

INCARCERATED ADDICTED MOTHERS AND THEIR 10-14 YEAR-OLD CHILDREN

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Children of Parents in the Criminal
Justice System: Children at Risk

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Purpose of this Research Project

- a) To conduct two separate pilot program evaluation studies, one with incarcerated mothers and the other with their children.
- b) To examine the characteristics and behavior of both incarcerated mothers and their children, and to use this information as baseline and outcome assessments in the two program evaluation studies.

The Objective of this Presentation is:

1. To briefly describe those circumstances and subject characteristics of the two groups that had an impact on treatment feasibility and outcome.
2. To present the process findings of the mother and child interventions that may have a bearing on future efforts in this area of research.

THE PARENTING SKILLS PROGRAM

The parent intervention used in this study was the Parenting Skills Program developed by Louise F. Guerney, Ph.D. At the time the project was initiated, it was considered to be a well-established and highly effective Family Strengthening Program.

This program:

1. employed basic skills involving interpersonal communication and behavioral control procedures in the mother/child relationship (e.g., realistic expectation, sensitivity, limit setting and the effective use of consequences)
2. used a manual that included a review of practice sessions with each lesson plan
3. was implemented in 8 weekly group sessions of approximately two hours each
4. Dr. Guerney served as a Consultant and Monitor of parenting educators

THE SAMPLE

The mothers targeted for study were those who prior to their incarceration:

- a) were addicted to either heroin or cocaine
- b) had resided in the city of Baltimore
- c) had at least one child living in the city who was between the ages of 9 and 14
- d) had signed an informed consent and were willing to have their child participate in a prevention program

PARENTING PILOT STUDY

SCREENING AND RECRUITMENT

1.	Mothers determined to be eligible	276
2.	Mothers completing the baseline assessment	168
3.	Mothers entering the study (Dropouts largely due to early release)	140
4.	Mothers assigned to the parenting program	79
5.	Mothers assigned to the control condition	61

Parenting Program Assessments (N=140)

The mothers were assessed at baseline and 4-months on the following:

1. retention and degree of participation in the program
2. their relationship and contacts with the child
3. their satisfaction with their parenting performance

PARENTING PROGRAM OUTCOME

RETENTION AND PARTICIPATION

RETENTION

Subjects who completed a baseline and 4-month assessment:

- | | |
|-----------------|-----|
| 1. Experimental | 87% |
| 2. Control | 90% |

PARTICIPATION

The number of weekly parenting group sessions attended by the parents in the experimental group (maximum number = 8):

- | | |
|--------------|-----------|
| 1. 5 or less | 212 (53%) |
| 2. 6 or 7 | 11 (14%) |
| 3. 8 | 26 (33%) |

PARENTING PROGRAM OUTCOME

QUALITY OF THE MOTHER/CHILD RELATIONSHIP

There were no indications of superiority of outcome for the experimental intervention group over the control group

For both groups:

The mothers viewed their emotional relationship with the child as being positive.

However, they were less sure that their child respected them, would take their advice, or wanted to become like them.

PARENTING PROGRAM OUTCOME

NUMBER OF CONTACTS

1. Revealed no differences between the two study conditions – the number of child visits was more determined by logistical considerations than by the quality of the mother/child relationship.
2. The number of mother/child telephone contacts in the two study conditions were also essentially the same.

PARENTING PROGRAM

SATISFACTION WITH PARENTING FUNCTIONING

Parenting Satisfaction Scale – Part 3 (PSS3)

1. Intervention phase pre- to post-PSS3 score changes for both treatment and control groups were negligible and showed no significant interaction with study group assignment.
2. For the total sample, PSS3 scores tended to be low compared to the normative population.
 - a) 44% had scores that indicated low satisfaction (T-scores below 45)
 - b) Only 17% fell into the high satisfactory range (T-scores above 55)

PARENTING PROGRAM

CORRELATES OF DISSATISFACTION

1. Mothers' dissatisfaction with their parental function was related to:
 - a) Less healthy mother/child relationships (e.g., less trust, etc.)
 - b) Worse scores on measures of psychological adjustment (e.g., BSI)
2. An unfavorable home environment of the mothers during adolescence and deviant activity exhibited by their parents were the principal predictors of the incarcerated mothers' dissatisfaction with their own parenting performance

PARENTING PROGRAM

MOTHER CHARACTERISTICS IMPACTING TREATMENT

LACK OF EXPERIENCE AS PARENTS

1. Most of the mothers were single and were still living in their own mothers' home prior to their incarceration.
2. In the majority of cases, the children reported that their grandmothers had been their principal caregivers for most of their lives.
3. The parenting intervention chosen assumed that the mothers had past experience as primary caregivers and was designed to address the parenting difficulties they had encountered in the past and to discuss the benefits of alternate parenting approaches.

PARENTING PROGRAM

MOTHER CHARACTERISTICS IMPACTING TREATMENT

LACK OF MOTIVATION

1. Because they lacked basic experience as parents, many of the mothers were more interested in infant baby care than they were in assuming responsibility for an adolescent.
2. All of the mothers had problems with addiction, and their primary concern centered on their substance abuse problem and the effects this has had on their lives including, for many, a self-acknowledged failure as parents.
3. Knowing that their children were being adequately cared for, the assumption of parenting responsibilities under such a circumstance was a less pressing concern.

PARENTING PROGRAM

THE IMPACT OF THE PRISON ENVIRONMENT

1. To some extent, the program involved a reliance on the application and critique of parenting strategies used by the mothers over the treatment course—which was feasible to only a limited extent in the prison setting since the mother/child contacts were infrequent and/or relatively brief.
2. Many of the mothers received early discharges from prison and were not able to complete the parenting course. Also, other prison-related demands on the mothers precluded an uninterrupted program involvement.

RECOMMENDATIONS/CONCLUSIONS

PARENTING PROGRAMS

1. The evaluation of parenting programs conducted in prison settings is hampered by the lack of suitable outcome criteria.
2. Length of sentence should be considered in the selection of subjects, because program approaches and objectives, as well as subject needs, would differ for individuals with longer and shorter term sentences.
3. Implementation of a parenting program requires the cooperation of prison administrators and personnel, including in-house service providers and custodial staff.
4. There should be recognition of the limited occurrence of parent/child interactions over the course of such programs.

THE CHILDREN'S PREVENTION PROGRAM

1. was designed to promote the adoption of a prosocial developmental path by the child
2. used a progressive story-line vignette format presented in 15 sessions by trained staff
3. the material presented dealt with feelings and circumstances experienced by adolescents whose mothers had been incarcerated
4. was delivered over a 3- to 4-month period in one-on-one weekly sessions lasting approximately one hour each.

THE SAMPLE

The sample was composed of:

1. children who, along with their current caregivers, agreed to participate in the preventive intervention
2. who lived in Baltimore City and were within the targeted age range
3. whose incarcerated mothers had indicated their agreement to the child's participation
4. who were not presently living in a foster home

CHILDRENS' PILOT STUDY

RECRUITMENT AND SCREENING

1.	Children eligible for the study	148
2.	Children entering the study	89
3.	Reasons not entering the study:	
	a) refusal (by either caregiver or child)	
	b) inability to locate the child	
	c) ineligible because of age, location, or type of residence	
4.	Study random assignment: Prevention Program	47
	Control Condition	42

Prevention Program Assessments

CHILDREN (N=89)

The children were assessed at baseline and at 3- and 9-month follow-up on:

1. retention in the study and availability at follow-up
2. their level of self-esteem before and after the intervention phase (the Piers-Harris Self-Concept Scale)
3. their level of aggression at baseline and at 9-month follow-up (the Aggression Questionnaire)
4. behavioral information at baseline, 3 months, and 9 months, as measured by a structural interview schedule

PREVENTION STUDY RESULTS

RETENTION IN THE STUDY

	Experimental	Control	TOTAL
Children baseline assessments	47	42	89
Children receiving a 3-month assessment	42 (89%)	30 (71%)	72 (81%)
Children receiving a 9-month assessment	35 (74%)	24 (57%)	59 (66%)

PREVENTION STUDY RESULTS

PIERS-HARRIS SELF-CONCEPT SCALE

1. In spite of disadvantaged environmental backgrounds, both experimental and control groups displayed slightly above average self-esteem [T-score of (56.66 ± 9.83)].
2. Both study groups showed little change at the 3-month assessment, revealing no discernable intervention effect over that period.

PREVENTION STUDY RESULTS

AGGRESSION QUESTIONNAIRE (AQ)

1. For the total sample assessed at baseline (N=79), the AQ mean T-score was slightly below 50, indicating low to average aggression.
2. For those children assessed at 9 months on the AQ (an N of 41 children; 20 Experimentals and 21 Controls) the overall mean remained slightly below a T-score of 50.
3. There was no-indication that results for the experimental group were significantly better than those for the control group.

PREVENTION STUDY RESULTS

BEHAVIORAL INFORMATION

Interview information obtained at baseline and at 9-month follow-up on 57 (of 89) available subjects revealed that:

1. Self-reported deviant activity for the group as a whole was low at baseline and decreased from baseline to follow-up.
2. There was no significant difference between the intervention and control group participants in reported deviance over the course of the study period.
3. There were also no significant differences between intervention and control children in their 9-month reports of the deviant activity of their associates, their attachments to the mother, or the number of contacts with the mothers during the previous 6 months.

PREVENTION PROGRAM

CHILDREN CHARACTERISTICS THAT IMPACTED TREATMENT

1. Many of the children who were targeted for study because of the incarceration of their mothers were less affected by the absence of their mother than anticipated because:
 - a) the mothers had not been their primary caregiver
 - b) they remained at the same residence and thus avoided problems associated with dislocation
 - c) for the most part they were not unhappy with their present caregiving arrangement
2. The children were therefore less inclined to become involved in a prevention program addressing the effects of the mother's incarceration on their lives.
3. Those who did participate tended to be impatient with assessment routines, which contributed to study dropouts, especially for control subjects.

RECOMMENDATIONS/CONCLUSIONS

PREVENTION PROGRAMS

1. The incarceration of a mother does not necessarily increase the vulnerability of her child to the adoption of a delinquent lifestyle.
2. Research undertaken in examining the impact of the incarceration of a parent on a child should consider whether or not the parent was a primary caregiver of the child prior to the incarceration.
3. Involvement of present caregivers in a prevention program, targeting the children whose mothers are incarcerated, is likely to be difficult unless there is a need for assistance expressed by the caregiver.
4. The assumption of caregiver responsibilities by the mother after her discharge is problematic to the extent that she has not previously exercised that responsibility.
5. A mother with a history of substance abuse is particularly handicapped in this regard.