



# Evaluation of an existing parenting class within a women's state correctional facility and a parenting class modeled from Parent–Child Interaction Therapy<sup>☆</sup>



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## ABSTRACT

Approximately 336,000 households with minor children are believed to be directly affected by parental imprisonment, and the majority of inmates in correctional facilities across the United States have been reported to be parents of minors (Mumola, 2000). Subsequently, parent training provided through correctional programming has the potential to impact a large number of American children affected by parental incarceration. However, there are no empirically supported “best practices” for parenting programs provided during incarceration and programs often vary across facilities. The current study examines an existing parenting class offered within a correctional facility and a parenting class modeled from Parent–Child Interaction Therapy (PCIT), a program with an existing evidence base for improving parent and child outcomes. Eighty-two women incarcerated in a female, state correctional facility were randomized to one of the two parenting models. Both parenting models were matched in dose to the facility's existing program, of weekly, 90-minute, group parenting classes, consisting of 10–15 mothers. Seventy-one women completed the parenting classes. Participants in both models were combined for pre-treatment and post-treatment assessments that included group administration of self-report measures and individual behavior observations of parenting interaction role-plays. At post-treatment, mothers completing the PCIT-based training demonstrated higher levels of parenting skills and reported higher levels of treatment satisfaction than mothers completing the existing facility class. Mothers completing the existing class reported higher levels of parenting knowledge of child development than the PCIT-based class. Following both parenting models, similar decreases were found between groups in parenting stress and child abuse potential.

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## 1. Introduction

Recent rates suggest that 1 in 20 individuals in the U.S. population will serve time in federal or state correctional systems during their lifetime, and 1 in 198 will serve a sentence of more than one year (West, 2010). The incarcerated female population has grown substantially over the past 30 years (Sabol & Couture, 2008; West, 2010). A majority of female inmates are in child-rearing age and are mothers of young children (Glaze & Maruschak, 2008). At last estimate there were 65,600 incarcerated mothers with 150,000 children below

18 years of age (Glaze & Maruschak, 2008). The majority of children being younger than 10 years, and 22% of children being younger than 5 years old (Glaze & Maruschak, 2008).

### 1.1. Impact of incarceration on mothers & children

Incarcerated mothers frequently report lower family income, parental education, socioeconomic status, poorer health, and higher levels of parental psychopathology and stress such as depression, anxiety, parenting-related stress, inappropriate and inconsistent discipline, and child physical abuse compared to non-incarcerated mothers (e.g., Beck, 2000; Glaze & Maruschak, 2008; Green, Miranda, Daroowalia, & Siddique, 2005; Greene, Haney, & Hurtado, 2000; Houck & Loper, 2002; Kjellstrand & Eddy, 2011; Murray, Farrington, & Sekol, 2012; Wright, Salisbury, & VanVoorhis, 2007). Maternal incarceration may be particularly disruptive as a majority of mothers (i.e., 64.3%) report living with their children and serving as a primary caregiver of their children prior to incarceration (Mumola, 2000). The decline in the level of contact that mothers have with their children during incarceration increases the likelihood of significant family disruption and negative parent and child outcomes (Glaze & Maruschak, 2008;

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Murray et al., 2012). During incarceration mothers commonly report daily stressors such as issues related to their parental rights and involvement in the child welfare system, a lack of father support, foster care placement, and parole requirements. Following release from correctional facilities, most mothers report increased stressors and difficulty in discipline (see Murray et al., 2012 for a detailed review).

Children of incarcerated parents are at risk for a range of adverse behavioral outcomes. During parental incarceration, children often experience unstable childcare arrangements, reduced income, moves to new households and schools, and separation from siblings, peers, and other significant relationships (Murray et al., 2012). Parental incarceration is also associated with higher risk for disruptive child behaviors (Murray et al., 2012). Estimates of behavior problems among children of incarcerated mothers following maternal incarceration have been found to range from 52–70% (Block & Potthast, 1998; Woodward, 2003).

### 1.2. Current prison parenting programming

The U.S. spends billions of dollars annually at the state and federal levels to accommodate prison populations (Pew Center on the States, 2008). A portion of this spending is used to provide programming such as educational courses, mental health treatment, and recovery services during incarceration. Effective programs are needed and have potential for broad impact as this is a population of high need and of high levels of lifetime service use across multiple service systems (e.g., mental health, juvenile justice, child welfare, corrections, and early education). However, there is mixed evidence for the utility of programming in altering long-term outcomes such as recidivism (e.g., Davis, Bozick, Steele, Saunders, & Miles, 2013; Palmer, 1996). Although recidivism rates of future criminal behavior have been shown to be lower for individuals completing correctional programs such as parenting programs (Gordon & Weldon, 2003; Palmer, 1996), potential selection biases exist, as participation in correctional programming is often determined by a classification of the individual's level of "risk," which is made at intake and reevaluated overtime by the facility, therefore individuals who complete correctional programming may likely differ from those not participating in facility programs.

The range of parenting-related services provided in correctional facilities is broad (e.g., prison nurseries, child visitation, parenting classes, and therapeutic services), however a class format has been most commonly used to provide parent training to incarcerated individuals (Hughes & Harrison-Thompson, 2002). In 2001, a National Institute of Justice survey identifying innovative programs for women in correctional settings found 21 parent education program models across the U.S. A more recent national review of prison parenting programs yielded 28 parenting programs (Eddy et al., 2008). Although female and coed facilities are likely to offer parenting programs (i.e., 90.2% and 55%, respectively; Hughes & Harrison-Thompson, 2002), only 27% of incarcerated mothers report attending parenting classes (Glaze & Maruschak, 2008).

There are currently no commonly accepted "best practices" and national standards to guide correctional facilities regarding curriculum development, participant selection, delivery practices, or assessment of parenting programs. Most programs are developed in-house and are not established based on the recent empirical literature (Eddy et al., 2008). Furthermore, there is little systematic knowledge about the impact of facility-based parenting programs on incarcerated parents and their families. A recent review found only 17 empirical evaluations of parenting programs involving incarcerated women. Of these, few had a comparison or waitlist control group, and only one study included randomization to treatment condition. The interventions used varied from general parenting discussion groups to multi-component programs (e.g., mothers' support group, didactic parenting class, therapeutic visitation program). In this review, facility-based parenting programs provided information about general communication skills (100%), parenting techniques (96%), and child development (68%).

Some also provided special parent–child visitation opportunities (57%) and emphasized parenting during incarceration (54%; Eddy et al., 2008). Anger and stress management (25%) and parent–child interaction laboratories (7%) were less commonly noted. Very few programs in correctional facilities currently offer a parenting model that combines classroom instruction with a behavioral component in which mothers practice specific parenting skills (e.g., Block & Potthast, 1998; Sandifer, 2008). The reported duration of programs ranged from 1 to 24 weeks and varied from one class per week to full-day trainings. Complete programs ranged from 5 to 72 h. All studies included the pre- and post-treatment measurement of parental self-reports on constructs believed to affect parenting such as parenting self-esteem, stress, knowledge, or institutional adjustment. Most found at least one positive pre-post effect; however when a comparison or waitlist control group was included, treatment group changes were often reported to be similar to the no-treatment or wait-list control group. No studies included structured behavior observation or measurement of demonstrated parenting skills (see Eddy et al., 2008 for a summary of studies examining parenting class outcomes). Focus groups to assess inmate interest in specific components of parenting programs indicated the highest level of interest in components specific to parenting while incarcerated (e.g., writing an appropriate and encouraging letter to children of various ages, learning to make a phone call go well, or increasing the quality of parent–child interactions during facility visitation). Inmates were most interested in topics of appropriate limit setting and discipline as well as family and parent–child relationships during the transition to the community following incarceration (Eddy et al., 2008).

### 1.3. Relevant outcomes following facility-based parenting programs

Facility-based group parenting classes have been found to enhance pre- to post-treatment differences for both child and parent stress (Loper & Tuerk, 2006) and increase parental report of non-violent approaches to child behavior management (e.g., Sandifer, 2008; Showers, 1993). Following a 15-week parenting program, Thompson and Harm (2000) found a decrease in inappropriate expectations of children, belief in corporal punishment, and parent–child role reversal on the Adult–Adolescent Parenting Inventory (AAPI-II; Bavolek & Keene, 1999). Surratt (2003) examined three groups of mothers in a substance abuse offender village (i.e., those who had received no treatment, were currently in treatment, and who had completed treatment) and also found that attendance at parenting classes predicted decreased belief in corporal punishment. Sandifer (2008) found decreased belief in corporal punishment, inappropriate expectations of child development, and parent–child role reversal as well as an increased parental empathy following a 12-week, group treatment with didactic and interactive components. These findings suggest that further empirical examinations with strong methodological rigor will be important in order to understand the impact of facility-based parenting programs on parenting outcomes.

### 1.4. Parent–Child Interaction Therapy (PCIT)

Parent–Child Interaction Therapy (PCIT) is a long-established evidence-based intervention for the treatment of externalizing behavior problems among children 2–7 years of age as well as the enhancement of parenting practices in families of children 4–12 years of age who have a history of child physical abuse. PCIT is one program developed from Hanf's two-stage model (Reitman & McMahon, 2012), which has been influenced by Baumrind's (1967) theory demonstrating children's dual needs for parental nurturance and limits to achieve optimal outcomes. PCIT consists of several core features: (a) the parent and child are actively involved together in treatment sessions, (b) interactions are coded to assess progress and determine treatment planning, (c) parents are coached to assist in reaching a level of mastery of both play-therapy and discipline skills, (d) traditional play-therapy skills are taught to enhance the quality of the parent–child relationship,

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