**Rose McKinney**

**Narrator**

**Amy Sullivan**

**Interviewer**

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Rose McKinney -RM

Amy Sullivan -AS

**RM**: Yes, my name is Rose McKinney and I give Amy permission for this interview.

**AS**: Thank you. Rose, could you start by talking a little bit about what your childhood was like, where you grew up, your education, and your career. What you do today.

**RM**: I am the youngest of three daughters. There is a fair amount of gap in between, which makes things interesting. I have one sister that is seven years older and a sister that is twelve years older. So my parents had me a little bit later in their life. Before 1966 it was kind of a rare thing. My mom was almost forty-one when I was born. Had a great childhood. Growing up my parents owned a business. Prior to that they had moved around a fair amount with my dad’s jobs. Before that he had been in the army. My sisters had transplanted childhoods. My childhood was pretty much all in one place. I grew up in Des Moines, Iowa. Close with my sisters. Close with my parents.

A couple of interesting things about my background. I went to boarding school at age fourteen. I went back out East. I spent my high school years away from home. In some regards, that may have been the sanest thing that could have happened. I was a good kid, but I didn’t take things for granted. I would push my dad’s buttons and we would get into round and round discussions. I think that it was probably a good thing that allowed me to begin to see those ideas and opinions and independence which probably brought us closer when we did get together at holidays and summer were really enjoyable times. They liked to hear about what I was thinking versus the day to day stuff.

I went to college. I originally thought that I would like to be a broadcast journalist. I thought I wanted to be the next Jane Polly on the Today Show. Interview interesting people. Hear their stories. I quickly learned that the route to become that was not something I was interested in. I didn’t want to—by who, what, when, and where. The kind of life of a reporter. I found that I was really interested in telling deeper stories. I wanted to know why organizations weren’t talking about all these other things. They said, “Oh you need to be in public relations.” I had no idea what that was. I took a PR class and the very first day of class we talked about the definition and building mutually beneficial relationships and helping organizations create understanding. And that’s it! That’s pretty much what I focused on in college and started my career in public relations. Met my husband while I was still in college and we got engaged and got married right after I graduated.

That takes me into my motherhood piece. I had been working for about nine months and I got pregnant. In 1988, ‘89, there was not job sharing. There was not flexible hours. We didn’t have email!

**AS**: You couldn’t really work from home.

**RM**: There really weren’t any of these things. I remember going to my boss and saying, “You know, I’m not sure that I can come back full time after this baby comes.” They said, “Well, put together some sort of proposal.” “What do you think?” And my daughter ended up being born three weeks early and I never got my proposal put together. They started calling me and saying, “Hey do you think you could at least finish the newsletter project? Do you think you could work on the publicity for this client?” I was able to freelance and be a mom. It was pretty incredible. Baby one: ‘89. I was freelancing a little bit part time. Mothering, young mother at age 23. Three years later baby two came along in 1992.

At that point I was still doing some freelance work and a lot more volunteering like in a Montessori school and these kinds of things. I had an opportunity through a freelance project to go back to work full time in 1996. I did. I loved that opportunity. Working full time. We were lucky to have some nannies that worked out really well for our family. And then we got pregnant with baby number three. And we said, “Oh my gosh. I loved my job. Let’s just see what happens with trying it this way.” So I had been the stay at home mom with the freelancing and I had been the full time mom and it worked out really well with baby number three to continue working full time and not freelance. That was in 2000. That’s kind of the motherhood journey.

**AS**: As your kids got older, can you talk about your son, was he the middle child? Can you talk about what he was like? What your other kids were like? How you navigated the difficulties? Were there any?

**RM**: Great relationship. In fact, because of the three year difference between Julia and Ryan, Ryan and I were really close. She was in Montessori school. In the mornings, drop her off for a couple of hours and then Ryan and I had a lot of one on one time together. Which was really special. I think to this day we have a close relationship. We enjoy spending time together one on one. I credit it back to those early years. We would have those mornings together. Then, pick Julie up from preschool, go home, have lunch, naps. I would work on projects. Life was pretty good.

Ryan always had a good sense of humor. He was always a very mature kid. He would hang out with his older sister and her friends. He was kind of the tag along in the neighborhood. He was the youngest in the group of six or seven kids that all hung out together. The interesting thing with Ryan is he was always so good natured and happy and everything. Every once in awhile if he would get out of sorts or fussy or irritable, backtalking, what not. I would get frustrated and send him to his room or something like that. The interesting thing is that generally within a matter of minutes he would be asleep. Or he would be getting sick.

I came to recognize when he was out of sorts he was either exhausted and needed a nap, or was, you know, an ear infection was coming on or a cold. The getting sick would maybe show up the next day or something. It was intersesting because at the time you don’t realize it. This kid is being crazy, or separation. Then you would go, “Oh, now I get it.”

Like anything you would recognize, “Oh, I need to pay more attention. Just because he isn’t taking naps anymore regularily I need to see if he is tired.” And say, “Don’t react to the behavior.” So fast forward, I wish that had been in my mind. Hindsight. I can say, “Oh, we missed some things. But they were there.”

**AS**: Can you give any examples?

**RM**: I think when he would, he got into high school we started to notice he was struggling around junior year. Didn’t want to participate in a lot of family things. Back talking, argumentative, keeping to himself, breaking the rules. Not anything bad. Just little stuff. Didn’t seem interested in anything. He has always been such a smart kid that school was always kind of boring. We got concerned about that and went to the doctor to rule out if it was depression or who knows what was going on. Even at that point my husband and I said, “Do you think he could be using drugs?” We didn’t have any real, hard reason to believe it. But we weren’t naive enough to think that his behavior and his mood couldn’t be related to that. That is one example of the differences in how he is behaving. He is not the same person right now. What else could be going on in his life? He will tell us now that he didn’t feel like he fit in. And yet, he had tons of friends.

He would say he didn’t feel comfortable in all these social situations and yet he was always mister center of attention. I think there are a lot of times where your perception of yourself is not necessarily what other people are seeing and experiencing. My thought now is when there is this big gap between what one person perceives and what the self perceives, you need to stop and figure out why and what.

So, we noticed it. We tried to stop it. Couldn’t get at anything. At that point he couldn’t articulate what was going on. No. There is nothing. You couldn’t even have the deep conversation to get at it!

**AS**: Did you bring him to a doctor around that time? Or did you just go yourselves?

**RM**: We took him to a doctor. That was actually very disappointing. My husband took him. They had been very close throughout childhood. You know, Boundary Water trips, coaching sports, watching movies. Just really lots of good, active father son time. It was my husband that actually identified it. Said, “I think something is off.” I was a little more like, “Yeah, you know, teenager.”

They went and that ended up being somewhat dissapointing because the doctor ruled out anything physical. “Maybe some family counciling would help. It’s tough being a kid these days.” My husband asked the doctor, “Did you do a drug test?” and the doctor said, “I don’t think that’s what’s going on. I just think its really tough being a kid these days. He’s a good kid. Just some counseling.” I don’t know if anything would have shown up at that point or not, but I am apalled that as long as they were doing blood and urine tests anyway that they wouldn’t at least check. And again, it might have come and said no, there is nothing in the system.

**AS**: But if you don’t check, you don’t know.

**RM**: Exactly. That was one of the first frustrating things. From there we did go to see a counselor. Both independently and together. The counselor would talk to us and say, “Yeah, it sure sounds like maybe that’s what’s going on.” And then he would talk to our son and he couldn’t get anything concrete. So, there are these two different things going on. I believe the counselor knew there was drug use, but because my son wouldn’t come right out and say it, or he always had some kind of excuse, he could snow ball or tip toe around. We had group sessions and it just didn’t work.

When we started finding marijuana and that kind of stuff then it would just get into the arguments over, “Well it’s good for you, or everybody does it, or get off my back, or it should be legal.” Again, it just went round and round and round. We did find evidence senior year of high school that it was more than pot. We kept saying, “This just doesn’t seem like it could only be pot.” You know? Yet we didn’t—

**AS**: What was the evidence?

**RM**: We found strips of aluminum foil with burn marks in the car. Took it to the police who said, “Yeah, it’s likely heroin. Could be meth or something. Likely heroin.”

**AS**: This is his senior year?

**RM**: This is his senior year at this point. And yeah, ask him about it. “I’ve never seen it. I don’t know what that is.” And we said, “You know what, you are responsible for other people in your car.” He would just come up with all kinds of wild things. “Well, maybe someone was in my car when I was at class.” [laughs] I mean this is the type of thing. We would get into these logical things that were, you know, if someone was watching us they would be like why? There was just all these circular arguments. You would just get lost in it. So, whether it was him or someone he was with, clearly someone was using heroin.

Fast forward a couple years after that when he was in inpatient treatment. He comes forward in our first family meeting and says, “I want to tell you I’ve been using opiates and heroin.” And we just looked at him and said, “Yeah. We know this.” And he thought it was some big confession and he still made it sounds like it had only been a few months.

**AS**: How long was it?

**RM**: At least a couple of years. If he had been using full time, or regularly, it was there. I thought back to all the times that I had found a roll of tin foil in his backpack or a roll of tin foil in the car. All those things and you are like, “It’s been there.”

**AS**: Right in front of you.

**RM**: Yeah. Right in front. And we knew it. But you can’t—what can you do? I mean you can do plenty. You can talk about it, you can encourage conversation. We went and got smart, we went and got knowledgeable, we found out about it. But when I say, “What can you do?” The cliche that always comes to mind is you can always lead the horse to water but you can’t make it drink. And the adage that you can salt the oats. I feel like that was kind of—

**AS**: That made his life more difficult towards recovery?

**RM**: Yeah. And not even necessarily more difficult, but you can make more encouragement. You can say, “Hey, we can help. College is possible when you go to treatment. We might be able to help you out with the car. We can do things.” Because the drugs have hijacked his brain, even if those offers sounded good he couldn’t give up. It takes a long time for parents to, or anybody that loves somebody that is using, to come to understand that there is really nothing you can say or do that is going to be compelling enough for them to go, “This thing that I survive on, that I enjoy, or that maybe I don’t enjoy it anymore but I survive on it, I can’t give that up.” They can’t see that road forward.

**AS**: What was your relationship with him like at this time?

**RM**: We maintained regular contact. Call, text, have him come over for dinner. We probably did see him at least once a week. Sometimes maybe it was—

**AS**: While he was using?

**RM**: Yeah, while he was using. Most of the time it was pleasant enough. As long as we avoided talking about use. Or talking about going to treatment or something. We would have this back and forth between should we continue to try and talk it through and get him to see what is going on and get some help? Which would usually escalate and not go anywhere. Or, should we just let him know that the family is here and the home is here and that we love him, and that he is welcome, and let him know too that guess what? While he is choosing these other things right now, our life is going on. Guess what, we are going on vacation? Guess what, we are going to a movie. Our life is still going on and you could be part of that.

**AS**: Did you just kind of naturally have that response? Did you get help from other people that were familiar with addiction or teenagers?

**RM**: Some of both. Early on, right at the start of 2011, things had really gotten out of control. I will back up a little of the history. He had graduated in June 2010. He had a scholarship to go to college and then decided not to do that, and he was using. We had a horrible summer of running away, and being out at all hours, and sleeping all day. He was living the addiction lifestyle. We were still figuring out what was—I mean we knew he was using pot. We had found the strips of tin foil. We knew things weren’t right. We were in that sorting out period, and seeing a counselor off and on.

He decided at the end of the summer that he was not going to go to college. Which on the one hand was disappointing because a) he had this scholarship and b) we were excited for him to be out of the house. [laughs] He announces that he is going to go to community college and keep working his job. We are like, “Then the ground rules are,” and that ended up being a horrific semester. We could tell that his… he wasn’t happy. He was always angry. He was always tired.

**AS**: Was he living at home?

**RM**: He was living at home. I would check the mileage on the car. He would say he was going to be one place and not. During this, the counselor we were working with, our son was a tennis player, Ryan did decide that he might go to school that second semester. We jointly decided that it would be good if he stayed in tennis. So, we paid for him to stay in tennis at the health club and continue working with the team. It was a very talented team and in fact was a team that qualified for nationals. Some of these kids played at state and went on and did phenomenal things. He would go to practice, but somehow the miles between home and practice were a lot more than they should be in the car. We know in hindsight he was making his rounds. He would say, “Oh, after practice I’m going to such and such with so and so.” Of course, that wasn’t what he was doing.

We just kept catching him in a lie, catching him in a lie, catching him in a lie. For a while, it was data finding. Like being a detective. Then after a while you keep finding the same things and it still doesn’t make any sense. All you can say is this is addiction. This is bad.

Anyways, at the last minute, he did decide he would go second semester and the school said they would honor his scholarship. A spot on the men’s tennis team was still open. This is when things really—this is the turning point. We took him up on Sunday and said goodbye and that week didn’t hear from him. I texted him a couple of times. I thought, you know, part of it is he needs that space.

**AS**: Was college far away?

**RM**: Up in Duluth. St. Scholastica. Not that far, a couple of hours. I was headed out of town for a business trip and my husband and younger son were going to come with me and spend a weekend. That morning I tried to contact him again. Didn’t hear from him. The whole weekend we were in New York didn’t hear from him. Didn’t hear from him. We both said you know, if something was wrong I’m sure we would have heard.

So, that Sunday when my husband got home, he checked the phone records and there had been no activity on the phone. This is not good. Not good. We could see some calls coming in. That night, at the hotel, I got a phone call from Ryan and—let me back up. When we dropped him off for school that Sunday I’m giving him a hug and I’m saying, “Clean slate,” and he said, “I know mom.” He said, “I won’t fuck up again.” So that Sunday when he called me he said, “Mom, I fucked up again.” And I said, “What happened?”

The way it went down is that that Friday night, he and the college kids had been partying. Drinking and what not. Drinking, marijuana, and some pills and I’m not sure what. He passed out in the snow. This is January in Duluth, subzero temperatures. He was taken by ambulance to the ER and then put into detox. At that point the school was trying to work with him and the coach was trying to work with him. The coach, when we had been talking before, and I had said, “You really need to keep him on a short leash. School and tennis.” We talked a little bit. I didn’t ever tell the coach what had been going on those six months, but I just said it has been a really rough six months and senior year was rough. I said, “You don’t know how much he needs to be on this team and in classes. If he’s got structure maybe he’ll find a path forward.” The coach said, “Yeah, yeah, yeah.” After this had happened the coach said, “I didn’t realize. Now I know what you mean by a short leash.” And again, we couldn’t control it. He couldn’t control it. But, maybe he would have gotten more than a week, I don’t know.

So, fast forward again a couple weeks later. I get a phone call, I get home from teaching. It is about ten o’clock at night. This time it is the Dean of Students: “Mrs. McKinney, don’t worry, Ryan is okay, but I need to inform you that we have just sent him in a taxi to a hotel and we are going to put him up for a week. He has been using drugs in the dormitory. He has been talked to. He has ignored our conversations. Therefore, we are revoking his housing privileges.” He wasn’t kicked out of school because he wasn’t failing his classes. Talk about a rock and a hard space. You can go to school here but you can’t live on campus and eat in the dining hall. Where does he live? What does he do? We’ll put him up for a week in a hotel. Oh my gosh.

Well, he just plummeted. At this point he is using all the time, he is not making friends, well, not those friends. Depression is sinking in. He doesn’t have anywhere to go. We are trying to—is there an apartment, is there someone you can room with? He isn’t a problem solving—at all. He doesn't actually want to solve this problem at all. And then he does. He stays on the sofa at somebody else's place for a while. Then, of course, he gets sick. It is difficult to get transportation to class so then he’s not going to class. By the middle of February, he’s not going to class, he doesn’t have a place to live, he has no income. It’s a disaster.

At that point, this is a long answer to your questions, I had sought out a therapist because this was a lot to deal with. I had had one appointment and was kind of describing what was going on. It was on a Thursday. Saturday my husband and I were going to go up and see my son and sit down and have a face to face with him. Try to figure things out. So, we go up there, we pick up his stuff at his friend’s place, we have that in the car. We go and have lunch. Overall, it was a friendly conversation. One of the things he had been interested in was the military. Even at the end of high school when he wasn’t sure he wanted to go to college, he thought maybe he would go into the air force or do something like that. He went down for his meeting and he admitted that he smoked marijuana. They said, “Okay, you have to wait for thirty days. Don’t smoke for thirty days and you will be fine.” Of course he couldn’t do it. He kept postponing that. Another thing that had come up in high school was he looked into the naval academy. He had started the application process. He did not finish it, but he started the process. He was in the top twenty candidates. He had a high likelihood of getting accepting. This shows how smart he is.

So we are at lunch and we said, you know, you could always reopen your application and try that direction for next year. There is still time. Just trying to get him to think about options. My husband had gone to the bathroom. I said get your laptop and we can pull stuff up and see what we could do. He looks at me and he goes, “Mom, dad’s going to kill me. I don’t have my laptop.” And I said, “What do you mean you don’t have your laptop?” “I sold my laptop.” And then, “I sold my laptop because I had to pay some rent to the people I was staying with.” Well we know it wasn’t for paying rent.

That was the, “Oh my gosh.” At that point we said, “You know what? We are going to get into the car and go home. You are welcome to get into the car with us and head down 35 back to Minneapolis. And that will give you a couple of hours to figure out what you are going to do. Because you know what? You are not bringing this chaos back into the house.” That was crazy talk.

**AS**: Had you offered him treatment along the way at this point?

**RM**: Well, counseling.

**AS**: But not treatment.

**RM**: Right, because at that point we didn’t really know that that was what he needed. We didn’t quite have the handle on what he was using, how he was using, and any of that. At that point then he came back. He lived with some family friends that would benefit from some rent. We paid for him to be able to stay there. We thought close with trusted people but not in the same house where things will turn into these round and round discussions.

We would see him on a regular basis, several days a week, talk to him on the phone. He was still thinking of the military at this point, but the reserves were—work together could never make that appointment. We know why he couldn’t make that appointment. It was just kind of like this pretend effort toward things. Finally, things were getting worse and worse. He was becoming quite depressed. The lies were out of control. Delusional lies. The family that he was living with one day the son called me and he said, “I don’t think he is going to work. He is telling me this thing about how his bike got stolen and all of this.” Then he goes, “I went with him. Things just don’t add up to me.” And I said, “Well let me tell you what has been going on.” He goes, “Yeah I think this is what is going on. This is what I’m observing.”

One particular day Ryan couldn’t get out of bed. The friend called and said, “He hasn’t left the house, he hasn’t gotten up, he’s just…” My husband and I come, and he was in a deep depression. Just feeling terrible and rotten. At that point I just asked him, “Do you think that the drugs are making you feel better, worse, or the same?” And he said, “Well, I don’t think they are making me feel better.” We thought that was a huge insight. We said, “We really think that you need to go into a treatment program.” The counselor at this point finally recommended he should go to counseling and get some psychological testing. They said, “Until you are sober we can’t address the mental if there is in fact mental. So, you need to get sober.”

He wouldn’t go. He wouldn’t go and he was supposed to try and find a place on his own because he didn’t like what we were recommending. That didn’t come up with anything. We found this place out in Montana called the Wilderness Treatment Center. We thought he would really like it because it was for boys fourteen to twenty-four, nice age range. Hiking, backpacking, and he likes—that kind of stuff. He halfheartedly—I wouldn’t say halfheartedly—he agreed to go. He was going to go the next day. We were getting packed and filling everything out and that afternoon he wanted to call his grandpa to say happy birthday and he said he was going to tell his grandpa but he didn’t. That that was what he was going to do. He also wanted to go see his girlfriend. They were kind of on the odds at the time and he wanted to go see one of his best friends from kindergarten to tell him what was going on. He didn’t come home that night. Which we could have—

The next morning he showed up and my husband was there when he came home and he didn’t know where he slept. He said, “It doesn’t look like he slept anywhere. He didn’t sleep at somebody’s house.” We found out later he never did go to the friend’s. Who knows? He came in and he fell asleep on the sofa in our home downstairs. This is late morning. He stayed asleep until ten o’clock at night. Meanwhile, I’m getting his bag packed, finishing all the paperwork, got the plane tickets, they are supposed to leave the next morning. He wakes up at ten o’clock at night and it was the worst night of my life because my husband and I decided that my husband would go to bed since they had to get up early and I would stay up with Ryan and hopefully he would go back to sleep. Of course we ended up staying up for hours talking about, I wrote a blog about this, how did we get here? He says to me, “I just don’t understand how we got here?” [laughs]

**AS**: Your son said this?

**RM**: Because of this, this, this. And he’s like, “I don’t think this is the right thing for me. I don’t think I need this.” At first it’s, “I don’t think this is the right thing. I don’t think I need this.” And then it got ugly. Because of dad. Because of you. Because of this. All this stuff. And I’m not going to go. And I was just adament, “Nope, tomorrow you and dad are getting on a plane. At the end of sixty days we’ll talk.” I tried to put it in the positive: “You know what? You will feel better. You deserve to feel better. All these great things.”

So, the next morning of course, he is refusing to go. And my husband is like, “Get in the car.” We were adament. “You get in the car and you go.” The frist leg of the flight was fine. And they had to stopover in Salt Lake City and he was refusing to get on the plane and my husband was like, “You have to get on the plane.” But, I don’t know if this is true but it is a federal offense if you don’t get on the plane. [laughs]

**AS**: You told him it was a federal offense! [laughs]

**RM**: Because he had a ticket! And you are on the jetway, you can’t go back! Once you’ve given them your ticket which you have just done. It was one of those puddle jumper planes from that point. Unfortunately they weren’t seated next to each other on that flight [laughter]. He did. They got to the airport. The counsellor was there to pick him up. They hugged each other and said they loved each other. That was a positive goodbye. My husband got on a plane and flew back home.

A couple days in, we got the call that he was okay, not talking to him, the counselor. He was okay, he hadn’t quite gotten into the groove. He was being polite, participating, and everything. We would have a chance to talk to him the next week. Couple days after that get the phone call from the counselor: “Is there more information you can give us, things you can share? He has got the guys here convinced that he doesn’t belong here. The guys are convinced he doesn’t belong here. He is insisting. You don’t have on here that he uses opiates. Are you sure that he’s not using opiates?” I said, “Well, we found the foil and I have a picture. We can send you the picture.” He said, “Because he is behaving like somebody who is withdrawing from opiates. He said he insists that he doesn’t. He insists it’s just marijuana.” We are like,”Yeah, see, this is what we have been up against. He doesn’t behave like someone who just uses marijuana. We found the foil but we don’t know for sure. And he never injected so there were never marks.”

He ran away from that program a week in. Runs away; no phone, no wallet. Crazy stuff that happened from there. We hired a private investigator to find him. Got him back to the Twin Cities because we thought he should at least be close to home. That was another one. We couldn’t pick him up at the airport. Some neighbors picked him up for us. With the idea to find out where he wants to go. The options were go to treatment somewhere else. Go somewhere.

**AS**: How long did it take the investigator to find him?

**RM**: Not long. Maybe a day or two. You’re in the middle of nowhere and, yeah.

**AS**: How was that time for you? Did you sleep? What did you do?

**RM**: Adrenaline. Problem solving mode. Trying to keep things calm. We didn’t share a lot with family at that point.

**AS**: Had you shared anything up to that point?

**RM**: Yeah. Yeah. We did the need to know basis. We didn’t know what was happening. We didn’t want to have a gazillion people throwing their ideas, or trying to help. We are trying to be pretty stealth in what we are doing.

**AS**: Were you and your husband always on the same page about what to do in this situation?

**RM**: Mostly. We were mostly on the same page. We realized very early on, and we have a strong marriage, that we needed to be unified. We would make decisions together. We would talk things through. A little bit of that balancing each other out. I think some of it is probably gender. I was more of the let’s find out what is going on, let’s talk about it. My husband is more “I’m going to sit him down and he’s going to…” [shouting] I’m exaggerating, but it was really helpful that we would talk things through and support each other’s decision.

It was also important because there were also times that we weren’t both available to make decisions. For example, when he had told his counselor that he wasn’t staying at treatment. Between the time he said that and the time he actually took off, there were lots of phone calls back and forth. When he finally did leave that morning, the counsellor called and said, “He left. We’ll let you know if he shows back up.” I had a major client presentation I had to go on. I could have said something, but I thought, “You know what? There is nothing I can do. My husband is on it as well. We just made that decision right then and there. In the next two or three hours if you have to make a decision, you make that decision and I’ll support you and I won’t second guess it.”

That was also a really good turning point in our marriage as parents because we continued then for several years to have those points where ideally we would both make a decision, but sometimes we had to let the other one do it. Sometimes it just didn’t make sense because you’ve got other kids, other responsibilities. We couldn’t put our lives on hold every time that something crept up. Which happened a lot.

By that point I had been going to Nar-Anon which I found helpful. I did a—called Serenity Summer. I did a blog post about that. I started taking Friday afternoons off and I blocked the time out on my calendar and I would sit outside every Friday afternoon from Memorial Day to Labor Day with a pad of paper and a stack of books. And these were things like the Four Agreements and Buddha. I had an abbreviated version of the Tallmud and I’m not Jewish. And poetry books and I had been learning to meditate at that point, too. So, a lot came to me during those periods of meditation, which I never realized. That brought me a lot of serenity and peace. Being able to weather what was—during that first chaos. Well, it wasn’t the first chaos. During that first chapter I really did find that Serenity Prayer helped, being able to stop.

It was also during that period of time that being a writer professionally, or at least that is part of my job in public relations, that a paragraph came to my mind. That paragraph began the start of Our Young Addicts and some of that writing. I think it was because in my mind I would always frame things like worst case scenarios: what would happen if I had to announce that he had overdosed and died? What would happen if we had to share things with the family? What would happen if—? I know that is a sad thing, but when you work in my field we deal a lot with crisis and being prepared with those statements. Same kind of thing. I framed things in my mind in terms of how would I—

**AS**: Convey this message?

**RM**: Convey this message. So, this kind of paragraph came to mind for me around what was happening. At the time I didn’t really know that I was being told by whatever that I was getting a message to write and do this. Interestingly, shortly thereafter, that’s when I ended up sending emails to the *Pioneer Press* and to *Renew* magazine and basically saying, hey, nobody is telling the story of what it is like to be stuck in the muck.

**AS**: As a parent.

**RM**: As a parent. From this perspective. They said, “Write about it.” And I started writing about it. Nobody ever wants to be on this path. I wouldn’t wish it for anybody. I think only if you have been on this path can you appreciate what I’m about to say now. Only if you are on this path can you appreciate the gifts you have gotten in any other way. The relationships that I have made, the self awareness and understanding, the life lessons, sense of gratitude, sense of—lots of things like that. I have looked back and I feel like I am richer because of it. I’m sure that is true of all kinds of scenarios with other diseases and other things. I feel like I grew through this process. I don’t look at anybody the same anymore. I teach downtown.

**AS**: What do you teach?

**RM**: I teach public relations and communications. When I get to campus early, sometimes I will see homeless people. Maybe they have stopped in the student center and they are sitting at the table, or I see somebody at the bus stop or I see a kid. I now think about them differently. Where are they from? What was their childhood? What is happening in their life? What kind of help do they need? Or maybe I run into a frazzled parent and I don’t know what is going on. I don’t judge them anymore because I’m like I wonder—something is happening. It is probably not about the interaction that we are having.

There’s also—I’ve noticed, and I’ve blogged about this one too—there is a silent language. I wish, and maybe through this project it will happen, more people will talk about what is going on. We were always pretty open. I wouldn’t just start telling the details. But if people asked me I didn’t shy away from what was going on. There is kinda this silent language and you will be at lunch with somebody and you will ask about their kids and you will get this, “Yeah…” And they don’t answer the question. And you can let it pass, but now I’ll start being like “There was a time I used to answer that question in that way. It was because, and I’ll tell why,” and oh my gosh will they open up. They gave me a clue, I gave them a clue, and then they made a decision to either share or not share. Like, “Oh my gosh, that is happening in our family, or that happened in my family or that happened in my neighbor’s family.

Overall—let's get to the stigma word. Overall, we did not experience a lot of negativity in that realm. There were certainly some families that we would talk to that didn’t want to believe it kind of thing. Or minimize it or change the subject. But, not any like, “Oh, that’s the McKinney family,” or, “We don’t want to associate.” None of that.

There were people that, they would ask how are things going and they wanted to hear the “Great!” or “Guess what! Things turned around! He’s better!” I think they would get tired of they are even shittier than the last time, and I would tell them and they would be sorry they had asked. I would get some of that. But not really any of the negative stigma persists.

**AS**: Why do you think that? Have you thought about why that would be for your family in particular?

**RM**: I think two things. With people that were in our lives at the time during Ryan’s high school years, they witnessed how hard we were trying to get him help. How hard we were trying to figure out what was going on. I think they had more of a sense of appreciation. That didn’t seem to enter into it from people that didn’t know us. As I said, I think we are at a changing point now. Maybe it is just the time that we came into this where there is a lot more of the, “Yeah, I’ve been through it, I know someone’s been through it.” There is just a lot more, I think, acceptance. That doesn’t mean that it is better yet. It is no longer a surprise anymore for somebody to say they are dealing with addiction in their family. A few years ago I think that was still the thing.

Again, I think how we talk about it matters, too. I think if we talk about our experience in honest terms then we send a really positive message and allow people to respond. If we use stigmatizing language, if we use stigmatizing negativity other people come back to that as well. Or, if we don’t and they use that “they are just a useless junkie” I think we can role model or counter that. We may not be able to change them or their language or perceptions, but I think we are finding, maybe it is just a Minnesota thing, we are finding that people here are embracing and being a community and talking about things. It is a much more open conversation today.

**AS**: I want to talk more about that but I also want to back up to talk about your experience as parents in the treatment world. In family programs, how you as a mom became engaged in your son’s recovery process. Not just you personally, but how did professionals engage you and what was that experience like?

**RM**: Overall, we worked with some really good professionals. They cared; they were good at what they did. They were what you would hope. I feel like there were enough unique things in our situation in terms of just how much in denial our son was, how much he could convince people that nothing was going on. Sometimes we would get to a point with a particular professional where, “I don’t know what to do!” because he wasn’t following the model.

**AS**: He didn’t fit the mold of the addict.

**RM**: So that would be difficult. Again, one of the challenges, because he was over eighteen at this point, before we got him into any programs is that he wasn’t signing release forms. Therefore there wasn’t a lot of access—that frustrated me as a parent to no end. A) we had information, B) we had insights, C) we needed to be part of the success; part of the process. Sometimes I felt very shut out by that. They would say, “Seems like things are going really well now.” And I would go, “Really? Because that’s not what I am experiencing!” It is a challenge of the system because when they are working one on one with a client they are that client’s advocate. They are not the parents’ advocate.

Sometimes there is a divide between what is going on, and I felt like a lot of times they wanted to change us or make us change or have us accommodate things. It’s like, you know what? Truly we’re not perfect, but up until that point of junior and senior high school there had been a good relationship and things had been going well. Really where the communication disfunction happened was in the drug induced state. So, no, we were not at our best at all. That was not our main operating style. That would get kind of frustrating.

Even in the Al-Anon world, many positive things to say about that but, okay, work on yourself. Okay, cool. But I have a crisis or a chaos thing here. I have someone who needs help, I have someone that doesn’t realize they need help. They could die. Cool, but I should make my list of amends and take care of my things so I can take care of myself, but what I really need is someone to get my kid in treatment and help my kid stay in treatment and help him be successful.

**AS**: While you felt supported in some ways as a parent or mother you weren’t supported in the ways that you really needed to be. Did this lead you to creating Our Young Addicts?

**RM**: I felt like I wanted to share this experience because I knew we weren’t the only ones going through it. I have really found a lot of things elusive in terms of information. You Google something and you get something that was completely irrelevant. All these places had bought up all the search terms and you look up ‘Minnesota this’ and you get some place in California and you Google non twelve-step and you get some place in Florida that is a twelve-step. I did feel like I wanted to try to create something where people could find information and share perspectives. I don’t think there is one right way. I think that we need to know what our options are so that we can try different things. If this doesn’t work try this. If this doesn’t work try that. Certainly for my son, it took different tries to find something for him. Then there is the readiness side, too. It wasn’t that the approaches were bad, he just wasn’t ready.

Let me go back to professionals. There were two that stick out to me that were just kind of terrible. One, we had been talking with an intervention group and thinking that that might be a way to get my son to go to treatment. At the end of the day, in our gut we didn’t feel like that was going to be the right approach. In fact we thought that might create a greater wedge. We were getting hesitant about moving forward. At that point, the professional that we were talking with started attacking me and saying that I was in denial about my kid’s problem and that I was preventing him from getting better. It was—we walked out of that meeting and never looked back. I was irate. What they were trying to do, because then it was if you don’t want our intervention services then we need to get you into our family program because you need help. You need to heal your family. I said, “You know what? I’m going to Al-Anon, I’m seeing a therapist, and I’m really happy. And I’m doing my Serenity Summer, I’m really happy!” [laughs]

We had another one where, again, Ryan didn’t want these traditional methods, he wasn’t interested in twelve-step. We thought you can’t force somebody into something. He had gone into this outpatient program which had a harm reduction philosophy. I didn’t entirely understand it and I think harm reduction is a tough concept for parents because we think and know they need to quit. At this point medication assisted [treatment] was not being introduced as a part of this harm reduction. It was more we will meet you where you are at. If you are using you can use and we won’t kick you out. He was taking advantage of this program.

We had had a ton of psychological evaluation that really gave a pretty clear picture of what we thought was going on in our son’s life. We gave it to the treatment program and they said they wouldn’t even read it or consider it. They said, “He doesn’t have any of those psychological problems.” And we said, “We think he might be having a dual occurring—and here’s why,” and she said, “I don’t put a lot of credit in that stuff.” I was irate that she would not even consider another professional. She said, “I can do my own evaluations.” You don’t have to agree with it, but why wouldn’t you at least acknowledge the work of a colleague? Just to get another perspective on things. At that point it became a wedge between family and my son where I felt like it was them again us. That’s just not—I’m saying we want to work together. And crazy stuff too: “He doesn’t feel like you are supporting him. You should let him come back home.” We never said he couldn't come home but these are the conditions. “He says he wants to go back to school.” No shit he doesn’t want to go back to school! I finally said, “You pay his tuition? Because we’re going to be flushing money down the toilet to pay tuition. He won’t go to class. You want him to go live at your house? Okay fine, live at your house. You leave your wallet and purse out. You leave your son’s birthday money within grasp and you see what happens. Leave your car keys out and see if the car is there.” Those are terrible things to say about your own kid.

**AS**: That’s where you were.

**RM**: That’s the craziness. You are asking us to bring chaos back into our home. We have a younger kid. We can’t do this. There are some times—I understand the restraints of eighteen plus and privacy and releases, and part of Our Young Addicts is that we are a community. We need to surround this young person with all kinds of things. It is not just treatment and recovery and relapse prevention. We need to surround them with love and we need to surround them with nutrition and we need to surround them with living and we need to surround them with lots of things.

**AS**: When did you start Our Young Addicts, and why do you keep doing it? Then maybe you can tell me about your son’s recovery?

**RM**: Informally, it started with some writing that I did in 2011 for the *Pioneer Press*. That was a biweekly column. At that point I was posting as RM: Real Mom. I wanted to be completely honest, but at the same time protect identity. That was the best way to do it. Not use any names but be completely open about everything else that was happening.

At that same time I was interacting in an online parenting forum. There were several moms and dads and we were posting and supporting each other. The person who facilitated the forum was moving out of the country and she was going to shut it down. She said, “I’m shutting this down. I encourage you to exchange your contact information if you are comfortable.” A few of us did and one other mom and I in particular said, “We should start blogging or tweeting or doing something.” We started with a little bit of blogging and we came up with okay, these are our kids, these are our addicts. Shortly thereafter she decided it wasn’t quite for her, and so I kept it up and started the tweeting and started doing more. It started out as an opportunity to take that *Pioneer Press* column and get it to a bigger audience.

Over the past two years, really, as Ryan has been in recovery, I started to formalize it a little bit more in terms of, okay, I write about our experience. I have guest bloggers. Started doing things in schools—conference, building resources, being more of a hub.

The reason that I continue to do it is A) our journey is not over. I think there will always be something there. More importantly, it’s about experience and letting people share their experience so others can take something from that. It’s about sharing resources. “Hey here is something that worked for me.” Or, “Hey here is something I heard about. I never used it but maybe check it out.” And hope. I use that phrase a lot. When you are stuck in the muck you have hope, but you really have to continue to keep the hope alive.

I was talking to another mother yesterday. Have you talked to Gloria Englund? I was talking to her yesterday and one of the things she said about grief was there are two places for it in this scenario. There is the grief when you realize your kid is going down this path and that the dreams and hopes that you had for this kid, that they had for themself, are no longer possible or are not current. And then of course there is the tragic grief when that kid passes away. I think I experienced a lot of that first grief. Our whole familiy did. When the kid that we knew and loved was unhappy and in dire straits and struggling and not behaving. The behavior is a symptom.

**AS**: And unable to help himself.

**RM**: And unable to help himself. Unable to see the problem. There is a grief there. It was during that point of grief that I was finding sources online, or not finding sources online. Going to Al-Anon meetings and talking to people and writing. To me, I think that the feedback that I’ve gotten is that it is very approachable. It is not pushing one particular perspective. It’s also showing people through our experience that it is possible to continue your life and to not get gobbled up by this. Keep that possibility alive that recovery is possible. No matter what happens you can make it through. You can keep on. I realized that two years in July is a huge milestone. I have every confidence that this is going to continue. Yet, I also rationally know that addiction, and particularly the opiate addiction, is fragile.

**AS**: The recovery is fragile?

**RM**: Yeah. Or you hear about people decades later having a relapse. There is always, I wouldn’t call it fear, but there is always that little possibility that this path might detour.

**AS**: Right. It is having fought cancer or being diabetic, that you are always aware it could come back if you don’t do certain things. With cancer you can’t know. It really does help to think of it long term. This is my journey as a mother with this child. This is what it is. This is how it’s played out. And you have to figure out a way to move forward in grace with that.

**RM**: Our Young Addicts are a community of—and professionals. That is really important to me. It’s not just parents and it’s not just professionals. So, to the conversation we were having a few minutes ago, sometimes because of the constraints you can’t have that open conversation with the professional because they are working with your kid. But, you could have a conversation with another professional and get their weigh on it.

**AS**: Who is not working with your kid.

**RM**: And you might go, “Oh, now I understand what they might be thinking, or here is something else that I could try.” I think it’s really important to foster that parent professional relationship.

**AS**: Outside of the context of services rendered.

**RM**: Bingo! That’s it. So this community of parents and professionals is concerned about the number of young people using drugs and alcohol. Depending on the statistic the number is going up, the number is going down, the number is stable. Doesn’t matter. One is too many. No matter where that person may be on that spectrum: I just found out my kid used marijuana for the first time. Is it a problem? Maybe not. Maybe it is. He seems to be using it a lot. It’s recreational. Ok. Here is what you keep an eye out for. Oh, it has turned into use. Oh, it has turned into abuse. Oh, it might be addiction. We want to get into treatment. Oh, they’ve relapsed. Oh, they’re in recovery.

I wouldn’t call it a continuum. There is a spectrum of different times and different ways that people are using drugs and alcohol. Again, trying just to give people a place that they can get information and share information. We’re not a support group. We’re not set up to be a support group. More of a sharing community. Online gives people a lot of access. Started locally here just doing some more programming type things. Face to face is also important. You can’t do it all online.

**AS**: The parallels in our journeys are very interesting to me. A few years ago I was looking for something like this and thought there was nothing, and started thinking about how could I create something like this. A place where information could be shared and stories could be shared. It’s very serendipitous and wonderful to meet you and see another person with that same desire to share information. Yet, I think about our backgrounds and your PR background actually gives you a whole set of tools and you already have all these tools—

**RM**: It’s this intersection of personal and professional.

**AS**: And that is exactly what I’m striving towards. Using my skills as a historian to try and bring some kind of awareness to a situation and document what is happening.

**RM**: It’s amazing what families have done. We hear a lot about the mom projects and I know that is where you are focusing. It is absolutely amazing. I think we can and should coexist because each one is a little different in terms of what they are doing, what they are offering, and what they are all about. I do hope somehow someway we can develop a collective parent’s voice. I’m not sure that that collective voice is getting heard yet from a policy standpoint. From a clinical standpoint. That might be a future orientation or iteration of this. How can we take this project and this project and this project and this project? So many of these unfortunately have come through somebody’s loss. They are memorializing their loved one with the creation of something. Yet, unfortunately, if everybody does that, then we have a gazillion of these.

**AS**: Which is kind of where we are right now. When you look, when you start digging around online.

**RM**: Not to minimize—

**AS**: Shatterproof is scaling buildings with people. I don’t know where to start documenting some of this stuff. It is clearly—there is a need among parents. The collectivism is really interesting.

**RM**: I am hoping there is maybe some way to build a coallition of these things. We are each doing something that is different and needed. We are each trying to fill in a piece that didn’t exist before. I think the other thing is that sometimes it is hard for people to find these things. Just like it was for us. Hard to find…

**AS**: You and I were having a parallel experience in 2011 even.

**RM**: I do hear that one specialist that we didn’t work with, I got to know him after the fact. We were talking about support groups and what not and he said, “There is a need for a parent support group that essentially does what Our Young Addicts is doing but in a face to face model. I’m sure I could fill a room for you week after week.” He said, “When you go to Al-Anon its about working on yourself, not trying to solve your loved one’s situations.” And he said, “Parents in particular, they need someone to say, ‘Have you heard about Tapestry? Do you know about this? Have you done this, do you know about this. Not to say, “Here is what you *need* to do.” Or be able to go in and say, “You know what? My son’s place is suggesting that he do this. What do you guys think?” Because in most of those support groups they discourage any cross talk. And I understand that and there is a reason for that and it is a good reason. But, that doesn’t mean there isn’t a reason for interaction and sharing.

**AS**: Especially when your child is under thirty.

**RM**: I agree!

**AS**: I notice the benefits of Nar-Anon to some parents whose children are in their thirties and forties and they’re still navigating addiction and there is really truly nothing they can do about their child at this point. Their influence is nill.

**RM**: Very true.

**AS**: And yet, the parents of younger people don’t—didn’t you also find some kind of relief in those meetings to just feel like I am among people who understand me, who are living in this crazy world, this crazy life. But, yet, when you are in crisis you don’t want to be working on yourself.

**RM**: No. Not in crisis. That brings us to another point that might be interesting for your history. The distinction of being a young person with addiction versus an older person. To me, as a mom, as a parent, we have a very different relationship with that person that is using. A lot of the protocols and the practices are really geared toward, I think, adults. Either spouse relationships, or adult relationships.

**AS**: For best practices?

**RM**: Yeah. Even for things like detachment and letting go and even setting those boundaries. At eighteen while your kid is legally an adult, if they don’t have the skills and the mental capacity because of the drugs to be doing these things then your job as a parent is not yet done. You have not transitioned them, or they have not let you transition them to independence. So, at a time that your kid should naturally be making that transition to independence and adulthood, they are hijacked by this brain disease that isn’t allowing them to make these smart decisions.

**AS**: And yet, the law won’t let us override those because of their condition.

**RM**: I think the same thing is true in a lot of the treatment programs. What happens when you put an eighteen year old, or even a twenty-four year old, in a treatment program with someone who has had decades of challenges with this? Who also has some different things at stake. Their relationship, maybe children, jobs, financial at stake.

I was leaving a meeting the other day at Minnesota Adult and Teen Challenge to wrap up some conference things. There were a couple of men and I am going to say they were probably thirties or forties. They were discharging, they were finished, and they were leaving and moving onto whatever was next. They had their duffle bags and one was waiting for a ride and they were saying goodbyes and wishing each other luck. I was thinking about it and I was just in the waiting room and it wasn’t a private conversation. There were somethings I could definitely tell. There were some relationship things someone needed to work with with their spouse. I was like man, they were graduated, I know they are going to have some after care stuff, but they are going back into a situation where they have been absent now for an x period of time. What a challenge.

Think about it even for our young kids. For Ryan, he’s taking classes at MCTC [Minneapolis Community and Technical College] right now. Doing great. But, the traditional college experience won’t be his. What are you going to do at twenty-four years old? You aren’t going to go be with the eighteen and nineteen year olds in a dormitory. No. That experience is gone.

I think that in the treatment programs those young people haven’t fully grown up. Their brains aren’t fully developed. They don’t have the perspective on life that somebody older has. We need to see more things that begin to look at how do we help this person at this phase in their life and not throw them in with everybody else? You know what? While there are commonalities in addiction, they are not all the same. Even differences in economic and cultural upbringing. I even remember Ryan saying sometimes, he was staying in a homeless shelter and we would go pick him up and he would get angry because, “People give me such shit that you pick me up in this nice car and…”

**AS**: Why are you taking a bed? Why are you taking a bed?

**RM**: Exactly. Or, how do you—you’re sitting in group and you’re listening. Again, some of the research you look at, the adverse childhood effects.

**AS**: ACE? A test and also—

**RM**: Absolutely. But, you know what? Not every kid, and certainly not my kid, experienced those things. How, in a group setting, do you have somebody that is talking about the abuse situation or growing up with the alcoholic parent or these things. Sexual abuse. You’re sitting there going the worst thing that ever happened to me was they took my Nintendo for a week…

**AS**: Anecdotally, do you think that might—a person from a more affluent background dismissing their drug use? Are you thinking more that young people need to be more placed together with more similar circumstances?

**RM**: I’m thinking maybe some of the similar circumstance piece, maybe not even similar circumstances, but keeping in mind it’s not one lifestyle. It’s not one experience. You’re going to have a more honest contribution and group conversation if you feel like there is some compatibility in your experiences. You know, I don’t know if I have an opinion on the rest of the question. I think the young versus the old is probably the most important factor to keep in mind.

**AS**: For long enough they do end up experiencing some of those adverse childhood, or maybe we can make it average teenage effects because they enter into a very dangerous world. Where many bad things happen to them because of their need for the drugs. The law, sexual assault, selling themselves.

**RM**: Violence.

**AS**: Violence, being beat up, being abandoned. There is just so much that the drug experience of being an active addict creates adversity.

**RM**: Absolutely. They get in this survival mode. This is the other thing about being a mom and being a parent. We realize, maybe not fully, but we have seen enough on the news and TV to know that they’re entering a very dangerous environment. You don’t want them to. I think that is another reason why we tend to do what the experts call enabling. Because oh my God I can’t let him sleep on the street.

**AS**: We are so afraid because of the stigma of the people sleeping on the street.

**RM**: Not even the stigma, but just the fear of what he would become. That he would do that. Ryan has talked about—well when you are walking around and you have no place to stay, you might as well do it high. Because you are feeling so bad. You don’t feel like there is anywhere for you to go or call. The places you can go you don’t have transportation to. I do think about, and I feel terrible, I feel terrible about how terrible he felt a lot of times. The first time he didn’t have a place to stay. The first time—you know? A lot of those things. And, certainly, maybe not the safest to be around. Again, no stigma toward those people or judgement. They landed where they are for whatever reasons too. But it doesn’t change the fact that they are not a good influence, or that they are not safe.

**AS**: Is there anything else you want to talk about?

**RM**: We covered a lot.

**AS**: I just wanted to ask a final question. What impact did you have on Ryan ultimately getting into what is now almost his two years in recovery? Did you have any? Going back to leading the horse.

**RM**: The story there was he had gone to a residential program, inpatient. It was the first time he had made all the arrangements and he had recognized that he needed to change and that kind of stuff. Then it didn’t fully work. We knew that when he was discharged that he wasn’t fully engaged and that he wanted to get back to at least smoking pot. No. That’s not going to work. The halfway program he was in had a lot of, not a lot of supervision but a lot of rules. Talk about the dichotomy. Things didn’t work out so well for him and he relapsed. Pretty hard and pretty fast. We were getting worried. At this point we did a family intervention. He said, “Thanks, but no thanks. Not today. I know I need to do something but this isn’t it.”

At that point he was so fragile and we were so concerned and the interventionist said you ought to set up the boundaries. We went the opposite direction and started saying, “Do you want to stay here tonight? Do you need a shower? What do you want for dinner?” He was staying home more and more often. It was a revolving door. Things got to be pretty bad with the revolving door because we were back where we were in chaos. Some money went missing again. It was, I think it was July 9th, he had come home, we were out, and our younger son texted us that he just came home and what should I do? We said, “Let him in,” and he said, “I did and I don’t think anything is going to happen. He’ll probably shower and eat something and fall asleep.”

We are driving home and thinking about what we are going to say. We are kind of going through what we are going to do, and we get home and we start having this conversation with him and it’s clear in the middle of this conversation that he is nodding off. He’s not really participating coherently in the conversation anymore. I’m not sure if he was technically overdosing or close to overdosing or what. We just looked at each other and we were like, “He’s not even here.” We decided it was time to go to bed. We said goodnight and he said, “Yeah, goodnight.” We went upstairs and then I heard him come upstairs a minute later and go into his room and close his door.

The next morning he said, “What is it you want me to do?” I said, “It’s not what I want you to do. Here’s what you need to do. I said you need to call a place by the end of today and you need to start a program. He went to the office with me that day and slept on the floor under a desk. Typical thing that he had been doing. It got to late in the day and I said, “Have you called any places?” And he said, “Oh no, now probably nobody’s going to answer.” I handed him a sheet of paper. He had been really adament about the three things he wanted. He wanted outpatient, he didn’t want twelve-step, and he wanted Suboxone. I had done a lot of research and it was really hard to find that trifecta. I handed him a sheet of paper with three places and I said, “You need to call these places before we get home, which is in like one hour.” He called one and talked to them for a little bit and said, “No, I don’t think that’s the right one.” I heard him say, “Yeah I guess I could probably get a ride there tomorrow.” I’m like yes you could. The next day was July 11th and we went to Valhalla Place. I think at that point—

**AS**: Was it Valhalla that he went to?

**RM**: Yeah, Brooklyn Park. I went with him. I didn’t go with him—he started their outpatient program. He started on the Suboxone. I asked him a couple months later, right before he was wraping up the outpatient program, I said, “What is it about this program that is working for you? And that the other programs didn’t?” He said something along the lines of, “Well, I really like the way they treat me. They are respectful.” Then he kind of quickly goes, “You know it’s not that the other things weren’t. But this was the first time that I didn’t want to go back to using and I didn’t want to go back to the life that I had.”Interestingly, he went to treatment sometimes because he had to. He went to treatment because he needed to once. But the time that worked was when he had to, he needed to, and he wanted to.

I think that in part, the foundation that we kept throughout this journey of being in contact with him and continuing to tell him that he deserved a better life and that we wanted to help him get help and that we would be there for him. Keeping those boundaries of what we could and couldn’t have in the home. We never wavered from our feelings on it. Knowing that we made the right decision at the right time. The professionals sometimes say this is what you have to do. Well, it depends on the situation. I think we read in his situation at this point two and a half years ago that he needed us to provide him a foundation. If he wasn’t getting sleep and he didn’t have a place to shower and he didn’t have access to food, there was no way that he was ever going to be able to see the way to get better. So he did. So he is.

**AS**: That’s great. I’m happy for him

**RM**: I am too.

**AS**: Happy for you.

**RM**: The last thing I’ll say in closing is recovery is not easy either. I’d much rather be dealing with recovery than not. We’ve had to do a lot of, well, the same things you learn during the addiction. Being able to let go, make their decisions, live with the consequences, be there to support but not to enable, and continue to tell them you are proud of them and you love them. Give them the hugs, the encouragement. It didn’t happen overnight. They aren’t going to get better overnight, but the best thing has been the trust returning, the relationship returning. Seeing not one hundred percent the same person that he was, but a lot of the same. Good sense of humor, engaging conversation, the personality. It’s possible. Again, is it possible for everybody? No. But you can’t stop trying. All you can do is keep trying.

**AS**: Thanks Rose.

**RM**: Thank you.