

An Avoidable Death

By Jeff Jay and Debra Jay

It wasn't too long ago that you saw him on television and read about him in the newspapers, as he spoke for his famous client. He relished the spotlight, the notoriety, and the money; and he seemed to be at the top of his career. Mike, a pugnacious lawyer, was short in stature but larger than life in his halcyon days. Recently, he committed suicide.

Mike had seemingly wrestled with his demons and won; but he'd done so on his own terms, without professional help, so his victory was short-lived. True, he'd given up drinking; but the co-occurring depression was never addressed. As the media spotlight moved on in search of fresh news, a darkness came over Mike, and he couldn't escape. He sometimes boasted of his "victory" over alcoholism, but he buried the depression in a fog of silence and obfuscation. Ever the debater, he jostled with friends and colleagues who wanted to help, fending them off one at a time.

Depression loves darkness and secrecy. It creates confusion and defends itself with an ever-changing mixture of anger, withdrawal, and deception, along with the more easily recognizable sadness, sloth, and distraction. Mike didn't deny his depression in the classic sense; but he displaced it onto other issues—like business problems and the breakup of his marriage. He sold this shell game convincingly to others.

External problems can and do cause depression, and this species of the beast is referred to clinically as exogenous depression (no surprise to Latin students). But Mike wasn't just beset by externals. He hadn't received professional treatment for his alcoholism, which would have included extensive testing and treatment for mental health issues; and so the endogenous depression—that which was caused by a chemical im-

balance—was never addressed. Thus, one victory imperfectly won led to a disaster down the road and an irreversible defeat.

There is an old saying, "The road to Hell is paved with good intentions." This is often true of the friends and family of people suffering from mental health problems and other issues. Our misplaced sense of loyalty urges us to keep the situation under wraps, to deal with it privately and to eschew professionals until the bitter end. This natural tendency is magnified in the legal community, where confidentiality is assured. But when it comes to addiction and mental health issues, a strategy that emphasizes hushed, one-to-one discussion is almost always unsuccessful. Indeed, this strategy plays into the wily beast's natural need for darkness. Think of depression as a psychological form of graft: it dies most easily in the light.

The most effective strategy for dealing with addiction, mental health, financial, and medical issues is to get the problem out into the open. We cannot wait for the person who is suffering to perform the most difficult part of the task. Of all the people involved (and we're all involved when someone we know is suffering), the sick person is least likely to take appropriate action to confront the problem. Why? Because the sickness thrives on secrecy.

Normally, a person can count on the frontal cortex to perform its executive func-

tion efficiently. It accesses memory, evaluates experience, and makes decisions. Evolution has allowed it to overrule the amygdala and make a superior judgment in a crisis. But when it comes to addiction, mental health, and ancillary issues, the frontal cortex is compromised. Instead of making judgments, it makes rationalizations; instead of seeking outside help, it turns inward. Thus, the mind's power turns against itself and works in league with the illness to create a shroud of deception.

Intervention is a method by which families, friends, and colleagues can lift this veil and help restore the person to health. It is a specific method for bringing the individual to a moment of clarity, where he or she can see the problem in its right form and accept appropriate treatment. It can be used to address many critical issues beyond chemical dependency:

- Compulsive gambling
- Competency issues related to aging
- Sex addiction
- Eating disorders
- Mental health problems

There are several keys to an effective intervention, beginning with planning and preparation. While a large gathering may not be necessary, it's important that a core group of influential people come together

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to discuss the problem, before approaching the individual who's suffering. Different members of this group will have different pieces of information, and it's important to get everything on the table. Once the problem is fully understood, a strategy can be built. Even a group as small as two or three people can have a tremendous effect.

One of our primary goals in doing an intervention is to preserve the person's dignity. We are not preparing for a confrontation in the normal sense. Rather, we want to use the power of love, respect, and concern in the group in a very specific way to break through denial and bring about a specific action. The planning and preparation process typically takes many hours and is properly facilitated by a professional. But the intervention itself is usually completed in less than an hour or two, resulting in a specific action, such as a program of treatment.

Another key to a successful intervention is structure. The event itself should be scripted. Participants write what they want to say in the form of letters. In our book, *Love First*,¹ we lay out a seven-point process for writing an intervention letter. Needless to say, a letter from a senior partner will be different from that of a spouse; but the seven points are easily adapted to different relationships and different problems.

Depending on the nature of the problem, interventions can also impart consequences. Called "bottom lines," each member of the intervention team decides how he or she will no longer enable the problem. If the person being intervened upon refuses help, each team member respectfully shares his or her bottom line. Once the enabling system is dismantled, the person being intervened upon knows it will be increasingly difficult to function. At this point, many change their minds and accept help. In our experience, bottom lines are used in a small minority of cases, but it doesn't hurt to have a stick at hand, even when talking softly.

Attorneys are more fortunate than most people facing issues of impairment, in that the various bar associations around the country have assistance programs that will help facilitate an intervention from start to finish. Partners, firms, and colleagues don't have to guess what to do next (brilliant minds being

prone to analysis paralysis when it comes to personal dilemmas). Instead, they can reach out confidentially to the Lawyers and Judges Assistance Program for guidance, or contact a professional interventionist.

Today, many of our friends, family members, and colleagues are facing serious problems, adeptly keeping us at bay. Most will never take the first step toward recovery on their own, so it is up to us. Effective results require education and preparation before action:

- **Intervention**—Lawyers and Judges Assistance Program, (800) 996-5522 (in Michigan) or <http://www.abanet.org/legalservices/colap/> (nationally); Jeff and Debra Jay & Assoc., Inc., (888) 220-4400.
- **On the web**—<http://lovefirst.net/>; information about intervention and treatment, including many publications and online resources.
- **Treatment**—Brighton Hospital (877) 976-2371 or Hazelden (800) 257-7810; both offer programs for impaired professionals and dual-diagnosis.
- **Books**—*Love First*;² *At Wit's End: What You Need to Know When a Loved One is Suffering from Addiction and Mental Illness*.³

Seventy-seven percent of people in treatment report that a friend or family member intervened. Properly done, 85 percent of interventions successfully motivate individuals to accept help immediately. Of the 15 percent who refuse, most will accept help in the weeks to come. Because we are the ones who can see the problem, it is our responsibility to bring a moment of enlightenment to a troubled colleague, relative, or friend. ■

Jeff and Debra Jay are bestselling authors, acclaimed speakers, and professional interventionists. Learn more about their work at <http://lovefirst.net/>.

FOOTNOTES

1. Jay & Jay, *Love First*, 2d ed (Hazelden, 2008).
2. *Id.*
3. Jay & Boriskin, Ph.D., *At Wit's End: What You Need to Know When a Loved One is Suffering from Addiction and Mental Illness* (Hazelden, 2007).

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