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SCHOOL-AGED CHILDREN OF INCARCERATED PARENTS:
INFORMATION AND BEHAVIORAL INTERVENTIONS FOR MINIMIZING
NEGATIVE EFFECTS OF A PARENT'S ABSENCE

BY

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Submitted to the Faculty of the Graduate School of
Eastern Kentucky University
in partial fulfillment of the requirements for the degree of

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2020

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ABSTRACT

The growing population of incarcerated individuals in the United States has resulted in 2.6 million minor aged children with at least one parent living in a correctional facility. Incarcerated parents are the beginning of a ripple effect whose unique challenges directly and indirectly impact the overall well-being of their children as well as their children's home caregivers. With this image in mind, the benefits of empirically supported data and behavioral interventions can do the same producing a positive ripple effect starting from the inside out. To evoke this positive ripple effect, resources were compared to the literature and those most in accordance were presented on infographics. These infographics were created to provide evidence-based information and interventions for children of incarcerated parents and their families. This modality for sharing information was chosen to quickly and easily convey a large amount of data which is otherwise difficult to access, convoluted in nature, and whose validity is uncertain.

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Chapter I: Introduction

The number of incarcerated individuals in the United States (U.S.) has steadily increased in recent decades. In 1970, the incarcerated population was approximately 357,000 men and women (Cahalan, 1986). By 2016, this number rocketed to over 2.1 million individuals held in local, state, and federal institutions across America (Kjellstrand, Reinke, & Eddy, 2018). In fact, despite the U.S. making up only 5% of the world's population, it is responsible for 20% of the world's incarcerated population (Walmsley, 2018). Beyond the direct impact of these figures is the ripple effect that typically follows an individual's incarceration and the loved ones who are impacted. Considering children of incarcerated parents (COIP) can also experience the stress felt by their nonincarcerated parent or home caregiver, they are arguably the ones who suffer the consequences of each ripple as depicted in Figure 1.

In 2010, approximately 54% of the U.S. inmate population were parents of children under the age of 18, consisting of 120,000 mothers and 1.1 million fathers (The Pew Charitable Trusts, 2010). Coinciding with the rise in the incarcerated population was the increase in COIP. The Pew Charitable Trusts, a nonprofit nonpartisan research organization, found in 1985 that 1 in 125 minor-aged children had an absent parent due to incarceration. This statistic worsened to 1 in 28 children by 2010 or 4% of the entire U.S. minor population at that time. As of 2012, the total number of COIP was approximately 2.6 million (Sykes & Petit, 2014).

It is important to note that parental incarceration is rarely the start of challenges faced by these children and their families, but rather is the result of poverty, substance abuse, and mental health issues (Murray & Farrington, 2005; Poehlmann, 2005). In their

2010 report, The Pew Charitable Trusts noted that two-thirds of the incarcerated parent population were charged with non-violent offenses. With these two pieces of information, it can be speculated that due to lower socioeconomic status and untreated mental health disorders, some of these parents are being charged of crimes like shoplifting; theft; or trafficking, manufacturing, and possession of narcotics as a means to provide for their family.

Considering the repeated use of the name for each family member, a nomenclature was assigned to ensure clarity throughout this manuscript. Therefore, the aforementioned *children of incarcerated parents (COIP)* will be the continued term used for male and female children aged 5 to 17 years old with a mother and/or father sentenced to a correctional facility. COIP were operationalized as such because the literature specific to school-aged children studied those in this age range. Next, the label *home caregiver* will represent the nonincarcerated parent (e.g. biological, foster, or adopted), grandparent(s), any other extended family member, or legal guardian. Lastly, when *incarcerated parents* are referenced, this will mean either mother, father, or both whom are sentenced to jail, state prison, or federal prison.

Purpose

The objective of this doctoral specialization project is to produce two infographics, one for home caregivers and incarcerated parents and one for children of incarcerated parents. While a plethora of resources are available, many do not appear to be empirically supported, or at least do not provide citations or references, making it impossible to know with certainty if a resource is sharing legitimate information. Additionally, the more essential pieces of information are not mentioned within these

resources or easily accessible unless one knows the exact terms or name of the resource, intervention, or problem for which to search.

This project's infographics will serve as an all-inclusive resource that can be circulated among a variety of professionals (e.g., psychologists, social workers, school counselors, teachers) to share with home caregivers and incarcerated parents as an education tool on the needs of their children or children in their care. More specifically, each infographic directs its viewers to resources that shed light on what COIP should know about their parent's absence, how this information should be explained, and effective research-based coping strategies and behavioral interventions. Resources included are children's books, websites, online brochures or informational packets, and smart phone applications. Further, the infographic for incarcerated parents and home caregivers recommends reading material to prepare themselves for difficult discussions and includes self-care ideas to enhance their well-being as this has an indirect effect on children (Loper, Phillips, Nichols, & Dallaire, 2014). These infographics were also created in an effort to empower incarcerated parents by giving them the opportunity to offer help to their families and share research-based information they may not have otherwise known. These infographics can be viewed in Appendices B and C of this document.

Statement of Significance

The effects that occur when a parent is incarcerated take a toll on all who are involved. These effects closely resemble that of a ripple effect as they start from the center with the incarcerated individual and work their way out with implications becoming more widespread at each ring. The children of these incarcerated individuals

are arguably the last ring and therefore greatly impacted. Considering a child's dependency on incarcerated parents and home caregivers in all areas of daily functioning (e.g., physically, emotionally, affectionately, prosocially), the rings before them can precede how they too will manage such a difficult and upsetting situation. For these reasons, it is important to be aware of the negative outcomes that can take place for incarcerated parents, home caregivers, and their child(ren) so that the appropriate information can be shared and effective interventions implemented. Further, this information is necessary because incarcerated parents and home caregivers must appreciate their own well-being and ability to manage stress as these characteristics carry over into the children's stress levels (Nesmith & Ruhland, 2008) effecting how they too will cope. The following are the many effects or detriments shown to be experienced by COIP, home caregivers, and incarcerated parents.

The Effects of Parental Incarceration on School-Aged Children

Mental Health Difficulties

Studies have shown that school-aged children of incarcerated parents are twice as likely to experience anxiety and be diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD) (Pech & Bloom, 2016, p.123). Parental incarceration can also lead to feelings of loss (Chui, 2010), sadness, depression, sleep problems, and nightmares (Smith, 2014, p.71). COIP between the ages of 11 and 17, are at an elevated risk for substance abuse (Phillips, Burns, Wagner, Kramer, & Robbins, 2002). Further, Bocknek, Sanderson, and Britner (2009) argue that the ambiguity of having a parent who is psychologically present but physically absent is an additional stressor exacerbating these adverse effects. They also found that children overwhelmingly

reported avoidance of their feelings when their parent was absent due to incarceration (Bocknek et al., 2009). These findings were later supported and expanded upon in Johnson and Easterling's (2015) study of coping strategies implemented by adolescents 11 to 17 years old. Johnson and Easterling (2015) found that 70% of their participants practiced one or more of the following avoidant actions: (a) distancing themselves from the incarcerated parent therefore reducing the source of their stress and stigma; (b) maintaining close contact with the parent but remaining in denial about their incarceration; (c) avoiding discussion of any kind about their parent; (d) changing their last name and adopting a "replacement" parent, for example calling their grandfather their father.

Unfortunately, visiting one's parent in jail or prison, a time that can be exciting and meaningful, also has implications as the experience can be frightening, confusing, and even traumatic for children (Fasah, 2018; Nesmith & Ruhland, 2008). The overarching cause for this, while dependent on the correctional facility, often lies within the rules of visitations typically beginning with children and adolescents being frisked or "patted down" by a correctional officer. Additionally, once in the visitation room, families are often unable to hug or touch their incarcerated loved ones (Fasah, 2018). This can hold the potential for extended emotional strain considering the longing some children may have to be comforted by or affectionate with their parent whom they have not seen in some time. Further, a certain level of conduct is expected during visitations. Therefore, children will likely need to remain seated and keep their voices down throughout the entire visitation (Fasah, 2018). Considering visits can last for several hours, children can become bored but are unable to bring toys or other forms of

entertainment with them making this expectation a great challenge (Nesmith & Ruhland, 2008). In the event a child is unable to act accordingly, it can be expected that a correctional officer will have to give a verbal warning or the family can be asked to leave. For these reasons, families can experience secondary prisonization because they are subjected to treatment that causes them to feel as though they are incarcerated too (Fasah, 2018). Considering these regulations are in place for everyone's safety and to reduce the introduction of contraband into the facility, visitation policies are subject to change, but not likely to be less strict or accommodating to children.

Lastly, some incarcerated parents do not want to be visited because they do not want their family or children to see them in a uniform or the environment they live in. As a protective measure, it is also possible for incarcerated parents to ask that their families do not visit when the environment is perceived as violent and hostile (Clarke, O'Brien, Day, Godwin, Connolly, Hemmings, & Van Leeson, 2005) or they do not want their children to be near those convicted of more violent crimes (Houck & Loper, 2002).

Despite this, irregular or a lack of visits can be unhealthy for child development (Fasah, 2018). Children can also perceive this negatively causing them to feel unloved by the incarcerated parent or as if they are being punished (Fasah, 2018). Even when an incarcerated parent implements these protective measures with good intentions, lack of visitation can cause children to develop anxiety about their parent's safety and well-being because they have minimal information or context leaving their imagination to fill in the gaps (Fasah, 2018; Nesmith & Ruhland, 2008).

Internalizing and Externalizing Behaviors

In addition to mental health difficulties, COIP are also more likely to display internalizing and externalizing behaviors (Murray, Loeber, & Pardini, 2012).

Internalizing behaviors are defined as the tendency to withdraw, take in distress, and can be characterized as depression and anxiety (Hatoum, Rhee, Corley, Hewitt, & Friedman, 2018). Externalizing behaviors on the other hand are expelling or acting out distress (Hatoum et al., 2018) and can be characterized as aggression, hyperactivity, and disruptive actions (Turney & Wildeman, 2015). As a result, children of incarcerated parents are five to six times more likely to go to prison than their peers without incarcerated parents (Phillips et al, 2002).

Supporting this notion are the findings in Mears and Siennick's (2016) study which reported that children with an imprisoned parent have an increased likelihood to engage in crime and be incarcerated later in life. Additionally, in their 2005 meta-analysis, Murray and Farrington found that adult male participants who had an incarcerated parent experienced more negative outcomes than males who were separated from a parent because of hospitalization or death. In fact, 71% of the male participants with an incarcerated parent as a child developed antisocial personalities by the age of 32 (Murray & Farrington, 2005). Antisocial personality traits include being aggressive, dishonest, physically violent, and a lack of respect for authority figures (Fasah, 2018). Interestingly, one study found that regardless of a child's gender, behavioral tendencies were actually more dependent on the gender of the absent parent. Fritsch and Burkhead (1981) found internalizing behaviors to be more strongly

correlated with maternal incarceration and externalizing behaviors with paternal incarceration.

Lastly, Kjellstrand, Reinke, and Eddy (2018) examined the development of externalizing behaviors across adolescence and if parental incarceration during childhood predicted higher rates of these behaviors. This study controlled for the influence of the following covariates, or participant characteristics, which past research has shown to be important in the development of externalizing behaviors: gender, academic achievement, socioeconomic status (SES), parental depression, and parent-child relationship quality. The results showed that these covariates were related to externalizing behaviors in children younger than 11 years old (Kjellstrand et al., 2018). However, in participants 11 to 16 years of age, parental incarceration was directly related to externalizing behaviors including threatening or attacking others, stealing, and frequently arguing (Kjellstrand et al., 2018). These findings suggest that interventions and coping strategies may be most effective if geared toward externalizing behaviors when working with older children. Further, considering the controlled factors such as parental depression and SES, it can be speculated that younger children better understand or are more aware of complex emotions and situations than is typically assumed.

Academic and Social Settings

COIP also experience difficulties in academic and social settings. For instance, they are twice as likely to have a learning disability, have a higher rate of school absences (Fasah, 2018; Pech & Bloom, 2016) and suspensions, and are more likely to be expelled (Fasah, 2018). COIP are also at an elevated risk of academic failure

(Phillips et al., 2002), typically obtaining low scores on standardized tests across all subjects (Fasah, 2018), and having reduced involvement in school overall (Cochran, Siennick, & Mears, 2018). Additionally, boys were found to have lower intelligence quotient (IQ) scores when their father had a history of incarceration compared to boys whose father did not (Murray & Farrington, 2005). The same result was found for children whose mother was incarcerated when IQ scores were compared to published norms (Poehlmann, 2005). Further, Dallaire, Ciccone, and Wilson (2010) found that females whose mothers are incarcerated are at an increased risk for academic failure and school dropout than their male classmates. One reason for this lies in teacher bias. Dallaire et al. (2010) examined teachers' experiences with female students and their expectations for competence upon learning their mother was incarcerated opposed to being absent for other reasons (e.g., military employment). Results showed teachers viewed these students as less competent than other students despite having never met them, but only receiving information about the incoming student. Dallaire et al., (2005) then compared these results between male and female students where females were still viewed as less competent though only slightly. This was especially interesting because teachers rated themselves as having greater expectations of female students compared to males, but this expectation lowered significantly if they thought female students' mothers were incarcerated.

These findings align with the results of the classic study by Rosenthal and Jacobson (1966) where the Pygmalion effect was strongly correlated with creating a self-fulfilling prophecy. The Pygmalion effect is the phenomena wherein the expectations of one party influence the performance of the other (Howard, Tang, &

Austin, 2015). More specifically, in Dallaire et al's study (2010), 20% of a teacher's students were randomly labeled as having exceptional intellectual potential and were later found to have significantly higher IQ scores compared to their classmates after only 8 months. With regard to COIP, this suggests that teachers are likely to engage with this population of students differently and to a degree that their intellectual abilities are impacted. Such stigmatization has been shown to initiate the child's relabeling of themselves damaging their self-concept and even internalizing their parent's label seeing themselves as the "inmate's kid" or "future felon" (Giordano, 2010). As a result of these academic hurdles, COIP can potentially face struggles in their future education and therefore income and employment later in life (Turney & Haskins, 2014). However, with regard to adolescents, conflicting findings have been published which report parental incarceration did not have any effects on their integration at school as they reportedly felt no less socially accepted than others and were not more likely to report conflict with teachers (Cochran et al., 2018). While Cochran and colleagues' (2018) results suggest the impact of parental incarceration on adolescents' social lives has less to do with acceptance, they do suggest that the impact lies within the types of peers they befriend.

Children's peer groups can be altered because they typically feel pressure to keep their home life a secret, fearing they will be judged if others were to know their parent is incarcerated (Lowenstein, 1986). Considering the families of incarcerated parents can fall victim to stigmatization in their community (Eddy & Reid, 2003), children's fear of judgement from their peers is likely reinforced in this instance. Further, this fear of judgment can cause children to isolate themselves from others due

to feelings of shame, eventually leading to psychological distress (Eddy & Reid, 2003). In fact, Bocknek et al. (2009) found that COIP overwhelmingly reported avoidance of others as a way to cope with their feelings even when they had a support system with whom to interact. Additionally, this social isolation can cause children to gravitate toward more antisocial peer contexts feeling a greater sense of belonging among those who are involved in criminal behavior (Cochran et al., 2018). For this reason, children are more likely to meet or befriend deviant peers and adults as well as see or experience criminal behavior and violence (Kjellstrand et al., 2018). Consequently, their friends are more likely to have lower grade point averages, to skip school, participate in physical fights on school grounds, and to tell lies (Kjellstrand et al., 2018).

Physical Health

In addition to problems with their mental health, behavior, and education, the physical health of COIP also is affected when their parent is confined in either jail or prison (Uggen & Celrath, 2014; Wright & Seymour, 2000). More specifically, these children have an increased likelihood of experiencing health problems like obesity and asthma as well as difficulties with speech, hearing, and vision (Pech & Bloom, 2016, p.123). These findings strongly support that of the Adverse Childhood Experiences (ACEs) study which supported a correlation between severe health conditions and experiencing unpleasant life events at a young age. The researchers of the ACEs study generated a questionnaire assessing seven categories of childhood trauma: (1) psychological abuse, (2) physical abuse, (3) sexual abuse, (4) living with household members who were substance abusers, or (5) mentally ill, (6) suicidal, or (7) ever imprisoned (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, & Marks,

1998). This questionnaire was mailed to approximately 13,500 adult members of a Health Maintenance Organization (HMO) asking them to identify which adverse childhood experiences they encountered (Felitti et al., 1998). Results of this study showed that respondents (n= 8,506) who reported four or more of the categories were at an increased likelihood of having health risks like alcoholism; drug abuse; depression; suicide attempts; severe obesity; cancer; and lung, liver, or heart disease (Felitti et al., 1998). A similar study reviewed the results of the National Survey of Children's Health (NSCH) which collected data on the child's mental and physical health as well as adverse family experiences like witnessing parental abuse, experiencing parent death, or living with a parent who abuses substances, is mentally ill, suicidal, or had been incarcerated. The results of this study suggest that parental incarceration was more detrimental to a child's overall well-being than any other adverse family experiences (Turney, 2014).

The Effects on Home Caregivers

As mentioned previously, the impact parental incarceration has on a family can be described as a ripple effect. While all persons involved suffer some form of consequence, it can be argued that the children involved experience the result of each ripple. For example, home caregivers experience a great deal of stress which can diminish their ability to care for their child(ren) to the best of their ability (Turney, 2015). In some instances, home caregivers, similar to that of children in their care, can experience feelings of grief and loss (Chui 2010). Additionally, much responsibility is on the home caregiver to facilitate a relationship between the child(ren) and incarcerated parent by scheduling phone calls, televisitation/video conversations, in

person visitations, or writing and sending letters. However, this responsibility can be a financial burden as well, considering the need for and cost of stamps, stationary materials, phones and phone service, or collect calls (Mazza, 2002).

Furthermore, visitations require home caregivers to schedule the meeting, accommodate several schedules, and ensure they as well as the child(ren) are dressed appropriately and following the correctional facility's protocol. When a parent is in prison, visitation often requires the family to travel a significant distance to get to the facility (Mazza, 2002; Tomlin, Pickholtz, Green, & Rumble, 2012). In 1999, a nationwide survey was administered to 721,500 incarcerated mothers and fathers in federal and state prisons who had minor aged children (Mumola, 2000). The results suggested that 51% of the sample assigned to state facilities were 100 to 500 miles away from the child's home and 11% were more than 500 miles away (Mumola, 2000). For federal inmates, 41% were located between 100 and 500 miles from the child's home and 43% were more than 500 miles away (Mumola, 2000). Travel this significant requires the need to plan for more time as well as transportation and finances for food, gasoline, and lodging (Christian, 2005; Mazza, 2002).

Planning for visitations can be an even bigger hurdle if the home caregiver and the incarcerated parent do not have a civil relationship or one has animosity toward the other (Mazza, 2002). Additionally, the home caregiver is subject to some of the same stressors faced by the children. This is twofold as home caregivers are responsible for helping the child(ren) to manage stress appropriately which is partly done by modeling appropriate coping. One example lies in that visitation can be confusing and traumatic for a child (Fasah, 2018; Nesmith & Ruhland, 2008). Therefore, the caregiver will need

to talk through these feelings with the child helping them understand their emotions and how to feel better. In the event a home caregiver did not know how to approach such a conversation, it has the potential to be dealt with ineffectively or ignored. Home caregivers can also experience secondary prisonization creating feelings of discomfort and a lack of enthusiasm about scheduling and attending visitation (Fasah, 2018).

Additionally, the home caregiver's responsibility over the basic needs of the child(ren) has to be taken into consideration as well as how this can add to their stressors. Often times when a parent becomes incarcerated, the household income is greatly impacted especially if this parent is the breadwinner for the home (Chui, 2010). Therefore, ensuring the family's bills and necessities are paid each month can become a major struggle.

Coinciding with the research on the effects of an incarcerated parent on children, the home caregiver can also experience isolation (Trotter, Flynn, & Baidawi, 2017). This type of marginalization, especially when a person likely needs support the most, can lead to feelings of shame and essentially an elevated level of distress (Chui, 2010). As a result, home caregivers typically have smaller social circles, which leads to less social support. All of these factors can contribute to and exacerbate the stress level, and therefore overall mental health, of home caregivers which can inadvertently transfer to the children in their care (Nesmith & Ruhland, 2008). Dallaire and Zeman (2012) noted this level of pressure can cause a home caregiver to lose their patience more easily resulting in greater use of punishment or more aggressive forms of punishment (Dallaire & Zeman, 2013). This type of reaction to stress can be learned and adopted by the

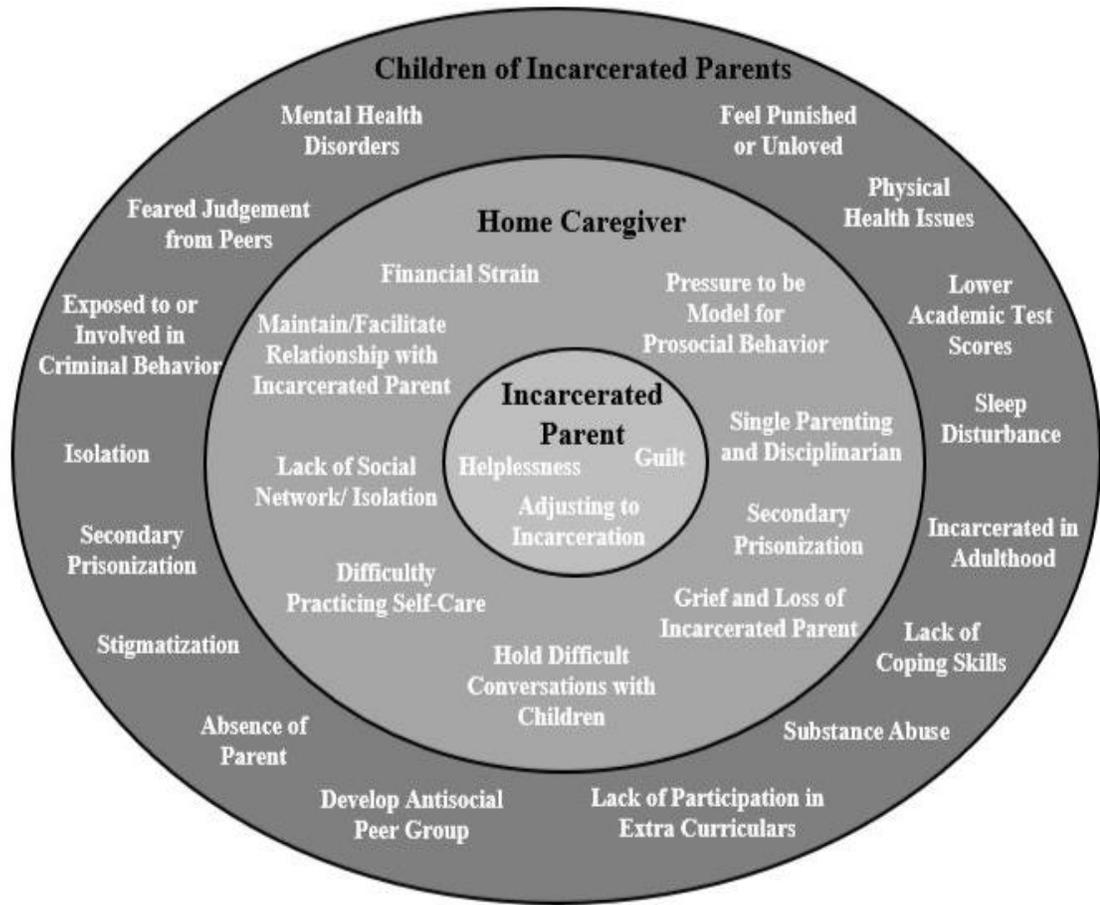
child(ren) therefore making the home caregivers a role model of antisocial behaviors, opposed to more prosocial ones (Dallaire & Zeman, 2013).

The Effects on Incarcerated Parents

Incarcerated parents also experience stressors so great their impact can have an effect on the home caregivers and ultimately their child(ren). Considering the conditions of jails, prisons, and prison culture, it is not hard to imagine the level of stress (Tomlin et al., 2012), anxiety, and depression (Houck & Loper, 2002) such an environment can induce. Unfortunately, while one may expect that maintaining family ties would better the incarcerated parent's mental health and provide them with hope, research suggests conflicting findings with this regard. Benning and Lahm (2016) found that behavioral misconduct increased when both male and female inmates received visits from their children. Even so, it should be noted that what is constituted as misconduct can vary among facilities and correctional officers. For example, some officers can be more strict than others and take disciplinary action on an inmate for a behavior that another officer may see as a minor issue (e.g., going through the chow line twice, visiting someone in a living quarters off limits to them, possessing more than the issued amount of clothing or bedding). Some conflicting findings, however, note that incarcerated mothers adjusting to maximum security prison who were worried about their competence as a parent received more citations for misconduct when compared to mothers who were not worried about their competence as a parent (Houck & Loper, 2002). Therefore, it is difficult to say if the truest cause of increased citations is visitations from one's child(ren) and lack of confidence in parenting skills or the conditions of incarceration alone.

Researchers suggest one reason for behavioral misconduct is that many inmates, and especially women, find visits with their children to be painful and even traumatic (Benning & Lahm, 2016; Casey-Acevedo, Bakken, & Karle, 2004). One study quoted a female inmate explaining this feeling as a direct result of “see[ing] them have to walk out of a door and you can’t walk with them.” (Owen, 1998, p. 128). Further, results also found that incarcerated mothers had a higher rate of prison rule violations when relationships were established with their children via mail services (Benning & Lahm, 2016). This can be a source of distress for an inmate because a letter can hold bad news including expressions of anger toward the incarcerated parent (Benning & Lahm, 2016). As a result, such letters can increase feelings of guilt in incarcerated parents as they can feel responsible for their child’s distress, hopeless, and as if there is little they can do to help (Benning & Lahm, 2016). Similarly, and especially for incarcerated mothers, having good news conveyed to an incarcerated parent can instill this same feeling of hopelessness and guilt as it becomes very apparent they are missing important life events with their family and children. (Benning & Lahm, 2016). Contrary to these findings, some researchers suggest that family support during incarceration can result in many optimistic outcomes for both the incarcerated parent and child such as a greater practice of positive parenting upon release (Visher, 2013) and refraining from criminal behavior (Berg & Huebner, 2011; Farrall & Maruna, 2004).

Figure 1: *The Ripple Effect of Parent Incarceration*



Chapter II: Literature Review

Methods for Literature Review Search

This literature review search was conducted primarily through the Eastern Kentucky University library website “EKU Libraries” in an effort to gather previous research that has been conducted on children of incarcerated parents, the effects of parent incarceration on families, and related coping skills or behavioral interventions. The results were initially narrow with regard to what details children should know about their parent’s incarceration and how this information should be explained to them. The search was then broadened to include what children should know and how they should be told about difficult or sensitive subjects at large. While APA PsycINFO, Criminal Justice Abstracts with Full Text, and Family Studies Abstracts were the primary databases used to search for journals and articles related to this topic, several others were found useful as well. Key words that were explored included: children of incarcerated parents, inmate parents, child development, parent-child relations, disclosure, coping, preparation, interventions, academic performance, and family. Some of the journals that were utilized include: *Journal of Child & Family Studies*, *Child & Adolescent Social Work Journal*, *Journal of Criminal Law & Criminology*, *The Prison Journal*, *American Journal of Orthopsychiatry*, and *the Journal of Marriage & Family*. Consultation with colleagues and department faculty in the Eastern Kentucky University Department of Psychology was useful for narrowing search topics and in the creation of the Resource Evaluation Form. This form can be viewed in Appendix A.

Literature Review

Taking into consideration the impact felt by families who experience the absence of a parent due to incarceration, much information is needed to improve the overall wellbeing of each member. More specifically, effective coping skills, behavioral interventions, and resources supported by research are imperative in an effort to minimize the negative effects of such an event. Not only this, but information on how to break this news to children is needed as well. The distribution and implementation of this information has the potential to decrease the effects that each ring this ripple effect ignites immediately following a parent's confinement.

What COIP Are Being Told About Their Parent's Absence

As noted previously, there was little research specific to disclosing parent incarceration to children. Therefore, findings about disclosing other sensitive topics to different populations is reported here as well as how it relates to COIP. One source which did report findings on COIP noted that when it comes to disclosure about their parent's incarceration, children are often given false or misleading information (Pech & Bloom, 2016). In turn this can create a great deal of anxiety, shame, guilt, and fear in the caregiver or one holding the secret about the parent (Karpel, 1980). This is because they now have a continuous fear of the child(ren) finding out, pressure to keep track of their deceptive statements or stories, and it can be very uncomfortable for them when the child brings up the topic (Mazza, 2002). In the event the child does discover the truth, the trust developed between them and the caregiver can be eroded as a result (Imber-Black, 1993).

Further, research suggests that children are often keenly aware of the caregiver's stress (Nesmith & Ruhland, 2008). One example is Kjellstrand and colleagues' 2018 study mentioned previously about the development of externalizing behaviors and whether parental incarceration during childhood predicted higher rates of these behaviors. The results of this suggested that covariates like SES and parent's depression were the cause of externalizing behaviors in children younger than 11 years old, but parent incarceration was not a contributing factor until age 11 and older (Kjellstrand et al., 2018). Given the results of this study, it can be speculated that younger children better understand and are more aware of complex emotions and situations than they are typically given credit for. Another example, Bluebond-Langner (1978) studied terminally ill children as young as 3 years old and found that they were aware of their diagnosis and prognosis despite no one having told them. In fact, this study reported that the avoidance of disclosing this information as well as denial of its seriousness resulted in the patients feeling unloved (Bluebond-Lagner, 1978). Similarly, children who were informed about their human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS) diagnosis experienced fewer depressive symptoms (Lipson, 1994), fewer psychosocial problems, and had better coping skills (Wiener, Theut, Steinberg, Riekert, & Pizzo, 1994). Research has also shown that patients with an HIV diagnosis who received open and honest communication about their condition had a superior buy in to therapy and were more receptive to therapeutic treatment (Lewis, Pantell, & Sharp, 1991). Lastly, researchers found that children's resiliency was greater when information about their parent's mental illness was shared because it helped them to better understand (Alasuutari & Järvi, 2012) and reduced the

gaps for their imagination to fill. Connecting these findings to COIP, a child's resiliency is significant in enhancing their understanding of their parent's incarceration (Cogan, Riddell, & Mayes, 2005). This sense of understanding includes the child's false beliefs like feelings of guilt or responsibility for their parent's absence (Cogan et al., 2005). Therefore these results suggest that honest disclosure and a child's bounce back from parent incarceration go hand in hand.

What COIP Are Being Told About Their Parent's Absence

There are several studies that note what children should be told about "tender" or difficult topics (e.g., HIV, AIDS, or cancer diagnosis) should be dependent on their level of cognitive development (Gerson, Joyner, Fosarelli, Butz, Wissow, Lee, Hutton, 2001; Mankiw & Strasser, 2013; Woodard & Pamies, 1992). Other studies, however, suggest that children's cognitive capacity and emotional understanding do not develop at the same rate (Goldie, Schwartz, & Morrison, 2005) and disclosure of information should also consider the development of other aspects like psychosocial maturity (American Academy of Pediatrics, 1999), the child's ability to make decisions (Hudson, Spriggs, & Gillam, 2019), and their ability to understand the consequences of those decisions (Hébert, 1994). Further, to assist younger children in making a decision, they can be offered options. They should be informed, however, of the consequences or result of their decision regardless of their age (Hébert, 1994).

Atwiine, Kiwanuka, Musinguzi, Atwine, & Haberer (2015) found that children are often brought from nondisclosure or misinformation at younger ages to full disclosure when they get older. More specifically, 74% of their subjects 12 to 17 years old were informed of their HIV diagnosis, but 63% of the subjects 5 to 11 years old had

not been told of their diagnosis (Atwiine et al, 2015). Further, a single disclosure conversation without sufficient preparation can result in poor outcomes for the child's well-being (Hardy, Routh, Armstrong, Albrecht, & Davis, 1995). Gerson et al. (2001) developed a stage-wise approach to assist healthcare providers in preparing parents to disclose their child's HIV diagnosis to them. They noted that disclosure of this difficult topic should occur in small steps and can be conceptualized as an ongoing dialogue with open lines of communication (Gerson et al., 2001). This process includes first building a space where the family's feelings can be verbalized, education about the topic being disclosed, (e.g., diagnosis, required care), planning ahead, full disclosure, and finally monitoring (Gerson et al., 2001). Gerson et al. (2001) also described partial disclosure in the stages leading up to being fully informed. An example provided included telling a child information about their current health status and medical condition, but without disclosing the name of the diagnosis or the use of specific jargon.

Adapting this approach to younger COIP, the home caregiver, incarcerated parent, or both would need to plan what information they do and do not want to share during the initial disclosure. It would also be best for them to prepare for how they are going to explain it in a way that the child will understand not only cognitively but emotionally. Further, partial disclosure may include explaining the parent will be gone but not yet disclosing the crime they were convicted of or the environment in which they live. The child(ren) should be reassured that they can ask questions at any time during or after the discussion and it can be helpful to prompt them that another discussion will occur with more details at a later time. Supporting this adaptation, young children with HIV are recommended to receive simple explanations that do not

include exact diagnosis or prognosis during early discussions (American Academy of Pediatrics, 1999). As the child(ren) mature, they should be fully informed of the status and prognosis of their illness but should also be encouraged to participate in their health care (American Academy of Pediatrics, 1999).

When talking with children, answers to their questions should be honest (Eichner & Johnson, 2012; Gerson et al., 2001) and unbiased (Eichner & Johnson, 2012). This suggests that conversations in front of the child or discussions with them should remain positive when speaking about their incarcerated parent or home caregiver. Consequently, the relationship between the incarcerated parent and home caregiver, or the parent-caregiver relationship, serves an important role in COIP's overall mental health. Further, fostering a healthy parent-caregiver relationship is one way to establish more stability in the child's life (Poehlmann, Dallaire, Loper, & Shear, 2010).

Lastly, children should not witness their parent's arrest. This can be deeply stressful for children and have lasting impacts on their overall well-being (Dallaire & Wilson, 2010). Therefore, if a parent or caregiver is anticipating an arrest (e.g., time to get affairs in order, surrendering, outstanding warrant) they should make efforts to keep the children from being present or in a situation where this can happen unexpectedly.

How COIP Should Be Told About Their Parent's Absence

Equally important as what to tell children about their parent's absence and incarceration is how to deliver this information. To begin, much planning and preparation is needed including when and where to have this discussion and well as deciding who will be there (Gerson et al., 2001). It is very important that enough time is

scheduled for disclosure so that children feel they can ask questions and express feelings without being rushed (Gerson et al., 2001).

When adults accept children's responses and listen carefully, they can get a better idea of the child's understanding (Mankiw & Strasser, 2013). Therefore, incarcerated parents and home caregivers should practice good listening skills and being non-judgmental to children's questions, reactions, and expression of emotions. Armstrong, Hill, and Secker (2000) found that a child's everyday life is a good conversation starter for disclosing a difficult topic. Therefore, home caregivers or incarcerated parents could approach disclosure more broadly, asking about their friends or school, then gearing the conversation more toward their home life and parent relationships.

Disclosure can be stressful for home caregivers and incarcerated parents because the child's reaction is unpredictable and can vary among siblings as well. With regard to disclosing an HIV diagnosis, Gerson et al. (2001) noted that a child's response can also be expected to vary in between discussions. They found that some children were upset immediately following disclosure, some reactions were delayed, others shut down completely, and some were understanding and relieved to have answers (Gerson et al., 2001). It is also not uncommon for children to be avoidant of in-depth discussions immediately after disclosure (Gerson et al., 2001) suggesting that incarcerated parents and home caregivers should be flexible, willing to revisit the conversation, and allow the child(ren) time to process.

Following each discussion, the impact of disclosure should be monitored and can be done in a few different ways. Gerson and colleagues (2001) suggest observing

the child while at school (Gerson et al., 2001) or while interacting with peers. This can also include direct questioning where the child is asked how they are doing or indirect questioning where teachers and other family members are asked what their observations have been (Gerson et al., 2001). For those who have the most interaction with the child(ren), basic self-care tasks should be monitored such as hours of restful sleep (Gerson et al., 2001), appetite, and hygiene. These practices are especially important immediately after the initial disclosure (Gerson et al., 2001) as this is likely to come as the biggest shock compared to discussions that follow.

Additionally, it is common for children to have increased fears following disclosure and should be encouraged to discuss these feelings while home caregivers and incarcerated parents respond in a sensitive manner (Gerson et al., 2001). COIP are likely to have questions, anxiety, and even fears about their parent's safety, whether they will see them again, and if they are to blame for their parent's absence. These should be addressed with a warm approach and accurate information to ease the child's mind.

Lastly, Gerson et al. (2001) point out that children raised in religious homes can be expected to be confused or have questions especially if they were taught that "good" people are rewarded and "bad" people are punished. Some questions children may ask are why or how a bad thing could happen to their family and if this means their parent is a bad person or deserving of incarceration, to name a few (Gerson et al., 2001). It is possible that they will become avoidant of religious practices, develop an exaggerated fear for their higher power, or feel their higher power has abandoned them and their family (Gerson et al., 2001). Incarcerated parents and home caregivers should validate

and normalize these thoughts as well as plan for how they want to react and respond to such concerns (Gerson et al., 2001).

Bibliotherapy

Following the initial disclosure, one good way to evoke discussion about parental incarceration and its effects on families is bibliotherapy. Bibliotherapy is the use of literature to help children understand specific difficult experiences (Mankiw & Strasser, 2013). Children can also engage in critical literacy or answering questions about the text and illustrations as a way to share their perspectives and make connections to their lives fostering a better understanding of their experiences (Meller, Richardson, & Hatch, 2009). This allows adults to learn and understand the child's attitudes on the topic and allows adults the opportunity to clarify any misconceptions children may have, especially when the adult listens carefully and is accepting (Mankiw & Strasser, 2013). Being a good listener, validating the child's thoughts, and refraining from critical comments will increase the child's willingness to be open and to having the subject of parental incarceration brought up again at a later time. Not only will this approach enhance the incarcerated parent and home caregiver's understanding, it will also enhance that of the child.

Considering the complexity of social issues, choosing a book that can easily encourage critical literacy is no easy task (Meller et al., 2009). Although bibliotherapy and critical literacy explain tender topics in a developmentally appropriate level (Mankiw & Strasser, 2013) when following the age recommendations of children's books, much thought is required in choosing one. Mankiw and Strasser (2013) noted the following questions should be used when reviewing a book for bibliotherapy: (a) do the

pictures or storyline depict stereotypes? (b) are problems solved realistically? (c) does the writing style encourage discussion? (d) what language is used/are characters pitied or stereotyped? (e) is the book developmentally appropriate (e.g., eye-catching pictures, interesting storyline, written so children can understand)? Incarcerated parents and home caregivers can use these questions to guide them toward the book that is right for their child and their particular situation. When preparing questions for critical literacy, it can be a good idea for home caregivers or incarcerated parents to read the book to themselves and think about their emotions brought on by the book or their overall experience. Considering the benefits of bibliotherapy and critical literacy, the infographics created as a product of this literature review have an emphasis on children's books.

Coping Strategies and Behavioral Interventions

In 2015, Johnson and Easterling noted that to their knowledge only two studies had empirically researched how COIP cope with stressors. Coping is defined as efforts to regulate thoughts, feelings, behaviors, physiological responses, and environmental factors in response to stressful events or circumstances (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). Possessing effective coping skills is essential for surviving any unpleasant situation and the way in which young people manage stressors has important implications when it comes to their emotional and psychological well-being (Compas et al., 2001; Compas & Reeslund, 2009). For this reason, it is essential that incarcerated parents and home caregivers also possess these skills in order to model and teach them to children.

One of the two articles identified by Johnson and Easterling (2015), whom studied children's ability to cope with stressors, only sampled 35 children from first to tenth grade (Bocknek et al., 2009) and the other sampled 34 children ages 8 to 17 (Nesmith & Ruhland, 2008). While data is still limited in comparison to other issues faced by children and their families, some evidence-based approaches to alleviating the impact of parental incarceration have been introduced in recent years. Interventions for COIP may be required or may be an additional resource to buffer the effects experienced during parent incarceration. Behavioral Interventions are actions put in place to bring about change and include any activities that modify behavior, emotional state, or feelings (Gage, Whitford, & Katsiyannis, 2018). With regard to COIP, most interventions are child-focused, parent-child focused, or parent-education focused and can consist of support groups, mentoring programs, and therapeutic counseling (Carpenter, Graham, & Harris, 2010). Poehlmann (2005) noted it is best to implement interventions for COIP at the time of incarceration or sentencing. Early intervention, or prior to the parent's absence, is likely best so that it can be implemented at the familial level (Poehlmann, 2005). This can improve the child's home environment and family dynamic by instilling necessities such as warmth, stability, responsiveness, and safety (Poehlmann, 2005). It is also recommended that these characteristics of the home be in place because otherwise it makes for a stressful environment that is difficult to learn in. This results in the behavioral interventions and coping strategies implemented after the parent's absence less impactful. In the event that changes are made after incarceration, it is recommended that emphasis be given to the child's baseline when assessing what coping skills and interventions are most needed (i.e. their concerns and behaviors prior

to parent incarceration, what coping skills or avoidance strategies are already in place) (Dalley, 2002). In other words, home caregivers and incarcerated parents should ask themselves what issues and problem behaviors seem to be or will likely be exacerbated by, not generated by, the absence of the child's parent.

Coping Strategies and Behavioral Interventions for COIP

As previously cited, Kjellstrand and colleagues' (2018) study proposed that factors like parental depression and parent-child relationship greatly influenced externalizing behaviors in children 10 years old and younger. Taking these findings into consideration, we can speculate that interventions geared toward fostering the parent-child relationship may reduce the likelihood of externalizing behaviors, especially in younger children. However, it should be noted this study did not specify if the parent in question was the incarcerated parent, nonincarcerated parent, or both.

Additionally, the results suggested that the parent's incarceration was associated with the externalizing behaviors in children ages 11 to 16 and included threatening or attacking others, stealing, and frequently arguing (Kjellstrand et al., 2018). This suggests that older children may benefit more from coping strategies and interventions geared toward a healthier outlet of strong emotions such as anger. According to Compas et al (2001), one of the more helpful ways for adolescents to do this is by practicing either primary or secondary control strategies as opposed to avoidance or disengagement of their parent or their parent's status. Primary control strategies are efforts to reduce stressors or the emotions that accompany them which relies heavily upon the adolescent feeling as though they are faced with controllable events or situations (Compas & Reeslund, 2009). Examples provided include statements made by

participants like their parent's incarceration is "not a big deal" or expressing they were desensitized to the absence of a family member because it had happened multiple times before and even laughed while saying so (Johnson & Easterling, 2015).

Secondary control strategies are efforts made to normalize one's current situation through acceptance, distraction, or cognitive restructuring (Compas & Reeslund, 2009). This approach was considered more adaptive when the adolescent perceived their situation as uncontrollable because these strategies were reportedly the child's way of establishing more control of their lives (Johnson & Easterling, 2015). One way the participants did this included making decisions about the amount of or modality in which they had contact with their incarcerated parent (Compas & Reeslund, 2009). Participants also expressed to their parent how they felt about their incarceration or what their experience was (Compas & Reeslund, 2009). This can be done by encouraging COIP to write a letter to the parent and then giving them the option to mail it or to throw it away after processing it aloud with a trusted adult (e.g., home caregiver, family member, therapist, counselor). Establishing control of their lives also included volunteering their time, getting more focused on their academic studies, and putting more energy in their hobbies such as sports or making music and art. Nesmith and Ruhland (2008) found that a majority of their participants ages 8 to 17 were involved in a number of healthy outlets or practiced healthy coping mechanisms. These most commonly included extra curriculums like attending church, playing sports, and participating in theatre which gave the participants the opportunity to build confidence through new skills, form new friendships, and served as an outlet for anger and frustration (Nesmith & Ruhland, 2008, p. 1127). While this is not always thought of as

self-care for children since spending time exploring their hobbies is often expected of them, it is essentially what should be encouraged. This is a positive activity that makes children feel confident in themselves and gives them something to look forward to.

Also noted in the research was the effectiveness of attending psychotherapy. One participant explained how it helped her to establish control because it taught her to change her unhelpful thoughts about her parent's incarceration and to refrain from it bringing her down emotionally (Johnson & Easterling, 2015). Phillips and O'Brien (2012) note that individual and family therapy were each a helpful component in an early intervention program. These therapies could also have a trauma focused approach or use methods from Cognitive Behavioral Therapy (CBT) (Kjellstrand, 2017). Unfortunately, information on these treatment modalities is limited considering the lack of research on interventions for COIP (Kjellstrand, 2017).

One of the effects experienced by COIP previously mentioned is peer stigmatization and social isolation. Research suggests that families in these situations often are stigmatized or judged by others (Eddy & Reid, 2003); therefore, children often feel pressure to keep their home life a secret in fear of this judgement (Lowenstein, 1986). One helpful intervention is for incarcerated parents and home caregivers to encourage children to have a social network that includes their peers as opposed to just familial support (Alasuutari & Järvi, 2012). Should the child already have a friend with whom they and the parent and/or caregiver trust, the child should be encouraged to share some information with this friend. The incarcerated parent or home caregiver can help the child plan how much they want their friend to know, how they are going to tell

them, how they will cope if the friend's reaction is not supportive, and to process what they are wanting from their friend with regard to support.

Another way incarcerated parents and home caregivers can encourage, or foster, peer relations is by enrolling their child(ren) into local support groups or social events specifically for COIP. Involvement in resources like support groups, tutoring programs, youth leadership, and camps can be beneficial for this population because it allows them to meet peers who are experiencing the same issue (Kjellstrand, 2017). Programs that work directly with children, or incorporates them, strive to boost their level of resiliency by providing support for intense emotions and ways to help them develop healthy coping and problem-solving skills (Kjellstrand, 2017). Such programs are also believed to mitigate the sense of shame or stigma felt by COIP and to help promote positive development by addressing issues related to isolation and self-esteem (Springer, Lynch, & Rubin, 2000). Unfortunately, the effects these programs have on COIP specifically are not well documented (Kjellstrand, 2017) and are often generalized. For example, mentoring programs at large are supported and recommended for children, but this does not control for or target COIP (Rishel, Sales, & Koeske, 2005). Therefore, enrolling children into groups geared toward skill building or for support in general can be a good place to start and likely better than no outside support at all.

One program noted in the literature is Girl Scouts Beyond Bars (GSBB) which provides daughters of incarcerated mothers transportation for visitation twice a month (Pech & Bloom, 2016, p.130). GSBB also holds meetings where the daughters receive support from their peers regarding their mothers' absence and make plans for their next visitation (Hoffmann, Byrd, & Kightlinger, 2010). Similarly, the mothers meet regularly

to prepare themselves emotionally for visitations with their daughters and plan activities to do during this time together. (Hoffmann et al., 2010). GSBB has been found to have a number of positive effects on the daughters who participate including improved communication and relationships with their mother; a decrease in problems related to their mother's absence; they were reportedly less sad, angry, and concerned about losing their mother; experienced a decrease in problems at school (e.g., fighting, talking back to teachers) (Block & Potthast, 1998), an experienced improvement in their grades or school performance (Block & Potthast, 1998; Laasko & Nygaard, 2012). The mothers also experienced some positive effects that will be discussed in more detail below. Availability of GSBB may be a barrier since those mentioned in the literature were only in major cities and there does not appear to be a website specifically for GSBB.

Another successful intervention and resource is mentoring programs such as Big Brothers/Big Sisters (BB/BS) and Amachi Programs (Kjellstrand, 2017). BB/BS of America is a non-profit organization that matches adult mentors with children ages 5 through young adulthood (Laakso & Nygaard, 2012). This program provides children the opportunity to spend individual time with a positive and consistent adult role model. Amachi took all the best parts of BB/BS and made them specific to children who are impacted by parent incarceration (Laasko & Nygaard, 2012). However, considering Amachi is a faith-based organization, its mentors must fit a criterion with this regard. While research on mentoring in general is limited, results do suggest that a long term caring nonparental adult mentor can have many positive effects on children's resiliency, self-esteem, life outcomes, parent-child relationship, and leadership skills (Rishel et al.,

2005). Other research suggests having any positive mentor or role model in their lives, relative or non-relative, makes children feel less marginalized and isolated (Nemsith & Ruhland, 2008). Additionally, all children who participate in mentoring organizations like BB/BS are approximately 46% less likely to begin using illegal substances and alcohol (Grossman & Tierney, 1998). This statistic is greater for minority children who, as a result of mentoring programs, are 70% less likely to use substances or alcohol (Grossman & Tierney, 1998). Participation in mentoring programs is also correlated with greater attendance and graduation rates in high school students as well as an increase in relationship skills and employment opportunities (Rishel et al., 2005). Behaviorally, COIP with mentors are also less likely to engage in risk taking, violence, delinquency (Aseltine, Dupre, & Lamlein, 2000), as well as experience a decrease in internalizing and externalizing behaviors. Lastly, they are likely to experience an increase in self-confidence and ability to trust others (Laasko & Nygaard, 2012).

Other programs that create a space for COIP to discuss their concerns together and receive support can happen at their school. Considering much of children's time is spent in an academic setting, school is a perfect place to implement such an intervention that will likely be delivered by competent individuals such as teachers and counselors (Carpenter et al., 2010). However, despite the fact that many school programs are already in place, a majority do not have a focus on COIP and the research is very limited on the few that do (Lopez & Bhat, 2007). Springer, Lynch, and Rubin (2000) implemented a 10-person solution-focused group with an emphasis on enhancing self-esteem in Latino COIP at their elementary school. Using pre and post testing, results showed a significant increase in self-esteem compared to a no-treatment group who

reported a decrease in self-esteem (Springer et al., 2000). Another study implemented a six-week 8 session support group where each child was asked to journal about their likes and dislikes at the end of each session (Lopez & Bhat, 2007). The overall feedback indicated that the children found the group helpful (Lopez & Bhat, 2007). Despite these limitations, incarcerated parents and home caregivers are recommended to inquire about what their child's school offers and enroll them in any group that may help them develop healthy coping skills or serve as an emotional outlet. When nothing else is available, more general skill building groups are recommended as they have been found to reduce the negative effects of parent incarceration (Pech & Bloom, 2016).

Lastly, another intervention that incarcerated parents and home caregivers can put in place for their children is to put effort toward establishing a good relationship together. According to Nesmith and Ruhland (2008) developing a strong bond between the child(ren) and the home caregiver is important for children's overall well-being. Aside from providing the child with a safe adult whom they feel they can talk to, this also helps them to have a role model (Nesmith & Ruhland, 2008). Taking this research into consideration, it can be helpful for both the child and the home caregiver to find hobbies they have in common or to plan time together. The caregiver should do their best to equally give each child individual attention when planning activities in addition to spending time together as a family. One activity for family time could be reading a book together and engaging in critical literacy or discussion as mentioned above. Mankiw and Strasser (2013) notes that bibliotherapy accompanied with thought provoking questions is a great way to get children thinking about difficult topics and gives them the opportunity to discuss their thoughts or ask questions. Not only does

bibliotherapy serve as an outlet for children of all ages, it also promotes a greater sense of understanding for all involved.

Coping Strategies and Behavioral Interventions for Home Caregivers

One major factor in supporting a child impacted by parent incarceration is to support the home caregiver (Nesmith & Ruhland, 2008). This is especially important considering children are often more aware of adult matters than typically assumed. This is supported by many studies, including one which found that children 10 years old and younger were more impacted by factors like SES and their parent's depression than their parent's incarceration (Kjellstrand et al., 2018). Additionally, 34 children ages 8 to 17 years old were interviewed about how their parent's incarceration effected their family's relationship. Researchers found that all of the participants were aware of their caregiver's stressors and some even took on "adult responsibilities" to alleviate them (Nesmith & Ruhland, 2008). In another study, terminally ill children as young as 3 years old were aware of their diagnosis and prognosis even though this information had not been explained to them (Bluebond-Langner, 1978). For these reasons, providing skills and resources to home caregivers to improve their ability to cope emotionally, mentally, and even financially can make these stressors less obvious and overwhelming to the children in their care (Nesmith & Ruhland, 2008). This logic arguably works both ways given that children with fewer concerns are likely to have a more stable self-concept and overall well-being resulting in fewer problem behaviors or internalized emotions for home caregivers to work through reducing their stress levels as well. This also creates an incentive for home caregivers to help their children get involved in the child-focused interventions and activities mentioned above.

Similar to the behavioral interventions for children, enrolling in support groups and those geared toward skill building are beneficial to home caregivers as well. This creates a space for home caregivers to discuss their concerns with other adults experiencing similar issues and to gain knowledge about minimizing the effects of such issues. For example, one study followed 10 grandparents who served as the primary caregiver of their grandchildren and who participated in group interventions that focused on stress, coping, social support, family problems, access to social services, and parent training (Burnette, 1998). Results showed that these caregivers learned better coping strategies and therefore were better able to handle stress and were less depressed (Burnette, 1998). Similarly, Dressel and Barnhill (1994) studied grandmothers caring for their grandchildren whose mothers were incarcerated. They found that participating in family oriented interventions resulted in greater social networks, more access to resources, an improved relationship with their daughter (the incarcerated mother), as well as more frequent practice of self-care all of which improved their ability to care for their grandchildren full time (Dressel & Barnhill, 1994). While the availability of such groups is limited and their effectiveness is undocumented, home caregivers should seek out any groups that have a focus on skill building in relevant areas (e.g., parenting, coping, self-care) should those specific to their situation not be accessible. Individual therapy is also likely to be a good option as this intervention can be personalized toward alleviating the stressors and developing skills to better manage the demands of caring for children with an absent parent.

Another excellent intervention home caregivers can implement is self-care. While incorporating self-care into an already busy day can be difficult, it can also be

something as simple as mindfully eating a greatly desired treat, assigning five minutes a day to do nothing, or it can be as strenuous as doing thirty minutes of cardio. Other activities include meditation which can improve adult's ability to cope with daily stress (Hwang, Lee, Lim, Bae, Kwak, Park, & Kwon, 2018). The general idea is to do anything that feels good, is enjoyable, and is something to look forward to each week or even each day. Poehlmann (2005) concluded that nonmaternal caregivers (e.g., grandparents, other extended family members, foster parents, adopted parents) were less able to provide a stimulating, responsive, and safe environment for the children in their care when they had poor health, were unemployed, were single parents, and had lower levels of education. Many caregivers feel they should put their children's needs before their own; however, this mindset can eventually be to the detriment of the child(ren). An alternative approach is equivalent to the instructions provided by flight attendants and the application of oxygen masks; adults should secure their mask before assisting others. With regard to caring for COIP, a caregiver is not likely be able to give their fullest effort if they are not first caring for themselves physically, emotionally, and mentally. In conjunction with Poehlmann's findings, it can be beneficial for not only themselves, but also the children, if home caregivers were to maintain a healthy diet, exercise, get quality sleep, attend recommended medical appointments, have a social network, and pursue their interests outside of just being a caregiver.

Lastly, improving the co-parenting alliance between the home caregiver and the incarcerated parent can reduce the caregiver's stress level (Loper et al., 2014). A key factor to establishing a healthy co-parenting relationship lies in the perspectives held by the other person in the alliance (Johnson & Greenberg, 1985) and whether or not they

hold unrealistic expectations (Loper et al., 2014). For example, there holds the possibility that the incarcerated parent will develop a skewed view of the experiences the children and their home caregiver(s) have had given the incarcerated parent's inability to be directly involved with family matters (Loper et al., 2014). Considering the situation, this can result in undermining beliefs or comments about the children and their caregiver (Loper et al., 2014).

Arguably, this concept can take effect in reverse where the home caregiver can lack understanding and empathy for the environment in which the incarcerated parent lives. It is often thought that inmates have fewer stressors because they are guaranteed many necessities (e.g., food, clothes, water, electricity, heating, air conditioning). Similarly, though, this can be a skewed perspective for those who have not had exposure to prison culture. Taking these findings into consideration, incarcerated parents and home caregivers should, as much as possible, put effort into a collaborative civil relationship free of animosity. This can begin by having good communication and planning ahead for how problem behaviors or discipline should be handled. This can result in a reduced stress level and enhanced understanding for both incarcerated parents and home caregivers which indirectly, but ultimately benefits the children (Loper et al., 2014).

Coping Strategies and Behavioral Interventions for Incarcerated Parents

The following interventions and coping skills are very similar to that of the home caregivers and even the children, but the benefits will look different for this population. Despite this, in accordance to the ripple effect depicted in Figure 1, all the improvements experienced by incarcerated parents directly and indirectly make their

way to their children. While empirical research, findings, interventions, and resources are not easily found or are lacking in quantity for COIP and their home caregivers, fortunately several programs are made accessible to inmates and many studies have been conducted on their effectiveness.

Incarcerated parents should sign up for classes and groups that have a focus on parenting or skills for more effective coping mechanisms and improved mental health. Gonzalez, Romero, and Cerbana (2007) studied the effectiveness of *Partners in Parenting (PIP)*, a skills program with an emphasis on strengthening family relationships and promoting positive behaviors. They followed 219 incarcerated mothers and concluded that parenting programs are beneficial when they have a focus on self-improvement (e.g., increasing self-esteem and confidence as a parent), insight awareness, and impulse control (Gonzalez et al., 2007). Additionally, interventions should also take into consideration the parenting skills incarcerated parents had prior to their arrest to serve as a baseline (Dalley, 2002).

Overall, the effectiveness of parenting programs in an incarcerated setting have been supported. Participation and completion of related groups has resulted in an increase in parenting proficiency, parenting knowledge, and self-esteem (Eddy, Martinez, & Burraston, 2013). Additionally, they are correlated with an improved parent-child and co-parenting relationships as well as a reduction in the incarcerated parent's level of stress and depression (Eddy et al., 2013). Due to the development or enhancement of positive parenting skills, programs and classes specific to parenting are also believed to increase the likelihood of prosocial child development for COIP and

decrease the likelihood they will also enter the criminal justice system (Loper & Novero, 2010).

Further, parents' participation in groups with both varying intensity (i.e., 1 versus 2 hours a week) and duration (i.e., 8 versus 15 weeks long) has resulted in improved family cohesion; parent-child bond (Hairston & Locket, 1987); increased empathy toward their children (Landreth & Lobaugh, 1998; Sandifer, 2008); and an increased knowledge of parenting skills (Wilczak & Markstrom, 1999), child development (Sandifer, 2008), behavior management strategies (Hoffmann et al., 2010), and the appropriate use of discipline (Sandifer, 2008; Thompson & Harm, 2000). Additionally, group participation in parenting programs while incarcerated is correlated with lower rates of recidivism (Hoffmann et al., 2010), decreased parenting-related stress (Landreth & Lobaugh, 1998; Snyder-Joy & Carlo, 1998), and a healthier attitude about parenting and childbearing overall (Harrison, 1997).

Another useful practice or intervention to reduce the effects felt by incarcerated parents is establishing and maintaining a healthy working alliance with home caregivers. Coinciding with the research cited previously on the benefits experienced by home caregivers, a healthy alliance with the home caregiver is also beneficial to the incarcerated parent. Not only does a healthy working alliance reduce the stress levels of all who are involved, it also makes the incarcerated parent more likely to receive or ask for visitations, phone calls, and letters as the home caregiver is the primary facilitator of communication, especially for younger children. In turn, a positive alliance also makes the incarcerated parent more involved in the everyday life of their children which helps them to feel more hopeful about their release. For these reasons and likely many others,

a positive parent-caregiver relationship has directly reduced the depressive symptoms reported by incarcerated parents (Loper, Carlson, Levitt, & Scheffel, 2009).

Lastly, incarcerated parents can take their mental health into their own hands, though some creativity will need to be involved given their environment. Again, much like that for COIP and home caregivers, self-care is a great intervention to implement. Self-care activities for inmates can look like physical activity, joining organized sports teams or groups, listening to music, reading, avoiding negativity or chaos, and art to name a few. Meditation is another helpful practice that can increase their ability to cope with daily stress (Hwang et al., 2018). Another helpful practice incarcerated individuals can practice is balling up a pair or two of socks and using them as a stress ball as a way to release muscle tension and repressed energy. Incarcerated parents can also join skills groups or programs educating them on emotions and healthy ways of coping. They also can begin individual therapeutic services with a correctional psychologist for general supportive therapy or goal directed therapy geared toward coping and parent education.

Visitations and Communication Between Children, Incarcerated Parents, and Home Caregivers

Visitations to either prison or jail is one of the few times during incarceration where children, incarcerated parents, and home caregivers must work together. Everyone involved also share many emotions when planning and anticipating visitation days, including excitement, anxiety and even frustration, necessitating the use of several coping skills. Additionally, considering a child's communication with their incarcerated parent, and vice versa, is heavily influenced by or dependent on the caregiver (Nesmith & Ruhland, 2008), a working relationship is also required for all modes of contact (e.g.,

letters, cards, phone calls, emails). Many facilities currently utilize a service called JPay which provides incarcerated individuals, their friends, and families to communicate electronically via email for a fee (Walker, 2011, p. 63). In an effort to ease this process and make the stress of it more worthwhile, the benefits of visitation and parent-child communication as well as ways to cope ahead and tolerate stress will be shared.

Benefits to Visitation

Research notes several positive outcomes from routine visitations for COIP, home caregivers, and incarcerated parents. For instance, visitations give children the opportunity to feel more connected with their incarcerated parent and to gain a more accurate understanding of their parent's environment, diminishing some worries they may have (Nesmith & Ruhland, 2008). Additionally, maintaining a parent-child relationship during incarceration is also correlated with an ongoing relationship upon the parent's release (Roettger & Swisher, 2013).

Further, when children and their incarcerated parent have a direct relationship, opposed to one that is filtered through the home caregiver, the incarcerated parent can help answer questions the child may have (Nesmith & Ruhland, 2008). This reduces some of the pressure the home caregiver can feel to provide details the child is asking for or to help them cope with the separation (Carpenter et al., 2010). Similar to the ripple effect COIP experience, home caregivers are indirectly, but positively, impacted by the benefits experienced by both the children and the incarcerated parent. This is likely the case since home caregivers will have significantly fewer stressors if the children's overall well-being and self-concept are more healthy or stable. For this same reason, communication with the incarcerated parent is likely to be more effective and

non-confrontational if their well-being is more stable simply because they are receiving visits or allowed regular contact with their child.

As a result of frequent visitations, Thompson and Harm (2000) noted improvements in incarcerated parent's empathy and attitudes toward parenting during incarceration. Further, when incarcerated parents continue a relationship and regularly see their children, they are better able to sustain a meaningful connection, remain updated on their developmental changes, and be more involved in their child(ren)'s day to day life (Nesmith & Ruhland, 2008). Upon release from prison, parents had higher employment rates and a greater practice of positive parenting when they maintained a relationship with their children during incarceration (Visher, 2013). A stronger parent-child bond is also correlated with an increased motivation to improve behavior both during and after incarceration (Jiang & Winfree, 2006; Owen, 1998) serving as a major influence on the parent's likelihood of reoffending (May, Sharma, & Stewart, 2008) and conversely desistance from crime all together (Berg & Huebner, 2011; Farrall & Maruna, 2004). Therefore, family serves as an anchoring role in the construction of an alternative noncriminal identity (Maruna, 2001) making visitation during incarceration a central component of this.

Planning for Visitation

When planning for visitation at a correctional facility, there is much information families should know in order to best prepare themselves and children of all ages. However, before the planning can begin, the incarcerated parent must submit their visitors list and wait for each person to be pre-approved to enter the facility. This can take some time as it often requires the incarcerated person to mail the visitation forms to

their family who must then mail them back once they are filled out. Some facilities have updated this process asking that it be done electronically.

Once approved, the day and times of visitation must be scheduled as well as transportation and funding if the facility requires travel. This is often the case, especially when the incarcerated parent is assigned to a state or federal prison (Mazza, 2002; Tomlin, Pickholtz, Green, & Rumble, 2012), with a majority of parents located 100 to 500 miles away from the child's home (Mumola, 2000). Not all facilities will have assigned visitation days and times, therefore much communication between incarcerated parents, home caregivers, and the facility's staff will have to be done. Some facilities may only offer visitation on a first come first serve basis, therefore home caregivers and incarcerated parents will need to do their research if the facility does not make this information easily accessible. Additionally, families must follow a dress code when attending visitations. Similar to visiting hours, this information should be inquired about if it is not provided or available online.

Hoffmann et al. (2010) surveyed 387 wardens or superintendents from correctional facilities across the U.S. to measure the prevalence of programs and services offered for incarcerated parents and their underage children. Their results showed that 50% or fewer of all facilities surveyed sent visitation policies to friends and family members (Hoffmann et al., 2010). The remainder reported they sent them upon request or gave the policies to the incarcerated parent to share (Hoffmann et al., 2010). In order to best be prepared, it would be most helpful for incarcerated parents and home caregivers to ask about all visitation policies early on, rather than wait for the facility to share this information.

Further, some correctional facilities offer enhanced visitation programs that have a separate room with games, toys, and murals of cartoon characters for the younger visitors (Snyder, Carlo, & Mullins, 2001). Participation in such programs or access to child friendly visitation rooms requires either the home caregiver or incarcerated parent to ask in advance about these resources. Such visitation rooms allow children and their parent an opportunity to interact more closely than a standard visit would (Block, 1999). Additionally, this program or the ability to utilize this separate room could reduce the parent's concern about their children being near inmates who are convicted of more violent crimes (Houck & Loper, 2002). Some facilities also organize supervised play activities for incarcerated parents and their children (Hoffmann et al., 2010) as another means to strengthen their bond despite the parent's absence.

Financial difficulties are a major stressor identified for home caregivers. Some prisons offer financial assistance for home caregivers and transportation for COIP in order to help families attend visitations (Hoffmann et al., 2010). These finances are often funded privately or from grants applied for by the prison (Hoffmann et al., 2010). However, this resource is typically offered through an enhanced visitation program (Hoffmann et al., 2010) like Girl Scouts Beyond Bars, explained above. Additionally, financial support to attend visitations has reportedly come from faith-based and charity organizations (Hoffmann et al., 2010). Incarcerated parents and home caregivers should inquire about visitation programs or financial assistance that the facility can offer as well as local churches and charities.

Considering visitation can be frightening for children as they can experience secondary prisonization due to the security measures and strict visitation policies (e.g.,

no physical contact, pat downs, metal gates and doors) (Fasah, 2018; Pech & Bloom 2016), it may be helpful for children to have Distress Tolerance skills in place. Distress Tolerance skills are short-term strategies implemented to halt impulsive responses or outbursts (McCredie, Quinn, & Covington, 2017). These skills also include long-term acceptance strategies to direct a person's attention from how terrible an uncontrollable situation is to just surviving the moment (McCredie et al., 2017).

Distress Tolerance skills include the use of the following: distracting, self-soothing, improving the moment, thinking of pros and cons, awareness, half-smiling, and radical acceptance (Rakfeldt, 2005). For COIP distracting could be counting ceiling or floor tiles, finding all of the blue objects in the room, or eating a strong peppermint hard candy. Deep and paced breathing are other useful skills to slow the heart rate and counting these breaths can serve as a distraction. Should these be permitted, coloring books and card games could be distracting as well. To self-soothe, children can wear a lightly scented body spray on their collar or lotion on their hands to smell when they are feeling anxious. However, this scent should be subtle as strong or musky smells may not be permitted; something more neutral like fresh linen or dryer sheets may be more appropriate. Again, if permitted by the facility, having a stuffed animal, doll, stress ball, or some other fidget or distraction device can be calming, as well quietly singing or humming a song to themselves.

Much research has concluded the effectiveness of Distress Tolerance skills, but for children and adolescents, self-soothing was ranked as one of the most helpful (Miller, Wyman, Huppert, Glassman, & Rathus, 2000) compared to other Distress Tolerance skills, and is 71% more likely to be utilized (McCredie et al., 2017). Overall,

Distress Tolerance skills allow individuals to be creative. Consequently, these skills are very much a trial and error process as they work differently for everyone. Therefore, regular practice is very important to determine which are most effective and fitting for a given situation.

Lastly, home caregivers can model positive coping strategies during this time by expressing their own fears about visitation, tailoring their explanation to the child's level of psychosocial maturity (American Academy of Pediatrics, 1999). This conversation should also include an explanation of what the child can expect to happen from pat downs and metal detectors to minimal physical contact and the potential to grow bored. Home caregivers can also model the Distress Tolerance skills during their own moments of stress or by prompting the child to implement a skill during heightened situations. A useful intervention is planning ahead or asking the child to identify moments they are most anxious about or can expect to be uncomfortable. Then they can decide what skill to implement during these times, how they are going to implement it, and identify what barriers might prevent them from executing their plan.

Visitation Day

Despite all of the information gathered and plans put in place, there are still steps to be taken the day of visitation to make it the most beneficial to children. Some tasks noted above include whether items like board games, card games, coloring books, and puzzles will be provided or if they can be brought to visitation either by the incarcerated parent or home caregiver. Bringing activities to visitations is important for younger children and children who find it difficult to stay seated for the duration of the visit (Nesmith & Ruhland, 2008). Prior to entering, children should be reminded of

what is expected of them during visitation and of the Distress Tolerance skills they plan to use should they feel uneasy.

Additionally, the dress code enforced by the correctional facility will need to be followed or visitors can potentially be denied entry. Hoffman et al (2010) analyzed survey responses regarding the programs and services provided by prisons across the U.S. They found that 13% of male and 19% of female facilities provided family members with appropriate clothing if they came to visitations out of dress code (Hoffmann et al., 2010). Considering such a small number of facilities offer this courtesy, COIP and home caregivers should bring a change of clothes the day of visitation should their worn outfit be deemed inappropriate.

Facilitating Communication Between Children and Their Incarcerated Parent

Visitations are not always an option for the families of incarcerated parents often due to the amount of travel and finances required. As previously noted, 51% of state and 41% of federal inmates are placed 100 to 500 miles away from their child's home with some being an even greater distance (Mumola, 2000). For this reason, remote forms of communication like letters, phone calls, emails, and televisitation are a beneficial intervention to increase connectedness between children and their parent during their incarceration (Kjellstrand, 2017; Nesmith & Ruhland, 2008; Walker, 2011). Poehlmann et al. (2010) noted that while research on the effects of remote contact with incarcerated parents is minimal, published findings support a decrease in incarcerated parent's stress levels and an increased sense of parenting competency (Poehlmann et al., 2010). Additionally, for COIP these modes of communication are associated with fewer

depressive symptoms and somatic complaints as well as a reduced feeling of alienation (Poehlmann et al, 2010).

Considering these significant benefits, alternative forms of contact should be encouraged. Since much of the parent-child relationship is filtered through the home caregiver (Nesmith & Ruhland, 2008), they should remind the child to write letters or to speak on the phone when their parent calls. Conversely, incarcerated parents should be flexible in how they communicate with their children as the child may prefer to send an email or to schedule a video chat (Nesmith & Ruhland, 2008). Some state and federal facilities host programs that allow parents to record themselves reading a book which can then be sent to their child (Hoffmann et al., 2010). The recordings sent could be video or audio and was dependent on the facility who sometimes also sent the book being read to the child (Hoffmann et al., 2010). Much like that of the programs described above, many of these interventions are not a common resource.

Chapter III: Original Contributions to Practice

Recourse Overview

With approximately 2.6 million children of incarcerated parents in the United States (Sykes & Petit, 2014), a large population stands to benefit from behavioral interventions and coping mechanisms among other resources. While there is a variety of each in existence, their effectiveness based on empirical data is difficult to determine and their ease of accessibility lacking. However, children are not the only ones vulnerable to the impact of parent incarceration as home caregivers and incarcerated parents experience stressors too. The mental health of the incarcerated parents and home caregivers must be of concern considering a major component to supporting

children is supporting their parents and caregivers as well (Nesmith & Ruhland, 2008). Referenced throughout this manuscript is the depiction of a ripple effect that begins with a parent's arrest and the implications that follow which then directly and indirectly take a toll on children of all ages (Loper et al., 2014).

The solution being proposed in this project involves a comparison of the findings cited within this manuscript with resources available to the public to create an infographic that can be circulated as an entirely new resource. More specifically, this new resource will present information with supported effectiveness and provide a direct link to the more helpful resources available. The overall goal is to organize and simplify what currently exists in order to produce an accurate, comprehensive, and easy to read guide.

Resources that were reviewed include books, websites, and online brochures or informational packets. Books are a major focus among these resources considering the benefits bibliotherapy and critical literacy can produce in addition to providing an opportunity to enhance the parent-child relationship with one-on-one time. The other resources were included because they are easy to find and are free to eliminate affordability and accessibility to books as barriers.

A 24-item evaluation form was created to compare the contents of books, workbooks, and online reading materials (i.e., fact sheets, packets, hands-on guides) to the empirical data noted here. For example, COIP fear they will be judged by their peers, tend to isolate themselves (Eddy & Reid, 2003) and, become avoidant of their feelings as a way to cope (Bocknek et al., 2009). However, their involvement in support groups, camps, and other activities that foster peer relationships are beneficial because it

provides an opportunity to meet other children with similar experiences (Kjellstrand, 2017). Therefore, the evaluation form assessed to what degree (e.g., No: 0, Somewhat: 1, Yes: 2) each resource mentions or encourages fostering peer relations or getting children involved in groups. Once a resource was evaluated, the sum of each rated item was calculated and averaged. This evaluation form can be viewed in Appendix A.

Four volunteer evaluators, including the author and various family members, were recruited to review a total of 37 resources during the initial evaluation, 28 for COIP and 9 for home caregivers and incarcerated parents. The average each evaluator calculated for an individual resource was then combined and averaged to determine the grand mean for that resource. This initial evaluation process was done to determine in the least biased manner what resources shared the least amount of empirically researched data and which shared the most. In other words, the initial evaluation served as a weeding out process.

The 10 resources for children that received the highest evaluation were evaluated again by 10 different volunteer evaluators. The resources specific to home caregivers and incarcerated parents did not receive an additional round of evaluation due to there being so few of them. Each of the new evaluators was a doctoral candidate in Eastern Kentucky University's Doctor of Psychology (Psy.D.) in Clinical Psychology program, an APA accredited program based in Richmond, Kentucky. Each evaluator was randomly assigned two of the 10 resources. Therefore, each resource was evaluated by two additional psychology minded individuals. The same evaluation form was provided to these evaluators and the process to achieve a grand mean was repeated narrowing the top resources down to five. These top five children's resources rated by a

total of six individuals were included on the infographic. Further, the top resources for home caregivers and incarcerated parents rated by a total of four individuals during the initial evaluation process was included on the other infographic.

Resources that were not evaluated but were included on each infographic include smart phone applications, Distress Tolerance skills, and programs or organizations. These items were incorporated because many of them are free or require no materials at all should finances or access to electronics be a concern. Further, including information like Distress Tolerance skills also provides more options for incarcerated parents where certain materials and electronics is forbidden. These resources were not evaluated because there was very few of them therefore the need to eliminate the least effective resource was not present. Another reason they were not evaluated is because the resource was a more general solution (e.g., mentoring, skills groups) and not specifically tailored for COIP or their family.

One feature that makes the creation of this resource unique in comparison to other resources is the format in which it is presented. Infographics are visual media that present data and concepts using visual imagery, and aim to convey information in a clear, rapid, and aesthetic manner (Gallagher, O'Dulain, O'Mahony, Kehoe, McCarthy, Morgan, 2017). Research on infographics has supported their effectiveness noting how they increase learning and enhance attitudes toward the subject matter (Çifçi, 2016). An infographic is the best format to present this information because of the amount that must be shared making the use of graphics more beneficial opposed to lists of text. Additionally, part of what made the existing research and resources difficult to understand and find included the lengthy process and amount of reading that went into

finding them. With this format, an infographic reduces the need for a higher reading level and higher order thinking.

Lastly, what makes the creation of this resource unique is its potential to serve as a preventative factor for COIP. When a child's parent is absent due to incarceration there is an increased probability that they will become involved in criminal activity as they get older, develop traits associated with antisocial personality disorder, and later become incarcerated (Dallaire, 2007; Murray & Farrington, 2005). These findings make the implementation of positive and effective coping skills and behavioral interventions even more necessary for COIP. Further, considering the great influence incarcerated parents and home caregivers have on children, it is important that they are a model for self-care, healthy coping, and Distress Tolerance making the infographic specific to them unique and beneficial as well.

Proposed Infographics

Table 1 and Table 2 present the empirically supported or recommend resources that are included on the infographics. These items include books, coping mechanisms, Distress Tolerance skills, and programs or organizations that provide support groups and mentoring. While a brief description of each is provided within the table, a direct hyperlink to register for such program or instructions on the skill are provided with the infographic. Resources that were included in the evaluation process are indicated on the table by an asterisk and noted within the table as well. Much effort was put into utilizing as few words as possible on the infographics. This became more challenging when listing the books. The publishers and/or authors of each were emailed asking permission to use a picture of the cover but a response was not received for many or the

request was denied. Therefore, the title and author of each book had to be typed on each infographic. The infographics can be viewed in Appendix B and Appendix C.

Table 1: *Resources for School-Aged Children of Incarcerated Parents*

<p><i>Books Hyperlinks provided</i></p>	<p>*Coping When A Parent Is in Jail by John J. La Valle, D.C.S.W. An excellent read for teenagers to learn about their emotions, how to manage them during difficult situations, and the details of having an incarcerated parent.</p> <p>*What Will Happen To Me by Howard Zehr Children twelve and up can read the true and hopeful stories told by others with incarcerated parents. With a portion of this book dedicated to telling the stories of the caregivers as well, this quick read is a great resource for the entire family.</p> <p>*Everyone Makes Mistakes: Living With My Daddy In Jail by Madison Strempek A true story written at just ten years old; follow Strempek’s journey to find the strength to understand and forgive her father. Readers work to achieve this too with provided discussion questions, writing prompts, and blank pages for journaling as well as doodling throughout.</p> <p>*The Night Dad Went To Jail by Melissa Higgins Children eight years and older follow Sketch who explains his favorite ways to deal with big feelings by drawing, making new friends, and talking to his school counselor. Sketch even explains how he makes it through visiting his dad who is away in prison.</p> <p>*Help For Kids! Understanding Your Feelings About Having A Parent in Prison or Jail by Carole Gesme M.A., CCDP Throughout this workbook children six years and older learn about their big emotions and how to cope when a parent is in prison or jail. The provided worksheets are designed for children to be able to choose any point in the workbook to focus on allowing for a personalized learning experience.</p>
<p><i>General Information Hyperlinks provided</i></p>	<p>Big Brothers Big Sisters of America (BB/BS) and Amachi BB/BS is a well-known organization that matches mentors to children in need of individual attention from a positive and consistent adult role model. Amachi is within the BB/BS umbrella but specifically serves COIP.</p> <p>Girl Scouts Beyond Bars (GSBB) A council of Girl Scouts that provides transportation for bimonthly visitation with incarcerated mothers. Meetings focus on coping with parent incarceration and preparing for visitations. A hyperlink for Girls Scouts is provided. GSBB did not have its own cite and must be inquired about.</p> <p>Rainbows for All Children Facilitates peer support groups in schools, faith-based organizations, or community centers for children experiencing grief due to the loss of a parent including incarceration.</p> <p>Directory of Programs Serving Children & Families of the Incarcerated A list of some programs offered in each state of the U.S.</p> <p>7 Helpful Programs for Children of Incarcerated Parents An online article presenting hyperlinks to programs and online resources.</p> <p>7 Healthy Habits To Teach Your Kids Reiterating the importance of the basics; diet, exercise, and good sleep hygiene.</p> <p>Family Routines: How and Why They Work Having a routine helps children to feel safe because they know what to expect or their environment is more predictable. Routines also build children’s confidence and independence as they gain a sense of mastery in their daily schedule.</p>
<p><i>Distress Tolerance Skills and Coping Techniques Hyperlinks provided</i></p>	<p>Calming Bottle A smart phone application that simulates a sensory bottle. When shaken, glitter spins around and around drawing children’s attention to something other than the strong emotion they are experiencing. Pairing this with deep breathing can be effective for anyone. Should a phone not be available, instructions are included to make one with simple craft materials.</p>

Deep Breathing

Smell the flowers and blow the candle out; a deep breathing activity to regulate heart rate reducing the physical symptoms of anxiety, anger, or fear.

Sesame Street's Breath, Think, Do

Instructions on how to deep breath effectively to calm down and precede mindfully. A smart phone application is also available where children help their monster friend solve a problem by first showing him how to calm down with some deep breaths.

Progressive Muscle Relaxation

Mindfulness relaxation scripts are a helpful way to relieve muscle tension built up from stress and anxiety.

5 4 3 2 1 Grounding Technique

A mindfulness skill used to get in the moment when strong emotions become too overwhelming. Anyone can practice this skill by naming 5 things they can see, 4 things they can touch, 3 they can hear, etc.

*Free Online
Resources
Hyperlinks provided*

Sesame Street's Coping With Incarceration

Includes information, videos, and activities for children and adults providing suggestions for remote communication and expressing emotions. A smart phone application is available too to take this information on the go.

***What Happens When a Relative is Sent to Prison**

A short story educating children about incarceration. Helpful suggestions and discussion points are provided for incarcerated parents and home caregivers throughout.

* a resource that was included in the evaluation process

Table 2: Resources for Home Caregivers and Incarcerated Parents

<p><i>Books</i> <i>Hyperlinks provided</i></p>	<p>*Parenting from a Distance: Your Rights and Responsibilities 3rd Edition by Jan Walker An informational guide and workbook for incarcerated parents to learn more about their position from a legal standpoint. Several chapters focus on ways to maintain a relationship with their children and how to better cope with physically absent parent.</p>
<p><i>General Information</i> <i>Information not usually mentioned</i></p>	<p>Some correctional facilities, charities, and churches offer financial assistance for children to attend visitations (Hoffmann et al., 2010). There are also programs for children and incarcerated parents that facilitate visitation (Pech & Bloom, 2016). Some programs, or the correctional facility itself, will provide families access to child friendly visitation rooms (Block, 1999; Snyder et al., 2001). Incarcerated parents and home caregivers should inquire about these resources. Home caregivers should look for support groups in their area to increase their social network as well as access and knowledge of resources (Dressel and Barnhill, 1994).</p>
<p><i>Distress Tolerance Skills and Coping Techniques</i> <i>Hyperlinks provided</i></p>	<p>Stress Ball or Distraction Devices Small items that incarcerated parents and home caregivers can fidget with, especially during moments of extreme emotion, can distract the mind from negative thoughts. It is more beneficial if these items are textured because it incorporates their sense of touch and increases the items ability to distract. Incarcerated parents can ball a pair of socks together to use as a stress ball.</p>
	<p>Meditation Clearing the mind for a few minutes a day is a helpful practice that can increase incarcerated parents and home caregiver’s ability to cope with daily stress (Hwang et al., 2018).</p>
	<p>Guided Imagery A form of meditation where the mind is focused on an imaged scene or “happy place.” During this time, one draws their attention to the details of this setting by describing or imaging what they can see, hear, smell, etc. **incarcerated parents and home caregivers can also practice the distress tolerance skills and coping techniques listed under the resources for children. Not only are these skills helpful for all ages, but their practice of them can also be modeling behavior for their children.</p>
<p><i>Free Online Resources</i> <i>Hyperlinks provided</i></p>	<p>*Reaching Beyond Bars: A Handbook for Incarcerated Parents An informational packet encouraging positive parent-caregiver relationships, parent-child communication, tips for helping to cope, and preparatory steps for full disclosure.</p>
	<p>*Guides for Families Experiencing the Criminal Justice System Three guides created to provide information to children and their home caregiver’s covering arrest to reentry.</p>
	<p>*Children of Incarcerated Parents Library Rutgers University shares several fact sheets that educate and provide suggestions for all incarcerated parents and home caregivers to better take care of their children as well as themselves.</p>
	<p>*How to Explain Jails and Prison to Children: A Caregiver’s Guide An all-inclusive resource with recommendations for coping skills, emotion identification, remote communication tips, as well as questions commonly asked by children and how to answer to them.</p>
	<p>*Tips from a Father in Prison A quick reference reminding incarcerated mothers and fathers to stay positive, stay connected, and to make the best of their time.</p>

IV: Limitations

Limitations to Research

An issue commonly encountered was the difficult and lengthy process required to find the original source for information. The article being read would cite a piece of data. Ordinarily, this reference would be found, and the desired piece of data within it would not be cited indicating that the article being read cited the original source. However, this often was not the case. What frequently happened was the cited article would be found along with the data, but the data would then be cited by a different reference and sometimes more than one. The trail would be followed finding and checking each of the cited articles however this eventually became convoluted and rarely produced a single original source. On one occasion, the same piece of information was cited in two articles. The citations within these articles had the same title but different authors and published dates. When the original source was eventually found, many hours had been spent finding and skimming numerous articles. It appears as though the research specific to COIP may be disorganized as multiple articles are cited as the original source or no original source could be traced at all.

Other limitations to the research include small sample sizes within many of the studies. This seemed especially the case for research specific to COIP and home caregivers considering the number of studies is limited. This suggests that some findings may not be generalizable. Additionally, many studies noted how research on the subject, effectiveness of interventions, or follow-up studies were limited and lacking in quantity. Additionally, the research used to determine what COIP should know about their parent's absence and how this information should be explained was generated

from a different population. Since there was no research specific to COIP on this topic, findings reported on disclosing a terminal illness diagnosis to children and explaining military deployment was used.

Lastly, the reported effectiveness of an intervention was often one that applied overall but the conclusion was made that it likely will work well for the specific population in question. For example, Springer et al. (2000) found that group interventions for children facilitate social support from other children who share similar experiences which reduces isolation and shame. They concluded that because isolation and shame are effects of being a COIP, group interventions will be beneficial.

Limitations to The Resources and Evaluation Process

With regard to the resources, one limitation is that some of the more popular programs for children are faith based. For example, groups like Amachi have a screening process for their mentors before matching them with a mentee. One of their slogans is "*People of Faith Mentoring Children of Promise.*" While their denomination is not explicitly listed, it is possible that families who are of certain faiths or no faith at all will not be comfortable with such a mentor and shy away from this resource.

Many of the programs for children and incarcerated parents that were studied were not nationwide, but local to major cities or created specifically for that facility. Therefore, the data reported on the effectiveness of these programs are only moderately generalizable. This also seems to be the case considering many of the programs are very similar or have the same goal but differ in how they are implemented (e.g., length, materials used).

The Directory of Programs: Serving Children and Families of Adult Offenders is in a Portable Document Format (PDF) which provides a list of local programs within each state of the U.S. One limitation to this document is that it is extremely difficult to find. Further, the most recent edition found was published in 2005 and required an extensive Google search to find. However, this resource was only sought after and found because the 2002 edition was cited in Hoffmann et al. (2010). Therefore, it is possible that someone who does not have access to empirical research databases may not be able to find some resources or information considering it is not easily accessible, advertised, or linked to a known organization. This is further supported by GSBB and useful information like financial assistance, transportation programs, or privileges like a special visitation room for younger children. For example, when looking for GSBB to share a hyperlink on the infographic, there appeared to be no mention of the program on the actual Girl Scout's home page. Even when searching for GSBB within the Girl Scout's website, nothing associated with finding a troop or registering for one was found. Additionally, financial and transportation assistance programs as well as the special visitations rooms was not commonly mentioned outside of the research despite being a very helpful bit of information. This suggests that one must know exactly what resource or piece of information they need or want to look for in a search engine in order to find it because otherwise it does not appear likely to be something they will happen upon outside of the few empirical articles or fact sheets that mention them.

Additionally, a majority of the resources found and reviewed do not appear to be empirically researched, or at least do not provide citations or references, making it impossible to know with certainty if a resource coincides with the literature. Further,

several of the resources were anecdotal. However, this does reinforce the need for the infographics created with this project because they compare the information presented in a resource to current data. As a result, individuals are directed to resources that have been reviewed for correctness and are sharing the most of this information.

Considering all of these resources require reading, this does present the possibility that a particular book or brochure will be written in a higher reading level than an incarcerated parent or home caregiver can comprehend. This could lead to a misunderstanding of the information provided and result in the wrong information shared or the resource may feel ineffective to these families. The affordability of some of these resources could pose as a barrier as well. Many of the books reviewed had to be purchased from Amazon or other online retailers which requires not only the funds to order the book but also a computer or internet access. Even accessing some resources like the information packets and fact sheets at the public library would require money to print them. Lastly, the phone applications pose a similar barrier due to the cost of cell phones and internet service for them.

Limitations of the evaluation process include a small number of resources to be evaluated. While there are many programs available for incarcerated parents, they are implemented differently at each facility and their materials are not available for review. Additionally, there were very few books for incarcerated parents upon which two were nearly identical to one resource found online for free. For this reason, the books were not included on the infographic but the link to the free online source was. Unfortunately, there were no books found for home caregivers specific to caring for COIP though some free online materials were very helpful. As a result, incarcerated parents and home caregivers

shared an infographic but much of the literature and coinciding resources essentially made the same recommendations for each of these individuals. The more difficult part of their roles seems to be communication and making decisions together.

The books for children that were evaluated were those that were recommended several times within other resources or were on lists of top books for COIP. When purchasing these books, others were advertised that were not seen or recommended other places. Therefore, the list of books that were evaluated is not entirely exhaustive but rather is limited to those that would likely be recommended or easily found by COIP or their families.

Lastly, the number of individuals used to evaluate the resources was small. However, it should be noted that the grand means had little to no change between evaluations. It would be interesting and important to see specific stakeholders recruited as evaluators such as inmates, COIP, and home caregivers as well as correctional psychologists, school psychologists, and counselors among other individuals and professionals.

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APPENDICES

Appendix A: Resource Evaluation Form

Does the resource encourage...

- 8. Gathering information about visitations (e.g., days and times, dress code, financial assistance, rules enforced for family, privileges like separate room or toys for children)?**

No Somewhat Yes N/A
 0 1 2 *

- 9. Communication between the children and incarcerated parent? (e.g., letters, phone calls, email, video chat)?**

No Somewhat Yes N/A
 0 1 2 *

- 10. *Children* joining organized groups or programs as a means of coping or gaining access to resources or knowledge (e.g., mentoring programs, Girl or Boy Scouts, skill-based groups, support groups)?**

No Somewhat Yes N/A
 0 1 2 *

- 11. *Nonincarcerated parent or caregiver* joining organized groups or programs as a means of coping or gaining access to resources or knowledge? (e.g., skill-based groups, support groups)?**

No Somewhat Yes N/A
 0 1 2 *

- 12. *Incarcerated parent* joining organized groups or programs as a means of coping or gaining access to resources or knowledge (e.g., skill-based groups, support groups)?**

No Somewhat Yes N/A
 0 1 2 *

- 13. *Children* practicing self-care or coping through self-expression, hobbies, or distraction (e.g., art, music, journaling, poetry, sports, exercise, volunteering, socializing, increased focus on academics or job)?**

No Somewhat Yes N/A
 0 1 2 *

- 14. *Nonincarcerated parent or caregiver* practicing self-care or coping through self-expression, hobbies, or distraction (e.g., art, music, journaling, poetry, sports, exercise, volunteering, socializing, increased focus on academics or job)?**

No Somewhat Yes N/A
 0 1 2 *

Does the resource encourage...

15. *Incarcerated parent* practicing self-care or coping through self-expression, hobbies, or distraction (e.g., art, music, journaling, poetry, sports, exercise, volunteering, socializing, increased focus on academics or job)?

No Somewhat Yes N/A
 0 1 2 *

16. A nonincarcerated parent-child or caregiver-child relationship?

No Somewhat Yes N/A
 0 1 2 *

17. *Children* receiving help or guidance from a professional (e.g., psychologist, counselor, social worker, priest, pastor, rabbi, preacher)?

No Somewhat Yes N/A
 0 1 2 *

18. *Nonincarcerated parent or caregiver* seeking help or guidance from a professional (e.g., psychologist, counselor, social worker, priest, pastor, rabbi, preacher)?

No Somewhat Yes N/A
 0 1 2 *

19. *Incarcerated parent* seeking help or guidance from a professional (e.g., psychologist, counselor, priest, pastor, rabbi, preacher)?

No Somewhat Yes N/A
 0 1 2 *

20. Older children (11-17yo) to have control of their relationship with incarcerated parent (e.g., amount and method of contact, expressing their thoughts and feelings to parent)?

No Somewhat Yes N/A
 0 1 2 *

21. Full disclosure of parent's absence to be titrated with each discussion dependent on the child's emotional maturity (i.e. telling them a little at a time and only what they can emotionally handle)?

No Somewhat Yes N/A
 0 1 2 *

Does the resource encourage...

Appendix B: Resources for School-Aged Children of Incarcerated Parents

Appendix B: Resources for School-Aged Children of Incarcerated Parents



Appendix C: Resources for Home Caregivers and Incarcerated Parents

Appendix C: Resources for Home Caregivers and Incarcerated Parents

Resources for Home Caregivers and Incarcerated Parents



Free Online Reading Material



Children of Incarcerated Parents

LIBRARY

Guides for Families Experiencing the Criminal Justice System



Parenting From A Distance

By Jan Walker

Tips From a Father In Prison

How to Explain Jails and Prisons to Children

A Caregivers Guide



Reaching Beyond Bars



Being there for others means taking care of yourself first. Check out the link below to learn how!



Did You Know?

- Financial assistance for visitation may be available
- Some correctional institutions have kid friendly visitation rooms

Details plus a LOT more can be accessed here!



<https://bit.ly/helpCOIP>