20 Minutes: This segment provides an overview of the disease process of addiction. Topics covered include the development of the warning signs of substance abuse, the impact in the personal and professional life of the substance abuser. Included in this discussion is an overview of why the client does not see and accept the adverse consequences of chemical use.

20 Minutes: This segment is geared to describing in general terms, what an intervention is. Topics covered include, who is best to help, how to control process of intervening, proper documentation techniques, and related issues.

20 Minutes: This segment is designed to describe treatment options, appropriate responses if the person intervened upon accepts referral or not. This also allows time for any questions and answers that may arise.
Chemical Dependency - The Feeling Chart

There are three general emotional states used to describe the progression of addiction. They can be charted in a “feeling chart” to show what the chemically dependent person is experiencing inside, while showing the behavior that is exhibited on the outside.

These three states are:

(1) Emotional Euphoria;

This feeling state can range from simply feeling really “good”, to an extreme sense of joy.

(2) Emotional Normal;

This feeling state is where most people are emotionally, most of the time. Doesn’t feel to “good” and doesn’t feel to “bad.” This feeling state is often described as “I feel OK.”

and,

(3) Emotional Pain

This feeling state arises from some form of traumatic experience and can range from a mild sense of discomfort to the extreme of suicide.
FEELING CHART

Euphoria

X {Rude Behavior}
X {Loss of Control}
X {Broken Promises}
X {Blackouts}
X {Family/Work problems}
X {Using to feel normal}

Normal

X {Embarrassed}
X {Confused}
X {Guilt}
X {Fear}
X {Shame}
X {Inadequacy}
X {Loneliness}

Pain
Alcoholism and chemical dependency are diseases (describable by and through its symptoms).

- A) Primary disease. It may co-exist with other significant disorders, such as eating disorders, depression, chronic pain, but as a primary disease, it must be treated. Knowing why a person has diabetes does not treat the illness. Knowing why a person drinks or uses drugs will not treat addiction.

- B) Progressive disease. The disease itself, if untreated, will get progressively worse. There may be brief periods of “control”, often seen as going on the wagon, or substituting differing addictive behaviors, such as using medications instead of alcohol.

- C) Chronic disease. Although chemical dependency cannot be cured, recovery is quite likely with the proper care. There is no such thing as returning to social heroin shooting, and there is no such thing as returning to successful social drinking for an alcoholic.

- D) Fatal disease. While recovery is possible, left untreated, this disease will prove fatal. Death may result from significant medical complications, car crashes, suicide, or accidental overdoses.
SYMPTOMS OF CHEMICAL DEPENDENCY

1) Growing preoccupation

a) Anticipating the next time to drink or use drugs.

b) Increased involvement in activities relating to alcohol and/or other drug use.

c) Heightened awareness of amount used (ie: keeping careful count).

d) Changing doctors to ensure quantity or type of prescribed drugs.

e) Growing need to drink or use drugs during times at home, at work, or emergencies.
SYMPTOMS OF CHEMICAL DEPENDENCY

2) Growing rigidness in lifestyle

a) Set time for drinking or using drugs that is not changed without great fanfare.

b) Limiting or avoiding situations where the use of alcohol or drugs is moderate.

c) Avoids or criticize anyone who expresses concern about the use of alcohol or drugs.

d) Frequently carries a supply of alcohol or drugs that is secreted.

e) Frequently makes promises to quit or control the alcohol or drug use (this promise may be tied to someone else having to do something first).

f) Problems managing money develop, regardless of amount of money available.
SYMPTOMS OF CHEMICAL DEPENDENCY

3) Growing tolerance

   a) "Wooden leg", able to consume greater quantities than others.

   b) Ingenuity about the source of supply while often hiding the amount:

       1) gulping drinks or self appointed bartender making own drinker stronger than others.

       2) using multiple physicians/dentists

       3) using multiple pharmacies

       4) purchasing larger quantities than normally required
SYMPTOMS OF CHEMICAL DEPENDENCY

4) Loss of control

a) Blackouts. Periods of chemically induced amnesia

b) Binge periods of use, often followed by lethargy and great remorse.

c) Exceeding prescribed doses routinely.

d) Repeated harmful consequences in important areas of life:

1) legal
2) social
3) family
4) occupational
5) physical
6) spiritual (ie: an increase in cynicism)
SYMPTOMS OF CHEMICAL DEPENDENCY

5) Growing defensiveness and denial

   a) Vague and evasive answers about:

      1) chemicals used

      2) frequency of use

      3) periods of absence from the home

      4) telephone calls and visitors

   b) Inappropriate affect related to the consequences of chemical use

   c) Repeated attempts to change the topic when alcohol or drug use is brought up
SYMPTOMS OF CHEMICAL DEPENDENCY

6) Medical problems often seen by family

   a) Sinus problems (ie: frequent bloody noses)

   b) High blood pressure

   c) Insomnia and/or extreme periods of sleeping

   d) Sexual dysfunction

   e) Wide mood swings and changes in personality

   f) Violent outbursts

   g) Depression and/or talk of suicide
SYMPTOMS OF CHEMICAL DEPENDENCY

h) Chronic Pain leading to:

1) Use someone else’s prescription medications

2) Use of medications in amounts more than prescribed

3) Use of medications for pain that hasn’t started yet

4) More than 1 doctor prescribing medications (may include dentists)

5) Overstating pain symptoms to get desired medications.
Chemical Dependence in the workplace has been described as the 10 Billion dollar hangover. This staggering cost is felt in all areas of productivity. The longer a person’s use of alcohol or drugs continues, the more difficult it becomes to assist them, and the more expensive it becomes for family, friends and employers.
ALCOHOL AND DRUG USE ARE VERY COMMON FORMS OF SOCIALIZING, NETWORKING, AND STRESS REDUCTION. APPROXIMATELY 10% OF INDIVIDUALS WHO DRINK OR USE DRUGS WILL DEVELOP THE DISEASE KNOW AS ADDICTION. OFTEN THE DRINKER OR DRUG USER WILL BE A “HIGH ENERGY” PERFORMER. THE INDIVIDUAL’S CAPACITY FOR HARD WORK AND HARD PLAY SEEM AMAZING.

IT IS NOT UNCOMMON AT THIS POINT TO HEAR A DRINKER BOAST OF THE AMOUNT HE OR SHE CAN HOLD, OR THE FREQUENCY IN WHICH DRINKING OCCURS. WHEN A PROBLEM IS DEVELOPING, YOU ARE LIKELY TO SEE CHANGES IN THE FOLLOWING AREAS:
Dollars & Sense

The Hidden Cost of Addition

<table>
<thead>
<tr>
<th>General Behaviors</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over-reacts to advice</td>
<td>Returns late from lunch</td>
</tr>
<tr>
<td>Co-workers complain/comment</td>
<td>Leaves work early</td>
</tr>
<tr>
<td>Frequent Medical complaints ie: colds, flu, etc.</td>
<td>Occasional unexplained absences</td>
</tr>
</tbody>
</table>
Dollars & Sense

The Hidden Cost of Addition

Middle Phases

At this point in the chemical use, the changes you are likely to observe become more apparent. The chemical user will show wide mood swings. Frequent complaints of stress are often given as a cause for irritability. Although still capable of exceptional performance at times, the overall efficiency of the individual is about 70%.

Middle to Late Phases Continued

The overall efficiency of the individual drops to no more than 50%
## Dollars & Sense

### The Hidden Cost of Addition

<table>
<thead>
<tr>
<th>General Behavior</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandiose or belligerent</td>
<td>Increased tardiness</td>
</tr>
<tr>
<td>◦ Personal financial problems</td>
<td>* Failure to return from lunch</td>
</tr>
<tr>
<td>◦ Domestic problems</td>
<td>* Increased medical leave</td>
</tr>
<tr>
<td>◦ Legal Problems (DUI)</td>
<td>* Relies on others to cover</td>
</tr>
</tbody>
</table>

Other areas of concern may begin to appear:

- Trust account irregularities
- Missed deadlines and appearances
- Client complaints concerning lack of preparation
Dollars & Sense

The Hidden Cost of Addition

Late Phase

At this point a firm has few options remaining with a member. If the member is close to retirement, a common reaction is to “carry” the member. This is done by quietly moving the individual into responsibilities that lessen exposure for client contact or malpractice liability. Younger member are generally terminated.
## Dollars & Sense

### The Hidden Cost of Addition

<table>
<thead>
<tr>
<th>General Behavior</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Virtually unreliable</td>
<td>* Missed appointments</td>
</tr>
<tr>
<td>* Pronounced physical decline</td>
<td>* Unexplained absences</td>
</tr>
<tr>
<td>* Recurrent personal &amp; legal present, problems interfering with work</td>
<td>* Even when physically not able to contribute</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>* Excessive use of breath mints</td>
<td></td>
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<tr>
<td>to cover the smell of alcohol</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>* High stress and irritability</td>
<td></td>
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