

Twenty-five years in Parents Anonymous

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Abstract: *In this article, the authors describe the beginning stages and ongoing development of a Parents Anonymous group that has been in existence for over 25 years. Particular attention is paid to agency support, child care services, characteristics of parent members, parent training, peer leadership, and the role of the professional facilitator in self-help mutual/aid groups for parents who have experienced, or are experiencing, child abuse and neglect related problems in their lives.*

Keywords: *child abuse; neglect; parents anonymous; self help; mutual aid; parenting*

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Child abuse and neglect is a serious problem. According to the National Society for the Prevention of Cruelty to Children (NSPCC) there are about 79,000 children in the UK currently under the supervision of child abuse and neglect authorities and each week in England and Wales one or two children will die as the result of abuse (NSPCC, 2006). Literally thousands of articles and books have been written that attempt to promote prevention efforts, explain the causes of, and describe intervention and treatment approaches related to child abuse and neglect. One intervention program dealing with child abuse and neglect, Parents Anonymous (PA), founded in 1969, uses a self-help and mutual aid approach to help families with abuse and neglect issues in their lives. This article recounts the experiences of two social workers who were involved in developing and facilitating a Parents Anonymous group. One social worker was involved in it for the first three years of its existence and the other entered the group after it had been meeting for about a year and was continuously involved in it as a professional facilitator for a total of 25 years.

Literature review

Holmes (1978), in an early description of Parents Anonymous as a treatment method for child abuse, says 'in recent years self-help groups have been organized to deal with almost every conceivable problem' (p. 245) and 'Parents Anonymous is a treatment method uniquely suited to solving the problem of child abuse' (p.247). But, what exactly is self-help? According to Gartner and Riessman (1984) the 'self-help mutual-aid phenomenon' (p.17) is a revolution in which literally millions of individuals with similar problems meet with each other in small groups to look for emotional support and practical solutions. This process of mutual-aid involves people who need help themselves in actively helping others with similar problems. Being helped by the process of helping others has been conceptualized as the helper-therapy principle by Riessman (1965) and may ultimately account for much of the power of self-help and mutual aid groups.

Human service professionals are often involved in initiating

and supporting self-help and mutual aid groups, including Parents Anonymous. Gartner and Riessman (1984) state that 'with the large exception of AA and its various off-shoots, the great bulk of self-help mutual aid groups involves various forms of professional participation' (p.22). Shepard (1999) and others surveyed 246 self-help groups and found that 28.5% were professionally led, 44.7% were peer led with some professional involvement, and 26.8% were peer led with no professional involvement. They concluded that the 'dichotomous view of comparing peer-led 'self-help' groups versus professional-led 'support groups' is artificial and that professional involvement in mutual aid is a continuum, with most groups having a moderate level of professional involvement' (p.39). Bacon, (1977), in an early article describing Parents Anonymous, said 'a professional will be welcome only on a purely parent level' (p.332), however more recent literature (Parents Anonymous, 2000) acknowledges the role of the professionally trained facilitator working in concert with parent leaders in Parents Anonymous groups.

According to Wasserman and Danforth (1988) social workers have been and should be involved in self-help and mutual aid groups. He points out that social work with groups fell into 'disfavor in the 1950s and it is only within the past few years that schools of social work as well as practitioners in the field have rediscovered the power of group work, especially in the form of professionally led support or mutual-aid groups' (p.246). Powell (1987, 1990) wrote extensively about social work and its connection to self-help and mutual aid and Wituk (2003) sees starting self-help groups as an empowering role for social workers. Parents Anonymous itself had its origins in discussions between a mental health department 'client' with an abuse problem, 'Joli K.,' and a clinical social worker, Leonard Leiber (Fritz, 1989; Wheat & Leiber, 1979). Two early descriptions of professional involvement in Parents Anonymous groups were written by social workers (Holmes, 1978; Moore, 1983). The following narrative describes some lessons learned while facilitating a Parents Anonymous group for 25 years.

Starting a group

In late 1977 the first writer of this article took a position as a psychiatric social worker with a children's treatment unit at a local mental health agency and upon learning that his unit had once sponsored a Parents Anonymous group that no longer existed he decided to investigate the feasibility of initiating a new one. As part of this process he met with a group of several child protective services supervisors and asked them if they knew anything about the history of the Parents Anonymous group that his agency had once sponsored. They informed him that they had referred agency clients to such a group for a short period of time, but when their child welfare workers called mental health workers to determine if the clients who had been referred had actually made it to the group they were told that it was an 'anonymous' group and no information would be forthcoming. So, the child protective services agency stopped referring clients to the group and after a short period of time it ceased to exist. When the protective services supervisors were asked if they would refer clients to a new group if the group leaders obtained signed releases of confidential information from their clients they said they would. A new Parents Anonymous group was formed shortly thereafter by this psychiatric social worker and a female mental health worker who was the group's co-sponsor during its first year.

At the time this Parents Anonymous group was starting the state and local child welfare community was, in general, supportive of self help and mutual aid groups. Child abuse and neglect was beginning to get a great deal of attention in the late 1970s in California and many communities, such as Riverside, were beginning to start community child abuse councils and were anxious to develop new intervention resources. One of the early tasks of the group leaders was to let the community know that although Parents Anonymous had the word 'anonymous' in its name it was not a 12-step program like Alcoholics Anonymous (AA) and, again unlike AA, it had professional facilitators as well as parent leaders in groups.

Riverside County, the county in which this group was formed, is quite large geographically with several highly populated urban centers and large expanses of sparsely populated desert. The county is approximately 48% White, 40% Hispanic, and 7% African American (<http://quickfacts.census.gov>). This group was held in the City of

Riverside which is generally reflective of the County as a whole in terms of demographics. Over the years of this group's existence the ethnic makeup of this group largely paralleled the ethnic makeup of the County as a whole. The group was mostly composed of White and Hispanic members and it proved difficult to sustain long term involvement of African American group members. In spite of the best efforts of the group leaders it seemed as if there may have been some subtle non-inclusive messages from ongoing group members being communicated to African American group members who were new to the group and they often did not stay very long.

Very little was initially required to start a Parents Anonymous group. Essentially all that was needed was a space, which the agency provided, a time, and professional 'sponsors' who would take responsibility for overseeing the group and its functioning. To be an official Parents Anonymous group it needed to be free of charge to clients and the Department of Mental Health was willing, at that time, to have staff provide this 'free' community service. It seemed obvious that childcare should be provided if the group was to be a success so the two initial sponsors contacted several community agencies and arranged for volunteer child care providers to be available on the one night a week that the group met.

Potential members of the group were initially 'screened' by the sponsors and then permitted to know the time and location of the group. The screening process was used to determine if parents inquiring about the group had issues that were related to its purposes. During the first meeting with the sponsors (now called professional facilitators by Parents Anonymous) potential members who were referred by child protective services were asked if they would be interested in signing a release of information so that the sponsors could communicate with the social workers from child protective services who referred them. During the first few years of this group's existence no one refused to sign a release. Had they refused to sign a release of information they would have been admitted to the group anyway, but no information could have been shared about them with any referring parties. Group members were all informed that the co-sponsors were licensed professionals and, according to state law, had a legal duty to report any new instances of child abuse or neglect that might be disclosed by members as part of a group discussion or in conversations with the professional staff.

Early group issues

At the very first session of this group and at each session thereafter the two professional facilitators identified themselves and then asked the parents to identify themselves by first name and talk a little bit about why they were there. Group members were not expected to identify themselves as ‘abusers’, or to use that term, but they were expected to be reasonably honest about the reason they had sought out or been referred to the group. During the first year of this group the ‘why I am here’ introductions actually presented a problem in terms of group dynamics. Hepworth, et al (2002) state that ‘involuntary clients often do not perceive themselves as having problems or portray pressure from the referral source as the problem’ (p.201) and, in fact, a number of clients resented coming to this group at first and initially denied any serious child abuse or neglect related problems. Although some members would introduce themselves by first name and say something to the effect of ‘I’m here because I got into trouble for the way I was disciplining my children,’ others might say something like ‘I’m here because a social worker who obviously didn’t like me came out to my house, butted into my business, and said that I was doing all this stuff which I was not doing.’ The next member to introduce himself or herself might then say ‘me too, the worker didn’t like me either and said I did things I didn’t do.’ This phenomenon came to be called ‘group support of denial’ by the facilitators and for a number of members denial was somewhat of an issue during the first year this group met. After it became clear to parents that they were not going to be judged for having an abuse or neglect problem and that the group was a safe place to be open about their abuse and neglect issues, new members were much more likely to follow the lead of the longer term members and talk honestly about why they had been referred to the group and what they needed from it. Once ‘group support of admission’ became the norm parents were less likely to maintain that they had been referred to the group in error and had no problems related to abuse or neglect.

Another early group issue was the selection of a ‘chairperson’ from the group. As Holmes (1978) and Moore (1983) point out each PA group needs a chairperson who is a member of the group and not an official agency or professional sponsor. Shulman (1999) refers to the leader who comes from the group membership itself as an ‘internal’ leader

(chairperson) and the 'external' leader (sponsor) as one who derives his or her authority from the sponsoring agency. The Parents Anonymous model uses both internal and external leaders and the role definitions and relationships between the two are important to the functioning of the group. After this group had been running for some time the professional co-facilitators approached one of the members who often spontaneously reached out in a helping way to other members and asked her if she would consider being the chairperson of the group. She agreed and a discussion ensued concerning the role differences between sponsor (professional) and chairperson (parent leader). Moore (1983) writes about working with one chairperson in a PA group who called her at one point 'troubled that she was talking too much in the group and thus inhibiting other members' (p.587). The initial chairperson in the group being described here had similar issues and was gently told in private that she did not have to 'solve' everything the other parents presented as problems when they were venting their feelings in group discussions.

Holmes (1978) states that PA may not be able to help some people and if a member behaves in such a way as to be destructive to the group the sponsors might need to intervene and 'counsel out' (p.247) the individual and refer them to other, more appropriate treatment. Fritz (1986) observes that 'some parents, the minority, by far, are overtly hostile and may try to take over any group they join' (p.122). In fact, in this group's early years one somewhat aggressive father began to dominate the discussion week after week. The professional facilitators tried to use group dynamics to limit his control of group time and create an environment in which all the group members felt safe and had an opportunity to talk each week, but were largely unsuccessful. As a result of his behavior in group, the chairperson and several group members approached the sponsors several times and asked them to 'do something' about the member who was so needy of group time and by his manner intimidating the other group members. Ultimately, the professionals met privately with this father and referred him to individual treatment. A more desirable outcome would have been for the group members themselves to be able to confront the dominating member and get him to share group time. The facilitators, however, were unable to get this to happen.

Use of a model

The professional facilitators of this group were able to use a chapter development manual supplied by a regional office of Parents Anonymous as an initial guideline for starting and running the group. However, as time passed the facilitators began to wonder if they were really following the guidelines sufficiently. Moore (1983), for instance, shares her view of the sponsor (professional facilitator) in a Parents Anonymous group as a person who is not a 'therapist' to 'clients' but rather is someone who blends 'into the fabric of the group, available as a resource, support, and facilitative presence, without inhibiting the flow of sharing from parent to parent' (p.590). As licensed clinical social workers facilitating a group that was hosted by the Department of Mental Health, the sponsors began to wonder if this group was 'really' a self-help/mutual aid group or simply a therapy group. As a result of this dilemma a decision was made to contact the regional office of Parents Anonymous, obtain the mailing addresses for other PA sponsors in surrounding areas, and make an effort to determine how professionals in other PA groups were applying the official model.

Apparently, there were a number of professionals who had similar questions about how to use the official PA model. Facilitators representing 14 different groups attended what became a series of quarterly meetings for about a year to discuss how 'the model' was being implemented in reality and to, in essence, become a self help group for self help group sponsors. During the first group discussion between this group of professionals facilitating PA groups, as information was shared about how different groups were actually conducted, it became apparent that there were some major similarities and some major differences in applications of the model. Several professionals conducted their groups using diametrically opposed assumptions. For instance, most groups had members voluntarily sign releases of information so the professional facilitators could report parent attendance to referring agencies, but one retired CPS supervisor who was sponsoring a group did not ask members to sign releases and would not communicate with anyone outside the group. She believed a Parents Anonymous group should be totally anonymous. Another professional, a clinical social worker working at a mental health agency, defied what was then conventional practice wisdom and had a group composed of members

who had been referred not only for physical abuse, but also some who had been referred for sexual abuse. She reported that the members of the group seemed to be working well together. Some professionals wore casual clothes to group and worked to de-emphasize their 'professional' images while another, a psychologist, wore a suit and tie while in group and was called 'Doctor' by the members of his group.

The facilitators who attended this series of meetings described the membership of their groups as mostly female although groups that had a male sponsor or co-sponsor reported a higher percentage of men in attendance in their groups. In fact, Lieber (1979) was reporting around that time that about 83% of the Parents Anonymous membership was female and Moore (1983) reported that Parents Anonymous groups often became Mothers Anonymous groups when men failed to attend or dropped out.

Subsequent developments

After three years the social worker that helped to start this Parents Anonymous group left and the other social worker, his co-facilitator for two years, continued with the group for another twenty-three years. During those twenty-three years there were only three other co-leaders in this group, one male and two female. The gender of the group leaders seemed to have a relationship to the composition of the group. When there was a male co-leader there was always male participation in the group, but when there were two female professionals it was difficult to keep men in the group for very long. It should be noted, however, that over the years the vast majority of referrals to the group were women. Ultimately the group's professional leaders began to believe that the needs of this group's members could be best met in what had evolved over time into a women's group.

This group has continued as a community outreach effort by the mental health agency in which it is housed and the agency has continued to provide space and allow two employees to run the group as a part of their official responsibilities. Wituk (2002) noted that self-help groups 'receiving substantial support from local agencies may be buffered against disbanding because of the additional services, resources, and support these agencies are often able to provide' (p.351). As the years

passed many of the other Parents Anonymous groups in the general area of this one faded from existence because they did not have consistent commitment and backing from an agency. Although agencies can sometimes use grant funding to initiate self-help and mutual aid groups, as the revenue disappears some cash strapped agencies can no longer afford to run them. Without involvement in a self help group being a regular part of a professional's official job description it is difficult to sustain participation by social workers and others in these types of groups over time.

The availability of on-site childcare was a key component in removing obstacles to group attendance for these parents. As one might imagine, maintaining free childcare over a period of twenty-five years required constant effort. The professionals involved in this group were fortunately able to move from the original system of volunteer child care providers and work out a system of payment through a protective services program. Funding, accessible because the group focused on child abuse services, was used to pay a childcare provider one evening a week. Amazingly, for twenty years only two individuals have acted in the capacity of child care providers for this PA group. The provision of childcare required some additional support by the professional staff as the children generally presented some significant behavioral challenges. Professional staff met with childcare providers before and after each group to offer some coaching and intervention tips. The professional facilitators acknowledged the child care providers' commitment to the group by remembering birthdays, acknowledging them at Christmas, and occasionally taking them to lunch.

There were a number of issues related to the use of this group as a primary treatment method for many of its members. At times, during the first few years of the group, attendance could be between ten and twenty members on any given night. Initially, there was some thought that a self-help type group needed to be able to absorb members who might be present on an irregular basis and that a group with too few members might not achieve the critical mass necessary for the group to survive. Even though the group met for two hours each week and the sponsors were available to group members for a limited amount of time, both before and after the group sessions, it became increasingly clear that on nights when all the members were present the group was simply too large to effectively meet the needs of its members.

Because this particular Parents Anonymous group was the only one in a relatively large community the agency and group leaders were faced with the choice of moving members out of group before they seemed to be ready in order to better accommodate the ongoing referrals from child protective services, or of keeping members for a longer periods, according to their individual needs, so becoming a less available treatment resource for CPS. Ultimately, a commitment was made to have members stay in the group until they felt their needs had been adequately met.

Eventually, attrition reduced the consistent membership to eight or nine individuals which allowed everyone a chance to talk each week and helped to insure that the quieter members were not continually overwhelmed by those who were more verbal. Having a smaller group meant fewer clients were referred directly from child protective services workers, because their timelines demanded significant client progress toward reunification (for those parents who had had children removed) within six months and their clients simply could not wait for openings in the group. However, over the years there was a steady flow of referrals from other mental health clinics, the general community, and protective services, along with some self-referrals. Unfortunately, even with fewer referrals from protective services a waiting list had to be established and potential members often had to be referred to other resources pending an opening in the group.

As time passed a fairly consistent pattern of group membership became apparent. Parents would join the group and participate from six months to well over a year and then leave the group when they felt that they had gotten what they needed out of the experience, or when their involvement with child protective services was concluded. Many, if not most, former members would continue to call the professional facilitators and parent leaders just to 'check in', report on significant events in their lives, and/or seek support. Frequently, after being out of group for some time, usually about a year, former members would call and ask to come back to group. This was especially true of those members who were originally referred by another agency and mandated to attend. Many of these formerly involuntary members, who had originally objected to being 'forced' to attend a group, came back later on their own terms and voluntarily began to tackle some of the serious and unresolved issues in their lives.

Virtually all of the parents attending this group had been abused themselves and most had moderate to severe mental health issues including major depression, bipolar disorders, anxiety disorders, post-traumatic stress disorders, eating disorders, obsessive-compulsive disorders, and others. Their lack of basic trust in authority figures, limited social skills, guilt, and fear of being judged by professionals generally kept them from initially seeking out or being willing to engage in individual treatment. Therefore, for many of these parents, this group was a key, if not the key, treatment modality available to them. With consistent support and encouragement members would gradually acknowledge some of their own history of abuse and mental health issues and accept referrals for individual treatment and medication support, when it was indicated.

Because so many of the parents had issues related to trust and change, having at least one professional who was a consistent presence in the group seemed to be very important to the group's process. Professional group leaders, who were available to help stabilize parents and link them to appropriate services, were essential when group members confronted especially difficult problems. Ultimately most parents were able to use the group to gain some trust in others, build relationships with the professionals, parent leaders, and other group members, and find that they were not alone in their struggles.

Although child welfare services plans for these parents often required them to participate in short term parent education training, these classes did not seem to be particularly effective for the people who found their way into this PA group. When parents attended parent education classes concurrently with Parents Anonymous they often seemed unable to verbalize in group how they were using the material from their classes in their daily parenting, and sometimes simply unable to remember what they were learning at all in class. Parenting education was needed, however, because many of these parents' abusive behaviors seemed to be related to their very limited knowledge of, or tolerance for, normal childhood development and behavior. Most of the parents appeared to be much better able to absorb child development and child management material when it was regularly woven into group discussions rather than presented as didactic material in lectures or classes. The group's co-leaders functioned, in many ways, as parent education trainers, but the training occurred in short doses in relation to subjects the parents

themselves raised. In fact, Parents Anonymous (2000) literature urges judges, social workers, and others to consider Parents Anonymous as a parenting education resource because parents 'who are facing serious concerns and who participate in brief, general skill building classes do not have enough time to deal with their underlying emotional issues, learn through repeated practice and achieve lasting behavioral changes to become more nurturing parents' (p.2).

Peer leadership

According to Lemberg (1984) shared peer leadership enhances the survival of self-help and mutual aid groups and as this group developed over time it relied less on a model of one parent as the parent leader, and instead relied on multiple parent leaders. At any one time there may have been four or five experienced parents who were able to reach out to new group members and provide leadership. The sharing of parent leadership resolved some of the sibling rivalry and competition issues between members and allowed all the senior members to continue to work on their own personal issues in group, without feeling that they had to maintain the appearance of having their own lives under control so they could be of help to others. As an important part of the self help process the group regularly maintained a membership telephone list and the parents continually used it both to receive and provide support outside of the weekly meetings. Parent to parent work that was done between the meetings was often reported on during regular group sessions and became a meaningful topic of discussion.

For the most part parent leadership in this PA group was limited to activities that were directly related to the functioning of the group itself. During the first three years of its existence, the group's professional facilitators queried group members about potential interaction with other PA groups or others outside of the group and members expressed little or no interest. However, leadership outside of an individual group can be an important role for parents. In fact, Polinsky and Pion-Berlin (2001) state that 'parent leadership is one of the guiding Parents Anonymous Principles and is a key factor in Parents Anonymous programs' and that leadership can include 'being a leader within the Parent Anonymous group, and contributing to the enhancement of

program development, implementation, evaluation, policymaking, training, technical assistance, public awareness, and outreach' (p.3).

Group process and peer support

Typically when parents first started attending group, even though they were having a difficult time controlling their own abusive behaviors, they had little or no tolerance for other parents who were abusing their own children which frequently elicited lively interactions between the members during meetings. Although many of the parents appeared to be able to bring their physically abusive behaviors under control fairly quickly once they began to work in group, their emotionally abusive behaviors seemed to be much more difficult to control. These largely verbal behaviors were deeply entrenched and at first many of the parents had trouble even recognizing them as abusive. Helping parents develop alternative, non-emotionally abusive, behaviors required continual cognitive behavioral intervention coupled with frequent positive reinforcement of new behaviors. Emotional abuse and its ramifications was a recurring group theme.

Parents who started attending group and then at some point revealed they had also sexually abused their children were generally not accepted by the group's membership. Fortunately, there was an active sexual abuse treatment group in the community and parents with sexual abuse problems could be referred to it. Members who were actively misusing alcohol and other substances usually seemed to gain little or nothing from the group and frequently behaved in ways that were damaging to the group's process. These parents were 'counseled out' of the group by the professionals and referred to substance abuse treatment programs with an understanding they might be able to return once the active substance abuse was under control.

Many of the parents in this group initially had few significant outside social relationships and often had very limited family supports so the group became a place to learn and practice social skills that could be used by them to enhance healthy connections with others. Learning to talk openly in group about important emotions and events made it possible for the parents to become meaningful sources of emotional and social support to each other.

As in many self-help groups, social activities, such as sharing meals or going out for tea, often occurred both before and after group. In this group there were also two major social activities, a picnic in the summer and a holiday celebration in December, which occurred in the group itself. Each year, as the time for these two events drew close, the parents were encouraged by the professionals and the parent leaders to discuss whether the members' families should be invited to the festivities. The parents used these discussions to talk about their own reservoir of unmet needs and how daily demands on their attention and energy rarely left them much time for themselves and little or no time to play. The parents saw these social events as ways to do something fun just for themselves and so they consistently chose not to invite their families and the events became for the 'group only' each year. Birthdays were also social events in the group and were acknowledged by the professional facilitators who would bring 'birthday treats' and cards. Sometimes the only acknowledgment parents had of their birthdays were the ones that occurred in the group. For the most part, the immense unmet personal needs of the parents had to be dealt with in the group in a variety of ways before they were really able to offer their children more appropriate care giving. As the parents were nurtured and supported themselves they became better able to nurture and support each other and ultimately their children.

Sibling rivalry was an on-going part of group dynamics. Members would frequently imagine that one group member or another was more favored by the professionals in the group and discussions regarding these kinds of feelings often became a focus of the group's discussion, as the parents used the group to work on their own family of origin dynamics. Strean (1967) wrote that members of a group may experience transference reactions and find both 'parents and siblings in the group' (with the leader usually experienced as the mother or father) and that the individual may 'begin to appreciate how he (or she) distorts other interpersonal relationships' (p.194) as these reactions are explored.

Transference reactions were an important part of the healing that occurred in this group. Parents were able to use discussions in the group to examine their relationships to other group members and the professionals, develop insight into their own processes, and connect emotionally with others in ways that strengthened them. For example, socialization and support that resulted from parents going out to tea after

group was sometimes a significant event in the process of the group, because of the inclusion or tacit exclusion of certain group members by other group members. Feelings about having been excluded often served as a stimulus to provide group members another opportunity to recognize, discuss, and deal with family of origin issues and other interpersonal dynamics.

Irving Yalom's (1995) list of curative factors in group therapy provide a framework for examining why this group was so cohesive and powerful for its members over the years. In addition to the imparting of information, development of socializing techniques, interpersonal learning, and recapitulation of family dynamics discussed above, there was an opportunity for catharsis for the members, who felt as if they were in a safe environment in which they could discharge very private feelings. The instillation of hope that is so common to many self help and mutual aid groups was clearly present in this one because of its open ended nature. New members had the opportunity to hear from members who had been in the group for varying lengths of time and had begun to resolve many of their own issues. Lastly, the helper-therapy principle (Riessman, 1984) or what Yalom (1995) refers to as the curative factor of altruism was critical to the cohesiveness and longevity of this group. As longer term members began to become more involved in the process of helping newer members by sharing, empathizing, and sometimes gently confronting they began to experience increased growth themselves. The role of parent-helper was not only encouraged but clearly validated by the professional leaders and this process of helping often led to enhanced self esteem and general sense of personal worth on the part of the parent leaders, who were modeling interpersonal helping to their peers.

Twenty-five year tenure

When this group was initiated there was no prediction or even thoughts that it would exist for more that 25 years and that one leader would have a 25 year involvement in it. This lengthy tenure was probably due to several factors. The first of those was a strong commitment on the part of the sponsoring agency to provide space and allow professional staff to conduct a group which yielded no income for the agency. The second was recognition on the part of the leaders of the incredible power

of the Parents Anonymous model. Over the years as the group leaders continually saw how important the group became to its members and the extent to which it became like an extended family for them it became difficult to imagine not being involved in it. The cohesion felt by the group members was also strongly felt by the leaders.

Having a co-leader in this group was vitally important to the longevity of the leader who participated for 25 years. From a practical standpoint it allowed both facilitators to take vacation time or sick leave at different times without having to cancel group meetings. Co-leaders were also able to provide both a balance and perspective to the work being done with the members. It was important to have two sets of eyes and ears taking in the group process and providing two separate sets of input for reflection. Counter-transference issues as well as child abuse reporting requirements, confidentiality concerns, and court mandates could also be discussed between the group leaders from sometimes differing points of view.

Traditional clinical supervision of the group leaders was lacking in the development and ongoing process of this group. Neither of the writers were licensed clinicians when they first began leading this group and although they were getting supervision relating to individual psychotherapy cases they got little in the way of supervision for this group. So, building on the support group for support group leaders model discussed above the leaders used each other for consultation and peer supervision over the years. There were occasional consultations with other mental health professionals about the needs of particular individual group members, but no substantive consultation or supervision pertaining to group process. In the opinion of the writers agencies often do an ineffective job in the area of group supervision and this shortcoming, when it exists, needs to be addressed with inexperienced group leaders.

Termination

Having a professional facilitator retire and leave this group after twenty-five years of continual involvement was difficult for the facilitator and for the group. The facilitator announced six weeks in advance that she would be retiring and would no longer be involved in the group. As

might be expected the announcement led to a classic set of termination issues that included comments from parents that they felt deserted, abandoned and angry. These feelings, once again, led to examining and discussing unresolved family of origin issues. A new co-leader joined the group three weeks prior to the departure of the senior professional and parents commented about her apparent youth, lack of children of her own, and perceived general lack of understanding or appreciation of the important issues in their lives. The outpouring of feelings around the time of departure of the senior professional, and the letters of appreciation and gratitude from parents which were forwarded to her after she left, were another indication that transference reactions were an important part of the group process, not only in terms of the sibling issues discussed above but in terms of parental issues as well.

Summary

Numerous experiences over a period of years in this one Parents Anonymous group suggest that the coupling of consistent professional involvement with peer leadership and self-help results in a treatment modality that is useful to parents with abuse and neglect issues in their lives. Over a period of twenty-five years this group's professional facilitators developed and used a blend of insight-oriented discussions, recapitulation and working through of family of origin dynamics, integrated parent education training, modeling of social and communications skills, and traditional cognitive behavioral techniques as therapeutic tools with parents who brought in child abuse and neglect related problems often paired with moderate to severe mental health issues. Contact with caring professionals in the group, in concert with strong and healthy identifications with senior group members and parent leaders, allowed parents to establish the trusting relationships they needed to be able to meaningfully confront, and ultimately modify their destructive behaviors. The power of self-help, of knowing and relating to others who have experienced, or are experiencing, similar issues in their lives is critical to the success of groups like this one. For the first time in their adult lives, many of the members of this group had real and intimate friends with whom to share their innermost struggles and joys. Although the self-help

component of the group was critical in the growth and healing of its members, without the early support of the Parents Anonymous regional office, ongoing commitment of the mental health agency, and consistent, active involvement on the part of several professional facilitators it is unlikely it would have survived for 25 years. The authors of this article are strong supporters of the current Parents Anonymous model (see <http://www.parentsanonymous.org> for further information) and believe it is a powerful intervention and community resource for those persons struggling with child abuse and neglect.

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