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Building on the Resiliency of California Families in the Time of Covid-19

QUALITATIVE ANALYSIS OF THE PARENTS ANONYMOUS® CALIFORNIA PARENT & YOUTH HELPLINE

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Background

The Covid-19 Pandemic introduced unique stressors into the lives of California parents and youth. In an effort to mitigate some of those stressors, Parents Anonymous® launched the California Parent & Youth Helpline (“the Helpline”), a free service that offers a combination of telephone, live chat and text-based emotional support. This report highlights the most common problems that prompted calls/texts/live chats to the Helpline and describes how the counselors used a combination of research-based psychological practices and parenting strategies to support families in resolving conflicts, building resilience, addressing mental health crises, and promoting safety and well-being during one of the most isolating and challenging times for families in modern California history. The California Parent & Youth Helpline is part of the nonprofit’s statewide First Responder System program for families that also includes Parents Anonymous® weekly online support groups for parents and their children and youth of all ages.

The purpose of the California Parent & Youth Helpline is to offer 7-day a week, 12-hour a day, culturally-responsive emotional support. Services are provided by clinically trained counselors as a therapeutic intervention. The program model helps parents and youth to build on their own strengths to solve their own problems, rather than operating as an advice line. The model includes referrals to Parents Anonymous® Groups and other services to help families with resolving problems like inadequate access to housing or food, but the most important niche of the service is as a therapeutic intervention.

Past research has shown that Parents Anonymous® support groups significantly reduce the risk of child maltreatment (Burns et al. 2021). The Helpline adheres to the same principles, and uses the same strategies, as the support groups. As with the groups, the four therapeutic processes behind the Helpline are mutual support (participants receive and give support), parent leadership, shared leadership, and personal growth and change. The Helpline uses a variety of research-based parenting interventions, and established mental health and well-being interventions, such as encouraging quality family time and teaching self-care. The Parents Anonymous® intervention is designed to address multiple well-researched routes for improving child outcomes. The intervention introduces parents to basic parenting skills, such as techniques for providing consistent discipline. They also work on improving parent sense of self-efficacy, which gives parents the confidence to persist in using the skills they have developed. In addition, the intervention addresses barriers to effective parenting, notably anxiety and depression. And finally, the intervention works to improve the relationship between children and their parents. Children do better when they believe their parent cares

about them, and when children feel better, it can reinforce parents' positive behaviors, thus contributing to long-term change (Sandler et al. 2011).

The program served 10,356 parents, youth and children from every county in California, and although most callers/texters chose not to disclose their race or ethnicity, the participants are reflective of the diversity of California. Of the participants who did disclose their race or ethnicity, a majority were Latinx. This may be reflective of Parents Anonymous® longstanding history of serving Latinx parents, children and youth in Southern California or may relate to the need for mental health services among Latinx families in California. Program staff speak English and Spanish and served families in both languages as needed. Translation services were available to parents, youth and children who did not speak either language.

Fidelity

The program took a number of steps to maintain program fidelity. All of the counselors were trained in the Parents Anonymous® model, and all calls were recorded. The program supervisors listened to a selection of the calls to monitor for the quality of the therapeutic intervention and to make sure the program implementation aligned with the model. In addition, the program staff internally tracked which Parents Anonymous® processes and strategies they used with each caller/texter. Tables 1 and 2, respectively, show the principles and strategies used for the full census of calls/texts, according to Parents Anonymous® database records.

Table 1. Adherence to Parents Anonymous® Therapeutic Processes

Principle	Count	Percentage of Total Parents	Percentage of Total Respondents (5100)
Mutual Support	4641	45%	91%
Parent Leadership	1565	15%	31%
Shared Leadership®	1440	14%	28%
Personal Growth and Change	1022	10%	20%

Table 2. Adherence to Parents Anonymous® Strategies

16 Successful Nurturing & Parenting Strategies			
Strategy	Count	Percentage of Total Parents	Percentage of Total Respondents (3949)
Establish a Loving & Supportive Home	857	8%	22%

Focus on Encouragement	2902	28%	73%
Practice Responsive Caregiving	553	5%	14%
Be Present Physically and Emotionally	336	3%	9%
Create Family Rules and Logical Consequences	275	3%	7%
Remember Self Care	861	8%	22%
Try Time-In instead of Time-Out	86	1%	2%
Reward Appropriate Behavior	141	1%	4%
Hug Laugh Out Loud Dance and Smile OFTEN	126	1%	3%
Use Verbal and Physical Redirection	106	1%	3%
Create Daily Affirmations	267	3%	7%
Use Self-Calming and Re-Centering Strategies	411	4%	10%
Conduct Family Meetings	301	3%	8%
Teach your child how to Address Problems Resolve Conflicts and Make Amends	215	2%	5%
Foster Resiliency	1780	17%	45%
Spend Quality Time Together	419	4%	11%

Methods

Each time Parents Anonymous staff make or receive a call, they log the call in a database and keep detailed notes. These notes are the source behind this report. The program started in May of 2020 and the data was transferred to me for analysis on March 30, 2021, and is inclusive of all calls up until that date. The original datafile contained 10,356 records. I extracted 2,108 records which pertained to calls or text exchanges that lasted for ten minutes or longer.

Eliminating shorter interactions was intended to allow for better analysis of substantive interactions and eliminated contacts that consisted of leaving messages or calls that were not appropriate to the Helpline.

I uploaded the case notes file into Atlas-ti, qualitative analysis software. I did not start with any pre-existing hypotheses about what I would find in the data. Rather, I used an inductive process where I approached the data without pre-conception and allowed the contents of the data to shape the findings, in a manner consistent with grounded theory (Strauss 1987). In practice, this meant that I began by reading a set of the interactions and I looked for common themes and words. I then used the machine learning functions in Atlas-ti to search for and code those words or similar words. Some words and concepts could be coded entirely by machine and others had to be reviewed for by hand. For example, the first theme that appeared in the data was isolation. Atlas-ti's machine learning tool searched for words that were related to isolation and automatically coded them. Another emerging theme was that parents were struggling with work/life balance. This theme did not lend itself to fully automated coding and so instead I searched for a variety of other words that may come up when discussing lack of work/life balance, such as lack of time. I manually reviewed each record with those related words in it. Finally, I manually reviewed records that had not been coded through the word/phrase searching process and I manually coded them. The result was a database containing 85 codes for major themes and topics that callers/texters brought up or that the counselors employed to work with the callers/texters.

Although I have some existing familiarity with the program model, I deliberately did not look for or put Parents Anonymous® therapeutic processes or strategies into my coding list. Instead, I allowed the codes to emerge from what the counselors described of their interactions. For example, a counselor might have reported in their database that they encouraged self-care, but I only coded the response as encouraging self-care if the counselor described in the notes their method of promoting self-care. For example, when the counselor found out a child enjoyed playing with his dog when stressed, and the child formulated a plan to play with their dog, I considered that as evidence of encouraging self-care.

There are some limits to this method. The amount of time that the counselors had to write varied, depending on how busy the Helpline was. Some of the records are therefore incomplete. In other words, when a strategy was not described in the notes, it still may have happened. In addition, the machine learning tool was not always able to identify what was meant by misspelled or highly abbreviated words. As a result, the number of calls pertaining to any given subject are an undercount. However, the research method is sound for evaluating how the Helpline addressed the concerns of diverse parents, children and youth during the height of the Covid crisis.

To decide what to highlight in this report, I calculated co-efficients in Atlas-ti to determine the most common codes by type of caller/texter and the most common combinations of themes behind calls. I then manually reviewed the quotations which were associated with those common calls and selected representative call summaries for inclusion.

Fidelity to Parents Anonymous® Principle of Respect

Parents Anonymous® has an explicit intent to provide services that are culturally responsive. One of their main concerns is making sure interactions with family members are never blaming or shaming. This is particularly salient to them because they work with so many parents and children who are poor and/or people of color, and who have a history of child welfare involvement. The parents served by Parents Anonymous® have often felt blamed and shamed by the child welfare system or by other social service institutions, which compounds their problems and makes it harder for them to grow emotionally.

Using a deductive version of the qualitative machine learning techniques described in this report, I reviewed the notes to look for evidence of respectfulness in the interactions between the counselors and the callers. As a proxy for respect, I looked for person-centered language in the notes. One way that parents may be disempowered by social systems is if they are reduced to their problems. For example, parents may be defined and described by their problems, and secondarily as a person, as with being called “mentally ill” or a “client” rather than “a person who is experiencing mental health problems” or “a person who is seeking help.” Similar language may be applied inappropriately to even very young children, as with “meth-addicted babies.” As the Parents Anonymous® model is premised on the possibility of growth and change, language that defines people by their mistakes would be particularly antithetical to the program model. I therefore compiled a list of terms that are frequently used as labels in the social services² and I used machine learning software to look for any times those labels were used in the notes. I then assessed manually whether they were done in a person-centric manner, as in the “the mother had been diagnosed with bi-polar disorder” as opposed to “the bi-polar mother.”

I also looked for inherently judgmental language, such as referring to a parent who has been using substances as “dirty” or language that expresses doubt about the caller’s veracity without providing any reason for the doubt. The words I searched for those purposes included

² The words I searched included addict, user, abuser, junkie, alcoholic, mentally-ill, schizophrenic, psychotic, crazy, disturbed, abnormal, client, patient, and battered. The machine learning software searched for synonyms of these words as well.

dirty, clean, habit (to refer to substance use), abnormal, pretended, claimed, alleged and non-compliant.

- In 99.58% of all of the calls in my sample, the counselors used respectful person-first language in their case notes.
- In 99.82% of the calls, no disrespectful or judgmental language was in the notes.

Common Concerns and Their Interventions

Coping With Covid-19 Illness and Loss

The Covid-19 Pandemic permeated every call to the Helpline, but none more directly than calls from parents and youth who were sick or who lost loved ones.

A Typical Call From a Parent with Covid-19

The Concern: Frieda called after being sick at home for nine days, with her four children. Frieda was exhausted and needed rest, and she was terrified of passing the virus onto her family. Covid-19 testing was limited in her area, so she worried the rest of her family had already been infected. Waiting for test results for the rest of her family was making her anxious. Moreover, home chores were piling up, and Frieda was too sick to do them.

The Intervention: Frieda seemed to need space to share her feelings, so the counselor spent time listening to Frieda talk about her worries. Throughout the call, the counselor also validated Frieda's feelings. The counselor then introduced Frieda to using positive self-talk to replace negative self-talk, and the counselor encouraged Frieda to do the self-care and rest that she needed for her recovery. Finally, they settled on setting up a family meeting to discuss how to allocate chores across the family, including between the older children. The meeting would also let the children talk about their own emotional response to Frieda's illness.

How Does This Approach Work:

- Frieda had a chance to talk about her feelings and her experience. She also planned a meeting that would give her children the chance to voice their emotions. Research has shown that talking about feelings is emotionally effective and helps people to feel more able to fix their problems (McLeod and Wright 2009).
- Frieda learned how to use positive self-talk, a broadly-used strategy for coping with adversity or improving performance. Positive self-talk is subjectively experienced as helpful by people going through other types of serious illness (Hamilton et al. 2011).
- Encourages use of family meetings. Family meetings are a century old parenting technique, and have been studied by scientists in conjunction with other types of positive family discipline. Research shows that these approaches to family discipline help to make families feel closer to each other (McVittie and Best 2009).

Mental Health Concerns of Children and Youth's

Many parents and some youth called for help in maintaining their mental health and psychological equilibrium under the stress and isolation of the pandemic.

A Typical Call From a Youth Seeking Help with Mental Health

The Concern: Armando is a teenager who is struggling with acute anxiety and feeling isolated from his friends, as a result of the pandemic shutdown.

The Intervention: The counselor focused on immediately de-escalating Armando's anxiety. The counselor listened carefully, validated Armando's feelings and recognized him for calling for help. Then the counselor worked with Armando to identify his coping skills for dealing with stress, such as contacting friends remotely, writing and playing video games. She suggested he supplement these activities with mindfulness activities and actively engaged him in visualizing things that he feels grateful for. By the end of the call, Armando reported that his intense anxiety had mostly abated.

How Does This Approach Work:

- Armando had a chance to talk about his feelings.
- Armando's feelings were validated. Validating feelings has been demonstrated to be one of the most effective ways to give peer support (Bohn 2021) and communicates acceptance and value. Anxiety and depression are associated with invalidation, so this technique is an important first step in engaging with someone who has these symptoms, as Armando did.
- Armando was introduced to mindfulness activities utilized in Parents Anonymous®. Mindfulness is a strongly supported treatment for anxiety (Hofmann and Gómez 2017).

A Typical Call from a Parent about Covid and Children and Youth's Mental Health

The Concern: Jenn's¹ teenage daughter had become fixated on fear that she had Covid-19 and had become extremely withdrawn and anxious.

The Intervention: When the counselor spoke to Jenn, the first thing she did was to name and recognize Jenn's desire to help her daughter. They then discussed how Jenn was taking care of herself by limiting her media consumption of Covid news. Once the counselor had made sure Jenn's work as a mother had been recognized and that Jenn was addressing her own mental health, then they transitioned to talking about Jenn's daughter. Jenn and the counselor worked together to think about what feelings might underlie her daughter's anxieties. The counselor also offered to talk directly to Jenn's daughter about her feelings.

How Does this Approach Work:

- Affirms Jenn's ability to mother: Research has shown clearly that mothers are warmer, less depressed and have children with better temperaments when they feel a strong sense of self-efficacy (Coleman and Karraker 1998).
- Recognizes Jenn's daughter cannot be helped in isolation: Research has shown that the mental health of mothers is strongly correlated with the mental health of their children. Maternal depression has significant and negative effects on children (New York Department of Health 2015). Helping Jenn to maintain her well-being is important in addressing her concerns about her daughter and is an essential therapeutic Parents Anonymous® technique.

Mental Health Concerns of Parents

Youth and adult children called the Helpline to get help in dealing with the repercussions of having a parent who is experiencing or has experienced mental illness. Parents also called for help in addressing their own feelings of depression and anxiety or for advice on what to do when a co-parent struggles emotionally.

A Typical Call from a Youth With a Parent With Mental Health Problems

The Concern: Hailey is a teenager who had been emotionally traumatized by her mother's bipolar disorder symptoms. Hailey had recently moved in with her father fulltime. Her move to live with her father had been difficult. She had challenges communicating with him, and felt overwhelmed. Hailey was very upset when she called the Helpline and could not stop crying.

The Intervention: The counselor immediately praised Hailey for the self-awareness to try to get support and validated her feelings. The counselor supported Hailey in making positive statements and taking deep breaths until her crying had abated. They then worked together on thinking about effective communication skills that Hailey could use with her father.

How Does This Approach Work:

- Validates Hailey's feelings.
- Engages Hailey in deep breathing, which can measurably decrease self-perceptions of stress and physiological indicators of stress such as salivary cortisol levels and heart rate (Perciavalle et al. 2017).
- Recognizes Hailey's strengths to improve her sense of self-efficacy.
- Effective communication skills are not a simple formula. Rather, counselors would work with Hailey to identify examples of when her past communication attempts with her father had been effective. This allows Hailey to develop a plan of her own for improving her relationship with her father, which builds on her strengths.
- The intervention focuses on bringing Hailey to a baseline emotional state.

Follow Up Needs:

- The Helpline is not a suitable therapeutic intervention for addressing the more deep-seated emotional trauma Hailey had gone through with her mother's mental illness. The availability of other types of support, including Parents Anonymous® youth groups and other therapy is an important complement to what can be offered in a short-term intervention. Notice that the counselor did not engage with Hailey's

A Typical Call from a Parent Struggling With Their Mental Health

The Concern: Cherilyn, a mother of two, called because she has been experiencing extreme anxiety since the pandemic began. Cherilyn has already taken steps to get help with her anxiety, including getting a prescription from her doctor and setting up an appointment with a therapist, but she needed immediate help and called the Helpline.

The Intervention: The counselor focused on helping Cherilyn to overcome her immediate feelings of anxiety. The counselor walked Cherilyn through deep breathing and mindfulness exercises. She then encouraged Cherilyn to write daily affirmations and introduced her to the concept of a gratitude journal, all Parents Anonymous® techniques.

How Does This Approach Work:

- Cherilyn had already taken critical steps to address her severe anxiety but many psychoactive medications take a period of weeks to help, and her therapy was scheduled for a future date. The counselor therefore focused on immediate, evidence-based strategies to reduce Cherilyn's current state of distress, including breathing exercises and mindfulness strategies.
- Cherilyn was encouraged to use affirmations and gratitude journaling. Affirmations have been associated with greater happiness and hopefulness in research studies (Taber et al. 2016).

Distanced Learning

As parents suddenly were catapulted into being teachers and study hall monitors under Covid, many parents called for support in dealing with their children's academic obligations. Youth also struggled emotionally with school.

A Typical Call From a Youth About School

The Concern: Fernanda is experiencing depression and is very unhappy in her remote school. She has historically been bullied at school and says she hates herself. She also finds math extremely challenging and pointless.

The Intervention: The counselor's first concern was for Fernanda's safety, and the counselor actively assessed for suicidality. Once the counselor had established that suicidality was not an active problem, the counselor encouraged Fernanda to identify coping strategies that help her to manage her emotions. Fernanda was able to identify drawing, music and writing as outlets which diminish her negative feelings. Over the course of several calls, Fernanda was able to boost her self-esteem by improving her drawing skills.

The counselor walked Fernanda through thinking about the benefits and negatives to passing her math class. Fernanda eventually decided that while she does not think math has any intrinsic value, she did not want to have to do make up work. The counselor then referred Fernanda to some online math games.

How Does this Approach Work:

- Addresses Fernanda's immediate safety.
- Fernanda developed solutions to her own problems as she is developing her own leadership capacity, a key therapeutic process of Parents Anonymous®.
- Fernanda identified and formed a plan to use coping strategies to reduce her depression.

A Typical Call from a Parent About Distanced Learning

The Concern: Mia's daughter had never had trouble with school, but her daughter had no motivation to participate in remote schooling. Mia was increasingly infuriated and frustrated with her daughter's unwillingness to do her online school work.

The Intervention: The counselor started by working Mia through some pragmatic strategies to calm herself down, including breathing strategies. The counselor also lauded Mia for stepping away, taking time for herself and reaching out for help when Mia's feelings started to feel out of control. The counselor then helped Mia to identify her daughter's positive characteristics and helped her to think about how the pandemic might be experienced by her daughter.

How Does This Approach Work:

- Engages Mia in breathing, an evidence-based strategy to give her immediate physical and psychological relief from her acute stress state at the time of the call.
- Uses the Parents Anonymous® responsive caregiving strategy to direct Mia's attention to her daughter's unique feelings and thinking to improve Mia's caregiving.

Co-Parenting Under the Stress of Covid

Many parents called for help because they had trouble agreeing on how to how to effectively parent and support their children under pandemic conditions.

A Typical Call About Co-Parenting Under the Stress of Covid

The Concern: Lisa called because her teenage son, who has autism, was having angry and sometimes violent outbursts. His outbursts began after the shelter-in-place orders started. Lisa was afraid her son would hurt her during one of his outbursts. Lisa's husband was dismissing Lisa's concerns about their son's outbursts.

The Intervention: The counselor began by validating Lisa's feelings of fear and frustration. Then they moved into discussing practical strategies that Lisa could use to get on the same page as her husband, and to address the outbursts. By the end of the call, Lisa planned to hold a family meeting to establish rules and consequences for their son around his outbursts.

How Does This Approach Work:

- Allows Lisa to feel respected and heard about her feelings, thus helping her to feel and be more effective as a parent.
- Gives Lisa a tool, family meetings, for getting on the same page as her husband and her children.
- Parental conflict is associated with reduced self-esteem in some children and may be associated with worsened parent-child relationships. Lisa's ability to address her conflict with her partner is important on its own merits and because it also has repercussions for her child (Amato 1986).

Follow Up Needs: Lisa's family clearly has greater emotional needs than could be addressed with a short-term psychological intervention. There are a number of approaches to working with young people with autism, and in a longer intervention, it would be helpful to discuss which interventions the family had already tried and whether those were working. It would also be helpful for Lisa and her husband to think about how tensions in their home might affect their child. For this type of need, Parents Anonymous® generally suggests parents join an Online Weekly Parents Anonymous® Group.

Parenting Children Who are Physically Aggressive Without a Safety Net

Parents of children and adult children with severe behavioral health problems faced particular hardship after the pandemic shut down programs. As a result, families had to step in to try to care for children and adult children who were physically aggressive and destructive. A number of parents called for help.

A Typical Call About Parenting an Adult Child who is Physically Aggression After the Pandemic Shut Down Regular Programs

The Concern: Anne and her husband are in their late 70s. Their adult son, who has a brain injury, had long lived in a group care home but it was shut down during the pandemic. Their adult son had moved in with them and was destroying the house. Their son was also experiencing a manic episode. Anne and her husband were afraid of their son but they also wanted to protect him, and they were afraid to call the police for help.

The Intervention: The counselor's first priority when Anne called was to make sure she was safe in the moment. She also allowed Anne space to express her feelings and feel validated. The counselor and Anne worked together to make a safety plan. While they were on the phone, Anne put together a list of emergency phone numbers that she could call if her son became violent. Anne also agreed to call Adult Protective Services for help.

How Does This Approach Work:

- By developing a safety plan now, Anne and her husband will be able to react more quickly when they face a high stress, dangerous situation.
- Anne experiences the benefits of recognizing and talking about her feelings and being validated. People in abusive situations may feel invalidated and so this intervention is important.

Isolation

Children, youth and their parents struggled to cope with the experience of enforced isolation and separation from loved ones during Covid. For child welfare system involved families, court ordered in-person visits and reunification often ground to a halt, leaving parents and children with no way to see each other and no ability to know when the separation would end. Divorced or separated parents faced similar problems, as did families that were separated by border closings. Many children, youth and parents struggled emotionally as a result.

A Typical Call from a Child Welfare System-Involved Parent About Separation from Loved Ones

The Concern: Marta's baby was taken by child welfare at birth, after testing positive for drugs. Marta has since successfully gotten sober, and she is eager to spend more extended, unsupervised time with her baby. Instead, her court hearing was delayed indefinitely due to Covid-19 concerns. Marta feels guilty. She wants to be a good mother to her baby and she is worried she will not be able to bond with her baby.

The Intervention: The counselor validated Marta's desire to be a good mother and recognized Marta for her hard-won sobriety. She then offered to send Marta information on child development. By the end of the call, Marta had formulated a plan to work on bonding with her baby during the visits she does have, even though they are supervised visits.

How Does This Approach Work:

- Mia was in a very negative mindset at the time of her call, so the counselor focuses on identifying as many positives as possible to turn around Mia's perspective.
- It is noteworthy that Mia is upset about supervised visits being prolonged, at the expense of unsupervised visits with her baby. By definition, the child welfare system investigates, codifies and requires parents to acknowledge, express contrition for, and attempt to rectify their biggest mistakes as parents (Reich 2005). Supervised visits are used by child welfare systems, necessarily, as an opportunity to see whether a parent is responsible enough to reunify with their children and people supervising visits are actively watching to see whether the parent makes mistakes during the visit. Many parents find this experience is demoralizing. Unfortunately, this contributes to low-sense of self-efficacy and can interfere with a parents' ability to be effective and nurturing with their children (Fischer et al. 2020). By focusing on Mia's strengths and resilience, including validating her desire to be a good mother, the counselor is helping to provide a counter-narrative to the one Mia may be implicitly getting from the child welfare system and during supervised visits.

Discussion

At a time when families faced unusual and new stresses, and as many of the in-person social services shut down, the Helpline filled an important gap for families. Several things stand out from this analysis of the Helpline database. Among them are:

- The problems that drove parents and youth to call the Helpline were often very serious in nature, and required a complex and thoughtful intervention. It is noteworthy how few calls were about bread-and-butter parenting challenges, such as difficulty with toilet learning (mentioned six times), bedtime problems (mentioned 21 times), and

sibling rivalry (mentioned 27 times). The parents rarely needed tips. They needed complex emotional support and guidance in considering options for addressing complex problems.

- Arguably, one of the most important tasks of a society is to raise a healthy new generation and in the United States, this task is carried mostly by parents (Cherlin 2010). Under the pandemic, this load grew as almost all of the responsibility for raising children to successful adulthood fell on parents. The most obvious example of this was the responsibility to educate children from home. As parents had to take on more responsibilities, the stress on them often became overwhelming (feeling overwhelmed was mentioned 249 times). The Helpline was a vital resource for providing a therapeutic intervention that enhances well-being and resilience for parents to feel good about their own capacity to parent and for giving parents resources to mitigate the enormous stress they faced during these unprecedented times of this worldwide pandemic.
- The interventions rarely involved having the counselors give parents advice, which is consistent with most mainstream therapeutic interventions such as Cognitive Behavioral Therapy and is consistent with the overall approach that Parents Anonymous[®] has in its groups. This analysis identified only 15 occasions when the intervention seemed to rely heavily on giving the parent advice or suggestions. Instead, parents and youth were supported in their empowerment process to come to decisions and plans they could own. Even though I did not seek out evidence of use of the Parents Anonymous processes, they emerged naturally in the notes, suggesting good fidelity to the model, and the model itself is clearly based on accepted research on effective parenting interventions.
- Numerous newspaper stories reported that young adults returned to their families of origin during the pandemic, often interrupting the normal transition to adulthood (Holder 2020). Parenting has never ended when young adults turn 18, but during the pandemic, more parents than ever had to figure out how to parent young adults. When the parenting challenges were serious, such as when substance use was involved, there is very little safety net to support parents during this time. The Helpline helped to fill in this gap with a therapeutic intervention that builds on the resilience of both parents and youth.

- This review suggests a short-term intervention like the Helpline can be useful in addressing specific types of problems, notably in helping parents and youth who were in an acute state of emotional arousal at the time of the call. Techniques like allowing a caller/texter/live chatter to name their emotional state, articulate their feelings, get validation for those feelings, be supported in doing self-care and engage in immediate self-calming activities like breathing exercises are all useful in a short-term session. Often times, counselors would refer directly to the Online Parents Anonymous® Groups or help to find an individual therapist for ongoing help given the short duration of a Helpline interaction and more complex issues. Unfortunately, the need for these groups exceeded availability and so some people who needed a long-term intervention may not have been able to get one.
- Some of the callers to the Helpline were already connected to community resources to deal with their challenges, including mental health struggles, but those community resources were not necessarily available at the exact moment when their feelings boiled over. The Helpline addresses these acute needs by offering a therapeutic intervention at the point of crisis with a strength-based philosophy.

Conclusion

The California Parent & Youth Helpline does not easily lend itself to long-term evaluation of outcomes because there is no funding to follow callers longitudinally. It is possible, however, to evaluate this program based on how closely the program's approach aligned with what research literature has shown to be effective in supporting parents and families. According to the notes that the counselors kept, the Helpline used a combination of established psychological techniques for mitigating stress; encouragement and validation to improve self-efficacy and reduce depression; and parenting strategies to encourage use of positive discipline. Overall, these findings suggest strong alignment between the Parents Anonymous® interventions used by the Helpline and research on effective strategies for supporting parents, youth and families.

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