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## Interventions Pertinent to Children of Incarcerated Parents

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# Interventions Pertinent to Children of Incarcerated Parents

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## A Review of Systematic Reviews

One in 12 children will have a parent incarcerated at some point in their lifetime, with a staggering rate of one in four for African American children (Wildeman et al., 2018). Though the incarcerated populations have been in decline across the United States in the past decade (Carson, 2020), its impact still dwarfs that of most other countries (Coyle et al., 2016). The long-term residual consequences of the country's imprisonment binge are likely to burden later generations through a myriad of social and economic disadvantages that extend through the children of today's prisoners. Consequences may manifest in terms of social exclusion, poor parental attachment, developmental problems, behavioral and mental health issues, adverse school performance, antisocial attitudes, and even criminal activity (Thulstrup & Karlsson, 2017; Venema et al., 2021; Wildeman et al., 2018). Further, these consequences will disproportionately impact children of historically disadvantaged populations. It was estimated about five million children experienced a form of parental incarceration in 2012, roughly seven percent of the youth population (Thulstrup & Karlsson, 2017). Though specific population counts for North Dakota are unknown, the Annie E Casey Foundation estimated about 10,000 children (7%) have experienced parental incarceration (Campbell, 2016). Attempts are underway by the Department of Corrections and Rehabilitation (DOCR) to examine this issue through its Children of Incarcerated Parents (COIP) initiative.

As Wildeman and colleagues (2018) note, despite a large increase in empirical interest on the topic of parental incarceration, the state of the literature in terms of what works is decidedly sparse. In this research brief we focus on those interventions, pertinent to COIP, that have received considerable empirical attention as demonstrated by the existence of a systematic review. Systematic reviews are a means by which authors synthesize large volumes of research. While conceptually similar to a literature review, systematic reviews reduce the likelihood of selection bias by clearly documenting and mapping the selection criteria and reasons for inclusion or exclusion of a given work. This also allows for such reviews to be replicated and expanded on by subsequent scholars (for a more detailed explanation see Cooper, 2010; Weisburd et al., 2016, pp. 6-8). In addition, they may also combine statistical information from multiple studies through a process known as meta-analysis (for more see Borenstein et al., 2009). This work is a review of systematic reviews pertaining to COIP interventions.



## **State Prison Population**

North Dakota comprises a relatively small proportion of the U.S. prison population. According to the latest census figures produced by the Bureau of Justice Statistics (Carson, 2020), about 1,794 individuals were incarcerated in state prisons with an imprisonment rate of 231 per 100,000 (compared to 419 per 100,000 for the nation). Only Vermont has a lower raw prison population count at 1,608. Despite having the fifth lowest population count, North Dakota's imprisonment rate exceeds that of 10 states: Hawaii, Maine, Massachusetts, Minnesota, New Hampshire, New Jersey, New York, Rhode Island, Utah, and Vermont.

About 61% of the North Dakota prison population is White with 22% Native American, 10% African American, and 6% Hispanic (Carson, 2020). According to the latest census data, Whites comprise about 62% of the state's general population. African Americans comprise about 12.4%. These populations are roughly proportional to the incarcerated population. However, Hispanics are underrepresented at 19% while Native Americans are overrepresented at about 1%. Note, there have been ongoing concerns that the Native American population is undercounted in the U.S. Census (Urbatsch, 2020). Finally, about 12% of the prison population is female and the state prison system has been reportedly operating at 99.7% capacity (Carson, 2020).

This review is *not* an exhaustive inventory of COIP programming. Rather, the intent is to identify those interventions which have received considerable empirical attention and discuss their impact. Though the standards for labeling a program as "evidence-based" varies depending on the organization (e.g., the National Institute of Justice and the Substance Abuse and Mental Health Services Administration utilize different criteria for determining what constitutes sufficient evidence), a commonality across institutions is that the program must be subjected to a rigorous study design (i.e., randomized control trial or strong quasi-experimental design) and replicated at least once (ideally in a different setting and with different investigators) (Gordon et al., 2018; Taxman & Belenko, 2012). Further, it is generally not appropriate for the program or tool designers to also serve as the evaluators; this represents a clear conflict of interest. Programs that receive a positive empirical outcome from a single study are generally referred to as "promising" whereas those with multiple positive studies are deemed "evidence-based."

## **Methods and Publication Selection for Review**

Systematic reviews were eligible for inclusion in this review if they concerned an intervention that involved parental incarceration. Specifically, we checked 24 online databases for terms including "children of incarcerated," "parental incarceration," "incarcerated parent," "incarcerated mother," "incarcerated father," "incarcerated pregnant women," "parental imprisonment," OR "pregnant incarcerated women." In addition, we also used the Boolean operator *AND* to limit the search to "systematic review" OR "meta-analysis." Searches were limited to the past 30 years (July 1, 1991, through June 30, 2021). Some variation in how databases enable searches necessitated slight deviations, such as the use of fewer keywords. Table 1 lists each database searched and the number of initial hits. Each source title and abstract were checked for relevancy. If the article did not pertain specifically to an intervention, then it was excluded. There are many articles that discuss the potential impact of parental incarceration on children but do not concern a specific intervention. Further, some hits included articles that refer to systematic reviews but are not, in fact, themselves systematic reviews. This sometimes occurred simply when a reference entry from an article included a title reflective of the topic of interest, but the article itself was not relevant. Though it is possible to limit the search to only the title and abstract, we chose to keep the search broader and screen out articles accordingly to minimize the likelihood of mistakenly omitting a relevant work.

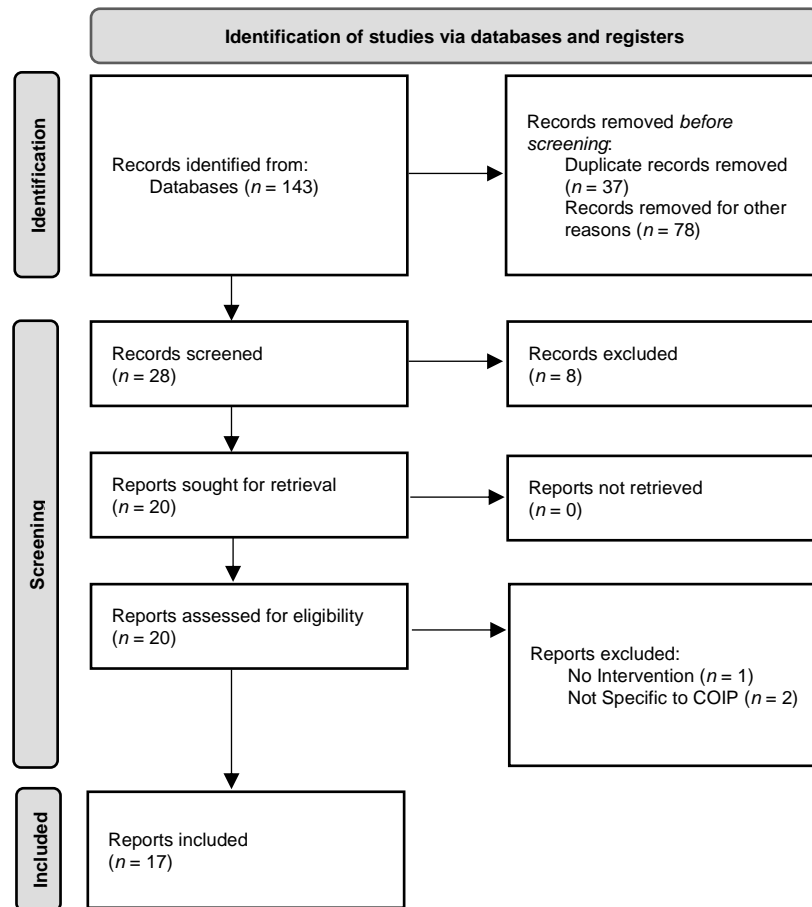
**Table 1: Databases Searched and Initial Search Results\***

Name	Hits	Included*	Excluded	Duplicate
Academic Search Ultimate (EBSCOhost)	11	3	8	--
Criminal Justice Abstracts (EBSCOhost)	4	1	2	1
Health Source: Nursing/Academic Edition (EBSCOhost)	1	0	0	1
Medline Complete (EBSCOhost)	8	0	1	7
APA PsycInfo (EBSCOhost)	9	1	4	4
SocINDEX (EBSCOhost)	3	0	0	3
JSTOR	23	5	15	3
ProQuest Dissertations and Theses	11	2	9	0
SAGE Journals Online	7	2	5	0
SpringerLink	1	0	1	0
Web of Science	10	1	2	7
Wiley Online Library	8	1	6	1
HeinOnline	2	0	2	0
PsycARTICLES	2	0	0	2
Taylor & Francis Online Journals	4	2	2	0
Cambridge Journals Online	7	3	3	1
Educator's Reference Complete (Gale OneFile)	1	0	0	1
Elsevier ScienceDirect	26	7	17	2
Gale Academic OneFile Select	5	0	1	4
<b>TOTALS</b>	<b>143</b>	<b>28 (19.6%)</b>	<b>78 (54.5%)</b>	<b>37 (25.9%)</b>

\*The following databases were searched but resulted in zero hits; Cochrane Library, ERIC, Directory of Open Access Journals, Journal Citation Reports, and Ingenta Connect.

Figure 1 demonstrates the process taken to arrive at the final selection of 17 publications for this review. Of the initial 28 studies identified from the databases listed in Table 1, eight were excluded upon closer inspection. Seven publications were not systematic reviews. One systematic review was eliminated because it did not examine any intervention. After conducting a full-text review of the remaining 20 publications, three more were eliminated. One concerned prison visitation for males but did not distinguish who the visitors were, leaning heavily on conjugal visitation (Mitchell et al., 2016). Another article examined the benefits of incarceration for pregnant women resulting from placement in a safer environment (Baker, 2019). Essentially, the prison itself served as the intervention of interest in this study. For the purposes of this review, however, this is not a relevant "intervention." Finally, a third article was removed concerning interagency collaboration (Ogbonnaya & Keeney, 2018). This review made reference to parental incarceration as an exclusion criterion for admittance to family treatment drug court.

Of the 17 systematic reviews selected, six included a meta-analysis (Bard et al., 2016; Barlow et al., 2015; Chan et al., 2019; Leijten et al., 2020; Shaw et al., 2015; Suitt et al., 2016). Interventions included prison perinatal health care, drug abuse treatment and HIV prevention programs for pregnant women, nursery programs, parent-infant psychotherapy and parenting programs, child-centered play therapy, trauma-informed care within schools, visitation services, mentoring, programming for grandparents, child coping strategies, and solution-focused brief therapy. Table 2, provided as an appendix, displays a brief summary of each article's focus and notable outcomes, organized by target population. The following section summarizes the results reported from these systematic reviews.



**Figure 1:** Process flow diagram for publication selection

## Findings

### ***Interventions identified for Imprisoned Pregnant Women, Mothers, and Fathers***

#### ***Perinatal Programming***

Bard and colleagues (2016) organized perinatal health care services into three distinct categories. Care as usual (referred to as *PRISON*) consisted of no specific intervention or attempt to improve existing perinatal services. Standard services included antenatal care whereby health professionals made periodic checks of pregnant women in the prison, admitting prisoners to the hospital for birth or other complications as needed. Alternatively, enhanced prison care (referred to as *PRISON+*) provided additional support through interventions such as birth companions (a.k.a., doulas) (note, Schroeder and Bell (2005), as summarized in Shaw and colleagues' (2015) systematic review, reported high satisfaction from surveys conducted with imprisoned pregnant women, physicians, nurses, and correctional officers in relation to the use of doulas), nutrition guidance and supplement provisions, counseling and education services, and transfers to separate accommodations in the third trimester. When comparing the outcomes from studies of usual care to enhanced care, the authors found a significant reduction in caesarean delivery, inadequate prenatal care, and preterm delivery. There were no significant differences in terms of stillbirths or neonatal admissions. Finally, Bard and colleagues (2016) pooled the results of two studies involving enhanced care with coordinated community care upon release (referred to as *PRISON++*) and found a significant 63% reduction in recidivism. In addition, Ruger and Lazar's (2012) review observed a substantial cost savings for mandatory newborn screening and routine prenatal screening of incarcerated women to prevent HIV transmission (Resch et al., 2005).

### ***Postnatal Programming***

Ward (2018) stresses that, in the US, incarcerated pregnant women are often separated from their infant shortly after birth and returned to prison. Further, for about half of this population, such separations become permanent (Chambers, 2009). According to Ward, about eight states have adopted prison nurseries; Illinois, Indiana, Nebraska, New York (note, the first prison nursery was opened in New York in 1901), Ohio, South Dakota, Washington, and West Virginia (also discussed in Flores [2013], pp. 40-41). These programs allow mothers to maintain contact with their newborn in a special housing facility for an extended period (typically 12-18 months). Such nurseries include coordination with parenting lessons and other programming. Eligibility can vary but those convicted of a violent crime or mentally unfit may not be admitted (for detailed program information and specific eligibility criteria see Ward [2018], pp. 22-23). Though definitions and methods vary, Ward's review found a consistent reduction in recidivism across the states of Indiana, Nebraska, and New York ranging from about 36-73% (Carlson, 2001; Staley, 2002; Whiteacre et al., 2013).

Barlow and colleagues (2015) conducted a systematic review of parent-infant psychotherapy (PIP) interventions intended to improve mother-infant attachment in high-risk families. While their review included eight studies, only one pertained specifically to incarcerated mothers (Sleed et al., 2013). Overall, Barlow and colleagues (2015) concluded PIP was a promising intervention for improving infant attachment. However, they consider the existing evidence to be of "low quality" and go on to note that PIP may be no more effective than other parent-infant programs. They further stress its null impact on maternal depression and other outcomes of interest. Sleed (2013), looking specifically at 163 mother-infant dyads across seven prisons in the UK (three institutions utilized PIP, while the other four served as the comparison group) similarly found no effect on maternal depression. That said, Sleed found PIP mothers maintained their reflective functioning and behavioral interaction with their infant more so than the control mothers.

### ***Parenting Programs***

Likewise, Leitjen and colleagues' (2020) systematic review included a single study specific to formerly incarcerated mothers (Menting et al., 2014). Overall, Leitjen and colleagues (2020) located 13 European studies of the Incredible Years parenting program including results from 1,696 families. They found substantial improvement for youth up to 11 years old, especially those with higher baseline conduct problems and those with mothers suffering from depression. Alternatively, Newman and colleagues' (2011) systematic review examined parenting programs for incarcerated parents in Australia. However, the evidence was limited to relying solely on pre/post surveys of parental attitudes. In terms of parental perceptions, parents consistently noted improvement in child discipline, parenting skills, and confidence across nine of the 11 studies reviewed. Newman and colleagues suggest that a variety of empirically supported general population parenting interventions and assessments can be adapted to meet the needs of children of incarcerated parents including Circle of Security, steps towards effective enjoyable parenting (STEEP), nursing child assessment satellite training (NCAST), and Parenting under Pressure (note, a program implementation model is provided on p. 8 derived from the Mothering at a Distance program). Newman and colleagues (2011) stress the difficulty of engaging with incarcerated or formerly incarcerated parents due to the stigma and the fear of their children being removed. Parenting programs provided within the institution are thus more opportune compared to once the individual is released.

### ***Contact with Imprisoned Fathers and Mothers***

Venema and colleagues' (2021) systematic review examined father-child relationships (FCRs) specifically. They found in-person visits by children were often perceived to be of low quality by the father and the child. For the father, they experience embarrassment and guilt. For the children, the institutional atmosphere is intimidating and inundated with strict rules. In addition, a lack of age-appropriate activities was cited as a common problem.

Some evidence suggests that organized physical activities were highly valued by children when visiting their incarcerated father (Sharratt, 2014). Telephone calls and mail contact were seen as valuable alternatives to in-person visits. That said, telephone and mail contact was best used in situations in which a strong FCR existed prior to imprisonment (Venema et al., 2021). Regardless, telephone calls were also perceived to be of low quality by both fathers and children. In terms of mail contact, the fathers found children's drawings, for example, to be highly valued. The physical aspect of mail contact allowed fathers to relive the interactions, providing for a uniquely positive long-term effect. Regular father-child contact was associated with higher perceived relationship quality, increased confidence, reduced feelings of anger and isolation by the child. However, such contact is contingent on the quality of pre-prison relationships and the support of the child's primary caregiver. In some cases, the primary caregiver (and/or the child) may determine that avoiding contact with the imprisoned father is preferable. This may be to protect the child from the father or avoid exposing the child to the prison environment. Other family members, such as grandparents, can influence a caregiver's willingness to support father-child contact. Transportation to the institution has been a distinct barrier for families, along with strict scheduling requirements. Even when a visit is possible the experience is again often viewed negatively due to invasive searches, extensive wait times, uncomfortable visiting spaces, a lack of suitable activities for children, an intimidating atmosphere, and the short duration of the visits. In some cases, fathers may discourage visitation for these reasons and to avoid a traumatic experience for their child.

Special programs have been established for mother-child visitation as well (Flores, 2013, pp. 39-40). The Family Visiting Program in New York, for example, offers free bus transportation. A similar program was organized in California by an organization known as Friends Outside San Bernardino County. The Nebraska Correctional Center for Women (NCCW) operates the Mother Offspring Life Development (MOLD) program which allows mothers to meet their children in a more natural environment without the presence of correctional officers. Like fathers, mothers benefit from continued contact with their children but transportation is a common barrier due to the distance between the correctional institution and their child's home. Further, some mothers (like fathers) prefer not to expose their children to the prison environment.

### ***Interventions for Children with an Incarcerated Parent***

Gordon and colleagues' (2018) review provides the most direct and succinct overview of interventions targeting children of incarcerated parents, albeit with the caveat that none could be classified as "evidence-based" considering the underdeveloped state of the empirical literature with this specific target population. Three prominent groups of interventions were identified: youth mentoring, individual and family therapy, and group therapy.

#### ***Youth Mentoring***

Youth mentoring programs can vary in how they are administered or organized, but generally involve mentor training, a set schedule of one-on-one meetings with a paired youth, and participation in group activities with other mentor-mentee dyads. While Big Brothers Big Sisters (BBBS) has strong empirical support for the youth population more broadly (for more on BBBS see Alfonso et al., 2019), Amachi is exclusive to mentoring children of incarcerated parents but lacks the same level of scientific examination. Nonetheless, some reports of Amachi programming and similar mentoring programs for children of incarcerated parents have demonstrated improved behavior and academic performance for this population (Jucovy, 2003; Thulstrup & Karlsson, 2017).

#### ***Individual and Family Therapy***

In addition to Gordon and colleagues (2018), mentioned previously, Parker and colleagues' (2021) review found promising support for child-centered play therapy (CCPT), also known as filial therapy. However, only a single study concerned parental incarceration in their review. Gordon and colleagues reference the work of Landreth and Lobaugh (1998) in particular, noting therapists provided added support and feedback to fathers to improve parenting skill and interactions with their children during structured filial sessions over a 10-week period. Unfortunately, the available outcome research was limited and inconclusive.

Alternatively, Fondren and colleagues' (2020) review identified one individualized program known as trauma-focused cognitive behavioral therapy (TF-CBT) used in a school setting. TF-CBT is an intensive service delivered by mental health professionals to youth that display clear symptoms from a traumatic experience (e.g., violence, physical abuse, parental incarceration) (for more see Farina, et al., 2018; Hansel et al., 2010). While evidence is strong for TF-CBT, the program has not been clearly vetted for COIP. This is true of other prominent programs for youth with behavioral problems such as multisystemic therapy (MST), parent-child interaction therapy (PCIT), and functional family therapy (FFT) (Greenwood, 2014).

### ***Group Therapy***

Fondren and colleagues' (2020) review also included strong support for cognitive behavioral intervention for trauma in schools (CBITS), a group-based intervention. Again, however, the empirical support is not specific to the COIP population. Springer and colleagues (Springer et al., 2000) reported positive outcomes for Hispanic youth with incarcerated parents involved in solution-focused therapy administered in a school setting (included in reviews from Gordon et al., 2018; Suitt et al., 2016). Other notable programs not mentioned in any of the systematic reviews include, for example, Girl Scouts Behind Bars (GSBB) (Block & Potthast, 1998).

### ***Other Coping Strategies***

Thulstrup and Karlsson's (2017) systematic review, using a qualitative narrative synthesis, identified a variety of coping strategies utilized by children of incarcerated parents which included maintaining distance from the incarcerated person, normalizing the situation, seeking out supportive mentors, participating in therapy, and engaging in prosocial recreational activities. They emphasize the role of school-based interventions and participation in mentoring programs as the most salient opportunities. Their review, which identified 11 relevant publications, included US and European research, mostly qualitative in nature. The authors emphasize that children of incarcerated parents often report relying on distractions through school and recreation (i.e., sports, movies, and friends) as a coping strategy. Children were also known to keep the imprisonment of their parent a secret, as well as avoid discussing their parent's incarceration, to avoid stigma and isolation from peers. Thurlstrup and Karlsson (2017) recognize the pivotal role of school counselors and health professionals but argue there is a notable lack of training provided to these professionals.

### ***Interventions for Grandparents raising Children with an Incarcerated Parent***

Three systematic reviews consider the role of grandparents as primary and secondary caregivers and the programming developed to support them (Chan, et al., 2019; McLaughlin et al., 2017; Sadruddin, et al., 2019). However, parental incarceration was one of a variety of circumstances considered whereby the grandparent must assume greater responsibility for the child. Other circumstances may include drug use, unemployment, teen pregnancy, family violence, child neglect, and mental or physical illness. McLaughlin and colleagues (2017) highlight cognitive-behavioral interventions as yielding the strongest evidence. Specifically, they found the Triple P-Positive Parenting Program possessed the strongest evidence of the available literature for improving the mental health of the grandparent while also increasing their parenting skills. Specifically, interventions that focus on problem-solving and positive parenting skills are effective. Though the evidence is not as strong, resourcefulness training (RT) and support groups have shown positive effects as well in terms of grandparent wellbeing and parenting skill mastery. While McLaughlin's review centers primarily on the grandparent, Chan and colleagues' (2019) review found moderate effect sizes related to improvements in behavioral problems of grandchildren for grandparents that participate in such interventions. Finally, while some evidence suggests psychoeducation interventions and interdisciplinary case management may be beneficial, the quality of the evidence at this time is considered insufficient to determine their effectiveness (McLaughlin et al., 2017). Unfortunately, the extent to which grandparents, and the interventions that aim to support them, have a substantive impact on the behavior of children of incarcerated parents, specifically, remains unclear.



## Conclusion

With exception perhaps of services for imprisoned pregnant women, there is insufficient research specific to the COIP population to make a definitive conclusion about “what works.” Rather, there are a variety of promising solutions that may work. That said, from an organizational perspective, the principles of RNR (risk, need, responsivity) can apply to this population (Latessa et al., 2020; Taxman, 2017; Taxman & Belenko, 2012). Youth with behavioral problems (known or reported by the parent) and a strained relationship with their incarcerated parent should be identified as most in need of intervention (i.e., high risk/need). Interventions will likely need to be cross-system (child welfare, schools, and corrections), which can be difficult (Ogbonnaya & Keeney, 2018). Cases in which the youth possess strong pre-prison relations with their imprisoned parent and limited-to-no symptoms of long-term trauma are likely best left alone (i.e., low risk/need), especially when the parent does not wish to expose the child to the prison environment through physical visitation. When pre-prison relationships are strong, telephone and mail contact may be sufficient – with little intervention from the institution or other agencies. Unfortunately, even when high risk parent-child dyads are identified, appropriate services may be limited or not available.

While this work was intended to serve as a cursory review of the literature, multiple avenues are apparent and ripe for further investigation. First, an exhaustive inventory of COIP programming would be beneficial. The current review only concerns those interventions subjected to a systematic review and is by no means an exhaustive representation of COIP programming, though it does provide some insight into the rigor of empirical examination more broadly. Whereas the current review considered all related populations (i.e. interventions pertaining to pregnancy in prison, incarcerated mothers, incarcerated fathers, children of incarcerated parents, and other surrogate guardians such as grandparents), a series of literature reviews that focus on each related population would be worthwhile. These reviews could examine all available studies instead of focusing solely on systematic reviews. Second, screening at intake for COIP should be investigated. While the DOCR is in the process of determining more accurate counts of the total number of children with an incarcerated parent, including conversations with the Annie E. Casey Foundation’s KIDS COUNT data center, are there supplemental risk assessment tools available that specifically apply to incarcerated parents (similar to mental health or substance abuse)? Are there tools available that would allow for the institution to not only identify this population (i.e., through a screening tool) but also assess the extent to which more intensive services (for the parent and/or the child) would be appropriate? If not, could such a tool be developed and implemented?

## The ND DOCR COIP Initiative

Beginning in 2018, the North Dakota DOCR established the COIP initiative with the intent to bring together public and private stakeholders that share an interest in the welfare of youth impacted by parental incarceration. The initiative was strongly supported by Governor Doug Burgum and was championed in relation to the governor’s Main Street Initiative. The state has since formally recognized September 15th as Children of Incarcerated Parents Day. The DOCR’s latest biennium report lists a variety of accomplishments associated with this initiative which include the establishment of support groups for impacted youth with organizations such as the Bismarck YMCA, provided training on Adverse Childhood Experiences (ACEs), established agreements to allow for two free phone calls or video-visitations a month for incarcerated parents to engage with their child, as well as worked with the penitentiary to create a more family-friendly visitation room and experience. Looking forward, the initiative is developing a process for capturing data on the number of children impacted by parental incarceration and an implementation of the Parenting Inside Out program in 2022 (for more on this intervention see Eddy et al., 2008, 2013; Shortt et al., 2014).

Of peripheral relevance, in 2018 a new law was passed by the state legislature that temporarily ends child support obligations for parents incarcerated in jail or prison for more than 180 days – the intent being to enable inmates to more successfully reenter society by reducing debt prior to and at release (Associated Press, 2017). It does not apply to inmates that are able to bring in more than \$750 a month while incarcerated or to those on work release or community supervision.

*Note, the following book is highly recommended for further reading:*

Wildeman, C., Haskins, A. R., & Poehlmann-Tynan, J. (Eds.) (2018). *When parents are incarcerated: Interdisciplinary research and interventions to support children*. American Psychological Association. <https://www.apa.org/pubs/books/4318152>

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## Appendix

**Table 2:** Brief Summary of Included Reviews

Study	Intervention(s)	Studies( <i>k</i> ) & Sample( <i>N</i> )	Notable Outcomes
<i>Imprisoned Pregnant Women, Mothers, and Fathers</i>			
Bard et al. (2016)	Perinatal health care services; usual care ( <i>PRISON</i> ) ( <i>k</i> = 7), enhanced care ( <i>PRISON+</i> ) ( <i>k</i> = 6), and enhanced care with coordinated community care on release ( <i>PRISON++</i> ) ( <i>k</i> = 5).	<i>k</i> = 18 <i>N</i> = 2,001	Authors compared outcomes from studies of usual care ( <i>PRISON</i> ) to studies of enhanced care ( <i>PRISON+</i> ). Rates of caesarean delivery, inadequate prenatal care, and preterm delivery were lower in <i>PRISON+</i> compared to usual care (p. 10). There was no significant difference observed for stillbirth or neonatal admission. The authors pooled the results of two <i>PRISON++</i> studies which together demonstrated a significant 63% reduction in recidivism (p. 14; see also p. 16, Figure 8).
Barlow et al. (2015)	Parent-infant psychotherapy (PIP), with one study specific to incarcerated mother-infant dyads (Sleed, Baradon, & Fonagy, 2013).	<i>k</i> = 8 <i>N</i> = 846	The authors deem PIP as a “promising” intervention for infant attachment security in high-risk families, but note the results are of “low quality.” Further, they conclude there is no evidence to indicate that PIP is more effective than other interventions that target parent-child attachment. They found no significant improvement in parental depression nor any other outcomes examined. Sleed and colleagues (2013), specifically, examined 163 mother-infant dyads across seven prisons in the UK (three utilized PIP while the other four institutions served as controls for comparison). No significant impact was reported on maternal depression, though authors reported PIP mothers maintained their reflective functioning and behavioral interactions with their babies more so than the comparison mothers.
Leitjen et al. (2020)	Incredible Years parenting program implemented in Europe, with one study specific to formerly incarcerated mothers (Menting, Orobio de Castro, Wijngaards-de Meij, & Matthys, 2014).	<i>k</i> = 13 <i>N</i> = 1,696	Overall, the authors noted that 44% of the children in the intervention showed reliable improvement in conduct problems (6% worsened) compared to 24% of children in the control group (with 9% worsening). The authors emphasize that youth with higher levels of conduct problems at the outset benefited more from the intervention. Further, children with depressed mothers benefited more from the program.
Newman et al. (2011)	Parenting programs for incarcerated mothers and fathers in Australia. Programs varied in duration (ranging from one to 24 weeks), intensity (from one session per week to day-long trainings), and focus (e.g., education on child development, communication, play skills, child safety, effective discipline).	<i>k</i> = 11 <i>N</i> = 1,446	Nine of the 11 studies reported improvements in parental attitude in relation to child discipline, parenting skills, and confidence using a pre/post administration of the adult-adolescent parenting inventory (AAPI-2) and parental attitude research instrument (PARI).
Ruger et al. (2012)	Drug abuse treatment and HIV prevention programs for pregnant women, with one study specific to incarcerated pregnant women (Resch, Altice, & Paltiel, 2005).	<i>k</i> = 18 <i>N</i> = N/A	Overall, the authors conclude drug abuse treatment and prevention of mother-to-child transmission of HIV programs are cost-effective. Mandatory newborn screening of incarcerated pregnant women was found to be cost effective and most effective in preventing new infant HIV infections at a cost of \$364 per woman screened (Resch et al., 2005). Adding routine prenatal screening improves effectiveness but at an increased cost to \$430 per woman screened.
Shaw et al. (2015)	Interventions (e.g., prenatal care, doulas) and experiences (e.g., mother-infant bonding) of imprisoned pregnant women.	<i>k</i> = 7 <i>N</i> = N/A	No outcomes were reported for any interventions. Authors lament a lack of high quality studies specific to interventions for imprisoned pregnant women. However, surveys from incarcerated pregnant women, physicians, nurses, and correctional officers showed high satisfaction for the use of birth companions (a.k.a., doulas) (Schroeder & Bell, 2005).

Venema et al. (2021)	Father child-relationships (FCRs) in terms of frequency and contact, primary caregiver support of father's contact with the child, and prison barriers.	$k = 30$ $N = N/A$	A majority of the articles reviewed were qualitative ( $k = 19$ ) and derived from 11 different countries. Authors discuss a variety of dimensions pertaining to FCRs including father-child interactions through visits, telephone, and mail; perceptions of FCRs; family context; and prison context. Though program outcomes were not a focus, areas identified by the authors' review may be pertinent for intervention. A comprehensive framework for FCRs is provided in Figure 2 (p. 7). Pertinent for intervention consideration, Venema and colleagues (2021) discuss prison visits often being of low quality, perceived as a largely negative experience for the father (e.g., embarrassment) and the child (e.g., strict visitation rules, unfriendly atmosphere). However, the quality of FCRs during and after imprisonment were found to depend greatly on the quality of pre-prison relationships. Higher frequency of father-child contact was nonetheless associated with more favorable perceived FCR and less alienation for children. The primary caregiver for the child plays an essential role in supporting FCRs. Institutional barriers include scheduling and transportation needs of the family, rigid visitation rules, and an intimidating atmosphere.
Ward (2018)	Prison nursery programs in the United States.	$k = 5$ $N = N/A$	Eight nursery programs were discussed across five articles, including programming in Illinois, Indiana, Nebraska, New York, Ohio, South Dakota, Washington, and West Virginia. In two studies conducted in Nebraska, a 71 and 73% reduction in recidivism was reported. For New York, recidivism reduction was reported at 36% for one year, 62% at two years, and 48% at three years. For Indiana, a recidivism reduction of 44% was reported for new prison admissions after one year of release.

### *Children with an Incarcerated Parent*

Fondren et al. (2020)	Trauma responsive interventions in school settings subdivided into three tiers. Tier 1 referred to broad prevention programs that target all students and were excluded from consideration in the review. Tier 2 and 3 programs focus specifically on children experiencing or exposed to trauma or at risk of exposure. Note, parental incarceration was one of several types of childhood trauma considered for treatment, it was not a focus of the studies presented.	$k = 62$ $N = N/A$	Tier 3 interventions focused on children that had experienced some form of trauma and displayed symptoms resulting from that trauma. Cognitive behavioral intervention for trauma in schools (CBITS) was the most common Tier 3 program studied. CBITS is a group-based intervention for youth ages 10-18. Alternatively, trauma-focused cognitive behavioral therapy (TF-CBT) represents an individualized intervention also examined in the authors' review. Tier 3 interventions were primarily administered by mental health professionals though some programs utilized teachers. The authors reported increased teacher confidence and competence in addressing problematic child behavior, increased child resilience and decreases in problematic behavior in school, and decreases in trauma-related symptoms as a result of these interventions. However, none of the studies focused exclusively on parental incarceration as the source of trauma.
Parker et al. (2021)	Child-centered play therapy (CCPT) for addressing symptoms of adverse childhood experiences (ACES). ACES may include poverty, discrimination, neglect, abuse, and parental incarceration. Note, only a single study concerned parental imprisonment.	$k = 33$ $N = 1,207$	Outcomes included problematic child behaviors, parental empathy, parental stress, anxiety, attachment, self-esteem, and parental acceptance. Most pertinent, of the 15 studies that examined externalizing behaviors nine reported a significant reduction.
Suitt et al. (2016)	Solution-focused brief therapy (SBFT) with Latinos in the US and Latin America. Note, one study concerned incarcerated relatives.	$k = 6$ $N = 398$	The primary goal of the study was to determine the effectiveness of SBFT with Latino populations in the US and Latin America. One study examined a small sample of children ( $N = 10$ ) with incarcerated relatives (Springer et al., 2000). The authors noted increased self-reported measures of self-esteem for the participants between the pre and post-test, but there were no significant differences between groups at the post-test. While relevant, the results are too limited to make any conclusion about SBFT with the COIP population.
Thulstrup & Karlsson (2017)	Using a qualitative narrative synthesis, children's coping strategies were reviewed in relation to parental incarceration.	$k = 11$ $N = N/A$	Coping strategies included maintaining distance, normalization, recreation, engagement with supportive people, and therapy. The authors concluded the best support for children of incarcerated parents comes from school-based interventions and mentoring programs.

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## *Grandparents Raising Children with an Incarcerated Parent*

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Chan et al. (2019)	Resourcefulness training (RT), parenting programs for grandparents (e.g., Grandparent Triple P), support groups, education (e.g., didactic presentations, training videos, workbooks), physical activity programs, biofeedback interventions, and home visits by social workers and registered nurses (e.g., Project Healthy Grandparents [PHG]). Note, parental incarceration was one of many potential reasons for the elevated role of the grandparent.	$k = 20$ $N = N/A$	Despite the variety of programming and heterogeneity of study results, the authors concluded that interventions targeting grandparent caregivers were overall beneficial with effect sizes ranging from very small to large. Two randomized control trials evaluated the impact on grandchildren's behavioral problems and reported a moderate effect size for grandparents that participated in an intervention. However, outcomes pertaining to the health and wellbeing of the grandparent tended to be small.
McLaughlin et al. (2017)	Interdisciplinary case management, support groups, psychoeducational, and cognitive-behavioral or skills based programming. Parental incarceration was one of many reasons the grandparent may have been tasked with taking on a greater responsibility for the child.	$k = 21$ $N = 1,944$	Cognitive-behavioral interventions had the strongest evidence. The Triple P-Positive Parenting program was highlighted as having strong evidence in support of improved grandparent mental health and parenting skills. Resourcefulness training (RT) was also supported, noting a decline in stress and depressive symptoms for the grandparent. Though the evidence is somewhat weaker, support groups were associated with reductions in grandparent depression and improvement in parenting mastery. Finally, the authors note that the evidence currently available on psychoeducational interventions is too limited to determine effectiveness. A similar conclusion was provided for interdisciplinary case management. Current evidence supports the use of these approaches, but the quality of the evidence is too limited to confirm their effectiveness.
Sadrudin et al. (2019)	Examined grandparent role in custodial care and/or multigenerational care. Parental incarceration was one of a variety of noted reasons for increased need for grandparent involvement.	$k = 206$ $N = N/A$	Three indicators are proposed which include contact with the grandchild, caregiving behaviors, and support in terms of resources. The authors stop short of making a definitive conclusion about the impact of grandparent involvement in child outcomes due to a variety of reasons across the studies reviewed.

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## *Other Comprehensive Reviews*

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Flores (2013)	Examined risk factors and programs for children in the child welfare system with incarcerated mothers which included parenting programs, visitation services, nursery centers, youth mentoring, youth support groups, and social support services.	$k = 22$ $N = N/A$	The author provides a summary of programs relevant to children of incarcerated mothers but stops short of evaluating their effectiveness. Instead, the author explores the impact of policy developments such as mandatory minimum sentencing laws, the Adoption and Safe Families Act of 1997, and the use of community-based sentencing alternatives in terms of reunification.
Gordon et al. (2018)	Provides an overview of interventions specific to COIP; youth mentoring, individual/family therapy, and group therapy.	$k = 5$ $N = N/A$	The authors state "...there are no interventions...that meet the evidence-based criteria...for children of incarcerated parents" (pp. 135-136). Instead, the authors briefly outline an inventory of relevant "promising strategies" gathered from a small number of sources focused specifically on this population. Three interventions are highlighted: youth mentoring (e.g., Amachi, Big Brothers Big Sisters), individual/family therapy (e.g., structured filial play), and group therapy (e.g., solution-focused therapy). Factors impacting the delivery of these programs were also discussed.

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