

NEEDS ASSESSMENT FOR REENTERING PARENTS
WITH OPIOID USE HISTORIES

by

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A THESIS

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THESIS ABSTRACT

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Over the last two decades, the number of children in the United States who experience parental incarceration along with parents navigating the reentry process have drastically increased. Making this population of parents more vulnerable is the fact that 20% of incarcerated individuals who suffer with a substance use disorder (SUD) will meet criterion for opioid use disorder (OUD). The development of interventions that target these lived experiences is important, but first, a solid understanding of the needs of this unique population, from their perspective, is essential. Using systems theory and phenomenological methodology, eight participants with shared experiences of the study phenomenon participated in semi-structured interviews that asked them about their needs surrounding navigation of reentry and parenting. Six key themes emerged centering on communication, parenting fears, timing, social support, introspective self-reflection, and unmet needs. Future research directions and implications for clinical interventions developed for this population of parents are provided.

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CHAPTER I

INTRODUCTION

According to the Bureau of Justice Statistics (2017), the prison population is approximately 1,489,000 individuals. Specific to Oregon, there are approximately 15,000 individuals incarcerated (Bronson & Carson, 2019). The United States still exceeds the reported rate of any other country (Collier, 2014). The war on drugs declared in the early 1970's by US President Richard Nixon led to harsh bi-partisan "tough on crime" policies being heavily enforced in the Regan era and resulted in prisons flooded with individuals with low socioeconomic status, who were often suffering from mental illness or have histories of substance use disorders, with these problems frequently co-occurring (Arditti & Few, 2006; Glaze & Maruschak, 2009).

There is little doubt that the US is experiencing an opioid epidemic and researchers report that the time following release from incarceration is a particularly vulnerable one for relapse. In addition, researchers have consistently shown that approximately 65% of inmates suffer from substance use disorders (SUDS) (Behind Bars, 2010). Approximately, twenty percent of those individuals with substance use disorders meet the specified criteria for an opioid use disorder (OUD) (Joudrey et al., 2019). In addition to the high prevalence of substance use and misuse among this population, many of these same individuals are also parents. There was an 80% increase in the number of children with incarcerated parents between 1991-2007 (Glaze & Maruschak, 2016) and eight percent of children experience the incarceration of a parent before they reach the age of eighteen (Gifford, et al., 2019). These rates are significantly higher among children from minority populations. By age 17, 24.2% of Non-Hispanic Black children

and 10.7% of Hispanic children will have experienced parental incarceration, while only 3.9% of Non-Hispanic white children will experience this (Turney & Goodsell, 2018). Notably, about half of these children are under the age of 9 years old and 20% are under the age of four (Glaze & Maruschak, 2016). Therefore, there is a critical need for researchers to consider how to best support children and their families who may be affected both in the short and long term by parental incarceration.

Ample evidence suggests there are both short and long-term effects of parental incarceration on children. Children of incarcerated parents may experience stigmatization, higher rates of externalizing problems, mental health diagnoses, additional adverse childhood experiences (ACES), and trauma associated with their parent's involvement in the criminal justice system (Phillips & Gates, 2001; Kjellstrand et al., 2018; Turney, 2018; Gifford, et al., 2019; Turney & Goodsell, 2018). Therefore, it is imperative for researchers to understand the best ways to mitigate these risks and promote resilience for children of previously incarcerated parents.

For the current thesis study, I explore the needs and perspectives of previously incarcerated parents who have had a history of opioid use. Through participatory action research and phenomenological qualitative methods, I learn what participants believe are the most essential supports necessary to assist them in their parental roles as they reenter the community following incarceration. By conducting a needs assessment, I can collect invaluable information about participants' unique lived experiences, and ultimately inform interventions that target both their opioid use and parenting skills.

CHAPTER II

REVIEW OF THE LITERATURE

Barriers to Successful Reentry

Nearly 95% of all incarcerated individuals will eventually reenter the community (Carson & Anderson, 2016; Durose et al., 2014). Each year, around 700,000 individuals will be released from state or federal prisons (Travis, 2005). Reentry is a difficult process with many structural and systemic barriers and individual challenges. For example, a large number of individuals reentering the community struggle with employment prospects, a challenge that becomes more acute for those who relapse to drug use shortly after reentry (Visher et al., 2010). In addition, the average earning potential is diminished by 40% for those with a history of incarceration (Western & Petit, 2010) often due to time out of the workforce and employer hesitancy to hire based on criminal records. Indeed, the unemployment rate of previously incarcerated individuals is estimated at 27% (Couloute & Copf, 2018).

In addition, individuals and families can have a hard time finding safe and affordable housing during this transitional period due to their felony, lack of employment and/or minimal resources. Many rely on assistance from extended family, friends, or social services for housing (Visher et al., 2004) but there is often inadequate positive social support for these individuals (Denney et al., 2014). During incarceration, they may have become disconnected from family members and friends. Lack of social support can make reentry emotionally, socially, and physically challenging (La Vigne et al., 2004; Visher & Travis, 2003). Relatedly, reentering individuals experience trauma-based symptoms such as depression and hypervigilance at higher rates than the general

population making the readjustment period all the more difficult (Goff et al., 2007). Taking all of these challenges together, it is not surprising that nearly 75% of all reentering individuals end up being re-arrested within the first three years following their release (Durose Cooper, Snyder, 2014). Further, around 50% of those rearrested will be reincarcerated (Langan & Levin, 2002), subjecting families and others close to the individual to multiple reentries. Because of the barriers this population faces, it is essential that they receive assistance during reentry in order to secure housing, obtain employment, and develop positive social networks all of which can result in lower recidivism levels and ultimately, to allow families to live fulfilling lives.

Reentering Parents

In addition to the barriers that the general incarcerated population faces upon reentry, there are additional challenges for those who are parents. More than half of the prison population in state or federal prisons are parents to children under the age of 18 (Glaze & Maruschak, 2009). Parent-child visitation during incarceration is critical for maintaining the parent-child bond. (Fortune & Salmon, 2019). Tasca (2016) speaks of child caregivers as ‘gatekeepers’ to visitation while the parent is incarcerated and about the importance of the child’s caregiver being involved in post-prison plans for transitioning back into society. However, maintaining a positive relationship with the caregivers may not always be possible for incarcerated individuals, and oftentimes, parents who are reentering may continue to have difficult or tumultuous relationships with the caregiver. With little opportunity for preemptive planning prior to release, parents often reenter the community without adequate preparation to transition successfully back into their parent role (Charles et al., 2016). However, when they are

able to spend time with children following incarceration there are positive impacts for both the children and parents as parents are less likely to reoffend (Visher & Courtney, 2007; Charles et al., 2019).

Reentry with History of Substance Use

There can be additional challenges for individuals reentering who have substance use/misuse history. In terms of opioids, approximately 20% of individuals with substance use disorders who are incarcerated meet the DSM-V criteria for an Opioid Use Disorder (OUD). Drug overdoses are now the leading cause of accidental death for reentering individuals, with over half (58.6%) of those resulting from opioid overdoses; constituting a 10.33- fold increased likelihood for overdose when compared to the noninstitutionalized population (Binswanger et al., 2013). Many individuals who reenter will also struggle with problems such as strained familial relationships linked to their history of substance use (Daley et al., 2018). Additionally, histories of opioid use may impact parenting by causing challenges to the physical and emotional availability of the parent and their ability to provide emotional stability to their child (Hogan, 2007). Therefore, it is critical for interventions to address past opioid misuse in order to promote successful reentry for previously incarcerated parents.

Relatedly, opioid use can lead to an increased likelihood of being involved with the criminal justice system as those using prescription opioids experience an increased risk for using heroin (Winkelman, Chang, & Binswanger, 2018). Researchers report that the time following release from incarceration is a particularly vulnerable one for relapse. In fact, in the two-week period immediately after release from prison, individuals are at a very high risk of death due to an opioid overdose. In a study by Binswanger and

colleagues (2007) 27 of the 38 deaths (71%) that occurred in this sample during that period were attributed to overdose (Binswanger, et al., 2007). Additionally, opioids were involved in 14.8% of all deaths (due to accidental injuries) and 58.6% of the overdose deaths of the population of individuals released from prison between 1999-2009.

Additionally, women were found to be at a higher risk of opioid overdose than males, and increased age was the greatest risk factor in opioid related deaths (Binswanger et al., 2013). Therefore, it is vitally important that we focus on this specific type of addiction in order to reduce risks for negative consequences (i.e., relapse, overdose) for parents re-entering into society. These research findings point to the critical need for effective interventions and policies that target opioid use and addiction both during and following incarceration.

Children of Incarcerated Parents

An estimated 4% of minor children have an incarcerated parent on any given day (Sykes & Petit, 2014) and one in 14 US children have experienced parental incarceration (Murphey & Cooper, 2015). Children of incarcerated parents are a vulnerable group with their potentially increased exposure to risk factors that pose a threat to their wellbeing (US World Health Department, 2015). When compared to children who do not have an incarcerated parent, they are exposed to on average five times as many adverse childhood experiences (e.g., household member having substance use problems, exposure to violence) (Turney, 2018). Children of incarcerated parents often experience poor academic outcomes (Cho, 2011; Haskins, 2017), negative mental health outcomes (Murray et al., 2012; Lee et al., 2013), behavioral problems (Wildeman, 2010; Kjellstrand & Eddy, 2011), risky sleep and eating behaviors (Jackson & Vaughn, 2017), future

offending trajectory (Heubner & Gustafason 2007), multiple forms of exclusion (Lee et al.,2016) and substance use (Davis & Shlafer, 2017; Murray, Loebner, Pardini 2012).

Children of parents with a history of incarceration are more likely to experience unstable housing and impoverished conditions (Geller et al. 2009). Many children also suffer from lack of secure attachments which can have severe implications (e.g., higher likelihood of divorce, high conflict, violence) for relationships later in life (Murray & Murray, 2010). Children may have also been traumatized when they visit parents in prison (ElHage, 2016). Parental incarceration may be particularly challenging during adolescence when children are at higher risks of developing conduct problems (Parke & Clark Stewart, 2003).

As parents are released and return to their families, many have encountered disruption in familial relationships, partly due to systemic barriers such as transportation and financial barriers, institutional restrictions on physical touch between incarcerated individuals and their family members or having to depend on other caregivers to facilitate visits (Muth & Walker, 2013). Physical absence during parental incarceration may have a lasting traumatic impact for the child(ren). These children may feel abandoned, may have negative effects from witnessing criminal activity or having been involved in judicial/court hearings, or they may experience a lasting impact from enduring social stigma (Turney & Goodsell, 2018). In a recent report, Murphey and Cooper (2015) indicated that offering strengths based non-judgmental peer support and other programs can help reduce stigma and can partially mitigate the potential negative effects from the separation (Murphey & Cooper, 2015).

Adverse Child Experiences (ACES)

Children who experience adverse childhood experiences (ACES) are more at risk for entering the juvenile justice system themselves (Baglivio & Epps, 2016). In addition, there are now decades of research demonstrating the link between ACES and a wide range of health consequences in adulthood, such as autoimmune illnesses, chronic diseases and depression (Dube, et al., 2009; Remigio-Baker et al., 2014). Therefore, ACES are an essential contextual factor to evaluate when evaluating outcomes for children that have experienced the incarceration of a parent.

Arditti (2012) states that ACES tend to exist in clusters of more than one adverse childhood event, and as the number of ACES increase so does the potential level of impairment. In fact, children whose parents are incarcerated experience a higher number of ACES than those children who have not experienced a parent in prison (Turney, 2018). Relying on cross-sectional data collected from the 2011-2012 National Survey on Children's health, Murphey and Cooper (2015) examined eight ACES and found that, on average, children who had experienced parental incarceration experienced 2.7 of these eight, compared to only 0.7 in children who had not experienced parental incarceration. Furthermore, half of the children who experienced parental incarceration had lived with a parent who experienced substance misuse compared to only 10% in children whose parents had not been incarcerated (Murphey & Cooper, 2015). Taken together, these studies highlight that it is important to consider the ACES literature as important context for developing interventions that promote health and wellbeing for children of incarcerated parents.

Existing Parenting Interventions

While an increasing number of parenting interventions for corrections-involved parents have been developed and implemented, few have been evaluated or targeted the intersecting challenges related to reentry and substance use (Kjellstrand, 2017). In a systematic review of parenting interventions for incarcerated parents, Armstrong and colleagues (2017) examined 22 studies and assessed for 3 categories: parental knowledge and skills, parental well-being, and quality of parent-child relationship. While there was much variation across interventions, one commonality was the didactic delivery method. Only four of the 22 studies included direct child involvement in some way. Overall, parenting interventions had a moderate effect on improving the quality of parent-child relationships when compared to the control group.

More research is needed in order to develop, test, and refine interventions to better meet the needs of children of incarcerated parents both while the parents are incarcerated and during their transition into the community and their families. Given the high prevalence of parental SUD and OUD, additional research is needed to understand and cater to the unique intersection of reentering as a parent who has a history of substance use.

Study Purpose

Although parents who are opiate users make up a significant portion of previously incarcerated parents, there is little to no research or interventions that target the specific needs this population of parents may have around reentry. The purpose of this study is to conduct a needs assessment with previously incarcerated parents who have a history of opioid misuse in order to understand their unique needs for intervention and social

services. I will use a family systems theory lens in order to understand the participant's narratives within their microsystemic context (Smith-Acuña, 2011).

CHAPTER III

METHODS

Research Design

Using phenomenology and a qualitative research design, I conducted a needs assessment with individuals who have struggled with opioids and are reentering the community following incarceration in order to understand their unique circumstances. Additionally, data on participant demographics were gathered through a brief online Qualtrics survey. The survey collected basic participant demographic information (i.e., gender, race, age), frequency of opioid use in the last year and number of ACES that the individual experienced. Additionally, participants were provided a list of potential intervention topics, featuring both learning and hands-on activities, and asked to select the ones they viewed as being most essential for assisting them with navigating the reentry process.

Transcendental phenomenological methods fit for this study, because the participants shared lived experiences of being parents who were previously incarcerated and had a history of opioid misuse. This methodology is referred to as transcendental as the researcher is tasked with seeing the phenomenon as if it were the first time and being wholly open to what arises from participants' voices (Creswell, 2007; Moustakas, 1994; Groenewald, 2004). The goal of this study was to understand the reality from the actor's own frame of reference, (Bogdan & Taylor 1975) which is a hallmark in phenomenology. This type of qualitative research promotes the voices with lived experience informing the development of needs for this population rather than coming from researchers (Creswell, 2007). The qualitative semi-structured interviews (Merriam, 2009) lasted approximately

45-60 minutes and consisted of predominantly open-ended questions to elicit an in-depth understanding of the participants shared phenomenon. Additional probing questions were asked to promote the opportunity for participants to expand upon their experiences (Patton, 1980).

Participants

Eight participants completed the survey and interview (see Table 1). As this study utilized a phenomenological framework, it is typical to have a smaller sample of participants of approximately 10-15 individuals (Boyd, 2001). Participants included three fathers (37.5%) and five mothers (62.5%). The mean age of participants was 40 years old (SD =10.46). There were two participants in their twenties, one participant in their thirties, three participants in their forties, and two participants in their fifties. The majority of the participants were white identified (75%), American Indian or Alaskan Native (12.5%), and identifying as from Hispanic, Latinx, or Spanish origin (12.5%). One participant declined to disclose their race. The majority of participants had been previously incarcerated in both jail and prison settings (75%). Two participants (25%) reported having used opiates (e.g., heroin, morphine, methadone, codeine etc.) within the last year. When looking at the ACES participants experienced, a couple notable findings were present. The mean ACE score among participants was 4.38 adverse events (SD = 2.67), which is disproportionately higher than the general population (Turney, 2018). Strikingly, eight participants (100%) experienced both parental divorce/separation and parental substance misuse. In addition, five (62.5%) of interviewees reported having a member of the household go to prison before they were 18 years old.

Participants met the following inclusion criteria: (a) were 18 years or older and a parent of a child who was 0-17 years old at the time when they reentered the community post incarceration; (b) had reentered the community post-incarceration within the last five years; (c) had a history of opioid use. Additionally, due to the COVID-19 pandemic there were two supplementary inclusion criteria of: (a) a private location to hold the interview in; (b) access to the internet or a phone with data capabilities for the interview.

Table 1

Demographic Information

Variable	Mean	SD	%
Age	40.38	10.46	
Number of Children	3.25	1.04	
Race/Ethnicity			
White			75
American Indian or Alaska Native			12.5
Decline to Answer			12.5
Identify as Latinx			12.5
Gender			
Female			62.5
Male			37.5
Drug Use			
Daily Opiate Use			25

Procedures

Upon receipt of approval from the university institutional review board, I began recruitment of participants through outreach to prominent community agencies to establish relationships and gain insight on their perspective of the task of interviewing previously incarcerated parents who have used opioids. I also asked about their potential connections to parents in the community who may be willing to participate. Throughout

the recruitment period, I reached out to multiple agencies that provide wraparound services to individuals with criminal histories. These conversations allowed me to gain an informed perspective and assess for additional connections to other members in the community. These efforts proved fruitful with direct links to potential parents, and additionally, ideas and possible individuals to work with at drug courts, methadone clinics, parole officers, and relief nurseries. A flyer (see Appendix A) was also distributed to multiple members at each community agency to circulate to case managers and others that may be in touch with potential participants. Snowball sampling methods were used for additional recruitment and outreach of potential participants. Participants were compensated for their time with a \$30 gift card to a local grocery store.

Data Collection

In the wake of the COVID-19 pandemic, qualitative interviews were conducted over an online videoconferencing platform, Zoom, and participants were asked to secure a private location and to have a stable internet service for the interview. Prior to each interview, I obtained electronic informed consent (Appendix B) from the participants. Once I received the signed informed consent document back, I sent the participant a link to complete a brief quantitative survey via Qualtrics (Appendix C) prior to the onset of the qualitative interviews. The survey has around 35 questions, took approximately 10-15 minutes to complete and consisted primarily of closed-ended questions, with the ability to write in answers if desired.

Along with the link sent via email, I provided each participant with an identification number which they used to record at the start of the survey in order to protect their private information, and also to later pair their results with the qualitative

portion of their interview. Within the survey, participants were reminded that their answers would be kept confidential. All study results were stored on a secure University of Oregon server. If the participant did not have the ability to complete the survey on their own for any reason, I offered to orally review the survey questions with them while recording their answers manually.

Following the completion of the Qualtrics survey, I conducted a 45–60 minute in-depth qualitative interview with each participant. I followed a semi-structured interview guide (Appendix D), which allowed participants to share their story in a narrative format and elaborate on certain factors they saw as most important to their reentry experience. The phenomenologist’s research questions are designed to increase understanding of shared lived experience of each participant (Dahl & Boss, 2005). As such, questions focused on understanding the needs of the participants related to three key areas: reentry in general, reentering as a parent, and reentering as someone with a history of opioid use. The questions sought to understand what existing services or supports were helpful during this time, and what kinds of things potentially hindered their reentry process. The goal was also to discern additional supports that previously incarcerated parents needed but did not already exist or for which participants had limited access.

The interviews were recorded using a function on Zoom or using a handheld recorder if the interview was conducted over the phone. The interviews were then transcribed verbatim by a research assistant. A research assistant and I also took fieldnotes and in vivo commentary during and after the interviews in order to capture initial impressions and observations that were noteworthy to remember. There were two

research assistants that participated in these interviews, and at least one was present during each interview. We used these notes as part of our debrief after each interview.

If a participant was unable to use the video function on Zoom for any reason, the interview was conducted with audio only. Additionally, if the Zoom application was not accessible to a participant, the interview was conducted via phone calls using the Google voice application. The recordings were immediately downloaded and put onto a secure University of Oregon server, and deleted from the researcher's personal laptop.

Data Analysis

The survey and qualitative data were matched by participant ID number. Survey data relating to participant demographics, ACES, and topics of interest for a parenting intervention were analyzed in Qualtrics. From my systems theory perspective, I examined the data collected on ACES to help paint a partial picture of participants' context and to understand the ways in which family and larger social systems related to their life course trajectory.

The interviews were transcribed verbatim, inputted into a qualitative analytic software, Dedoose, and coded in order to find themes and subthemes across participants. I used transcendental phenomenological qualitative methodology to guide my analysis. Phenomenological analysis methods provided a rich understanding of participants' shared phenomenon of having a history of opioid use and parenting after previous incarceration. The findings emerged inductively as I explored the shared phenomenon and allowed for the participants to be the expert on their own experience.

Patton (1980) described that the key motivation of analysis is to organize the data collected in way that answers the research questions meaningfully. In the present study,

two researchers individually reviewed the transcriptions several times to gain an overall sense of them. They then highlighted poignant participant quotes, referred to as significant statements. The coders sought to identify statements related to the overarching research question in the study in a process known as horizontalization (Creswell, 2007). These statements are illustrated in Table 2. In phenomenological research, it is standard to present the significant statements in a table format (Moustakas, 1994). For the next step of the analysis, we engaged in a process known as open coding (Strauss & Corbin 1990) by writing initial codes that encapsulated patterns across participants. Following this second analysis step, we employed bracketing techniques, such as memoing to assess the researchers preconceived beliefs and ensure the data is informed by participant experiences (LeVasseur, 2003; Creswell, 2007). We employed these bracketing techniques to address the biases inherent in all research and set aside prejudgments, a process known in phenomenology as “epoché.” (Dahl and Boss (2005),

The research was carried out by the author, and other members of the University of Oregon’s Criminal Justice Lab. The primary author had little to no experience working with the population of previously incarcerated individuals prior to beginning the thesis process. However, upon beginning the work the author did a deep dive into the literature and ascertained key information regarding the population, the barriers to reentry, and some of the common experiences of reentering parents. This could have potentially biased some of the themes extracted from the data. Additionally, the individual who helped to co-code the transcripts has done prior research on incarcerated individuals, particularly focused on the role that social support plays in successful reentry. The research assistants who attended interviews to take notes regularly attended lab meetings

and gained knowledge of the population of previously incarcerated parents in this manner. Finally, one of the cochairs and head of the research lab, Dr. Kjellstrand, has extensive knowledge on the population and provided her insight and expertise across the duration of the project. In an effort to set aside prejudgments and name prior involvement or knowledge related to the work, it was important to share the research team's past experiences in this way.

The coders then collaborated on clustering the statements of significance into themes (Mustakas 1994). Following this, the coders worked to formulate textural descriptions of what the experience of participants was, and structural descriptions of how they experienced it (Mustakas 1994; Slife & Williams, 1995). Finally, for the last analysis step, the researchers engaged in intuitive integration in an effort to formulate the 'essence' (van Manen, 1990) of the collective experience and the meaning attached to it from the textural and structural descriptions (Moustakas, 1994, p. 100).

Several steps were taken to increase trustworthiness of the findings. First, the research team met throughout the study for debriefing sessions and qualitative coding and analysis training. The two coders were in ongoing conversation to discuss discrepant interpretations of the data and to reconcile these differences. Second, one of the thesis committee members who has expertise in qualitative research served as an external auditor throughout the entire research study. In addition, I kept an audit trail that outlined each step of the analysis process. Finally, as mentioned earlier, we employed bracketing to avoid the allowance of personal preconceptions and biases to enter the data analysis process.

CHAPTER IV

QUALITATIVE FINDINGS

Across the participant interviews, several key themes and subthemes emerged in regard to needs of formerly incarcerated parents with a history of opioid use. There were six key themes related to the needs specific to reentry, parenting, substance use, and perhaps most importantly, the intersection of these life circumstances. The themes outlined below emerged from researcher analysis of the collected data. Table 2 includes examples of significant statements with their accompanied themes and subthemes. The identified needs centered around development of skills and resources, the importance of creating and maintaining new community, receiving guidance and reassurance, and help in navigating important relationships with children and other family members.

Communication

Under this umbrella of communication related needs, three key subthemes emerged from the data. First, participants identified the difficulty in navigating disclosures about incarceration experience and co-parenting relationships. This theme came up across many participants when recounting their struggles and processes of weighing the potential outcomes of sharing versus not sharing their incarceration experiences. Relatedly, when asking participants what they see as their greatest strengths as a parent, many interviewees cited something related to open communication and being honest with children. With this in mind, the participants appeared to experience a sense of dissonance when discerning what to share with their children about their past. This issue

was complicated when coparents or other caregivers were involved due to participants' concerns around what should or should not be shared for fear of potential negative repercussions such as losing visitation rights. A hands-on activity from the Qualtrics survey (see Table 4) that participants selected at a rate of 62.5% that could help participants to better meet this need is 'role playing difficult conversations with child, partners, or others.' The quote below illustrates some of the trepidation around getting in touch with their child due to other caregiver involvement:

The relationship with me and the grandmother is extremely umm destroyed, and it's my fault I completely, I get that but, what I'm afraid of is if I reach out...it's just to the point where I'm afraid, even though I'm doing really great in my life, that she would try to get a restraining order... She's just got it in her head I'm never allowed to see my daughter again.

A second subtheme mentioned above was the value the participants held for open communication with their children during the reentry period. Interviewees discussed their children's fears around them being absent in their lives again, while also expressing a desire to be informed if this might be the case. It appeared that the parents in the study really understand this as fundamental to fostering a healthy relationship with their children in which they can feel safe and secure. For example, when asked what they saw the greatest needs of their child being as they came back into their life, one participant stated "Umm, what I'm worried about is, is her, her knowing that I'm not gonna disappear again." This was something that a few of the participants noted as different from their relationship prior to incarceration.

Finally, a third subtheme emerged related to parents' difficulty communicating with children when they are at a new developmental stage in life. This subcategory was present more for the participants who may have served longer sentences and was identified as a need for parents who had lesser understanding of child needs in general. For example, one participant stated, "I feel like trying to coach somebody on how to communicate with a teenager who really doesn't know how to do so in the first place, I feel like is really important." This subtheme is consistent with one of the learning topics from the Qualtrics Survey (see Table 3) that denotes 'learning age-appropriate activities to engage with children,' which 50% of our participants selected as important. Participants' ideas around communication are important context when describing the needs of parents with opioid use histories and their process of reentry to maintain positive communication with their children.

Parenting Fears

Across the interviews, three subthemes emerged that are related to different aspects of apprehension around reintegrating to their parenting role. Within the theme of parenting fears, participants expressed worry about the ways their past, present, and future actions may affect the well-being and even livelihood of their children. This subtheme is best described as an overarching fear that participants had regarding 'not knowing how to parent.' Seventy-five percent of the participants expressed this fear to some degree, particularly in relation to a fear of 'screwing things up' as one participant put it, due to their lack of parenting knowledge and experience. Participants reported not having spent a lot of time around children or not having good examples of parenting in their own context.

Throughout the interviews, participants recounted their stories of reentry and the feelings of incompetency with being able to meet their children's needs, while maintaining their own recovery, and additionally having to hold down a job or secure housing. This subtheme can be connected to the hands-on learning activity of 'Work with parent coach to implement strategies to connect with children's needs' which was selected as important by the majority of the participants (62.5%). Relatedly, many participants expressed having a need for some guidance or potentially a mentor to help them learn some of the necessary skills to parent positively.

But I feel like my, the fact that I had a baby and I didn't really know what to do, other than a weekly parenting class, um, I was just really lost. So I feel like if I was maybe paired with some sort of parenting advocate or something like that... would have been helpful.

A second subtheme emerged related to the participants feeling a lack of stability in themselves as a parent. This appeared to be related to several different areas related to meeting basic needs such as struggling to secure housing post incarceration or holding down a steady job in order to pay for necessities. One of the hands-on learning activities, working with a parent coach to develop a plan to solve problems, could prove helpful in improving parental sense of stability. It is worth noting that this activity, was selected at the highest rate by participants (87.5%). Also evident was that some of the fears were in relation to a fear of relapse. The following quote helps to illustrate this parental fear around how their instability might impact their children:

I've had a lot of thought about relapsing. Um, I won't because I'm scared uhhh cuz I know exactly where that would take me...and never once have I umm, been

able to use and do anything productively...I wouldn't be able to take care of my kids.

A final theme related to parenting fears was having to navigate relationships with other caregivers. While the individuals in the interviews were imprisoned, many of their children stayed with other family members while some opted to have their children adopted. However, a thread that seemed to weave across the interviews, regardless of who the caregiver was, was the fear of connecting with those who had taken care of their children while they were incarcerated. A learning topic introduced to participants of 'learning to build a relationship with child's caregiver' appears to be one that would address this parenting fear. Implied within this fear seemed to be a power dynamic where the other caregiver could exert power over the participants due to parental rights or custody. As a result of this, participants felt a sense of having to bend over backwards in order to appease the other caregivers to maintain a relationship with their kids. In this quote, a mother talks about the difficulty of connecting with adoptive parents in order to have contact with her kid:

The adopted parents don't really talk to me anymore... But yet everything has to get approved from them. So I asked them and they never respond, like I haven't gotten a response in over 6 months... But I know there's plenty of things set in place with our adoption where I'm allowed so much stuff legally.

In sum, the three subthemes of concerns of not knowing how to parent, potential feelings of instability as an individual themselves, and fear of navigating relationships with other caregivers seem to be important targets for intervention, according to study participants.

Timing

Another key phenomenon shared by the participants were two different aspects of timing related to the notion of having ‘idle time’ and the best time for interventions. First, within idle time, two subthemes emerged related to the difficulty with time management post release and the notion of free time as a risk for relapse. This idea of idle time being new and novel to them after the interviewees were released from jail/prison was one that all participants touched on heavily. Participants spoke about their time during incarceration and the heavily structured way their days were laid out for them. Without having structure and regular routine implemented into their post incarceration life, participants struggled with how to fill the time. This feeling was at times amplified when individuals also dealt with issues related to their opioid use. One participant described, “With with opioids you just, you got, there’s a feeling of being alone... you know what I mean? So, it’s idle time, you’ve gotta fill your idle time.”

Interestingly, a few participants identified the need to include self-care, in the routine or incorporate it into the idle time.

I feel like with all the things that was mandated of me with probation and [name of an agency] and like all the things I um had to do, I feel like they should have made me do self-care and it should have been implemented into some sort of time in my schedule.

This quote speaks to both the need for structure and time management and the importance of filling idle times with alternative healthy behaviors. Within this theme of idle time, two of the learning topics (see Table 3) may prove to be of benefit including: gaining an understanding of routines to engage in with children (37.5%) and learning appropriate self-care management (25%).

The second concept concerned with timing related to the ideal timing of an intervention to support parents with histories of opioid use through the process of reentry. Participants identified when they most needed support and when they would have been most receptive to an intervention. For example, one participant clarified that it is important for interventions to occur immediately prior to reentry:

You're so scared you don't even know what to do. Like you get off the Greyhound [bus] and you're like 'what am I gonna do?' you know what I mean? The best thing is to already have a plan in place.

Participants named feelings of overwhelm and being a “fish out of water” upon first reentering due to all the tasks they have to juggle between conditions of parole, sober living home requirements, searching for employment and so much more. This finding suggests that an intervention to help people in their process of reentry should be implemented while the individual is still incarcerated. Additionally, when comparing their unstructured idle time post incarceration versus their structured time while incarcerated, participants indicated that offering different types of classes and interventions to them while they were still incarcerated would be ideal and help them reenter successfully.

Social Support

All participants discussed the importance of social support, which presented itself in three different subthemes. Within this main theme, the importance of being in community with like-minded peers emerged as an important need. Participants voiced this need strongly and as an imperative as they navigated their process of reentry as parents. Across the interviews, participants recounted different sobriety groups, parenting

classes, sober living housemates, and others as places where they were able to form new relationships with people who were of similar mindsets to their own. Relatedly, several participants either touched on the helpful nature of having a mentor, or alternatively, spoke about wishing they had one or the need for systems to connect people in reentry with mentors who have lived experience. When asked about the importance of social support in reentry, one parent shared:

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 go do some self-care, you know?

This participant illustrated the grave importance of those who are reentering to be connected with like-minded individuals to support one another.

A second subtheme related to social support was the need for creating new peer associations. Most participants spoke about creating entire new friend and peer networks upon their reentry. This was something that was framed as being a 'make or break' to the process of reentry. Additionally, participants also emphasized that associating with past negative peers was something that would be detrimental to their process. When asked what they need to know in order to reenter successfully, one participant responded:

To know, would be to cut off all your contacts. I feel like that's something that isn't pushed enough unless you're in an NA or AA group, umm is to cut off all your contacts.

Overall, participants indicated the significance of creating new peer associations and cutting ties with old ones.

The final subtheme related to social support was the impact of the participants themselves being able to provide social support. Around half of the participants spoke about going through the process of reentry, and later pursuing a career or volunteer position that allows them to offer social support to others in similar situations. One participant stated, “Oh, I’m a helper at heart, and so if I can do it, you can do it too. It’s easy, let’s just do this together, and I’ll help you.” This quote exemplifies the need for individuals to give back to others while they continue working toward their own improvements. Participants shared that being able to mentor or work with someone in a ‘buddy system’ would have been meaningful for them during reentry as well as to be able to reciprocate to the same for someone else.

Introspective Self Reflection

Participants articulated their unique needs related to the necessity to reflect on various aspects of their internal experience. Within this major theme, we identified three subthemes. First, participants identified a need to build self-confidence and to feel reassured as a parent. This subtheme appeared across participants in one way or another. Participants spoke about their uncertainty in regard to being able to do the things they need to do for themselves and others alike. Interviewees shared that they needed reassurance that they are doing things ‘right.’ Whether related to basic necessities, such as applying for food stamps, or getting comfortable with particular parenting strategies, the participants appeared to lack confidence in a variety of arenas upon their reentry. Specific to parenting, one participant shared:

It's like you don't know what to do. You have this little life that you have to keep alive and you have all these different things you don't know what's right. And you don't know what's wrong, and you just want to do the right thing.

As this participant demonstrated, a valuable target for interventions would be to build experiences of self-competency and confidence among newly reentered individuals.

A second subtheme that emerged is related to the felt impact of unprocessed trauma. Several participants spoke about this in relation to their own trauma, and also to the trauma their children incurred as a result of their incarceration. This subtheme directly relates to a learning activity of 'managing impacts of trauma,' which was selected as important to address by 3 participants (37.5%). Additionally, one participant spoke about the idea of the addiction or substance use itself being traumatic saying:

There's a lot of trauma that happens when you use, and you're not shown like coping skills...I feel like it just skipped a major step from being traumatized and using drugs and being homeless to being expected to be a productive member of society.

Given that the majority of participants incurred multiple ACES, even those participants who did not overtly name unprocessed trauma likely had traumatic experiences that have impacted them as individuals and perhaps those closest to them (i.e., their children). This finding points to the importance of trauma-informed interventions for reentering parents.

A final subtheme related to introspective self-reflection was the need to develop coping skills. Participants named this subtheme in relation to sustaining oneself and avoiding burnout during reentry. Across the interviews, participants noted that coping skills were never something they learned about or were taught how to develop. Some

individuals in the study described this concept as “self-care” while others referred to it as coping skills. Regardless of terminology used, participants clearly identified a need within their community to learn and practice different types of coping skills in order to find ones that work best to manage day to day stressors. Additionally, interviewees named that the development of coping skills was not only important to themselves but also for their children. One participant illustrated this need by saying:

My children are kind of well were kind of explosive and that was one of the biggest things we learned was breathing, and mindfulness, and grounding and so we still practice that.

This particular parent’s experience of teaching their child mindfulness directly related to the hands-on activity of practicing mindfulness with the child.

Unmet Needs

Finally, four subthemes emerged as participants directly named specific needs that have in different areas of their lives that have not previously been fulfilled. The first subtheme that was evident in the participant voices was the need for wraparound services for this vulnerable population. When conducting the interviews, the majority of interviewees spoke about accessing countless different local agencies, support groups, advocacy members, parenting classes, and treatment centers. This proved to be difficult for newly reentering individuals to keep straight which appointments they needed to be attending, for what service, and where they would need to be. Notably, these are services participants were often seeking out by choice on top of all their other required duties upon reentry. To combat this difficulty, participants expressed a need for a centralized intervention that includes all of these supports and more. One participant shared:

I wish there was something back when I first got out that was a condensed program that had the parenting classes the parent advocates you know? Cause I had to go through a bunch of different agencies to get my needs met. So, to have something that is in one building, I think is going to be huge and less stressful.

A second subtheme related to unmet needs among the participants was help in navigating the different systems relevant to their reentry process. This included a wide range of systems such as parole/probation officers, social support services (e.g., food stamps, mandatory reporters), Department of Human Services (DHS) caseworkers, court appointed family advocates (CAFA), and other systems at play. Participants shared in a sense of feeling they were embarking on unprecedented territory with little to no guidance on how to get the help they need, whilst simultaneously navigating expectations from others to ‘have it all figured out.’ One participant shared:

It’s the people who really just truly expected you to just go in and just do everything right. And then they just, they didn’t care. They didn’t give you chances when you couldn’t or you didn’t even know what to do, or you messed up. Those people kind of made me want to be like, well, fuck it then.

This powerful excerpt speaks directly to the need for compassionate individuals with lived experience to provide support and knowledge around navigating non-intuitive systems upon reentry. Additionally, participants mentioned a lack of being prepared for what to expect while they were still incarcerated stating “When you’re in prison, they don’t really tell you much. They’re kind of just like ‘okay you’re ready? Go for it!’” This quote illuminates an opportunity for services to begin prior to release in order to better prepare individuals for the process of reentry.

A third subtheme from the data on unmet needs was related to future planning and goal setting. This idea presented itself as an ideal that people strove for, but maybe were never taught how to create these goals, let alone achieve them. Additionally, there were elements of participants expressing concern about certain historical influences or behaviors impeding their future path or goals. When talking about things that were not helpful during the process of reentry, one participant expressed:

I knew my path, and I knew what my goals were, as long as I didn't veer off for any reason, I knew I was okay. But those temptations and those impulsive behaviors can kind of come into play sometimes.

This subtheme directly related to one of the learning topics (*see Table 3*) of 'gaining insight into personal parental goals' that three participants ranked as important to addressing in relation to reentry. When taking this into consideration, it is imperative for researchers and clinicians alike to consider the value of peer mentorship in order to instill a sense of hope to individuals prior to release or in the period immediately following incarceration.

A final subtheme that arose in connection with unmet needs was participants having a difficulty around seeking help. This message was expressed both explicitly by several participants, but also implicitly as well which became evident through the participant's tone of voice when speaking about the topic. The ability to advocate for oneself, and more so, the needs of a child is a necessary skill that is not intuitive nor something that is always taught. A brief yet persuasive reply to a question regarding what individuals need to know in order to reenter successfully read "Ask for help and be honest with themselves." This participant spoke to the power of help seeking upon

reentry, however, a few of the other participants spoke more directly about struggling to do this in practice. Taking into consideration that seeking help is something participants felt as necessary to be successful upon reentry, yet simultaneously difficult to do, researchers must actively elevate this need when considering future interventions.

Table 2

Significant Statements, Themes, and Subthemes

Theme	<i>Subtheme</i>	Significant Statement	# of Participants Who Spoke about Theme
Communication	<i>Difficulty navigating what to disclose about incarceration experience and co-parenting relationships</i>	"I was embarrassed for what I done. And as I looked at my children, I thought that seeing a therapist would help me and them. Because I was afraid and unsure how to talk to them and should I talk to them or wait until they got through childhood and you know a therapist set me with that, you know, they basically told me if you're feeling ready to sit down with your children and explain to them not at them because we tend to hold that stuff from our children and it sometimes hurts them more than it helps them."	Communication (n=7)
Communication	<i>Difficulty communicating with a child at a who's at a new developmental stage</i>	"I feel like trying to like coach somebody on how to communicate with a teenager who just doesn't really know how to do so in the first place, I feel like is really important and then like maybe, activities that are like, age appropriate. I feel like my life experiences are not anything I ever want my daughter to know. So I don't really know what to do sometimes that's appropriate like as in like extracurricular stuff because I didn't ever do that stuff."	

Table 2 continued

Significant Statements, Themes, and Subthemes

Communication	<i>Value of open communication</i>	<p>“I remember...my middle son...always asking me...like if it was time to drop them off or something, are you gonna come back, are you gonna come back? And of course I'm gonna come back. Why would you ask? It was like a shock to me. Like of course, and I remember him asking me, if you're not just tell me and it's okay, just tell me. And so I think for my son it was more of an open dialogue of just tell me what is going on because I'm able to take it, don't just spring something on me or just disappear, or whatever, just be honest and tell me what's going on.”</p>	
Parenting Fears	<i>Concerns about not knowing how to parent</i>	<p>“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.”</p>	<p>Parenting Fears (n=6)</p>
Parenting Fears	<i>Not feeling stable enough themselves</i>	<p>"You're pregnant [laughs], oh my god. So I remember calling umm his dad just [laughs] freaking out. I'm like we haven't even been out of prison 4 months, and he's like how are we?... we aren't getting along. How are we gonna raise a kid? I don't even have my own kids, and I'm freaking out, and then I was on methadone, and I also got, really got me freaking out."</p>	
Parenting Fears	<i>Navigating Other Caregiver Relationships</i>	<p>"I'm afraid, even though I'm doing great in my life and you know, I'm afraid that she would get, try to get a restraining order, if I, if I even contacted her or if she wouldn't allow, she, she's just got it in her head that I'm just never allowed to see my daughter again"</p>	

Table 2 continued

Significant Statements, Themes, and Subthemes

Timing: Idle Time	<i>Difficulty with time management after release</i>	“You got to know how to manage your time, uhh, the things that you used to do that you're not gon' be able to do anymore. You got, you gonna have to retrain your mind on new ways to handle things”	Timing (n=6)
Timing: Idle Time	<i>Free time as a relapse risk</i>	"The major challenge is filling your time and finding productive things to do. Self care is huge, hobbies and leisure is huge, if you don't, if you don't like you'll you'll burn yourself out at work right way, especially when you new in recovery, new in this industry, this world. You know what I mean, if you overwhelm, you're done, you know, so."	
Timing: Intervention	<i>When participants were most needing the most support</i>	“The most important part is, is having the, for all of it, having it set up before you get out of prison, and that's what I wanted to talk to you guys about, is...somehow reach out to the DOC, and have it, it's a lot easier if its structured, if you're already working a program, and having the steps in place as you parole, cause otherwise when you hit, you feel like a fish out of water, you don't know what's going on."	
Timing: Intervention	<i>When participants would have been most receptive to intervention</i>	“Like for me I didn't have any access to my child in prison, so I had no like, I mean I did their parenting class, I carried an egg and I, and a teddy bear, you know but there, it's nothing, that did not even come close to preparing me for what I was getting [laughs] myself into so yeah, that's, I think catching them before they even get out is so important”	
Social Support	<i>Importance of having a network of like-minded peers</i>	"I think the most important resource that I've found was uhh, the NA community, the AA and NA community. Because, umm, I was able to find other parents	Social Support (n=8)

Table 2, continued

Significant Statements, Themes, and Subthemes

		that were in there and other people that were like minded and I really built a great foundation of friends and support group through that community."	
Social Support	<i>Needing for new peer associations</i>	"I'm safe, and early recovery, it was really scary just to go outside because if you were to run in, if I was to really run into somebody. I could have been, under, back under a bridge very easily in that's a, were a lot of people end up, back up, is because they don't have people that they know, or like I didn't have family. The only people that I knew here were the people that I knew using with. And those were my friends and I didn't have anybody, until I started building relationships which is where the NA, uhh, community came in and but yeah, that first probably month, was pretty lonely, cause I didn't, I had the people at, in my house, uhh Sponsors. You know, which was nice, but I didn't really have anybody. I didn't have like my own people. You know until probably a month out. "	
Social Support	<i>Impact of providing social support</i>	"My little group is a gang actually. There's about ten or fifteen of us that have made the jump, got into the program. There's like five us of that are actually for officers in oxford, we're killing it, you know what I mean. There's a bunch of us that are counselors now, you know."	
Introspective Self Reflection	<i>Building confidence/self-esteem (both as individuals and as parents)</i>	"You're just sitting there think- you're just in your head like god, why am I so afraid of all this, why can't I figure all of this out. Dude what's wrong with me? I see everybody around me doing amazing things, you know what I mean. They	Introspective Self Reflection (n=7)

Table 2, continued

Significant Statements, Themes, and Subthemes

		need to know, that you- its, you hit the streets fish out of water, you're gonna be okay, there's people there to help you, and that this is completely doable you know what I mean."	
Introspective Self Reflection	<i>Impact of Unprocessed Trauma</i>	"Not having ever dealt with my trauma. I don't know if that's one of the things.. It can affect us all in and drives what I've done"	
Introspective Self Reflection	<i>Need for Coping skills</i>	"Like they have like painting therapy and mindfulness activities and like stuff to teach you deep breathing, and I didn't even learn about that until I started getting in the field and I feel like I should have been shown someth- you know what I mean? Shown that, and I feel like a lot of it is just like people not understanding trauma, and so they just try to replace it with stuff. They're like here, like if you go to drug treatment, and if you go to house meetings and you go to narcotics anonymous, you're not going to use cause you're not going to have time to use. You know what I mean, but that just shows me that I can't have idle time, you know what I mean."	
Unmet Needs	Wraparound Services	"To be able to have like a one stop shop, umm to have all those things there for like counseling and advocacy and parenting and support and uhh, umm, extended treatment I'm not sure exactly what you guys are trying to build, but umm, I think it could be like really beneficial uhhh for people just coming out...It's like where do I start, and all these phone calls and all these appointments, and to have it like in one space, that would have been so [laughs],	Unmet Needs (n=4)

Table 2, continued

Significant Statements, Themes, and Subthemes

		that would have been so amazing. I wanna work there! [laughs].”
Unmet Needs	Knowledge around navigating systems	“I feel like a lot of times like in the past dealing with people when they said they’re like a ‘mandatory reporter’, like I’ve closed down cause I’m like, Oh my god, like I really don’t understand that, but I know what the word ‘report’ means [laughs].”
Unmet Needs	Future Planning/ Goal Setting	“You get out, you think you have all the answers and you have these grandiose plans of what everything’s gonna look like and it’s just not reality. It, it, I mean, I had my list and I had all this these plans that I was gonna do when I got out and nah, I can’t recall any of em’ panning out for me.”
Unmet Needs	Difficulty Help Seeking	“Ask for help, cause I know for me, I’m independent and I don’t like asking for help and it’s- it that was the hardest thing to get over is like I need help. I need help doing this, so, just get out of your own way and listen to people who know and that’s been there and ummm, yeah ask for help.”

Learning and Hands on Activity Topics

In addition to the rich data collected in the qualitative interview portion of the study, participants also provided insight into important topics to learn or practice in an intervention program to assist in the reentry process. As noted in Table 3, several learning topics were highlighted as being viewed as the most important to participants including learning strategies to connect with and meet child’s needs (87.5%), learning age-

appropriate activities to engage with children (50%), personal parental hopes (37.5%), and learning to manage effects of trauma (37.5%) Notably, subthemes around future planning/goal setting and the impact of unprocessed trauma emerged from the qualitative interviews. Participants also included three suggestions in the open-ended segment which included: learning to get into therapy and reach out to my child's therapist, learning the impact of my actions on community and how to re-engage in a meaningful way that would allow me to feel a part of something greater than myself, and learning what my rights are and how to start the process of contacting my child.

Table 3

Important Topics for Participants when Considering Reentry into the Community

Learning Topic	Percent of participants ranking topic as important to address	Count
Strategies to connect with or meet children's needs.	87.5	7
Age-appropriate activities to engage with children.	50	4
Managing effects of trauma.	37.5	3
Appropriate routines to engage in with children.	37.5	3
Personal Parental Hopes.	37.5	3
Building a relationship with the child's caregiver.	25	2

Table 3

Important Topics for Participants when Considering Reentry into the Community

Family strengths and challenges during reentry.	25	2
Parental addiction's effect on children.	25	2
Appropriate self-care management techniques.	25	2
Mindfulness.	25	2
Issues related to domestic violence.	25	2
Problem-solving techniques.	12.5	1

In addition to the learning topics, participants identified the most important hands-on activities (see Table 4) to practice with a parent coach with some of the most often chosen including: working to develop a plan to solve problems (87.5%), working to implement strategies to connect with children's needs (62.5%), and role-playing difficult conversations (62.5%). This data collected in the quantitative survey is important to consider when thinking about incorporating lived experience into the formulation of interventions in the future.

Table 4***Important Activities for Participants when Considering Reentry into the Community***

Hands-On Activity Topic	Percent of participants ranking topic as important to address	Count
Work with parent coach to develop plan to solve problems.	87.5	7
Work with parent coach to implement strategies to connect with children's needs.	62.5	5
Role-play difficult conversations.	62.5	5
Engage in mindfulness meditation.	50	4
Work with parent coach to implement age-appropriate activities.	37.5	3
Work with parent coach to implement appropriate routines.	37.5	3
Role-play difficult situations around opioid use.	25	2
Engage in mindfulness meditation with child.	12.5	1

CHAPTER V

DISCUSSION

Within the scholarly literature, it is well documented that the reentry period can be a challenging transition for individuals. With the intersecting lived experiences of being a parent and an opioid user there may be additional struggles such as relapse, high risk for overdose death in the initial two weeks (Bingswanger et al., 2007; Bingswanger et al., 2013) and strained familial and interpersonal relationships (La Vigne et al., 2004; Travis, 2005.) Additionally, these individuals may struggle with a myriad of other challenges related to basic needs such as securing viable employment (Visher et al., 2010; Western & Petit, 2010) and housing for themselves and potentially their children (Visher et al., 2004). There are few studies that have explicitly looked at the intersection of incarceration, parenting, and opioid use or misuse as this qualitative study has done. Analysis for our study yielded six distinctive, yet interconnected themes that will be explored in relation to the literature in the following sections.

Many of the study findings are fairly consistent with those from previous studies exploring the phenomena of reentry. Family interaction and familial emotional support has been reported to decline steeply from pre-to-post incarceration (McKay, 2016). Knowing this, it is common for the parent reentering to have to navigate and renegotiate relationships with both the children and other caregivers (Few-Dumo & Arditti, 2014).

The participants in the study mirrored these findings regarding the theme of communication. Research claims that often times the caregiver can act as the gatekeeper to children both during and following incarceration (Tasca, 2016). Participants named struggling to discern what information to share with their children as they reentered for fear of losing contact with their children as a result. This was interrelated to another subtheme of valuing open communication. This value is consistent with research on children of previously incarcerated parents stating the importance of open communication during the reentry process (Johnson & Easterling, 2015). Parents felt this was important to reinforce to their children that they are in a secure relationship with them.

The parenting fears reported by participants in this study also appear to be consistent with previous research. Specifically, parenting fears associated with feeling unstable is consistent with the literature in relation to having difficulties with meeting basic needs (Visher et al., 2004; Visher et al., 2010; Western & Petit, 2010), which can often be used as a determinant of stability. Study participants also spoke about fears of instability associated with maintenance of their sobriety, which is also consistent with previous studies (Bingswanger et al., 2007; Bingswanger et al., 2013). The last parenting-related fear that participants shared was related to navigating caregiver relationships. Whether the caregiver was a biological family member, adoptive or foster family, or the state, parents feared consequences if they did not engage in these interactions properly. This fear is also seen throughout the literature with regard to navigating the roles one will play post release (Few-Dumo & Arditti, 2014). In sum, parental fears experienced upon reentry may be important targets for intervention.

Related to the theme of timing, parents in the study spoke about the idea of the overstructured nature of incarceration versus the lack of structure during reentry. This was named as several participants as a risk for relapse. This finding is consistent with much of the past research on the harmful nature of what's known as 'institutionalization' (Travis & Waul, 2003). Participants expressed their views on the ideal timing for intervention. Participants shared that they most needed and would feel most receptive to an intervention prior to release. With all of the day-to-day stressors upon reentry, participants did not feel an intervention focused on parenting could necessarily be a priority. A systematic review looking evaluating reentry programs found that one of three major themes across was the importance of continuance of care beginning with pre-release planning (Kendall et al., 2018). Taken together, these findings point to the potential usefulness of having a reentry program which begins while individuals are incarcerated and continues upon reentry to provide critical continuity of care.

The importance of social support was discussed in depth by participants and is well documented within the literature. Individuals in this study discussed this in three distinct yet interrelated ways including finding new peer associations, having their social support network include like-minded peers, and the benefit of later providing social support themselves to others after they have successfully reentered. In a study that examined the importance of peer support in successful reentry for woman, a similar theme appeared in the findings of providing social support and helping others by "walking through it together" (Heidemann et al., 2014). Additionally, research has found during the time when people are first released from incarceration that social support has been found to be a contributor to successful reentry in areas such as obtaining

employment and improving psychological health (Bahr et al., 2010; Morenoff & Harding, 2014).

Under the umbrella theme of introspective self-reflection, many participants in the study reflected on the ways they were impacted by unprocessed trauma. In the demographic survey asking about ACEs, every participant reported shared having endured at least two adverse childhood experiences with the majority reporting even more. From the perspective of Van der Kolk (1994) these instances can be viewed as acute traumas occurring within a framework of chronic trauma, which can impart lasting impact. Additionally, studies have continuously shown that both adults and children of adults who are incarcerated suffer ACEs at a disproportionately higher rate than the general population (Turney, 2018; Stensrud, 2019). Researchers in a recent study suggested collaboration with counseling professionals to better allow for trauma informed transitional services for those who may have experienced traumatic events (Stensrud, 2019). The research and findings named by participants in this study call attention to the need for trauma informed care and access to treatment for formerly incarcerated parents.

Lastly, one of the findings in the present study's theme of unmet needs was associated with future planning and goal setting. Participants described never learning or prioritizing this as a skill in their past and further, worrying that it was something out of reach for themselves. A recent study evaluated a reentry program where participants and case managers co-created strengths-based reentry plans. Participants in the study reported the program followed through with helping them work towards their future goals and that the program team made them feel supported along the way (Hunter, 2015). The findings from the present study and past research highlight a need for reentry programs to

incorporate a strengths-based focus on helping participants plan for their future and achieve desire goals.

Study Limitations

There are several limitations that are important to address within the present study. First and foremost, the results gathered from participants in Eugene, OR may not be generalizable to other previously incarcerated parents with histories of opioid use. Many participants in our study were able to access services from countless different local agencies to support their reentry, substance use recovery, and provide parenting support that individuals in other regions may not have access to. Furthermore, the sample was fairly homogenous with 75% of our participants identifying as white. Additionally, the mean age of participants was 40 years old (SD=10.46), and their experiences may have been different than a younger sample of parents.

Further, the interviews took place during the summer and fall of 2020, during the midst of a global pandemic. This led to obtaining a smaller than desired sample size and potential bias in favoring participants with less barriers to completing the survey and interview process. Individuals who may have met criterion for the study were juggling their recovery, parenting, jobs, and countless other hardships during this time which made it challenging to participate. Additionally, community agency members that were a part of the recruitment process struggled with navigating their own pandemic related stressors and may not have possessed the bandwidth to support recruitment efforts.

Another potential limitation may have existed due to the sensitive nature of the study and participants having hesitancy to share certain things in the interview setting. With the interviews being held over ZOOM, some participants were not able to have ample

privacy due to shared spaces, and therefore may have been reluctant to share with worries of a child or family member walking in at any given point. Finally, as in all qualitative research, there was room for bias on the researcher's part in regard to interpreting the data. Despite efforts of utilizing dual coders in an effort to bolster the reliability, it is still important to note the possibility of error, especially as non in-group members.

Future Directions

Future research that furthers the knowledge base on ways to best support this vulnerable population of reentering parents with a history of opioid use is imperative. With regard to the present study, a follow up study could be conducted where researchers present the findings to the participants to ensure that the participants were in agreeance of the phenomena that emerged. This is a step that is common in phenomenological research to ensure the voices of the participants were interpreted correctly (Anderson & Spencer, 2002), but was unfortunately unable to be carried out in this study. In addition to this, conducting the study again in other regions of the United States would prove advantageous to understand any variation of needs across different and more diverse communities. Furthermore, longitudinal research studies that follow individuals from shortly before reentry through their journey of reintegrating into society would be beneficial for understanding how the needs change over time.

Future clinical research in this area should concentrate on the development of interventions for this population based on the needs from those with lived experience. The participants in this study provided valuable insight into several intervention components to be considered such as the timing of the intervention, the need for

assistance in navigating the many complex systems upon reentry, and a breakdown of potential modules participants found most helpful thinking back to their reentry journey.

Conclusion

Reentering society after being incarcerated is inherently stressful and filled with barriers, and more so, for those who are parents and have histories of opioid misuse. By gathering invaluable information from individuals who have experienced these life circumstances, future researchers can begin to conceptualize ways to assist this group in meeting their needs to promote positive parenting and support recovery. Through collaborating with community members and different systems involved, we can create meaningful programs to contribute to a successful reentry for the parents and their families alike.

APPENDIX A

PARENT-CHILD PROGRAM

UNIVERSITY OF
OREGON



Parents Needed...

to participate in a brief interview to provide information on the most helpful ways to support and **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 **\$25 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 **Parent-Child Program**.

Contact Information

Jean Kjellstrand
(541) 346-6208 or
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Kaycee Morgan
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kayceem@uoregon.edu

APPENDIX B

Statement of Informed Consent *Parent Reentry Needs Assessment*

You are invited to participate the research study named Parent Reentry Needs Assessment. The overall goal of this research study is to assess the needs of parents who are being released from prison and returning to their communities and families. In this piece of the assessment, we will be interviewing 20 participants to better understand their re-entry experiences and needs to successfully reenter.

This study is being conducted by researchers Jean Kjellstrand, Ph.D. of the University of Oregon, Miriam Clark, MS, of the University of Oregon, and Kaycee Morgan of the University of Oregon.

The following document describes the study. Please feel free to ask any questions you have before agreeing to participate in this part of the research study.

What You Will Be Asked to Do

If you agree to participate in this study, you will take part in an interview that will last about one hour. During the interview, you will first be given a brief survey to complete that asks demographic and background questions as well as your opinions on potentially helpful parenting topics. You will then be interviewed so that we can learn more about your experience of reentry, how your life has been since being released, and what you see as helpful to include in a parent-child program. At any time, you can choose to skip a question you do not want to answer. You may also stop the interview at any point. **For participating in this interview, you will receive a \$25 gift certificate to a local grocery or department store.**

With your permission we will be recording the discussion so that we can type up the conversation and review it later. We will also be taking notes to help us keep track of our discussion. Our notes will not include your name or phone number. By doing these things, we will be recording your responses anonymously, that is, your responses will not be connected to identifying information about you.

Risks and What Will Be Done to Reduce the Risks

There are some possible risks involved for you as a participant in this research study. These are:

1. Possible loss of confidentiality We will be getting personal information from you. There is always the possibility that someone who is not authorized might see it. To reduce this risk, we will take the following precautions to prevent any unauthorized person from having any access to the information you give us.

- A. We will not give information to anyone about you unless you provide a signed release telling us to do so, unless we have reason to suspect: 1) abuse, neglect, or endangerment of a child or elder; 2) or that anyone is in immediate danger of seriously hurting himself/herself or someone else. In these situations, we may have to make a report to the appropriate authorities.
- B. All information will be kept in locked files. We will remove all names from all the information we get (except from this consent form).
- C. An ID number will be assigned to the information you give us, and only

authorized research study staff will have access to the locked file that links your name to your ID number.

D. Information from the project will be used to write papers for professional publication, make presentations, and work on research projects with other institutions.

In this work, we will never use your name or other information that could identify you or any other participant in this research study.

2. *Possible discomfort answering questions* Some people might find it uncomfortable to answer questions about their opinions.

A. To minimize this risk, participants are free to refrain from answering any questions they do not feel comfortable answering. We will keep all information confidential.

In addition, you also have an important role in helping reduce this risk and in protecting your privacy.

You can choose not to talk about sensitive issues with research staff members, and especially when you are in areas where your communications are likely to be monitored or heard.

You can skip or not answer any question we ask you. Some questions might be personal or sensitive. They are important to the project and we would like you to answer them honestly. However, if there are some questions you do not want to answer, you may skip them and move on to other questions.

You can choose not to talk with others about your participation in the research study.

Benefits to You for Your Participation

There are also some potential benefits to you for taking part in this research study.

Many people find it helpful to think about and talk about their lives. Answering questions as part of this research project will give you a chance to do this.

Many people find it satisfying to know they are doing something to help improve the lives of others. The information you provide will contribute to this effort. This project will provide important information about how to support parents as they reenter the community after prison.

Your Right to Withdraw from the Project

Your participation is entirely voluntary and your decision whether or not to participate will involve no penalty or loss of benefits you might otherwise receive. If you decide to participate, you can stop participating any time without penalty. If you do decide to withdraw from the study, this will have no bearing in terms of services you are receiving or your probation or parole status with Lane County.

If you have questions about the research at any time, or if you have a visual or other impairment and require this material in another format, please call Dr. *Jean Kjellstrand* at 541-346-6208.

If you have questions about your rights as a research subject,) If you have questions about your rights as a research subject, call the Committee for the Protection of Human Subjects Research Compliance Services, University of Oregon, (541) 346-2510, or email ResearchCompliance@uoregon.edu.

You will be given a copy of this form to keep.

Your signature below indicates that you (1) have read and understand the information provided above, (2) that you willingly agree to participate, (3) that you may withdraw your consent at any time and stop participating at any time without penalty, and (4) that

you have received a copy of this consent form.

Name _____ Printed

Signature _____ Printed

Your signature below indicates that you also agree to let the research staff audiotape you during the interview (Please check one)

- ◆ Yes, I give you permission to record my voice on audiotape
- ◆ No, I do not give you my permission to record my voice on audiotape.

Name _____ Printed

Signature/Date _____

APPENDIX C
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 (Please check all that apply)
 - Mother?
 - Father?
 - Stepmother?
 - Stepfather?
 - Other relationship (please specify) _____
 - Decline to answer
6. How many biological children do you have?
 - 1
 - 2
 - 3
 - 4
 - 5
 - More than 5 (please specify) _____

Decline to answer

7. How many step children or adopted children do you have?

- 1
- 2
- 3
- 4
- 5
- More than 5 (please specify) _____
- Decline to answer

8. 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		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Decline	<input type="checkbox"/> Biological child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted child <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline	<input type="checkbox"/> No contact <input type="checkbox"/> Living with child full time <input type="checkbox"/> Living with child part time <i>(number of days in month _____)</i> <input type="checkbox"/> Visiting <i>(number of times in month _____)</i>	<input type="checkbox"/> Open child custody case <input type="checkbox"/> Open case in child welfare <input type="checkbox"/> Child in foster care <input type="checkbox"/> Decline

				<input type="checkbox"/> Contact by mail/email/text <i>(number of times in month _____)</i> <input type="checkbox"/> Contact by phone/skype <i>(number of times in month _____)</i> <input type="checkbox"/> Decline	
2		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Decline	<input type="checkbox"/> Biological child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted child <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline	<input type="checkbox"/> No contact <input type="checkbox"/> Living with child full time <input type="checkbox"/> Living with child part time <i>(number of days in month _____)</i> <input type="checkbox"/> Visiting <i>(number of times in month _____)</i> <input type="checkbox"/> Contact by mail/email/text <i>(number of times in month _____)</i> <input type="checkbox"/> Contact by phone/skype <i>(number of times in</i>	<input type="checkbox"/> Open child custody case <input type="checkbox"/> Open case in child welfare <input type="checkbox"/> Child in foster care <input type="checkbox"/> Decline

				<i>month</i> _____) <input type="checkbox"/> Decline	
3		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Decline	<input type="checkbox"/> Biological child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted child <input type="checkbox"/> Other _____ — <input type="checkbox"/> Decline	<input type="checkbox"/> No contact <input type="checkbox"/> Living with child full time <input type="checkbox"/> Living with child part time <i>(number of days in month _____)</i> <input type="checkbox"/> Visiting <i>(number of times in month _____)</i>) <input type="checkbox"/> Contact by mail/email/text <i>(number of times in month _____)</i>) <input type="checkbox"/> Contact by phone/skype <i>(number of times in month _____)</i>) <input type="checkbox"/> Decline	<input type="checkbox"/> Open custody case <input type="checkbox"/> Open case in child welfare <input type="checkbox"/> Child in foster care <input type="checkbox"/> Decline
4		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Decline	<input type="checkbox"/> Biological child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted child	<input type="checkbox"/> No contact <input type="checkbox"/> Living with child full time <input type="checkbox"/> Living with child part time	<input type="checkbox"/> Open custody case <input type="checkbox"/> Open case in child

			<input type="checkbox"/> Other _____ <input type="checkbox"/> Decline	<i>(number of days in month _____)</i> <input type="checkbox"/> Visiting <i>(number of times in month _____)</i> <input type="checkbox"/> Contact by mail/email/text <i>(number of times in month _____)</i> <input type="checkbox"/> Contact by phone/skype <i>(number of times in month _____)</i> <input type="checkbox"/> Decline	welfare <input type="checkbox"/> Child in foster care <input type="checkbox"/> Decline
--	--	--	---	--	--

9. Currently, who helps takes care of your child/children?

- Partner/Spouse
- Grandparent
- Other relative
- Friend
- Foster family
- Other
- Decline to answer

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

- Opiates (heroin, morphine, methadone, codeine, etc.)

Roughly how many times did you use this over the last year?

-
- Every day
 - Every week
 - Every month

- 4 - 6 times during the year
- 1 - 3 times during the year
- Never
- Decline

Have you used any of the other drugs listed below in the past year? (check as many as apply)

- Cannabis
 - Alcohol
 - Tobacco
 - Hallucinogens
 - Inhalants
 - Stimulants
 - Amphetamines
 - Other (specify)
-

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)

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

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 _____

APPENDIX D Needs Assessment 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 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 Sponsors/Willamette family 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 Sponsors/Willamette family 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 Sponsors/Willamette family 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 Sponsors/Willamette family 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 **NOT** helpful for you during reentry?
 - i. [if needed for a prompt with more details] Tell me some of the things that Sponsors/Willamette family provided that were most helpful to your re-entry?
 - ii. [Follow up if they don't elaborate] How has that been 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
 - 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!

REFERENCES CITED

- Anderson, E. H., & Spencer, M. H. (2002). Cognitive representations of AIDS: A phenomenological study. *Qualitative health research, 12*(10), 1338-1352.
- Arditti, J. A., & Few, A. L. (2006). Mothers' reentry into family life following incarceration. *Criminal Justice Policy Review, 17*(1), 103-123.
- Arditti, J. A. (2012). Child trauma within the context of parental incarceration: A family process perspective. *Journal of Family Theory & Review, 4*(3), 181-219.
- Armstrong, E., Eggins, E., Reid, N., Harnett, P., & Dawe, S. (2018). Parenting interventions for incarcerated parents to improve parenting knowledge and skills, parent well-being, and quality of the parent-child relationship: A systematic review and meta-analysis. *Journal of Experimental Criminology, 14*(3), 279-317.
- Baglivio, M. T., & Epps, N. (2016). The interrelatedness of adverse childhood experiences among high-risk juvenile offenders. *Youth Violence and Juvenile Justice, 14*(3), 179-198. doi:10.1177/1541204014566286.
- Bahr, S. J., Harris, L., Fisher, J. K., & Harker Armstrong, A. (2010). Successful reentry: What differentiates successful and unsuccessful parolees? *International journal of offender therapy and comparative criminology, 54*(5), 667-692.
- Behind Bars, I. I. (2010). Substance Abuse and America's Prison Population. *New York, NY: Columbia University National Center on Addiction and Substance Abuse.*
- Bronson, J., & Carson, E. A. (2019). Prisoners in 2017. *Age, 500*, 400.
- Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from prison—a high risk of death for former inmates. *New England Journal of Medicine, 356*(2), 157-165.
- Binswanger, I. A., Blatchford, P. J., Mueller, S. R., & Stern, M. F. (2013). Mortality after prison release: opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009. *Annals of internal medicine, 159*(9), 592-600.
- Boyd, C.O. 2001. Phenomenology the method. In Munhall, P.L. (Ed.), *Nursing research: A qualitative perspective* (3rd. ed., pp. 93-122). Sudbury, MA: Jones and Bartlett.
- Carson, E.A. & Anderson, E. (2016). *Prisoner in 2015*. US Department of Justice.
- Charles, Pajarita, Deborah Gorman-Smith, and Anne Jones. 2016. "Designing an Intervention to Promote Child Development Among Fathers with Antisocial Behavior." *Research on Social Work Practice 26* (1): 20-27.

- Charles, P., Muentner, L., & Kjellstrand, J. (2019). Parenting and incarceration: Perspectives on father-child involvement during reentry from prison. *Social Service Review*, 93(2), 218-261.
- Cho, R. M. (2011). Understanding the mechanism behind maternal imprisonment and adolescent school dropout. *Family Relations*, 60, 272–289.
- Collier, L. (2014, October). Incarceration nation. *Monitor on Psychology*, 45(9). <http://www.apa.org/monitor/2014/10/incarceration>
- Couloute, L., & Kopf, D. (2018). Out of prison & out of work: Unemployment among formerly incarcerated people. *Prison Policy Initiative*.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. 2nd Edition. Sage publications.
- Dahl, C. M., & Boss, P. (2005). The use of phenomenology for family therapy research. *Research methods in family therapy*, 2, 63-84.
- Daley, D. C., Smith, E., Balogh, D., & Toscaloni, J. (2018). Forgotten but not gone: The impact of the opioid epidemic and other substance use disorders on families and children. *Commonwealth*, 20(1), 93-121.
- Denney, A. S., Tewksbury, R., & Jones, R. S. (2014). Beyond basic needs: Social support and structure for successful offender reentry. *Journal of Quantitative Criminal Justice & Criminology*.
- Dube SR, Fairweather D, Pearson WS, Felitti VJ, Anda RF, Croft JB. Cumulative childhood stress and autoimmune diseases in adults. *Psychosom Med*. 2009 Feb;71(2):243-50. doi: 10.1097/PSY.0b013e3181907888. Epub 2009 Feb 2. PMID: 19188532; PMCID: PMC3318917.
- Durose, M. R., Cooper, A. D., & Snyder, H. N. (2014, April). *Recidivism of prisoners released in 30 states in 2005: Patterns from 2005 to 2010 (NCJ 244205)*. Washington, DC: U.S. Department of Justice.
- ElHage, A. (2016, May 9). The Complicated Problems of Children with Incarcerated Parents. Institute for Family Studies. <https://ifstudies.org/blog/the-complicated-problems-of-children-with-incarcerated-parents>
- Few-Demo, A. L., & Arditti, J. A. (2014). Relational vulnerabilities of incarcerated and reentry mothers: Therapeutic implications. *International journal of offender therapy and comparative criminology*, 58(11), 1297-1320.
- Fortune, C. A., & Salmon, K. (2019). Families, parenting, and visits in prison. *The Wiley International Handbook of Correctional Psychology*, 169-182.

- Foster, H., & Hagan, J. (2009). The mass incarceration of parents in America: Issues of race/ethnicity, collateral damage to children, and prisoner reentry. *The ANNALS of the American Academy of Political and Social Science*, 623(1), 179-194.
- Geller, A., Garfinkel, I., Cooper, C. E., & Mincy, R. B. (2009). Parental incarceration and child well-being: Implications for urban families. *Social Science Quarterly*, 90(5), 1186-1202.
- Groenewald, T. (2004). A Phenomenological Research Design Illustrated. *International Journal of Qualitative Methods*, 3(1), 42–55.
<https://doi.org/10.1177/160940690400300104>
- Glaze, L. E., & Maruschak, L. M. (2009). Parents in prison and their minor children. *Juvenile Justice Update*, 14(6), 1-25.
- Glaze, L. E., & Maruschak, L. M. (2016). Parents in prison and their minor children.
- Gifford, E. J., Kozecke, L. E., Golonka, M., Hill, S. N., Costello, E. J., Shanahan, L., & Copeland, W. E. (2019). Association of parental incarceration with psychiatric and functional outcomes of young adults. *JAMA network open*, 2(8), e1910005-e1910005.
- Goff, Ashley, Emmeline Rose, Suzanna Rose, and David Purves. 2007. “Does PTSD Occur in Sentenced Prison Populations? A Systematic Literature Review.” *Criminal Behaviour and Mental Health* 17 (3): 152–62.
- Haskins, A. (2017). Paternal incarceration and children's schooling contexts: Intersecting inequalities of educational opportunity. *The Annals of the American Academy*, 674 134–162.
- Heidemann, G., Cederbaum, J. A., & Martinez, S. (2014). “We walk through it together”: The importance of peer support for formerly incarcerated women's success. *Journal of Offender Rehabilitation*, 53(7), 522-542.
- Huebner, B. M., & Gustafson, R. (2007). The effect of maternal incarceration on adult offspring involvement in the criminal justice system. *Journal of Criminal justice*, 35(3), 283-296.
- Hunter, B. A., Lanza, A. S., Lawlor, M., Dyson, W., & Gordon, D. M. (2016). A strengths-based approach to prisoner reentry: The fresh start prisoner reentry program. *International journal of offender therapy and comparative criminology*, 60(11), 1298-1314.
- Jackson, D. B., & Vaughn, M. G. (2017). Parental incarceration and child sleep and eating behaviors. *The Journal of pediatrics*, 185, 211-217.

- Johnson, E. I., & Easterling, B. A. (2015). Navigating discrepancy: Youth perspectives on parental reentry from prison. *Journal of Offender Rehabilitation*, 54(1), 60-83.
- Joudrey, P. J., Khan, M. R., Wang, E. A., Scheidell, J. D., Edelman, E. J., McInnes, D. K., & Fox, A. D. (2019). A conceptual model for understanding post-release opioid-related overdose risk. *Addiction science & clinical practice*, 14(1), 17.
- Kendall, S., Redshaw, S., Ward, S., Wayland, S., & Sullivan, E. (2018). Systematic review of qualitative evaluations of reentry programs addressing problematic drug use and mental health disorders amongst people transitioning from prison to communities. *Health & justice*, 6(1), 1-11.
- Kjellstrand, J. M., & Eddy, J. M. (2011). Parental incarceration during childhood, family context, and youth problem behavior across adolescence. *Journal of offender rehabilitation*, 50(1), 18-36.
- Kjellstrand, J. M., Reinke, W. M., & Eddy, J. M. (2018). Children of incarcerated parents: Development of externalizing behaviors across adolescence. *Children and Youth Services Review*, 94, 628-635.
- LaBrenz, C. A., O’Gara, J. L., Panisch, L. S., Baiden, P., & Larkin, H. (2020). Adverse childhood experiences and mental and physical health disparities: the moderating effect of race and implications for social work. *Social work in health care*, 59(8), 588-614.
- Langan, P. A., & Levin, D. J. (2002). *Recidivism of prisoners released in 1994* (Bureau of Justice Statistics Special Report, No. NCJ 193427). Washington, DC: Bureau of Justice Statistics, Office of Justice Program, U.S. Department of Justice.
- La Vigne, N., Visher, C., & Castro, J. 2004. “Chicago Prisoners’ Experiences Returning Home.” Urban Institute, Washington, DC. <https://www.urban.org/sites/default/files/publication/42831/311115-Chicago-Prisoners-Experiences-Returning-Home.pdf>.
- Lee, R. D., Fang, X., & Luo, F. (2013). The impact of parental incarceration on the physical and mental health of young adults. *Pediatrics*, 131(4), e1188-e1195.
- Lee, R. D., Fang, X., & Luo, F. (2016, November). Parental Incarceration and Social Exclusion: Long-term Implications for the Health and Well-being of Vulnerable Children in the United States. In *Inequality after the 20th century: Papers from the sixth ECINEQ meeting*. Emerald Group Publishing Limited.
- LeVasseur, J. J. (2003). The problem of bracketing in phenomenology. *Qualitative health research*, 13(3), 408-420.

- Morenoff, J. D., & Harding, D. J. (2014). Incarceration, prisoner reentry, and communities. *Annual Review of Sociology*, 40, 411-429.
- McKay, T., Comfort, M., Lindquist, C., & Bir, A. (2016). If family matters: Supporting family relationships during incarceration and reentry. *Criminology & Pub. Pol'y*, 15, 529.
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco: Jossey-Bass.
- Moustakas, C. (1994). *Phenomenological research methods*. Sage publications.
- Murphey, D., & Cooper, P. M. (2015). Parents behind bars. *What happens to their children*, 1-20.
- Murray, J., Farrington, D. P., & Sekol, I. (2012). Children's antisocial behavior, mental health, drug use, and educational performance after parental incarceration: a systematic review and meta-analysis. *Psychological bulletin*, 138(2), 175.
- Murray, J., Loeber, R., & Pardini, D. (2012). Parental involvement in the criminal justice system and the development of youth theft, marijuana use, depression, and poor academic performance. *Criminology*, 50(1), 255-302.
- Murray, J., & Murray, L. (2010). Parental incarceration, attachment and child psychopathology. *Attachment & Human Development*, 12(4), 289-309.
- Muth, William, and Ginger Walker. 2013. "Looking Up: The Temporal Horizons of a Father in Prison." *Fathering* 11 (3): 292–305.
- Parke, R. D., & Clarke-Stewart, K. A. (2003). The effects of parental incarceration on children: Perspectives, promises, and policies. In J. Travis & M. Waul (Eds.), *Prisoners once removed* (pp. 189–232). Washington, DC: Urban Institute Press.
- Patton, M. Q. (1980). *Qualitative evaluation methods*.
- Phillips, S. D., & Gates, T. (2011). A conceptual framework for understanding the stigmatization of children of incarcerated parents. *Journal of Child and Family Studies*, 20(3), 286-294.
- Raphael, S. (2011). Incarceration and prisoner reentry in the United States. *The Annals of the American Academy of Political and Social Science*, 635(1), 192-215.
- Remigio-Baker RA, Hayes DK, Reyes-Salvail F. Adverse childhood events and current depressive symptoms among women in Hawaii: 2010 BRFSS, Hawaii. *Matern Child Health J*. 2014 Dec;18(10):2300-8. doi: 10.1007/s10995-013-1374-y. PMID: 24178156.

- Slife, B. D., Williams, R. N., & Williams, R. N. (1995). *What's behind the research?: Discovering hidden assumptions in the behavioral sciences*. Sage.
- Smith-Acuña, S. (2011). *Systems theory in action: Applications to individual, couples, and Family therapy*. Hoboken, New Jersey: John Wiley & Sons, Inc.
- Stensrud, R. H., Gilbride, D. D., & Bruinekool, R. M. (2019). The childhood to prison pipeline: Early childhood trauma as reported by a prison population. *Rehabilitation Counseling Bulletin*, 62(4), 195-208.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research*. Sage publications.
- Sykes, B. L., & Pettit, B. (2014). Mass incarceration, family complexity, and the reproduction of childhood disadvantage. *Annals of the American Academy of Political and Social Science*, 654(1), 127-149.
- Tasca, M. (2016). The gatekeepers of contact: Child–caregiver dyads and parental prison visitation. *Criminal Justice and Behavior*, 43(6), 739-758.
- Travis, J., & Waul, M. (Eds.). (2003). *Prisoners once removed: The impact of incarceration and reentry on children, families, and communities*. The Urban InSTITUTE.
- Travis J. 2005. *But They All Come Back: Facing the Challenges of Prisoner Reentry*. Washington, DC: Urban Inst. Press.
- Turney, K. (2018). Adverse childhood experiences among children of incarcerated parents. *Children and Youth Services Review*, 89, 218-225.
- Turney, K., & Goodsell, R. (2018). Parental incarceration and children's wellbeing. *The Future of Children*, 28(1), 147-164.
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. London, Ontario Canada: The University of Western Ontario.
- Visher, C, and Shannon M. E. Courtney. 2007. “One Year Out: Experiences of Prisoners Returning to Cleveland.” Urban Institute, Washington, DC. <https://www.urban.org/research/publication/one-year-out-experiences-prisoners-returning-cleveland>.
- Visher, Christy, Vera Kachnowski, Nancy G. La Vigne, and Jeremy Travis. 2004. “Baltimore Prisoners’ Experiences Returning Home.” Urban Institute, Washington, DC. <https://www.urban.org/research/publication/baltimore-prisoners-experiences-returning-home>.

- Visher, Christy A., and Jeremy Travis. 2003. "Transitions from Prison to Community: Understanding Individual Pathways." *Annual Review of Sociology* 29 (1): 89–113.
- Visher, C. A., Debus-Sherrill, S. A., & Yahner, J. (2011). Employment after prison: A longitudinal study of former prisoners. *Justice Quarterly*, 28(5), 698-718.
- Western, B., & Petit, B. (2010). *Collateral cost: Incarceration's effect on economic mobility*. Washington, DC: Pew Charitable Trusts.
- Wakefield, S., & Wildeman, C. (2011). Mass imprisonment and racial disparities in childhood behavioral problems. *Criminology & Public Policy*, 10(3), 793-817.
- Wildeman, C. (2010). Paternal incarceration and children's physically aggressive behaviors: Evidence from the Fragile Families and Child Wellbeing Study. *Social Forces*, 89(1), 285-309.
- Winkelman, T. N., Chang, V. W., & Binswanger, I. A. (2018). Health, polysubstance use, and criminal justice involvement among adults with varying levels of opioid use. *JAMA network open*, 1(3), e180558-e180558.