vern Johnson, DD, the father of intervention, and to the many people whose work in the field of addictions has contributed to the base of knowledge from which this book emanates.

A Note to the Reader

Intervention is the most effective technique families can use to help a loved one suffering from alcoholism and drug addiction. It is also the most ignored. But just as CPR is often the first lifesaving step in helping a heart attack victim, intervention is the most powerful step that a family can take to initiate the recovery process.

There are many common misconceptions about intervention. Some think it is an emotional ambush or an uncaring attack. But *Love First* demonstrates that intervention is a carefully planned process founded on love and honesty. Many people have heard about tough love—where tough comes first. This book puts love first.

Through our work as clinical interventionists, we have found that love is a powerful force when confronting addiction. In the past, expressions of love were delegated to a few brief sentences during an intervention. However, our experience has shown it is love, rather than toughness, that really breaks through denial.

In this book, we have written about intervention in the real way that families experience it. We have organized the information in a step-by-step fashion, we guide you through every nuance of the process, and we answer the many questions that families ask. If someone you care about is suffering from alcohol or other drug problems, this book will clearly explain how to use love and honesty to give your addicted loved one the chance to reach out for help. Read this book thoroughly and share it with others who love the alcoholic.

Something Interesting

We had a vision for this book that is a little different from most books. Because we can only put print information into a book, we came up with a way to provide you an expanded experience with some really helpful, fascinating, and sometimes laugh-out-loud entertaining materials. This includes podcasts with some of the best minds in the addiction field, videos, audio recordings, workbooks, and short bursts of information called snap trainings. You will find links to these resources at the end of certain chapters throughout the book in the form of an addendum called Something Interesting.

You can access resources listed in Something Interesting by using the provided website address or the QR code (a square black and white barcode). When using the QR code, it will take

you directly to the webpage. Most phones have QR readers built in. If yours doesn't, it's simple and free to download a QR reader app.

Using a QR code is fast and easy. If you haven't scanned QR codes before, here is how you do it:

1. Open your smartphone's camera and point it at the QR Code (without taking a picture).
2. Make sure you see the QR Code on your screen.
3. A pop-up message will automatically appear on the screen (sometimes at the very top).
4. Tap with your finger to be sent to the website.

A Note about the Terms We Use

When we use the word *family*, we are aware that family means different things to different people. It may be the family you were born or adopted into, the family you married into, or the family you have chosen. Please think of the word *family* as *your family*, as you live family life today.

Addiction is the same disease regardless of the drug used. In this book, we use the terms *addiction*, *alcoholism*, and *drug addiction* to describe the disease. *Addiction* also refers to process addictions such as sex and gambling addictions. We use these terms to support the language of Twelve Step recovery programs, which offer the optimal support for ongoing, lifelong sobriety. Some clinicians, treatment facilities, and researchers today use a language separate from the language used in recovery circles to describe addiction, most commonly "substance use disorder" or "SUD." You may encounter this language when seeking help from professionals.

When using specific examples, we alternate between the pronouns *he* and *she* throughout the book. Elsewhere we are relying on plural pronouns. We are aware that there are other pronoun choices. Please mentally choose the pronouns you prefer.

Introduction

Family Is the Answer

We need to do things differently beginning now. If you are a family member or friend who loves a person who has an addiction, you know the nightmare. There is the nightmare of refusing treatment. There is the nightmare of not staying in treatment. There is the nightmare of not staying sober after treatment. This doesn't even begin to address the many losses, the fear, the worry, the desolation.

Professionals alone cannot do the job. We clearly see this truth all around us. Getting the job done requires a resource that has long been relegated to the sidelines, given no meaningful role to play in the treatment and recovery journey. This resource, as it turns out, is the most important one of all—the family.

Families in crisis have wrongly been labeled *dysfunctional* families. Families are not the problem—they are the opportunity. When we understand ourselves as the opportunity, we see our world with a new vision. We dare to hope for our dreams to materialize. We imagine once again what it will be like to be happy.

We need a vehicle for the power of family that is simple, meaningful, and lasting. Simple doesn't always mean easy, but it does mean doable. Meaningful means real change. Lasting means we will change our legacy. Creating that vehicle has been our life's work.

Love First is the first of two books. It focuses on getting our addicted loved ones to *yes*, moving them from active addiction into treatment. It leverages the love of family in a way that makes going to treatment the only workable option. *Love First's* companion book, *It Takes a Family*, then moves our loved ones from treatment into enthusiastic recovery. Family is the constant thread that runs throughout this entire process.

As families, we cannot afford unchecked addiction any longer. We may need the help of professionals, but family remains at the center of this story. Family takes this journey with the addicted loved one long after professionals fade away. As you turn these pages, you will begin to learn how family can become this transformational power that endures.

Part 1
Our Addicted Loved One

1 Love First

Mother Teresa famously said, “There is more hunger for love and appreciation in this world than for bread.” She wasn’t the only one to understand the power of this deep human yearning. The great religious figures, philosophers, and psychologists have all identified this driving force within the human spirit. It is the basis for the Golden Rule: “Do unto others what you would have them do unto you.”

Alcoholics and addicts crave the approval of their families and friends. Outwardly, they may act as if they don’t need anyone, but this is a deception. Alcoholics push others away to protect the addiction and to hide their shame—not because they’ve stopped caring. In fact, it is by giving alcoholics what they really want—love, appreciation, and respect—that we can persuade them that accepting treatment is the right thing to do.

People who are addicted have lost all hope, all faith, all belief that they can survive without alcohol or other drugs. These substances are not just stress relievers or a crutch, but life itself. Without the drink or the pills or the powder, they cannot imagine survival. The drug is the oxygen that fills their lungs, the blood that rushes through their veins, the spirit that inhabits their souls. You are going to take that away? It’s no wonder addicts fight for the drug like a man fighting for his life. It is their life. They can’t see beyond it.

Love restores lost hope. When the most important people in an alcoholic’s life come together with a sincere and honest outpouring of love, guided by the proper planning and organization, they ignite a profound emotional shift that signals new possibilities and a new solution. For the first time, all involved—including the addict—see the problem not as a failure but as an illness that responds to professional care. Loved ones bring with them a promise that the real person, whom they have loved dearly, can be set free and delivered from this sickness.

On the following pages, we lay out a plan to transform love’s power into a course of action we call *structured family intervention*. Intervention gives love direction and structure. It’s a love armed with knowledge and equipped with a plan. It’s a love that doesn’t depend upon gratitude or thanks. It’s a love that asks friends and family to demonstrate integrity and honor by making the hard decision to do what is right, not what is easy.

During a Love First intervention, love is best described as a divine energy: the capacity to work with compassion and strength. Loved ones reveal truth to the addicted person in a specific

way, making it possible for him to hear the message and say yes to treatment. In the doing of it, we also restore the integrity of our relationships. Intervention is first about achieving sobriety, but in the end, it is about restoring family and friendship. Alcohol and drugs have taken loved ones away, and family members want them back.

Some still advocate toughness as a means to an end in intervention, but not all means are acceptable. The goal is to preserve dignity—both the addict’s and the family’s. Regardless of how severe the addiction, addicts can still be approached with love and respect. We use a structure that moves us toward a specific goal of treatment and recovery while maintaining dignity even when setting boundaries. The means we use to reach our goal reflects the future we believe possible, because it is the quality of the future that we are fighting for. Love is more powerful than brute force. It also requires more from everyone involved.

In her book on prayer, Sister Wendy Beckett speaks of love as reverence. Reverence, she notes, allows us complete acceptance of another person, wanting only good for her.[1] When we accept our alcoholics and addicts, not for their addiction, but for their struggles in the face of an all-consuming adversity, and by remembering who they truly are when they are healthy and whole, then we can find it within ourselves to search for a way to set them free. We are not often given the opportunity to save a life. When it comes our way, we approach it with reverence.

When we intervene on the disease of addiction, we use love as a means to an end, because it is the means—not the end—that defines who we are and where this journey will take our family.

2 Ten Misconceptions about Addiction

When it comes to addiction, misinformation circulating throughout our society has been durable over time because it sounds true. But it isn't. These false beliefs affect our thinking and our actions, which leads to prolonged suffering and, if the disease is never interrupted, eventual death.

Below are the ten most common myths about addiction, followed by the facts that debunk them. Until we discard these myths, we stay stuck and ineffective when dealing with a loved one's addiction, allowing the disease to continue to rule. By putting right thinking in place, we can see possibilities that we couldn't before perceive.

1. Myth: An alcoholic or addict must be ready for help before he can be helped.

This is the most damaging myth. A survey conducted by Hazelden Foundation found that 70 percent of its patients sought help after a friend, family member, employer, or co-worker intervened.[1a] This myth is so important to address that we are going to explore it in detail in the next chapter.

2. Myth: You have to let the alcoholic or addict hit bottom.

When a family is told they must let their beloved alcoholic or addict hit bottom, no one tells them that they will hit bottom, too, taking even the smallest child. Many assume that an addict hits bottom and then rushes off to treatment, but this is usually not the case. The addicted person can bounce from one bottom to the next for years, sentencing the family to unhappiness and fear. Leaving someone suffering from addiction to free-fall is not a good strategy. Intervention is a far better choice. We can raise the bottom to today, avoiding future consequences. After all, some bottoms come with no bounce.

3. Myth: You're not an alcoholic unless you're a daily drinker, drink in the morning, or start missing work.

Patterns of alcohol or drug use can vary widely. Some alcoholics may drink every day; others may binge-drink on weekends. Some only drink after work (so they don't look like alcoholics), and others only drink in social situations. It is not when or how much someone drinks but what happens when they drink that indicates an addiction problem. Amounts, frequency, and timing

may be deceiving. Loss of control over drinking and repeated negative consequences as a result of the addiction are the tell-tale signs of addiction.

4. Myth: Illegal drugs are more dangerous to the human body than alcohol.

Although illegal drugs are quite harmful and even deadly, alcohol is destructive to every organ in the human body and all parts of the brain. Although beginning in the 1990s, research was touting the health benefits of drinking alcohol (there is some evidence that these studies were largely funded by the beverage alcohol industry), these studies went against years of evidence to the contrary. Today, some very well-conducted studies show that alcohol, even in small amounts, is not a healthy choice. The most recent of these studies, the “Global Burden of Disease” study published in *The Lancet*, one of the largest and most detailed studies on the health effects of alcohol, finds that even the occasional drink can be harmful. The results were so alarming that they prompted an advisory that people are better off when they abstain from alcohol use.[2]

5. Myth: Illegal drugs are the biggest addiction problem in our country.

In the United States, about 29 million people are addicted to alcohol or other drugs. That’s the sum of the populations of Denmark, Austria, Panama, and Greece. Of that total, 15.4 people are alcoholics. The second-largest group, at 4 million, is made up of marijuana addicts. Prescription painkillers come next with 2.4 million people addicted. All other legal drugs combined (excluding marijuana) contribute to up to 7 million addicts. [2a]

6. Myth: Addiction is the result of a lack of willpower.

Addiction is a complex disease that affects a person physically, mentally, emotionally, and spiritually. Willpower is not an effective therapy for this disease any more than it would be for cancer, diabetes, or heart disease. Addiction dismantles the will over time. Alcoholics and addicts attempt to exert their willpower over their addiction, but the results are unpredictable and temporary. In the advanced stages of the disease, willpower becomes entirely ineffective.

7. Myth: A recovering cocaine (heroin, marijuana, meth, Xanax) addict can still drink alcohol.

Alcohol is a mood-altering drug; therefore, no addicted person can use alcohol. It sets the addiction in motion again. If a cocaine addict, for example, uses alcohol, it will set off cravings that will lead back to cocaine use. If his use of alcohol continues, he eventually begins to show

problems with alcohol. Many an addict has tried switching one drug for another without long-term success. This is referred to as switched addiction.

8. Myth: An alcoholic can use prescribed mood-altering drugs by following doctor's orders.

A person in recovery from addiction should not begin using addictive, mood-altering drugs—even when prescribed by a doctor. Use of Xanax, Adderall, or other mood-altering drugs wakes up the addiction in the brain. Addicted people may need a pain medication if, for instance, they are in acute pain or having surgery, but they should use the smallest amount for the shortest length of time. Important safety measures include talking to their Twelve Step sponsor and having a family member dispense the medication. Increasingly, nonaddictive drugs are used for pain instead of narcotics. For instance, many doctors and dentists are now using Toradol (ketorolac) or a combination of ibuprofen and Tylenol Extra Strength as effective alternatives to highly addictive opiates. If pain is chronic, an addict is wise to consult with a pain management clinic that uses opiate-free methods. Opiates aren't effective drugs for chronic pain and can fool the brain into believing there is still pain in the body when there isn't. It's important to understand that most doctors haven't been educated in the mechanisms of addiction; thus, many believe recovering addicts can use mood-altering medications by following directions. They don't understand that addiction doesn't reside in the thinking brain (prefrontal cortex), so it can't be controlled by agreeing to follow commonsense practices. The thinking brain is overwhelmed by the addiction. Note: mood-elevating medications, such as Prozac, are not the same as addictive, mood-altering drugs.

9. Myth: Addiction is the addict's problem, not ours.

Addiction changes the brains and the health of family members. It's been shown that the resulting chronic stress causes the brains of family members to stop producing new neurons. Brains become disfigured over time. Chronic stress causes premature aging and wrinkling of the skin. It impacts the organs in our bodies. People who experience ongoing stress have more health problems than average and are at greater risk for accidents. Quality of life deteriorates under the unrelenting stress of coping with a loved one's addiction. Moreover, our communities and society are negatively affected in ways too numerous to mention. The burden of addiction costs society approximately \$520 billion a year.

10. Myth: Treatment doesn't work.

In the United States, for every dollar spent on treatment, society saves four to seven dollars. Treatment dollars produce more effective results than interdiction dollars (money spent patrolling the borders for drugs) or law enforcement dollars. In fact, it takes \$246 million in law enforcement or \$366 million in interdiction to get the equivalent results of \$34 million in treatment.[3] The reason people believe treatment doesn't work is largely due to a misunderstanding about what treatment does and doesn't do. The goal of treatment is to get people well enough so they can begin working a program of recovery after leaving treatment. If the alcoholic or addict doesn't engage in a recovery program (Alcoholics Anonymous or other similar Twelve Step programs are shown to be optimal), they have extremely high relapse rates. This cannot be blamed on treatment professionals, who create recovery plans for addicts to follow after treatment, any more than we can blame doctors when diabetics refuse to follow their wellness plans.

Myths and misconceptions originate from many sources. Please make a mental note that many health care providers—doctors, social workers, therapists, and psychiatrists—are not trained in the field of addiction treatment. Many newspapers and periodicals quote professionals who are not well versed in addiction and its treatment. A social worker told a friend of ours that her brother wouldn't need heroin if he just lost weight and found a job he enjoyed. A book by a diet guru promises to cure alcoholism through nutrition. A doctor we know refers to alcoholism as a lifestyle choice. Some disreputable treatment centers promise a cure. There is no cure. Addiction is a chronic disease that needs to be managed with an ongoing program of recovery. Don't grasp too quickly onto the opinions presented by people who do not have proper training in the field of addiction. If a claim seems too good to believe, quickly find a more qualified opinion. Addiction is complex, and recovery requires ongoing support designed specifically to significantly lower the probability of relapse.

3 What Does It Take to Get an Alcoholic or Addict to Accept Help?

I don't know much about this problem, but one thing I know is that you can't help an alcoholic until she wants help. As clinical interventionists, we've heard this statement hundreds of times. We've even heard it from recovering alcoholics and addicts, counselors, and doctors. Most of us have heard it from people we know, and maybe we've said it ourselves. It's the most unchallenged myth about addiction and the one that stops families and friends from responding to a deadly and destructive disease. It leaves us standing at the sidelines while addiction runs through our families like a freight train.

When we say, "One thing I know is that you can't help an alcoholic until they're ready for help," what we're silently thinking is *Therefore, there's nothing you or I or anybody else can do about this problem.* This is simply not true. In fact, not much in life works that way. We may not want to get up for work in the morning, but we do. Then we set about getting ready for work. Once at work, we engage and begin doing what we need to do. The same is true of treatment and recovery. After all, not much would get done in this world if we all waited until we felt ready.

Take a look at what happens when we challenge this myth of readiness with a well-placed question: "If alcoholics and addicts won't accept help until they're ready, what will it take to get them ready?" When we ask ourselves this question—*What will it take?*—we change the way we think about the problem and, in turn, change how we approach the problem. Will we remain resigned to the idea that there is nothing anybody can do, or does this question instead propel us to search out an answer? Family intervention gives us the answers we are looking for and does so by teaching us to take action in the correct way. As Frederick Douglass, orator, writer, and statesman, once said, "I prayed for twenty years but received no answer until I prayed with my legs."

Alcoholics and addicts who decide to get help "on their own" aren't really deciding on their own. They go to treatment not because they see the light, but because they feel the heat. Something comes along in their life—maybe it's another lost job, an empty bank account, changed locks on the house, or the law—that shakes them up so sufficiently, they'd rather accept help than continue drinking or drugging. We call this kind of shake-up an unplanned intervention. Unplanned interventions are unorganized, grueling jumbles of personal tragedies experienced over time by both the alcoholic and the family. This can include divorce, job loss,

financial problems, child neglect, domestic eruptions, humiliations, legal problems, health issues, and more. Sometimes death or another tragic event intervenes first, leaving no future opportunity for reclaiming the addicted person's life.

It is much safer and kinder to engage in an organized, loving, structured intervention performed with dignity by friends and family. By doing so, we prevent ongoing negative consequences in the life of the addict and those who love her. We swiftly and expertly move the alcoholic or addict into treatment. While unplanned interventions can require years of uncertainty and suffering, structured family intervention takes a couple weeks of good planning and following the directions that lead to a high probability of success.

Yet families are still repeatedly told by misguided people who have the best of intentions that they must let their loved ones hit bottom. The reasoning behind this widely repeated misbelief is that some overwhelmingly negative consequences must overrule alcoholics' or addicts' life before they will be ready for treatment. The problem with this plan is that we don't know how many bottoms addicted people will hit, what the final bottom will be, or what price they and their families will pay. Additionally, it is very damaging to our communities and society as a whole when we allow addiction to run wild.

Before Dr. Vernon Johnson, an Episcopal priest, developed early intervention techniques in the 1960s, families were offered no other recourse than to wait for the alcoholic to hit bottom. Today, intervention techniques have been refined and are made widely available to families. Intervention is a far superior choice than waiting for a tragic and destructive final consequence. We always want to raise the bottom to now. This approach not only produces high success rates for getting alcoholics and addicts into treatment, but it also prepares families for what's to come: treatment and recovery. When intervening, we now create family recovery teams from the start because we are concerned about the big picture—before, during, and after treatment—and long-term success.

The fact that you have this book in your hands means you are probably ready to make a commitment for positive change. Roll up your sleeves and learn what needs to be done. You will be amazed at how things come together. As Napoleon Hill, researcher and writer on the philosophy of American achievement, discovered while observing successful people: "The moment you commit and quit holding back, all sorts of unforeseen incidents, meetings, and

material assistance will rise up to help you. The simple act of commitment is a powerful magnet for help.”[4]

So, trust the process and take one step at a time. If along the way someone says, “You can’t help an alcoholic or addict until they’re ready to accept help,” politely ask what he or she thinks it’ll take to get them ready to accept that help.

4 Are You Barking Up the Wrong Tree?

Just about everybody we talk with tells us they've tried everything to help the alcoholic and nothing works. But let's ask ourselves, what do they really mean when they say they've tried everything? Probably, *everything* means things such as reasoning, pleading, begging, rescuing, arguing, threatening, cajoling, bribing, ignoring, reprimanding, or punishing. Many of us have spent tremendous energy without making an inch of progress because these efforts don't work—at least not for long.

Sometimes family members tell us they tried intervention and it failed. That's when we say, "Tell us about your intervention." Often it was poorly planned, thrown together at the last minute, and sometimes more ambush than anything else. Others describe interventions that are more akin to taking a hammer to the alcoholic's head (metaphorically, of course), using anger and threats. These are ways we do not want to intervene. We also don't want to use reality TV interventions as a model for our family. With their bias toward drama, television interventions come under the category of how *not* to do an intervention.

So why are so many intervention attempts poorly executed? First of all, most of us were never taught how to properly help someone suffering from alcoholism or other drug addiction. Turn on the television or pick up a newspaper. We'll see stories about drunken drivers, drug arrests, kids shooting heroin, and parents dying of overdoses in cars with their babies in the back seat, but we rarely, if ever, see accurate, worthwhile information that prepares us to help our relative or friend. We ask our children to "just say no," but we don't teach them what to do if they marry an alcoholic or if their best friend becomes an addict. In schools, kids are taught about drugs, alcohol, and prevention, but they aren't taught how to help an addicted friend.

Not long ago, a man at a Families Against Narcotics meeting whose son died of a heroin overdose was surprised to hear there was such a thing as intervention. "I asked our family doctor what we could do," he said, "and he told us we could do nothing." That son, left to hit bottom like so many others, was found dead. When no one teaches us, we are left to make up our own solutions. The heartbreak is that they rarely work.

When we were participating in a grant-writing workshop in Lansing, Michigan, the instructor looked around the room and said, "You people who are working with alcoholics and addicts will have a tough time getting grants because people have no sympathy for them." He went on to

explain that if we wanted financial support for our work, we needed to put a twist on what we do, such as helping children of alcoholics, preventing kids from using drugs, stopping drunken driving. Say anything, but don't say you want to help addicts. This illustrates the prevalent attitude we see throughout our country. We turn our backs on alcoholics and addicts, and, when we do, we turn our backs on the people who love them.

Is it any wonder that families are left empty-handed when it comes to coping with this disease? Renowned individuals step forward to educate us about breast cancer, AIDS, heart disease, diabetes, and Alzheimer disease. But stop and listen for a word or two of sensible advice on how families can help an alcoholic or addict, and we'll hear very little. We're left to our own devices, dreaming up ways to solve this problem on our own, randomly pulling ideas out of thin air. If one thing doesn't work, we try another. When that doesn't work, we come up with something else. We hope and pray the next thing works, but we end up frustrated again and again. It's no wonder we end up thinking that nothing can be done. We're trapped in a catch-22. No one is teaching us the right approach, yet no one can expect us to know the right approach unless someone teaches it to us.

As a society, we focus on the problems of addiction but ignore solutions for the family. We have to change that because addicted people aren't from another planet. They are from our families, our neighborhoods, our world. They are our friends, our relatives. With the right information, we can make a big difference.

5 You and the Alcoholic Are Speaking Different Languages

How many hours have we spent talking to our cherished loved ones, trying to prevent them from sliding further into the quagmire of addiction? How did it feel when we saw that our best efforts were backfiring? Did a good intention end up looking more like World War III? Alcoholics and addicts undoubtedly come out ahead, and family and friends walk away scratching their heads, trying to figure out what went wrong. Talking sense to an alcoholic or addict is one of the most frustrating things we will ever do because addiction doesn't respond to logic or rational thought.

We probably don't realize that alcoholics and addicts are speaking a different language than we are. To us, alcohol and drugs are the obvious problems, and sobriety is the logical solution. If the addicted could see themselves through our eyes, we know they would put the bottle or needle or pills down forever. Of course, it rarely works that way. To the alcoholic, alcohol is not the problem; it's the solution. The drug is always the solution. The problem is anybody or anything that gets in the way of drinking or drugging. We're talking about the drug as the problem; the addict is talking about *us* as the problem. See the problem?

To illustrate this point, consider Jeff's story. He was a National Merit Scholarship winner, but at the tender age of twenty-six, Jeff was already in the most advanced stage of alcoholism. He couldn't hold down a job, eat solid food, or go more than four hours without a drink. When he couldn't panhandle enough money for a room in a flophouse, he lived in a San Francisco city park. He was bleeding internally and couldn't walk more than a short distance because of a nerve disorder called neuropathy, which was caused by the toxic effects of alcohol. In the face of all this evidence, Jeff still didn't think he had an alcohol problem. He thought he had a cash flow problem. Although his family tried many times to convince him to stop drinking, he didn't have the foggiest idea what they were so worked up about. Any conversation about his drinking ended in an argument. He would stomp away thinking of them as the problem. His cocaine dealer tried to do a one-man intervention on him, saying, "You have a real alcohol problem, Jeff! You need to get some help!" When your cocaine dealer thinks you have a problem, that should grab your attention. But Jeff couldn't fathom what his dealer was talking about. It was only after his family learned how to speak to him in a new language, using intervention strategies, that Jeff had a moment of clarity and accepted help.

Alcoholics and addicts are fooled by their addiction. They know there are problems in their lives and that people are fed up with them. They know they are drinking, taking pills, snorting powders, sticking needles in their veins. Yet they, too, are baffled. Sure, they have moments when they can see the problem clearly. But the powerful pull of addiction always brings them back to the drug as the solution. Addicts have no choice. The drug is king and must remain blameless. Blame is instead shifted onto someone else—the boss, the spouse, the kids, parents. This is how denial works in the mind of the addicted. *You're* the problem! They need the drug so desperately that anyone who gets between them and the drink or drug is the real problem.

The solution for addiction cannot come from this mind controlled by alcohol or other drugs. It must come from an outside source. As family and friends, we are the people who most clearly see the problem and have the most power to influence the addict. Equipped with this insight and power, it's our job to bring a moment of enlightenment to our addicted loved one's thinking. In that moment of clarity, we can move him or her into treatment. But first, we need to learn a language our loved one understands.

During the last twenty years, *Love First* has become the go-to intervention guide for tens of thousands of families. This trailblazing book empowers and equips families and friends to use the strength of support and honesty to give their addicted loved ones a chance to reach for help. Updated with the latest addiction science and insights gained from decades of front-line experience in family interventions, this revised and expanded edition contains practical tools for taking the next step together, transforming the intervention team into an ongoing community of loving support, lasting accountability, and lifelong recovery.

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