

Motherly Intercession 2012 Data Brief: Strengthening Incarcerated Families

Children of incarcerated parents (CIPs) are at risk for negative social and behavioral outcomes. Also, their caregivers are overburdened and often have few resources to help. Motherly Intercession, a community-based organization in Flint, Michigan, provides academic and social-emotional programming for CIPs, their parents, and their current caregivers in Genesee County, Michigan. The Strengthening Families Program (SFP) is a family-based intervention designed to promote children's social-emotional growth and family communication by increasing protective factors (e.g., positive parenting skills) and reducing risk factors (e.g., family conflict) (Kumpfer, 1989).

Motherly Intercession and the University of Michigan were funded by the National Institutes of Health [NIMH R21 MH081921, A.Miller, PI, S.Cochran Co-Investigator and Motherly Intercession Director] to test the SFP intervention with families with an incarcerated parent (mostly mothers). This Data Report describes SFP participants and highlights process and outcome results of the intervention study.

DID YOU KNOW?

Below is some demographic information about children who participated in SFP, and their caregivers.

All children in the SFP intervention study had an incarcerated parent (55% were incarcerated mothers). Caregivers reported their age, race/ethnicity, how long they had been the primary caregiver for the child, and their relationship to the child.

SFP Participant Demographics

Characteristic	N (%) or Mean (Range)
Caregiver Age, years	45.8 (22-70)
Time as Caregiver, years	6.23 (0.02-13)
Caregiver Race	
Black	20 (64%)
White	11 (36%)
Caregiver Relationship to Child	
Grandmother	14 (45%)
Mother	14 (45%)
Grandfather	1 (3%)
Father	1 (3%)
Aunt	1 (3%)
Child Age, years	8.5 (4-14)
Child Gender	
Female	18 (62%)
Male	11 (38%)
Child Race	
Black	18 (62%)
White	11 (38%)

SFP groups ran for 16 weeks, with two leaders per group. Sessions were held in the evening at Motherly Intercession. Transportation, meals, and child care for children too young to participate were provided. After a group meal, caregivers and children attended separate groups for one hour. After that, they did an hour of family skills practice together each week.

Parent/Caregiver sessions covered clear communication, developmental expectations, effective discipline, problem-solving, limit setting, and alcohol and drug awareness education. Skills were practiced during group sessions.

Child sessions focused on understanding and describing feelings, controlling anger, managing conflict, setting goals, following rules, problem-solving, communicating well, and practicing social skills. They also covered drug and alcohol education. Children practiced skills during group sessions.

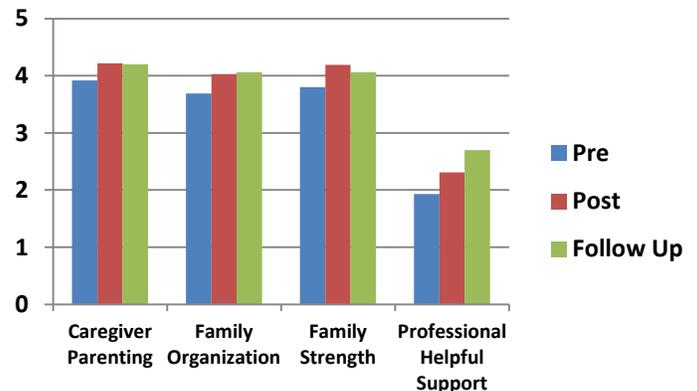


To measure the effects of the program, caregivers filled out surveys before and after participation in SFP. Caregivers answered questions about family functioning, parenting, mental health and social support, and child behavior, mental health and social skills. Caregivers also rated satisfaction with the program. Surveys were read aloud to caregivers to reduce potential literacy concerns. Follow-up surveys were collected by phone approximately 4 months after SFP ended.

FAMILY STRENGTH, ORGANIZATION, SOCIAL SUPPORT, POSITIVE PARENTING INCREASED

There were statistically significant changes in many positive outcomes after participating in SFP (see graph below).

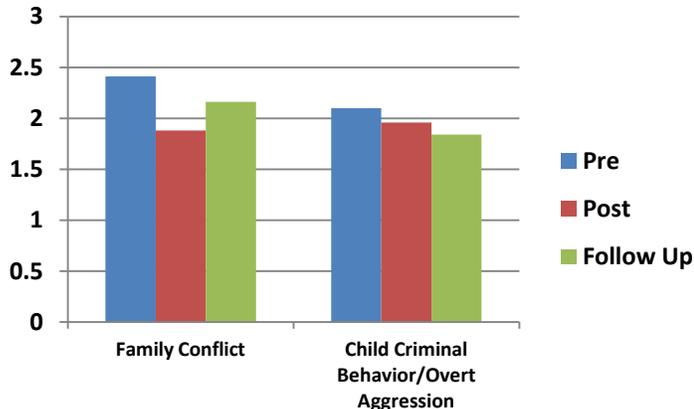
- **Family Strength.** Family strength/resilience increased after completing SFP. This change was still present at follow-up four months later.
- **Family Organization/Cohesion.** Family organization and cohesion also increased following completion of SFP and remained high at follow-up.
- **Positive Parenting.** Use of positive parenting strategies increased following SFP, and remained high at follow-up.
- **Social Support.** Caregivers reported an increase in the helpfulness of specialized/professional supports over time, with the largest increase at follow-up.



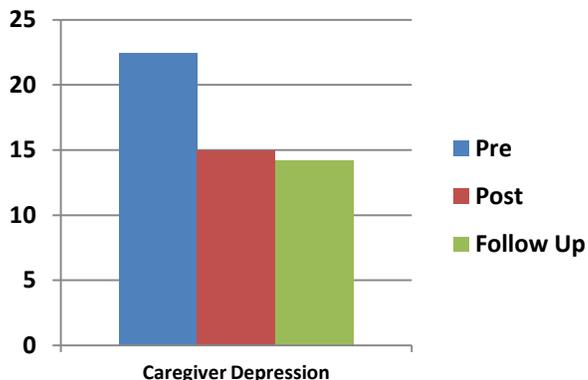
FAMILY CONFLICT, CHILD AGGRESSION, CAREGIVER DEPRESSION DECREASED

There were statistically significant changes in several negative outcomes after participating in SFP (see graphs below).

- **Family Conflict.** Family conflict decreased after completion of SFP, although this difference did not continue at follow-up.
- **Child Criminal Behavior/Overt Aggression.** Caregiver-reported child criminal behavior and aggression gradually decreased over time. It was lower at follow-up than pre-test.



- **Caregiver Depression.** The largest change was in caregiver depression symptoms (on the CES-D Scale; Radloff, 1977). Before the program, 68% of caregivers reported high enough symptoms to suggest clinical depression (scores > 16). Symptoms decreased following SFP, and at follow up (see graph). Only 42% of caregivers scored in the clinical range at post-test, and only 36% scored in this range at follow-up.



SFP PARTICIPANT FEEDBACK: FAMILIES ENJOYED THE PROGRAM

To see if SFP met the needs of the participants, we asked how they felt about the program content and group leaders:

- On average, participants reported very high satisfaction.
- Families were highly engaged, with 95% of families attending the majority of sessions. 81% of families who started the program completed the follow up surveys.
- Most caregivers said they would recommend SFP to others. They also said they would come back for reunions.
- Most caregivers said that “learning to be a better parent” was what they liked most about SFP. They also liked the food, lesson content, meeting and talking with the other participants, and discussions with group leaders.
- Suggestions for change were related to logistics (e.g., “rushing to eat”; schedule concerns), and how to make sessions more interactive with the children.

In their own words, caregivers stated that the most valuable things they learned included:

- **Other ways of discipline** (e.g., “ideas for rewards and positive reinforcement”; “ignoring unwanted behaviors”; “being consistent”)
- **Communication skills** (e.g., “I learned new ways to talk to my children”; “learned to be patient with my children, ask more and listen”; “listen instead of yelling”)
- **Stress management** (e.g., “I learned how to find better ways to deal with stress and anger with my children”; “I learned how to control my anger”)



SUMMARY: SFP HAD A POSITIVE IMPACT IN THE LIVES OF INCARCERATED FAMILIES

Parent incarceration creates stress for families left behind. CIPs are at risk for social, behavioral and academic problems. Caregivers experience health problems, financial burdens, depression, and high stress. This can affect the quality of care they provide, leading to further disadvantages for this already vulnerable population of children.

It is important to offer programs that focus on both child and caregiver needs. SFP is a group-based, family-focused intervention that provides skills instruction and practice. We implemented SFP in a friendly, non-stigmatizing community setting. This may have helped put families at ease and let them build social support networks with other families in this situation.

Our results were similar to other SFP studies, and suggest SFP may help other families with incarcerated parents.

Caregivers reported increases in positive parenting and family functioning, reduced depression symptoms and family conflict. **Such changes may help caregivers better manage the needs of the children in their care.**

Positive changes in some child behaviors were seen by follow-up, but not post-test. Child behavior changes may take more time to emerge, and **CIPs may also need a stronger “dose” of the program to show effects.**

Families increased their use of professional supports and found them to be helpful. Many SFP families also participated in other Motherly Intercession programs (e.g., afterschool tutoring) or getting connected with other social services.

Families who did not complete SFP reported having less social support at the start of the program. Thus, **although SFP did reach at-risk families, this highlights that more needs to be done to reach the most at-risk families in Flint.**