

*How to Start a Parents Support Group –
Parent Support Groups of W MA Style,
Diane Kurtz and Tanyss Martula*

The Basics:

Make the commitment. (Weekly works best so that people can count on it.)

Find another parent who will make the commitment with you. You can share responsibility and cover for one another for vacations, conflicts, etc.

It is useful to find a professional to occasionally bounce things off or call for questions.

Find a donated spare meeting space (i.e. hospital, school, church, the Y, community center.)

Pick a night and time. (Perhaps start with one hour when group is small. Two hours work well as group expands).

Make the group free so that it is accessible to all. (Donations are accepted for material given out.)

Put ads in self-help page of area newspapers.

Make up a flyer and distribute it to:

Schools (Counselors, Parent Organizations, Teachers, Open Houses)

Probation Officers

Churches

Hospitals, especially emergency rooms

Pediatricians, family practice physicians

Therapists

Drug Rehab Programs

Expect that it may take a while for the group to catch on. In the early weeks, you as facilitators may be the only ones there. However, it is important to show up and to continue to get the word out. The need is there. It will happen, primarily by word of mouth.

Once the group does get going, expect the size of the group to ebb and flow from week to week. Usually a “core” group establishes itself, and others are in and out.

Next Steps:

Speaking engagements (in schools, community organizations) are also a great way to get the word out in person. If time permits, presentations about the support group by facilitators at staff meetings of court probation departments and of schools, as well as to service provider groups and therapists at conferences can be very effective as these are referring groups.

Decide upon a structure for running the groups or allow it to evolve as the group does. A structure can be useful, such as AA for example, in allowing a group to continue to regardless of who is facilitating it.

One Easy, Workable Structure suggested is the following:

- 1) Greet any newcomers so that those in crisis or new may get more “floor time”. Use the model of confidentiality or any topic that is of importance to the group. Possibly develop fact sheets on topics of interest. We pass “information packets” that we have put together to help parents.
- 2.) Once the group assembles, anyone may make announcements of related events and pass out any handouts of information. We also use nametags (first name only) for all members.
- 3.) Start out the group with a short check-in if the group is large. Go around the circle, each person give their first name and an update or anything he/she would like to speak to briefly. Anyone may “Pass” if they wish and give only their first name. No cross-talk during this check in time.
- 4.) Cross-talk discussion begins around issues raised during the Check-In process.
- 4.) A possible alternative to steps 3 & 4 might be to have a long individual Check-In, allowing each person to speak without interruption and then have others join in the discussion with questions or advice before moving on to the next person. The time-keeper/facilitator needs to be particularly astute to get everyone in step with this process.
- 5.) Closure to the meeting is nice to have if time permits. Sometimes our group says the Serenity Prayer together or a group member or facilitator may read a section from one of our favorites, SETTING LIMITS or THE LANGUAGE OF LETTING GO.
- 6.) In all of the above steps, the facilitator plays an important role as timekeeper and of keeping order (which is rarely if ever needed).

NICE EXTRAS (Possibly some expense involved)

Build up a portable library of books and pamphlets which group members may check in and out. (Keep a list of who took what with a phone # to contact them if needed.)

Go to substance abuse conferences, workshops, and bring back information and new resources to the group.

Foster an awareness of educational outreach around issues of concern (i.e. parity, treatment gaps, budget reductions) but don't push educational outreach when a member is in crisis.

Create packets of information to give to each new group member whether that person returns to the group or not.

A packet might include:

Area Resources

Alanon and Alateen meeting schedules

Treatment Facilities, Inpatient & Outpatient

Handouts on drug signs & symptoms

Information on specific drugs

Guidelines for parents on setting limits

Reading Lists, Web Sites

Invite outside speakers in occasionally – probation officers, substance abuse counselors, representatives from rehabilitation programs, criminal justice, non-denominational chaplains, recovery home clients, advocacy groups.

GOOD LUCK & HAVE FUN
DIANE KURTZ & TANYSS MARTULA

STAGES PARENTS GO THROUGH

By Diane Kurtz

1. **Search** for the reason for the changes in our child.
2. **Question** possibility of substance abuse.
3. **Question child;** accept their answer that they are not using.
4. Our own **denial** of any substance abuse.
5. **Frustration**
6. **Reality** - substance abuse is the problem.
7. **Fear**
8. Search for the **reasons** why this happened.
9. **Guilt** for not realizing earlier.
10. **Feeling** like a failure as a parent.
11. **Shame** of our family situation with outsiders.
12. **Grief** - for the loss of the dreams we had for our child.
13. **Acceptance** of substance abuse as reasons for changes.
14. **Action** - find a way to cope.
15. **Learn** how to let go to save our own sanity.
Learn some skills to let them feel their own consequences
as a result of their own choices and realize it is not our responsibility to always
find their answers.
16. Learn to **distinguish the difference** between the behavior of the child with the
disease and the child himself.
17. Be **aware** we do not have to accept unacceptable behavior.
18. **Understand** that our children will take their own action.
(We can provide some information and guidelines, stick to
them and then let our children make their own choice on
which avenue to take.)

It may be that the course taken would not be of our choosing
but necessary to allow them to see where this road is
leading them.

ABOVE ALL WE MUST LEARN HOW TO TAKE CARE OF OURSELVES AND MAKE A LIFE FOR OURSELVES REGARDLESS OF THE PAIN WE FEEL OUR CHILDREN ARE IN. PAIN IS GROWTH... IN OUR GROWING UP PROCESS WE'VE ALL HAD IT AT ONE TIME OR ANOTHER AND LEARNED FROM IT.

THE FOLLOWING TEXT IS BASED ON THE FACILITATOR'S FAMILY PERSONAL EXPERIENCES.

1. Search

We tried to search for a reason that would explain our child's behavior. In the beginning we thought this was just normal adolescent behavior.

Is he unhappy?

Does he have enough friends?

Is school going well?

Are the teacher's treating him as unfairly as he says they are?

A lot of children skip a class or a school day.

A lot of children's marks fall as school becomes harder.

A lot of children isolate and do not want to be involved in family functions.

A lot of children become secretive.

But along with the above there were the times that our child would call at a late hour and ask to sleep at a friend's. This was a clue.

Most children would ask in advance to sleep out. If refused permission to do so, they would accept a no for an answer. Our child never accepted no. After awhile, if permission wasn't granted, he would just start swearing, hang up and not return home till late the next day.

All the above was a direct result of our child's drug and alcohol abuse.

2. Questions

We had a lot of questions – was this normal adolescent behavior?

Was this how other children acted or was this different?
Could this be some kind of psychological problem?
Could medication help?

We were totally confused. We went to the pediatrician for help and he felt that what we were experiencing was normal adolescent behavior, but my gut kept telling me to look further.

Finally the possibility of drugs came into play and it scared us to death, but, we had to really take a look at this. After all what did we know about substance abuse? Time to find out as much as we could. After all, this was our son's life we were talking about.

If it is substance abuse, now what???

3. Asked the question-

Let us talk to our son. Ask if he is using any substance. Oh good – he said no! He couldn't believe we would even ask such a question. He said we had told him how dangerous this could be and he was listening.

We are so thankful that the answer was no. What could we have been thinking?

4. Denial

Because of the answers we received we did not, at that time, want to believe it was substance abuse. Perhaps he is just having a hard time coping with being a teenager.

This kind of attitude kept us in the dark a little while longer and allowed our son to become sicker and sicker. He was good at making sure we stayed in denial as long as possible. After all, if we caught on his life would change... and so would ours.

5. Frustration

We continued to battle with ourselves about what was really going on. It became one of the most frustrating times in our marriage. When my husband was ready to look at things for what they really were, I was not. If I was seeing things clearly, he was not. We played this seesaw game for a while. It was one of the hardest times for the two of us.

6. Reality

It became clear that substance abuse was what had changed our son. We could see visible changes and attitude changes - change in friends, clothing, eating habits, sleeping habits, secrecy. Our child had become someone else.

We started finding what appeared to be cigarette particles in his clothing pockets- such as seeds on the floor in his bedroom and zigzag papers to roll cigarettes. He could not or would not hide these things anymore. Again, now what?

7. Fear

We're so scared. What are we to do? What if our son won't accept help? Where do we go for help? What if he dies?

We've got to do something – but what?

8. Search for a reason

Maybe we were bad parents? Maybe we did not love our son enough? Maybe we made him feel bad and that was why? All these questions and we had no answers. We were good parents, we did love him enough. We never gave him a reason to do drugs as a way to cope with life.

As it turned out we learned that this is a disease and that our son did not choose to have it, but did. We, as his parents, did not bring this on. There basically was no other reason, our son had a disease called addiction.

9. Guilt

We feel so guilty that we did not see earlier this for what it was. We should have been able to tell. Could he have gotten sicker because of us and our not dealing with this? We feel so bad.

No matter how bad you feel, no amount of guilt is going to change what has happened. Parents love their children. Some children make bad choices; sometimes even when they have been instructed otherwise. We did not put the first substance in our son's body, he did. We should not feel guilty for where we are now.

10. Feelings

One of the strongest feelings we had to cope with was “failures”. Both my husband and myself felt we had failed in our role as parents. We started looking at ourselves in comparison to others. What we needed to understand was that other people whose children did not suffer from the disease of addiction were not experiencing what we were and that we weren’t failures, just uneducated in this area of life.

Feeling like a failure just prolonged our ability to do something. What we needed to do was learn as much as possible about this disease so we could do something about it.

11. Shame

Shame was one of the things that kept us from talking about what was going on in our home. We found ourselves acting as if everything was okay. It was a big burden to continue to try and hide what the disease of addiction had done to our marriage and our family.

It wasn’t until our shame became overwhelming that we finally talked to someone about what was really going on. Then, we were able to find help. We finally got the courage to go to group therapy, family counseling and take back control of our home.

12. Grief

We finally came to an understanding that we were grieving for what could have been. We could see that this child was not going to walk the same road as other children. As it was, he never went to a prom, never graduated from high school or went to college the way our friends’ children did. We needed to allow ourselves to grieve then let go our perception of what we thought would happen normally.

13. Acceptance

As difficult as it was to accept this situation that substances abuse was the problem, we had no choice but to do so. The acceptance gave us the reason for the changes and a chance to decide what we were going to do next. Acceptance also helped us to stop searching for a reasonable explanation for the behavior change. Now we understood.

14. Action

Now that we understood what was happening with our child, we needed to find a way to cope. We looked for support systems that could help us change our outlook and actions concerning our son.

- 15. Learn**
We learned, with the help of a self-help group, how to let our son feel the consequences of his choices. This is one of the hardest steps to take. As parents you are so used to stepping in and protecting, that you find it against your natural parenting skills to let your child suffer the outcome. We finally recognized that this was the only way for our child to change his bad choices.

- 16. Learn to distinguish the difference**
We had to learn to distinguish the difference between the son we raised and the person with the addiction. We needed to allow ourselves to still love our son but not accept the person he became when using. The person we raised was still underneath all the behaviors the disease created.

- 17. Aware**
We needed to have an awareness that would help us to not accept unacceptable behavior. Accepting unacceptable behavior had allowed our child to think we did not need respect and accountability.

- 18. Understand**
Ultimately, it was necessary for us to understand that the choices our child might make will not always be what we want. The choices can become a learning experience in the recovery process. When we interrupt the choices, we take away the opportunity from our child to learn valuable lessons .