

FCD UPDATE

FCD Educational Services, Inc.

A Nonprofit Organization

Alcohol, Tobacco, and Other Drug Education

Fall 2002

Intervention

How many of you are concerned about somebody's drinking or drug taking?

When FCD puts this question to a group of teenagers, parents, or educators, the majority of hands go up. Most of us know somebody—be it a parent, child, sibling, friend, spouse, student, colleague, boss, or employee—with a substance abuse problem. This knowledge can be painful, confusing, and frightening. We may respond with worry, denial, anger, love, threats, bribes, and rationalizations. We may even become complicit in the problem by protecting the person from the consequences of his or her behavior.

In this special, expanded edition of the FCDUPDATE, we focus on intervention—a powerful tool for motivating positive change in others. FCD meets many young people who are worried about somebody's use of alcohol or other drugs. During the FCD *Four-Day Course*, we talk about ways to help a friend or loved one with a substance abuse problem. Kids tell us that this is one of their favorite parts of the course. Why? Because intervening empowers the interventionist. It allows him to separate from the problem, and to know that he has done everything possible to help. In this way, every intervention is successful—even if it does not alter behavior.

Any intervention, be it one friend talking to another with a budding problem, or a formal group intervention on a long-time alcoholic, requires knowledge and preparation. With proper training and support, most any of us are capable of carrying out an intervention and possibly saving a life. While this newsletter provides enough information to conduct an



intervention, FCD strongly advises anyone contemplating an intervention—especially young people—to speak with a trusted adult or professional interventionist before proceeding.

Intervention Q&A

What's an intervention?

An intervention is a process designed to affect someone's attitudes, feelings and/or behavior in such a way as to motivate positive change. While our focus is on substance abuse interventions, one can intervene on virtually any compulsive, addictive, or self-destructive behavior (e.g., gambling, eating disorders, bullying, lying).

Who should do the intervention?

An intervention is most effective when the person(s) doing it are meaningful to the substance abuser: a parent, friend, spouse, sibling, coach, teacher, employer.

Can you hire somebody to do an intervention?

Yes. There are professional interventionists who will help families, friends, employers, and/or colleagues to arrange and conduct interventions. Many people, upon learning about the process of intervention, feel comfortable and confident doing it themselves. Others, for a variety of reasons, may prefer to engage the services of a professional. This might be warranted in the case of somebody with a history of relapse, violence, or mental illness, or upon whom you have intervened in the past.

It is important to look carefully into the qualifications of anyone you are considering hiring. Qualified interventionists usually have backgrounds in addictions, counseling, and/or family therapy. They have received special training and are familiar with all aspects of dependency,

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Some of What's Inside...

How can you tell if a friend has a problem with substance abuse?

Certain behaviors may indicate that a friend or loved one is abusing alcohol and/or other drugs. FCD's 25-question checklist can help you decide whether to intervene.

My Intervention Story

FCD teachers speak from personal experience on the life-saving value of intervention.

10 Steps to Conducting an Informal Intervention

You're worried about a friend's use of alcohol and/or other drugs. You want to talk to him or her about it. Here's how.

Intervention and the School

FCD shows how comprehensive prevention planning and a consistent process for responding to actual or suspected student use of substances are essential to maintaining a healthy school community.

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Stephanie Haines	Dave Waterman
Glenn Hall	Ronda Wolfe
Alex Jucheniewich	Diana Wilson

General Correspondence:

For information about FCD's programs and services, or to schedule an FCD visit to your school or community, please contact us at:

FCD Educational Services, Inc.

398 Walnut Street

Newton, MA 02460-2231

Tel: (617) 964-9488

Fax: (617) 964-9449

Email: fcdonline@fcd.org

www.fcd.org

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From the President

This special intervention issue of the FCDUPDATE is dedicated to our founder, Donald F. Cutler, who recently passed away. Don was passionate about the power of intervention to break through the denial that characterizes alcoholism and other drug addictions. Through his commitment to intervention and prevention, Don saved countless lives. In fact, many of FCD's earliest and most steadfast supporters were individuals who owed their recovery to Don. And today, 25 years later, they, as well as their grateful friends and family, continue to support FCD's work.

The greatest tribute we can pay Don is to protect and nurture his legacy. Appropriately, FCD is soon moving into its newly acquired home, a lovely Victorian building in Newton, Massachusetts, to be known as the Donald F. Cutler Prevention Center. The capital campaign that made this purchase possible was successful, in large part, because of the loyalty and gratitude of Don's many friends and admirers.

Building on FCD's extraordinary growth during Don Cutler's 20 years of leadership, we look forward to working with more and more schools across America and around the globe to create healthy, safe, drug-free school communities. While the "Four-Day Course" Don developed more than 25 years ago is still our centerpiece program, we have exciting plans for expanding the breadth and depth of services we offer, and increasing the effectiveness of our work:

FCD On-Line Prevention Network

With the support of a \$50,000 matching grant, FCD's Web site (www.fcd.org), will soon become a major learning and communication tool for students, parents, teachers, and educators. Interactive forums for networking amongst and between our constituencies will strengthen prevention in the schools we serve and end the isolation felt by students, parents, teachers, administrators, and health educators as they address the critical and complex issues surrounding substance abuse.

FCD Peer Leadership Program

It is more important than ever that school administrators develop comprehensive prevention strategies, not only to deal with substance abuse, but to support those students already contributing to the health of the community by choosing to abstain from alcohol and other drug use. FCD's expanding Peer Leadership Program is based on the latest research on the influence of social norms in promoting non-use. We anticipate helping an ever-increasing number of schools to mobilize non-using students as a powerful prevention force.

Long-Term Prevention Planning

Comprehensive prevention planning is essential to strengthening and maintaining the health of a school community. More and more schools are asking FCD to help them develop prevention strategies that unite students, teachers, parents, and administrators in the common goal of reducing substance abuse and promoting healthy decision making. We are especially excited about a \$50,000 grant from the U.S. Department of State that will allow FCD to provide prevention services to member schools of the Association of American Schools of Central America, Colombia, Caribbean and Mexico.

When Don Cutler walked into a classroom in 1976 to talk with students about his personal experiences with chemical dependency, he had no idea that he would spend the next 20 years of his life creating an organization that would become the leading non-profit provider of school-based alcohol and other drug prevention services for all ages. On behalf of the million plus students and educators FCD has served in 27 countries, thank you, Don. We will cherish your legacy and continue your message.



Donald F. Cutler 1914-2002

Alex J. Packer, Ph.D.

How Can You Tell If a Friend Has a Problem with Alcohol or Other Drugs?

Sometimes it's hard to know for sure. Most people won't walk up to someone they're close to and ask for help. In fact, given the nature of substance abuse, they will probably do everything possible to deny or hide the problem. But there are certain behaviors that may indicate that a friend or loved one is abusing alcohol and/or other drugs.

1. Does your friend* get drunk or high on drugs on a regular basis?
2. Has your friend's drinking and/or drug use become increasingly frequent?
3. Does your friend gulp his drinks or brag about being able to "hold his liquor"?
4. Does your friend lie about or minimize the frequency or amount of his or her use?
5. Has your friend ever gotten into trouble at school, at work, or with the law because of alcohol or other drug use?
6. Has your friend abandoned interests or activities he or she used to like, such as sports, lessons, hobbies, and/or school groups or clubs?
7. Does your friend constantly talk about his or her drinking or drug use before—or after—doing it?
8. Does your friend's personality or behavior change when he or she drinks or takes drugs?
9. Have your friend's grades, schoolwork, or job performance started to slip?
10. Does your friend seem to be (or talk about feeling) angry, depressed, misunderstood, confused, and/or suicidal?
11. Has your friend ever forgotten something he or she did while drinking or taking drugs?
12. Has your friend abandoned people he or she used to hang out with?
13. Has your friend taken up with a new crowd of friends who are known for their drinking and/or other drug use?
14. Has your friend become increasingly withdrawn or lethargic?
15. Does your friend engage in dangerous, hurtful, or risky behavior while using alcohol or other drugs that he or she would not otherwise do (e.g., stealing, vandalizing, taking sexual risks, getting into fights)?
16. Does your friend often seem hungover, sleepy, and unmotivated—or hyper and wired?
17. Has your friend ever talked about "cutting back" or "being able to quit anytime he or she wants"?
18. Has your friend ever pressured you or others to drink or use drugs?
19. Does your friend ever drink or use drugs alone or during the school day?
20. Does your friend ever stand you up, change plans at the last minute, or seem to avoid you?
21. Do you worry about how much your friend drinks or uses drugs?
22. Do you ever feel embarrassed or hurt by your friend's behavior when he or she is under the influence of alcohol or other drugs?
23. Do you ever "cover" for your friend's drinking or other drug use?
24. Do you feel that your friendship is threatened by your friend's use?
25. Have you ever thought about saying something to your friend about his or her problem?

While some of these behaviors (such as items 6, 9, 10, or 14) could be the result of other factors (e.g., family problems, personal problems, health issues), a "yes" answer to any of these questions may indicate a substance abuse problem. If you believe that to be the case, seek advice from someone you trust. Your intervention could save a life.

** While we use the word "friend" in this assessment, most of these warning signs are applicable to anyone with a substance abuse problem—a sibling, parent, relative—even yourself.*

How to Help a Friend

10 Steps to Conducting an Informal Intervention

You're worried about a friend's use of alcohol and/or other drugs. At this point, you don't want to get other people involved. You just want to talk to him or her about it. These 10 steps will show you how.

1 Learn all you can about chemical dependency.

It's important to understand that chemical dependency is a health issue rather than one of deficient morals, willpower or character.

According to the disease model for addiction, chemical dependency is a primary illness. This means that it comes with its own set of symptoms (e.g., black-outs, liver disease, brain damage, memory distortions). To restore health or arrest further deterioration, one must treat the addiction, and not just the symptoms.

Chemical dependency is a progressive illness. Continued use leads to greater physical, emotional, mental, and social impairment. The earlier the intervention, the better the chance of recovery, and the less destruction to the person's mind, body, and life.

Chemical dependency is a chronic illness. It cannot be cured, but abstinence from mind-altering substances will arrest the progression. And, while some of the consequences to the body from use are irreversible (e.g., liver damage, brain

damage), recovery can bring dramatic improvements in health (i.e., no matter how long someone has smoked, stopping has a dramatic positive effect on the lungs).

Chemical dependency is a fatal illness. Untreated, alcoholism and/or other addictions are likely to lead to death as the result of accidents, suicide, overdose, AIDS, liver or lung disease, cancer, or heart failure.

2 Get help for yourself.

Caring about someone with a substance abuse problem is hard. You may feel lonely, scared, or confused. You want to help, but you worry about getting your friend in trouble or harming the relationship.

Don't shoulder the entire burden yourself. Talk to a counselor, teacher, coach, doctor, parent, sibling, or someone else you trust. You're not betraying your friend. You needn't mention his or her name, and you can ask the person to keep your conversation confidential.

Seek out a support group. Al-Anon and Alateen are for people who are concerned about somebody's drinking. The experience and understanding of those you will meet can be an invaluable support for dealing with a friend or relative's substance abuse.

3 Pick the right time and place.

Talk to your friend when he or she is sober and clear-headed. Talking to a person under the influence is a waste of time. Choose a setting that is calm, private, and free of distractions and interruptions.

4 Plan what you're going to say.

Give some thought ahead of time to your feelings about your friend. What do you like and respect about her? How has she helped or supported you in the past? What are the specific behaviors or stated attitudes that fuel your concern? What options exist for helping her?

5 Convey your affection and/or respect.

Let the person know how much she means to you, how important the relationship is to you. Talk about her fine qualities and

Intervention for the Sensitivity Challenged

You're co-captains of the wrestling team and you've been best friends since third grade. You know your friend is a binge drinker. He's totaled a car, his grades, and a lot of people's respect. You've got to do something. So you read up on intervention. *Oh, yuh, like I'm really going to say, "I love you, I care about you, you mean the world to me, and I'm worried about your drinking."*

There may be some people you feel would not respond to a classic intervention script. In that case, go with your gut. Without abandoning the spirit of an intervention—affection, concern, examples, support—use the words and body language that are most true to your relationship.

Put your friend in a headlock and say: "You BUFFOON! If you think I'm going to stand by and do nothing while my best friend drinks himself into oblivion every weekend, you've got the brains of a hamster. Your grades are \$@%!* , you're &%@!# your life, and coach is gonna cut you from the team if you miss one more practice. So, listen to me, either you let me help you, or I'm going to pull off your head."

all the times she has helped and supported you. This minimizes the possibility of anger or defensiveness on her part.

6 Express your concern.

Be caring and non-judgmental:

"You're my best friend and I'm really worried about you."

"I'm afraid you're going to hurt yourself."

"I worry that some of the things you're doing could have harmful and irreversible consequences."

7 Use specific examples.

Provide examples of the worrisome behaviors you have observed. Avoid hearsay, sweeping generalizations, accusations, or blameful statements such as:

“You’re destroying your life.”
“You have a really big problem with drugs.”
“You’re hurting everyone around you.”
“You’re an addict.”

Statements such as these trigger anger and argument. Instead, describe the behaviors or incidents you have personally witnessed:

“The last two times we went out you drank so much I had to get home by myself.”
“You said really mean things to Amy and she left the party in tears.”
“Last season you were the lead scorer, and this year you’re warming the bench.”

Talk about how the person’s behavior is affecting you and your relationship:

“I miss spending time with you.”
“I don’t like it when you ask me to lie to protect you.”
“I’m embarrassed to invite you over to my house now.”

It’s hard to predict your friend’s reaction. She might burst into tears and agree with everything you’ve said. She might get angry, defend or deny her use, blame others, give excuses, or tell you to mind your own business. She might lash out at you as “someone who should talk” considering all of “your problems.” This can be very hurtful. Try to see it as the illness talking, and not your friend.

Don’t argue or get angry. Your friend would rather debate the issue than look at her own behavior. Instead...

8 Offer to help.

From having done research, talked with an adult, or attended a support group, you will have learned the various options for helping your friend. Depending on the circumstances, offer to go with her to the school counselor, her parents or doctor, a 12-step meeting, and/or a local resource for evaluating and treating people with substance abuse problems. Instead of asking your friend if she is willing to get help, ask her which of these options she would like to use. Tell her that chemical dependency is not a problem she can solve alone.

Tell her that chemical dependency is not a problem she can solve alone.

Your friend may make excuses for why she doesn’t need to get help. She may promise to “quit” or “cut back” on her own. Know in advance how you will respond to this and any other objections to seeking help she is likely to make. You may tell her that your concern is so great that you cannot sit back and do nothing. Even if she’ll hate you for it, you’re going to talk to her parents or somebody at school. Or, if you feel that her use does not pose a serious threat to her or anyone else’s safety, you may simply tell her that you wanted to express your concern, and that you are ready to help in any way at any time. If she refuses to get help, you’ll need to...

9 Set limits.

Don’t be a co-conspirator in the problem. While lying for friends, covering up for them, or cleaning up after them may seem like acts of friendship, they are, in fact, ways to spare your friend from the discomfort and negative consequences that motivate change.

Establish limits so that you will no longer be in awkward or dangerous situations:

“I’m not going to let you copy my homework.”
“I only want to spend time with you when you’re sober.”
“I’m not going to lie for you anymore.”

10 Don’t expect miracles.

Your intervention may not appear to have “worked.” Don’t be discouraged. People rarely change long-standing behaviors based on one remark or conversation. But each expression of concern, added to the next, can lead to that point at which your friend is no longer able to ignore the truth. ●

The Heavy Backpack

You tell a friend that you’re worried about his or her alcohol or other drug use. You cite examples of behaviors you’ve observed. You offer to help. And nothing changes. Your friend still uses. You feel that your intervention was a failure.

There’s no such thing as an unsuccessful intervention. Many people who recover from addiction recall every one of the comments their family, friends, teachers, or employers made to them about their substance abuse. So why didn’t they stop at that time?

Here’s how many alcoholics and addicts would explain it. Imagine that you’re wearing a backpack. It only has a couple of books in it so it’s very light. One day a friend places a book in the backpack. You can barely feel it. A few days later, another friend adds another book to your load. A month goes by—another friend, another book. It’s becoming a bit of a strain, but no problem, you can handle it. Over time, more friends toss books into the backpack. It’s increasingly difficult to ignore the growing weight. You’re staggering now, but somehow you manage to carry the load. And then one day, a book goes into the backpack—and it’s the last straw. You collapse and cannot go on.

To the addict, each comment of concern, each intervention, is like a book in the backpack. Individually, it can be disregarded. But, at a certain point, all the comments added together create a burden you can no longer ignore. And that’s when the addict is ready to seek help.

And even if that never happens, even if the intervention never results in a change in behavior, you will benefit. You will know that you did everything possible to help.

The Warning Signs of Use: A Parents Guide

Moody, secretive, angry, tired, flaky, broke. A typical teenager? Absolutely. But these characteristics could also be warning signs of a substance abuse problem. It's hard for parents to know for sure, and the last thing you want to do is accuse a non-using child of drinking or taking drugs. Your best chance for avoiding a false alarm while being alert to possible abuse is to know what the warning signs are—and to know your child. There's no substitute for being tuned in to your child's activities, friends, feelings, thoughts, and dreams.

Following are some behaviors that may indicate substance use and abuse. If you observe these symptoms and behaviors, consider their frequency, duration, and/or intensity. It's normal for adolescents to go through friends and interests as quickly as they do sneakers; to have uncontrollable laughing bouts and temper outbursts; to demand greater autonomy and privacy; to cycle through periods of melancholy and self-deprecation. Your knowledge of your child will suggest whether you're observing your child's healthy, if at times, trying growth, or a problem that warrants intervention and/or professional help.

- Increased need for money
- Sudden changes in mood or attitude
- Withdrawing or isolating from family
- Paranoia, irritability, anxiety
- Abrupt decline in attendance or performance at school or work
- Resistance to discipline at home or school
- Unusual or disproportionate displays of temper
- Loss of interest in hobbies, activities, and/or sports
- Change in eating or sleeping habits
- Abandonment of long-time friends
- Taking up with a new group of friends who use drugs
- Not wanting parents to meet friends
- Heightened secrecy about actions or possessions
- Stealing or other high-risk behavior
- Depression
- Fatigue
- Sexual promiscuity
- Health complaints: cough, runny or bloody nose, nausea
- Trouble getting up in the morning
- Disappearance of alcohol in the house
- Slurred speech
- Lack of coordination
- Dilated pupils, glassy eyes
- Appearing “spaced out”
- Excessive or inappropriate laughter
- Hyper, nervous physical energy
- Evidence of drugs and drug paraphernalia such as pipes, rolling papers, eye drops, matches, lighters, spoons, straws
- Drug-related clothing and other articles
- Chemical odor on child's breath*
- Sweating without an obvious cause*
- Nonsensical speech*
- Plastic bags or rags with a chemical odor*
- Implausible stains on the child's face, fingers or clothing (e.g., correction fluid, paint, glue)*
- Household solvents, cleaners, vegetable spray, aerosol cans, and/or adhesives in the child's room and/or household trash*
- Child seems dazed or dizzy*



One-Liners:

An FCD Teacher's
Intervention Story

What brought me to my first [12-Step] meeting was giving someone a ride to one. My old boyfriend (interestingly enough the guy I started using with), pointed out every “observable behavior” he could think of, and then suggested that I might be alcoholic. This angered me, since he himself was an addict and had no real moral ground to stand on. Then he dropped the bomb and told me that he had been going to Narcotics Anonymous meetings. This was interesting to me, and I was happy that he had gotten help. I still didn't think I was alcoholic, but I went to meetings to try and understand him better, ultimately in the hopes of us getting back together. At six months of sobriety it occurred to me that I indeed had my very own addiction problems. After that, I was able to see how often people tried to intervene. Some of my favorite one-liners from other friends were:

“Do you have to get high before you do everything?”

“I don't want to hang out with you tonight, because I always end up babysitting you. It's not fun for me.”

These things made me really think about my actions, but didn't really change them right away.

—Stephanie Haines

**These signs could be strong indicators of inhalant abuse, which can cause permanent brain damage or death from even one incident. Studies show that inhalants are the most frequently abused substance for middle schoolers, with one in five children having tried them by the eighth grade. If you discover that a child is high on inhalants, ventilate the room and call 911 immediately. Stay calm and avoid exciting the child, as this can trigger hallucinations, violent behavior, or heart failure. If the child should lose consciousness, initiate CPR at once.*

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treatment, and recovery. Beware of self-appointed intervention specialists who take advantage of a family's desperation by charging unconscionable amounts of money to conduct an intervention. Most treatment facilities, if they do not have someone on their own staff who does interventions, can provide you with referrals. Don't hesitate to interview several candidates. Ask the person about his or her education, training, and experience. How many interventions has he or she done? How does he or she conduct them? What have the results been? Don't be intimidated. After all, you may be entrusting this person with a cherished relationship and the health of someone you love.

Can you force someone to get help if they don't want to?

In the sense that somebody can run away from treatment, refuse to see a counselor, or go on a hunger strike, no. If the person is determined to sabotage the process, he or she will probably succeed. On the other hand, being forced into treatment is how many people end up getting help. Threats of jail, expulsion, losing one's job, getting kicked off a team, or being grounded can be effective motivators for agreeing to enter rehab, seek counseling, or submit to drug testing. And, according to a long-range study conducted by Hazelden, the manner in which someone enters treatment, i.e., voluntarily versus being coerced, has no impact on their likelihood for successful recovery.

Don't alcoholics have to "hit bottom" before they'll get help?

No. This is a myth. Of course, there are people who destroy their careers, reputations, marriage, family, health, and finances before they are able to break through their denial and seek or accept help. But for many people, it's enough to know that they've disappointed their parents, friends, teachers, or teammates; that they're harming their health; that they've humiliated themselves; that their grades or job performance have declined; that they're jeopardizing their relationships and their future. This is where an early

intervention can be so powerful. It can serve as a reality check for someone who has already begun to sense the destructive effects of substance abuse, but not yet reached the point of doing anything about it.

What is enabling?

Enabling is the process of sustaining, either innocently or intentionally, another person's substance abuse. Enabling takes many forms: denying that the problem exists; lying or providing excuses and alibis to protect the person; shielding the person from the consequences of their behavior; providing money or shelter that directly or indirectly supports the habit.

Enabling can be done out of love (we don't want the person to get into trouble); fear (we're afraid of reprisals should we take a stand); practical necessity (we're

The process of intervention varies with the nature and severity of the problem.

dependent on the person for money, employment, etc.); or shame (we're concerned for the person or family's reputation).

Most alcoholics and drug addicts have an enabling system: the spouse who calls her husband's place of employment when he is too drunk to go to work; the teen who lets his pot-addicted friend copy his homework or test answers; the parent who threatens to sue the school that accuses his child of using drugs, rather than seek a substance abuse evaluation for the child.

Enabling progresses along with the disease. As the consequences of use become more severe, the enabler has to go to greater lengths to deny them, cover them up, and/or protect the abuser and the family from "being discovered."

When people doing an intervention set limits — "I will not let you drive with the children"; "You're going to have to pay

rent or move out"; "If you've been drinking I won't go out with you"—they are declaring an end to their enabling. As the support systems for alcohol and other drug abuse crumble, the alcoholic must face the consequences of his or her behavior. This increased "pressure" is often the force that breaks through denial and leads the alcoholic into treatment and recovery.

How do you do an intervention?

The process of intervention varies with the nature and severity of the problem. All interventions involve communication. Interventions can be conducted by one person, by groups of people, and/or by professionals who specialize in interventions. They can be verbal or written or both.

Generally speaking, a formal intervention has four steps:

1. Conveying affection and/or respect for the person
2. Expressing concern for the person
3. Citing specific examples of the behaviors fueling the concern
4. Offering to assist the person in seeking help.

Sometimes we do simple interventions without really thinking of them as such. Saying to a friend who has been drinking — "I care about you too much to let you drive. You can spend the night at my house"—is an intervention. Supportively expressing our concern about a child's poor school performance, providing examples of troubling behaviors we've observed, and offering to help is an intervention.

Naturally and instinctively, we frequently "intervene" on people whose behavior is problematic to them or us. Such interventions may not contain or require all four of the steps mentioned above. They're part of the ebb and flow of human relationships.

Substance abuse, however, poses a much more serious, complex, and far-reaching problem for intervention than, say, a friend who brags too much. And that's why you'll need to read this entire issue to know how to do an intervention on someone with a drinking and/or drug-taking problem. ●

Intervention and the School

A student's grades have plummeted and he frequently falls asleep in your class. You wonder if he is using drugs. You overhear a group of 10th graders talking about a classmate who "always ends up passing out at parties." You could've sworn you smelled marijuana coming from a student's room during your dormitory rounds. What do you do?

You could approach the student with your concerns. But the student indignantly denies using drugs. *What then?*

You could report your suspicions to the "proper authorities." But in some schools, the fear of getting a student in "trouble" inhibits faculty from expressing concerns about potential student drug use. If the school has a zero tolerance policy, exposing a student's use could lead to his or her expulsion. In wanting to protect the student from such a consequence, you may sit on the information or decide it's better not to know.

Or, you could bring your concern to the school's counselors, health services, or faculty intervention team, secure in the knowledge that a just and nurturing system exists to deal with such a situation.

Comprehensive Prevention Planning

In FCD's experience, most schools have an assortment of individual programs and policies to deal with drug education and substance abuse prevention—but no overall plan. The absence of such a plan can lead to confusion, inconsistency, and negative feelings within the school community. When problems are "resolved" by re-creating and redefining the response with each infraction, it can lead to parent-school conflict, charges of favoritism, and/or extra work for faculty and administration.

FCD has consulted with numerous schools to develop comprehensive prevention plans. Central to these plans is a set of policies and structures for responding to suspected or actual use of alcohol or other drugs. Our experience is that a *non-disciplinary* approach (when concerns are voluntarily disclosed) encourages early

intervention. When balanced with a clear, consistent, and strong disciplinary system, early intervention procedures that are separate from the disciplinary system—but not immune from consequences—are of great benefit to the student and the school. Early intervention can stop abuse *before* it gets out of hand. A non-disciplinary track for dealing with concerns about a student encourages students and faculty to take responsibility for the health of their community.

*By the thoughtful
balance of these two
approaches —
health and discipline —
schools have many
options for balancing
the needs of individual
students with
the needs of the
community.*

Intake into the intervention system occurs when a student comes directly for help, or when classmates, faculty, administrators, and/or parents register a concern about a particular student's well being. All members of the school community know in advance how the process works, whom to go to with information, and what to expect.

Once a concern is voiced, a "health team," ideally composed of trained faculty and health care professionals, looks into the situation. Members of the team then decide how they wish to proceed. Options include tabling the issue until more evidence surfaces, speaking directly with the student, counseling, support groups, drug

testing, evaluations, and/or leaves of absence to successfully address substance abuse or other health-related problems.

Students who resist the non-disciplinary process are held accountable by the school. In such a situation, or when parents are resistant, the school can require a professional evaluation with recommendations released to the school. Refusal to participate in an evaluation may require withdrawal from the school. Even a non-disciplinary approach must have a bottom line for the sake of the student's health and the well being of the school community.

An appropriate disciplinary response to first use of alcohol or other drugs (tobacco policy might not be included here), is to combine a consequence (e.g., gating, probation, suspension) with accountability (e.g., amends to the community, a substance abuse evaluation, drug testing). An evaluation allows the school to weigh the extent and seriousness of the problem, the student's cooperation and commitment to obeying the rules, and the degree to which the school can expect the student to refrain from substance use in the future. Here, too, the procedures, options, and consequences would be spelled out in advance and known to all members of the community.

Students benefit from a strong disciplinary response. It sends a message that substance use is considered a serious enough health risk and threat to the school to trigger immediate consequences, greater scrutiny, and loss of freedom. When the student demonstrates the ability and willingness to change his or her behavior, refrain from use, accept responsibility, and make healthy decisions, the consequences can be modified and/or lifted. A consistent, strict disciplinary response also serves to make the non-disciplinary system more attractive. By the thoughtful balance of these two approaches—health and discipline—schools have many options for balancing the needs of individual students with the needs of the community.

Faculty Intervention Teams

For many schools with which FCD has worked, the heart of the helping structure for student substance use is a faculty intervention team (FIT). A FIT is a group of faculty members who work with the school's counselors to address substance abuse issues and health issues in a non-disciplinary manner. The FIT provides a confidential means for community members to express concern. The team receives referrals from students, faculty, parents, administrators, custodial staff—anybody in close contact with students—about people suspected or known to be using substances. The system itself is not necessarily confidential—at some point parents, deans, or others may be brought in—but it does remain non-disciplinary (unless the student gets caught red-handed).

The benefits of a faculty intervention team are numerous. Many faculty and students who would hesitate to approach

Early intervention can stop abuse before it gets out of hand. A non-disciplinary track for dealing with concerns about a student encourages students and faculty to take responsibility for the health of their community

the individual with their concerns would submit a referral if they knew that the source would be kept confidential, and the ensuing process would be fair, supportive, and effective. The FIT can also serve as a central gathering point for information. When students have substance abuse problems, those around them may see different signs that, in and of themselves, are not enough to confirm a suspicion. For example, the teacher may notice inappropriate laughing or a spaced-out affect in a student. The student's parents may know that their child has abandoned life-long friends in favor of a new set. The student's former friends may be aware of some use and that the new friends are "druggies." Individually, these concerns might not motivate an intervention. But, if these observations were "pooled" in the hands of a faculty intervention team, the picture would support an intervention.

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So Simple

An FCD Teacher's Intervention Story

It was the winter of my freshman year at Ithaca College—a weekday. I had been up all night taking repeated doses of LSD, walking around town with a friend until our bodies and minds were frazzled. We parted company and I made my way up the steep hill to the college. It was around 7:30 a.m. "Normal" people had just arisen and were walking or driving to school. I thumbed a ride from a woman in a VW. Judging by her age (late twenties), and the books on the passenger seat, I concluded she was a young professor. I was so completely spent my voice was hoarse and barely audible.

"Thanks for the ride," I managed, feebly.

She smiled as I was getting in, but her smile melted into a look of grave concern. I must have looked pretty "horror show." After an uncomfortable silence, she asked, "Are you OK?"

"I'm fine." I answered automatically.

The rest of the journey was silent. I was hurting. I just wanted to get to my dorm room, close the drapes, unplug the phone and sleep through all my classes, just as I had done the week before...and the week before that.

"I gotta slow down, hit the books," I thought.

Out of the corner of my eye, I saw her. She was looking straight ahead. Crying. Without a sound. My conscious mind told me she had had a fight with her boyfriend or something. My unconscious mind knew better. How many freshmen had she seen like me? Hopeless. Lost. Unaware. How helpless she must have felt. She cried for me.

When we stopped, I got out and thanked her again. She could only manage a slight nod and a wave of her right hand which partially obstructed my view of her face. She would not look at

me. I could feel the lump in her throat. I walked away and never saw her again. I flunked out of Ithaca a year later.

Eight years later, I called a hotline. I told them I thought I might have a drug problem, and my slow, rocky journey through recovery began.

Seven years after that, fifteen years after I left Ithaca, I was teaching the four-day course for FCD. It was my third or fourth school. I was talking about intervention and a student asked how I stopped. I started talking about the professor who had given me a ride so long ago. How she was compassionate and kind. And I swear I heard her as if she were in the classroom...

"Are you OK?"

So simple. She will never know she saved my life.

—Ron Kublin

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A Perfect FIT

One of FCD's client schools has had an active faculty intervention team for 10 years. During this time they have conducted many wonderful interventions. Their FIT is in harmony with the school's philosophy, and they consistently rotate members back into the community at large. This means that many faculty have served on the team and therefore understand and support the system. The FIT has total support from the administration which, for over 10 years, has provided training by FCD for two days in the fall and two days in the spring.

The faculty intervention team constantly "markets" itself to the school community. Members talk about the purpose of the group and role play early interventions in faculty meetings, parent meetings, and in the dorms and classrooms. Notices and "advertisements" appear in daily announcements and on bulletin boards. If the tobacco and alcohol industries can advertise, so can the support systems for student health and responsible decision-making.



Accepting Help

An FCD Teacher's Intervention Story

It was November 1986, and once again I vowed to quit abusing substances for good. This was easily the seventh or eighth time I had done this in a two-year period. I was talking to a friend of mine who, unbeknownst to me, was in recovery. I was expressing what a difficult time I was having, how hard it was to stay away from alcohol and other drugs. He listened to me go on and on. When I finished he said, "You don't have to do it alone." Those few, simple words got me to my first A.A. meeting. I've been going ever since.

—Sarah Burrill

This particular school has different levels of intervention depending on the nature of the incident. Some levels remain "in house"; others involve parents and/or outside resources. The faculty intervention team follows up on every single student on whom they do an intervention. The school counselor serves as a bridge between the administration and the team. Once each term, the FIT sends a written report to the head of school to discuss its

*If the tobacco
and alcohol industries
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for student health
and responsible
decision-making.*

marketing efforts and to advise him of the team's work.

This is just one model of a successful structure for early intervention. A faculty intervention team may not be appropriate for all schools—but all schools should have a visible health system for dealing with student substance use and abuse. Developing such a system is fraught with pitfalls. Unless the process is deliberative, sensitive, and guided by expert advice, mistakes can occur that will undermine the team and threaten its effectiveness. Just a few of the common mistakes are:

- lack of harmony between the FIT and the school's philosophy and overall prevention plan
- inadequate training of team members
- lack of administrative support or trust for the team's work
- failure to keep referral sources confidential
- moving too fast
- not putting the process and policies in writing
- confusion over the role and duties of FIT members

- failure to educate the school community ahead of time as to the purpose and process of the group.

The faculty intervention team itself can undermine its work by:

- being judgmental in tone
- turning the process into a "witch hunt"
- confusing their role with that of the school counselors
- failing to keep written records secure
- not following up on each and every student
- allowing personal attitudes to interfere with the process.

Whether a school establishes a faculty intervention team or some other structure for responding to actual or suspected student use of substances, such a mechanism is central to maintaining a healthy school community. The process of creating an intervention system needs to be deliberate, reflective, and sensitive to the school's culture and values. Success usually takes several years to achieve. It is essential to define prevention goals, set priorities, build support and trust among the various school constituencies, reconcile conflicting attitudes and opinions, and monitor the effectiveness of the process. These are difficult tasks that require a great deal of communication and commitment on the part of those charged with creating and implementing the school's long-term prevention plan. But the outlay of time, energy, and resources will prove to be one of the best investments any school can ever make. ●

Let FCD Help

For over 25 years, FCD has been helping schools to develop comprehensive prevention plans. We work with school heads, administrators, students, teachers, coaches, counselors, health care staff, and parents to establish programs and policies that best match the needs and philosophy of the school. Please contact us to learn more about how FCD can help your community.

How to Conduct a Formal Intervention

In general, group or crisis interventions should never be undertaken without the advice of a professional.

In most cases, the professional will facilitate the intervention. If, however, the problem is in the early stages, it may be effective and safe to conduct an intervention without the active participation of a professional. For example, a group of teenagers concerned about the increasingly irresponsible drinking behavior of one of their peers might wish to address the problem on their own. Even if an intervention specialist is not consulted, FCD strongly advises any young people contemplating an intervention to engage a trusted adult in the process—even if he or she remains behind the scenes.

While the goal of an intervention is always to get the individual to stop his or her abusive use of alcohol or other drugs, the methods for achieving this can vary.

The process of preparing for and conducting an intervention is pretty straightforward. It's the execution that can get tricky. Here's what you'll need to do to conduct an intervention.

Decide who should be part of the intervention group.

The team should be comprised of people who can speak about the person's use from their own knowledge. It's important that they play a meaningful role in the substance abuser's life. For a teenager this might include close friends; a boyfriend or girlfriend; a teacher, coach, or counselor; siblings, parents, and/or other relatives. Anywhere from three to six people is a good size; once a group gets beyond seven or eight, it becomes unwieldy. You may

want to ask just a few people at first, talk with them about your intentions, and then see if they have suggestions for others to invite. It may seem obvious, but it's important to be sure that no member of the group has a substance abuse problem of his or her own.



Some members of the group, such as a girlfriend, boyfriend, or younger sibling, will have a primarily emotional hold on the person. Other members, such as a dean, coach, or employer, will have a primarily practical influence on the person, since they hold the keys to the person's livelihood, place on a school team, or place in the school itself. And others, such as a parent, have both emotional and practical power. There is nothing wrong with exercising emotional or practical leverage. In fact, doing so—letting the person experience the consequences of his actions and decisions—is an essential part of maximizing the chance that the intervention will be successful.

Schedule an initial meeting.

Get together to plan and “rehearse” the intervention. Explain why you have asked everyone to come, and describe the intervention process for those who may not be familiar with it. Have everyone talk about their experiences with the sub-



A Friend's Courage

An FCD Teacher's Intervention Story

It was my friend, Lisa, who helped me. Lisa knew me since high school. She watched my addiction progress. I had become a blackout drinker. I wasn't able to control the outcome of my drinking. I had tried several times to stop on my own. It never worked.

I remember the phone ringing the morning after my “last night out.” Lisa was on the other end. “You have a problem with drugs and alcohol,” she said. “You need to get help. I can't watch you destroy yourself anymore. Please don't call me again.”

There was something different in her voice that day. I knew she meant it this time. At first I was like, well, I'll show her. But really, it was the fear of losing her friendship that helped me face my problem and break the wall of denial.

I thank Lisa every day for having the courage to say that to me. I learned what friendship was that day.

—Alex Juchniewich

stance abuser and his or her problem. This is helpful because people with different relationships to the person will have observed and experienced different things. Encourage people to consider how they may have enabled the person's use. Sharing this information gives everyone a better understanding of the individual and the nature of the problem.

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Choose a leader.

The leader's role is to organize the process and keep the meeting calm, supportive, and focused on the intervention.

Determine the goal of the intervention.

While the goal of an intervention is always to get the individual to stop his or her abusive use of alcohol or other drugs, the methods for achieving this can vary. Depending on the severity and longevity of the problem, the tactic may be as simple as asking the person to stop. (Never underestimate the power of a request from a parent or best friend in the context of an intervention.) You may hope to get the person to agree to therapy, a substance abuse evaluation, attending Alcoholics Anonymous, and/or enrolling in a special program or school. In many interventions, the goal is to get the person into treatment. In this case, you will need to make arrangements beforehand without tipping off the person. These include locating the treatment facility; alerting them to the intervention and hoped-for

*A common fear
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though you'd think
this would happen
a lot, it rarely does.*

*This is because
you're approaching
the person with
respect, compassion,
and concern.*

time of admission; packing a suitcase for the person; handling financial, insurance, and transportation details; taking care of aspects of the person's life that will be affected by an absence of several weeks (e.g., attendance at school or work, social obligations, pets, etc.).

Identify someone who will research options for help.

Any delay between an intervention and entering treatment decreases the likelihood that the person will go. Therefore, you want to have everything arranged so that you can take the person directly from the intervention to the treatment center. If therapy or a substance abuse evaluation is your goal, it's ideal to have an appointment immediately following the intervention. Learn where and when A.A. and other 12-Step programs meet. All of this requires investigation, and one or more people on the intervention team will need to do some research. If you are using a professional interventionist, he or she should be able to suggest the best resources.



Crying Over Spilt Beer

An FCD Teacher's Intervention Story

"I'll clean that up. You go into the other room."

This "intervention" does not seem like a big deal. It wasn't as if the heavens opened up and the angels sang their tunes and I then decided to make life changes. But these words, and the look in my grandmother's eyes as she uttered them, were the final irritant that pushed me toward change. That moment taught me that I was not only hurting myself in the progression of my addiction, I was also hurting those who loved and cared about me.

The day that my grandmother said this to me, her mother had passed away. As the family gathered and was putting together funeral arrangements,

I quietly slipped out of my aunt's house and proceeded to go back to my parents and drink away my grief. That was the only way that I knew how to deal with this ache in my heart. My sister came home an hour later, looking for me. When she found me, I was crying.

After a few angry words, my sister carted me into her car, and took me back to my aunt's house to "be" with the family. As I entered the house, I made a beeline for the refrigerator to grab the half-open beer I had left behind. In the act of turning around, I dropped the open beer and it spilled all over the kitchen floor. My grandmother, who had just lost her mother,

saw me struggling in my intoxicated state, attempting to clean up the mess. This is when she spoke those words—and I heard them with my heart.

That evening I talked with my parents about needing help. The next day, I entered an intensive outpatient program. I credit my counselor and A.A. for helping me learn the basics of getting and staying sober. I will have six years of sobriety in May. I am fortunate. I got it the first time. Thanks, Grandma.

—Ronda Wolfe



Planting a Seed

An FCD Teacher's
Intervention Story

The beginning of my “bottom” happened when my mom died. A few weeks later my grandmother died and my girlfriend broke up with me. I quit my job and moved to Cape Cod to “start over.” The only thing that started was an increase in my consumption of alcohol. I had no job at first and would go to the bar when it opened at noon and spend the day there.

Eventually I got a job working in a music store in the day time and a t-shirt shop at night. Midge worked in the gallery next door to the music shop. Midge saved my life. She was 23 years in recovery at the time and she watched me. She watched me suffer. She watched me struggle. She saw me come into work with a hangover. She saw me on the streets intoxicated.

Timing is everything and one day we talked. For the first time in my life I looked at myself with honest eyes. Most of what I learned was pretty overwhelming. The seed had been planted.

Several weeks later I was working in the t-shirt shop, ironically called “Don't Panic,” when I had my first panic attack. I was terrified. It was everything coming to the surface: my loss, my fear, my disappointments. The next day I called Midge and we went to an A.A. meeting.

There were times when I had felt shame for having a college degree and working in two little retail shops on Cape Cod. But those silly little jobs were a gift. Without one of those jobs Midge would not have come into my life. Without the other I would not have had the mirror put up to my face.

—Gretchen Hagenbuch

*The group's chair leads
with a statement that is
short and to the point:*

*“We're here because
all of us care very
much about you. You
mean so much to us
and we're worried
about you. Each of
us has some things
we'd like to say.”*

how your actions may have inadvertently helped to maintain the person's use. But now, safety, conscience, integrity and/or emotional comfort require you to behave in different ways. The person listening will realize that continuing to use is going to become more lonely and difficult. The other option is to hold off and present the limits only if you have to at the end to add additional pressure to get the person to accept help. Discuss with the group how you wish to handle this.

Read your letters and/or share your intended remarks with other group members.

Be sure that they are not preachy, angry, or blaming. Modify the content as needed. Depending on how you decide to handle the issue described above of setting limits, you'll either include them as part of your comments, or as a separate “addendum” that may be presented at the end of the intervention. Choose the order in which people will speak. In most cases, it's best to start with those least likely to antago-

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Anticipate all the questions about, and/or objections to, seeking help that the person may have.

You're not going to argue with the person if she makes excuses or tries to minimize her behavior. But you do want to have answers to likely questions. For example, the person may ask about her options, or what treatment is like. The person may come up with all sorts of practical obstacles to seeking help: money, events she “can't” miss; who will feed the fish, etc. The person may promise to stop on her own. To each of these you will need to have a response thought out in advance.

Prepare what you're going to say.

While not necessary, many people prefer to write out their intervention “script.”

This ensures that, in the heat of the moment, they won't forget what they wanted to say, or inadvertently let judgmental or shaming language creep in.

Each person's comments should follow the basic steps of the intervention process: conveying affection and/or respect for the person; recognizing the contributions the person has made to your own life; expressing concern for the person; citing specific examples of the self- or other-destructive behaviors you've observed; and offering to assist the person in seeking help.

Identify the ways in which members of the group have enabled the person.

It's important for people to recognize the role they may have played, however unwittingly, in helping the person to maintain his abusive use of substances. This recognition is essential to establishing new limits for relating to the person and responding to his drinking and/or drug taking. There are two ways to “use” these limits. One is to include them as part of your statement. The other is to save them as additional leverage if the person balks at accepting help. In the former instance, present the limits you're setting in the context of your newfound awareness of

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nize the person, i.e., someone whose love or opinion they really care about, and with whom they are not in a torturous relationship.

Decide when and where you're going to conduct the intervention.

Choose a time and place where you will have privacy and be undisturbed.

Determine how you're going to get everyone in the same room at the same time.

Make sure participants recognize the importance of not letting on that something is afoot. If the person is going to be

brought to the intervention (as in a surprise party), be sure the entire group is there well ahead of time. If the intervention team is going to go to the person (i.e., he'll be in the school counselor's office or at one of the team member's houses), be sure you arrive as a group.

On the day of the intervention...

Gather early.

An intervention must start immediately upon the arrival of the person you're trying to help. Nothing is worse than not being ready or having latecomers straggle

in. Since the person will know that something is "up," you don't want there to be any time for awkward chitchat, or for him to psych out the situation and leave.

Turn off cell phones and pagers.

Interventions are highly emotional events. You don't need multiple intrusions of the Nokia Tune or Mexican Hat Dance breaking the mood.

Choose seating arrangements.

It's a good idea to place those with the closest, most positive relationship to the person next to him. Individuals with difficult or conflicted relationships with the person are best seated in his peripheral vision.



Copping to a Problem

An FCD Teacher's Intervention Story

My intervention was facilitated by the Fitchburg Police department. I had gotten arrested for pushing my car the wrong way down a one-way street, on a suspended license. While sitting in the back seat of the police car, I watched several officers search my car, a 1986 Celica GT that ran every so often. I was charged with possession with intent to distribute marijuana. My pleas of personal use did not work. Once in court, I was offered a rather generous bargain. All that was required of me was to go to an alcohol and drug counselor and follow the recommendations. All charges would be dropped. During the interview with the counselor I remember her asking me what drugs I had used.

"LSD?"

"No."

"Mushrooms?"

"No."

"Cocaine?"

"No." (I had been snorting and smoking for 9 months.)

"Heroin?"

"No."

"Alcohol?"

"I don't really like it, but I drink every once in a while." (I had a keg in my fridge.)

"Marijuana?"

"I don't really like it, but if my friends come over and we're watching Monday night football, I might smoke a little."

I figured as long as I played the game all would be well. Convinced that I had persuaded her that I didn't have a problem, I was shocked when she said, "I think you have a problem with alcohol and other drugs."

I left the center very confused, thinking: *What would she have said if I had told her the truth?*

Three months later, fearing prosecution for not living up to my end of the bargain and starting to feel all alone on a planet full of people, I went back to see that counselor. After the group session I was handed a cup for "a sample." I didn't know that was going to happen. I said that it would be a waste of time to test my "sample," and I broke down. After a few minutes she asked if I wanted to go to detox.

That was December 11, 1991.

—Chris Tryba

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Therefore, you want
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treatment center.*



My Angel

An FCD Teacher's Intervention Story

For the last three years before I stopped drinking and using I was a daily user. Because of that, there are huge gaps in my memory. I remember the basics: where I lived (a motel in a drug infested neighborhood), where I worked (a diner that tolerated my dirty uniform), and my two drug-addicted friends. I remember a visit from my out-of-state parents. I had them pull their car into the low-rent trailer park next to my motel so they wouldn't see where I lived. I climbed over the fence to meet them. Funny that I was willing to let them think I lived in the trailer park in that drug neighborhood but not the motel next door. Denial can be very strong.

I cannot tell you any other significant events in that period. Nothing. The only strong memory I have is of sitting on my swayback motel bed thinking, "What happened to my wonderful life?" I had had a happy childhood, lots of friends, fun jobs. Slowly these things had disappeared as my drinking and drug use progressed. It was as if every night while I was sleeping someone came in and painted my bathroom a slightly darker shade of the

color on the walls. I never noticed the change until the very end. It was, I'm sure, part of my coming out of denial.

Many people in recovery will credit a person or persons who were willing to go out on the proverbial limb and intervene on them. I give the credit to what I call my "angel." I do not know the name of my angel. I think of my angel as a quilt of people's names: my exasperated lawyer; my boss threatening me with being fired; my mom crying on the telephone when I called, once more, to borrow money; my counselors; the bus driver who rolled her eyes when I got on the city bus, drunk, in torn and dirty clothes.

I may never know whose was the last name on the quilt. I have immense gratitude for all of them. I never thought that I would become an alcoholic and an addict. I never thought that I would be able to stay clean. But on December 18th, 1987, I started inpatient treatment and 12-step meetings. I have not used alcohol or drugs since.

Oh, and I thank my angel everyday, all day long!

—Joe Bartos

low the person outside should he leave. Their role is to empathize—"We know this must be hard for you"—reassure—"But we care about you so much"—and try to get him to return—"Won't you please come back inside and just listen? That's all we're asking you to do." Just keep talking. If the person truly wants you to get lost, he will make it clear in no uncertain terms. If he refuses to return but seems willing to listen, go ahead with your prepared remarks and turn the occasion into a "walking intervention."

Solicit the person's agreement to seek help.

Assuming the intervention went as planned, the chair, at the conclusion of everyone's remarks, can reaffirm the group's desire to help and ask the person if he will accept it. This is the moment of truth. If he says yes, everyone will experience a feeling of relief and warmth (possibly accompanied by hugs and backslapping), and you move forward with the predetermined plan.

If the person refuses to get help, the chair can express the group's disappointment and ongoing concern. He can reiterate the group's desire to help and its willingness to do so at any time. This may be a good time to state or restate the limits people are going to set in light of the person's decision (i.e., "I'm not going to loan you money anymore"; "If you get stoned in our room I'm going to tell the dorm head"; "I'm not going to let you in my house if you've been drinking").

Debrief.

Be sure that the group gets back together again as soon as possible after the intervention. You will need to debrief and process the event. There may have been some difficult or emotional moments people will want to discuss. You may need to provide support to each other. And, depending on how things went, you may have to discuss further strategies for intervention. ●

Begin the intervention.

The group's chair leads with a statement that is short and to the point: "We're here because all of us care very much about you. You mean so much to us and we're worried about you. Each of us has some things we'd like to say." At this point, members of the group read their letters or speak in the prearranged order. As soon as one person finishes, the next should begin. The person you're worried about may seem defensive or sullen at first, but

as he hears the affection, gratitude, and concern being expressed, he will probably soften, and may even become tearful.

A common fear is that the person will get angry and storm out. Even though you'd think this would happen a lot, it rarely does. This is because you're approaching the person with respect, compassion, and concern. And the person may want to be helped, even if he is not aware of it. In any case, identify ahead of time one or two people who will get up and fol-

Responsibilities of Friendship

An FCD Student's Intervention Story

An English teacher in an FCD client school asked students to create a fictitious story inspired by FCD's visit. This is how Khalil, an eighth grader, responded to the assignment....

While walking home from school on a Friday, Bobby passed some people who looked like drug dealers. Bobby made sure to keep his space. Although only thirteen, he knew already what he wanted to be in life. He planned to go to college, be a doctor, and help people. He recognized that drugs were not part of that future and Bobby promised himself that he would never do drugs. At first it seemed as though they were going to approach Bobby, but suddenly several people walked by, and the shady characters stopped. When Bobby arrived at home, the prospect of not having to worry about homework until Sunday shoved any more thoughts about drugs aside.

On Monday Bobby noticed that his best friend Blake, who had celebrated his fourteenth birthday five days ago, looked more energized than usual. But Blake was the smartest kid in school and liked to space out his weekend homework evenly throughout the weekend, so Blake never really stayed up late doing homework. However, after fourth period, Blake appeared to have run out of energy, and he was moving slowly. Bobby approached Blake.

"Let me guess. You finally decided to live life and crammed all of your homework on Sunday night like I do. Then, you tried coffee to get energy so everyone would think you had planned out your assignments, as usual, but just now the caffeine rush ended," Bobby joked.

Blake managed a faint smile and replied, "No, but I did try—." All of a sudden, Blake looked as though he had almost told an important secret, and

shut his mouth, then walked at a fast pace to the next class.

After that conversation, a suspicion came into Bobby's mind. As Bobby recalled, cocaine, which is an illegal drug, is a strong central nervous system stimulant that interferes with the re-

Bobby realized that, to be a friend, you must do what you think is best for your friend. If Bobby sent Blake to rehab, Blake might not speak to Bobby, but Blake would have others to help him to fight his addiction.

absorption process of dopamine, a chemical messenger associated with pleasure and movement. Dopamine is released as part of the brain's reward system. If too much is released, it causes a temporary feeling of happiness and pleasure, then a huge feeling of depression. Bobby forced that thought away from his mind and kept on saying to himself, "Blake is a smart kid. He is the next Albert Einstein. He wouldn't risk his mind just for drugs."

Over the weeks, it became harder and harder for Bobby to convince himself that nothing was wrong with his friend. Six weeks after the first instance of unusual behavior from Blake, Bobby saw him with the shady people he had met a while ago while walking home. After the group had separated, Bobby confronted Blake.

"Blake, what is going on? I saw you

with those people. I want the truth."

"Nothing, nothing is wrong—"

"Blake, I don't believe it. I've known you for seven years. You have always beaten me by a margin of at least five points, no matter what test or subject. You have in the past few weeks received C's and D's on assignments and tests that I received B's on. What's the matter?"

"What is this, a police interrogation?" Blake burst out, and then he turned and sprinted away.

Bobby knew that he would have to tell Blake's parents, no matter how much it would hurt. Bobby had heard of people who had sent their friends to a rehabilitation center, then the friends never talked to the person who had sent them to rehab ever again. In the end, Bobby realized that, to be a friend, you must do what you think is best for your friend. If Bobby sent Blake to rehab, Blake might not speak to Bobby, but Blake would have others to help him to fight his addiction.

Bobby told Blake's parents, and Blake went to rehab. After six months of silence between the two teenagers, Blake, who had just finished rehab, came to Bobby's house and said, "For the first five months of rehab, I hated you more than anyone or anything else in the world. I devised hundreds of ways how I would make you pay for what I thought was betrayal. Now, though, I just want to say this." Blake took a deep breath. "Thank you. Thank you for having the courage to confront me. Thank you for risking our friendship to tell my parents my problem. Thank you for being smarter than me for once when I really needed you to be smarter than me."

To this day, Blake and Bobby are still best friends.

Has Your Life Been Affected By Someone Else's Drinking?

Alateen is a fellowship of young Al-Anon members, usually teenagers, whose lives have been affected by someone else's drinking. Alateen members come together to discuss their difficulties, learn effective ways to cope with their problems, and share their experience, strength, and hope with each other.

With the support of others who are also the friends and relatives of a problem drinker, Alateen members learn that they are not the cause of anyone else's drinking or behavior; that they cannot change or control anyone but themselves; and that they have spiritual and intellectual resources with which to develop their own potential, no matter what happens at home.

Young people can still be affected by someone else's drinking, even if the problem drinker no longer lives with them, or is in recovery. The knowledge and support Alateen provides has helped many teens to detach emotionally from the drinker's problems while continuing to love him or her, and to build satisfying and rewarding lives for themselves.

The following 20 questions are to help you decide whether Alateen is for you.

Yes No

1. Do you believe no one could possibly understand how you feel?
2. Do you cover up your real feelings by pretending you don't care?
3. Do you feel nobody really loves you or cares what happens to you?
4. Do you tell lies to cover up for someone else's drinking or what's happening in your home?
5. Do you stay out of the house as much as possible because you hate it there?
6. Are you afraid or embarrassed to bring your friends home?
7. Has someone's drinking upset you?
8. Are holidays and gatherings spoiled because of drinking or others' reactions to the drinking?
9. Are you afraid to speak up sometimes for fear it will set off a drinking bout or start another fight?
10. Do you think the drinker's behavior is caused by you, other members of your family, friends, or rotten breaks in life?
11. Do you make threats such as, "If you don't stop drinking and fighting, I'll run away"?
12. Do you make promises about behavior, such as, "I'll get better grades," "go to church," or "keep my room clean" in exchange for a promise that the drinking and fighting stop?
13. Do you feel that if your mom or dad loved you, she or he would stop drinking?
14. Do you ever threaten or actually hurt yourself to scare your parents into saying, "I'm sorry," or "I love you"?
15. Do you or your family have money problems because of someone else's drinking?
16. Are mealtimes frequently stressful or delayed because of someone else's drinking or fighting?
17. Have you considered calling the police because of the abusive behavior in your home?
18. Have you refused dates because your date may find out about the drinking or fighting?
19. Do you think your problems would be solved if the drinking stopped?
20. Do you ever treat people (teachers, schoolmates, teammates, etc.) unjustly because you are angry at someone else for drinking too much?

If you answered yes to some of these questions, Alateen may be able to help you. You can contact Alateen by going to their Web site (www.al-anon.org/alateen.html) and looking in the Meeting Info section, checking your local telephone directory, or by calling 1-888-4AL-ANON (1-888-425-2666), 8 a.m. to 6 p.m. EST, Monday through Friday.

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Intervention Resources

GENERAL RESOURCES AND INFORMATION

www.findtreatment.samhsa.gov

A well-organized treatment facility locator site sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The directory contains over 11,000 listings for residential, outpatient, and inpatient treatment programs for alcohol, marijuana, cocaine, heroin, and/or other drug addictions. A search engine can be used to identify facilities by geographical location, type of care, payment accepted, services provided, and/or special programs (e.g., adolescents, pregnant women, dually diagnosed, etc.).

www.soberrecovery.com

This is an encyclopedic site with over 2500 recovery-related listings arranged in 75 categories. Resources include information on substance abuse, treatment facilities, intervention, sober living houses, relapse prevention, 12-Step programs, mental health, and much more.

www.drughelp.org

According to their Web site, the mission of this non-profit information and referral network is to “bridge the gap between wanting help and getting help.” DrugHelp provides “free, confidential referrals and information to those directly affected by substance abuse through their own use, or indirectly through the use of a friend or family member.”

<http://lovefirst.net>

Based on the book by the same name (see “Books”), the Love First site contains articles, links, FAQ’s, checklists, and other helpful information relating to intervention.

www.intervention.com

This personal site of a licensed clinical alcohol and drug counselor provides extensive information on all aspects of intervention, including material on the various types of intervention, the intervention process, concerns and questions family members are likely to have, and

numerous resources for finding help and gaining further knowledge.

HOTLINES

Girls and Boys Town National Hotline

1-800-448-3000

1-800-448-1833

www.boystown.org/hotline/crisis.htm

A well-established hotline for kids and parents. Counselors are on hand 24 hours a day to speak about issues related to substance abuse, violence, depression, or any other family problems. Spanish speaking and other bilingual counselors are available.

National Drug Information Treatment and Referral Hotline

1-800-662-HELP

Provides information, support, treatment options and referrals for anyone dealing with an alcohol or drug problem, be it their own or someone else’s.

Operates 24/7.

SUPPORT ORGANIZATIONS

Alcoholics Anonymous

www.alcoholics-anonymous.org

P.O. Box 459, Grand Central Station,
New York, NY 10163

Alcoholics Anonymous defines itself as “a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership.”

Narcotics Anonymous

www.na.org

PO Box 9999

Van Nuys, California 91409 USA

818-773-9999

As stated on their Web site, “Narcotics Anonymous is an international, community-based association of recovering drug addicts with more than 28,000 weekly meetings in 113 countries. Members share their successes and challenges in overcoming active addiction and living drug-free

productive lives through application of the principles contained within the Twelve Steps and Twelve Traditions of NA.”

Al-Anon and Alateen

www.al-anon.alateen.org

1600 Corporate Landing Parkway

Virginia Beach, VA 23454

1-888-4AL-ANON

The purpose of Al-Anon is to help families and friends of alcoholics recover from the effects of living with someone with a drinking problem. Mutual support groups meet worldwide. Alateen is “a fellowship of young Al-Anon members, usually teenagers, whose lives have been affected by someone else’s drinking.”

BOOKS

Intervention: How to Help Someone Who Doesn’t Want Help: A Step-By-Step Guide for Families of Chemically Dependent Persons

by Vernon E. Johnson

Written by a pioneer in the field, this classic offers an excellent grounding in the principles of intervention.

Love First: A New Approach to Intervention for Alcoholism and Drug Addiction

by Jeff Jay and Debra Erickson Jay

This book, published by Hazelden, the world-renowned treatment facility and publisher of addiction and recovery related materials, provides an inspiring, user-friendly guide to understanding and intervening on problem alcohol and other drug use.

Adolescent Drug & Alcohol Abuse: How to Spot It, Stop It, and Get Help for Your Family

by Nikki Babbitt, Ph.D.

Adolescent Drug & Alcohol Abuse offers parents information, support, and guidance for understanding teenage drug abuse, getting their child the help he or she needs, and finding personal serenity apart from the outcome of their child’s drug abuse or dependency.

New Clients 2001-2002

Babson College

Wellesley, Massachusetts

Bangkok Patana School

Bangkok, Thailand

Bishop Dunne High School

Dallas, Texas

Boston University

Boston, Massachusetts

The Cheshire Academy

Cheshire, Connecticut

Christchurch School

Christchurch, Virginia

Colegio Internacional de Carabobo

Valencia, Venezuela

Colegio Neuva Granada

Bogota, Colombia

Dighton Rehoboth Regional High School

North Dighton, Massachusetts

The Foote School

New Haven, Connecticut

George Stevens Academy

Blue Hill, Maine

Green Mountain Valley School

Waitsfield, Vermont

Greens Farms Academy

Greens Farms, Connecticut

Hopkinton High School

Hopkinton, Massachusetts

Hutchison School

Memphis, Tennessee

Jakarta International School

Jakarta, Indonesia

John Bassett Moore Middle School

Smyrna, Delaware

John Burroughs School

St. Louis, Missouri

Kent Denver School

Englewood, Colorado

Lakeside School

Seattle, Washington

Louisville Collegiate School

Louisville, Kentucky

Loyola High School

Los Angeles, California

Lycée Français La Pérouse

San Francisco, California

Lycée International of

St. Germain-en-Laye

St. Germain-en-Laye, France

Marymount High School

Los Angeles, California

Memphis University School

Memphis, Tennessee

Needham High School

Needham, Massachusetts

Newman School

Boston, Massachusetts

Notre Dame High School

Sherman Oaks, California

Oakwood School

North Hollywood, California

Osaka International School

Osaka, Japan

St. Andrew's Episcopal School

Ridgeland, Mississippi

St. Peter's Preparatory School

Jersey City, New Jersey

St. Thomas the Apostle School

West Hartford, Connecticut

Savannah Country Day School

Savannah, Georgia

Shorecrest Preparatory School

St. Petersburg, Florida

Stratford Academy

Macon, Georgia

Taipei American School

Taipei, Taiwan

The Thacher School

Ojai, California

Vanguard College Preparatory School

Waco, Texas

The White Mountain School

Bethlehem, New Hampshire

Wilson Hall School

Sumter, South Carolina

FCD Mission Statement

Founded in 1976, FCD (Freedom from Chemical Dependency) Educational Services, Inc., is a nonprofit organization that provides alcohol, tobacco, and other drug education and prevention programs for schools throughout the United States and abroad. Using highly trained educators who teach from the recovering perspective, our mission is to:

- Provide up-to-date information on the physiological and psychological effects of alcohol and other drugs;
- Promote awareness of chemical dependency as a primary, progressive, and often fatal disease;
- Empower young people to make healthy, responsible choices regarding alcohol and other drug use
- Encourage and support the non-use of alcohol and other drugs during the growing years.

Services

With over 25 years of experience, FCD offers a wide range of services including:

- Comprehensive drug education programs for students from kindergarten through college
- Intervention training
- Prevention planning and policy consultation to schools, colleges, businesses, and health care professionals
- Assemblies and workshops for administrators, teachers, parents, students, coaches, proctors, residential advisors, trustees, school boards, health care staff, and community organizations.

The Lighter Side of FCD

I was teaching fifth graders. As I subtly informed them that I was a person who had had problems with drugs and was in recovery from addiction, a kid raised his hand and shouted, “AND YOU ADMIT IT!!!!????” He was truly turned off!!! It was pretty funny. By the end of the week he was my pal.

— *Gretchen Hagenbuch*

Once I had a seventh grader ask me (during a discussion about marijuana), about the danger of “hash browns.” The whole class listened as I explained about hash brownies, but thought I was talking about the potato dish.

Another time I was working with the second grade and the teacher asked the students to write what they learned in FCD in their little journals. One girl wrote, “I learned that smoking cigarettes can give you lounge dizeez.”

Don’t you think that’s a good way to describe what happens to you when you smoke and drink and spend too much time in the bar? You get LOUNGE disease.

— *Stephanie Haines*

One absolutely INCREDULOUS tenth grader flatly declared, “There are NO chemicals in tobacco!” Ummmm... ok...let’s talk about that for a few minutes!

— *Joe Bartos*

A fifth grade boy’s face lit up during our class discussion on tobacco. “Oh no!” he said, “does this mean there is tobacco in ‘Tobacco Sauce?’”

The little fella meant Tabasco Sauce, and I almost fell off my chair. But I did my best not to laugh! I just love the little ones.

— *Gretchen Hagenbuch*

This sixth grader raises his hand and says, “I’m not trying to be funny but, if someone eats a drug like marijuana, and then passes gas, can people around them get high?”

I’m not real clear on the research surrounding this issue but I told him, after we came back to order, I didn’t think so.

— *Roger Waitt*

It was the final day of the Four-Day Course and the eighth grade class was preparing to fill out the comment sheets. I was instructing them on how to position the paper, and held a blank sheet of paper over my head to illustrate. I turned to the board to write the heading, keeping the paper over my head. When I turned back around, three-quarters of the class was holding their blank piece of paper over their heads waiting to see what to do next. Guess you had to be there, but that was a LAUGH OUT LOUD moment!

— *Ronda Wolfe*

FCD welcomes your comments, questions, and ideas. To learn more about anything in the newsletter, to send letters to the editor, or to submit a manuscript or proposal for an article, please contact:

Editor, FCDUPDATE, 398 Walnut Street,
Newton, MA 02460.

Editor: Alex J. Packer, Ph.D.

Contributors: Tom Gee, Cindy Graham,
Renee Newton, Jenn Osgood, Alex Packer,
Beth Seiser, Will Slotnick and Renee Soulis