

EFFECTIVE RESPONSES DOCUMENT

Introduction

Effective Responses to Common Defensive Statements Addicts Make In Interventions

This document contains several commonly heard defensive statements alcoholics or drug addicts make when confronted by family members, friends, or others who attempt interventions. It then provides a response to each statement based upon accurate information about addictive disease. Interventions fail for a variety of reasons, but the most common reason is a lack of knowledge about the illness itself. In part, addicts are helped to remain sick for the same reason -- lack of information and knowledge that would help them self-diagnose. In many cases, family and friends of alcoholics and addicts are frequently as ignorant - and often more so - than the victim of the illness. Proper responses to addicts in denial, although no magic bullet, are crucial in making interventions successful. Hence, the purpose of this guide: Empowering interveners.

First, a few words about treatment. The effectiveness of any addiction treatment program lies in its ability to educate the patient and maintain an environment where information can be heard and applied to the patient's experience. This discovery process is called self-diagnosis. This creates motivation to remain abstinent and use a recovery program to achieve sobriety. This is simple enough conceptually, but is difficult to accomplish. Unfortunately, it is the exceptional treatment program that accomplishes this goal consistently. Addiction treatment programs have been under siege for years. They fight among themselves, face philosophical challenges, and the economics and politics of addiction treatment has a profound impact. Fights with managed care companies compound these problems and make economic survival a tough game. Unfortunately, financial survival does not necessarily go to the most effective or ethical treatment programs. Indeed, these problems interfere with both treatment and financial ethics. The business practices of some hospital chains, particularly for-profit programs, had a devastating impact on the treatment industry in the 1980's that remains to this day.

Some treatment programs provide good information about the disease, but are poorly managed making it difficult for patients to accept information and self-diagnose. Others are good at helping patients accept information, but the information about the disease is questionable, unscientific, and problematic. Such programs may market effectively and even rally a huge following. Both types of programs fail patients, although the latter will get away with it longer. I've seen, and unfortunately have worked for both types of programs. Thankfully, my last experience combined the best of both elements of effective treatment. This program did two-year, monthly follow-up with every patient and showed results that far exceeded the national average for abstinence success rates.

Persons who try to intervene with addiction frequently do not fully understand denial, although they are certainly capable of pointing it out. The underlying fuel for denial is ignorance about the disease. This is a key point in understanding intervention and treatment. Denial is characterized by three key elements: 1) The addict has a definition of addiction that does not include himself (herself.) 2) The addict is knowledgeable about symptoms of the illness he or she does not have, and uses this information to compare out of the definition. (This is why addicts can always tell you why they don't have a problem. They do not focus on the symptoms they have, but the one's they don't.) And, 3) when the addict acquires additional symptoms, he or

she changes the definition accordingly. Many 65 year old patients have sat on the edge of a detox bed claiming they were not an alcoholic because they did not drink at work or never missed a day. Never mind that they drank a fifth of Johnny Walker daily or could set their own work schedule because they owned the company or were a three star General no one would ever confront. This type of denial eventually leads to death from the disease and its acute symptoms, namely medical problems or some calamity.

As you read the following commonly heard statements addicts make in interventions, keep in mind that each is based in some way on denial and ignorance about the disease. Without family and friends being in the dark as much as the addict about the illness, the following defensive statements could not be effective. You may have heard your alcoholic or addict use them all, and of course, this is booklet does not contain an exhaustive list of all such statements. You will also notice that many responses are similar or contain parts that are repeated. This is because different defensive statements are frequently rooted in the same myth or misconception about the illness. You will also notice that I frequently use the term “stay stopped.” Alcoholics and drug addicts frequently say they can “stop at any time.” The phrase “learning how to stay stopped” has a more powerful effect in the face of this commonly heard defensive phrase.

Frequently the more visibly defensive the addict, the more likely the success of the intervention. This paradox is explained by the impact of self-diagnosis on the addict. Recent events or effective information about the disease puts the addict in a state of working overtime at denial. Such an expenditure of energy, in my experience, is an indication that the decision to enter treatment is hammering away at the front door. Indeed, I have seen addicts enter treatment who at first seemed the most resistant. I have come to believe that the more emotional, blaming, and externalizing the addict, the more likely the intervention will be successful. There is one catch: Interveners must make treatment non-negotiable in the relationship with the addict.

Interveners’ responses to defensive statements made by addicts must be rooted in understanding addictive disease. Therefore, the following information is designed to educate, not simply provide useful verbiage. The responses that follow, or parts of them, should be woven into your intervention when you see the opportunity, or when you see a chance to expand on a point being made by a fellow intervener. Put things in your own words. Some of the statements will apply to your addict, while others will not. Change the words to fit the primary drug of choice. The goal is for you to have more powerful and effective language than you did in the past, and better knowledge of the disease. I suggest you read this document twice before the intervention. If you do not equip yourself with better knowledge, you will fail to intervene with the addict’s distorted belief that you are not a match for his or her manipulation.

Defensive Statements and Responses

“My drinking problem is not like others and my circumstances are different.”

Your alcoholism is not different or special. You may have problems, but just like everyone else, these do not give you a different type of alcoholism. You aren't different from other alcoholics. What is different is the drinking pattern. You have one of many common patterns, but the pattern of drinking is not what makes you an alcoholic. Don't believe that you are unlike other people who enter treatment. This illness does not discriminate. Physical susceptibility is the only requirement. Every alcoholic has different circumstances, but the illness is the same.

“This is my problem - I'll solve it.”

This is not your problem in that way. It is a disease process characterized by alcoholic drinking. You are not responsible for your alcoholism or addiction. You acquired the illness slowly (most likely) and this is not a "do-it-yourself" health care issue. Instead, you must be responsible for treating it properly otherwise you will not be able to "stay stopped" from alcohol consumption. Addictive disease is fatal. You will eventually die about 17-20 years earlier than most people. This may not surprise you if you think about it. You have probably wondered what could ever help you quit. This is not something you "do" on your own. And it's not an issue of “figuring it out.” It's a problem you treat and then manage with abstinence once you know how. You need tools -- treatment and education -- to do this properly.

“I don't have a drinking or drug problem, and I am not aware of any problems my drinking causes.”

No, you have addiction. The addiction causes problems. Some of them include (fill in the blank.) Your denial is based upon a history of your not seeing problems with alcohol, either because they were not recognizable or because you successfully defended your drinking in spite of the consequences. But there have been problems and you have clear symptoms of the disease. Two of these symptoms are your tolerance to alcohol and the withdrawal symptoms you experience when you try to cut back or stop drinking entirely. You may have had many years when alcohol use appeared under control, but like most alcoholics, your body has changed. The drug now controls you. It is no longer the friend it once was. It's scary to believe that alcohol has "turned on you", but that's the case. Your inability to CONSISTENTLY control the amount you drink, the time you are drinking, or its consequences, is the evidence of your loss of control. Think about it, that's the only logical explanation for your loss of control and growing problems with alcohol is a biological condition controlled by your liver and brain chemistry. This is inherited. This is what the research clearly shows about alcoholism and how it works.

For you alcohol is a toxin in the frequency and quantity that you consume it. It interacts uniquely with your liver and brain chemistry. (Mention family members who were addicts.) Alcoholism runs in your family, so you have a high probability right off the bat of being susceptible. Your alcoholism is getting worse because it is a chronic condition. This is the natural course of the illness. You are only using denial now to convince yourself and others that you aren't that bad yet. You are comparing yourself out of the definition.

“I'm not going to be locked up in one of those places.”

Treatment programs have all types of people admitted to them. From airline pilots to nuns. Anyone could be in a treatment program. Treatment is not being locked-up. In fact, it is probably more closely aligned with being in a college dorm going to classes and education. Treatment, as well, is not a psychological process -- it's an educational one to learn how to stay stopped and manage the disease. Alcoholics are not considered psychiatric patients. Also, you are not going to lose your dignity. Yes, you will probably have to stay in treatment

(omit if not applicable), but this decision is a matter of wanting something different for yourself and your life. That includes us. You will participate in an addiction treatment program that views alcoholism as a primary health problem with the goal of helping patients begin recovery properly.

“I’m not going to be put in with a bunch of drunks.”

When you are admitted, it is very unlikely that you will see a drunk person. Like yourself, they are entering treatment with a high tolerance to alcohol, so a toxic patient will not appear drunk. You are not drunk right now, and patients will be just like you - wanting to learn how to do this right. (Don’t conduct interventions with a drunk or overtly toxic drug addict.) You are more similar to other alcoholics than you are different. By the way, hospitals for the most part, only admit patients who have the ability to pay for treatment. That means you are with other patients who have jobs and who are just as concerned about their dignity and confidentiality.

“I am not out of control with my drinking. “

You are not able to CONSISTENTLY predict when you will drink next; how much you will consume, or what will happen when you drink. This is the definition of LOSS OF CONTROL. Sure, you can control your use sometimes. Almost every person with alcoholism can. You are controlling it right this second. You aren't drinking. Your definition of control is the wrong one. You make promises to yourself and others about your drinking and drug use that you cannot keep, and that we cannot expect you to keep. In fact, it is not even fair to ask for such commitments. It is inappropriate and ignorant for us to elicit promises from you to control or modify your drinking pattern. Your loss of control dictates a continuing future of problems. How bad they will be is not known.

“I can hold my liquor better than most people; so what if I over-do it every once in a while?”

Holding your liquor, or being able to consume a lot without "feeling it" is part of the criteria for alcoholism. You are talking about "tolerance." Your body’s ability to acquire tolerance to alcohol is symptomatic of the illness. Learning about alcoholism and learning how to remain abstinent through proper treatment is what needs to occur in order for you to arrest the illness. Relapse is the problem with alcoholics since many can cease consumption briefly -- a minute, a day, a week, or even a month or longer. Restarting is the problem. Arresting the illness after the next drink may never come, or it could take years. Treatment is the best means of making permanent abstinence more likely -- one day at a time of course.

Your tolerance is not a demonstration of your resistance to the disease. Tolerance is a metabolic and biological reality for the alcoholic. High tolerance is mistaken by many people to be a social benefit. These people are sitting ducks. Again, you are not to blame for drinking or drug problem -- you are only responsible for treating it or accepting the consequences for failure to do so.

“I can stop drinking or using anytime I want to. “

That is not what we are talking about here. Staying stopped is what we are talking about. Your long-term sobriety is not possible without understanding how to do it. Your early history of being able to control your drinking without any problems is normal for most alcoholics. This convinces you that you can control it now even though many problems exist. Ten or twenty years can go by where you meet the criteria for the diagnosis, but still don't have job problems, family problems, or relationship problems. That time has passed. Sure, you might feel anxious to stop because we are confronting you. You've had times like this before; times where you really knew you "could do it." It didn't work because you didn't receive treatment. You need and deserve information about the illness, how it works, and about treating it properly

to prevent relapse. Everything else you have tried has been useless toward the goal of arresting your illness. People with fatal medical problems need treatment. That's your situation. Most alcoholics think they have control over their drinking. This is part of denial. It's normal.

“Drinking is NOT the problem. I have a lot of other things going on that create stress.”

Your other problems do not cause your alcoholism. They are the result of alcoholism or make the alcoholism worse, but they are apart from it. Stress is the most common explanation for heavy drinking given by both alcoholics and their family members when they try to explain their drinking. Accepting such explanations is simply enabling. That is why people seldom confront alcoholics, excuse them for the drinking problems, and try to control their behavior. We did this with you. You may feel like drinking in response to your problems, but that is because you are alcoholic -- it works. Your body has the proper response. Non-alcoholics don't think about drinking in response to their problems and stresses because it doesn't work. It's a non-issue. They don't have a liver and brain chemistry that would make it work. No personal or psychological problems explain your drinking, only your biologic response to ethanol. Your alcoholism is a primary health care problem.

So what is "treatment". What are they going to do to me?

Treatment programs are based on the most recent knowledge and research about the nature of the illness. The nature of the illness has only been clearly understood for a decade. It is biologic and genetically determined. Treatment is designed to help you see how your body has interacted with alcohol, and how the disease has manifested itself. Most importantly, treatment shows you everything you need to know to remain abstinent. This is done by providing you with education, helping you see what you are learning in your own experience; helping you understand how to manage your illness so you don't return to drinking; and, helping you understand how to avoid relapse by preventing a return to previous ways of thinking or behaving that jeopardize sobriety. It is important to realize that alcoholics learn to use alcohol predictably to change undesirable feeling states. It works. This is learned over a period of years, and stress is a trigger for use. This is not psychological. This is a biological response. Learning how to avoid this “triggered drinking” is also learned in treatment. Learning to work with a successful self-help program is taught because recovery is based upon getting away from your last drink and practicing new ways of managing your life. Depression and emotional problems result from the physical disease of alcoholism. Many of these clear up after a period of total abstinence.

“I'm not an alcoholic because _____).”

Your definition of alcoholism is one of convenience. You have made sure that it does not include yourself. You will change your definition if, or when, your symptoms match your current definition. You compare yourself out of the definition of alcoholism by finding a definition that doesn't match your situation. You look for the symptoms of the illness you don't have as a way of explaining to others and yourself why things aren't that bad, or why you couldn't possibly have the illness.

“I can handle it. I may drink a lot, but am hardly ever drunk.”

Only those who can't handle it talk about how they can handle it. "Handling it" doesn't mean you're fine. You've been handling it up until now by blaming drinking related problems on other people, places, and things. You've minimized the seriousness of the problems. You have rationalized your over-drinking to avoid awareness of your problem. If you could “handle it” we would not be here talking to you. Your ability to minimize your drinking problem is what makes you think you are capable of control. It is an illusion.

“Okay, but I would like to do this on my own. Let me try that first. I’ll just stop.”

This is not simply a matter of not consuming alcohol. Alcoholism has caused a lot of damage to you and us -- physically, emotional, and spiritually. The intimacy in our lives is damaged. So, just trying to do it on your own and stop is not a fix. It doesn't make sense from a medical/disease standpoint. Treatment is designed to help you begin recovery and abstinence. You have made promises to yourself (and others) to cut back or quit in the past. These promises can't be kept. Even if you could keep such promises, things in our relationship would not just “bounce back” to normal. Also, there are short term and long term withdrawal symptoms that do not make this likely. Relapse or a return to drinking is certain if you don't understand how to treat the illness. You may think this is a will power issue. There is no such thing as will power. There is only a feeling of urgency that gives you temporary control. Sure, you have that now. But it is not a tool for staying sober. It is ridiculous for you to make such promises or for us to make you promise things you can't live up to. Your drinking pattern is symptomatic of the illness. You can't ask a tuberculosis patient to stop coughing. And we can't ask, and should not ask that you stop drinking on your own because you have the illness. Instead, we are insisting that you get treatment. That is what we want you to take responsibility for doing -- getting treatment, not feeling blame for the alcoholism.

“I know I can stop if I really want to.”

Your motivation for stopping your drinking increases any time you feel under pressure by others or events. The more tragic the event, the more certain you feel that you'll be able to stop on your own. All alcoholics/addicts have this experience. This is very normal. You want to believe it is just a will power issue. This gives you hope to continue drinking. You may believe that your motivation is greater when you are in crisis or have been seriously confronted. This is the biggest myth of all -- that you can somehow control or stop for good if the need is great enough. If it was a will power issue, you could simply slow down or quit easily. This hasn't happened. Social drinkers don't use will power to control alcohol use. It is a non-issue for them. Alcohol does not do anything for them because their brain and liver chemistry do not interact with alcohol in the same way.

“Things are not as bad as you are making them sound. You are blowing things out of proportion.”

They are that bad. Understand that you have minimized your alcoholism and the consequences. We have gone along with this because we were in denial ourselves. We were as ignorant as you about this illness, which is why we did not know what to do or say. In fact, we said and did the wrong things for the right reasons making the situation worse. In part, you've gotten worse because we have unwittingly enabled you. Individually, we have been unable to convince you there is a problem. Talking with you about your drinking is crazy. Talking with you about treatment is the right thing to do. We have talked or complained about the drinking, where instead, we should have been talking about treatment. The drinking pattern was a symptom of the illness not a sign to cut back or control it. Frequently we backed off to keep the peace in the family/relationship. We know we should have acted differently. You now need to enter treatment for a fatal illness that is getting worse.

“I will simply cut down or cut back. “

Cutting down is not the answer, and it certainly is not treatment. It won't arrest the illness or stop its consequences. Treatment is health care to arrest alcoholism. Again, we are not asking you to cut down on your "coughing." That is not fair because your body wants to drink. And your body will drink when your sense of urgency wears off. If you are concerned

about going to a hospital, let us tell you what happens: When you enter treatment, you don't have to worry about experiencing severe cravings or agitating physical withdrawal symptoms. They will give you medication - short-term - to help your body not feel the withdrawal symptoms so much. Also, they told us that you do not have to stop drinking before you are admitted. In fact, they prefer that you not try to stop drinking before you are admitted. It makes it easier to properly medicate you.

"I am not an alcoholic. I am a 'problem drinker.' The reason -- I can stop anytime I want, and can control it. In fact, my doctor just says I should cut back."

Problem drinker is a term you (and we) have used instead of alcoholism to feel better about the real problem. No one, including us, wanted to admit that you were alcoholic, because we had preconceived notions of what defined an alcoholic. This has done nothing more than make things worse and enabled you to feel different. It's helped you avoid the diagnosis of alcoholism so you could keep drinking. You have accepted this false explanation of being a problem drinker for a long time, but know nothing of the medical definition of acute chronic alcoholism. At the very least it would make sense for you to get a professional evaluation if you thought you were a problem drinker just to be sure, but that has not happened. "Problem drinker" helps you feel better because it gives you an excuse to continuing drinking or try harder to control it. Others accept your willingness to admit a problem, but without insisting on treatment it only makes things worse. You intellectualize to keep yourself from being confronted effectively. Intellectualizing without taking action prevents you from doing what you need to do. Your doctor has made you get sicker by not being direct with you. Your doctor has enabled you to believe that you have some other problem other than alcoholism. If he insisted on treatment you would not have listened. You probably would have found another doctor. Most doctors know this and therefore don't confront their patients or threaten them with terminating the patient relationship. This is a major problem in the medical profession.

You meet the criteria for the diagnosis of acute chronic alcoholism. This is provided by the National Council on Alcoholism and Drug Dependence, which has been endorsed by the American Society on Addiction Medicine (ASAM). (ASAM is closely aligned with the American Medical Association.)

[Author's note: The self-described problem drinker can be a tough patient because he or she has found a convenient imaginary place to land somewhere between alcoholism and social drinking. Self-described problem drinkers therefore can deny they are in denial. This alcoholic simply pursues better control strategies that fail. All alcoholics could be said to be problem drinkers. The term "problem drinker" used any other way is a fictitious term. At the very least it is part of the process called comparing out of the diagnosis. The drinker is not qualified to give him or herself such a label. To do so presumes the alcoholic is an expert on alcoholism with an ability to rule out the diagnosis. Certainly, no problem drinker could be sincere about this conclusion without next going to an addiction medicine physician or treatment professional to get a full evaluation.

Problem drinker, therefore, is an illusion and part of denial. It is a term used by alcoholics and others who feel uncomfortable imagining alcoholism as the real problem. This is called "comparing out of the diagnosis". This statement is often based upon the alcoholic's awareness of the drinking being problematic and others successfully being manipulated to accept and reinforce the "false-diagnosis". This individual may be aided in denial by well-practiced intellectualizing. Some alcoholics may rely upon health or mental health professionals who have treated or mis-diagnosed them for years to reinforce their position. These mental health professionals are obviously powerful enablers with referent authority.

Some alcoholics may have well-practiced, insurmountable verbal skills that convince family members that the alcoholic is beyond hope. These family members must focus on getting healthy first by using Alanon or professional counseling. Some must get help just to decide if they want to intervene.

Some family members may idolize the alcoholic, particularly those who have relied upon an imagined relationship for many years to replace the one they missed. This is particularly true of adult children. I call this the "My alcoholic is special syndrome." Some adult children find themselves after many years in love with the intelligence or other unique qualities of the alcoholic. These are anchors to replace what otherwise would have been an emotional, reciprocal relationship. They exaggerate skills or talents to compensate for the lack of intimacy they have rarely or perhaps never shared. These family members enable by believing their alcoholic requires "special handling" or that he or she is "above the crowd." This attitude reinforces the alcoholic's denial. These family members may feel very guilty about planning an intervention. They feel as though they are "going behind the alcoholics back." This guilt is enhanced to the degree that the alcoholic has engendered loyalty by emotionally threatening family members in some way. Strong leverage will be needed to help such an alcoholic make a decision for treatment. These family members will have to overcome their fear, take-care-of, and protective approach in favor of a tough-love strategy that works.

"My drinking is not the only problem in our marriage (family, etc.). There are other problems that need to be dealt with first. Deal with those and the drinking problem will stop (or I'll get help later.)"

I agree, our family has many problems, and we need to work on them. But no help will be successful as long as your alcoholism is untreated. Your alcoholism is a primary problem and an illness, not the result of our family or marital conflicts. Our marital conflicts are symptoms or separate from the alcoholism. You might drink under stress resulting from our family or marital problems, but this is because it works in your body.

We can't get mental health help until the alcoholism is treated. The alcoholism treatment must come before, or at the same time as help with these other problems. We will participate in the family counseling program to help us with our issues and accept other sources of help recommended by professionals. Again, this is not all "you." We recognize this as a family disease.

"My psychologist (psychiatrist, therapist, etc.) says my problems are depression and stress."

Even though you may be depressed and stressed, your alcoholism is a separate problem and makes those problems worse. Your alcoholism is not a symptom of another condition.

Author's Note: Make sure, if possible, that there are no outside parties, particularly health or mental health professionals that are sabotaging the intervention from afar by holding onto different beliefs about the nature of the alcohol or drug problem. Nothing will sabotage an intervention quicker. They should have already confronted the alcoholic in therapy. If they have not, they have practiced unethically. Most doctors or therapists will support your attempts at intervention because they know they have been less than effective in their relationship with the patient. Many know they have abused the patient financially. For these reasons, they will not want to appear in opposition to you. Get them to agree and support the intervention beforehand. It is possible for a professional to fight you on conducting an intervention, but this

rare. Ultimately, your determination and resolve, along with the information provided to you in this guide will make intervention successful, if not now, soon.

Dan Feerst, MSW, LICSW, CEAP is Assistant Director of the Arlington County Government and Arlington Public Schools Employee Assistance Program, Arlington, VA. Formerly, he was a family and small business intervention consultant for the Arlington Hospital where he established the ASSIST for Families and ASSIST for Small Business Intervention Programs. He is author of THE ONE-MINUTE INTERVENTIONIST, an instructional/audio-cassette guide for small business owners needing to conduct an intervention with an employee.

Mr. Feerst is publisher and author of the WorkExcel.com web site.