—"If I do this, will he divorce me?"
—"He probably will never speak to me again."
—"Who am I to tell him how he should drink?"
—"I don't think I should butt into his personal affairs."

Most interveners are able to work through much of this immobilizing fear by recognizing and then accepting the fact that they are dealing with a progressive condition which, if they do nothing, will lead inevitably to the alcoholic's premature death. They, therefore, are able to see their choices as:

1. Risking a deteriorating relationship by intervening, or
2. Doing nothing and watching the alcoholic continue to die slowly.

For most concerned persons the knowledge they receive from the chaplain and the support they gain from the other group members is enough to stabilize them emotionally. This, in turn, allows them to be able to present themselves and their data about the addiction to the alcoholic at a deep level of concern. If, however, a group member continues to be overly fearful or judgmental, then the chaplain should have serious reservations regarding this person's effectiveness as an intervenor, and move to exclude that person from the group!

2. The second goal of the chaplain, after the evaluation, is to prepare these people specifically for the intervention scene. To do this, the chaplain needs to make certain that the group has a thorough understanding of the intervention process and the role that they play in that process. Specifically, the chaplain should prepare this group to be able to:

A. Equip themselves with written lists of specific incidents or conditions (of which they have been first hand observers preferably) which legitimatize their concern for the severity of the situation. The chaplain is to emphasize that generalizations are not useful—example:

   "You have to stop drinking" or "The drinking is getting worse" or "You're gone almost all the time," and the like.

   Rather, they should be equipped to say that, "Last Thursday night at 8:00 you came in slurring your words and knocked over and broke the lamp on our livingroom table. Perhaps you do not remember that because you were obviously under the influence." Not only are the incidents to be specific, but they are to be explicitly presented. That is, they describe his condition at the time.

B. These data are to represent the legitimacy of the concern which is being expressed and each presentation could typically begin with the phrase, "Another reason I have been concerned is that last Saturday night . . ."