

Parent-to-Parent Support

The Parent-To-Parent (P2P) program provides support for parents whose children (regardless of age) are struggling with addiction. Trained parent supporters with lived experience will lend an understanding ear and speak with you about strategies that can help both you and your child. All services are **free and confidential**.

Parent Testimonials

"I was able to open up about my daughter – I didn't have anyone to talk to about it before. It helped me accept more and understand better. My P2P supporter was a lifesaver."

"Our supporter gave us the confidence to deal with the issues, the more I spoke with her, the more confident I was in dealing with my son."

"I was combating him like he was my enemy. I learned that anger does not help."

P2P supporters are people like you who have children with an addiction. They will:

- Listen to your experience
- Let you know that you are not alone and that there is hope.
- Point you to resources to educate yourself about addiction.
- Discuss coping skills and setting boundaries.
- Talk about how to communicate with and relate to a child in active addiction.

P2P offers 8 conversations of up to one hour each with the parent supporter over a two month period. Your conversations will be by phone and scheduled at times decided between you and your supporter.

The program is not a substitute for professional counselling, therapy, or mental health care. P2P supporters cannot provide advice on what to do in a specific situation, but they can help you understand addiction and provide guidance on how to make difficult decisions.

If you would like to participate in the P2P program, please complete and submit the Registration Form below. Your personal information will be held in strict confidence in accordance with FAR's Privacy Policy. A representative of FAR will then contact you to connect you with a parent supporter.

Parent-to-Parent (P2P) Support Registration Form



* Required

Email *

Your email

First Name *

Your answer

Last Name

Your answer

City *

Your answer

Province *

Choose



Postal Code *

Your answer

Phone number *

Your answer

Next

Clear form

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Recovery (FAR).



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