“I’M PRETTY PROUD OF THIS ONE…”:

SELF-IDENTIFIED STRENGTHS OF REENTERING PARENTS

WITH A HISTORY OF OPIOID MISUSE

by

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One of the largest at-risk populations in the United States is children with incarcerated parents. At the same time, across the globe, opioid use has spiraled into a public health crisis. Given the intersection between opioid use disorder and incarceration, with more than one fourth of people with opioid use disorder (OUD) passing through prisons and jails every year, this population needs interventions relevant to their lived experiences. Over the last decade, there has been an increase in the use of strength-based approaches in fields such as social work and education, but these types of approaches have yet to be thoroughly investigated in the discipline of criminal justice. In the current study, twelve participants who identified as parents with histories of corrections-involvement and opioid misuse participated in semi-structured interviews that asked them about their experience navigating reentry and what they saw as their greatest strengths as parents. Six subordinate themes emerged under the umbrella of parenting strengths: resilience, resource acquisition, spending time together, communication, putting their child(ren) first, and openness/acceptance. These themes are discussed in the context of existing parenting theories. Implications for practice are provided.

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Introduction

The rate of imprisonment in the United States has grown by 500% during the last forty years (The Sentencing Project, 2020). With nearly 1 out of every 100 adults in prison or jail, the U.S. penal system has the highest incarceration rate in the world (Travis, Western, & Redburn, 2014; Fair & Walmsley, 2021). In the 1970s, drug prohibition policies criminalized substance abuse, causing an increasing number of individuals with substance use disorders (SUDs) to be incarcerated (Tsai & Gu, 2019). While the exact rates are difficult to measure, research has shown that 65% of the U.S. prison population meets the criteria for an active SUD, and another 20% did not meet the official criteria, but were under the influence at the time of their crime (Center on Addiction, 2010). This alarming number of people who find themselves incarcerated for their disorders are unable to receive treatment during incarceration or post-incarceration, exacerbating any issues related to both substance use and imprisonment (Tsai & Gu, 2019).

Across the globe, opioid-related overdose has spiraled into a public health crisis, accounting for over 47,000 overdose deaths in the United States alone (Strang et al., 2019). Opioid use disorder (OUD) is associated not only with increased mortality, but with other comorbid medical and mental disorders (Blanco & Volkow, 2019). In the U.S., people with OUD are overrepresented in the criminal justice system: more than one-fourth of people with OUD pass through prisons and jails every year (Malta, 2019). Despite the high rates of SUDs and OUD in prisons, many do not offer medication-assisted treatment. Medication-assisted treatment is effective for reducing opioid use and increasing treatment engagement (Moore et al., 2019). Without it, incarcerated individuals are at a heightened risk for mortality and overdose post-release (Bone et al., 2018).

Another one of the largest at-risk populations in the United States is children with incarcerated parents. More than 1,700,000 children have a parent in prison (Arditti, 2012). The impacts that parental incarceration has on a child can be both short- and long-term over the course of the parents' involvement with the justice system. Research suggests that children who are impacted by parental incarceration often experience such problems as depression, difficulty forming attachments, aggression, and delinquent behavior (Miller, 2006). These adverse effects of parental incarceration provide evidence of a deep need in the justice system for interventions that help heal families who have experienced incarceration.

The Reentry Process

Approximately 600,000 individuals are released annually from United States carceral institutions (Petersilia, 2003). The reentry process is a transitionary period that nearly all incarcerated people will experience as they reintegrate into their communities after their release from prison or jail. Upon release, people leave the structured environment of prison to an unstructured and sometimes unfamiliar world. The challenges experienced during reentry put people at risk of recidivating. Recidivism refers to the repeated offending of a person who has been convicted of a crime in the past (Barrenger et al., 2021). The immediate reentry period is crucial in an individual's likelihood to reoffend as research suggests that approximately two-thirds are rearrested within three years of release -- a number that jumps to three-fourths within five years (Bureau of Justice Statistics, 2014).

A breadth of research has documented the barriers individuals are likely to face during reentry. These include access to employment, education, housing, transportation, identification documents, and quality treatment services for SUDs and mental health issues (LaCourse et al., 2018). These barriers can be legally enforced, or just exist through stigma and fear of people who

have experienced incarceration. Employment has been noted as one of the most effective protective factors against recidivism; however, legal barriers prevent people with felony convictions from obtaining certain licenses or positions (Augustine, 2019). For those on parole certain conditions must be met alongside needing to find a job or go to school, locate a place to live, and reconnect to positive support systems. These tasks are made all the more difficult as people are often reentering communities with no savings, few employment prospects, and the stigma of a criminal record (Bahr et al., 2005). Importantly, the role of stigma also carries through to family members, as research has found that having a formerly incarcerated relative negatively impacts perceptions of financial deservingness, parenting quality, and personality traits (Brew et al., 2021).

Although individuals are likely to experience challenges during reentry, research has identified a number of protective factors that promote successful reentry. One vital factor is supportive families. Individuals who maintain social ties to family are less likely to recidivate, and family support can further impact job attainment (Berg & Huebner, 2010). Other protective factors for people who use drugs (PWUD) in particular include structured treatment programs, spirituality/religion, and community-based resources such as self-help groups (Binswanger et al., 2012). Interventions to break down barriers and ease the reentry process can occur while individuals are incarcerated and continue into the reentry process as well (LaCourse et al., 2018).

For PWUD, the structure of prisons and jails induces forced sobriety. Upon entry into the system, there is a period of immediate detoxification that can sometimes be dangerous. Medication-assisted treatment (e.g., methadone and buprenorphine) is a highly effective treatment for opioid use disorder, however it under-utilized within the U.S., especially within carceral institutions. When treatment for opioid withdrawal is unavailable, research shows that

detoxification experiences are described as negative and associated with unhealthy behaviors to cope with withdrawal symptoms (Mitchell et al., 2011). Although individuals have been found to decrease their substance use and dependence upon release, opioids contribute to nearly one in eight post-release fatalities (Tangney et al., 2016; Sugarman et al., 2020). In fact, the immediate two weeks following release from incarceration are when individuals are at the highest risk of death due to an opioid overdose (Binswanger et al., 2013). This could be due, in part, to situational and physiological factors following the period of forced sobriety. Pressures of post-release reintegration to society call for coping mechanisms, and without proper supports in place, many individuals relapse into a cycle of problematic substance use (Tangney et al., 2016).

A study conducted by Bunting et al. (2021) investigated the role of pre-incarceration polysubstance use involving opioids as a unique risk factor for post-release return to substance use. The researchers gathered data from justice-involved individuals who were enrolled in a therapeutic community treatment program while incarcerated. The study found that sociodemographic and health variables were significantly associated with relapse upon reentry, stating that complex physical health problems can exacerbate barriers to successful reentry. They also discovered an elevated risk of relapse among participants who co-used marijuana and opiates with alcohol prior to incarceration, demonstrating the impacts of pre-incarceration substance use on post-incarceration relapse (Bunting et al., 2021).

Reentry & Parenting

In 2007, incarcerated individuals in state and federal prisons were parents to approximately 1.7 million children (Glaze & Maruschak, 2008). Even these estimates, which exclude children whose parents are being held in jails, suggest a staggering number of youths who are separated from their parents due to incarceration. Children with an incarcerated parent

are highly vulnerable with multiple risk factors for adverse outcomes. They demonstrate higher risk for delinquency and other adverse outcomes than children separated from their parents for other reasons (death, disharmony, or hospital) (Murray & Farrington, 2005). For parents, the experience of raising a child while incarcerated or reentering can differ based on gender. Because of this, many studies have focused on mothers or fathers, and the divergent parenting experiences they may have during incarceration and reentry.

Over one million individuals in jails and prisons are men with minor children, and half of this population lived together with their children before their incarceration (Glaze, Maruschak, & Mumola, 2018). As these men reenter society, their relationships with their children can be a protective factor in reducing recidivism rates (Bahr et al. 2005; Visher, Bakken, & Gunter, 2013).

One study examined the perspectives of fathers on their own experience parenting from prison, reentering, and what they saw as barriers post-incarceration (Charles, Muentner & Kjellstrand, 2019). Using qualitative interviews, the researchers focused on how the family context played a role in carceral experiences and reentry of fathers. Four main themes emerged in their analysis: parenting from prison, committed fathering, outside influences on parenting, and recreating oneself. These themes further showed that fathers who had been incarcerated expressed a similar level of commitment to fatherhood as their nonincarcerated peers, as well as an emphasis on being involved in their child's life. All of the fathers in the study spoke on the psychological and emotional impact of the physical separation from their families and children while incarcerated, which led them to feel uncertain in their role as a parent. Despite the barriers they needed to overcome, the researchers noted that participants (despite being incarcerated on

average three times) saw their current situation as an opportunity to start new, demonstrating resilience and perseverance.

Women are the fastest growing population of incarcerated individuals since 2010, and approximately 62% of these women are mothers (Glaze & Kaeble, 2014; Glaze & Maruschuk, 2008). Mothers are more likely than their male counterparts to have custody of their children prior to incarceration, making the experience of parenting from prison, and post-release all the more tangible for this population.

A similar study on motherhood was conducted by researchers who explored how incarceration and reentry influence mothers' family relationships and primary risk and protective factors (Arditti & Few, 2006). Data was gathered through interviews with women probationers who had at least one minor child and who were incarcerated for at least two months. The researchers found that many mothers in the study were at higher risk for depression, family violence, and substance use and addiction, with around half of the women in the study admitting to having a substance use problem. Additionally, they found that incarceration, even for short periods, is associated with family dynamic shifts by increasing the chances of divorce which may put mothers at a more serious economic risk.

While most research has focused on mothers *or* fathers, a study by Kjellstrand et al. (2012), found that incarcerated mothers and fathers were similar in their needs for preventative intervention programs. The parents in this study had histories of minimal education, economic struggles, personal and familial substance use, and domestic and sexual violence alongside justice-involvement. This study identifies a gap in the existing intervention strategies in that parenting programs tend to focus on traditional parenting topics, in contrast to the study's findings that incarcerated parents could benefit from substance use interventions upon reentry.

Parenting & Opioid Misuse

Parental substance use has been found to be associated with high rates of truancy, school suspension, justice-involvement, and substance use in children (Milrick & Steenrod, 2016.). Opioid misuse, in particular, has been linked to adverse child development, safety, and attachment (Mirick & Steenrod, 2016). Children whose parents use opioids are also at a higher risk for psychopathology relative to community samples (Peisch et al., 2018). OUDs impact families economically and socially as well, causing them to be more at risk to poverty, illegal activities, and illnesses such as HIV and hepatitis (Milrick & Steenrod, 2016). Salo et al. found that mothers with OUD reported lower scores of maternal sensitivity and non-intrusiveness than mothers without an SUD or mothers with depression (2010).

For parents with OUD, there is a critical need for the development of evidence-based prevention and intervention programs (Leve, Conradt & Tanner-Smith, 2022). In order to be effective, programs must attend to the complex interactions between neurobiology, psychology, social factors, and societal structures. Saldana et al. examined the Families Actively Improving Relationships (FAIR) program, finding that parents in this program showed significant improvements in opioid and methamphetamine use, mental health symptoms, and parenting risk and stability (2021). Other researchers suggest the modification of existing parenting interventions such as Fathering through Change, the Attachment and Biobehavioral Catch-up, and the Family Check-Up to allow for wider implementation of programs (Cioffi & DeGarmo, 2021; Labella et al., 2021; Stormshak et al., 2021).

In a review of parenting programs directed towards parents with opioid use disorders, researchers found four relevant interventions: Relational Psychotherapy Mother's Group (RPMG; Luthar & Suchman, 2000); Focus on Families (FOF; Catalano et al., 1999); Parents

Under Pressure (PUP; Dawe & Harnett, 2007); and Mothering From the Inside Out (MIO; Suchman et al., 2017) (Peisch et al., 2018). The researchers in this review noted a substantial variability across the four interventions, making them difficult to compare. These differences included the age range of children, theoretical perspectives, and treatment settings and structure. One key similarity between the interventions was that the parenting intervention was not limited to just parenting skills. For example, FOF included anger management, coping skills, and relapse prevention; RPMG included well-being for their participants; PUP had a section on mindfulness skills; and MIO focused on the mother and her well-being in order to be the best parent. The results of these studies on the interventions were promising, with child or parenting outcomes significantly changing in all. However, PUP was the only intervention in which statistics indicated a significant change in parenting and child outcome measures. These results indicate that there is more work that needs to be done on interventions for parenting and opioid misuse.

Strength-Based Approaches and Interventions

Strengths can be defined generally as skills and behaviors that feel natural to an individual, allowing them to perform at their best (Waters, 2016). Based on these concepts of strengths, and the principles of positive psychology, strength-based models to intervention and case management have grown popular across disciplines such as social work and education (Hunter et al., 2015). Instead of viewing an individual as lacking skills or abilities needed to overcome their current challenge, a strength-based model is concerned with identifying positive attributes and building on those to promote change (Hunter et al., 2015). By looking inside to strengths, interventions can best tailor their approach to the individual experiences and skills of the client.

Overall, research suggests that reentry services reduce recidivism (Jonson & Cullen, 2015). In a review on the reentry process, three timelines were found to be associated with reentry programming: 1) programs that take place during incarceration which prepare individuals for the reentry process; 2) programs that take place during the release period which aim to connect individuals to services; and 3) long-term programs which provide individuals with support and supervision throughout reentry (James, 2014). Researchers highlight the importance of using evidence-based practices in the implementation of interventions, but a limited number of evaluations have been conducted to assess the current programs.

Similarly, parenting programs in the United States - while they reach millions of parents and children annually - are not always backed up by evidence-based, high-quality trials (National Academies of Sciences, Engineering, and Medicine, NASEM, 2016). In a review of parenting programs, authors identified major elements of these programs which have been found to be effective through vigorous research (NASEM, 2016). One key element from this review is viewing parents as equal partners with the facilitator and acknowledging that parents are experts in what both they and their child need. Research has found that treating parents as partners improves the quality of interactions with and increases trust in the intervention provider (Jago et al., 2013). This approach is representative of a strength-based approach, as it assumes a level of competence of parents from the onset of the intervention.

Most parenting programs focus on targeting coping mechanisms, social support, and behavior-management techniques. Strength-based parenting (SBP) has been described as an approach to parenting that seeks to identify and cultivate strengths (Waters, 2015a). While this definition is typically applied to parents seeking strengths in their children, it has recently been expanded to include parental strengths as well. Previous research has found that when parents

employ SBP, their children indicate increased well-being, including higher life satisfaction and positive affect, and decreased stress (Jach et al., 2017; Waters, 2015a; Waters, 2015b). In one study, a three-week strength-based parenting intervention was found to increase parent self-efficacy (i.e., greater confidence and perceived ability to parent children) and positive emotions when thinking about their children (Waters & Sun, 2016).

Despite the growing trend toward strength-based approaches in other fields, the criminal justice system has few interventions that use this approach. In this context, a strength-based approach would identify the reentering individual's strengths and positive attributes while humanizing the individual. The Good Lives Model (GLM) is a theoretical framework which emphasizes the needs and risk factors of offenders, utilizing a strength-based perspective (Ward & Stewart, 2003). The GLM posits that risk can be managed by promoting knowledge, strengths skills, and access to resources. Several studies have documented the implementation of the GLM, with one noting its ability to compliment current evidence-based interventions such as Functional Family Therapy in order to increase motivation to engage in treatment and reduce antisocial behavior (Mallion & Wood, 2020). Another review summarized the implementation of the GLM in North American sex offender treatment programs, finding that the GLM was used as supplemental to intervention modules. The authors of this review also found that the strength-based orientation of the GLM allowed therapists to work in ways that engage clients, even when discussing difficult topics (Willis, Ward, & Levenson, 2014).

Qualitative findings from a focus group study highlighted another reentry program that provided strength-based services to men both pre- and post-release (Hunter et al., 2015). This program, titled Fresh Start Prisoner Reentry Program, drew from the GLM to create a strength-based case management approach to providing services. Researchers found support for this

approach in that it was able to bridge services between incarceration and reentry. Case workers in the program were able to bolster family interactions, helping to improve upon familial support post-incarceration. Participants reported high levels of satisfaction with the program, indicating that they appreciated the program culture, responsivity to needs, and the focus on strengths (Hunter et al., 2015).

Current Study

While there are several interventions targeting parents with OUD, and many that focus on reentry, there are few which examine the intersecting identities of corrections-involvement, parents, and opioid use (Kjellstrand, 2017). Given the prevalence of OUD in carceral settings and the struggles parents face upon reentry, more research is needed to identify the needs of this unique population. The Coached Parent-Child Program (CPC) is one specific intervention designed to promote positive parenting while preventing opioid misuse for corrections-involved parents with histories of opioid use (CIO parents) (Kjellstrand). The purpose of this study is to conduct a review of the strengths of CIO parents in order to support and build on them in the CPC program.

Research Questions

1. What are the self-identified strengths of parents with histories of incarceration and opioid misuse?
2. How can a parenting intervention designed for reentering parents with a history of opioid misuse build on these strengths?

Methods

Research Design

Using a grounded theory and qualitative research design, I conducted a thematic analysis of interviews with parents who have histories of opioid misuse and had been released from prison or jail within the last 10 years. The present paper is a subset of a larger study on a general needs assessment of CIO parents. The general interview's purpose was to administer a needs assessment of CIO parents, asking about parent supports, barriers, struggles, and successes. Participant demographics were collected through an online Qualtrics survey. This survey gathered the participants' gender, race, and age, as well as their frequency of opioid use. Participants were also asked to complete an ACES questionnaire, which resulted in a score for each individual based on the number of ACES they had experienced. The online Qualtrics survey included a list of possible topics for the intervention modules. Participants were asked to rank and select which items from this list they saw as most important for the intervention.

Sample

Participants were recruited in two waves in 2020 and 2021. The first wave was focused on individuals in Lane County, Oregon, and the second wave expanded the study across the United States. All participants in the study needed to meet inclusion criteria, which they were pre-screened for during a phone call or Qualtrics survey. The criteria were as follows: Participants had to be 18 years or older and a parent of a child who was 0-17 years old at the time of reentry; reentry had to have occurred within the last ten years; and they must have had a history of opioid use. Because the interviews were conducted over Zoom, the participants also

needed access to the internet or a phone, and a private location to participate in the interview process.

Twelve participants (eight from wave one and four from wave two) completed the interview process. Using grounded theory as an approach, an appropriate sample size ranges from 10-60 people (Starks, 2007). Table 1 provides participant demographics. The mean age of participants was 39 years old. The majority of the participants identified as white (83%), Latinx, Hispanic, or Spanish origin (8.3), and American Indian or Alaskan Native (8.3). Nine participants identified as mothers, and three identified as fathers, with 42% reporting that they lived with at least one child full-time. A third (33%) of participants reported having used opiates within the last year. The average ACEs score was 6.4 out of the 10 possible ACEs, which is disproportionately higher than the general population (Turney, 2018). All participants reported at least three of ten possible ACEs and two participants endorsed all ten. Notably, eleven participants (91.6%) experienced parental divorce/separation, and eleven (91.6%) lived with someone who misused substances.

Participants also reported the number of biological, step-, and adopted children they had. They reported an average of two to three biological children, with the maximum being four; when adding on step- or adopted children, the maximum number was five, with the average at three children. Participant contact with children varied, sometimes with different arrangements for children within the same family. Forms of contact included living with the child full time, living with the child part time, visitation, remote methods communication, and no contact. Participants were asked to report opioid use in the past year and how frequent that use was. Two-thirds of participants reported no opioid use over the past year (n = 8). Two participants reported use four to six times in the past year, and two participants reported daily use.

Table 1: Participant Demographics

Demographics

Variable ($N = 12$)	*M (SD)*	%
Age	38.8 (8.8)	
Gender		
Male		25
Female		75
Race/Ethnicity		
White		83.3
Latinx		8.3
American Indian/Alaska Native		8.3
Adverse Childhood Experiences (ACEs) (0-10)	6.4 (2.4)	
Cumulative time incarcerated (years)	4.7 (3.5)	
Number of children	2.9 (1.3)	
Parents living with at least one child full time		41.7
Parents with no contact with at least one child		25
Opioid use in the past 12 months		
Every day		16.7
Every week		
Every month		
4-6 times per year		16.7
1-3 times per year		
Never		66.7

Procedures

Upon institutional review board approval, the research team began recruiting participants through community agency outreach. Members of the research team built relationships with

community programs to further their potential connections to parents in the community who met the criteria. A flyer (see Appendix A) was distributed to members at the community agencies and on social media platform Facebook. Snowball sampling methods were also used for additional recruitment.

Participants were first asked to complete a signed informed consent prior to responding to a brief quantitative survey via Qualtrics (Appendix B). This survey was conducted before the interviews and consisted of around 35 primarily closed-ended questions, with opportunities to write in answers as-needed. Participants were given identification numbers to protect private information and to connect their interview with the survey results. The research team ensured that participants were aware of confidentiality and offered to orally review survey questions if the participant requested.

Following the survey, the research team conducted semi-structured qualitative interviews with each participant. The interviews consisted of a list of predetermined questions, but the participant was allowed to venture deeper into issues that were more important. This makes the interview more of a conversation than a survey (Longhurst, 2003). Two researchers attended each interview. Researchers began the interview by reviewing the informed consent, obtaining permission to record the interview, and reminding the participant that they could decline to answer any question. Each interview lasted approximately 45 - 60 minutes, and they were conducted and recorded over the online video conferencing platform, Zoom. The questions in the prescribed list included mainly open-ended questions with additional probing questions for the participants to expand upon their answers (see Appendix C). Participants were asked about their experiences with reentry, parenting, and opioid use. They were asked to describe aspects of each that were helpful and unhelpful in their own experiences. Participants were also asked to

describe their social supports, provide advice for peers in similar situations, and report their greatest strengths as parents. Brief notes were taken on the interviews at the moment, and the content was recorded for future transcription. Participants were compensated with a $30 gift card for their participation.

Data Analysis

A thematic analysis fits for this study as it is aimed at analyzing the narrative materials of participants' life stories. It includes a description and interpretation that is both inductive and deductive - meaning it is concerned both with developing new and testing existing theories (Vaismoradi, Turunen & Bondas, 2013). In the context of this study, participants were asked to share what they see as their greatest strengths as parents. A thematic analysis is best for drawing out major themes throughout the interview as well as within that specific question. Furthermore, using a grounded theory approach allows for investigation of how the process of reentry happens in the context of parenting and opioid use. The goal of grounded theory is to develop an explanation for social processes through interacting with others (Starks, 2007; Blumer, 1986; Dey 1999; Jeon, 2004). For this study, grounded theory is used to guide the thematic analysis to best understand the process of reentry for this specific population through the lens of parenting strengths.

When beginning my analysis, I first considered the participants' demographic information and pertinent identities. It is important to investigate the participants' race, gender, and age to best understand the populations that this study could inform. I looked at the reported ACEs as well since they have been found to be correlated with physical and mental health risks in adulthood.

The thematic analysis of the interview transcripts was completed alongside the aforementioned larger needs assessment. In the current study, two researchers (the author and another member of the University of Oregon's Criminal Justice Lab) individually reviewed the transcripts multiple times to gain an overall sense of them. For the purpose of this paper, I focused specifically on the questions and sections that were relevant to the participants' strengths (Questions 5 & 5a in Appendix C). Since I was also coding the general needs assessment at the same time, I was able to read through the full transcripts, looking for other strengths mentioned by parents in different parts of the interview. The platform Dedoose was used to create memos that segmented the interviews into major themes and subordinate themes. Grounded theory guided this segmentation as knowledge of the social realities and conditions was achieved by observing both the quotes related to the theme and gaining an overall understanding of the parent from their interview.

The coding process of grounded theory involves first open coding, then axial coding, and finally selective coding (Dey, 1999; Strauss & Corbin, 1998). Open coding means to examine, conceptualize, and broadly categorize the data. This was done by splitting the interviews into a priori categories based on the question guide. Axial coding takes things a step further, where the data is reassembled into groups based on patterns in the identified categories. Here, conversations with other researchers helped to guide where patterns were in the interviews. Lastly, selective coding requires identifying and describing the central phenomena in the data. These themes and central ideas were conceptualized in consultations with the research team and through reviewing the literature and what major theories guide family and child well-being. Each interview got a thorough first look and coding prior to moving on to the next interview, this way the themes and lessons learned from one interview could be applied to the other interviews to

create a cohesive theme list. Throughout the coding process, descriptive quotes were drawn out from the interviews and placed in their own categories.

Results

Following multiple reviews of the 12 interviews with CIO parents, six subordinate themes emerged: resilience, resource acquisition, spending time together, communication, putting their child(ren) first, and openness/acceptance.

Theme 1: Resilience

The first theme highlighted participants' experience with overcoming adversity and how that has impacted their role as parents. Some participants used these experiences to empathize with their children and the struggles they might be going through.

> "I can relate to what they're [the kids] going through. I mean, my daughter calls me, and she tells me their dad's being mean, and he's doing this… it's sad, because I know what she's going through. Like, I've lived it… I feel like I've lived in her shoes and or she's living in mine."

Parents also reported using their adverse life events to better offer advice due to having unique perspectives and experiences.

> "I've been through tough, dramatic, you know, things in my life. I'm able I think to provide them with some insight, some advice that a parent that hasn't been through anything would understand. I'm able to see things a little differently."

This participant elaborated that their own personal resilience impacts their child's confidence and abilities, as they can look up to their parent as a model for perseverance.

> "[I] give them a little better, I think, understanding of life in general, you know, and just build their character by keeping them, you know, strong and reassuring them that they can get through anything. Because I have, you know, I can build a little bit more confidence in my job because I'm able to, to push them and let them know you can get through anything."

They continued:

> "If your mother has been through this and is able to stand on her two feet, still look in the mirror, smile, love herself, you can too, you know, so just building that confidence in them."

When discussing their experience raising a child of mixed race, this participant emphasized the importance of resilience in the face of judgment and stigma. They, too, model this trait for their children.

> "Um resiliency. Because I'm resilient, I was able to pass that trait along to my children… You just have to have a hard skin, don't let anybody tell you anything different. You need to, you know, focus on you and your kids, you don't need to listen to what other people say. You need to just let it roll right off of you don't, don't feed into it. Because there's always going to be somebody that's gonna try and drag you down."

This participant discussed how they needed to show resilience in their relationships with their children. They note that when they were hurt, they hurt their children in turn, but when they were able to rise above those experiences, it benefitted the family as a whole.

> "And so just I would have to say that like being able to take on the punches and roll with them, because ultimately, like, there's a lot of things that I've done to my children that they didn't deserve. And, um, it took a long time to accept the consequences from those actions. But once I was able to, um, it made my life and their life a lot better."

Theme 2: Resource Acquisition

The second theme acknowledged participants' ability to locate and utilize community resources for the benefit of their children. Many participants discussed their experiences in parenting programs, therapy groups, and finding support amongst other parents in similar situations.

For parents who had adverse childhoods themselves, it can be difficult to know instinctively how to care for their own children. One participant noted how parenting classes helped them overcome this.

> "I feel like that, that's something that I didn't get and I feel it come out a lot to where my daughter cries, and it gives me anxiety and I don't, my first instinct even after 5 years and a ton of parenting classes, is to just tell her to stop, but I feel like I don't and I let her know, I'm like, it's okay to cry."

Another participant noted that their child had been in therapy through a local program for seven years. They discussed the relationship between the therapist and themself and how they make use of the therapist's knowledge in order to continually familiarize themself with their child's needs.

> "Because really, my, my life as a parent is about them and meeting their needs. And those needs are usually more emotional than physical anyway. And I guess, also my ability to recognize and be able to find resources for my kids, whatever that is, you know."

Some parents highlighted their social support systems as resources. This parent talked about meeting other parents in NA/AA groups, and gravitating towards them through their shared experiences. They describe that the support groups themselves were helpful, but the people they met and the social connections they built were immensely supportive. Parents in this informal group helped with creating time and caring for each other.

> "There was a lot of people that I knew that was trying to get their kids back, or had just gotten their kids back, and umm, we just really, supported each other in getting our kids together and having those playgroups and having those, those times where it's like we'll watch each other's kids so we can do some self-care you know? You know or make a bath, or we come and help fold laundry."

They continued to say that this group not only supported them with the physical load of parenting, but also with some of the emotional questions and decision-making.

> "It was so important cause when I had a question about why is my kid screaming, I mean he's so angry, I don't know what to do. I'm screwing this all up. And they were like, it's the age, it's a phase, it'll you know, whatever, just take a beat- you know, and I was able to, to and I still do it. [Fake screams] My kid!!, Ahh, Help"

Theme 3: Spending Time Together

This theme was concerned with participants' desires to spend more time with their children, and the activities they do with their kids. Participants shared that time together, no matter what the activity, is the most important.

> "Yeah, you gotta spend time with 'em. You may not like something they wanna do, but you got to do it. You got to spend time with your kids. Or they'll find

> something to occupy their minds. So, you gotta spend time with your children, the more time you spend with them and communicate with them the less they are to stray away from the good path."

One participant discussed organizing large family events to get out of town and do something together.

> "We have family vacations. We just went to Disneyland in September, and we always do something big and fun every year and umm, we just do a lot of cool, cool stuff."

Another participant noted that they use their time with their children to teach them about the world and keep them engaged in their community.

> "I gotta help anybody if I can, you know even to this day, my children I take them down to a program called Feed My Starving Children [a non-profit organization that hosts national events] and we pack lunches for starving countries and they ship these things to different countries to feed children because I want them to understand you know, they got their iPhones and their Xboxes and all their video games, and I want them to understand there's children that don't even have clothes on their back. I don't want them to get too proud that they don't understand how other people are struggling."

Theme 4: Communication

This theme highlighted the participants' ability to both listen and talk to their children in a productive manner. Parents discussed their willingness to talk about their own past, as well as anything going on in their children's lives.

> "Communication. Just being able to communicate with my children. I take pride in it. I want my children to be comfortable coming to and telling me anything whether it's good or bad, doesn't matter. I want them to feel comfortable saying I can go talk to my daddy about anything."

When discussing their communication strategies, this participant noted the importance of listening for meaning rather than taking what the children say at face value.

> "And the other thing would be to listen to people children. You got to listen to them because sometimes they will tell you one thing, but if you're not listening its gonna cause you, not them a problem."

The skill of exploring and talking through emotions was mentioned as a way for parents to connect with and relate to their children.

> "I feel like some of my greatest strengths are talking to my kids about their emotions… I'm like, it's okay to cry. That must really hurt your feelings, I would be sad too."

Participants described how they could apply things they learned in other programs that may not have been targeted to parents and families to their communication with their children.

> "You know, today, it's uh, I communicate with my kids… Open both sides, listening. You know, things I have learned, in these meetings, in these meetings, I've been going to, you know, listen to what they're saying. If they're having a problem expressing them, have him give you different words. So that you... use words instead of emotions. And that's what we've been learning."

Theme 5: Putting Their Child(ren) First

A number of participants told stories in which they made difficult decisions in the best interest of their child or children. They emphasized that even though it was harder for them, the parent, they knew that it would make their kids' lives better. Several participants shared that they signed custody over to another guardian.

> "You need to let them go at their own pace. If they're not ready, then you can't push them because that's gonna hurt them in the long run. And don't try to be selfish. Oh, I want to see my kids. You know, I miss my kid. You need to think about the kids first. Always put kids first. Always put the kids first, it don't matter. The hardest thing I ever did was walking to DSS and say I was ready to sign my kids over. But in the long run it was the best thing I ever did for them."

While this parent did not have a traditional parenting role with their child, they stressed the importance of working with their child's primary caregiver in the interest of supporting their child's well-being.

> "When my children were taken, I was not ready to accept the fact that my mom was now going to be their mother… my mom pulled me off to the side and, and just told me as bluntly as you could that, you know, this isn't healthy, and it's very confusing for her and she's five and she doesn't deserve this. So, you're the adult

> here, and you're gonna have to make a change… I'm not the primary parent. I am the very special Auntie that comes by."

Another participant noted their ability to be self-aware of their own struggles and make sure that they don't involve their child. Even if it means spending less time together, this participant explains that they protect their child by not using substance or being intoxicated around them.

> "Ah, that I feel like I know when I'm not safe to be around my daughter, and I've never...Since I've been out of prison [never] gone around her when I'm intoxicated. and I think that, I mean, it's been hard for our relationship, because I think (its ... a little bit). I feel like it was what's best for her."

Theme 6: Openness/Acceptance

The final theme identified parents' willingness to be open with their children and desire for their children to be open with them. They expressed pride when their children shared pieces of their lives with them and emphasized the importance of being welcoming and available.

> "I'm one of the dads they were, they actually want to tell me what's going on, you know what I mean? I'm approachable, do you know what I mean?"

This participant highlighted their ability to take a step back from potentially stressful situations and handle it with grace and acceptance.

> "I'm probably the most non-judgmental parent that I know… I can really allow my kids to make mistakes umm and know that umm and take my ego out of it."

Parents told stories of times where they practiced acceptance and encouraged their children to be who they are.

> "I think my biggest strength and I'm pretty proud of this one, you know I let my kids be individuals, you know I walked in on my eight-year-old the other day putting makeup on, and I was like, "Ooohhh. You did a really good job. [laughs] It looks amazing." I was so impressed, and we did a little mini photoshoot, and at first when I walked in, he was like [gasps] you know and trying to hide and I'm like dude you're, whatever, whatever floats your boat… I just let em be who they are and express themselves and as long as they're being safe and appropriate then you know I mean, you get one childhood."

Others specified benchmarks or certain topics that reassure them that their child is comfortable coming to talk to them about anything.

> "I think as a parent, we want our kids to be able to come to us and be uncomfortable and ask those uncomfortable questions… Umm so when they're, when they're able to come to me with those awkward, uncomfortable things and it makes me feel really good. It makes me feel like I'm doing something right."

Discussion

The results of this study provide a unique insight into what CIO parents see as their greatest parenting strengths. Notably, CIO parents may struggle with feelings of shame and inadequacy in their role as a parent due to the stigma of incarceration. These experiences contribute to the parents' belief about their ability to parent successfully, commonly referred to as parenting self-efficacy (PSE; Wittkowski et al., 2017). In several reviews of the literature, evidence has shown that higher levels of PSE are strongly correlated with child well-being in the social, academic, and psychological dimensions (Coleman & Karraker, 1998; Jones & Prinz, 2005). As seen in the results, every parent in this study was able to name at least one strength they saw in their parenting practices. While PSE was not measured directly, the ability of each participant to recognize areas in which they practice positive parenting demonstrates a certain degree of PSE in this population. The findings from this study are important because CIO identified areas of parenting strengths that are widely considered positive parenting characteristics and practices (O'Brien & Mosco, 2011). Understanding the broad categories that CIO parents feel confident in is critical to creating a program that builds on those strengths.

When discussing resilience, many parents noted that they hope to pass on this trait to their children. One way that this trait could be transmitted is through modeling behaviors that demonstrate resilience. Social learning theory conceptualizes certain behaviors by emphasizing the importance of observation and imitation (Bandura, 1971). This theory is often applied to parenting as children learn certain behaviors by watching their parents. In a recent study, stronger parental resilience was found to be linked to fewer depression symptoms and less stress, contributing to an improved child-parent relationship quality and reduced caregiver burden during the COVID-19 pandemic (Russell et al., 2022). For the CIO parents, these findings show

that their resilience may help to improve their relationships with their children, while increasing the likelihood that their children also show resilient traits.

Findings from the qualitative analysis also align with premise of self-determination theory. Self-determination theory details what motivates individuals to act. The theory is based on the assumption that all individuals (including children) have three basic needs: autonomy, competence, and relatedness (Deci & Ryan, 2012; Ryan & Deci, 2000). Under this theory children, even from a very young age, are motivated to become autonomous, competent people who can relate to others in positive social relationships. According to self-determination theory, parents need to be involved in and support their child's development in these three categories in order to best promote child well-being. In the parent interviews, participants described strengths that demonstrated support in all three of the basic needs. Subordinate theme 6 (openness/acceptance) related specifically to autonomy, as parents reported letting their children be individuals and allowing them to make mistakes and try things on their own. For competence, parents discussed their strengths in teaching communication skills and passing down resilience in themes 4 (communication) and 1 (resilience). By modeling these traits, parents are encouraging their children to become competent in these skills as well. Lastly, regardless of theme, there was an emphasis throughout the interviews on relatedness. Whether it was through spending time together, communicating positively, or being completely accepting of their children, parents across the board expressed a willingness and need to relate to their kids.

Subordinate theme four (communication) highlighted parents' ability to communicate with their children. The quality of family communication contributes to the quality of the parent-child relationship, which in turn impacts child well-being (Broberg, 2012). Open parent-child communication is one of the strongest protective factors for youth at risk of psychological and

behavioral problems (Guilamo-Ramos et al., 2006). Because of the disproportionate rates of these problems among children with incarcerated parents, bolstering this strength to effectively guard against problems is vital to child and family well-being. Under this same umbrella, family communication patterns theory establishes several ways in which parents communicate with children and the impact these communication styles have on the parent-child relationship (Fitzpatrick, 2014). In this study, the pattern most identified was conversation orientation, as families reported an open and unrestrained exchange of ideas (Reuter & Koerner, 2008). This conversation orientation consists of frequent, spontaneous, and open interactions using communication not as a tool for control, but one for building connections. Children whose parents use conversational strategies are more likely to be psychologically balanced and are more able to engage with issues from a positive perspective (Markham, 2012; Simon, 2021).

The strengths reported in this research can also be informed by family systems theory, which characterizes families through the interaction of different elements (Brown, 1999). Families are best understood not through the individual experience, but through the unique dynamics and overall climate of a family. Any change in one member is met with changes from another member in the family unit. Parents, in this case, source their behaviors from interactions within other subsystems in the family. One can see this in the interviews particularly through subordinate theme 5 (putting their child(ren) first), in which parents describe times where they sacrificed their own wants in order to best meet their child's needs. Parents described times when their parental role shifted, changing family dynamics, but perhaps creating a more positive family climate. Some participants talked about giving up custody (to their parents or to others) and how that changed their relationships both with their children and with the new primary caregiver. Generally, these changes were described as difficult at first, but overall positive for

both parents and children. Additionally, by seeking resources through social support, therapy, and community organizations (sub-theme 2), parents were able to build up connections outside of the family system. These experiences then helped them to improve their parenting and overall well-being.

Limitations

One of the most apparent limitations is the timeline in which the study was conducted. Waves one and two were both recruited between 2020 and 2021, in the midst of a global pandemic. This impacted the structure of the study, the potential for recruitment, and the timeline for completion. Originally, the study was meant to have a single wave of participants from Lane County, OR, but due to the small sample size, it was expanded to a national scale. Recruitment for the study was affected by the ability of community agencies to participate due to their own pandemic-related issues. The pandemic also changed the format of the interviews, as they had to be conducted over Zoom. This interview setting may have made participants hesitant to share certain things. It also made it more difficult to transcribe and understand some portions of the interviews due to internet connectivity issues.

The generalizability of the findings is also limited. Participants in the first wave (n = 8) were all gathered from Lane County, OR. This means the majority of participants were from one location, making it more difficult to apply the findings to other cities in the United States. Additionally, the sample was very similar in its racial makeup, with 83% of participants identifying as white.

Another limitation is that not all parents were explicitly asked the question of how a parenting program could build upon the strengths they mentioned. Instead, parents were asked about general topics and activities that they would be interested in engaging with. Additionally,

the parents who were asked (n = 3) did not give specific answers which may indicate that they do not know how a parenting program can build on these strengths or the intention of the question was not clearly articulated by the interviewer. This limits the results as instead of hearing directly from the parents how they would see their strengths incorporated into a program, I am left to speculate using the CPC program structure and other theories how this could be applied. On this same note, there is potential for bias in the interpretation of the data. In order to counter this, dual coders and collaboration with other lab members was used; however, it is still important to note the possibility of error.

Implications

Parenting Programs/Practice

The CPC program begins with a thorough 1-hour assessment of family strengths, needs, and hopes related to parenting. Using the results from the current study, intervention facilitators can be better prepared to draw out and categorize parent strengths during this assessment. Prompts can be given to probe parents on potential underlying strengths that parents may be unaware of or lack the words to describe. By providing parents with a framework of previously mentioned strengths, they could expand their vocabulary and knowledge surrounding what family strengths they may have.

To help build these strengths in the CPC program, direction could be taken from prior strength-based approaches. This involves working with parents as partners, recognizing their knowledge of their own family's needs, strengths, and structures (Jago et al., 2013). In the CPC program, interventionists use motivational interviewing to support parents while addressing concerns related to corrections-involvement and drug use. Interventionists conducting these motivational interviews should be informed of these strengths that are generally found in the

population. In this way, they can probe the client to see where they might improve and what they feel confident in.

Future Directions/Future Research

Future research would benefit from tying these interviews to an observational study. It would be important to see whether self-report and observational differences exist, so as to best understand the parenting tactics. Notably, several participants in the study remarked that they did not see themselves as "good" parents, even when others said they were so. These reports imply that parents may not have the best understanding of their strengths. Looking at parenting from multiple lenses such as child interviews and observed play might give better insight into parenting strengths.

It would be beneficial, too, to see how the CPC program uses strengths to benefit parents. Conducting a rigorous study of the implementation of the CPC with a strength-based lens could provide new knowledge of the impacts of strength-based programs. It could also give a thorough view on potential drawbacks of these programs. As noted in the review of the literature, evidence-based programs are needed for CIO parents. The participants in this study provided valuable wisdom regarding parenting strengths for this particular population. Future research would benefit from seeing how these strengths develop, change, or are perceived differently throughout the course of the CPC program.

Conclusion

Incarceration, and subsequent reentry, is a difficult process for most individuals. Because of additional stressors and challenges, it can be made especially challenging for those who are parents and have histories of opioid misuse. Current interventions for these individuals are targeted towards only certain aspects of their identities and may overlook their strengths as

parents and as individuals. By identifying parental strengths, future practitioners and program developers can begin to build upon these strengths in their programs while continuing to acknowledge the individuality of each client or participant. Successful reentry and healthy families require that the strengths of each individual and relationship are recognized, and that protective factors such as positive parenting techniques are appreciated and enhanced.

Appendix A

COACHED PARENT-CHILD PROGRAM

UNIVERSITY OF OREGON

Parents Needed...
to participate in a brief interview to provide information on the most helpful ways to support & promote positive reentry!

- **Our goal:** To create a program to help support parents successfully reenter the community after incarceration and reintegrate with their children!
- All participating **parents** will be **compensated for their time** with a **$30 gift card** from a local retailer. All initial interviews will take place via Zoom or over the phone.
- We are especially interested in speaking with parents who have struggled with opioid use.
- **Parents** who participate in the interviews will be prioritized to have the opportunity to later take part in the **Coached Parent-Child Program.**

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Appendix B

Pre-Interview Questionnaire for Parents:

ID number: _____

1. Gender:
   - □ Male
   - □ Female
   - □ Non-Binary
   - □ Transgender
   - □ Other (Please Specify) _____
   - □ Decline to Answer

2. Age
   - □ (In years): _____
   - □ Decline to answer

3. Ethnicity: Are you of Hispanic, Latino, or Spanish origin?
   - □ Yes
   - □ No
   - □ Decline to answer

4. Race: How would you describe yourself? (Please check **all** that apply)
   - □ White
   - □ Black or African-American
   - □ American Indian or Alaskan Native
   - □ Asian
   - □ Native Hawaiian or other Pacific islander
   - □ Some other race (please specify)_____
   - □ Decline to answer

5. Are you a
   - □ Mother
   - □ Father
   - □ Stepmother
   - □ Stepfather
   - □ Other relationship (please specify) _____

Reminder ... Your answers will be kept confidential by the researchers

6. Please indicate each child's birthdate, the child's gender, and each child's relationship to you, the type & amount of contact you have with the child **each month**, and different possible child circumstances. (*Please start with the youngest child).*

Child	Child's birthdate (Month/Year)	Gender of child	Child's relationship	Type and amount of contact you have with the child each month (Please check all that apply and fill in the appropriate blanks)	Please check all that currently apply
1		☐ Male ☐ Female ☐ Other ☐ Decline	☐ Biological child ☐ Stepchild ☐ Adopted child ☐ Other _____ ☐ Decline	☐ No contact ☐ Living with child full time ☐ Living with child part time *(number of days in month _____)* ☐ Visiting *(number of times in month_____)* ☐ Contact by mail/email/text *(number of times in month_____)* ☐ Contact by phone/skype *(number of times in month_____)* ☐ Decline	☐ Open child custody case ☐ Open case in child welfare ☐ Child in foster care ☐ Decline
2		☐ Male ☐ Female ☐ Other ☐ Decline	☐ Biological child ☐ Stepchild ☐ Adopted child ☐ Other _____ ☐ Decline	☐ No contact ☐ Living with child full time ☐ Living with child part time *(number of days in month _____)* ☐ Visiting *(number of times in month_____)* ☐ Contact by mail/email/text *(number of times in month_____)* ☐ Contact by phone/skype *(number of times in month_____)* ☐ Decline	☐ Open child custody case ☐ Open case in child welfare ☐ Child in foster care ☐ Decline
3		☐ Male ☐ Female ☐ Other ☐ Decline	☐ Biological child ☐ Stepchild ☐ Adopted child	☐ No contact ☐ Living with child full time ☐ Living with child part time *(number of days in month _____)* ☐ Visiting	☐ Open child custody case ☐ Open case in child welfare

Reminder …Your answers will be kept confidential by the researchers

			☐ Other _____ ☐ Decline	*(number of times in month_____)* ☐ Contact by mail/email/text *(number of times in month_____)* ☐ Contact by phone/skype *(number of times in month_____)* ☐ Decline	☐ Child in foster care ☐ ☐ Decline
4		☐ Male ☐ Female ☐ Other ☐ Decline	☐ Biological child ☐ Stepchild ☐ Adopted child ☐ Other _____ ☐ Decline	☐ No contact ☐ Living with child full time ☐ Living with child part time *(number of days in month _____)* ☐ Visiting *(number of times in month_____)* ☐ Contact by mail/email/text *(number of times in month_____)* ☐ Contact by phone/skype *(number of times in month_____)* ☐ Decline	☐ Open child custody case ☐ Open case in child welfare ☐ Child in foster care ☐ Decline

Reminder ... Your answers will be kept confidential by the researchers

7. Currently, are you in an intimate partner relationship?
   - □ Yes
   - □ No
   - □ Decline

   If Yes,

   a) Which of the following gender identities best describes your partner?
      - □ Male
      - □ Female
      - □ Different identity *(specify)* _____
      - □ Decline

   b) Are you married?
      - □ Yes
      - □ No
      - □ Decline

   c) How close do you feel to your partner?
      - □ Very close
      - □ Close
      - □ Not close
      - □ Not at all close
      - □ Decline

   d) How healthy is the relationship?
      - □ Very healthy
      - □ Healthy
      - □ Unhealthy
      - □ Very unhealthy
      - □ Decline

8. What best describes your **current** living situation?
   - □ Living in Sponsors Housing
   - □ House (rented)
   - □ House (owned)
   - □ Trailer (rented)
   - □ Trailer (owned)
   - □ Apartment or duplex (rented)
   - □ Apartment or duplex (owned)
   - □ Shelter or emergency housing
   - □ Homeless
   - □ Hotel, motel, or other pay by the day or week
   - □ Residential treatment center
   - □ Temporary housing – "couch surfing"
   - □ Halfway house/Recovery housing
   - □ Living out of car
   - □ Other *(specify)* _____
   - □ Decline

9. Are you currently employed?
   - □ Yes
   - □ No
   - □ Decline

Reminder …Your answers will be kept confidential by the researchers

If **YES**,

a) How many hours per week (on average) do you work?
- □ 1-10 hours per week
- □ 11-20 hours per week
- □ 21-30 hours per week
- □ 31-40 hours per week
- □ More than 40 hours per week
- □ Decline

b) Roughly, about how much do you make in your current job (*Please list the hourly, weekly, **OR** monthly amount)*
$_____ *per hour* *OR* $ _____ *per week* *OR* $ _____ *per month*

c) **Currently**, does anyone in your extended family or do any of your friends help you with finances in any of the following ways?
- □ No help
- □ Give you extra money when you need it or are short on cash
- □ Help with rent
- □ Help with bills
- □ Let you live with them
- □ Help with childcare
- □ Other *(specify)*_____
- □ Decline

d) How many people ***(including yourself)*** do you support on your income? _____

10. Did you use any of the following drugs in the past 12 months (please check all that apply)

□ Cocaine (coke, crack, etc.)
- a. Which ones?_____
- b. How many times over the last year? _____

□ Cannabis (marijuana, pot, grass, hash, etc.)
- a. Which ones?_____
- b. How many times over the last year? _____

□ Alcoholic beverages (beer, wine, spirits, etc.)
- a. Which ones?_____
- b. How many times over the last year? _____

□ Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)
- a. Which ones?_____
- b. How many times over the last year? _____

□ Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- a. Which ones?_____
- b. How many times over the last year? _____

□ Sedatives or sleeping pills (Valium, Serepax, Rohypnol, etc.)
- a. Which ones?_____
- b. How many times over the last year? _____

Reminder …Your answers will be kept confidential by the researchers

- ☐ Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)
  a. Which ones?_____
  b. How many times over the last year? _____

- ☐ Opiates (heroin, morphine, methadone, codeine, etc.)
  a. Which ones?_____
  b. How many times over the last year? _____

- ☐ Tobacco products
  a. Which ones?_____
  b. How many times over the last year? _____

- ☐ Over the Counter drugs
  a. Which ones?_____
  b. How many times over the last year? _____

- ☐ Other (specify) _____
  a. How many times over the last year? _____

11. How many times have you been in jail? _____

12. How many times have you been in prison? _____

13. What is the total time you have spent incarcerated across your life? (in years) _____

Reminder …Your answers will be kept confidential by the researchers

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?
   - ☐ Yes
   - ☐ No

2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?
   - ☐ Yes
   - ☐ No

3. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? Or attempt or actually have oral, anal, or vaginal intercourse with you?
   - ☐ Yes
   - ☐ No

4. Did you often or very often feel that no one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other?
   - ☐ Yes
   - ☐ No

5. Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   - ☐ Yes
   - ☐ No

6. Were your parents ever separated or divorced?
   - ☐ Yes
   - ☐ No

7. Was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her? Or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
   - ☐ Yes
   - ☐ No

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   - ☐ Yes
   - ☐ No

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   - ☐ Yes
   - ☐ No

10. Did a household member go to prison?
   - ☐ Yes
   - ☐ No

Reminder ...Your answers will be kept confidential by the researchers

These are some topics that we think may be helpful for you to have in our intervention. Keep in mind the intervention will allow you to learn skills or practice them in a hands-on way for the intervention we are creating. Please carefully review the options below and answer each question by checking the boxes for each one by choosing which ones you think may help you the best.

Potential Modules for Intervention:

1. Of these **topics**, which do you think would be the three most helpful to LEARN as you reenter the community:
   - ☐ Gain awareness of family strengths and challenges during reentry.
   - ☐ Gain insight into personal parental hopes.
   - ☐ Discuss specific strategies to connect with and meet children's needs.
   - ☐ Learn age appropriate activities to engage with children.
   - ☐ Gain understanding of appropriate routines to engage in with children.
   - ☐ Learn to build relationship with the child's caregiver
   - ☐ Learn problem solving techniques
   - ☐ Learn to manage impacts of trauma
   - ☐ Gain understanding of parental addiction's impact on children
   - ☐ Learn appropriate self-care management techniques
   - ☐ Learn basics of mindfulness (e.g., deep breathing, fully present, meditation)
   - ☐ Gain understanding of issues related to domestic violence
   - ☐ Other _____
   - ☐ Other _____
   - ☐ Other _____

2. Of these **activities**, which do you think would be the three most helpful to practice **HANDS-ON** as you reenter the community
   - ☐ Work with a parent coach to implement specific strategies to connect with and meet children's needs.
   - ☐ Work with a parent coach to implement age appropriate activities to engage with children.
   - ☐ Work with a parent coach to implement appropriate routines to engage in with child.
   - ☐ Engage in mindfulness meditation.
   - ☐ Engage in mindfulness meditation with the child.
   - ☐ Role play difficult conversations with child, partner, or others
   - ☐ Role play difficult situations around opioid use
   - ☐ Work with parent coach to develop plan to solve problems
   - ☐ Other _____
   - ☐ Other _____
   - ☐ Other _____

Reminder …Your answers will be kept confidential by the researchers

Appendix C

Qualitative Interview Questions

We are in the process of creating a parenting intervention for corrections-involved parents who have had a substance abuse problem, specifically with heroin or other opioids. We are interested in learning from you, how to best support such parents and their children.

1. When you reentered the community after prison or jail, what was **MOST** helpful for you?
    i. [if needed for a prompt with more details] Tell me some of the things that agencies or others provided that were most helpful to your re-entry?

    ii. [Follow up if they don't elaborate] How has that been helpful to you?

    b. As a parent, what was **MOST** helpful for you during reentry?
        i. [if needed for a prompt with more details] Tell me some of the things that agencies or others provided that were most helpful to your re-entry?
        ii. [Follow up if they don't elaborate] How has that been helpful to you?

    c. As a person who had had a substance abuse problem, what was **MOST** helpful for you during reentry?
        i. [if needed for a prompt with more details] Tell me some of the things that agencies or others provided that were most helpful to your re-entry?
        ii. [Follow up if they don't elaborate] How has that been helpful to you?

2. When you reentered the community after prison or jail, what was **NOT** helpful?
        i. [if needed for a prompt with more details] Are there any services, activities, events, or other aspects that you feel have been particularly unhelpful/detrimental to your re-entry process?

        ii. [Follow up if they don't elaborate] How has that been unhelpful to you?

    b. As a parent, what was **NOT** helpful for you during reentry?
        i. [if needed for a prompt with more details] Tell me some of the things that agencies or others provided that were NOT helpful to your re-entry?
        ii. [Follow up if they don't elaborate] In what ways was it NOT helpful to you?

    c. As a person who had had a substance abuse problem, what was **NOT** helpful for you during reentry?
        i. [if needed for a prompt with more details] Tell me some of the things that agencies or others provided that were NOT helpful to your re-entry?
        ii. [Follow up if they don't elaborate] In what ways was it NOT helpful to you?

3. Sometimes people have family or friends who provide social support for them at re-entry.
        a. In what ways have family or friends supported you during this time?

i. [follow ups if necessary] How has that been helpful?

b. In what ways do you think family or friends could have supported you more? i. [follow ups if necessary] Why do you think you didn't get that support?

4. What do people need to know or know how to do when they reenter to be successful?

5. What do you see as some of your greatest strengths as a parent?
    a. [Follow up] How do you think a program could help people develop these strengths?

6. What do you see as the greatest needs of your child/children as you come back into their lives as a parental figure?
    a. How have they expressed these needs to you?
        i. [follow up if necessary] Either through words or actions
    b. How do you think a parenting program could help families meet their children's needs?

7. Before this interview, you completed this survey with possible topics to cover in a parenting program (hand them their survey if they do not have it)

    a. Tell me which of these topics would be most helpful to you. In what ways would they be helpful?

    b. Tell me which of these topics would be least helpful to you. In what ways would they NOT be helpful?

    c. What are other topics that you would like to learn about to help you as a parent or during reentry? Why/how would these be helpful to you?

8. If you participated in this program and childcare was provided, where would be the best place to meet with a counselor or coach?
    a. [if needed for a prompt] In your home, at an agency, in a library or other public space?

"Thank you for your help and time!"

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