



Children of Incarcerated Parents: Attachment Relationships and Behavioral Outcomes in the Context of a Mentoring Program

Rebecca Schlafer, Julie Poehlmann, Ashley Hanneman, Andrea Paquette, Elizabeth Maes, Brea Adams, and Madison-area Urban Ministry
Waisman Center, University of Wisconsin – Madison



Background

During the last decade, the number of children with incarcerated parents has increased dramatically. Although the literature exploring the outcomes for children in this population remains limited, research suggests that children with incarcerated parents are at increased risk for behavioral problems and relationship problems (Poehlmann, 2005). In particular, children of incarcerated parents are at high risk for being incarcerated and externalizing behavior problems.

The current study explored mentoring as an intervention for children with incarcerated parents. Depending on a child's relationship history, forming a new relationship with a mentor may be challenging. For children with disrupted parent-child relationship histories, a new relationship with a caring and supportive adult may foster resilience as the result of gradual changes in the child's relationship expectations (Ainsworth & Marvin, 1995). Nonparental adults such as mentors can offer a model of care and support [that] may challenge the views that adolescents hold of adults as untrustworthy and of themselves as undeserving of attention and care (Rhodes, Haight, & Briggs, 1999). Indeed, the most effective mentoring relationships are distinguished by characteristics such as strong emotional bonds, consistency, mutual trust, and feelings of safety and security (Rhodes, 2002).

Through a positive experience with a mentor, past feelings of distrust and hurt from disrupted relationships may be lessened. Further, mentoring relationships can help youth realize how they think and feel about themselves and their relationships with others, thus improving their behavioral outcomes. The present study sought to examine the close relationships and behavioral outcomes of children of incarcerated parents who are involved in a mentoring program. Although mentoring programs are growing in popularity, the efficacy and effectiveness of such programs are not well understood, and research exploring the impact of mentoring has led to mixed conclusions (Tierney, Grossman, & Flesch, 2000). Furthermore, it is unclear whether mentoring as an intervention for high risk groups, such as children with incarcerated parents, is effective compared to lower risk groups. The current study sought to add to the literature and help shed light on some of the unanswered questions with regard to children of incarcerated parents.

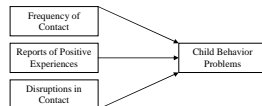
Research Questions

The current study seeks to answer three primary research questions:

1. What is the association between quality of the caregiver-child relationship and children's behavior problems, controlling for family poverty and children's gender?
2. How frequently and for how long are children of incarcerated parents meeting with their mentors? How often are children reporting positive experiences with their mentors? How often are meetings between children and their mentors disrupted due to no-shows or illnesses?
3. What is the association between mentor-child contact variables during the first 6 months of mentoring and children's behavior problems after 6 months of mentoring, controlling for family poverty and children's gender? (Figure 1)

Figure 1 Mentor-Child Contact Variables and Children's Internalizing and Externalizing Behavioral Problems

Relationship Contact Variables



Method

The study reported here includes preliminary results from a larger evaluation of Mentoring Connections, a Department of Health and Human Services (DHHS)-funded mentoring program for children of incarcerated parents. The program works in partnership with Big Brothers/Big Sisters of Dane County. The program provides mentoring for children of incarcerated parents between the ages of 4 and 18 years, although analyses for the first research question are for children ages 8 years and older, for measurement reasons.

Participants

Sample demographic characteristics for all the children in the program are presented in Table 1 ($N = 55$).

Table 1 Demographic Characteristics of Children and Families

Variable	N	Range or Frequency	Percentage	Mean	SD
Age in years	55			9.25	3.05
Gender	55				
Child					
Female	32		58.2		
Male	23		41.8		
Ethnicity	54				
Child					
White	4		7.3		
Black	26		47.3		
Hispanic/Latino	1		1.8		
Multi-racial	23		41.8		
Caregiver	51				
White	21		38.2		
Black	25		45.5		
Hispanic/Latino	1		1.8		
Multi-racial	4		7.3		
Marital Status	53				
Caregiver					
Single	27		49.1		
Divorced	13		23.6		
Married	5		9.1		
Widowed	3		5.5		
Separated	5		9.1		
Incarcerated parent	53				
Both	4		83.6		
Father	46		7.3		
Mother	3		5.5		
Caregiver's kin relation to child	55				
Parent	44		80.0		
Grandparent	6		10.9		
Other relative	2		3.6		
Foster home	3		5.5		
Length of time child has lived with caregiver in years	47	0.42-15		7.53	3.66
Legal custody of the child	49				
Yes	44		80.0		
No	5		9.1		
Number of people in household (in addition to child)	51	1-7		3.43	1.94

Measures

Demographic Characteristics

Demographic information was collected during the initial interviews for mentors and children. Mentors were asked to provide information regarding their age, gender, ethnicity, marital status and current occupation. Caregivers were asked to provide information about the child's age, gender, and ethnicity and the caregiver's marital status, occupation, education, and yearly income. Caregivers were also asked to provide information regarding the child's current living arrangement, including the caregiver's relationship to the child, the length of time the child resided with the caregiver, the number of individuals living in the home and whether or not the caregiver has legal custody of the child.

Mentor-Youth Contact Variables

Each month mentors, caregivers, and children were asked to report contact between mentors and children.

- **Frequency of contact** – number of times the mentor and child met during the first 6 months of mentoring.
- **Average length of meetings** – average number of hours the child and mentor spend together during meetings.
- **Disruptions** – number of times mentor and child did not meet due to no shows, illnesses, or match termination.
- **Positive experiences** – number of reports of positive experiences with the mentor during the first 6 months of mentoring.

Caregiver-Child Relationship Quality: Youths' Perspectives
The Inventory of Parent and Peer Attachment (IPPA, Arnsden, 1986; Arnsden & Greenberg, 1987) was used to assess youths' perspectives of the caregiver-child relationship during the initial interview. The IPPA is a self-report measure containing 25 items that assess affective and cognitive dimensions of adolescents' attachment relationships with their parents and close friends.

Caregiver-Child Relationship Quality: Caregivers' Perspectives
During the initial interview, the Revised Inventory of Parent Attachment (R-IPPA, Johnson, Ketting, & Abshire, 2003) was administered to explore the caregiver's perspective of the caregiver-child relationship. The R-IPPA contains 22 items, divided among two sub-scales: trust/avoidance (e.g., "I am constantly yelling and fighting with my child") and communication (e.g., "I talk to my child about my difficulties").

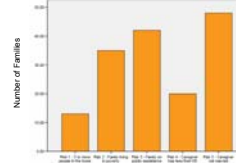
Internalizing and Externalizing Behaviors: Caregiver and Teacher Report

Youth behavior problems were measured at two timepoints (initial and 6-months) using caregiver responses to the Child Behavior Checklist (CBCL; Achenbach, 1991) and teacher responses to the Teacher Report Form (TRF; Achenbach, 1991). Scores from the Internalizing and Externalizing Problems scales were included in the analyses.

Results

Consistent with the high risk nature of the sample, participants reported a number of sociodemographic risk factors (See Figure 2).

Figure 2 Number of Families Experiencing Sociodemographic Risk Factors ($N = 55$).



Research Question 1 – To assess the association between quality of the caregiver-child relationship and children's behavior problems, 2 sets of regression analyses were conducted. In all analyses, child's gender and family poverty were entered as controls. In the first set of analyses, the caregivers' perspective of the caregiver-child relationship (R-IPPA) was entered as the predictor. When CBCL scores were regressed on the controls and R-IPPA scores, the regression was significant ($\Delta R^2 = .29$, $F = 2.67$). Caregivers who felt more positively about the child at Time 1 also reported that the child exhibited fewer externalizing behavior problems (Table 2). However, R-IPPA scores were not associated with CBCL internalizing scores ($\Delta R^2 = .10$, $F = .77$).

Model	Unadjusted Coefficients		Standardized Coefficients		F	Sig.
	B	Std. Error	Beta	Delta		
1	41.492	5.991		6.741	300	
(Controls)						
	Family living in poverty	.395	5.173	.030	.185	388
	Child gender	3.558	4.889	.077	.707	400
2	40.317	6.168		6.199	300	
Family living in poverty						
	Family living in poverty	.380	4.977	.020	.142	388
	Child gender	1.18	4.247	.028	.207	390
R-IPPA Total Score	-.082	.291	-.028	.228	398	

Δ Dependent Variable: CBCL Externalizing Problems - T Score

Next, TRF scores were regressed on the controls and total R-IPPA scores. This regression was also significant ($\Delta R^2 = .31$, $F = 7.32$), indicating that teachers reported fewer externalizing behavior problems at Time 1 when caregivers' felt more positively about the child (Table 3). However, teacher reports of internalizing behaviors were not associated with the caregiver-child relationship ($\Delta R^2 = .07$, $F = .12$).

Model	Unadjusted Coefficients		Standardized Coefficients		F	Sig.
	B	Std. Error	Beta	Delta		
1	60.221	6.936		8.264	300	
(Controls)						
	Family living in poverty	-.481	6.027	-.140	-.073	352
	Child gender	10.337	5.360	.303	2.460	388
2	52.441	7.392		6.940	300	
Family living in poverty						
	Family living in poverty	-.074	5.266	-.188	-.104	354
	Child gender	9.581	4.217	.414	2.307	384
R-IPPA Total Score	-.082	.291	-.028	.228	390	

Δ Dependent Variable: TRF Externalizing Problems - T Score

In the second set of analyses, the IPPA score (children's perspectives of caregiver-child relationship quality) was the predictor. When CBCL internalizing scores were regressed on the controls and IPPA total scores, the analysis was not significant ($\Delta R^2 = .10$, $F = .03$). When the analysis was repeated using CBCL Externalizing scores as the outcome, again the results were not significant ($\Delta R^2 = .05$, $F = .53$).

Finally, teacher reports of children's behavior problems were regressed on controls and IPPA total scores. Neither regression was significant; IPPA scores did not significantly predict externalizing behavior problems ($\Delta R^2 = .00$, $F = .13$) or internalizing behavior problems ($\Delta R^2 = .01$, $F = .11$) as reported by teachers.

Research Question 2 – To address the question regarding characteristics of the mentoring program and developing mentoring relationships, bivariate correlations and descriptive statistics for relationship contact variables are presented in Table 4.

During the first 6 months of mentoring, matches met on average 2 times per month ($M = 1.94$, $SD = 1.41$). On average, meetings lasted 1.68 hours ($SD = 1.15$). During the first six months in the program, children reported experiencing approximately 2 total positive experiences with their mentors ($M = 2.14$, $SD = 1.15$) and over 6 total disruptions ($M = 6.19$, $SD = 6.89$). It should be noted that these numbers include the cases that terminated within the first 6 months of the program. Thus, they may underestimate contacts for successful matches and overestimate disruptions.

Table 4. Bivariate and descriptive statistics for relationship contact variables months 1-6

	1	2	3	4
1 Total meetings		.7337*	.3401*	.8271*
2 Total positive experiences			-.3311*	.2114*
3 Total disruptions				-.3441*
4 Average length of meetings				
Range	0-27	0-6	0-24	0-4
Mean	11.63	2.14	6.12	1.68
SD	8.45	1.65	6.89	1.15

$N = 53$

* Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Research Question 3 – Preliminary analyses were conducted to address the association between mentor-child contact variables during the first 6 months of mentoring and children's behavior problems at Time 2 (after 6 months in the program). Two regression analyses were conducted. In the first analysis, children's internalizing behavior problems, as rated by their caregivers on the CBCL, were regressed on controls and relationship contact variables ($\Delta R^2 = .87$, $F = 5.01$; Table 5). Results indicated that children who experienced more meetings with their mentors showed fewer internalizing behavior problems. In the second regression, children's externalizing behavior problems were regressed on controls and relationship contact variables. However, this model was not significant ($\Delta R^2 = .87$, $F = 5.0$).

Model	Unadjusted Coefficients		Standardized Coefficients		F	Sig.
	B	Std. Error	Beta	Delta		
1	81.771	6.852		5.587	300	
(Controls)						
	Family living in poverty	-.499	6.989	-.153	-.080	338
	Child gender	9.229	7.265	.260	2.88	362
2	81.596	6.956		5.620	300	
Family living in poverty						
	Family living in poverty	-.424	6.798	-.150	-.080	338
	Child gender	9.491	6.186	.264	2.835	360
CBCL reports base measure month 1	1.421	3.44	-.056	-.287	334	
CBCL reports base measure month 4	4.054	2.711	.462	1.717	334	
CBCL reports Total	-.285	1.391	-.087	-.285	340	

Δ Dependent Variable: CBCL Externalizing Problems - T Score

Discussion

The current analyses revealed three primary findings.

1. **There was a significant association between caregivers' feelings toward children and children's externalizing behavior problems at Time 1, as measured by both caregiver and teacher reports.**
 - Although these findings cannot determine causality, they may suggest a bi-directional association between caregiver-child relationship quality and children's behavior problems. Consistent with attachment theory, children who have poor relationships with their caregivers may be acting out and exhibiting more externalizing behaviors both at home and at school. However, an alternate explanation is that children with externalizing problems may evoke more negative feelings in caregivers.
2. **The analyses exploring mentor-child contact variables revealed findings that are important for program planning and implementation.**
 - Mentors who had more frequent meetings with their matches also had longer meetings, and children who had more contact with their mentors also reported more positive experiences during the first 6 months of the mentoring program.
 - On average, matches met an average of two times per month, despite program requirements that mentors and children meet weekly.
 - These findings have important implications for program development and implementation. Programs should help facilitate additional contacts between children and their mentors. The high risk nature of this population may make arranging and keeping meetings particularly challenging, thus preventing the formation of a high-quality mentor-child relationship (as seen by the average number of disruptions in this sample).
3. **Although exploratory in nature, the analyses examining the influence of mentor-child contact suggests that more contact with mentors during the first six months of mentoring was associated with fewer caregiver-reported behavior problems.**
 - Ultimately, a decrease in behavior problems is one of the goals of mentoring. Further analyses are necessary to explore the potential positive impact of mentoring on children's later developmental outcomes. In particular, more research should be conducted examining how frequency of contact and quality of contact relates to children's behaviors and close relationships.

References

Achenbach, T. M. (1991). *Manual for the Youth Self-Report and 1991 Profile*. Burlington, VT: University of Vermont Department of Psychiatry.

Arnsden, G. C. (1986). Attachment to parents and peers in late adolescence: Relationships to affective status, self-esteem and coping with loss, threat and challenge. *Developmental Abstracts International*, 47, 1751-1752.

Arnsden, G. C., & Greenberg, M. T. (1987). The Inventory of Parent and Peer Attachment: Relationships to well-being in adolescence. *Journal of Youth and Adolescence*, 16, 427-454.

Ainsworth, M., & Marvin, R. S. (1995). On the shaping of attachment theory and research: An interview with Mary D. S. Ainsworth. *Monographs of the Society for Research in Child Development*, 60(2-3), 5-21.

Johnson, L. N., Ketting, S. A., Abshire, C. (2003). The Revised Inventory of Parent Attachment: Measuring Attachment in Families. *Contemporary Family Therapy: An International Journal*, 25, 333-349.

Poehlmann, J. (2005). Representations of attachment relationships in children of incarcerated mothers. *Child Development*, 76(3), 679-696.

Rhodes, J. E. (2002). *Stand by Me: The risks and rewards of mentoring today's youth*. Cambridge: Harvard University Press.

Rhodes, J. E., Haight, W. L., & Briggs, E. C. (1999). The influence of mentoring on the peer relationships of foster youth in residential and nonresidential care. *Journal of Research on Adolescence*, 9(2), 185-201.

Tierney, J. P., Grossman, J. B., & Resch, N. (2000). *Making a difference: An impact study of Big Brothers/Big Sisters (9th issue 1995 study)*. Philadelphia, PA: Public/Private Ventures. *Adolescence*, 33, 145-158.