

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

Parenting Adolescents: A Protocol for Instructing Fathers with a Criminal History to be Utilized
in a Substance Abuse Treatment Setting

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DEDICATION

For Angelica, who has made parenting not only easy, but the most rewarding experience of my life. With thanks for her support, and for never once complaining about the sacrifices a child has to make having a mother in graduate school.

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ABSTRACT

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With the advent of community based substance abuse treatment for men paroling from California's prisons, an opportunity became available to provide parenting training to these men. It has been shown that with more successful parenting strategies, some of the negative impacts of parental incarceration and parental substance abuse on children can be reduced. This project will provide a framework that group counselors in the substance abuse setting can utilize; even if they lack prior training in child development or optimal parenting practices. As adolescence is the time when the risk factors associated with parental addiction and incarceration are most imminent, this program will focus on the specific needs of this developmental stage as well as provide skills that can improve parenting of children of all ages.

CHAPTER 1 INTRODUCTION

Introduction

Parental substance abuse and parental incarceration both have significant negative impact on the large number of children they affect (Aaron & Dallaire, 2010; Chassin, Pitts, Delucia, & Todd, 1999). Parenting training has been shown to reduce or repair some of this damage, yet according to Hoffman, Byrd and Kightlinger (2010), it is not always available to the population that needs it the most, with parenting programs designed to be utilized with fathers particularly lacking. The largest group of individuals seeking substance abuse treatment is men with children (McMahon, Winkel, Luthar, & Rounsaville, 2005). With the advent of community aftercare programs in California for inmates with substance abuse problems after their release from prison, a venue for providing this service has become available. This project is designed to provide instruction built on evidence based practices to help meet the unique needs of this population.

According to Armstrong (1997), some needs of children, including attachment, structuring, and nurturing, are common through all developmental stages. As children grow up the things they need from their parents change, and parents must adapt. For example, in the adolescent stage, a variety of problems may surface as children begin to challenge authority, distance themselves from the family, and lose interest in family life (Armstrong, 1997). Arnett (1999) provides a different view of the concept of adolescent “storm and stress”, finding that not all adolescents experience mood disruptions, conflict with their parents, or a desire for high risk behavior. These occurrences are more likely to occur during adolescence than at any other stage of child development (Armstrong, 1997). It is especially true in the case of adolescent children with fathers who are abusing substances and/or have with a criminal history. These children are

at particularly high risk, and may benefit substantially from the interventions presented in this project.

The benefit of improved parenting ability for the fathers was indicated by Collins, Grella, and Hser (2003). In their study of 331 mothers and fathers in drug treatment programs in Los Angeles County, the results yielded a significant association between perception of failure as a father and higher drug use. This negative correlation was mitigated by parental involvement, as it was shown to be a protective factor against continued drug use by fathers in the study (Collins et al., 2003).

Statement of the Need

In a national survey of correctional facilities, Hoffman, Byrd, and Kightlinger (2010) discovered that approximately 1.7 million children had a parent among the 810,000 men and women incarcerated in prisons in the United States in 2007. The Truth in Sentencing Provision is legislation passed by the U.S. Congress in 1994 which dictates that only states which adhere to the policy requiring inmates to serve 85% of their sentence before release qualify for federal funds to aid in prison construction (Rosich & Kane, 2005). Seiter and Kadela (2003) assert that as a result of the Truth in Sentencing Provision the prison population swelled. In 1999, 124,697 prisoners in California left prison after completing their sentences. Most had served longer terms than they would have before the Truth in Sentencing Act and few had the benefit of any rehabilitation or pre-release program. Parole agencies began to focus on risk management and surveillance rather than assistance and counseling. An estimated 77% of inmates released returned to prison for a parole violation (Seiter & Kadela, 2003).

The California Department of Corrections and Rehabilitation (CDC-R, 2010) reports that only 18.2% of the state's inmates are incarcerated for drug charges, but this number does not

include individuals who committed crimes as a result of their substance abusing. Nationwide, 80% of the prison population self-report substance abuse issues (Belenko & Peugh, 2005). California prison officials concur that approximately 80% of the prison population have substance abuse problems that directly or indirectly led to commission of crimes and incarceration (CDC-R, 2010). If not addressed, addiction and other substance abuse issues can have a detrimental effect on the inmates' behaviors and family life once they are transitioned back into society (CDC-R, 2010).

According to Hoffman, Byrd and Kightlinger (2010), the aforementioned 1.7 million children of incarcerated parents are at risk for later behavioral and emotional problems, and involvement in the criminal justice system themselves. There was hope that in-prison parenting programs would lessen the adverse effects of parental imprisonment. There have been numerous programs available for mothers, but often programs for men are scant, with the most frequently implemented program for men, Long Distance Dads, showing no significant impact on the fathers' attitudes toward parenting or improving the level of comfort with their children (Hoffman et al., 2010).

In a meta-analysis, Seiter and Kadela (2003) reviewed 32 studies and independently analyzed 12 drug treatment programs. The researchers suggesting a significant reduction in relapse to drug use and recidivism only for those who complete an in prison program followed by a community-based aftercare program. The federal prison system has adopted drug treatment programs that begin with residential treatment programs in prison which are typically followed by six months in community half-way houses (Seiter & Kadela, 2003). In 1995 CDC-R (2010) began funding the men's in-custody treatment initiative. In 2010 the in-prison Substance Abuse Program (SAP) serviced 8,450 inmates, with 4,689 of those participating in community-based

aftercare directly upon release from prison. To meet the demand for treatment staff, certain long term inmates have received training and been certified as alcohol and drug counselors (CDC-R, 2010). In addition to the SAP programs, CDC-R (2011a) also is operating an In-Custody Drug Treatment Program (ICDTP), whereby parole violators who agree to participate are mandated to community based drug treatment programs, usually for a period of 90 days, in lieu of being returned to prison. According to CDC-R (2011a) this program is funded for 1800 participants daily. Based on the statistics provided by Hairston (2007), it is estimated that more than half of these prisoners and parolees in community-based treatment are parents.

According to the California Department of Alcohol and Drug Programs (California ADP, 2011), all non-licensed or non-certified alcohol and drug counselors are required to be registered for certification within six months of hire, and to complete the certification process within five years. Certification is achieved through any one of ten independent certifying agencies in the State of California (California ADP, 2011). California Association for Alcohol and Drug Educators (CAADE, 2011) is one of these agencies and they certify a significant number of alcohol and drug counselors in the state, The CAADE program requires completion of an approved addiction studies program, 2240 supervised hours working in an alcohol and drug treatment facility and successful completion of a written test to achieve certification. Pierce College (2011) is a provider of an approved addiction studies program, which requires 36 units of coursework for completion. There is an option for an elective course in child development, but it is interesting to note no instruction in parenting or child development is required for certification at this time (Pierce College, 2011).

Purpose

The purpose of this project is to develop and implement an educational program for men in California's community based substance abuse treatment programs who are now or may later become fathers who have an interest in learning skills to improve their parenting abilities and the quality of the relationships with their children and future children. With the use of this proposed product, these men will be provided with resources and education enabling them to better understand child development, recognize the needs of children, and learn parenting skills that will strengthen the fathers' role in bringing up their children and making them better parents who will hopefully enhance, rather than harm, the lives of their current or future children.

Significance

An important factor that affects the outcomes for children of parents with substance abuse issues is parenting practices (Burstein, Stanger, Kamon, & Dumenci, 2006). Older children are more affected by negative parenting, because typically parental monitoring and supervision decrease with the child's age (Burstein et al., 2006). King, Molina, and Chassin (2008) found that adolescents with parents who abuse substances often perceived less emotional support from their parents and had a higher exposure to family level stressful life events. Although individual variations due to personality and gender do exist, the stressful events stemming from parental substance abuse are often perceived by the adolescent to be external; therefore uncontrollable by the adolescent (King et al., 2008).

In 2010, 21.4% of 8th graders, 37.0% of 10th graders, and 48.2% of 12th graders reported illicit drug use (HHS, 2011b). The California Youth Authority, the largest in the United States, housed 6,000 juveniles in 2010 in its 11 institutions and 4 forestry camps, and supervised another 4,000 on parole (CDC-R, 2011b). Only .1% of the offenders were under age 13, and 3.5 % were between the ages of 13 and 15, 95.7% were male and 58% were in need of substance abuse

treatment services (HHS, 2011b).The importance of parenting in outcomes such as drinking and drug use has been demonstrated repeatedly (Eiden, Edwards, & Leonard, 2006).

With the implementation of this parenting program for fathers who have been incarcerated and experienced drug and alcohol abuse, it is thought that their skills and behaviors, as well as awareness of the effects on their children will be enhanced. This will both help them become better fathers and keep them from returning to prison, while improving the psycho-emotional states of their children. It is anticipated this would lead to a decrease in the number of youths entering the juvenile justice system. It is the hope that this program can be a step toward ending a cycle of negativity and despair, and that the depression, anxiety, fear, insecurity, and loss of self-esteem, that often accompany growing up with a substance abusing and/or incarcerated parent can be reduced. The program can also be adapted by other institutions and utilized in other states, thereby increasing the chances that the number of persons becoming mired in crime and abuse can be significantly decreased.

Terminology

Substance abuser

The DSM-IV-TR defines substance abuse as “A maladaptive pattern of substance use leading to clinically significant impairment or distress...” (American Psychiatric Association [APA], 2000, p. 197). One of the ways the criteria for substance abuse is manifested is through a failure to fulfill major role obligations at work, school, or at home. This is one of four criteria, which if occurring during a 12 month period, would indicate a diagnosis of substance abuse. The other criteria include recurrent substance use in situations in which it is physically hazardous, recurrent substance-related legal problems, and continued use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

A diagnosis of substance abuse would be preempted if the criteria for substance dependence had been met for that substance (APA, 2000). According to Kinney (2003), “There were those who questioned whether abuse really is a separate condition, or is really just early dependence” (p. 76). The Diagnostic and Statistical Manual of Mental Disorders {DSM-IV-TR) utilizes the same criteria for all psychoactive substances, whether it is alcohol, legal or illicit drugs. In most cases, categorizing the substance of abuse has no impact on the psychological consequences of abuse; however the social consequences of illicit drug abuse can be significantly different (Kinney, 2003). For the purposes of this project, the term substance abuse will be used to include both the less severe diagnosis of substance abuse, and that of substance dependence, regardless of the substance, be it alcohol or legal or illicit drug, considering that all share the common criteria of use despite negative social and psychological consequences, which is the focus of this project. Thus the terms addict and alcoholic can be consolidated into the appropriate umbrella term substance abuser.

Recidivism

Recidivism is defined as a relapse into criminal behavior and subsequent re-imprisonment (Encyclopedia Britannica, 2011). For many, incarceration in a penal institution does little to deter the offenders’ pattern of behavior and crime can become habitual (Encyclopedia Britannica, 2011).

Incarceration

Incarceration is defined as an Imprisonment (Dictionary.com, 2011). For the purposes of this project, incarceration will refer to imprisonment in any jail, prison, or detention center in any local, state, or federal jurisdiction.

Parent training

Parent training is a form of parent education that includes at least one component teaching specific skills (Dembo, Sweitzer, & Lauritzen, 1985).

Parent Effectiveness Training [PET]

A program developed in 1975 by Thomas Gordon based on the theories of Carl Rogers, designed to improve parent-child relations. Human relations strategies are emphasized utilizing techniques such as “I” messages, active listening, and “no lose” conflict resolution (Dembo, Sweitzer, & Lauritzen, 1985).

Bridge

The rationale for the need to educate the aforementioned population of men, while basing the interventions in this project on Thomas Gordon’s PET program, will be shown by reviewing research on incarceration, drug abuse, effects of parenting and actions of parents on children, and on possible remedies to help both fathers and their children. Additional research that will look at the PET program, its effectiveness, its availability, and its applicability to the specific problems incurred by the children of incarcerated and substance abusing parents, will also be covered in the following chapter.

CHAPTER 2 LITERATURE REVIEW

Introduction

The scope of the problems of substance abuse and incarceration in the nation as well as in the state of California will be detailed as well as the relationship between these two issues. Research will be explored to develop an understanding of the negative impact on children when parents are substance abusers and/or are incarcerated. Existing programs for addressing parental substance abuse and incarceration will be assessed, along with California's current effort to provide treatment for this population. Finally, evidenced based parenting training programs, such as Thomas Gordon's Parent Effectiveness Training (PET) that could be effective in improving the outcomes for children of parents who abuse substance and/or incarcerated parents will be evaluated, and the efficacy of role play as a technique to enhance the learning of interpersonal parenting skills will established.

Scope of the Substance Abuse Problem

According to the National Survey on Drug Use and Health which was conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), twenty three and a half million people age 12 and older needed treatment for illicit drug or alcohol problems in 2009 (HHS, 2011b). On March 31, 2009 137,960 clients were in treatment at California's 1,738 substance abuse treatment facilities (HHS, 2010). Substance abuse costs the United States over \$484 billion annually (HHS, 2011a). Consequences of substance abuse include homelessness, incarceration, illness, injuries, and death (HHS, 1999). Over half of those arrested for major crimes were under the influence of illicit drugs at the time their offenses were committed (HHS,

2011b). Some degree of parental substance abuse is present in an estimated 50% to 80% of child abuse and neglect cases handled by child protective services (HHS, 1999).

Scope of the Incarceration Problem

Simmons (2000) estimates that ten million of the nation's children will have a parent who is incarcerated at some time during their lives. In California, 856,000 children have a parent involved in the criminal justice system, with 195,000 of those parents being incarcerated in a state prison, 97,000 in a jail, and 564,000 on parole or probation. This problem affects at least 9% of the children in the state of California (Simmons, 2000).

Relationship between Substance Abuse and Incarceration

Belenko and Peugh (2005) conducted a national survey of 14,285 inmates in state prisons. Self-reported data from the inmates revealed that more than 80% have an alcohol or drug problem. Inmates on parole readmitted to prison account for one third of prison admissions, yet only 24% received any medical or self-help drug treatment. (2005). CDC-R (2010) reported that of the 171,085 inmates in California correctional facilities in the fourth quarter of 2008, 93% were males, and 18.2% were convicted of drug charges. It is not possible to accurately calculate how many more were convicted of crimes they would not have committed if not for the effects of substance abuse, but estimates fall between 50 and 80 percent (CDC-R, 2010).

Effects of Parents' Substance Abuse on Children

Kinney (2003) describes the financial troubles, disturbed marital relationships, conflict, tension, uncertainty, social disapproval and/or isolation, disorganization and chaos that affect the families of substance abusers. It is estimated that 25% of children in the United States are living with a parent in need of substance abuse treatment. The interpersonal relationships in the family

are impacted by the behaviors of a substance abuser as family members develop avoidance or co-dependency behaviors in an attempt to restore the balance of the family system. Physical effects on the children of substance abusing parents can begin before birth and present in the form of fetal alcohol syndrome and other effects on fetal development. These physical effects can be present when it is the father, not the mother who is a substance abuser through the anxieties and lack of support a mother may experience during her pregnancy that are related to developmental disorders in children. Many times the basic physical needs of the child will not be met when there is an addict in the family. Effects on the emotional development of the children of addicts may be evident in a sense of disconnectedness or isolation, fear of conflict, an overdeveloped sense of responsibility, difficulty distinguishing feelings and emotions, unwarranted self-criticism and low self-esteem which can greatly impact their interpersonal relationships. These children often live in a state of fear and anxiety, and are at greater risk for becoming victims of all forms of abuse (Kinney, 2003). Easley and Epstein (1991) delineate hardships occurring due to the substance abuse behaviors of the parent to include financial problems, disrupted routines of daily living, and other stressors which directly affect the well-being of children and continue to impact them into adulthood. The children of substance abusers are at risk for alcoholism, depression, suicidal tendencies, hostility, repressed emotions, and difficulty developing satisfying relationships (Easley & Epstein, 1991). Margaret Easley and Norman Epstein (1991) studied 90 adult children of alcoholics (COAs) ranging in age from 23 to 53 with a mean age of 35 utilizing self-report questionnaires and assessments to investigate the relationship between coping and adjustment methods during childhood with later adult substance abuse and psychopathology. The researchers arrived at the conclusion that a tendency to accept blame or responsibility for a substance abusing parent's behavior was predictive of adult psychopathology,

and that an individual escape/avoidance coping response was the strongest predictor of adult psychopathology. A significant finding of this study was that a positive coping style at the family level was more influential on COAs adult adjustment than was individual coping style, suggesting that family involvement in interventions for COAs would be preferred over individual treatment of the child (Easley & Epstein, 1991).

Chassin, Pitts, De Lucia and Todd (1999) assert that parental substance abuse is associated with a higher risk of substance use by their offspring. There is much speculation on the exact mechanisms of intergenerational patterns of substance abuse. These investigators conducted a longitudinal study of 454 families living in Arizona, including 3 annual assessments of a sample of adolescents having at least one custodial, biological parent being an alcoholic and a demographically matched control sample of adolescents with no biological, custodial parent with alcoholism and a follow-up assessment 5 to 7 years later. A computer assisted interview process was utilized and participants were assured of confidentiality. One of the findings was that COAs' risk for substance abuse/dependence did not decrease during periods when their parent had remained abstinent. This finding suggests that substance abusing by adolescents is not contingent on active parental modeling and that the risk factors associated with parental substance abuse persist long after a parent has moved from active use into recovery.

Interventions to minimize risk for COAs are indicated even after the parent has ceased abusing substances (Chassin, et al., 1999). Lopez, Katsulis, and Robillard (2009) state that young children do not consider a parent's drug use atypical, nor do they make moral judgments about it, but later in adolescence will use it to justify their own drug use.

Coyle et al. (2009) explored the resiliency factors that allow some families to overcome the negative impact of substance abuse. Using family assessment measures and parenting

questionnaires completed by both parent and child to study 674 racially diverse American and Canadian families with at least one parent a substance abuser, these clinicians observed that families with above average functioning also had above average parenting. The parenting skills they determined to promote resiliency included parent-child involvement, positive parenting, monitoring, and discipline (Coyle et al., 2009).

Consistent with these findings are those of Molina, Donovan, and Belendiuk (2010) who estimate heritability of alcohol use disorders at 50%. Results extrapolated from an ongoing longitudinal study by computer-assisted interviews conducted separately with parent and child, and by mail with the child's teacher, indicated a strong correlation between alcoholism in biological relatives and externalizing behaviors such as poor inhibitory control, attention shifting, and conduct problems such as defiance, aggression, and delinquency. All of these risk factors are predictive of early-onset substance abuse problems, but can be mitigated by parental warmth, discipline, consistency, and parental monitoring, confirming that active parenting can reduce the expression of inherited vulnerability (Molina et al., 2010). Along the same lines, Eiden, Edwards, and Leonard (2006) indicated that distinct differences in children's internalization of rules of conduct were apparent in the 220 two and three year old children of alcoholic fathers they studied.

Several other studies focused on the cross cultural applicability of the effects on the children of substance abusing parents. Wagner, Ritt-Olsen, Pokhrel and Baezconde (2010) examined 1433 Hispanic/Latino Adolescents and identified results supporting the findings that parental monitoring is of particular importance in predicting substance use in adolescents, and that interventions designed to help parents develop effective parenting techniques would be appropriate. Acculturating families facing additional associated stressors such as language

barriers and differences in the rate of acculturation between parents and their offspring often have even greater difficulties in monitoring of the children and maintaining communication between parent and child (Wagner, et al., 2010). In a qualitative study of 32 college students who self-identified as African American COAs, Hall (2008) affirmed similar risk factors for black COAs, discovering that in this population fictive kin, defined as non-blood relatives who regularly participate in significant life events of the COAs, played important roles in influencing the ability of COAs to cope and maintain psychological well-being (Hall, 2008).

Rangarajan and Kelly (2006) used self-report methods to study the impact of parental substance abuse on the self-esteem of 227 COAs, discovering negative relationship between parental alcoholism and their children's self-esteem as well as a significant effect on family stressors and parental disregard of the child. The investigators also indicated that this relationship can be partially mediated by healthy family communication patterns (Rangarajan & Kelly, 2006).

Health professionals are often faced with an ethical dilemma when dealing with children of substances abusing parents, conflicted by the concern for the immediate needs of the child and the child's long term need to be part of the family (Moy, Bayliss, Leggate, & Wood, 2007). Budd (2001) asserts that clinicians are challenged by the lack of psychological testing instruments or quantifiable standards for acceptable parental care. Although professionals are often called upon to evaluate parental suitability and recommend interventions that could be helpful, no standard means of functional assessment is available to measure parents' behaviors and practices that can identify strengths and weaknesses and areas of adequate or inadequate performance (Budd, 2001).

In the National Institute of Drug Abuse's report on Youth at High Risk, Kumpfer (1987) states that substance abusing parents are overwhelmed by their addiction and do not intentionally

adopt dysfunctional parenting practices. When not using substances, their parenting practices generally improve, and a will to change is prevalent in addicts in recovery (Kumpfer, 1987). When interviewing fifty men in a methadone maintenance treatment program, McMahon, Winkel, Suchman, and Rounsaville (2007) learned that these fathers attempted to parent in a responsible way, but as their drug abuse continued, their involvement in their child's lives deteriorated. Most of the men involved in the study verbalized an interest in a program where they might learn more effective parenting techniques (McMahon et al., 2007).

Although the overlap between parents who abuse substances and those who have been incarcerated has been shown, and their children may share many of the same negative effects, there are distinct impacts on the children of the incarcerated.

Effects of Parental Incarceration on Children

Hairston (2007) contends that Fifty five percent of the men in state prisons and 63% of the men in federal prisons are parents. More than half of the parents with minor children have never seen any of their children since being admitted to prison (Hairston, 2007). According to Hoffman, Byrd and Kightlinger (2010), one third of the 1.7 million children whose parents are incarcerated in state and federal prisons will turn 18 while their parent is incarcerated.

Bocknek (2009) asserts that there are difficulties inherent in any attempt to study the children of incarcerated parents, as complex custody issues often arise. Many studies have found these children to have been exposed to violence and poverty, child abuse, parental substance abuse, and ineffectual parenting practices (Aaron & Dellaire, 2010; Dellaire & Wilson, 2010; Hoffman, Byrd, & Kightlinger 2010).

Aaron and Dellaire (2010) analyzed archival datasets of children ages ten through fourteen as well as their parent or guardian, and discovered that a history of parental

incarceration predicted risk experiences such as family victimization, increased delinquent behaviors by the child, higher maladjustment, and greater likelihood of dropping out of school and being arrested. A recent parental incarceration can increase these risk factors above beyond levels of prior incarceration. These analysts calculated that a boy with an incarcerated parent was five times more likely to become incarcerated as an adult (Aaron & Dellaire, 2010).

In interviews with 34 children aged eight through seventeen having an incarcerated parent, Nesmith and Ruland (2008) heard in the children's own words that all experienced stress directly or indirectly related to parental incarceration, manifested in isolation, anger, and disappointment. All of these children were impacted by the social stigma and negative assumptions they experienced resulting from their parents' incarceration. Nearly all of these children faced the dilemma of whom to tell about the parental situation, weighing needs and desires to reveal the truth with the risks of rejection and stigmatization. The children informed the examiners of the increased importance they placed on the remaining parent, often expressing a high appreciation for the caregiver's efforts, many being especially sensitive and attentive to the needs of the caregiver. The majority of these children struggled with the conflict of having a caregiving parent who did not have a good relationship with the incarcerated parent, while experiencing guilt about caring about the incarcerated parent and a desire to care for the absent parent by sending food, clothing, and other items. Some of the insight gained in this qualitative study included the absence of a role model professed by almost all of the boys. Inaccurate perceptions of the prison environment resulting from the fact that few of the children visited or were provided detailed information of the parent's circumstances often resulted in fear for the child. Resiliency factors were identified in many of these children, including involvement in church and faith (Nesmith & Ruland, 2008). Clopton and East (2008) noticed that when children

are provided with developmentally appropriate information regarding the incarceration of a parent, they are more open to discussion.

Phillips and Gates (2011) explored the stigmatization of the children with incarcerated parents in greater depth, confirming the relationship between potential emotional and behavioral problems and stigmatization. These researchers established that the fear of shame and stigmatization had a more debilitating effect than the manner in which the children were actually treated. Also noteworthy was the fact that negative attitudes towards these children were associated with the degree to which they were perceived to pose a threat or danger, related to the crimes for which their parents were incarcerated. Some crimes were found to be more stigmatizing than others, resulting in some families preferring to give alternative explanations of the reason for the incarceration. Prominent reactions by children to stigmatization included hesitancy to seek help when needed and social withdrawal. Social withdrawal was not always associated with negative outcomes, as it has the potential to serve a protective function (Phillips & Gates, 2011). Withdrawal can also take the path of affiliation with nonconforming peers where there is the hope of more support and acceptance, often providing undesirable influences and leading to negative outcomes (Hoffman, 2010).

Measuring levels of maladjustment using the Child Behavior Checklist, Dellaire and Wilson (2010) studied the relationship of witnessing events such as criminal history, arrest, and sentencing to maladjustment from the perspectives of 32 children and their caregivers. They found strong correlations between witnessing situations related to parental incarceration and maladjustment, discovering that children with incarcerated mothers were exposed to more of these events and experienced more behavior problems and higher levels of maladjustment. The

child's age was a factor as well, with younger children more likely to be effected by these negative events (Dellaire & Wilson, 2010).

Bocknek and Sanderson (2009) looked for symptoms of Post-Traumatic Stress Disorder (PTSD) among school age children of prisoners enrolled in a federally funded mentoring program. Psychosomaticizing, nightmares, guilt, and a level of hypervigilence that interfered with daily functioning were the most common PTSD symptoms prevalent in this population. These investigators learned that children with an incarcerated parent had difficulty coping with their grief. The loss these children experienced is not equivalent to children experiencing other losses, as the traumatic circumstances these children have experienced increase the likelihood of poor psychological functioning. In addition to the incarcerated parent, the loss may include other personal relationships. These children often lack the support to heal, as caregivers may feel angry, afraid, or unable to openly discuss the situation. High rates of internalizing and externalizing behaviors such as anxiety, depression, guilt, rage, sadness, and disrupted as well as insecure attachment patterns were discovered in these children of prisoners. Disruption was prevalent in the family systems and boundaries. Who is in or out and performing what roles showed a great degree of fluctuation (Bocknek & Sanderson, 2009). This instability and uncertainty was affirmed by Nesmith and Ruland (2008) who discovered in their study that children experienced conflicted feelings over their incarcerated parents' release from prison, often torn between anxiety and fear and a longing for the parent. The feelings that the custodial parent has toward the incarcerated parent has an impact on his or her interaction with the child as well as the child's feelings toward the incarcerated parent. Conflicted relationships between the parents can result in neglect, resentment, and mistreatment from the caregiving parent as a result of the incarceration of the partner. Increased stressors of emotional loss, depression, anxiety,

financial distress, and insecurity associated with a partner's incarceration can all affect the quality of caregiving to the child (Nesmith & Ruland, 2008).

Evidence for the multigenerational pattern of trauma experienced by the children of incarcerated parents was presented by Carlson, Shafer, and Duffee (2010), who conducted a survey of 2279 inmate parents in Arizona correctional facilities. These analysts indicated that incarcerated fathers exposed to stressful life events and trauma were more likely to report alcohol problems (76.0%) and drug use disorders (79.1%) and a history of abuse in the family (54.3%). These parents identified an extensive need of services upon release. Without access to community based aftercare services, recidivism will not be significantly reduced, even for those with access to prison based treatment programs (Carlson et al., 2010).

Leschied, Chiodi, Nowiski, and Rodger (2008) conducted a meta-analysis of 38 studies encompassing 66,647 participants and determined that of the factors measured, parental criminality was the most significant risk factor for a child's later criminal behavior, while witnessing family violence and child mistreatment were only modest predictors. Internalizing concerns such as depression and anxiety were only modest predictors of adult criminality, while externalizing concerns such as lack of control, hyperactivity, aggression, conduct disorder, and antisocial behavior even in early childhood satisfactorily predicted adult criminal behavior. A particularly strong predictor of adult criminal behavior is parenting behavior that is coercive, inconsistent, or lacking of supervision (Leschied et al., 2008). This is consistent with the results of Murray and Farrington (2005) who studied 411 London males and their parents, finding that separation resulting from parental incarceration was a strong predictor of delinquent and antisocial outcomes for boys throughout their lifespan.

Parenting Programs for Parents with Substance Abuse Problems

Most parents are not trained; parenting styles are frequently passed down through generations from that of the family of origin (Gordon, 2000; Hops, Davis, Leve, & Sheeber 2003). Hops et al. (2003) studied the cross generational transmission of parenting behaviors examining 39 young adults, their children, and their parents over a seven year period. The results of this combined self-report and observational study of three generations yielded evidence that parenting style is transmitted across generations. Adolescents in the study who were exposed to harsh parenting methods are currently utilizing harsh parenting techniques with their own children (Hops et al., 2003). This was corroborated by Shaw (2003) in a longitudinal study of three generations of an ethnically, geographically, and socioeconomically diverse population, which also indicated a high level of continuity of parenting from one generation to another. Several different approaches have been utilized to address the problem of substance abusing parents, many with positive results. Haggerty, Skinner, Fleming, Gainey, and Catalano (2008) investigated Focus on Families, an intervention that taught parenting skills in both group format at a treatment facility and in individual home services to addicts receiving methadone treatment services. Parents were instructed in positive family management practices which include limit setting, monitoring, and delivering consequences for socially appropriate and antisocial behavior. The program included instruction and supervised practice in effective communication skills, how to increase children's involvement in family tasks and activities, and how to teach children problem solving strategies. This long term study focused on the reduction of substance use disorders as the criterion for success. At the ten year follow-up, the researchers uncovered long term positive effects for reducing substance use in the male children, but did not find similar results in female children. The clinicians speculate that the reason for the contrasting results

could indicate that the interventions taught were more effective at targeting the externalizing problem behaviors typically common of boys than the internalizing behaviors more prevalent in girls (Haggerty et al., 2008).

DeGarmo, Patterson, and Forgatch (2004) studied 238 mothers and sons, assessing them at six month intervals over thirty months. Subjects were randomly assigned to a Parenting Management Training (PMT) or control group. The PMT program quickly resulted in significant changes in parenting practices. These changes in parenting practices resulted in associated modifications in boys' externalizing behaviors, which in turn were predictive of future changes. The changes in the externalizing behaviors were most closely associated with improvements in internalizing behaviors. This finding could have implications for interpreting the results of the Haggerty (2008) study which only focused on the externalizing behavior of substance use.

Sanders, Turner, and Markie-Dadds (2002) investigated the Triple P- Positive parenting program which has been utilized in Australia since 1996. This is a multi-level system with five levels of intervention aimed at promoting children's social competence through addressing common developmental and behavioral problems. This evidence-based system of parenting and family support based on social learning theory pays particular attention to risk and protective factors derived from research on developmental psychopathology. Evaluation of the success of this intervention is moving from efficacy trials to effectiveness trials, with initial findings revealing that children experience fewer problems when parents change problematic parenting practices. This model acknowledges theories that postulate a reciprocal interaction between child and parent in a bi-directional relationship. Parents participating in the training report greater confidence in their parenting abilities, more positive attitudes toward their children, less reliance

on potentially abusive parenting techniques, less depression, and less stress experienced in the parenting role (Sanders et al., 2002).

Knight, Bartholomew, and Simpson (2007) implemented and assessed a program aimed at improving the parenting practices of women in substance abuse treatment. The “Partners in Parenting” (PIP) Program was designed and implemented respecting budgetary and staffing limitations of the participating agencies. This manualized protocol with scripted lesson plans, designed to be easily adopted to use by counseling staff with little or no training needed, is based on client-centered, Adlerian, and behavioral approaches. PIP closely resembles Gordon’s 1970 Parent Effectiveness Training, which, revised in 2000, concentrates on relational strategies such as active listening “I” messages, and win-win conflict resolution with goals of improved communication and reduced family conflict. Topics in the PIP Program include developmental expectations, communication, guidance and discipline, and problem-solving. Results, derived from pre and post measures as well as participant self-report, show improved attitudes toward parenting strategies, reduced family conflict, and a more positive feeling about the role of parenting (Knight et al., 2007).

Moore and Finklestein (2001) conducted an evaluation of the Nurturing Program for Families in Substance Abuse Treatment and Recovery, a group-based parenting program being implemented in publicly funded treatment facilities for women in Massachusetts. The program integrated increased coordination and planning with child welfare agencies. A unique aspect of the program was the exploration and celebration of the family’s cultural heritage to promote a celebration of family culture. Pre and post measures indicate an improvement in parenting practices, along with feelings of increased parental satisfaction and competence. Participation in

the program was associated with an increased likelihood of completion of substance abuse treatment by the parent as well (Moore & Finklestein, 2001).

Greater levels of parental involvement had positive effects for the parents as well as the children; Collins, Grella, and Hser (2003) ascertained that for fathers, a high level of involvement with their children and the associated favorable self-rating of parenting skills significantly correlated with a reduced severity in their addiction. Higher drug use was associated with fathers who had a perception of being failures as parents. This protective factor against substance abuse was specific to fathers and not observed in mothers (Collins et al., 2003).

A limitation of all of the parenting training studied, with the exception of the Triple P Positive Parenting Program in Australia, is that services are provided solely to mothers.

Numerous factors can mitigate the effects of parental substance abuse, including parental warmth, discipline, consistency, and parental monitoring (Molina, Donovan, & Benendiuk, 2010), positive parenting, monitoring, and discipline (Coyle, 2009), healthy family communication patterns (Ranjarajan & Kelly, 2006), and positive coping style at the family level (Easley & Epstein, 1991). These factors, which are indicative of the benefits of more effective parenting practices, not only have a positive effect on the children, but also for the parents (Collins, Grella, & Hser, 2003; Knight, Bartholomew, & Simpson, 2007; Moore & Finklestein, 2001). The cross generational transmission of parenting behavior would indicate benefits for the next generation, the children of the children, as well (Gordon, 2000; Hops, Davis, Leve, & Sheeber, 2003).

Parenting Programs for Incarcerated Parents

Hoffman, Byrd, and Kightlinger (2010) investigated the availability of parenting programs in United States prisons by mailing surveys to the wardens and superintendents of 999

correctional facilities. Results were analyzed from the 387 (39%) who completed the surveys. While 90% of the female facilities have some type of parenting program in place, only 51% of the male facilities have parenting programs, all of which do not directly involve the children. The most common of the parenting programs for men is Long Distance Dads. The most frequent intervention utilized is recording the men reading a book for the child. The audio or videotaped recording is then sent to the child. This program has been shown to have no significant impact on the fathers' attitude or on the level of contact with their children. A successful in-prison parenting program would have the potential of lessening the negative consequences of parental incarceration for both the child and the parent (Hoffman et al., 2010).

When studying incarcerated fathers at a minimum security detention facility who were involved in or had recently completed a thirteen week parenting program, Fairchild (2009) uncovered evidence that both dismissing and unresolved attachment patterns were more prevalent than among the general population. His conclusion from the results was that a successful parenting program for which focused on helping children with incarcerated parents would include repairing the current attachment models, while advocating for participants to learn to discern the relationship between emotions, behavior, and internal working models of attachment (Fairchild, 2009).

Substance Abuse Treatment by the California Department of Corrections and Rehabilitation

According to the CDC-R (2010), the annual cost of \$49,000 per inmate has motivated the state of California to promote substance abuse treatment programs in the prison system, which served 8,450 inmates from January through December of 2010. The lowest recidivism rates have been encountered with inmates who not only complete the in-prison substance abuse program,

but also parole directly into community aftercare substance abuse treatment. Enrollment in community aftercare programs in 2010 totaled 4,689 parolees (CDC-R, 2010). It is the participants in these community aftercare programs who would benefit from parenting training and are the target audience of this project.

Evidence-based parenting training programs

Believing the need for parenting programs designed to meet the needs of fathers with a criminal history in substance abuse treatment settings to have been established, and that programs currently being implemented are not meeting these needs, a specific model for delivering these services must be selected. A meta-analysis of 77 published evaluations of parent training programs conducted by Kaminski, Valle, Filene, and Boyle (2008) showed positive outcomes for the parents as well as children, with increased parental self-efficacy and reduction of parental mental health problems (e.g., depression) resulting from the parent training. One of the skills which consistently showed the largest effect was increasing positive parent-child interactions. This is accomplished through increasing the parent's positivity, reducing negativity, and increasing parental activity, including providing appropriate recreational activity and letting the child take the lead. Emotional communication skills were addressed by teaching the parent to help their child identify and deal with emotions, teaching parents to decrease negative communication, such as sarcasm and criticism, and encouraging active listening techniques where the parent would reflect back what the child says, all of which exhibited consistently high effects. Other areas of focus resulting in strong positive effects were teaching parents the importance of parenting consistency and requiring parents to practice new skills with their children during training sessions where they could receive feedback and reinforcement. Parents' involvement in their own learning through modeling, homework, and role playing was predictive

of positive outcomes. Parenting training using a family approach to target social skills was shown to be considerably less effective. Also not as productive was teaching parents about child development or simultaneously providing parents with other ancillary services, which may have been a distraction. A larger effect size was seen for children's internalizing behaviors than their externalizing behaviors or cognitive or educational skills; though a positive effect was consistently observed in all of these areas (Kaminsky et al., 2008).

Dembo, Sweitzer, and Lauritzen (1985) evaluated 48 studies on the effectiveness of group parent education programs. Their attempt to assess Behavioral, PET, and Adlerian programs had difficulty arriving at overall significant conclusions due to inconsistent research methodology, the use of different measurement instruments, and focus on different parenting tasks. However, they were able to note significant improvement in the areas of trust, acceptance, and understanding regardless of type of education program (Dembo et al., 1985).

Efficacy of both behavior modification parent training and parent effectiveness training was discovered in Pinsker and Geoffrey's (1981) study of 40 children in Chesterfield County Public schools who participated in these training programs. The behavior modification programs, with an emphasis on direct behavior change were shown to reduce child deviant behavior and successfully address parental perception of problem child behaviors. Focusing on the maladaptive communication patterns that are often the cause of inappropriate behavior, parent effectiveness training appeared to be effective at increasing positive parental consequences (defined as positive talk and touching behaviors, approach, and attention), increased family cohesion, and reduced family conflict. Pre and post intervention assessment measures, as well as in home observation of parent-child interactions were used to assess the efficacy of each program (Pinsker & Geoffrey, 1981).

Changes in parenting skills which were reflected in the child's behavior after communication training were reported in Anderson and Nuttall's (1987) study of 118 parents with a target child in any of three stages of development: preschoolers, school aged children, and adolescents. These parents participated in workshops at the University of Connecticut with goals of being able to communicate their ideas, feelings, and values more effectively to their children, develop or improve their ability to use positive communication skills, and feel better about themselves as parents. The specific skills taught in the workshop, including responsive listening, firmness statements, reaching consensus, compromise, and positive acceptance were based on Gordon's 1976 model for parent effectiveness training. The majority of the parents reported positive changes in the child's level of cooperativeness and quality of shared communication, although the parents of adolescents reported fewer changes in target behaviors than parents with younger children. Most parents reported significant improvement in self-reported parenting skills following the intervention. One of the experiences identified as very valuable by the parents was the opportunity to express feelings and support for successes and failures in the peer group communication facilitated by the format. Instructor feedback was also highly rated by the parents. Parents of adolescents rated role play significantly higher than parents of younger children. Positive changes in authoritative behaviors were attributed to role play by the parents (Anderson & Nuttall, 1987).

Meyers (1993) investigated parent education programs with a goal of identifying important elements to include in programs geared toward fathers. He advocated stressing the importance of participating in mutually enjoyable activities, promoting the establishment of rituals between father and child, and informing fathers of community based events designed for fathers and children. Meyers stated that important skills for fathers to learn include an

understanding of child play and communication skills and sensitivity to child behaviors. Other areas believed to be helpful to fathers include an increased knowledge of care giving and development of conflict resolution skills (Meyers, 1993).

When delivering parent training services in a residential substance abuse treatment setting, the child is rarely residing with the father. The question then arises of how the father is to practice and improve the skills being learned. Role play can provide a valuable technique to address this problem.

Efficacy of role play as a learning technique

De Neve and Keppner (1997) studied a small sample of undergraduate students, finding that role play fosters interest, helps learners apply material to real world situations, and aids in retention of material. The purpose of role playing, according to Holsbrink-Engels (2000), is to develop interpersonal skills through practice in a learning environment with the assumption that this will reflect accurately real life functioning. The efficacy of using role play in parenting training programs was shown by Anderson and Nuttall's (1987) study, discussed previously.

CHAPTER 3

PROJECT AUDIENCE AND IMPLEMENTATION FACTORS

Introduction

This is a graduate project that the research has shown is greatly needed. The audience which will benefit from this project will be detailed and the qualification of those who will implement the program will be explored after the process of developing the project is described. The product will be included in a printed handout format, derived from the preferred method of delivery, a PowerPoint presentation.

Development of Project

Although this process began with a working knowledge of the deficit of services in the area of parenting instruction for fathers with a criminal history and substance abuse problems, research was explored to verify this conclusion as well as illuminate the scope of the need. Programs which successfully addressed some elements of the needed services were researched to provide an evidence based model for this product. The material was then compiled into a format that could be easily taught and understood, and would include the unique challenges in parenting faced by this population. Ample opportunity for practice and review was incorporated into the protocol to facilitate retention of the material and reinforce the skills acquired. A personal anecdote was incorporated into the opening and conclusion of the presentation to promote participant identification. An eight week model was chosen to facilitate completion within the 90 treatment model adopted by most of the providers of the California ICDTP and SAP programs.

Intended Audience

The intended audience is the men in California's community based substance abuse treatment programs who are now, or may later become fathers who have an interest in learning

skills to improve their parenting abilities and the quality of the relationships with their children and future children.

Qualifications of professional who provides service

Substance Abuse Counselors would be presenting the program to their clientele in small group format. California ADP (2011) requires that all counselors who provide substance abuse treatment services be registered to obtain certification within six months of being hired, and to complete the certification process within five years of registering. Prior to completion of certification, counselors are required to work under the supervision of a certified counselor (California ADP, 2011). The providers of this service will meet those qualifications.

As one of the approved providers of the addiction studies curricula required for certification, Pierce College (2011) offers a program consistent with state regulations and with other providers. Formal training in parenting skills or child development are elective, but not required, therefore this protocol has been designed to be administered by individuals with no education in child development or effective parenting techniques.

Attributes of physical space in which product will be used

The physical space will be well lit and of a comfortable temperature, with adequate space and seating to accommodate the anticipated number of participants and presenters. The space should afford privacy to allow for open discussion with expectation of confidentiality and should be free from distraction.

Equipment to allow projection of material from Power Point presentation is optional. The protocol will be presented in both printed and PowerPoint format, to facilitate implementation regardless of technical capacities of the facility.

Outline of the project

I. Introduction

- a. introduction to providers
 - i. discussion of confidentiality and any limits to confidentiality
- b. introduction to participants
- c. why is parenting training important
 - i. risks to children of substance abusing parents
 - ii. risks to children of incarcerated parents
- d. group discussion

II. Adolescence

- a. developmental issues
- b. peer influence
- c. stages of child development
 - i. puberty
- d. substance use/abuse
- d. learning styles
 - i. role play- explanation and exercises

III. Acceptance

- a. Non- verbal interventions & passive listening to show acceptance
- b. Door openers vs. closing off communication
- c. Communicating acceptance verbally through active listening
- d. Who owns the problem?
- e. Role play- practicing active listening skills

IV. Effective ways of confronting children- When the parent owns the problem

- a. Ineffective ways of confronting children
- b. Solution message vs. put down message
- c. You messages and I messages
- d. The components of I messages
- e. Role play- practice skills

V. "I" messages at work

- a. What effective "I" messages can do
- b. An alternative to praise
- c. How to prevent some problems
- d. How I messages lead to problem solving
- e. Role play- practice skills

VI. Changing unacceptable behavior by changing the environment

- a. To enrich, impoverish, or simplify an environment
- b. Planning ahead with older children
 - i. mutually enjoyable activities for father & child

- ii. establishing rituals between father & child
 - iii. discuss the culture you share with your child
- d. The environment beyond the home- monitoring your child
- e. Group discussion- use active listening & “I” messages to role play dealing with adolescent’s resistance to parental monitoring

VII. Parent-Child Conflict

- a. About conflict
- b. Win-lose method
 - i. ineffectiveness
 - ii. power struggles
- c. The no-lose method for resolving conflicts
 - i. How the child is motivated to carry out the solution
 - ii. How it develops child’s critical thinking skills
 - iii. respect vs. fear
- d. The six steps
- e. Models
- f. Role play- practice skills

- ## VIII.
- a. knowing your child
 - b. review of active listening technique
 - c. review of “I” messages
 - d. review of no-lose conflict resolution
 - e. closing encouragement

CHAPTER 4 PRODUCT

WEEK 1

PARENTING ADOLESCENTS

A Protocol for Instructing Fathers with a Criminal History to be utilized in a Substance Abuse Treatment Setting

Introduction to Providers

This protocol is being provided to assist counselors and group facilitators in substance abuse treatment settings in instructing fathers in techniques that will equip them to be better parents. The interventions provided are based on the accumulated evidence of many research studies.

Suggested Reading

Parent Effectiveness Training
By Dr. Thomas Gordon

The book on which the interventions in this protocol is based can provide a more in depth understanding to assist you in helping your clients become better parents.

Confidentiality

Confidentiality is a valuable part of group process, as it makes it possible for participants to freely disclose their personal thoughts and feelings.

A discussion of the importance of confidentiality and any limits to confidentiality that exist in your particular setting should precede the beginning of any group work.

Introduction to Participants

This project was inspired by Duane.

Duane came into the treatment center where I worked handcuffed, wearing a paper suit. He was placed in the In-Custody Drug Treatment Program as an alternative to a county jail sentence for a parole violation.

Duane did not want to be there.

Duane did not want to change. Before the end of the month Duane was kicked out of the program for dirty tests.

More about Duane

Soon after, Duane came back.

Duane decided he wanted to change.

He realized he would have to make some changes if he wanted to have a chance in life.

Duane helped out around the program.

His first responsibility was hooking up the new guys who came in paper suits with some clothing.

Duane began helping out around the office.

And Duane began taking groups and meetings seriously.

One day the group topic was parenting. Duane came to me after the group. He said he didn't want to sound stupid, but he didn't understand how it was possible to raise children without hitting them.

I do not believe that Duane is alone.

Research shows that most people raise their children in much the same way that they were raised by their parents.

For many that includes hitting and spanking.

The problem is that form of discipline has been shown not to work.

This is an area where a lot of research has been done, and all of the studies have shown that other forms of disciplining children are much more effective.

This program can teach you some of these more effective methods of parenting.

WHAT DO YOU THINK?

Throughout this program you will have the chance to share your thoughts and feelings.

So, what do you think?

How did your parents raise you? What form of discipline did they use?

How well do you think it worked?

Group Discussion

The Reason for This Program

You

Your Children

Your Future Children

Your Children's Children

Me?

Fathers who have more positive involvement with their children and think of themselves as competent parents are more likely to complete treatment and less likely to return to active addiction.

Fathers who complete parenting training have a more positive attitude about parenting strategies and their role as a parent, have less stress parenting, and lower levels of family conflict.

Children of Substance Abusing parents face many risks

These risks often continue even after the parent has stopped using. Parenting training can reduce these risks.

Risk Factors for Children of Substance Abusing Parents

PHYSICAL

Basic needs (food, shelter, clothing) not being met

Disrupted daily routines

Effects on health of substance use during pregnancy

Loneliness, fear of conflict, anxiety, low self-esteem.

Depression, suicidal tendencies, hostility, repressed emotions

EMOTIONAL

Consequences for Children of Substance Abusing Parents

Alcoholism/Substance Abuse
Poor Self Control
Delinquency
Sense of responsibility beyond age ability
Defiance
Aggression
Difficulty developing satisfying relationships

Risk Factors for Families with Substance Abusing Parents

Financial troubles
Conflict
Tension
Uncertainty
Disturbed marital relationships
Legal troubles
Social disapproval
Isolation
Disorganization
Chaos

Risk Factors for Children of Incarcerated Parents

Many of the same risks as for children of substance abusing parents, but some unique risks as well

The greatest predictor of a child's later criminal behavior is the incarceration of a parent

A boy with a father who's been incarcerated is 5 times more likely to be incarcerated later in life

Additional Risks:

Social Stigma- fear, shame
Family Victimization
Conflicted feeling about incarcerated parent
Difficulty coping with grief
Affect's the quality of caregiving of the custodial parent
Affiliations with non-conforming peers (i.e. gangs)
Depression, Guilt, Rage

PTSD

Post-Traumatic Stress Disorder

Children with a parent who's been incarcerated often experience PTSD symptoms:

Nightmares
Guilt
Hypervigilance (always on edge, alert)
Psychosomaticizing (physical problems with a psychological cause)

GROUP DISCUSSION

Are you concerned about any of these risks for your children?

*Thank you for participating in this week's program.
Hope you enjoyed the presentation.*

WEEK 2

PARENTING ADOLESCENTS

A Protocol for Instructing Fathers with a Criminal History to be utilized in a Substance Abuse Treatment Setting

Why Adolescents?

As children grow, the things they need from their parents change

In Adolescence, problems may surface as children begin to challenge authority, distance themselves from the family, and lose interest in family life

Mood disruptions, conflict with parents, and desire for high risk behaviors are more likely in adolescence than any other stage of child development

Adolescence is the transition between childhood and adulthood, and often the last chance for a parent to make a difference in the course of their child's life. That is why this program focuses on the adolescent.

Peer Influence

One of the most important elements of an adolescent's world is their peers. Choice of friends and associates can be crucial to the direction of a child's future. Peers can be an important source of support and positive growth experiences or have a wide range of negative influences.

GROUP DISCUSSION

What were your peer influences as a teenager and how has that influenced the course of your life?

Would you want the same for your child?

Stages of child development

Not all children achieve the same levels of development at the same ages

In each child, there are different types of development to consider.

A child may be more advanced in one area of development while showing delays in other areas

Areas of child development

Physical Development

The most obvious, outwardly visible aspect of child development

Physical development is linked to certain abilities, such as strength and athletic skills

Puberty is when secondary sex characteristics develop, an outward sign of the physical development of adolescents

The Challenges of Puberty

All children mature at different rates

Peer rejection and teasing can result when a youth matures later than his/her peers

Negative attention and increased tension between a girl and her mother are often experienced by girls who mature early.

Boys who mature early are often respected in our culture that emphasizes masculine size, while boys who mature late may be teased or ridiculed.

More Challenges of Puberty

Adolescents who mature early may engage in more high risk behaviors and show poor judgment and impulse control.

Children who look older than they are may not be ready for some of the freedoms and responsibilities they are given based on their outward appearance.

A nurturing and involved parenting approach can ease an adolescent's transition through puberty.

Psychosocial Development

The way a child develops mentally and how that affects his/her interaction with the people and the world around them.

Psychosocial development is often described in stages based on the theories of Erik Erikson. He sees development as progressing as a child faces the challenge of one stage and becomes ready for the tasks of the next stage.

PSYCHOSOCIAL STAGE 1

Trust vs. Mistrust

birth to 1 year old

The parents establish a secure environment where the child's basic needs are being met. The child then learns to trust and forms an attachment to the caregiver.

Abuse, neglect, or abandonment leads to mistrust and the child can begin to sense the world as a dangerous place

PSYCHOSOCIAL STAGE 2

Autonomy vs. Shame and Doubt

1 to 3 years old

The child begins to gain control over their bodily functions and ability to move about and explore their world. They develop interests.

If parents do not let the child do what they are able to or demand they do too much too soon, the child can feel ashamed or doubt themselves instead of feeling self-sufficient.

PSYCHOSOCIAL STAGE 3

Initiative vs. guilt

3 to 6 years old

The child develops courage and independence, can plan and undertake a task, and begins to develop a sense of judgment.

Aggressive behaviors may result from frustration when the child is unable to achieve a goal.

If caregivers are not supportive or do not provide encouragement, the child may develop an unwarranted sense of guilt.

PSYCHOSOCIAL STAGE 4
Industry vs. inferiority ages 6 to 12

The child's focus moves from play to being good and doing things right.
Children begin to develop moral values and become more aware of themselves as individuals during this critical phase in developing self-confidence
Without praise or recognition of their accomplishments they may develop a sense of inferiority.

PSYCHOSOCIAL STAGE 5
ego-identity vs. ego diffusion age 12 to 18

The child begins to consider the roles they will take on as adults, including a sexual identity.
The child can become very concerned with how they appear to others and what others think about them.
The focus on personal choices can lead to conflict with adults in the child's life.

Adolescent Development

Although certain tasks are the focus of different stages of development, children grow in many ways from birth long into adulthood.

Stages theories are meant as a guideline for understanding the usual path of growth, but each child is an individual and will develop in their own unique way.

Substance Use/Abuse

Adolescence is often a time of first exposure to alcohol and drugs.

The National Institute on Drug Abuse's 2010 report on Youth trends shows:

21.4% of 8th graders

48.2% of 12th graders have used illicit drugs

Children of substance abusing parents are more likely to abuse drugs themselves.

TOPIC FOR THOUGHT

How will you address your past substance abuse when talking with your children about drugs?

Learning Styles

People (adults and children) vary in how they learn best.

Some people favor an auditory learning style (learning by hearing).

Others favor a visual learning style (learning by seeing or watching).

Many prefer an active manipulation style (learning by doing).

Learning Styles (cont.)

Just as it is important for you to respect your child's individual learning style when addressing school performance, it is importance that we consider your learning style when presenting this program.

We understand that it is unlikely that your children are with you in a treatment program, so we must provide an opportunity for you to learn by doing.

This can be accomplished by role play.

ROLE PLAY

Research has shown that role play is a very effective way to learn.

By pairing with another member of your group and taking turns assuming the roles of parent and child, you will be able to practice the skills learned in this program and be ready to put them into practice with your children.

Topic for Role Play

Pick a partner and practice how you would handle the following question from your teenager.
“How can you tell me not to do drugs when you have done drugs?”

*Thank you for participating in this week's program.
We Hope You Enjoyed the Presentation.*

Week 3

PARENTING ADOLESCENTS

A Protocol for Instructing Fathers with a Criminal History to be utilized in a Substance Abuse Treatment Setting

Acceptance

A child who feels he or she is accepted feels that he is loved.
If children believe that they are accepted, they can feel free to be open and communicate their thoughts and feelings.

Demonstrating Acceptance

NON-VERBALLY

- gestures
- facial expressions
- other actions

Your opinion can easily be communicated to your child without words- looking at you, the child will often know what you are thinking.
Being supportive of your children, while allowing them to learn on their own, communicates that you trust in their abilities and accept them.

Passive Listening

Really listening
Allows the child to get his/her message across
Allows the child to learn to problem solve
Encourages the child to communicate further

Listening without comment
Examples: Hmmm, Uh-huh, Oh?, I see, Silence.
Communicating Acceptance Verbally
How you talk to your children is important.

The message your children get from what you say affects how much they communicate with you.

DOOR-OPENERS

Door-Openers invite your child to communicate with you. They encourage the child to say more.

Examples:

I see. Is that so? Interesting. Oh.

Tell me more. I'm listening.

Ways to close-off communication

Warning/threatening lecturing/preaching

Questioning/ interrogating ordering

Judging/criticizing name calling

Analyzing (gives the child the message that you know why he is doing something)

Reassuring or consoling (can make the child think you are trying to make his/her feelings go away, or seem less important)

Active Listening

Children (and adults) don't always speak directly. Often statements are "coded" and the meaning is unclear. This can lead to misunderstanding.

Active listening allows you to provide feedback that shows you understand the message.

Active listening focuses on the child's message, and ideally, his feelings.

Active listening does not send a message of your own.

Active Listening

Sounds confusing? Maybe an example will help.

Child: Ever since Joe's cousin moved here he never has time to hang out with me anymore.

Dad: Sounds like you miss hanging out with Joe.

or

Dad: You don't like not being able to spend as much time with your friend.

Not active listening:

Dad: Now you will be able to help out with the yard work I've been asking you to do for weeks

or

Dad: I never liked Joe much. You're better off hanging out with your other friends.

See if you can recognize the active listening response

Daughter: Maria & Josie don't want to be my friends anymore. They think I'm ugly.

Dad: What bitches.

Dad: You'll always be my beautiful baby.

Dad: I can see that it hurts you.

Dad: They are the ones who are ugly. That Maria has a face that will stop traffic. Who needs them; you have plenty of friends from your soccer team.

Correct Answer:

Dad: I can see that it hurts you.

This response acknowledges your child's feelings and invites her to continue communicating with you.

Practicing Active Listening

Active Listening may seem like an unusual way to converse, but if you practice it will come more naturally.

By practicing listening to your role play partner and thinking about the feelings and true meaning behind their words before you chose your reply, you can develop your active listening skills.

GROUP DISCUSSION

Practice active listening skills

Active Listening

When you use active listening, you are sure you get the true meaning of what your child says.

When you use active listening, your child becomes more comfortable talking about feelings.

Active listening is most effective when your child has a problem.

Problems

The active listening technique is designed to work when the child has a problem.

Using active listening when a child has a problem shows your support and acceptance and allows your child to learn to solve their own problems.

When a child can solve their own problems, they build self-confidence and become strong.

Whose problem is it?

A problem belongs to the child when it affects the child's ability to satisfy a need.

A problem belongs to the parent when it affects the parent's ability to satisfy a need.

Active listening is effective when the problem belongs to the child, and not when the parent owns the problem.

Examples of problem ownership

Danny wants to go to the movies but his friends want to go to a hockey game.

Danny owns the problem.

Danny doesn't want to do his chore and take out the trash because he's late to meet his friends to go to a movie.

You own the problem, it is your house that needs to be maintained, and the trash needs to be taken out.

Problems best suited for Active Listening

Problems that are owned by the child are the ones best suited for active listening.

These problems are ones that your child can benefit by working through on his/her own.

The reason the child approaches the parent with these problems is mainly for the parent to demonstrate that he understands how the child is feeling. When the parent responds appropriately, the child feels loved.

ROLE PLAY

Practice with a partner addressing problems you child might bring to you. Determine who owns the problems, decide if active listening is appropriate, and select a response that is beneficial to the situation.

If you have doubts about the best response, consult with your group facilitator.

*Thank you for participating in this week's program.
We hope you enjoyed the presentation.*

Week 4

PARENTING ADOLESCENTS

A Protocol for Instructing Fathers with a Criminal History to be utilized in a Substance Abuse Treatment Setting

Problem solving

When the parent owns the problem

Last time we learned what to do when the child owned the problem.

When the parent is affected by the child's actions, then the parent owns the problem.

When the child owns the problem, the child initiates the conversation, but when the parent owns the problem, it is the parent's responsibility to begin communication/

Solution Messages

Examples of solution messages are statements using "musts", "oughts", and "shoulds".

When you use solution messages to solve problems, you tell your child what you think he/she should do. This leaves the child out of the decision making process.

Solution Messages (cont.)

The problem with solution messages is that children often resist being told what to do.

Solution messages imply that you don't trust your child to make the right decisions or that your needs are more important than the child's needs.

Put-down messages

A put-down is any statement intended to belittle, embarrass, ridicule, or humiliate someone.

Put-down messages can cause children to feel guilty, inadequate, rejected, or unloved.

Put-down messages

When children receive put-down messages they often feel the parent is unfair.

Children don't react well to put-down messages. They do not motivate a child to change unwanted behaviors.

Children will usually resist, give up, or comeback at the parent when they receive a put-down message.

Ineffective ways of communicating

The thing that ineffective ways of communicating with your child have in common is the focus is on the child.

Examples: you did this/that

you should _____

GROUP DISCUSSION

Think about situations where you might be tempted to use solution messages or put-down messages with your child.

Team with a partner and take turns assuming the child's role. As the child, how do you naturally react to these types of messages?

"I" messages

I messages focus on how the child's behavior makes the parent feel.

Using "I" statements about the parent's feelings makes children more likely to change their undesired behavior.

Forming "I" messages

I messages are used to address unacceptable behaviors- something the child says or does

When composing "I" messages it is important to describe the behavior, not judge it.

Describing unacceptable behaviors

Which of the following statements describe unacceptable behaviors, which judge it?

- a) You leave your dirty dishes in the sink.
- b) Your room is such a mess, you are a slob
- c) Are you really that lazy that you can't mow the lawn once a week?
- d) Your dirty laundry is all over your room.

Answers to examples

You leave your dirty dishes in the sink. *Describes behavior*

b) Your room is such a mess, you are a slob. *Judges child*

c) Are you really that lazy that you can't mow the lawn once a week? *Judges child*

d) Your dirty laundry is all over your room. *Describes behavior*

Elements of "I" messages

- 1- Describes the child's unacceptable behavior
- 2- The feeling the parent has as a result of the unacceptable behavior
- 3- The effect the child's unacceptable behavior has on the parent

Format of "I" messages

The simplest construction of I messages uses the format:

When you _____,

I feel _____,

And it makes me _____.

Examples of "I" messages

"I" messages using some of the examples of unacceptable behaviors.

When you leave your dirty dishes in the sink, I feel angry, and it makes me upset that my home is unclean.

When you leave dirty laundry all over your room, I feel frustrated, and it makes me spend all my free time cleaning instead of enjoying my family.

More Examples

When you stay out late and I don't know where you are, I worry about you and that makes me not get enough sleep to do my job well.

When you don't mow the lawn after school, I feel disappointed, and it makes me mow the lawn on my day off instead of spending time with the family.

Advantages of "I" messages

"I" messages give the child the responsibility to change the unacceptable behaviors.

"I" messages cause changes in the parent as well as the child.

Parents feel more honest and in touch with their feelings.

Topics to address with "I" messages

Chores not done

Staying out past curfew

Fighting with siblings

Neglecting schoolwork

GROUP DISCUSSION

Practice role playing "I" messages with a partner using the topics on the previous slide

Continue Group Discussion

Practice the "I" message technique with some more serious topics

Consider issues such as: drug use, underage drinking, teen sex, unsavory peers.

Can you use "I" messages to address these problems?

Thank you for participating in this week's program

We hope you enjoyed the presentation

Week 5

PARENTING ADOLESCENTS

A Protocol for Instructing Fathers with a Criminal History to be utilized in a Substance Abuse Treatment Setting

Benefits of "I" Messages

"I" messages move the family away from attack & defend patterns of parent child relationships

"I" messages build a healthier parent-child relationship because they don't suggest there is something bad about the child, just a behavior that needs to be changed.

"I" messages promote honesty in communication.

More benefits of "I" messages

“I” messages discourage disagreement. It is hard to argue with how you feel.
By communicating about how you feel, your child is encouraged to communicate their feelings.
Children feel respected when they hear “I” messages, which supports children in accepting responsibility for their own behavior.
Children are often surprised to hear how their behavior affects their parents.

Advanced “I” message techniques

Rather than focusing on negative feelings, it’s better to consider potential positive feelings.

Example: I feel sad when you don’t put effort into your schoolwork. (negative)
OR: I would be so happy if you tried your best when you do your schoolwork. (positive)

Advanced “I” message techniques

Don’t minimize statement about feelings.

Use strong words to represent strong emotions.

Example: I am glad you improved your grades this semester. (minimal)

I am extremely happy you put in all the work to get good grades this semester. (strong emotions)

“I” messages and Anger

Anger is an emotion that all parents experience, but how it is expressed must be measured.

Stored up anger that comes out all at once can cut off communication between parent and child.

The primary emotions behind anger

Anger is not usually the primary emotion.

Anger develops when a primary emotion is not resolved.

Examples of emotions behind anger:

Embarrassment Disappointment

Fear Worry

GROUP DISCUSSION

Consider situations in which anger is a secondary emotion and identify the primary emotion.

Problems with “I” messages

Children often ignore them.

Solution: Use another “I” message when the first message doesn’t get results. This let’s your child know that you are serious.

Problems with “I” messages (cont.)

Instead of changing their behavior, children may respond with “I” messages of their own.

This isn’t a big problem. Your children are letting you know how they are feeling, which means real communication is happening. Respond to messages about how your child is feeling with active listening.

“I” messages as an alternative to praise

Why ?

Praise can be manipulative.

Praise can be judgmental. Even if that judgment is the child is “good”.

Child can accept or reject praise based on the child’s feelings.

“I” messages vs. praise

Using positive “I” messages instead of praise shares you feelings.

This enhances your communication with your child rather than just rewarding a desired behavior.

No Problems Now

When there are currently no problems with the child’s behavior, “I” messages can be used to prevent future problems.

“I” messages can be used to explain what is planned for the future, and explain the feelings the parent has about these plans.

“I” messages to prevent problems

Using “I” messages to communicate with your child about future plans allows children to understand and feel a part of transitions in the family.

It allows children to share the parent’s feelings as they prepare for new events.

It leads to problem solving as a family.

Examples of future planning

DAD: I am worried about how things will work out when Mom starts her new job. She does so much of the work around the house that we are going have to take over some of her tasks.

This can stimulate conversation about what responsibilities other members of the family can volunteer to take over, rather than having new tasks assigned to them.

Examples of future planning

DAD: I am happy that you will be getting your driver’s license soon. I’m wondering how that will change your responsibilities around the house.

DAD: I’m concerned that with finals coming up you will need a lot of extra time to study. What changes are we going to need to make so that you can do your best?

Your own future plans

Many of you are looking forward to the day you complete residential treatment and will be moving in to a new living situation.

For some you will be returning to your family home, and others will be living independently and working out scheduling to spend time with your children.

Using what you’ve learned

Join with a partner and practice potential communications you may have with your children about the changes and challenges that will result from your return to the community. “I” messages are communication tools you can use not only with your children, but also with significant others, exes, and other family members.

GROUP DISCUSSION

Use a partner to role play possible communications to prepare for your return to the community using the “I” message skills you have learned.

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Week 6

PARENTING ADOLESCENTS

A Protocol for Instructing Fathers with a Criminal History to be utilized in a Substance Abuse Treatment Setting

Changing the Environment

Another way to change your child’s behavior is by changing their environment. This technique is often used with younger children but can be equally effective with adolescents.

Ways to change the environment

Enriching, simplifying, and restricting are all ways to change the environment to alter a child’s behavior.

One activity can also be substituted for another, and a parent can plan ahead to prepare a child for changes in their environment.

Changing the environment

We are not referring to interior decorating, however allowing your child to personalize his or her space in some way gives them an investment in the space and may motivate them to take ownership of their area and make efforts to maintain it. (For example, a child who has pride in his bedroom may make more of an effort to keep it clean and tidy)

Enriching the environment

This involves providing many interesting things in the environment to keep the child involved. This can include things such as providing play, learning, and creative materials. It also includes encouraging your child to invite friends into the home. A child can find more things to do with friends than when alone.

Impoverishing the environment

At certain times, such as bedtime or studying time, children may need a decreased level of stimulation.

When space permits it may be desirable to separate a child’s play area from their sleep and study areas.

Routines that include putting away distracting items before sleep or study can be helpful.

Simplifying the environment

This involves making it possible for children to do things for themselves. This could include such things as providing ingredients for children to make simple, healthy, snacks or meals. Replacing dangerous tools with safer ones for children helps ensure completion of chores. Easy access to laundry supplies makes it possible for children to complete this task without help.

Child Proofing

Just as certain hazards must be removed for a toddler to move safely about the home, older children benefit from a home that is child proofed in a different manner.

Medicines, Alcohol, & hazardous materials should be secured to restrict adolescent access.

Secure windows and doors allow a teen to feel safe when home alone.

Adequate Space

Just as you like to have your personal things kept in the way you prefer, so does your child.

Having a space to organize possessions can help with the challenge all parents face of how to get their child to keep his or her room clean.

Consider donating unused or outgrown items, or having a yard sale to reduce the clutter to a level where your child can manage their space.

GROUP DISCUSSION

Discuss how certain environments have affected your mood and behavior and how they could affect your children.

Provide the tools of autonomy

A child who has their own alarm clock and calendar can assume responsibility for honoring commitments in a timely manner.

Providing an allowance can permit your child to take responsibility for some of their personal needs while teaching financial responsibility.

Your space/my space/our space

Good organization can reduce many family conflicts.

When each person has their clearly defined space you can respect your child's privacy while encouraging them to respect your privacy.

Even in the most cramped quarters, each person can have some personal area.

Consider parceling off space for certain family members at specific times of the day when space is a major concern.

Substituting one activity for another

When your child wishes to pursue an activity that you do not find acceptable, "no" is not the only answer.

Substituting another similar but more appropriate activity can meet the needs of both the parent and the child.

Preparing for change

Everyone needs time to prepare for change.

Positive changes such as planning for travel or vacation as well as changes caused by financial hardships, divorce, separation, remarriage, or new relationships can affect your child's stability.

Working together on changes

Physical time to complete the steps necessary for the change is required as well as time to emotionally process the changes.

Including your adolescent in the planning stages can help him or her prepare and allows your child to feel respected for being part of the process.

Shared Activities

Sharing the planning can make activities the parent and child do together more enjoyable. Discuss with your child things you enjoy doing together, and plan enjoyable activities together. Develop special rituals with your child. If you have more than one child, each child should have their special activity with their father, unique to them and their individual personality.

Culture

Share experiences that are unique to your culture with your child.

Discuss holidays, celebrations, and rituals that are special in your culture and ways that you and your child can honor your culture together.

The environment beyond the home

The adolescent's world extends beyond the home into school, sports and recreational activities as well as extended family and peer environments.

It is the parent's responsibility to ensure the safety and appropriateness of all the environments which their child frequents.

Outside environments

It is impossible for a parent to know everything about every place their child goes, or to control these environments.

But, proper monitoring is the parent's responsibility.

How much do I monitor my child?

Knowing where your child is and what he or she is doing there is your duty. Your child expects to have boundaries and limitations, even though they may object when you enforce them.

Monitoring activities shows your child that they are loved, and that you care about them.

Benefits of parental monitoring

Parental monitoring of adolescents has been shown to be one of the most effective ways to prevent the major risk factors that affect children.

It is a deterrent against substance abuse and delinquent behaviors.

GROUP DISCUSSION

Practice using your active listening skills and “I” message techniques to address your child’s resistance to you monitoring their activities.

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We hope you are enjoying learning from the presentations.*

Week 7

PARENTING ADOLESCENTS

A Protocol for Instructing Fathers with a Criminal History to be utilized in a Substance Abuse Treatment Setting

Parent-child conflict

Occurs frequently. It is inevitable.
The child’s “needs” and the parent’s “needs” don’t match.

The most critical factor affecting the quality of the parent-child relationship is conflict resolution.

Conflict

Conflicts can push people away.
Conflicts can also pull people closer.
Conflicts can define the relationship.
Frequent conflict in a relationship can be healthier than no conflict at all.

Conflict (cont.)

When conflict can be successfully resolved:
There is open expression in the relationship.
Children learn coping skills.
Children (and adults too) develop their problem solving abilities when they are able to successfully resolve conflict.

The win-lose approach

Traditional parenting approaches are based on a power struggle. Who will win the war?
Discipline can be either strict or soft but either is a power struggle.

The win-lose approach... IS INEFFECTIVE!

Children don’t develop the ability to self-discipline, a skill they will need later in life.
In traditional parenting methods there is little motivation for the child to change his/her behavior.
The child can develop insecurities and experience difficulties in peer relationships.

The power struggle

Most parents believe it is necessary to have power over their children and control them.
Parents hide their mistakes & limitations from their children.
Communication declines.

Results of the power struggle

Children become nervous or fearful.
Adolescents resist and become rebellious.
Reactions can include: Aggression, lying, cheating, bullying, lack of creativity, escaping, withdrawing, hostility, and many more.

Group Discussion

Discuss some of the parenting approaches your parent's used and the negative behaviors that resulted. Would you consider these approaches to be a power struggle?

The reality

Children want to control their behavior themselves.
Children want to know the parent's feelings about their behavior. They naturally want to please their parents.

No lose method

Parent and child relate with equal power.
Both win.
Solutions are acceptable to both.
The child's behavior is acceptable to both parent and child.

Benefits of the no-lose method

Parent and child find quality solutions to problems.
The child develops critical thinking skills (He or she will need them later in life).
The child understands why he or she behaves in a certain way.
There is less hostility.
There is more love.

Respect vs. Fear

Everyone has a voice in the decision making process.

There are 6 steps to the no-lose method.

The 6 steps

Identify & define the conflict.
Determine possible solutions to the conflict.
Evaluate the possible solutions.
Decide on the best solution.
Determine ways & implement the solution.
Follow-up and evaluate the success.

Consequences

When parents are afraid to give up the power, the no-lose method doesn't work.

When agreements between parent and child are broken, pre-determined consequences are enforced.

Things to remember

It is human nature to fight for freedom.

Adolescents will naturally strive for autonomy and self-sufficiency. It is part of growing-up.

The no-lose method allows for autonomy will providing accountability.

Models

The parent is the most important model a child has through all stages of development.

Values are transmitted from parent to child by the behaviors modeled by the parent. Actions do speak louder than words. Practice the behaviors you wish your child to adopt.

Accept the things you cannot change

Group Discussion

Think of a conflict you are experiencing or expect to face with your child. Role play with a partner the six steps of no-lose conflict resolution.

Thank you for participating in this week's program

We hope you are enjoying learning from the presentations.

Week 8

PARENTING ADOLESCENTS

A Protocol for Instructing Fathers with a Criminal History to be utilized in a Substance Abuse Treatment Setting

“It is a wise father that knows his own child”

-William Shakespeare

The techniques we have presented in this program all assist in you being able to really know your child

We will review the skills of:

Active Listening

“I” messages

No-Lose conflict resolution

Review- Active Listening

In week 3 we presented the technique of active listening.

This method is most effective when your child has a problem.

By actively listening and providing feedback, you focus on the message and your child's feelings.

Active Listening

When you use this technique, your child becomes more comfortable talking about feelings.

You show support and acceptance.

Your child becomes confident in his or her ability to solve problems.

Role Play Exercise

Practice the active listening technique in a role play exercise with a partner.

“I” messages

“I” messages focus on how the child’s behavior makes you feel.

“I” messages are used to address unacceptable behavior by describing it without judging it.

“I” messages give the child the responsibility to change the behavior.

Format of “I” messages

“I” messages usually take the form of:

When you _____

I feel _____

And it makes me_____

These messages help the parent to get in touch with his feelings while encouraging the child to change his/her unacceptable behaviors.

Role Play Exercise

Practice using “I” messages in a role play with a partner.

No-Lose conflict resolution

Provides solutions that are acceptable to both parent and child

The child’s behavior will become acceptable to both parent & child

Both parent and child win

Both parent and child develop problem solving skills

Benefits of no-Lose conflict resolution

Increased communication

Reduced power struggles

Less hostility

More love

A parent child relationship that is based on respect rather than fear

6 steps to no-lose conflict resolution

Identify & define the conflict

Determine possible solutions to the conflict

Evaluate the possible solutions

Decide on the best solution

Determine ways & implement the solution

Follow-up and evaluate the success

Role Play Exercise

Practice using the no-lose conflict resolution method in role play with a partner.

Benefits of these techniques beyond parenting

No-lose conflict resolution, “I” messages, and active listening techniques can be used in all areas of life.

They can improve interactions in business and interpersonal relationships.

Utilizing these techniques can reduce the risks a child faces due to parental substance abuse and incarceration.

Increased parent-child involvement, the child’s internalizing of rules of conduct, the parent’s emotional support of the child, and improved emotional state of the child can result from practicing effective parenting with your child.

These factors are all shown to improve resiliency and reduce the risk factors your child may have experienced as a result of your incarceration or substance abuse.

Parents aren’t perfect

You have learned several tools for improving your relationship with your children.

It will take practice to make them work.

And you will make mistakes.

Keep trying.

No parent is perfect.

But things do get better when you keep trying.

And, if you’re wondering about Duane...

Duane successfully completed the ICDTP program. He volunteered in many areas at the facility and requested to stay on until he discharged parole.

A few months later, for the first time in his adult life, Duane was not incarcerated or on parole. Eventually Duane left the facility.

Duane’s story

I heard from Duane the following year.

He had moved to another state, far away from the problems of his past. He remained a free man.

The picture he sent looked very little like the man who had arrived in a paper suit and chains.

This man standing next to his woman, holding his young daughter looked extremely happy.

I hope you can all find that happiness that comes from a loving relationship with your children, confident in your abilities to be the best father you can be.

Thank you for participating in this program.

CHAPTER 5 SUMMARY AND DISCUSSION

Project Summary

The inspiration for this project began with a group of men who had come into substance abuse treatment from a California state prison. They exhibited limited knowledge of parenting skills and a lack of confidence in their abilities as fathers. When no existing programs were discovered to meet the needs of these fathers, the determination to fill that void motivated this project.

Suggestions for Future Improvement

In the future, this project can be expanded to have similar components providing instruction to fathers for other stages of child development. An accompanying video with parent-child interactions demonstrated could also be an asset to the project.

To take advantage of the advances in technology, an interactive product whereby father and child can digitally interact over the internet in practice exercises would be a potential future improvement. This could be especially useful for children of incarcerated fathers who may feel less isolated by being able to interact through the computer. As more and more states follow the federal corrections system's lead in providing online access to inmates, this may be a potential reality.

Full Circle: What inspired this project

This project was inspired by my participation as an alcohol and drug counselor at one of the community based providers of California's SAP and ICDTP programs for men. Groups to enhance parenting skills were a suggested component of the program, but curricula was not provided, nor any formal training required of the group facilitators in areas particular to

parenting or child development. Upon further research, I discovered that no materials existed which addressed parenting skills for fathers and incorporated the variables of substance abuse and incarceration. These two factors have such a profound impact on children and on the family relationships, I felt inspired to develop a project that would fulfill this need, and hope to offer it to programs in the network of community based providers servicing this population. I would also like to gather outcome data on the success of the intervention, and if significant improvement is shown, make this production available to the CDC-R for use in the in-prison substance abuse treatment programs.

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