

INTERVENTIONS FOR SUBSTANCE ABUSERS—DEFINITELY NOT THE LAST RESORT

Remember your first time as a crew member running the river on a commercial trip? For some of us this trip happened decades ago, for others only months—or even days ago. What most of us felt in common, though, about senior crew members during our first trip (and hopefully on subsequent trips as well) was that they knew what they were doing. They seemed to recognize the need for action long before the rest of us did. Then they jumped—whether in whitewater, on a hike, during meal prep, or with a problem passenger—into action to fix things before they got broken. These guides, we felt, really knew what they were doing, almost in a supernatural way.

But at some point for each of us, we began to witness something else, something less laudable. A few of these more established guides, we saw, were not merely acting quickly to nip in the bud potential problems, they also were taking so many nips at the bottle—or hits on a fat one—that their routine was essentially defined by habitual self-medication via alcohol and/or mind-altering drugs. Indeed, as we worked more with such people and witnessed their surreptitious (do any secrets on the river truly *stay* secret?)—or blatant—over-consumption of drugs or alcohol, their images as bronzed river gods soon took on a tarnish, then some pitting, next some cracks, and finally it just crumbled.

Few of us in the river community who have worked for years can honestly say we have not worked with such substance-abusers—as fellow guides, other support staff, friends, and even family members. Indeed, most of us might run out of fingers upon which to count them. The collateral damage from such fellow guides or others goes well beyond merely their diminished ability to do their jobs right to the point of placing heavier burdens on their fellows. That damage includes souring the otherwise superlative experiences of their clients and comrades. And it even includes damaging some clients in ways that never heal. And, in the end, it can be fatal. In short, some of these substance abusers, instead of being assets, transform themselves into liabilities. This syndrome is so common that few of us who have guided for many years have not gotten to the point in our jobs where we were just waiting and hoping for such crew members to be bumped off the schedule. Then life would be good again.

And, sad to say, some of us have waited far too long. Our thinking was too often that it was someone else's job—the outfitter or manager or parents—to coax our substance-abusing comrade into re-hab, or, better yet, to read him/her the riot act: “Go into re-hab or hit the road.” Well, many of us veterans have found to our dismay that our outfitter or manager is himself/herself in denial. Hence nothing happened. Nothing good, anyway. Denial is a great tool to avoid doing the difficult thing, which often equates to the right thing. Indeed, it sometimes seems that if we charged a dollar for each instance of denial in the universe of commercial river running, the money collected would pile up to enough to pay for a reverse of global warming.

The bottom line? It is up to us, each of us, to act, hopefully together, to intervene in the cases of fellow crew members who because of substance abuse become self-

destructive and destructive of others. Are such interventions fun? Nope. Do they work? Yes. Not only do well-managed interventions work, they literally save people's lives. They are psychological equivalent of wearing a PFD after being dumped into the Ledge Hole.

What is an intervention?

“Intervention” means an attempt to break through the wall of denial erected over time (often a considerable span of time) by a person who is addicted to substance abuse and who is doing nothing effectual to solve his/her problem—but who *is* causing self-damage and who is either causing collateral damage or is becoming ever more prone to do so.

What are the goals of an intervention?

The first goal of an intervention is to inform the addicted person that those persons performing the intervention—friends, family, coworkers—*care* about the welfare of that addicted person.

The second goal—and this is critical—is to communicate to the addicted person very *specific* examples of how that person's behavior has been, and is, hurtful and destructive. Again, these examples must be highly specific as to time, place, behavior, and person(s) hurt by those behaviors. It's far easier to do this effectively if you are using a script. So we recommend preparing an actual readable script. Such specificity of examples leaves very little wiggle room for the addicted person to begin arguing against his/her counterparts. For substance abusers the act of arguing is their way to avoid or sidestep the true reasons why those doing the intervention are there and doing it. Arguing defensively also gives the abuser the self-delusion of being in control, which can derail the intervention process. It is important to bear in mind that the people performing the intervention are not doing so to lay blame or list their resentments or obtain any apologies. Instead, the intervention is aimed solely at: 1. breaking through the abuser's denial; 2. letting him/her know that people care about him/her; 3. prompting the abuser to admit that he/she needs professional help; and 4. eliciting a commitment from the substance abuser that he/she *will* seek treatment/therapy.

The third goal—really important for the people performing the intervention—is they must communicate to the addicted person what they are willing to do now and into the future and also what they are *no longer* willing to do. For example, coworkers covering for the abuser by lying for him/her or coworkers actually doing the abuser's job for him/her—thus enabling him/her—are over. These sorts of enabling behaviors allow the addicted the person to continue to engage in his/her addiction *without experiencing the consequences to other people—and to himself/herself*. This third goal is an *essential piece of every successful intervention*.

Hence, everyone who joins in the intervention must hold clearly in mind what their new limits are once the intervention takes place. If anyone is fuzzy or loose on what

their new limits are, they should not engage in the intervention. It is also important that everyone involved as interveners is committed to following through with what he/she has promised.

The fourth goal of an intervention is eliciting a voiced commitment from the substance abuser about exactly what he/she will do in successfully getting professional help. This can mean joining Alcoholics Anonymous or Narcotics Anonymous and/or seeing a therapist and/or going into rehab. This fourth goal is *the ultimate goal*.

When and if that commitment by the addicted person is made, *plans should already be in place to facilitate the follow-through by the addicted person on that same day, with the help of at least one of the interveners*. (“Sleeping on it” gives the addicted person a lot of time to back out and re-enter his world of denial.)

How would an intervention organize itself for a family member, friend, or coworker?

Initially, you should talk with some of the other significant people in that substance abuser’s life about his/her problem(s). For an intervention to succeed, a minimum of three people must be in agreement about the problem and must be committed to seeing it through. Up to eight people can effectively cooperate in an intervention. Ultimately, once the issues are talked out, the intervention team must seek the help of a professional mental health therapist as a consultant. Prior to the actual intervention the team must hold a planning meeting to nail down: 1. precisely where the intervention will take place (such that the addicted person cannot know about it in advance); and 2. to discuss exactly what each person in going to say—so that it becomes clear in advance that no disagreement exists, that no one involved is going to sabotage the process, and that everyone agrees that their ultimate goal is to get the substance abuser into treatment; and 3. the leader of the intervention process should be identified. Frequently this leader is the mental health therapist.

This *planning should be careful and complete*. If loose ends are left to be dealt with later, during the intervention process, the addict will likely slip through whatever little hole he/she perceives. And all the work and good intentions will have been wasted.

How would the intervention take place?

After the facilitator/leader explains to the addicted person why everyone is present, making it clear how much each one cares about that addicted person, the intervention process proceeds. Each intervening person now takes a turn confronting the addicted person with specific examples of his/her behavior(s) that were and are damaging. Once everyone has spoken, try to bring the intervention to the point of requesting of the substance abuser a commitment to *immediately* get professional help—or else face new and bigger consequences: loss of “covering for” support, the termination of the relationship(s) with the interveners, etc.

Put your plan into action immediately.

Now a designated person should take the addicted person to his/her pre-arranged appointment with the sponsor of the AA or NA group with whom you've already spoken and/or with the mental health therapist. Less desirable, immediately get the addicted person on the phone with them, then go drive him/her to those professionals. If the substance abuser is entering rehab, drive him/her to the prearranged appointment in the admissions office. Bring along the substance abuser's bag already packed (best done before the intervention process) for a stay of several days. In addition, *make certain in advance that funding sources for the treatment(s) are identified and secured.*

What if the intervention does not work?

First, remember that the addicted person is the one responsible for his/her own behavior, not you. Next, *all* members of the intervention team must remain committed to following through to the letter of every promise they made during the intervention. In short, the consequences of continued substance abuse should become exactly as predicted by each intervener. Over time, as the addicted person's life becomes increasingly unmanageable, he/she frequently will come to the point of acquiescing with the interveners and with their plan for treatment and rehabilitation. In short, the intervention is never wasted.

The upshot?

All of that now having been said, it is clear that treatment and rehabilitation are far better done sooner than later. People we know who have been intervened upon when their lives were skidding toward the bottom say much the same thing: "It saved my life." Furthermore, the old "wisdom" that an addicted person must already want help before he/she can benefit from it is a myth. If so, interventions would not be called "interventions."

May the force be with you.

Susan Kelly Ash
Michael P. Ghiglieri

Susan K. Ash is a psychotherapist with 27 years of experience in private practice and has run the Colorado on more than 20 trips.

Michael P. Ghiglieri is a former president of Grand Canyon River Guides Association who has worked as a river guide for 34 years and, currently, 654 river trips.