INTERVENTION, A PERSPECTIVE

A TALK BY MICHELE DOWNEY RN MAC LMFT

A TALK GIVEN TO SAN DIEGO SOCIETY OF ADDICTION PROFESSIONALS

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Intervention

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Based on lecture given to the San Diego Society of Addiction Professionals January 2019

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Introduction.

This was a talk for the SD Society of Addiction Professionals in January 2019. Michele Downey has served as the Chair of the education department and been a Board Member along with being a clinician in the community for over 30 years. Because of the number of years in intervention, and having been trained by Dr. Vernon Johnson, “The Father of Intervention”, I served as the face of SDSOAP in the community regarding Intervention.

The San Diego Society of Addiction Professionals is a coalition of working professionals gathered to facilitate collaboration among community leaders, professionals and County members to enhance opportunities for education, interdisciplinary problem solving, and access to information, resources, and services to help maximize positive recovery outcomes for individuals and families struggling with addiction issues in the community.

We come together for the good of the people we serve men, women, children in our community affected with the disease of addiction. In 2016, more than 173 people per day lost their lives to the disease.

The participant and their families count on us every day to play a vital role in revealing their path of recovery within the continuity of care this disease requires. This is why we meet to share our education, offer continuous education and CEU’s, share our experiences and hope for their recovery so we can fill that role bestowed upon us by our client so they can experience healthy, productive and fulfilling lives.

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As I write this e- book, I realize how many years have gone by and how many families have been helped by using this technique. It was first introduced by Dr. Vernon Johnson, now known as “The Father of Intervention”.
In the early days, I was fortunate enough in the early 80’s to get the chance to first promote this new technique.
I was in a position at Scripps Hospital at the Mc Donald Center where they asked a group of us to feature "interventions". This is how they brought people in the doors of their treatment center. They said we would announce that we're helping families to find a way to help somebody who doesn't want help. They advertised everywhere. A few clinicians and myself were featured giving twice a week lectures on Intervention. The outcome was that people came from all over the county. I have been fortunate enough to do interventions day in and day out for years. The outcome is that you get pretty good at doing interventions when you're in that position. I gave lots and lots of talks.

The way that those talks were structured was from Dr. Vernon Johnson called "I'll Quit Tomorrow". He wrote this book about how to help somebody who doesn't want help. And the whole first half of that book is teaching families what it means to be in a family where there's an addiction.

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It was all about helping the family. So the intervention wasn't just getting the person to treatment. The intervention book was helping family members understand what was going on. Every week I discussed how we had designed a way to help the family interrupt that addiction process. So when you think about what it means to intervene, in the actual definition in the dictionary, it says to intentionally become involved in a difficult situation in order to improve it or prevent it from becoming worse. That's a really important step. These families had no idea how bad it was but as soon as they started to hear this, they were already being intervened. They were starting to change their situation as soon as a phone call was made.

Now there are several books that have been written over the years about all these various interventions. Dr. Johnson started this process of intervention and he accidentally stumbled upon this.

I thought it was important how I present this in that I want to be inclusive. I also want to be spiritual. I was involved in the first CARE hospital unit in the United States. As a nursing assistant assigned to this new kind of unit called Alcohol Treatment we didn't know if it could work in a hospital. This was in Albuquerque, New Mexico. On the unit, we used to bring in old time AA members who would come in voluntarily and share their experience strength and hope. We had hoped this could just help. As we continued to treat alcoholics, we noticed that as people

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went through the treatment program, they would relapse very quickly upon discharge (usually after 30 days). Then we got the bright idea as we brought in family therapists that maybe the family was sick as well. This is where the family disease came into view. We couldn't treat the entire family but maybe we could do a family week of education. It started to work because relapse times then were not as quick. Families were educated about enabling behaviors and what to do and not do when their loved one got out of treatment.

Those were the first kind of immediate interventions because we knew out of every family; probably half of them were addicted to something. They just weren't the "identified" patients. Amazingly what ended up happening was this increased the amount of recovery time for our patients. Because the families were going to Al-anon now, in addition to education classes, the family members knew what to do and not to do. I started at Scripps with Dr. Vernon Johnson. I came from another state. I love the stories Dr. Vernon Johnson would tell us because he was a Reverend, pastor and he had that perspective. You know people have been intervening a lot longer than Dr. Vernon Johnson. Bill Wilson of AA with his wife, Lois, were one of the first “interventions” that count as one of the first original interventions. As Narcotics Anonymous says in their literature “ the therapeutic value of one addict helping another is without parallel”.

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We have many kinds of interventions going on and have been happening for years.
Ironically, I not only do I have experience with families but as I was learning about it and being a lecturer in one room, there was a real live intervention going on with my own family of origin in the next room. Synchronicity or whatever you want to call it, but it wasn't so comfortable then. It is really life altering when you have been involved in your own family's intervention. And that was only the beginning for me with these highly personal experiences with interventions throughout my lifetime.

I don't want to exclude anybody as I speak. After all, I'm here to save lives. That's what the intervention process is. I believe it's not us. I believe that we are instruments that the Higher Power uses in His Grand Design.
Regarding the old days with the traditional interventions, it used to be in the hospital where someone was being admitted. They were told they needed to go for an "assessment" and they walked into an office. He or she knew there was going to be someone who asks a bunch of questions. Most people are appalling at being asked these questions. So the typical response is " Well, of course I don't have that kind of problem. I don't drink like that".

The way Dr. Johnson described was that in the area that he worked in Minnesota, these assessments would often be followed up with things like "Well I think you're doing great work here. I

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should make a donation to help you guys out. Obviously I want to support you guys with this work you're doing to help those people that have problems".

One day it was different. Dr. Johnson was called into see a family in the hospital waiting room as the pastor. The family was very upset as they shared in the waiting room how they felt about their mother and the husband about his wife. They were genuinely scared she was going to die and felt powerless. Dr. Johnson asked if they had told her how they had felt. Of course, they all said it would have been fruitless to have even tried. But Dr. Johnson asked the family to come into the hospital room and simply share what they had in the waiting room, their concerns and their feelings and how much she had meant to them. He would ask if she would be willing to listen to their sharing first and then she could share afterwards. As they shared, she could see that although she didn't remember or even agree with what they said, that they did care deeply for her. In the end, she agreed to "join them in recovery" and get the help they believed she needed.

That was the first Dr. Vernon Johnson intervention.

It wasn't a giant surprise and it wasn't a big confrontation. It wasn't something horrible. This was just a loving caring family that was frightened. That's the foundation of intervention. So when we think of this, it wasn't even some professional thing where he organized it. It was just a simple family confrontation, where they

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were trying to just show their mother/wife much they cared and loved her.

It wasn't a highly trained super skilled clinician. Sometimes you hear that if you're going to do this you need to have somebody who's really trained. Millions of people are sick. We have millions of people who cannot afford to have a really skilled interventionist. Dr. Vernon Johnson first published this in the Reader's Digest in the United States about his intervention. He got this huge amount of people saying “Oh I did what you said in your article. We saved the life of my brother, mother, father”.

This was a huge, unexpected response saving lives from grateful family members and loved ones as the result of that little article. So Dr. Johnson decided he would devote his time to study this thing called intervention. After all, he was a "man of the cloth" and his wife had intervened upon him when he was a young pastor. He wondered how come he had been able to be helped while so many others had died.

He had a Board of Directors at his church and he wanted to study this. He also knew half of those Board of Directors were alcoholics themselves. So what he did is he started educating them about the disease. Some of them were able to self identify. This was a second kind of intervention that occurred.

Of course we know a lot more now about the disease. We know about this “X” Factor (which is what we used to call it). You know there's a genetic component, there's a brain enzyme, there's a missing liver enzyme in some, and there are certain

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chromosomes 9, 10 and 13. Then there's a thinking substance called THIQ that's part of this "X factor". There's early middle and late stages in order to be even called a disease. We know most alcoholics are sincerely deluded. One of the educational pieces he found is that if you can self identify, you're much easier to work with. In family interventions, education is key.

It may have taken years after the family went in for the intervention that other members finally realized their own disease. Eventually the second intervention happened down the road. When we think about intervention, one of the biggest pieces is the education piece and how you present it.

I always educate my families. It doesn't really matter because almost everybody is affected by drugs alcohol mental illness anyway. We have a tsunami of mental health and addiction illness in our culture today. I generally say, let me just give you this little educational piece for your information. It may be back three generations but it's good for you to know. And when I lay it out very carefully, they usually see. I just had this happen last week.

A young couple came in worried about their teenage daughter. It didn't even involve alcohol or drugs. They were worried about her behavior. Suddenly, the mother started crying in the middle of the educational piece. I looked at her and was genuinely surprised. She said "you've just described me". So we changed the treatment plan for that family. Now, her teenage daughter is no longer acting out because mom is sober.

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A good friend of mine who's a family practice doctor went with me to his son's high school. We volunteered our time to talk about the disease of chemical dependency. He and I got clean and sober at the same time. We did this so the kids could know the faces of addiction.

I'm a nurse and he's a doctor. We are professionals in our communities. Not what people generally think about when they think of “addict/alcoholics”. As we went around the room after our discussion and education, there was one kid who sat in the front. He had his head down the whole time. I thought he was asleep. I knew he was probably stoned. At the end I asked if they could help us know one good thing they felt they got out of the talk. When it came to him, he raised his head and said “at last I know who I am”.
I mean these are the kinds of impact stories I had no idea was taking place. I will say one thing. My doctor's teenage son said he was proud of his dad’s recovery as the result of that talk. His head was held a little higher. We were both amazed!!!

We have this luxury as a private clinician now. I get calls from people saying they need to talk to somebody because they have this problem, or they say my wife, my husband, my son, my daughter needs help. They've clearly got a drinking problem or a

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drug problem. They just got to talk to somebody right away. It would be tempting to say let's convert that into an intervention. But here is a different way that intervention often works and unfolds. They can come into my office first. I mean it's formal because it's a therapy setting but it's not a hospital setting. It's a setting where we're going to get together. Granted this is probably not a “late stage” drop off like ER/hospital crisis. It's going to be more often than not, a somewhat earlier stage in the disease. Somebody close to them is actually making a call.

Judith Landau, who described her view of interventions, wrote about it. She looked at how the intervention process was unfolding. She said I'm not sure that this is the only model of intervention that we should be using, which we now call the “ classic intervention model”. She helped define and describe a new way of looking at interventions. She came up with what's called the ARISE Model of intervention. It's an acronym that stands for A Relational Intervention Sequence for an Engagement model. The difference is that she's training people who are really non- clinicians to do this. She wants to expand this network to try to get more people involved and teach people some of the basics of this. We're not going to plan to have them do ongoing family therapy. What we're going to try is to have them do some initial meetings that might compel somebody to get them help and them support them in the treatment. One of Judith's underlying principles is that not everybody should go into inpatient. We want to give them an opportunity to go to outpatient too.

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Her “ARISE” model really supports people over a six-month period and encourages the concept that the family should be very engaged in ongoing recovery. It's part of that education from the very early onset. I mean it's part of what we as clinicians do to in our work too as well as addiction experts. The idea is that this is being an inclusive way of thinking is important.

I want to support people who really never thought that they could do this for many people who are dying. We need to teach people anyone can do this.

One of the first books by Mick Meagher, who is now a famous attorney, is called "The Beginning of A Miracle". He also trained with Dr. Johnson. He often said that an important caveat is that it is actually the family that does the intervention. It's not the interventionist. It's the idea that it's all about the love. Although it doesn't need to be a family, love has to be there.

A lot of people don't have families left or that will participate by the time they end up in treatment.

In my own case I was lucky. I was intervened upon at one point for a work addiction by my family therapist, my husband, and my little 5-year-old girl.

I was sent “(sentenced)” to a downtown San Diego W.A. meeting at the time. Those Work Addicts Anonymous meetings were once a week for six months (and we were all entrepreneurs, of course). I was given a working definition of what my “abstinence” was. I was helped with being accountable. I use that even today.

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My own daughter, when she was six years old, was part of a family intervention on her dad (my ex-husband at the time). The family interventionist in Albuquerque, New Mexico hired by his family called me while everyone was on speaker phone. She saved his life, I think, by her simple words "Daddy, please don't drink anymore."

Later when she was 10 -yrs. old, my ex-husband and her father, had remarried. They had two very young twin boys by his third wife. My new husband at that time was in the AA program. He had insisted he take my daughter to Ala-tot and then Pre-Alateen meetings. I never heard of such a thing. I couldn't do it. I didn't want to look at the fact that she had been affected. She went and she even got a sponsor eventually.

Well over time, this situation with the boys was pretty volatile and dangerous for the twin boys. Alcoholism is a progressive disease. David had taken the boys on visitation into the mountains and was drinking on a visitation (and was a black out drinker). The step- mother had asked for our help to get custody due to his drinking and driving with the boys.

I remember that my daughter, now 12 years old, had decided with her sponsor what they would do. Her sponsor and I gave her the blessings to do this. She flew into Albuquerque from San Diego to go to court on the children's behalf. She met her step-mother off the plane on the way to court. My ex-husband looked at my daughter just once and he gave up. That was all it took.

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There have been several interventions of course, including my daughter herself. She was 16 on the streets, doing drugs and that's another story. She was clean and sober and wanted to go into a program. She went into Kiva Women's rehab center. That wasn't an adolescent program but an adult program. Somehow they let her in. She was there for an entire year. I didn't know who paid for it until six months ago actually. I was talking to two graduates from Kiva, who are now my colleagues, and they said Gene McCallister often does that sort of thing. Kiva was one of the McCallister Institute programs. I had just gotten a picture book of my daughter, her husband and their brand new baby. They told me she was celebrating her 80th birthday the next day and would I come and say something. I went in and showed that picture book. I said my daughter is alive because of this woman and her incredible generosity. There are no words for my gratitude.

Finally, I just wanted to share with you the last one in my own family, my mother, who was intervened on. She got 90 days of recovery. When I was the night nurse working at the Scripp's Hospital Alcohol Program before it was called "the McDonald Center", I prayed "Please let my family get help". She went through the program and got 90 days. My mom, who was a military wife and a nurse, did what I saw as the bronze the silver and the gold of the Olympics. She did get 90 days. My dad, the Colonel, said you come right home. They continued to drink after

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those days but I got to see her eyes. They were clear for the first time in my life. The intervention was for me. When all of us were gathered for her intervention in the hospital after her detox, I learned all these things from my family members. I thought I was the only one. I really had carried the guilt alone for so many years. So for me it was a relief.
One final thing was about five years ago, my daughter told me her dad was dying due to his drinking. His fifth wife has left him and what should we do now. I said “well,honey, he's had enough interventions. He'll end up in the hospital. That's when we intervene”. So I get a call in a few weeks from her. She said "I'm taking a red eye to Albuquerque. Dad's on life support and they want me to pull the life support".

She went out and she walked in to university hospital room. She said "How dare you die before I had my first baby". And do you know what? One month later that man walked out completely fine. There are three doctors writing papers that cannot understand how he could walk out completely okay. I mean that's just one of my many, many miracles.

Over time there have been many families I have worked with that have been helped that I have worked with. Maybe one year the son gets clean, and maybe 10 years they come back and then the sister gets clean. For example the latest situation, this entire family calls me again. They have been through 2 successful

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interventions but now they say that they're worried about their mother. They think since her husband died, she's now a hoarder and it's getting dangerous. What do we do?

I met with them and we came up with the doctor that seen her. I recommended that someone go with her and talk about depression medicine. They were very happy with that solution. It took one big family discussion to figure out the logistics, which worked.

When you are a family member intervening there's all this emotion. One of the things is that you know in some cases you are changing the trajectory of that family forever. In my particular case, in my family, there were severed relationships as the result of the treatment. I felt I had saved my mother. But all the brothers and sisters and my father saw what I did as betrayal and did not talk to me. That's OK. I mean I did what I had to do. I believed I did the right thing. There are a lot of consequences involved. It's not "oh, well, we will just do an intervention".
I mean it's a profound decision. I had to put aside the potential outcome to reach out to help her. I'm not in the business of trying to predict what the future is going to hold. It's not always going to work out a certain way, like in the movies. Having been doing interventions from a long time ago, most turn out fine but I do talk about the potential risks. I also tell people to go to Al-anon to give them strength.

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Michele Downey: I have an example of an intervention at a community level. I originally was asked to bid on this contract by The Scripps mc Donald center. The grant was through the drug free school and communities act. It was to create student assistance programs for 14 school districts and 32 school sites through the Imperial County School Office of Education. I won the bid because the secretary for the office recognized the Al-anon language when I spoke to her. She also knew how diverse her county's population was and I had lived in New Mexico. In 2 years my team was able to intervene on that community. It took Dick Schaefer 20 years when he pioneered his intervention work at a community level in North Dakota. I spoke with him before I had started. I feel fortunate for his pioneering work in that area. In other words, we were able to bring the school, police and probation, medical and social work departments together to create a system of intervention within the workshops for the schools. We educated not only the teachers and counselors but the principals, superintendents, janitors and aides. We had people privately sharing they think they had a problem or their family members did. It was amazing the amount of intervention work that we did with the adults not just the kids. We called it "The Genesis Project". One of the main counselors who helped me with that project went on to get his school psychologist degree. He worked years later in the Brawley School District. He

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said it had developed into such a sophisticated intervention process for the kids that 25 years later it was going on. He gave me example after example. Isn't that amazing?
Its phenomenal what can happen when you get everybody together.
One of the things that I talked to Vernon Jackson about was dealing with adolescences. He agreed that you have a different way that you have to deal with adolescents... completely different. So that's another lecture. I have worked a lot with the mentally ill too.
You can find out all this other stuff that's going on in the family. And basically it's important because you save lives. In many cases, you can save years for the children that are being affected. This disease affects them because it is a family disease. One of the things I was told is there is no intervention that doesn't work. All interventions work. It always works.
Moderator : (to the audience) Let's take a couple minutes to ask them questions in real life situations now.
Glenn Miller, audience member: What about the involuntary intervention? Please clarify what would be the involuntary? Where the adolescent doesn't know where he/she is going?

Michele Downey: Well I can speak to that as I have done many of those kinds of interventions.

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Michele Downey: Lots of times we put the adolescents into the hospital. Years ago it was quite common.
This one time that I took one of the adolescents into treatment on behalf of her parents, she got her own attorney. It was the first year in California where adolescents could have their own representation. Her parents simply took her to a treatment center in Texas (without those laws in Texas). Now she's sober today. But she had to go in and out, in and out, of many facilities. As far as I'm concerned, the family had to do what they had to do. We do the best we can. Adolescents don't understand. You know you can't always explain everything. When you are an adolescent and you have a reptilian brain running the program, you want to do what you want. Her parents knew she was going to die if we didn't do something. We put her in hospital after hospital and locked wards to save her life. Today she's beautiful, young mother in recovery. She doesn't even remember half that stuff. I feel we had to do that. I was glad I did it. Years later we talked about how she felt. I gave her that opportunity. We both felt better. It was difficult on everyone.
I participated in that but it had to be done humanely. The family members had to be educated. There's been an evolution in the treatment of Chemical Dependency. Now we have treatment not punishment.

Dr Charlie Nelson: Thirty six years ago I was hanging out with Vern Johnson with Mick Meagher. And I asked them both this

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question. (By the way, everybody in this room is an interventionist actually. In our own lives or maybe with our own kids.) But what should we not do while doing an intervention?

Michele Downey: Let me jump in and answer this. I have strong opinions on this. It's being absolutely not judgmental. Most people don't know how to do that. And the other piece of it is that it is love.

Alcoholic and addicts are truly sincerely deluded. So if the family or anybody goes in, they have to remember this person is ill. It isn't because they choose be ill. There can be no condemnation in the end and no judgment. That is the absolute!

I have some problems with watching on TV where people are loaded. Millions of people get to watch this intervention for a show. (Entertainment) When they straighten up and sober up and realize that "Oh my God I did or said that in front of millions?"

Like on Dr Phil giving them drugs before the show. Where are the ethics in that?

Audience Member: I was curious when you worked for Scripps hospital? Was there a system in place for interventions like in the emergency room?

Michele Downey: As a nurse I used to go to the emergency room on behalf of Scripps hospital alcohol program. So I would

intervene in my own way, with the staff as well, and educate them.

About the Author:
Michele Downey RN MAC LMFT

Michele Downey is an RN, MAC, LMFT in private practice since 1987 and a nurse since 1977. She has been producing a series of meditational music and instructional audio's in concert with the Australian recording artists, "The Chill Sessions". As the founder of her own Recovery Life Coaching School, her coaches specialize in families affected by mood disorders and addictions. In 2011, she also expanded her offices to include LA and San Diego. She lived in Hollywood with Bob Womack, President of Steve Kaufman Art and RawSakStudioinc., World's Premier Pop Artists for 7 years. She continues as his marketing consultant. She has recently returned to Carlsbad, California to be with her 2 grandchildren. In 1991 and July 1992, she was quoted in HEALTH and PEOPLE magazines regarding her private practice on Family Intervention. She completed an intervention at a community level in Imperial County with the County Office of Education. In a two-year period, she implemented a unique Student Assistance Program with the 14 school districts and 32 school sites and developed a newsletter. These core groups are continuing 25 years later. Michele has created and implemented parenting workshops and recovery manuals for churches, schools and communities. She has co-authored a book on Mood Disorders with Dr. Namir Damluji, who is Clinical Professor at UCSD Dept. of Psychiatry and Medical Director of the Damluji Research Center. Their published book is available on Amazon.com called "Feeling Terrific: 4 strategies for overcoming Depression using Mood Regulation Therapy" co-authored with Dr. Damluji and Renee Sievert, RN LMFT. Michele continues to create workbooks and manuals as well as a series of eBooks. Currently she serves on the SD Society of Addiction Professionals as the chair of continuing education and special events.

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