

Caregivers Family Relations Assessment and Communication Strategies (C-FRACS): Bibliotherapy Storybooks for Children with Incarcerated Parents

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Abstract: In the United States, parental incarceration is an adverse childhood experience that impacts between 2.7 and 10 million children at some point in their lives. Approximately 40% of confined parents have children under 10 years old. One in five affected children is under the age of five. These children are not always informed of the whereabouts of their incarcerated parents. Resultant ambiguity may leave young children confused and even internalizing their parent's absence as their fault. The non-incarcerated caregiver may feel uncomfortable or ill-equipped to discuss incarceration with young children. Caregivers generally have important insights into children's emotions and interpersonal behavior as a prerequisite and follow-up for these important discussions. Developmental researchers suggest that creative interventions such as the use of bibliotherapy, the power of tailored literary works (storybooks), can guide the caregiver-child dyad in discussion about sensitive topics in age-appropriate ways. The use of bibliotherapy-based literary works are germane for parental discussions on sensitive topics such as loss due to death, military deployments, and major transitions. It is plausible that empirically based bibliotherapy literature can help children to cope with issues of separation and loss—emotional distress, possible trauma, and the social stigma—related to parental incarceration. The empirical literature drawing from caregivers' insights, practices, and theory is scant, however, leaving theoretical and literature gaps. The purpose of this qualitative community-based research using grounded theory data analysis was to understand caregivers' communication practices regarding parental incarceration and to explore how, if at all, tailored storybooks could help with these discussions. Data collection entailed 8 focus group interviews conducted in the Washington, D.C., Metropolitan area with 22 caregivers of children ages ten and under, with a parent in jail or prison. Triangulation ensured the construction of a robust mid-level theory entitled, Caregivers Family Relations Assessment and Communications Strategies (C-FRACS). The findings explain how communication regarding parental incarceration occurs within the context of assessing a child's holistic well-being (emotional, physical, social, and psychological). Caregivers' epistemological knowledge and communication strategies were integrated into three child-friendly, age-appropriate storybooks authored by the researchers and vetted by caregivers and a child psychologist, to assist with parent-child discussions regarding parental incarceration. Implications and recommendations on caregiver attunement, paired with bibliotherapy-based interventions, are discussed.

Keywords: Adverse Childhood Experiences (ACEs), Ambiguous Loss, Bibliotherapy, Grief, Parental Incarceration, Children with Incarcerated Parents

1. Introduction

In the United States, parental incarceration is an adverse childhood experience that impacts between 2.7 and 10 million

children at some point in their lives. Approximately 40% of confined parents have children under 10 years old [1, 41]. One in five affected children is under the age of five. These children are not always informed about where their incarcerated parents

are. Resultant ambiguity may leave young children confused and even internalizing the parent's absence as their fault. The non-incarcerated caregiver may feel uncomfortable or ill-equipped to discuss incarceration with young children.

However, caregivers generally have important insights into children's, emotional states and interpersonal needs as a prerequisite as well as a follow-up to these important discussions. Developmental researchers suggest that creative interventions such as the use of bibliotherapy, literary works or storybooks, can help the caregiver-child dyad work through sensitive topics [2, 43]. Literary works have become useful tools for parental discussions about complex events such as loss due to death, military deployments, and major transitions [3]. It is plausible that bibliotherapy-based storybooks can also help children to understand and cope with separation and loss and the emotional distress, trauma, and social stigma related to parental incarceration. The empirical literature that draws from caregivers' nuanced insights, practices, and theory is scant, leaving theoretical and literature gaps. Research in this area generally points only to a small number of resources where caregivers' experiences and wisdom are loosely integrated into the content for children [4, 1].

Additionally, first-hand accounts of caregivers' didactic discussions with children about parental incarceration is largely absent from the literature. This scarcity and lack of formidable tools add to the communication challenges. These discussions tend to be emotionally sensitive for the adults and the children, therefore making tools and resources essential in supporting this homogenous group of caregivers.

The purpose of this qualitative hybrid-community-based participatory action research study using grounded theory data analysis was to understand caregivers' communication practices regarding parental incarceration and to explore how, if at all, tailored storybooks using bibliotherapeutic principles could help with these discussions.

This paper explains the findings on how communication regarding confined parents occurs within the context of caregivers' assessment and prioritization of children's holistic well-being (i.e., emotional, physical, social, and psychological). We introduce a mid-level grounded theory entitled, Caregivers Family Relations Assessment and Communications Strategies (C-FRACS), to explain these holistic impacts and contextual family dynamics. Further, caregivers' epistemological knowledge and prevalent experiences with their children and parental incarceration were integrated into three child-friendly, age-appropriate storybooks to assist with parent-child discussions regarding parental incarceration [5-7].

1.1. Background

The imprisonment of a parent is generally a destabilizing life event, impacting some of the most vulnerable children in the United States [17, 19]. Approximately one-half of the 1.38 million individuals detained in state and federal prisons have children [8]. In 2019, point-in-time estimates conveyed that there were 745,000 people remanded in jails around the country, where about half of these individuals have young

children. Similarly striking, an estimated 6.34 million people are on some form of corrections-based supervision [9, 41], making incarceration a significant social problem.

Parental incarceration is rarely a singular event in the lives of affected young children. Co-occurring deleterious conditions such as housing and food insecurity, familial instability, and significant attachment losses are commonplace in affected families [10, 19]. Many impacted children experience impaired academic progress, showing signs of difficulty in concentration, stress, and impaired coping [11-13]. Lastly, children of color are more likely to experience parental incarceration (than other ethnic groups). They are also more likely to experience poverty and other challenges that can change the trajectory of their lives dramatically.

1.2. Children's Well-Being and Adverse Childhood Experiences

While it is difficult to quantify the holistic impact of incarceration on children, the research is clear that there are risks to these children's emotional, social, and physical well-being [14, 28, 42]. The adversities can range from intermittent stressors to major health risks. Specifically, children with incarcerated parents' social determinants of health are at risk [14]. Of significance, there is a 49% increase in the childhood mortality rate when a parent is incarcerated [10]. Hence, parental incarceration is classified as an adverse childhood experience (ACE) that poses risks to children's future health-related conditions. According to the Centers for Disease Control and Prevention, ACEs health risks include asthma, depression, cancer, and diabetes [14].

1.3. Brain Health and Protective Factors

Of concern also are the possible negative impacts on minor children's critical stages of physical and cognitive development during their formative years. Repeated exposure to stressors and escalation to toxic stress in young children "...may lead to impaired development of areas of the brain involved in logical thinking (such as the prefrontal cortex) and memory (such as the hippocampus)" [15, 39]. However, researchers and developmental scientists stress that with the attunement of at least one caring adult serving in a supportive caregiving role, children can overcome the odds and risks to their well-being [14]. Therefore, caregivers can play a significant role in mitigating children's risk factors and in introducing protective factors to safeguard child well-being.

1.4. Parental Incarceration Disruption to Family Life

As noted, parental incarceration is a stressful life event for most children. For a small minority, the absence of a parent might bring relief from familial conflict and/or abuse [14]. However, in most cases, when a parent is arrested and subsequently incarcerated, the family generally experiences abrupt changes in the household dynamics, introducing stressors and disruptions to family life. When these abrupt changes occur, children are often left out of discussions and decision-making regarding how the family will respond to the incarceration crisis [8, 42].

Some life events can be traumatizing for children. Children instinctively feel fear when their lives are upended by a significant transition. A child introduced to unfamiliar people in conflict-laden environments, household poverty, and other environmental adversities may feel overwhelming stressors.

As a result, interruptions to children's stability and critical support systems may occur. Caregiver-initiated transition and adjustments often include relocations to affordable dwellings located in different jurisdictions. This change may result in severed ties to familiar and stabilizing systems for the child, such as schools, peer relationships, and daily routines.

While children with incarcerated parents are generally placed under the custody of a non-incarcerated adult caregiver, some children encounter a change in caregivers. If the imprisoned parent is a mother, the children are most likely to be placed with a grandparent [9]. If the father is incarcerated, the children generally remain with the custodial mother [1]. Between 11% and 20% of this population of children will be placed in temporary or permanent foster care [1, 18].

Indelibly, a parent's involvement in the criminal legal system likely impacts many young children in nuanced ways. A caregiver's clear and age-appropriate communication about how children's lives will be impacted could reduce the adverse impacts on these young people and even help them to cope.

1.5. Ambiguous Loss Theory and Social Stigma

Two theories guide the insights for this study: ambiguous loss and social stigma. The incarceration of a significant loved one is usually filled with ambiguity, uncertainty, and a lack of closure. Ambiguous loss theory holds that in the absence of closure and a clear understanding of the loss, there is an open-ended grieving process, thereby "freezing" the mourning process, leaving a perpetual sense of anguish and possible feelings of abandonment [20]. This theory generally entails a person being psychologically integrated into the family system, yet physically absent (or visa-versa) [21]. For example, a parent may be incarcerated and absent from the home (physically absent), yet they may have significant control over decisions regarding their children (psychologically present). Or, a non-incarcerated parent might be raising the child (physically present), but emotionally unavailable/absent (psychologically absent) due to preoccupation with their own worries and stress.

Incarceration is often an embarrassment and brings feelings of shame and even disgrace to the family. Goffman posited that social stigma entails feeling socially unacceptable based on social position, personal attributes, or reputation [22]. As such caregivers may struggle to manage their own feelings related to the phenomenon of stigma and loss aligned with the detained parent, especially if they are a spouse or significant other of the incarcerated person [23, 24]. Social stigma and shame may affect how and to what degree a child is informed about the parent's whereabouts [16]. Hence, informing a child about the subject of a parent's incarceration may be deemed undesirable and even avoided by the non-incarcerated caregivers [25].

1.6. Caregiver-Child Communication

As noted, children who lose significant attachment figures require explanation. Some caregivers have found ways to effectively manage the discussion. They may feel confident in sharing age-appropriate information with their children. However, many other caregivers are concerned about the child's emotional responses and potentially disquieting behaviors that ensue as an aftermath.

1.7. Refraining from the Truth About Parental Incarceration

Scholars agree that one reason non-incarcerated caregivers refrain from telling children about the absent parent is the undue consequence of burdening the child with concerns about the confined parent [26]. It is also possible that not all caregivers have adequate communication tools and are uncertain as to how to address children's emotional needs [16, 40].

Consequently, caregivers have used compassionate deception or told children untruths. Children have been told their parents are in the military, away at college, on travel, and variations of misinformation. However, this method of addressing difficult situations may establish a precedent, leading children to believe that falsehood is the preferred method of problem-solving and dealing with challenging circumstances.

While there are benefits to using clear, age-appropriate and direct communication with children, some caregivers encounter considerable challenges related to their emotions when sharing sensitive information. Moreover, establishing the boundaries for these discussions about the parental arrest, jails, court systems, and prison can be complex to negotiate. Yet, according to the United Nations Convention on the Rights of the Child, these young people have a right to know where their parents are and to be informed that the absence is not their fault [27].

Given the potential stressors associated with the ambiguity of having an incarcerated parent(s), it seems reasonable that caregiver-child communication can be a vital step toward inquiring about and understanding children's holistic well-being. Non-communication regarding a significant attachment may cause children to feel abandoned. For many children, their parents were one day present and vanished the next. Consequently, many children might be left with internalized confusion and struggles to adjust.

In response to confusion about parents and potentially perceived abandonment, some children have acted out in schools. As such, their behaviors are often misconstrued as intentional defiance and aggressive behaviors in these academic settings [12]. However, what might be displayed as a primary feeling of anger may actually be a sign of fear, worry, and ineffective coping. A small number of children have even attempted suicide [28].

Despite the growing literature on this topic, the research lags specific to understanding caregivers' perspectives on communicating with children regarding parental incarceration and their views on using resources and tools such as bibliotherapy-based storybooks to support these discussions.

1.8. Bibliotherapy-Based Storybooks

Parents and caregivers have used stories, both verbal and written, to help children make meaning of their experiences. Storybooks help to preserve cultural legacies as well as introduce learning, comprehension, and literacy. Using a modality called developmental bibliotherapy enhances the process of reading a book to a child in effective ways. Some researchers have used this modality with adolescents who had parents in prison [29]. The intentionally designed storybooks with principles of developmental bibliotherapy can help the reader to better understand the situation from an objective view. Developmental bibliotherapy-based literature can help the reader adjust to a situation and even overcome life challenges. To be classified as a bibliotherapeutic storybook, the text must: (1) be topic-specific (e.g., arrest, incarceration, prison visits); (2) designed to remediate the emotional, psychological, or some social or physical impediment, and (3) provide a sense of hope or faith towards overcoming the challenge. This non-clinical modality can be used by caregivers, educators, and helping professionals as well as clinicians in their practice [3, 43].

A bibliotherapeutic-designed book should be intentional and inspire the reader to believe that others have indeed overcome the odds and challenges identified in the story narrative. In the bibliotherapeutic process, the reader should recognize the similarities with the topical problem and ultimately realize they are not alone in their circumstances. As the reader becomes engrossed in the storyline, they recognize that they can find the silver lining in the situation. Ideally, the readers create a plan to take action to improve the situation in their own lives.

Bibliotherapeutic-based books can open the lines of communication between caregiver and child, providing a framework for discussion about difficult topics in a nonjudgmental and non-intimidating manner. These tailored storybooks can bolster the caregiver's confidence and provide ways to explore discussion points through reflection and engagement with the child.

2. Methods

The main thrust of this exploratory study was to understand how caregivers communicated with children about a parent's incarceration. The second aim was to understand the application of children's storybooks to aid discussions about parental incarceration and to further construct/author storybooks [5, 6, 7], that provide caregivers with tools to discuss the predominant scenarios identified in the research. The intent was to host the digital books on a web-based portal (www.mystoryandme.com) for at least one year, while making the paperback versions of the books ongoing resources for children and caregivers.

In this research, caregivers were the subject matter experts who informed the research team and the design of the children's books.

To guide the study, the following research questions (RQs)

were asked.

RQ1. How do parents/caregivers communicate with children about parental incarceration?

RQ2. How do parents/caregivers perceive the use of custom stories as interventions for children affected by incarceration?

2.1. Sampling and Recruitment

After the institutional review board (Walden IRB #2019.01.03.17:44:04-06'001) approval, we recruited participants for the study, each providing informed consent. A gift card of \$20 was offered to each participant. We furnished refreshments for each of the focus groups, as well. The study was conducted in the Washington, D.C. Metropolitan area with 22 caregivers (parents, relatives, and guardians) of children under 10 years of age, using 8 focus group interviews. The demographics included grandmothers, sisters, aunts, mothers, non-relatives, and fictive kin. While the study was designed for all caregivers, only those who self-identified as women provided interviews.

Sampling strategies included snowball, convenience, and purposeful sampling to meet 3 criteria: 1) 18 years of age or older; 2) must care for or have cared for a child under 10 years old with (current or formerly) incarcerated parent(s), and 3) must speak fluent English.

The predominant source for recruiting was a community center in the Washington D.C. area. The remainder of the focus groups were held in Maryland, D.C., and Virginia. The focus group size averaged about 5 people. The follow-up focus groups and make-up sessions were conducted via online meeting software.



Figure 1. Focus Group Stimulus Material Depicting Caricature of a Child with Incarcerated Parent by Rhythm Bowers, Graphic Illustrator.

2.2. Focus Groups and Semi-Structured Interviews

The first author facilitated the focus group interviews. All researchers captured field notes. Interviews lasted between 60 and 90 minutes.

The researchers executed this qualitative grounded theory study with infused methods of community-based participatory action research (CBPR) [30]. With CBPR focus, participants are generally involved in each phase of the

research process to identify interventions related to the identified problem [31, 32]. However, our departure to this process entailed only collaborating with participants during the focus group interviews (after receiving informed consent) and subsequently during the construction and vetting of the three storybooks.

Semi-structured interview open-ended questions were asked during the focus group sessions. These interview questions were derivatives of the noted research questions.

To generate robust discussion about parental incarceration, we used stimulus material (See Figure 1). Essentially, we had previously hired three graphic artists. One created an anthropomorphic caricature that represented a child with incarcerated parents (The other artists later created illustrations for the storybooks). This noted character (Figure 1) provided a focal point for discussion and also enabled the caregivers to build rapport among the other focus group participants. The fictional character was named “Baby Star,” which incidentally became the name of a central character in one of the children’s books authored for this project [5].

For example, semi-structured questions included:

- 1) Baby Star’s parents are incarcerated. What do you think is going on with her?
- 2) How do you communicate with Baby Star about parental incarceration?
- 3) What do you say to your own children about incarceration?
- 4) What is not said to the children about parental incarceration? Why?
- 5) How did you feel when holding discussions?

The participants overwhelmingly responded to the questions using the stimulus material by indicating variations of the following statements: “Baby Star is like my granddaughter,” or “My Baby Star is a boy...” Ultimately, the stimulus material served as an effective starting point for conversational interviews.

2.3. Coding and Data Analysis

Using Strauss and Corbin’s three-step constant comparative approach, the following analysis took place [33, 35]: (1) first-order coding of the transcribed audio recorded interviews [where textual analysis led to data grouped in major chunks], (2) second-order coding; morphing the first-order data into major categories, and (3) identification and documenting of themes. Substantive analysis of the themes and relationships led to the construction of a theoretical framework. The theory was interrogated, searching for discrepant cases, and emerging questions [34].

One emergent question entailed, RQ3: What role do children play in supporting the family system?

This question emerged because we heard themes from caregivers indicating roles and responsibilities placed on young children to provide instrumental support to the family system.

The second emergent question, RQ4: What does it mean to explain the children’s behaviors and feelings using “first-person” narratives?

This second question emerged because we saw strong evidence in the data of caregivers “mirroring emotions” of their children. We later learned that in addition to caregivers and children experiencing similar reactions to incarceration, in some cases, caregivers were self-identifying with their own reactions to parental incarceration (their parent’s incarceration) and therefore, the expressions may have been more pronounced. Additionally, we extrapolated themes from caregivers’ scenarios that typified the family experience with incarceration. We then integrated these ideas into storylines and narratives that ultimately became children’s books. The caregivers then vetted the storybooks, offering feedback and ideas related to the age-appropriate read-along books for caregivers to use with their children.

Note: The first RQ was used to create the interview guide that specifically focused on communication, incarceration, and its impacts on the children and family.

After reaching theoretical saturation and the generation of the initial grounded theory, we drafted storybooks by extrapolating the main themes and predominant scenarios caregivers faced and applied the second RQ2, which guided the vetting process for the storybooks.

2.4. Triangulation and Interrater Reliability

To ensure inter-rater reliability, coding and data analysis were independently conducted by each of the co-principal researchers, then subsequently triangulated.

2.5. Privacy and Confidentiality

All interview materials were de-identified, and printed documents contained unique identifiers, where no names were associated. Pseudonyms were used in all reporting to protect the identities and confidentiality of the research participants. Data were stored on password and encrypted hardware and software.

3. Findings

3.1. Participants

Twenty-two (22) participants ranging from 19 to 67 years of age took part in the focus group interviews.

Table 1. Demographics.

Race	Caregiver Type	Total
Black American	Grandparents	6
	Sister	
	Aunts	3
	Other Relationship	1
	Mother	8
Caucasian	Grandparents	1
	Sister	
	Aunts	
	Other Relationship	1
	Mother	2
TOTAL		22

Note: The distribution of self-identified racial groups of caregivers who participated in the research study

3.2. Caregivers Family Relations Assessment Following Parental Incarceration

Figure 2 depicts the Caregivers Family Relations Assessment and Communication Strategies (C-FRACS) grounded theory. This framework graphically illustrates how caregiver-child communication includes understanding family dynamics and interpersonal relationships impacted by

the incarceration of a child’s parent. The process is initiated with the “Incarcerated Parent.” Each of the major boxes is annotated with an alphabetic or alpha-numeric identifier followed by the name of the theoretical construct (i.e., Figure 2, labels “[A] through [D]” and subheading labels “[a. 1] through [d. 3]”

Caregivers' Family Relations Assessment and Communication Strategies (C-FRACS) Theory

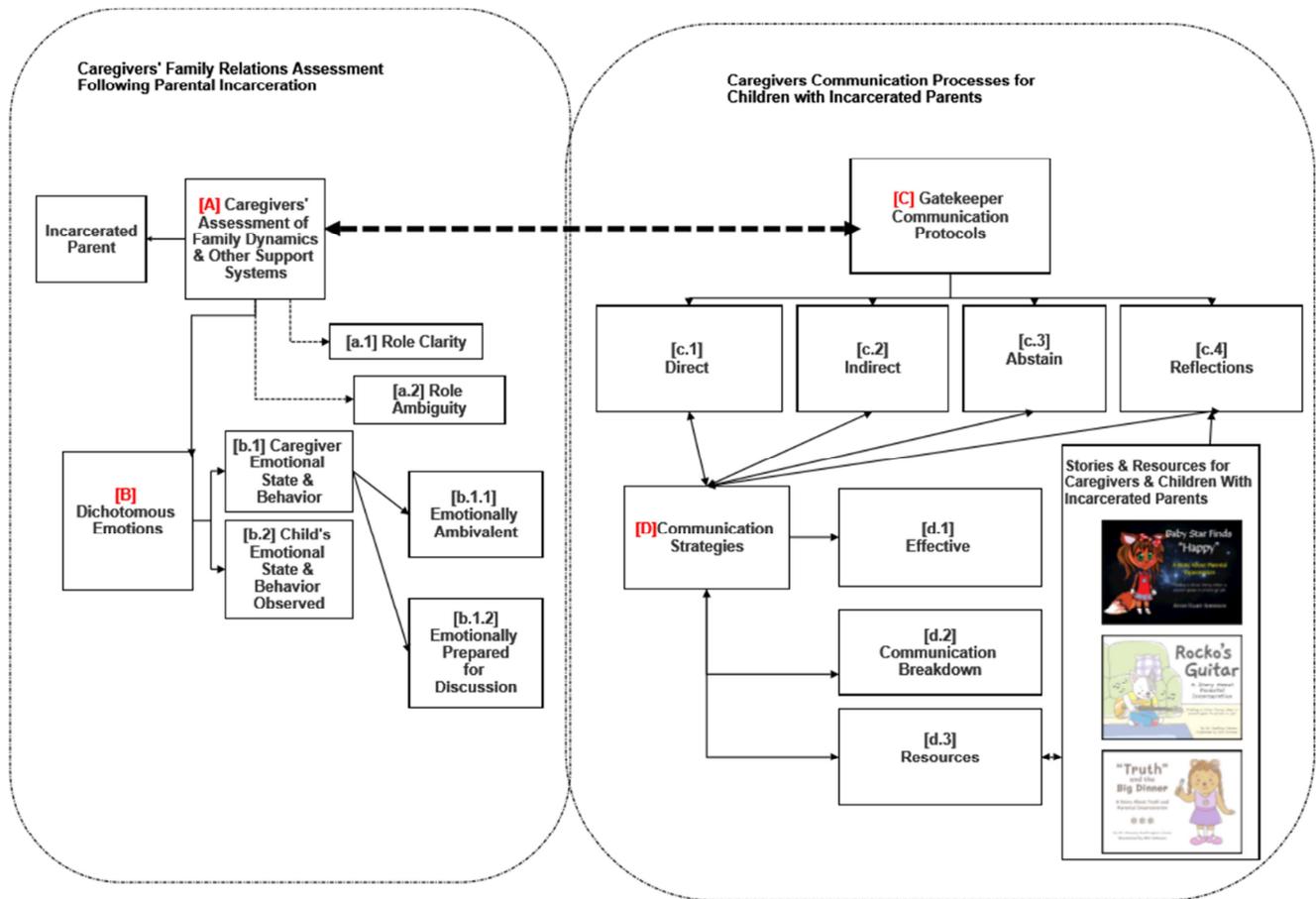


Figure 2. Caregivers Family Relations Assessment and Communications Strategies (C-FRACS) Theory.

3.2.1. “Caregivers’ Family Relations Assessment Following Parental Incarceration”

Analysis of the focus group transcripts revealed that caregivers mostly agreed that an informal assessment of the family was necessary before having major discussions with young children. We label this construct, “[A] Caregivers’ Assessment of Family Dynamics & Other Support Systems.” This assessment of the family included understanding a child’s social, emotional, physical, and psychological well-being. Hence, caregivers indicated that a child’s age factors into the consideration along with these determinants of health. Bottom line, all caregivers agreed that a child who is physically or emotionally distressed is not likely to be best positioned to hear information about their parents that could further exacerbate the depths of their sadness, stress, possible abandonment, fear, shame, and even trauma.

Participants collectively reflected on how families operate as a system or unit and that integral in that operation is the overall health and well-being of their children. While discussions about family matters such as parental incarceration were deemed critical for children to understand, the majority of the caregivers found it vital to first understand the status of a child’s holistic well-being. Caregivers stressed that the stability of children was an essential prerequisite to any conversation about absent parents.

Many caregivers offered justification and clarification for this position. Caregivers conveyed that some children had witnessed the violent arrest of the parent. Other participants voiced concern about triggering their child’s trauma. For example, one caregiver shared, “...she has some PTSD because she was with the mom when she committed the crime.” Another caregiver indicated, “She has some trauma,

so I'm trying to keep the trauma at bay." Three caregivers discussed their child's suicide ideation, as evidenced by one caregiver's tearful lament,

I didn't even know how a 9-year-old can even think about committing suicide. He tried three times. Then he goes to school, to talk about it and they pick on him. So, they bully him, just kick him. They're bullying but I don't understand how he learned how to even get to commit suicide.

Of significance, the other caregivers in the focus group all empathized with the lamenting caregiver who seemed to be worried about the aforementioned young child. Two additional caregivers shared their methods of addressing suicidality in their children. One indicated that she used authoritarian means of dealing with the situation. The other sought out support.

The participants in the study all conveyed that incarceration introduced significant stressors to family life. While disclosing information about the incarceration of a parent is paramount and of importance, the vast majority of participants stressed and repeated that before sharing such sensitive information, checking in with the child/children was vital. As one participant indicated, "The very first thing we need to do is just be more sensitive and be more perceptive." Similar sentiments were shared by other caregivers during focus group interviews. One participant reflected and shared her rationale for assessing and prioritizing her child's well-being,

We need to ask if he's really feeling strong emotions and then help him to feel better [before a discussion]. They are not going to just wake up one day and say, 'I'm feeling better!' It has to be a guiding principle. It is an adult's responsibility to understand how the child is doing.

A caregiver from another focus group offered:

First, you need to find out what level she is on. This is really sensitive knowledge for her to digest. Whether she's with the collective family at the dinner table or not, it is going to be helpful to know how she is feeling, first. Having that one-on-one conversation to guide her—ushering her into the truth.

Another caregiver added:

I just had to learn to pay close attention. Ask yourself: 'What else do you need to ask your child?' I think that we focus too much on trying to pay bills and putting a roof over their head and food in their tummy. Sometimes, we just need to really just be attentive.

Participants also shared that being attentive and attuned was fundamental, and their familial assessment also included understanding what support systems the family had in place. One member of the focus group offered her ideas on family support:

I would add that the family needs a support system that focuses on the long-term sustainability of those kids. Mom and Dad is incarcerated. There needs to be a long-term focus on the development of the child.

3.2.2. "[a. 1] Role Clarity" and "[a. 2] Role Ambiguity"

The construct of role clarity and role ambiguity is a subset

of the Caregivers' Assessment of Family Dynamics and Other Support Systems process. The focus group interviews clearly revealed how roles in the family system can become blurred or ambiguous (role ambiguity) and during other times, very clear (role clarity), based on necessity. Specifically, participants' consensus conveyed that an incarceration crisis may call for an all-hands-on-deck approach and subsequent shift in family responsibilities, and possible juxtaposition of roles. Therefore, blurred lines of responsibility may have emerged when it became unclear who was in the role of parent versus child. Essentially, children may have been asked by their caregivers to fill the role vacuum created by the absent parent. This concept is illustrated through the following caregiver's reflections:

So, when somebody was there all your life, and now at 6 years old, they have been taken away, this child doesn't understand, he's going to be a man. There are different things he will have to do on a daily basis.

Role juxtaposition is also conveyed through the description of another caregiver:

One of the roles I would say is the relationship of the sibling. I have to work, then I have to rely on my child regardless of what age that child is, to help me take care of the younger ones. So, the roles and the responsibilities kind of get misconstrued in regards to what it is that a younger sibling is supposed to do and what an older sibling is supposed to do in one household. So, this child who is six or seven years old wants to be a child, wants to play, wants to color, wants to watch television. But, because of our life situation, she now has to prepare a meal, she may have to do homework. I am putting force on the youngest to the oldest sibling to carry out those roles.

One caregiver challenged the idea of a child taking on adult roles. She responded by first defending her choice to use compassionate deception, then proceeded to share:

Yes, I lied to perpetuate this whole thing, but she never had to pick up an adult role. She never had to worry about another sibling. She never had to worry about cooking and preparing meals for her sibling. So, she was allowed to be a child because I had a support system that supported me and helped her be a child.

Collectively, the caregivers agreed that some of the children were wiser and more mature than their years. Caregivers appeared to be attuned to their child's capacity to perform chores and take on tasks of instrumental support in the family dwelling.

3.2.3. "[B] Dichotomous Emotions"

An interrelated subset of the *Caregivers' Assessment of Family Dynamics and Other Support Systems* is the construct entitled dichotomous emotions. This theme encapsulates the self-described mirrored emotions shared between the caregivers and their children. Caregivers' descriptions related to the incarceration of the children's parents ranged from feelings of distress to grief and abandonment. Specifically, caregivers' deep feelings and emotional distress often mirrored the feelings and emotional expressions observed in

their children. The caregiver's feelings are illustrated in Figure 2, "[b. 1] Caregiver Emotional State and Behavior." In the following quote, the caregiver is speaking in first-person narrative, expressing how her child felt:

Thank God, I have a family around me to lift me up and support me in times of need. Something that deep, it just doesn't go away. I feel like nobody loves me, I guess my dad, and my mom refused to let me see them.

When asked how the caregiver herself felt, she shared, "I have low self-esteem...feeling no love, distrust, and abandonment."

As illustrated, both the child and caregiver felt unloved and abandoned. This process is illustrated in Figure 2, "[b. 2] Child's Emotional State and Behavior," as well.

Conveying a different aspect, another caregiver was slightly oblivious to how her grandson became so angry related to parental incarceration, "I didn't want him to be angry. At first, I thought it would pass." The same caregiver, reflecting on her own feelings, said, "I was angry, but I didn't show him... I'm angry, hurting. I went through a lot of emotion..." illustrating how the caregiver-child dyad was expressing similar emotions.

It also appears that in some cases, the caregivers understood that they could project their feelings on their children. This is evidenced in the following statement:

I think what children [go through]-- goes back to the caregiver. If I feel emotions of stress and unhappiness, it's going to be conveyed to the child even though they may not understand. They might associate my feelings when they actually feel something totally different.

It appeared that this caregiver recognized that in some cases, children may not have severe levels of distress, but they take their cues from their parent's emotional responses and actions. In this case, the caregiver indicated that the child felt unhappiness because that was the observation of the parent.

The emotional ambivalence or the confidence established of feeling prepared for a discussion with a child is illustrated in Figure 2, "[b. 1.1.] Emotionally Ambivalent" and "[b. 1.2] Emotionally Prepared for Discussion," respectively. As noted, parental incarceration can be destabilizing, having emotional impacts on the whole family. Some caregivers felt ambivalence resulting from the tension in the family.

During focus groups, caregivers shared their feelings of empathy for the child and their incarcerated parents while also experiencing conflicting feelings associated with the burden of child-rearing under stressful and financially constrained conditions, and feeling angry at the parent (emotional ambivalence).

My mother said she was done. She wasn't raising any more children and I didn't want him, either. But he was going to know that we didn't want to raise him. I couldn't do that to him. I just couldn't do it. So, I took him. And I don't regret ever taking him. He was a good kid, he's a very loving child.

The noted caregiver shared candidly how there was a family dilemma involving who was going to raise the child. The grandmother had already indicated she was done with raising children. So, her daughter was left with the decision

of raising her grandchild even though she did not want to, initially.

Some caregivers suggested that it was hard to speak kindly about incarcerated parents who disappointed them. These dynamics tend to influence whether the caregiver held discussions with the children, especially if they were still upset with the incarcerated parent. One caregiver shared that she was extremely angry, frustrated, and tired, stating:

I feel like I want to punch him (incarcerated father) in the face. I want to punch him because it's frustrating. It's a lot of crying. I will not give up... I'm just tired.

This dichotomy of emotions appeared to influence decisions about when to discuss the incarcerated parents with the children.

Caregivers who were certain about their feelings and in control over their emotions were more inclined to speak candidly with their children (emotionally prepared for discussions).

3.3. Caregivers' Communication Processes for Children with Incarcerated Parents

The gatekeeper role of the caregivers is depicted in Figure 2, "[C] Gatekeeper Communication Protocols." Essentially, all participants discussed the importance of communication related to parental incarceration. However, many held variations of opinions on how and when a child should be informed. Some caregivers shared that children should be informed as soon as possible about where the parents were, using direct and age-appropriate communication ("[c. 1] Direct"). Others suggested that it was a viable option to delay the discussion and perhaps use an indirect approach ("[c. 2] Indirect"). Yet, other caregivers felt that they would not speak about the incarceration and that the child was too young to realize what happened to their parents ("[c. 3] Abstain").

Some parents shared that, at all costs, the child would be spared further stress, trauma, and hardships. As one caregiver reflected, "I don't think no child should be told anything negative if we can help it because we weren't told all the bad things our parents did."

Reflection ("[c. 4] Reflection), served as a powerful mechanism for assessing and evaluating past practices of information sharing as well as preparation for future discussions. This construct highlights the complexity of discussing parental incarceration and tough topics such as maternal and paternal incarceration or sharing with children that their mother/father is in jail. Moreover, reflection was used as a method of contemplating how to "fix things," especially when a child was told a lie or if the method of sharing crossed boundaries as "over-shared" and unsuitable content for children (e.g., offering disparaging remarks or information about the incarcerated parent).

3.4. Stories and Resources for Caregivers and Children with Incarcerated Parents

To address the second research question (RQ2), Figure 2

depicts the process of using “Stories & Resources for Caregiver & Children With Incarcerated Parents.” Tailored stories authored for this research encapsulated some of the noted complexities and nuanced caregiver discussions. For example, the children’s book *Baby Star Finds Happy*, by Dr. Avon Hart-Johnson (Figure 2, bottom right corner) is a story about a mother who went to jail. The child, “Baby Star,” initially believes that the incarceration is her fault [5]. This response by children is a common reaction, as they are egocentric in nature, believing that they are responsible for most adverse family events such as divorce or separation. The story narrative conveys the importance of family, support systems, truth-telling, apologies, and forgiveness. Sensory elements, colorful characters, and symbolism are integrated into the storylines to help to bring the story to life.

Figure 2, far right corner, the second book, *Rocko’s Guitar*, by Dr. Geoffrey Johnson, describes a child’s relationship with his father who becomes incarcerated [6]. The book details how the mother initially lied about the father’s incarceration, using an indirect approach to truth-telling. She decided initially to say that the father, a budding musician, was on tour. The conundrum is that Rocko, the main character and son, finds out the truth through his dad’s colleague. This generated anger and frustration in school and towards the mom.

The third book, *Truth and the Big Dinner*, by Dr. Renata Hedrington-Jones, focuses on the concept of “it takes a village” to raise a child [7]. However, even with that type of instrumental support, families make mistakes. The family in some cases used direct communication. However, the main character in the story, “Truth,” was the last to find out that her mom would not be attending dinner because she was incarcerated. Through this story, readers learn the power of familial support, forgiveness, apologies, and ultimately, the power of love to help children cope.

Through reflection, caregivers assessed their own “[D.] Communication Strategies.” In essence, they deemed their communication about parental incarceration with children as Figure 2, [d. 1] effective, [d. 2] a communication breakdown, or [d. 3] (a need for) resources, to acknowledge when tools were needed (e.g., “Stories & Resources for Caregivers and Children with Incarcerated Parents”) to guide discussions. Effective communication was often considered caregiver/child discussions that had the most benefit and least risk to the child’s well-being. A communication breakdown generally conveyed a conversation between caregiver-child that was not effective and fell short of the caregiver’s goal to use age-appropriate talking points. All caregivers agreed that the use of resources and tailored storybooks could support communication strategies. The following quote is an example of a caregiver who shared insights related to each of the stories:

I actually really love this story (*Baby Star Finds Happy*) and I can relate to it. I think is very important. I like the other stories too, where the caregivers get ahead of the situation, like with *Truth*, before the child is blindsided (the family discussion is held). Also being honest with

them (the children), such as in *Rocko’s* story. It’s important that they hear from that other parent (incarcerated parent) that they made a mistake. I know my child was very upset with the police for a long time. She was very, very angry because the police took her daddy away. The police made her dad cry and she really needed to hear that from her dad and that this was his fault—not her fault.

4. Discussion

This research study was designed to better understand caregivers’ communication practices with children in the context of parental incarceration. This study confirmed that explaining incarceration resulting from the often-abrupt separation between parents and children can be challenging. The caregivers generally agreed these discussions can be especially difficult when they are in the throes of adjusting to their own emotional distress. Indeed, caregivers collectively established that nearly all aspects of a child’s life are disrupted when a parent goes to jail or prison.

This study also corroborates the scores of studies on systems theory that describe the interdependencies of the familial system, noting that when part of the system is fractured, it impacts the whole. Essentially, a crisis in the family system can place the family system in a state of imbalance [e.g., 36].

Compounding the situation, parental incarceration is rarely a singular event, where children may face several abrupt transitions and changes, bringing about stress and sometimes, prolonged conditions of anxiety and grief [15]. These complexities add to the caregivers’ concerns about adding additional burdens on children.

Finally, caregivers expressed concerns about children contemplating taking their own lives. Each time this situation was mentioned, the focus group facilitator (a mandated reporter) asked clarifying questions to determine if the child/children were actively considering suicide. The respondents affirmed that they were not suicidal and that the children were safe. A resource listing with crisis intervention and support services was provided to all participants.

4.1. Family Relations Assessment Following Incarceration

Caregivers’ narratives made it clear that children instinctively experienced fear and stress when exposed to tumultuous changes in their lives related to parental incarceration.

Participants also suggested recovery and coping begins with stabilizing the family with support. As such, caregivers expressed the importance of family psychological, emotional, physical, and social health and well-being as a prerequisite to any discussion on incarceration. Caregivers placed a keen focus on attunement to children’s social-emotional competence and maturity levels. As such, caregivers were acutely aware of their children’s ability to process information related to their confined parents.

These caregivers routinely observed their children, evaluating temperamental reactivity, vulnerability, and their children’s

ability to emotionally regulate upon hearing distressing information. We labeled this construct, as: *caregivers' family relations assessment following parental incarceration*. This informal assessment seemed to influence communication strategies and drive decisions about imparting potentially sensitive and stressful information to young children.

In some cases, caregivers conveyed in lay terms that telling an already traumatized child that their parent was incarcerated might incite or exacerbate anxiety, thereby overtaxing the child's physiological and emotional response systems. Developmental scholars refer to this phenomenon as a child's *allostatic load*. In other words, if a child becomes overly concerned, stressed, and afraid, the sympathetic nervous system may go on overload (fight-or-flight- or freeze), resulting in increased heart rate, sweaty palms, hypervigilance, and degrees of stress-response or even trauma [15]. As one caregiver offered her concern, "She already has attachment issues. Then there is the trauma..."

4.2. Caregiver-Child Communication Has Complexities and Nuances

This research conveyed that talking with the child about their parent is only one part of the equation. This complexity is illustrated in part through the theoretical constructs displayed in the C-FRACS model (Figure 2). Each of the subordinate processes illustrates an examination of the child, the family, and the caregiver herself (e.g., dichotomous/mirrored emotions, roles, emotional ambivalence or emotionally prepared for the discussion, and which gatekeeper communication protocol was used). These subordinate processes represent the totality of the child- and family- well-being model. They represented emotional status as well as the roles carried out in the family system, illustrating their need for returning to a form of normalcy or balance, sustainability, and survival.

4.3. Role Juxtapositions in the Family

Role juxtaposition is a phenomenon identified in the C-FRACS model that slightly aligns closely with a term researchers call *parentification* [44]. Parentification entails placing adult responsibility on the children that is greater than children's capacity to carry out the task [44]. As noted in earlier quotes, some caregivers clearly stated that young children (5 or 6 years old) were expected to take on chores and responsibilities which may have included caring for younger siblings. However, the authors agree that none of the caregivers seemed to overburden the children with adult responsibilities.

Finally, there are substantial studies that express the prevalence of and impacts of intergenerational incarceration. Although this research was focused on caregivers' experiences with children, it was clear that many participants were reminded of their own reactions to *their* parent's incarceration. While this phenomenon is well beyond the scope of this paper, it was evident from participant focus group contributions that many caregivers had experienced a

father or mother's incarceration. Some caregivers imparted that their communication strategies were based on the models and examples set by their own parents.

This study aligns with other research, suggesting that caregivers have the greatest range of historical and cross-contextual views of the child's experience [37] where the majority of caregivers knew instinctively, when and how much to share with children about their parents. As the primary gatekeepers, they also knew that, sometimes, it was best for the confined parent to tell their own story and disclose their whereabouts to the children. Therefore, their gatekeeping roles were limited.

4.4. Storybooks and Bibliotherapy

According to caregivers in this study as well as recent literature, bibliotherapy literature has emerged as a viable modality to help children process and make meaning of difficult situations in their lives [38]. The researchers each authored a storybook using bibliotherapy principles. Each of these books was examined for efficacy in providing emotional support, face validity, and further vetted by caregivers and a child psychologist for the appropriateness of using the books to discuss parental incarceration. The books each met the criteria of bibliotherapy-based children's books [38]: (1) relatable context; (2) provides a framework through the use of sensory elements where children and readers can respond to the story by identifying the objects, characters, and situations; (3) provides a safe and nonjudgmental distance to examine the situation, and (4) provides examples of coping and overcoming the odds.

4.5. Recommendations

There are many ways that adults can support children with incarcerated parents, including through legislation, community-based organizations, prisons, and educators. Each of these sectors can become better informed on how children are impacted and potentially traumatized by the incarceration of a parent. This trauma and stress may manifest in many ways that are misconstrued as inappropriate behaviors in settings both in and outside the home, especially in school environments. Practitioners, parents, advocates, lawmakers and legislators, law enforcement, corrections, and other adults can promote children's rights to be parented and to be treated with dignity and respect (especially when interfacing with children). Policies can safeguard children and their well-being. Moreover, when children have a mother/father facing prison, the children's well-being should take precedence over sentencing for non-violent crimes. The strength as well as vulnerability, should be factored into interventions. Finally, children's books can be powerful tools to neutralize stigma and increase comprehension and awareness of grief, separation, loss, and even coping for children affected by the incarceration of a parent.

4.6. Limitations

Qualitative studies are by their nature small samples. However, this limitation is managed in part by the robust and

systematic use of grounded theory methodology [34, 35]. Another limitation is that this study is context-specific and was limited to the Washington, D. C. Metropolitan area (MD, VA, DC). This means that its generalizability is limited. Finally, only individuals who self-identified as women participated in the study. Future studies should focus on other perspectives, including male and gender-non-binary samples.

4.7. Implications for Practice and Policy

Based on the caregiver's insights regarding family assessment (C-FRACS), there are opportunities for future research as well as practice and policy implications. Future research could examine the holistic needs of families as systems when a loved one or parent is incarcerated. Child trauma, PTSD, and toxic stress (prolonged exposure to contiguous stress), call for federal and state law enforcement/court systems to understand their impacts on justice-aligned families across the United States. Special consideration, resources, parenting programs, and communication as well as reunification resources should be provided for caregivers and children. Quantitative research in this area may provide more empirical evidence of the need as well as the effectiveness of such programs to enhance and improve these resources.

The use of bibliotherapeutic interventions can be a powerful tool for children's recovery and coping adjustments. Educators can integrate topic-specific books to ensure that a variety of subject matter informs children and their parents that incarceration is a loss similar to other losses such as divorce, military deployment, and death. Adverse childhood experience has been broadly studied and the evidence is clear that incarceration is indeed, an ACE with potential long-term implications. Future research should examine the use of bibliotherapy as a means of mitigating some of the harmful risks to uninformed children who are left to wonder about their parents.

Finally, federal, state, and local corrections institutions should collect parent-related data to determine the degree to which children are impacted by parental incarceration.

5. Conclusion

This research shows that in many cases, when children are abruptly separated from their parents after arrest and placed under the guardianship of a nonincarcerated adult, they need the support and safeguarding of a loving caregiver. These guardians of children can play a critical role in administering first-line protective factors and interventions that minimize confusion, enhance communication, and possibly prevent other risks of adverse childhood experiences from occurring. Caregivers can use creative interventions such as the use of bibliotherapy to advance emotional coping and build secure attachments with young children.

Conflict of Interest

The authors declare that they have no competing interests.

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