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For Health Care and other Service
Providers : CIPL 302



Challenges for Health Care and other Service Providers

By Ann Adalist-Estrin

Know the Facts

It can be dangerous to rely on assumptions, biases, and personal experiences and opinions when dealing with difficult social issues. The issue of parental incarceration is especially difficult for pediatric health care professionals and others trained to work with and support children.

Co-morbidity of parental mental illness along with addictions and the presence of criminality can make accurate mental health diagnoses and intervention strategies nearly impossible for adult health care providers, as well as for the justice system. However, the impact of parental mental health and high-risk behaviors on child development and pediatric practice is now seen as an area of major importance to the health care industry and other systems serving children

There are few data that can guide decisions related to the impact of prison visitation on child physical and emotional health or on the long-term impact of the incarceration of a parent on child outcomes. Helping professionals seeking information regarding outcomes for children of

incarcerated parents often rely on data related to children's reactions to divorce or death of a parent.

PRINCIPLES

- Continue to focus primarily on the health and well being of the child
- Expand the concept of child health to include parent-child relationships and the impact of parental behaviors and circumstances
- Understand the risk factors that contribute to the continuum of risk for negative outcomes in children of incarcerated parents
- Be aware of the common stress points and typical reactions that are a part of the process for the incarcerated and their families
- Build trust and an atmosphere of safety as a context for effective communication
- Ask about the rules and realities of prison visiting before giving advice or making recommendations.

Clinical observations and anecdotal information continue to show that while there are some similarities between adjustment to divorce or death of a parent, children's reactions to the imprisonment of a parent warrant distinct and separate attention and responses.

The involvement of the criminal justice system in the lives of children is in and of itself an issue for consideration by child health and welfare professionals.

Know the Rules

Caregivers may ask if a child's records can be sent to the incarcerated parent. Providers may not know how hard it is for caregivers to consult by phone with the incarcerated parent.

Caregivers may express an urgent need to toilet train or wean a child from bottle or pacifier to make prison visiting easier.

Understanding the rules about what prisons allow will help the provider to respond more effectively to these and other issues.

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Health care providers may also need details about the atmosphere and procedures related to prison visitation in order to answer parent's questions and address issues related to exposure to TB, HIV and HEP C. There are no known cases of these diseases being transmitted to prison visitors. Yet, parents and concerned adults in the lives of children of incarcerated parents will sometimes use the fear of exposure to these diseases as reason to object to prison visits for children. Parents need to be told about how these diseases are transmitted and that prison visits will not cause any more exposure to these diseases than school, a crowded city bus, or even the clinic.

It's important to ask about the rules and realities of prison visiting before giving advice or making recommendations. Each facility may do things differently. Explore how things work in the facilities affecting the families you work with. Discussion of these issues related to the family's experience can be included in the routine of check ups and as part of developmental assessment.

Building Trust

It is often frightening for a family member to reveal the details related to the incarceration of their relative. Such a discussion is most likely to happen in the context of an on-going relationship where trust has been established or in the context of extreme anonymity, to a stranger that will never be seen again. When parents or caregivers do reveal information about their involvement in the criminal justice system, providers will do much to build trust if they react

non-judgmentally and fully address the questions and concerns without discomfort or avoidance.

It is also important to remember that while many families of the incarcerated share common characteristics, there are also many variations. Each family is unique, and it is dangerous to make assumptions.

Continuum of Risk

There is a continuum of risk. At one end of the continuum are families that are in grave danger. At the other end are families with adequate support systems that are coping well. In between are large numbers of families that are barely managing and are under extreme pressure.

There are some variables that can influence a child or family's ability to cope with the incarceration of a family member. Screening for these supports could be included in a routine health care visit for families of the incarcerated.

Coping Variables

- Economic stability
- Health status and emotional capacity of caregivers
- Quality of the child's school
- Job satisfaction (teens and adults)
- Support vs. isolation in the community environment: urban, suburban or rural
- Community resources
- Child and family spirituality
- Racial and ethnic prejudices

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The initial discussion of the impact of incarceration on a family is really the beginning of an ongoing process of observation and support. Some families will raise issues related to the incarcerated parent every time you see them; others will only mention it if there is a change in circumstances or a new concern. Still others will not discuss it again and will assume that just telling the provider was all that was necessary. When providers are aware of the typical stress points, emotional reactions, and behavioral responses of children and families of the incarcerated, they can use this awareness to formulate checkpoints for anticipatory guidance.

Providers can use indirect and open-ended questions about the child's adjustment, the visits at the prison, or how the caregiver is coping. These statements let the family know that they are comfortable talking about incarceration and its impact. Children and family members with "slow to warm" temperament styles may need

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several such encounters with the provider before they can open up or even respond at all.

Balancing genuine concern and interest with respect for the family's privacy is tricky. Remember that the relationship is key. In an atmosphere of trust and safety, parents and caregivers are often relieved to have a place to ask questions about the effects of parental incarceration on the child's health and development. Even if they do not respond to the health care provider's initial support or comments, they are likely to do so over time.

Health Care and other Service Providers can find more about helping children of incarcerated parents and their families in the Incarcerated Parents Library (CIPL),

www.nrccfi.camden.rutgers.edu. See especially the CIPL 300 series, For Health Care and other Service Providers.



About the Children of Incarcerated Parents Library (CIPL)

Pamphlets may be downloaded without charge from the National Resource Center on Children and Families of the Incarcerated current website:

nrccfi.camden.rutgers.edu.

Duplication is permitted and encouraged, so long as the materials are not altered or sold. Sorry, the NRCCFI is not budgeted to mail free copies. Send comments to the Children of Incarcerated Parents Library at Rutgers University Camden, 405-7 Cooper Street, Room 103, Camden, NJ 08102-1521.

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