



A Q&A with Amy Prouty

How did you come to understand and have compassion for families struggling with addiction?

I was a kid in a family struggling with addiction. I grew up with an alcoholic dad and an impressively codependent mom. My healing began when my dad went to treatment and we attended the family program offered by the treatment center.

I distinctly remember the first two clinicians who presented educational material to those of us attending family week. The first woman looked so fresh-faced, so kind. She wore a lovely, Icelandic looking sweater in shades of light blue and green. She sat on a tall stool and explained her personal experience with codependency, how painful, powerless, and miserable it is when one's wellbeing is completely dependent on another's behavior and reactions. She described and normalized this landscape that I had been navigating forever. I remember not being able to keep the tears eyes from welling — and I was a tough cookie! The protective defenses I brought to family week were contempt, pessimism, and anger. Here was this kind soul gently breaking through the walls that had been constructed over the course of my life. I remember precisely where she was sitting in the lecture room.

The next lecture I recall was on family systems and the roles frequently adopted by members of an addicted family (and we begin with the premise that addiction is a family disease). I learned that maladaptive, coping patterns are erected in order to provide all family members with a sense of control or safety. The addicted family is like a single-celled organism, and the addict or addiction can become the nucleus or control center around which all other family members operate. Our family was a textbook case. I got a glimmer of an idea on that day: Rather than one cell and one nucleus for our family, we needed to become a multi-celled organism, each cell with its own control center and with its own functions and skills. We could work together to achieve a common goal — rather than as one cell, one control center, with the only goal being to survive.

What is your personal approach to a family suffering in this way?

I am passionate about giving voice to all family members. I start with letting family members know that they are allowed to have difficult feelings, differing opinions, and a great deal of confusion and ambivalence at times; that they are allowed to have needs and that those needs can be articulated clearly and directly; that boundaries or limitations are necessary and acceptable, and that desiring and actively pushing for change is reasonable.

Relationships are contracts that can be evaluated, and roles can be revised to suit the needs of the individual members and the whole. This is healthy, honest, and necessary for personal and collective growth. I am not afraid to guide a family into new territories in their communication and belief systems. I will do all I can to work with them, to figuratively hold their hands and walk with them as they navigate these new ideas that seem so foreign and counter to their previous understanding and ways of being.



In some ways it's like exposure therapy: Let's say someone is afraid of driving over bridges, and this aversion is having great impact on their ability to function effectively. You have to dissect the fear, and this starts with taking a look at the thinking that goes on: What could happen? What is happening? What's the result of that happening? What else might happen? What are the physical sensations in my body? You work with that person to envision a life with a lesser degree of fear, picturing in their mind preparing to and then crossing the bridge. You may do physical prep with the person, take steps toward the bridge, on the bridge, eventually over the bridge.

That's what it's like working with a family, and the "bridge" you eventually hope to cross with the entire family is individual awareness, identification and articulation of feelings and needs and limitations. Next is acceptance that, regardless of the reaction of other family members, these feelings, needs, and limitations can remain in place and individuals can flourish. The healthier the cells, the healthier the organism. It is in identifying desires, values, reactions, limitations, and feelings that a person discovers the self.

You are an expert in spotting enabling behaviors in parents. What are some of those behaviors?

Some examples are paying bills, tolerating underemployment, not empowering kids to get out of their comfort zone, allowing a young person's fear of new situations to keep them limited. Another one is rescuing: "Oh, honey, school is hard for you, and you don't like it. You want to be homeschooled online. OK." Suddenly this kid's world just got smaller.

It is important to evaluate the costs and benefits of these decisions:

The "benefits": *If I do the online thing, I don't have to fight to get him to school, he will not be bullied by so-and-so, and he can focus his study on things he's interested in.*

The costs: *I will now have to fight to get him to do his schoolwork online and that's harder to monitor. He no longer will be around kids his age. There likely will be fewer adults in his life. Extracurricular activities may lessen. And I have just shown him a way around rather than provided him with the tools and resources to get through.*

A vitally important time for a young person to develop many necessary skills is during late high school and college. That's when so many of them get into trouble and miss the opportunity to grow and mature. Moms and dads want to rush in and solve and fix because this transition from kid to adult, from caretaker to the parent of a young adult, is new, emotional, and confusing.



In the moment it usually is easier and more effective to fix, do, direct, and solve. *In the moment.* The consequence of years of fixing, doing, solving, controlling, is an adult adolescent who is ashamed and confused that he doesn't know how to live as a mature adult, and afraid and embarrassed to ask questions. So rather than asking questions, he may display this fear through anger or isolation. Shouldn't he have learned these basic life skills by now? Not if someone is doing them for him. I assure you, I never would have learned to iron a shirt if someone had been willing to do it for me.

Why do parents enable?

Because they love their children. They want to relieve the suffering of their child. Enabling is a way of averting crisis right now, but it always lays the foundation for an even greater crisis to come.

What are some behaviors of addiction in young people that parents sometimes overlook?

One is change in communication with parents. A child who was once relatively open and engaged may become secretive, defensive, sullen, and isolated. Others are truancy; declining grades; changes in appearance (decreased interest in grooming or significant weight gain or loss; increased mood swings); changes in sleep habits; changes in friends; loss of interest in hobbies; isolation; depression; missing prescription medications from around the home; missing money or valuables; a marked increase in the desire for privacy (making grand efforts to keep adults out of room and belongings), and concerning postings on Facebook and other social media sites.

Diverting focus from the question at hand through distraction or with anger is common as well. Here's an example:

"Michael, you have been spending what appears to be more time alone in your room lately, sleeping and lying around in bed, and you haven't had your friends Andrew and Todd over to visit in some time. Is everything OK between you guys? Are you feeling unusually tired or depressed?"

"Jeez Mom, get off my back. I hate it when you are so nosy. Why are you asking me these questions? Do you think I am on drugs or something? Why don't you just come out and ask? Want me to pee in a cup? If anyone around here has a drug problem it's you. You and Dad drink wine almost every day. I am in bed because there's nothing to do. It's so boring around here. I can't wait to move out on my own. I can't believe you don't trust me. That really makes me mad."



During the course of therapy, a family is asked to “Let go and let God”? What do you think that means?

As I see it, it means to realize your limitations and your power over someone else’s addiction or codependency. Know your own power and opportunities to get well, regardless of the addict’s behavior. Let go of the results. Take right action and know there’s nothing more you can do.

You’ve worked with young people who are court-ordered into treatment. Is there any difference between these kids and others?

When kids are court-ordered they can be in some ways easier to deal with because there’s legal leverage. When parents want to retain expensive legal counsel in order to get charges dropped against their child, I always offer a word of caution. If your child is guilty, slow down. Sometimes legal consequences are remarkably effective and a prime opportunity for learning. Addicted people are frequently very entitled. Rules just don’t apply to them. Many have led a life of skirting around rules through the enabling behaviors of those around them. A real legal consequence can be an awakening for kids and parents. A child can be charged with a crime, endure the consequences, and survive — often thrive. A parent needs to look at whose burden are they trying to lessen when they rescue — is it their own or that of their child?

What is the most effective early intervention or education strategy available to parents?

Read books on addiction, specifically ones written to guide parents. Read about the brain science of addiction in order to understand that recovery is not a matter of will power or reasoning with an addict. Go to Al-Anon. Not just once — set a minimum goal of 10 meetings. Try different ones. Attend family week at a treatment center in your area. It is frequently not a requirement to have a patient in the treatment center in order to participate in family week. There is generally a cost involved, but it can be a wise investment!

Clere Consulting uses parent/child contracts as a tool. What do these look like?

It’s common for our agreements to include regular, random, long-term biological testing, aptitude testing, and coaching. The expectation is often for the young person to have legitimate job, volunteer activities, or school, and often structured sober housing. Sometimes we encourage codependency treatment for the parents. We have a significant focus around finances: What’s appropriate support, and what are the expectations to receive this support? I like to build in times for reevaluation. I like all contractual items to be measurable, so that adherence and success are not subjective.



Do you think interventions are useful or successful?

I think nearly any type of well-planned intervention is always useful and successful.

What are some trends in the treatment field that you admire and appreciate?

The working wounded in the field. People who have experienced the destruction and despair of addiction who have come out the other side with a sincere desire to help others find hope and healing. This is a field of hope. Recovery can and does happen. It is the norm if someone really catches fire with recovery that they will not just recover to their previous state before addiction, rather, they will come to life as never before. Addiction is a chronic disease, meaning it’s forever, always lurking, waiting. But recovery can be a forever deal too. I admire and appreciate the principles of Twelve Step recovery: Humility, unity, forgiveness, responsibility.