



Building and Restoring Coparenting Relationships with Mothers in Jail and Kin Caring for Their Children: Results of a Pilot Study

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Presented to the CWLA National Kinship Care Conference: *Building Communities of Caring for Children and Families*

September 17, 2014

Acknowledgements

- The women and caregivers/families who participated in the study & earlier feasibility studies
- Other members of our research team:
 - Patricia O'Brien, Ph.D.
 - Christina Tomacic, MSW, LCSW
 - Goldlicia English, MSW
 - Creasie Finney Hairston, Ph.D.
- Cook County Sheriff's Women's Justice Programs (SWJP)
- Members of our Community & Scientific Advisory Board
- Jane Addams Center for Social Policy & Research for funding 2 feasibility studies and the pilot study

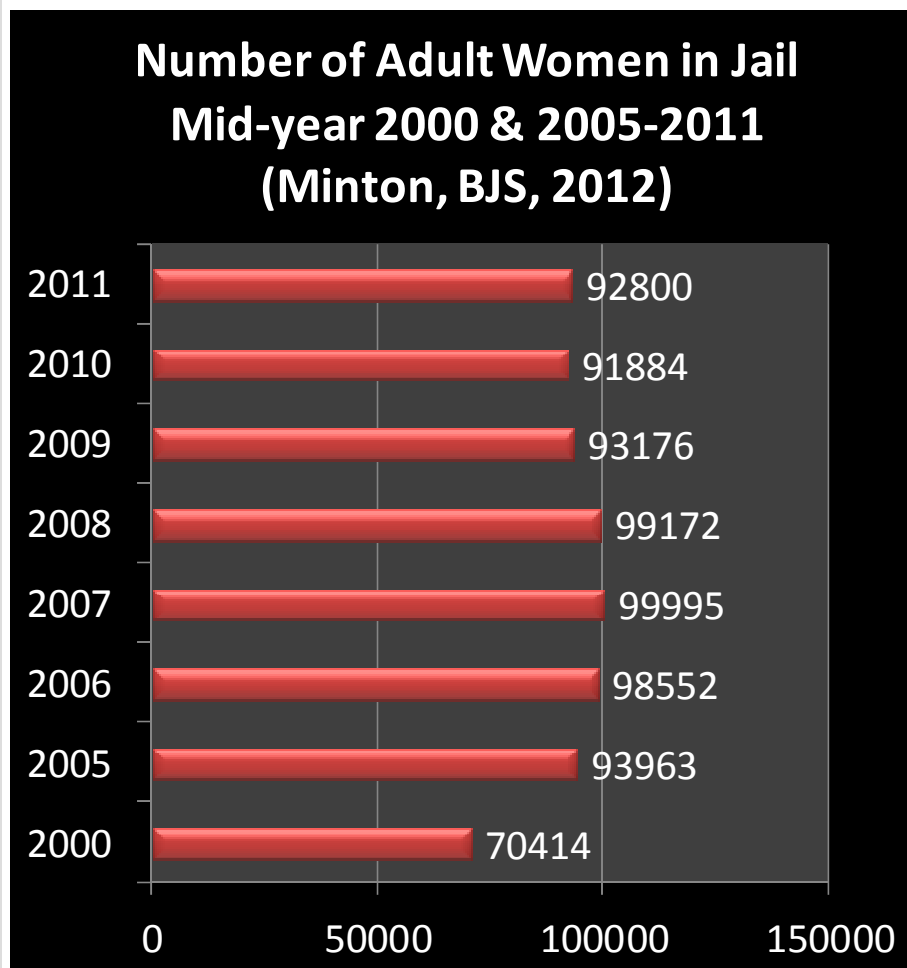
Overview

- Demonstrating the need for a Coparenting Intervention
- Defining Coparenting
- Pilot Study Conceptual Framework & Design
- Coparenting Intervention Implementation & Case Examples
- Study Findings
- Discussion & Implications

Demonstrating the need for a Coparenting Intervention

- When mothers are detained or incarcerated, the majority of their children live with family caregivers (Schirmer, Nellis & Mauer, 2009).
- Incarcerated mothers, their children, and the children's caregivers experience a host of problems related to the mother-child separation (Young & Smith, 2000).
- There are multiple physical, psychological, legal strains for caregivers (Engstrom, 2008).
- Quality of **coparenting** while incarcerated has implications for incarcerated mothers, their children, and their caregivers (Baker et.al, 2010).

Why focus on mothers in jail for substance abuse related crimes?



Risk factors for recidivism

- Family difficulties
- Limited social skills
- Educational and employment problems
- Mental health disorders
- Medical issues
- Environment that “triggers” use
- Lack of *aftercare/post-release* treatment
- Lack of stable housing

Why Focus on Coparenting Between Mothers in Jail and the Relatives Caring for their Children?

- 75% of women in jail are mothers (Haywood & Kravitz, 2000)
- When mothers are detained/incarcerated, relatives other than the father often care for their children
- It is likely that mother's relationship with caregiver & coparenting relationship are related to
 - Mother's access to child, motivation/service utilization & other factors related to reentry.
 - Caregiver health and ability to care for children
 - Stability of children's living arrangements, family continuity, emotional and behavioral functioning

Coparenting Dimensions

- *How do adults work together within families to parent children?*
- Van Egeren & Hawkins (2004) defined 4 dimensions of coparenting:
 - Solidarity—united executive subsystem
 - Support—strategies and actions that extend co-parents' attempts
 - (Reduced) Undermining—actions that thwart parenting attempts
 - Shared parenting—division of labor

Preliminary Studies

- Kinship Care and Permanency (Gleeson & Bonecutter, et al.)
- Informal Kinship Care (Gleeson, et al.)
- Women and Reentry (O'Brien)
- Coparenting Feasibility I & II (JACSW Coparenting Research Team et al.)

Feasibility Study I (2006)

- Survey of participants in the WRP
- Focus group with the 27 members of the Women of Power Alumni Association, which is comprised of current and former participants in WJP services
- Selected Key Findings:
 - Adapt to diverse & multiple caregiving arrangements
 - Tailored to each individual family – mother as primary caregiver is not necessarily the goal
 - Balance mother's ability to focus on her substance abuse treatment and recovery and her roles and responsibilities as mother (Pacing)
 - Explore the degree of current and desired future involvement of relative caregivers and others in decisions regarding the future living arrangements of the child(ren), and
 - How to determine whether and how extended family members are engaged in supporting the child's care

Feasibility Study II (2007)

- Interviews with 13 mothers, 6 caregivers, 2 caregiver-mother dyads
- Parallel work needed initially with the mother and relative caregiver to engage each in an agreement to work together
 - Resentments, past conflicts, history of substance abuse and related behaviors, perceived undermining parent role & not facilitating contact
 - Need some evidence mother is serious about participating in treatment, becoming drug free, avoiding criminal involvement, and playing a positive role in her children's lives
 - Many mothers fear rejection by the relative caregiver and their own children
 - Focus initially with mothers & caregivers on readiness to change, readiness to have contact with each other, to begin a process builds trust
 - Focus on needs of caregiver as well as mother

Strengthening Coparenting to Facilitate Reentry of Mothers Detained for Substance Abuse Related Crimes: A Pilot Study



Pilot Study Question

- Can we implement an intervention to strengthen co-parenting relationships that increases re-entry support, lessens caregiver burden, and provides stability for child(ren)?

Cook County Sheriff's Women's Justice Programs

- Established in 1999 as a unit within the jail to address the needs of the increasing number of women entering the Cook County criminal justice system with drug related charges.
 - [Women's Residential Program \(WRP\)](#) : a 160 bed intensive in-patient treatment program (Division 17 - **Site of Pilot Study**)
 - [Sheriff's Female Furlough Program \(SFFP\)](#): an outpatient day-reporting program
 - [MOM's Program](#): a 24 bed off-site community-based treatment program for pregnant & parenting women & their preschool age children.

Study Eligibility

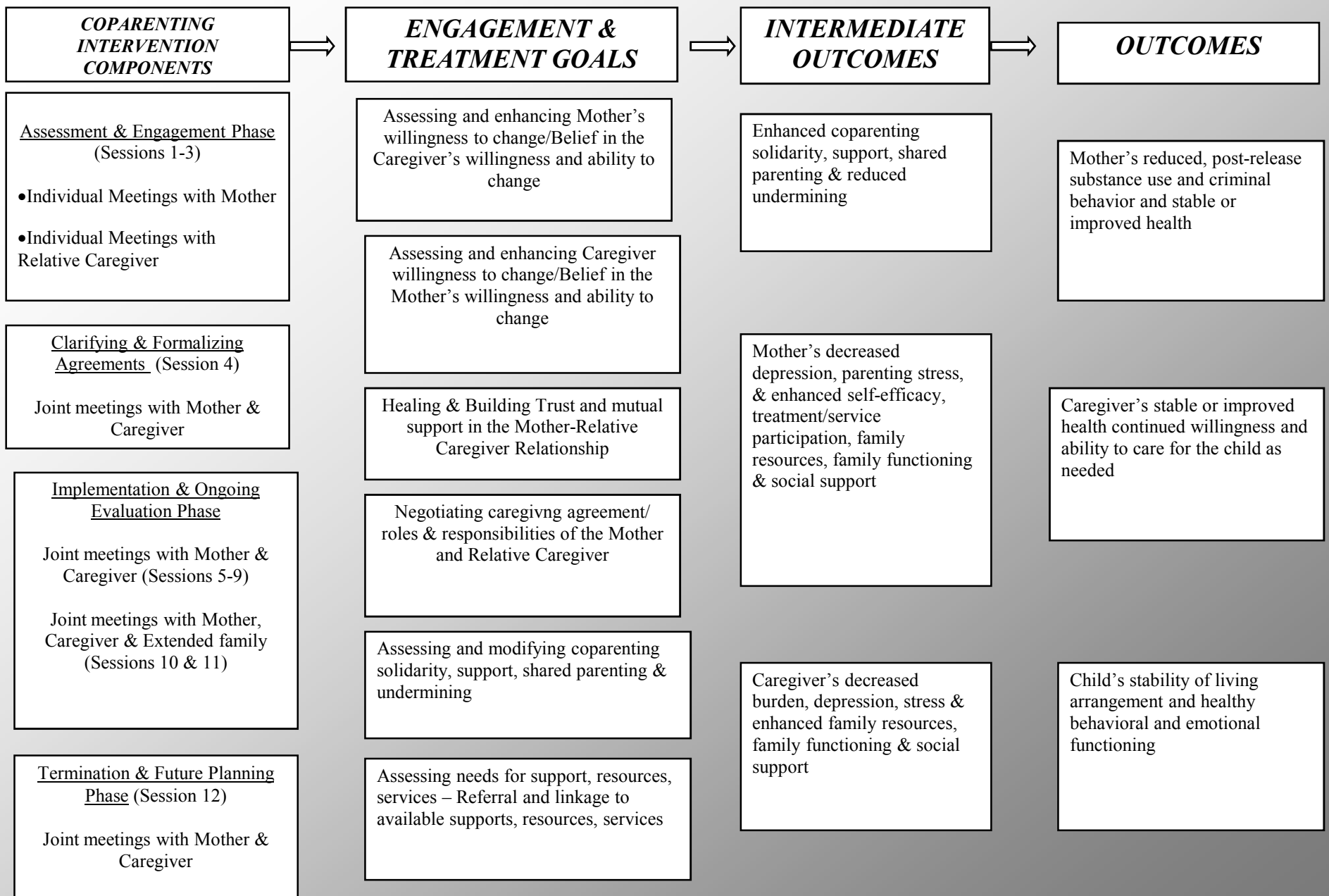
- Resident of Women's Residential Program (WRP) at Cook County Jail
 - provides integrated model of treatment for substance abuse, MH issues, physical health and supportive services
- Child not in custody of DCFS
- Detained mother participating in parenting classes (Required for participation in contact visitation program & coparenting intervention)

Pilot Study Design

- Coparenting Intervention
 - 6 months duration; 3 months while detained, 3 months post-release
 - Parallel individual sessions with mother and caregiver followed by joint meetings with the dyad and possibly extended family meetings
- Assessment & Evaluation
 - Measures administered at start of intervention, at end (6 months), and follow-up (3 months following termination)
 - Assessing implementation/participation
 - Qualitative phone interview to identify what worked

Intended Long-term Outcomes

- **Mother**
 - Reduced substance use & criminal behavior
 - Stable or improved health
- **Caregiver**
 - Continued willingness & ability to care for the child as needed.
 - Stable or improved health
- **Child**
 - Stability of living arrangement
 - Healthy behavioral and emotional functioning



Conceptual Framework & Logic Model — Strengthening Coparenting to Facilitate Reentry of Mothers Detained for Substance Abuse Related Crimes

Phases of the Coparenting Intervention

- Assessment & Engagement Phase
- Clarifying & Formalizing Agreements
- Implementation & Ongoing Evaluation
- Termination & Future Planning Phase

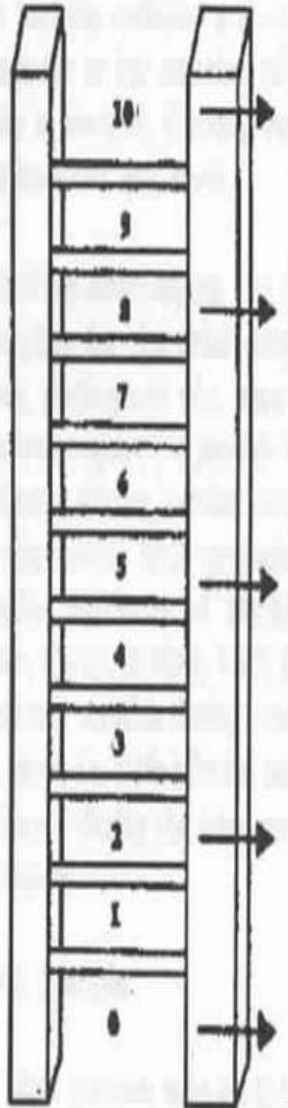
Intervention and Examples

Phase I: Assessment and Engagement

- Parallel individual sessions with mother and caregiver
- Explore caregiving history, coparenting goals
- Assess readiness for change (O'Brien & Young, 2006)
- Example:
 - Contemplation Ladders;
 - Cost/Benefit/Barriers Questioning

Mother Coparenting Ladder

Each rung on the ladder below represents where various individuals are in their thinking about sharing parenting responsibilities with the relative caregiver of my children. Circle the number that indicates where you are now in terms of being willing to share parenting responsibilities with the relative caregiver of my children.



10 → I have been willing to share parenting responsibilities with the relative caregiver of my children for more than 1 month and plan to continue or increase shared parenting responsibilities.

9 → I have taken steps to share parenting responsibilities with the relative caregiver of my children within the last 30 days.

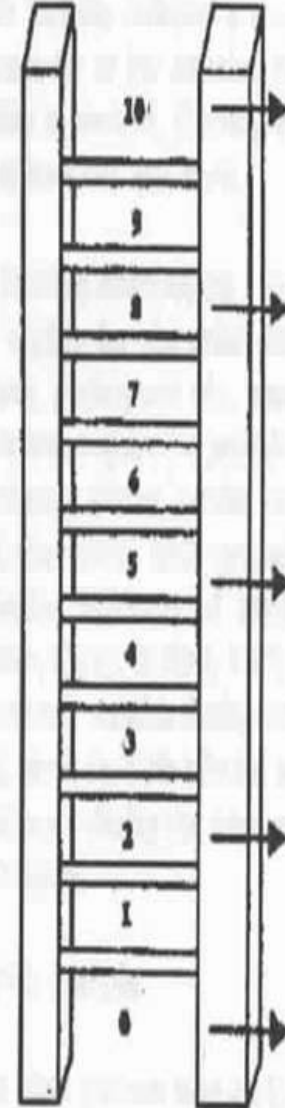
5 → I am thinking about sharing parenting responsibilities with the relative caregiver of my children within the next 30 days.

2 → I am thinking about sharing parenting responsibilities with the relative caregiver of my children within the next 6 months.

0 → I am not thinking about sharing parenting responsibilities with the relative caregiver of my children within the next 6 months.

Caregiver Coparenting Ladder

Each rung on the ladder below represents where various individuals are in their thinking about sharing parenting responsibilities with the mother of the children in your care. Circle the number that indicates where you are now in terms of being willing to share parenting responsibilities with the mother of the children in your care.



10 → I have been willing to share parenting responsibilities with the mother of the children that are in my care for more than 1 month and plan to continue or increase shared parenting responsibilities.

9 → I have taken steps to share parenting responsibilities with the mother of the children that are in my care within the last 30 days.

5 → I am thinking about sharing parenting responsibilities with the mother of the children that are in my care within the next 30 days.

2 → I am thinking about sharing parenting responsibilities with the mother of the children that are in my care within the next 6 months.

0 → I am not thinking about sharing parenting responsibilities with the mother of the children that are in my care within the next 6 months.

Intervention and Examples

Phase II: Clarifying and formalizing agreements

- Negotiation between caregiving dyad to reach a commitment to work together to achieve joint goals (mother still detained)
- Focus on dimensions of functional coparenting
- Examples:
 - Frances
 - Joanne and Gina

Intervention and Examples

Phase III: Implementation and ongoing evaluation

- Joint meetings between dyad continue post-release
- Improve coparenting quality by enhancing 4 dimensions of healthy coparenting
- Extended family encouraged to participate at this stage
- Example:
 - “Credit card” exercise

Intervention and Examples

Phase IV: Termination/Evaluation

- Engage extended family where possible
- Anticipate future needs and problems
- Review, refine and reaffirm commitments
- Post-intervention data collection and planning for follow-up

Example:

- Carmen and Ashley
- Rita, Theresa and Frankie
- Mary and Anna

Implementation Evaluation

- **Recruitment, Screening, Enrollment and Completion of the Coparenting Intervention**
 - Screened 119 mothers for eligibility
 - Conducted in-depth, comprehensive assessments with 40 mothers and 19 relative caregivers
 - Implemented the coparenting intervention with 18 mothers in the WRP and the 19 relatives caring for their children

Mother & Caregiver Characteristics

	Detained Women (n=40)	Caregivers (n=19)
Median Age (range)	30 (19-45 years)	47 (28-71 years)
Race/Ethnicity (self –identified)	<ul style="list-style-type: none"> •African American (58%) •White (23%) •Hispanic (12%) •Mixed (7%) 	<ul style="list-style-type: none"> •African American (68%) •White (21%) •Hispanic (11%)
Education	No HS completion or GED (52%) High School Diploma/GED (25%) Some College/Graduate (23%)	No HS completion or GED (37%) High School Diploma/GED (26%) Some College/Graduate (37%)
Median Number of Children (range)	2.5 (1-6)	2 (1-4 in the home)
Current Charge (Detained women)	<ul style="list-style-type: none"> •Battery (16%) •Drug Crime (16%) •Theft (16%) •Solicitation (6%) •Violation of probation/parole (46%) 	

Progress Once Both Mother and Caregiver Enrolled (n=18 dyads)

- 6 mother-caregiver dyads completed all phases of the intervention—during the mother’s detention and 3 months following release (individual and joint mother-caregiver meetings; in some cases extended family meetings as well).
 - One of the mothers was re-arrested but completed the intervention upon return home from second detention.
 - For one of these dyads, the mother chose not to participate in joint meetings; all meetings were individual, parallel meetings with the mother and with the caregiver.
- 12 dyads did not complete the intervention once enrolled.

Reasons for dropout/failure to complete the intervention (n=12)

- 4 Mother sent to prison or transferred to Division 4 so the intervention could not be completed
- Lost contact with 3 mothers upon release; mother's whereabouts unknown
- Unable to schedule a joint meeting with 1 mother-caregiver dyad after attempting to schedule for 6 weeks
- 2 mothers relapsed
- 1 mother was re-arrested. While this mother did not participate in joint meetings with the caregiver, she did complete the post-intervention assessment in jail.
- 1 Caregiver withdrew from study.

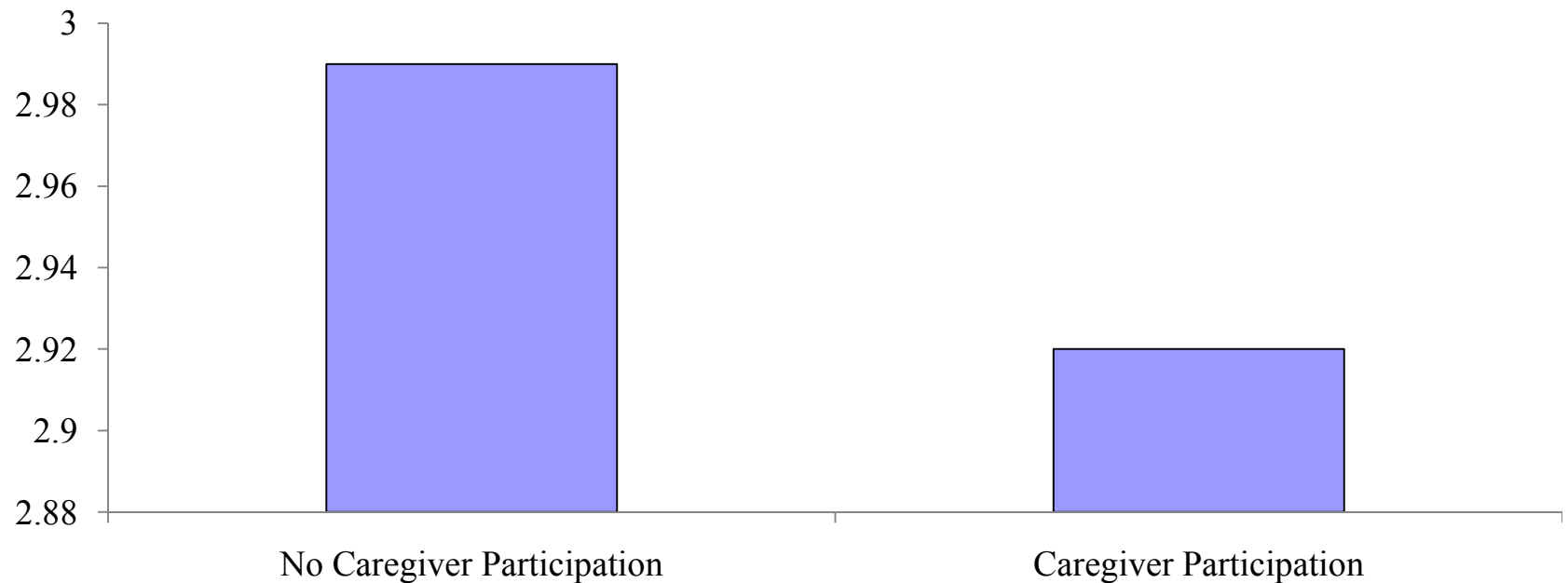
Measures

Mother	Caregiver
General Self Efficacy Scale	Caregiver Burden Index
GAIN-90 Day Physical/Sexual Health	Parenting Stress Scale
GAIN-90 Day Substance Use	Short Form Health Survey-36
GAIN-90 Day Substance Abuse Treatment	Caregiver Willingness to Care for Child
GAIN-90 Day Criminal Behavior	Stability of Child's Living Arrangement
Both Mother & Caregiver	
Center for Epidemiologic Studies Depression Scale Family Resource Scale Family Support Scale Self Report Family Instrument Child Behavior Checklist Coparenting Scale	

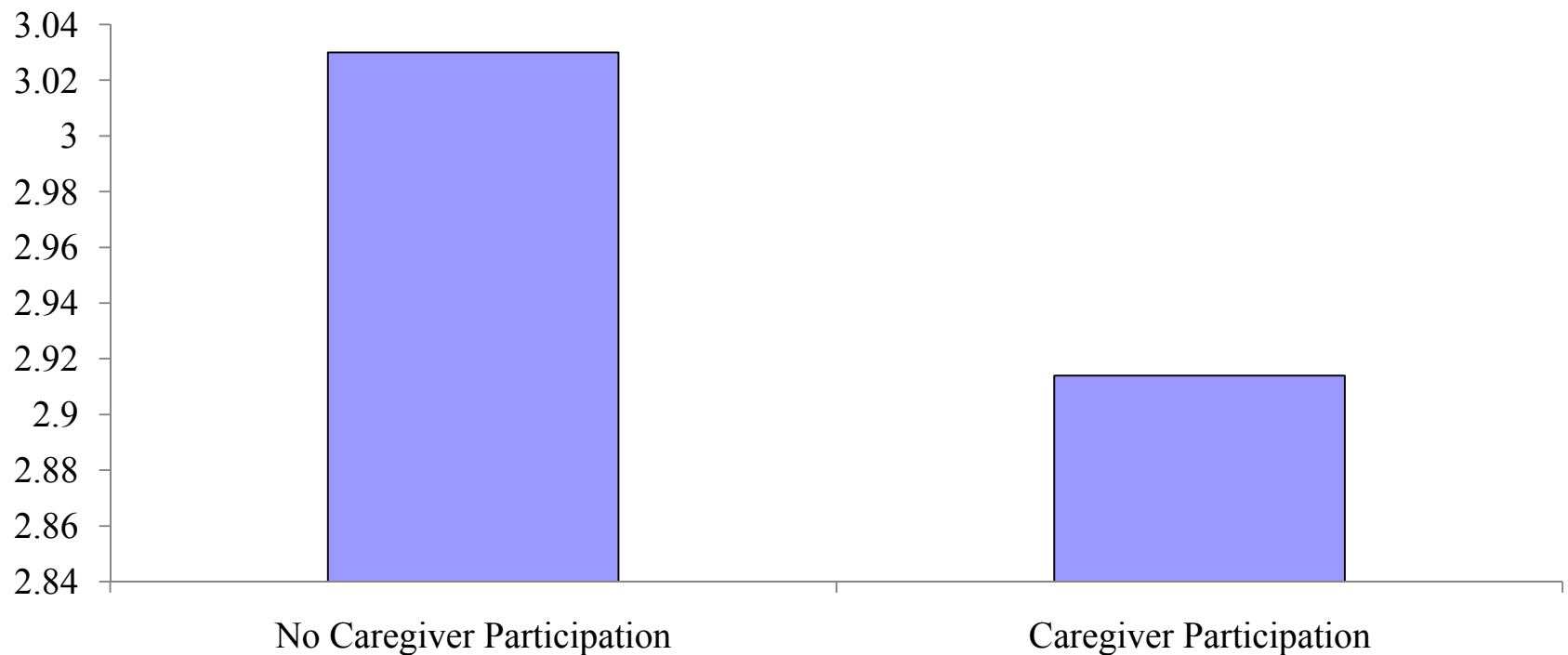
Mean Coparenting Ratings at Intake

Coparenting Scale at Baseline	Detained Women (n=38)	Caregivers (n=19)*
Coparenting Solidarity	2.96	2.85
Coparenting Support	2.98 (n = 37)	3.15
Undermining (higher = more undermining)	2.11	1.26
Shared Parenting	3.18	2.65
<p>1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly Agree</p> <p>*One dyad includes two caregivers*</p>		

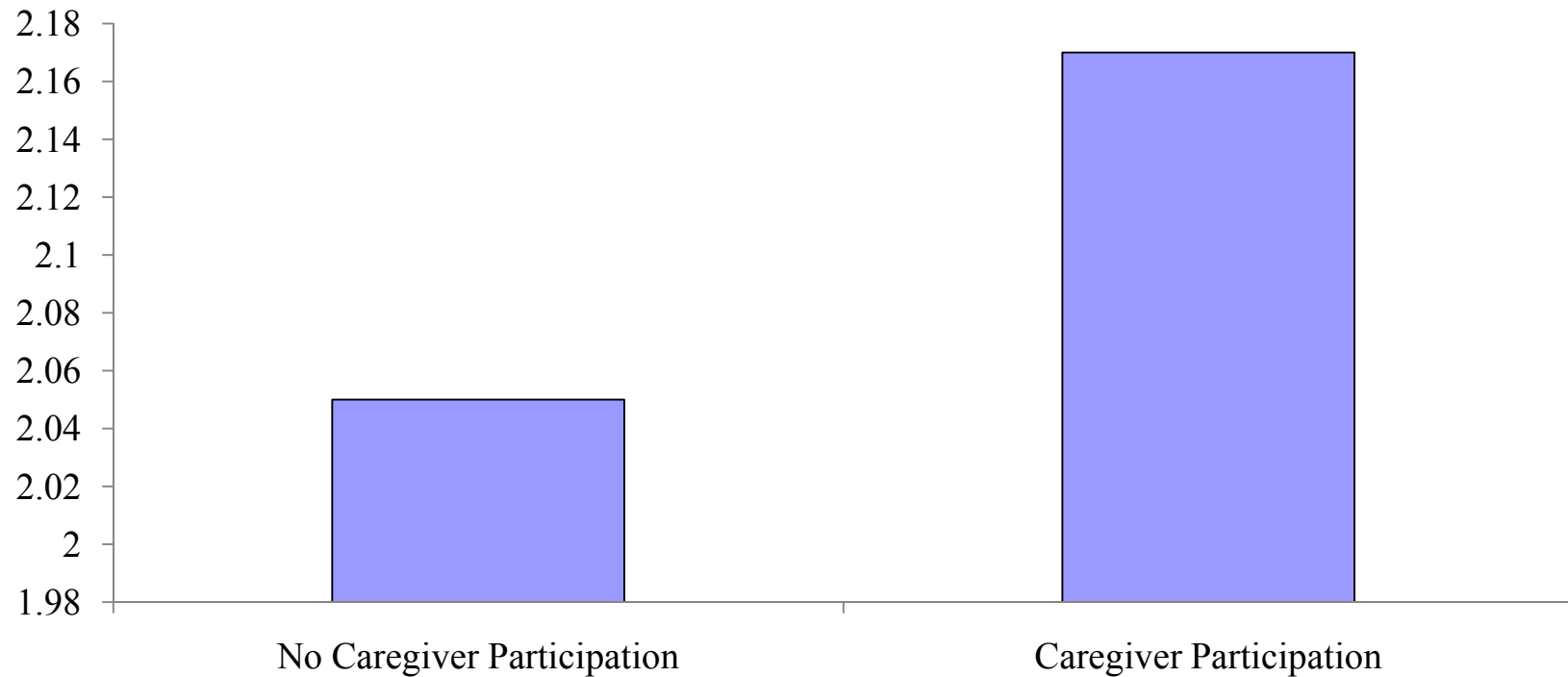
Mother's Coparenting Solidarity Ratings by Caregiver Participation in Assessment & Intervention



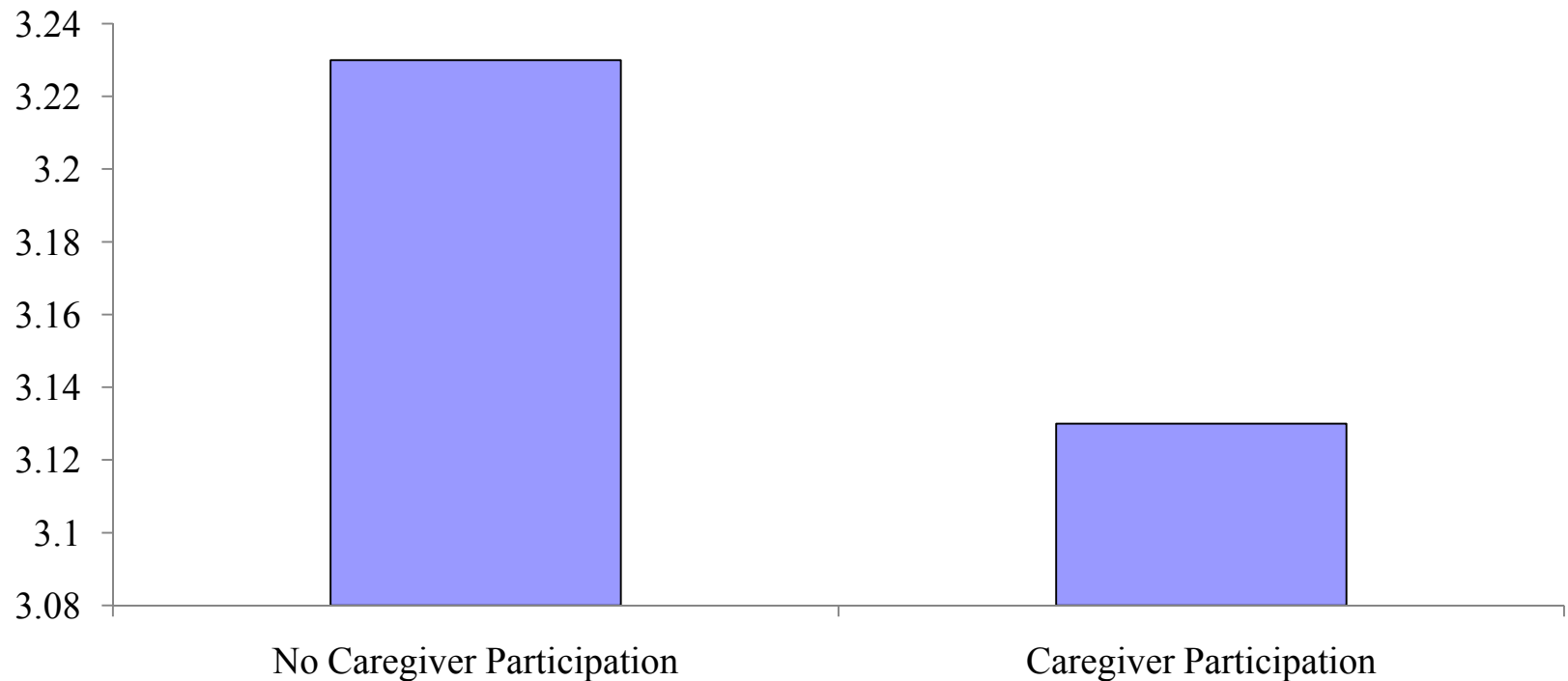
Mother's Coparenting Support Ratings by Caregiver Participation in Assessment & Intervention



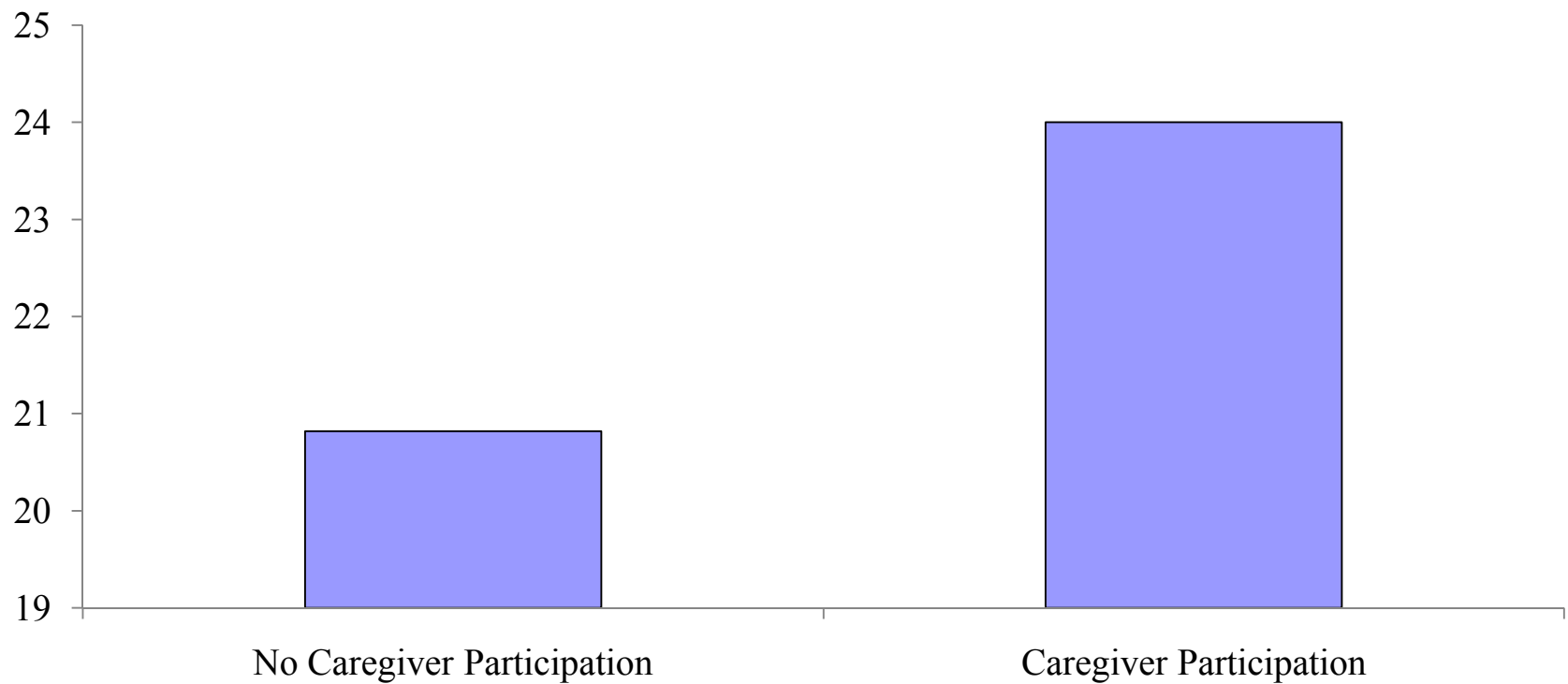
Mother's Undermining Ratings by Caregiver Participation in Assessment & Intervention



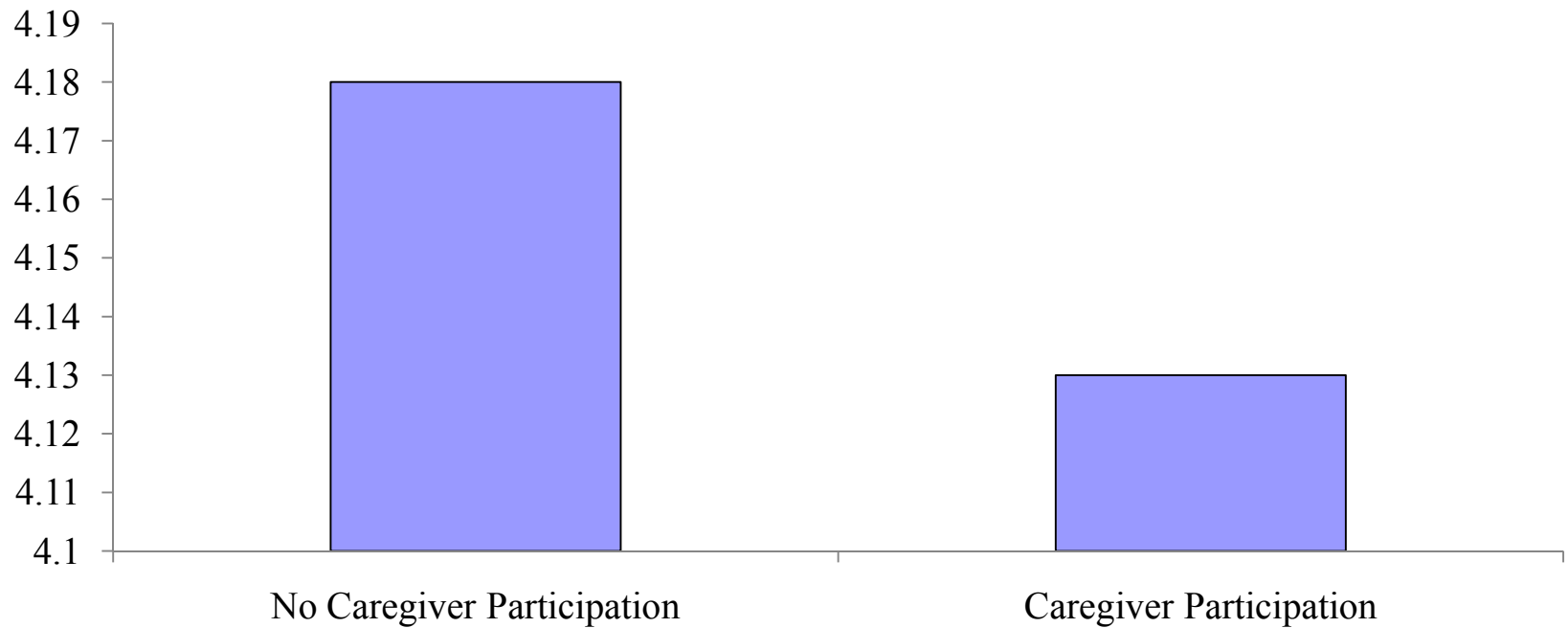
Mother's Shared Parenting Ratings by Caregiver Participation in Assessment & Intervention



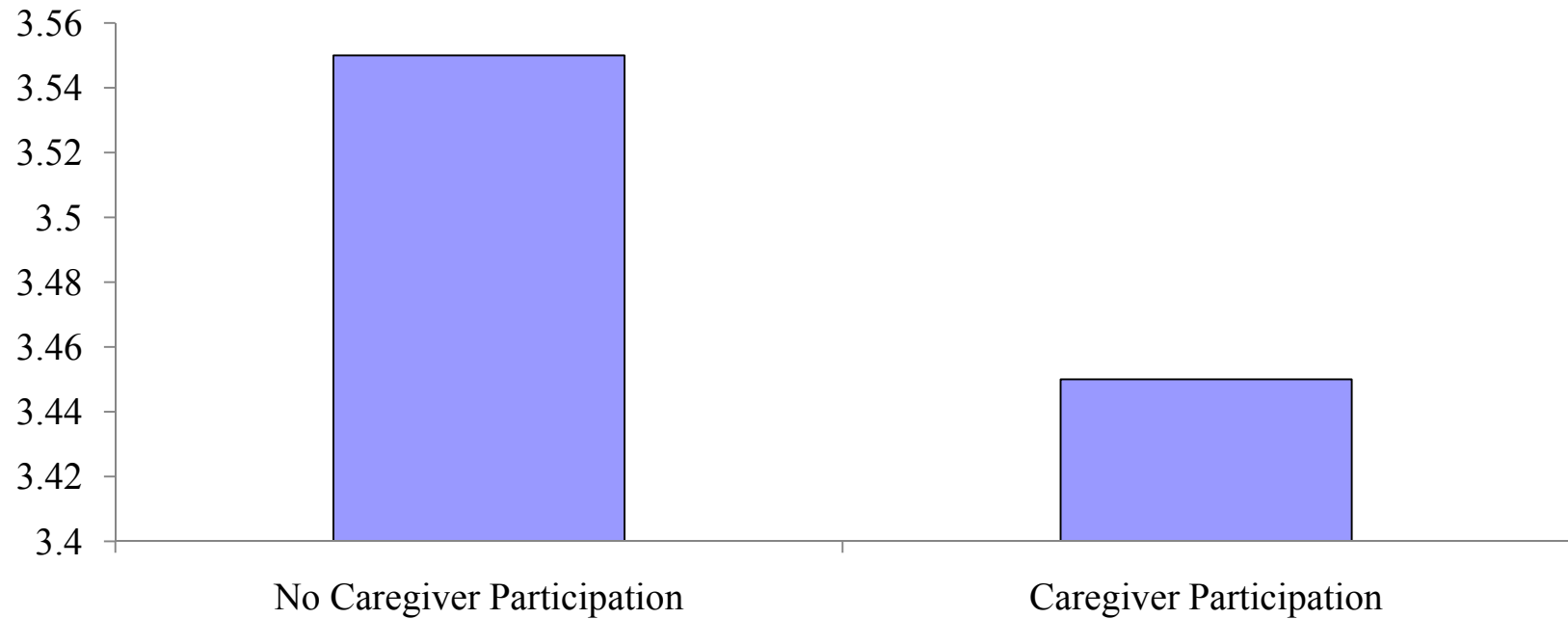
Mother's Depression Ratings by Caregiver Participation in Assessment & Intervention



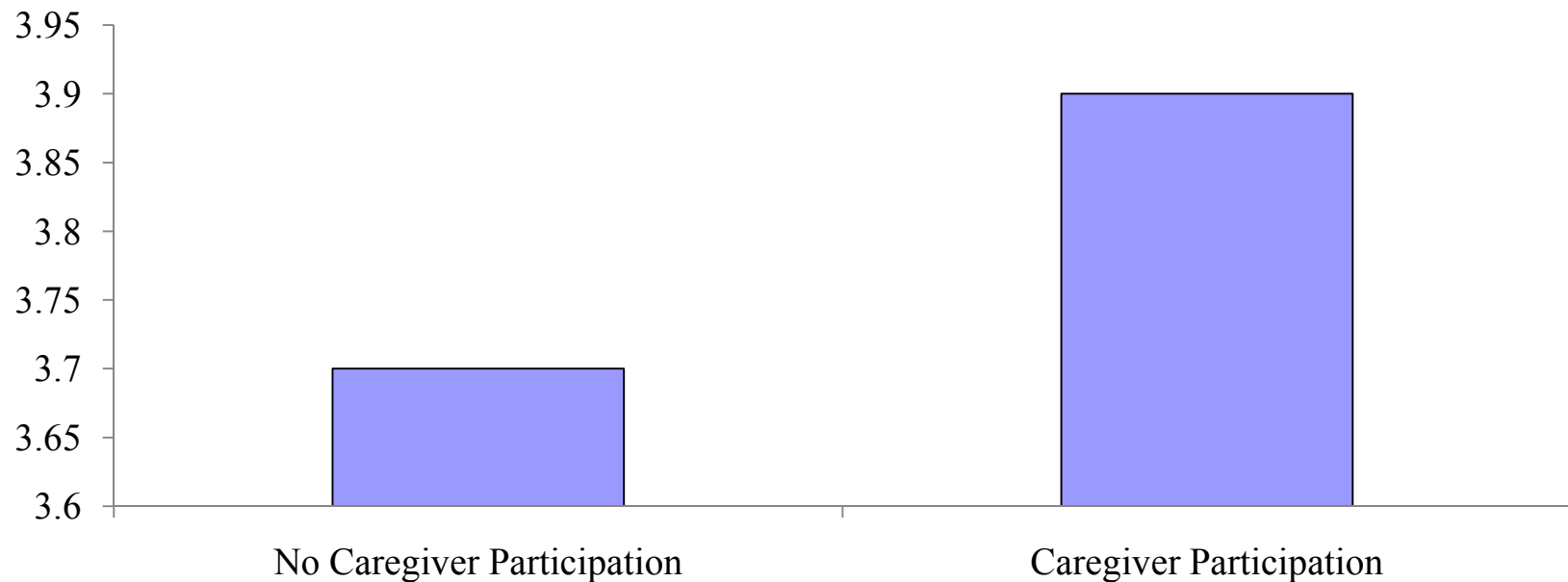
Mother's Family Resources Ratings by Caregiver Participation in Assessment & Intervention



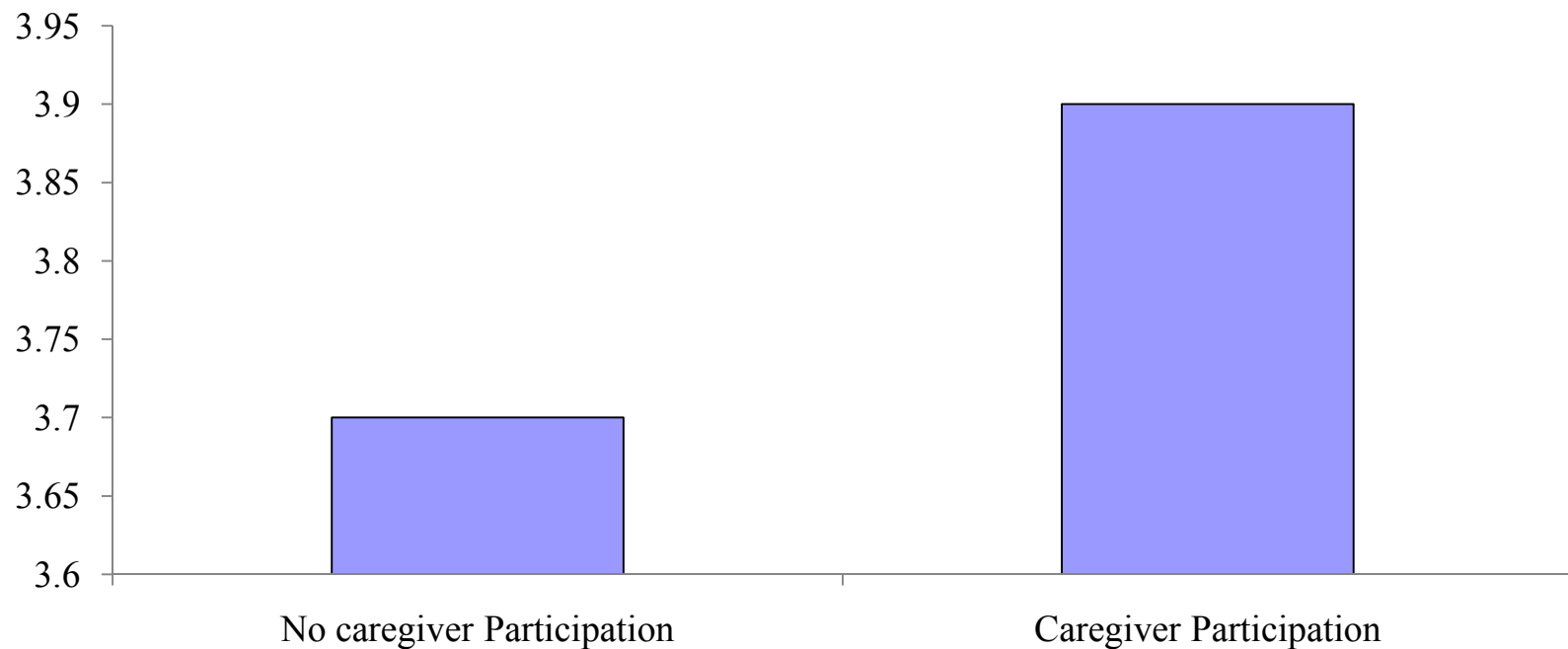
Mother's Family Support Ratings by Caregiver Participation in Assessment & Intervention



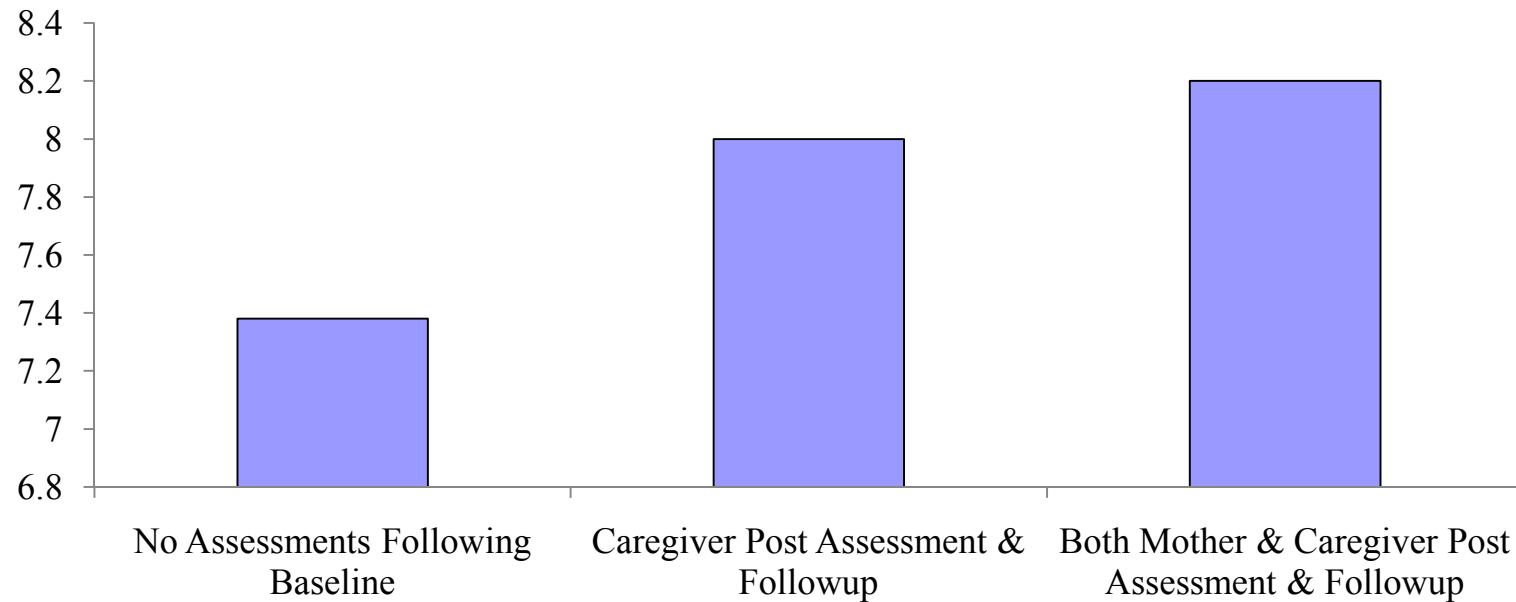
Mother's Family Functioning Ratings by Caregiver Participation in Assessment & Intervention



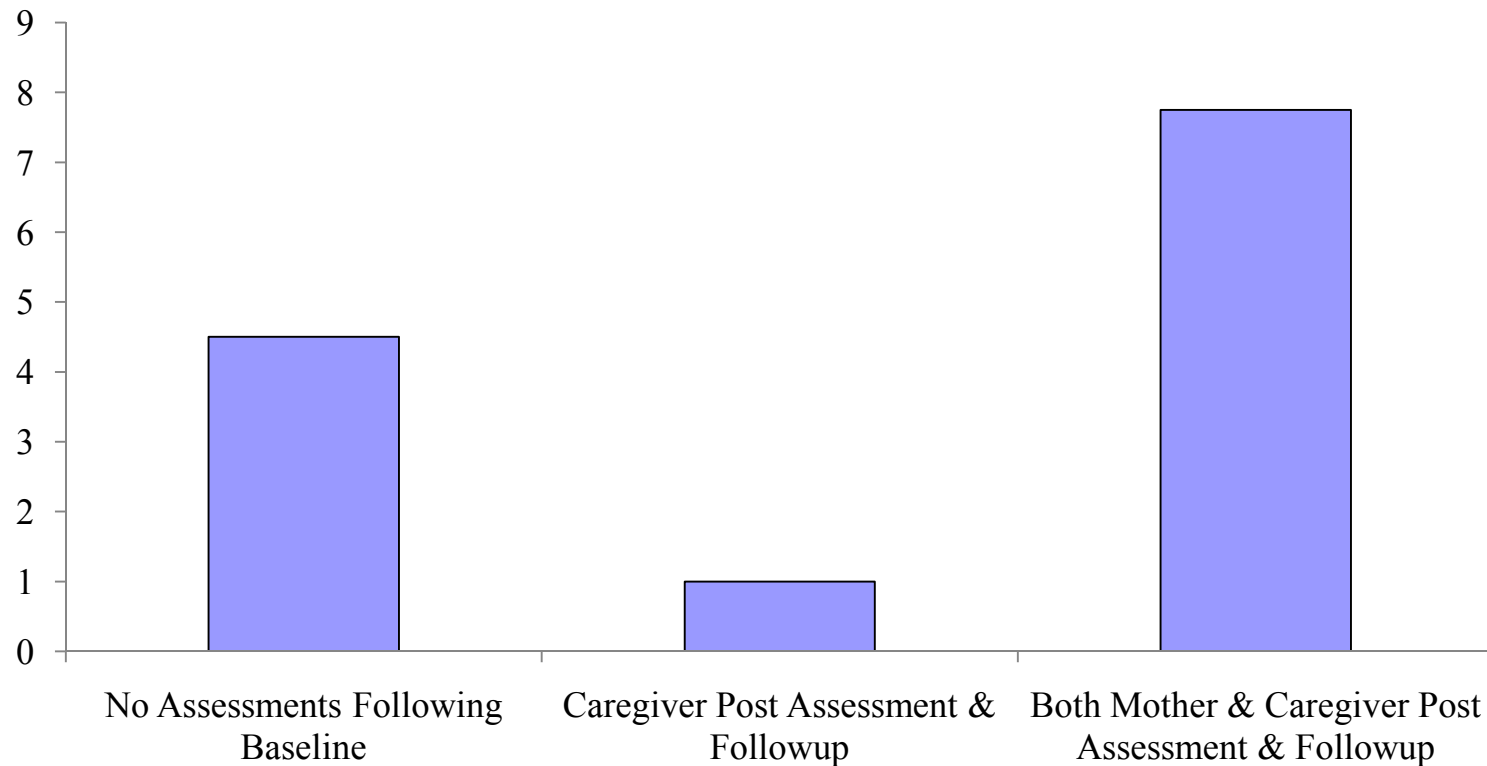
Mother's Self-Efficacy Ratings by Caregiver Participation in Assessment & Intervention



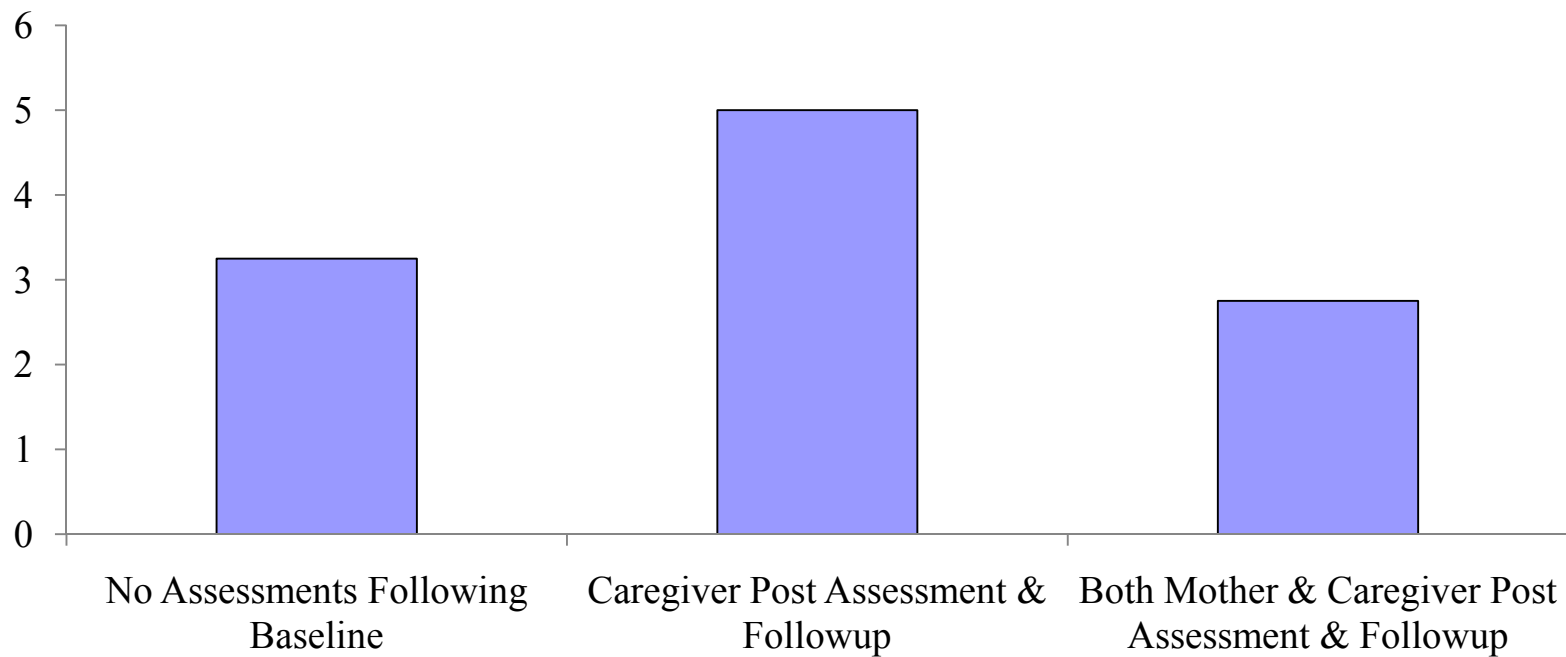
Mother's Coparenting Ladder Ratings by Completed Assessments



Caregiver's Coparenting Ladder Ratings by Completed Assessments



Absolute Difference Between Mother & Caregiver Coparenting Ladder Ratings by Completed Assessments



Caregiver Participation in Coparenting Intervention (logistic regression)

- Caregivers were more likely to participate in the intervention if there were:
 - Higher numbers of children cared for by relatives (OR=2.18),
 - higher levels of family dysfunction (OR=1.73), and
 - higher levels of mother's self-efficacy (OR=2.89) increased the odds of the caregiver participation in the coparenting intervention.
- Caregivers were less likely to participate in the intervention when
 - mothers had more children (including those not cared for by relatives),
 - unless the mother had primary responsibility for most or all of her children prior to detention.

Completion of Coparenting Intervention (bivariate analysis)

- Mothers in dyads that completed the intervention had primary responsibility for 100% of their children prior to detention; compared to 65% for dyads that enrolled but did not complete the intervention.
- Caregivers in dyads that completed the intervention reported lower levels of burden and parenting stress, and healthier family functioning ($p < .05$), compared to dyads that enrolled but later dropped out.

What Have We Learned?

- Perhaps as important as determining efficacy is understanding predictors of participation and completion of an intervention.
- Results suggest that caregiver participation in the coparenting intervention was influenced by hope and need:
 - *hope* due to the mother's primary caregiving history and higher level of self-efficacy, and
 - *need* demonstrated by more children living with kin and lower levels of family functioning.
- However, once enrolled, mother's history of caring for children and relatively lower levels of caregiver stress, burden, and family dysfunction made it possible for mothers and caregivers to complete the intervention.

Post Intervention Phone Interviews with Mothers (some examples)

Mom A- *“What helped me the most was opening the communication with my mother and then opening communication with my son because I didn’t really have a relationship with either of them.”*

Mom B- *“My mom and I are cool – we just can’t live together –I’m too blunt—best for me to spend the night on the weekend.”*

Mom C- *“It wasn’t helpful-because I didn’t have the resources – I mean job – Ask us what kind of help we need”*

Post Intervention Phone Interviews with Caregivers (some examples)

Caregiver 1 – *“Yes (it helped) because Christina pointed out I needed to take care of myself...helping me think about how to give up some of the responsibilities I had for so long. I really liked Christina coming her I miss her – and ideas for how to improve things – that really helped.”*

Caregiver 2 – *“I hope I can trust her more—that will take a while.”*

Caregiver 3 – *“First week was fine (transition) – has her mind on things she had talked about with Christina. Then she got the same “me attitude” –stopped calling, visiting...”*

Discussion & Next Steps

- Barriers to implementation of intervention
 - Structural
 - Jail setting, university setting, etc.....
 - Fragmented planning/service delivery
 - Personal
 - Caregiver's mistrust
 - Mom's ambivalence, substance abuse
- For whom is the coparenting intervention useful/effective?
 - When in the treatment/recovery process? When in the criminal behavior trajectory?
- Refining/redesigning the coparenting intervention
 - Service coordination, group components, screening?

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