The Effects of Parental Incarceration on the School Behavior of Poor Urban Black Children

Sheridan Quarless Kingsberry MSW, Ph.D.

Natalie Fountain, B.A.

Stephanie Juarez, MSW, B.A.

Department of Social Work, Delaware State University, Wilmington, DE 19808, USA

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Abstract

Children whose parents are incarcerated experience emotional traumas that are harmful to their social competence and overall well-being. When parents go to prison, children's lives become traumatic, distressed, and unstable. Young children who are unable to articulate their emotional distress instead manifest disruptive behaviors in school. Poor black children who display disruptive behaviors in school are at especially high-risk for exclusionary discipline practices, such as suspension and expulsion. These practices have been shown to negatively impact the development of their social and emotional competence and further impede their academic achievement. The HOPE Project was a 3-year pilot project that provided school-based therapeutic services to black children with incarcerated parents. The children were enrolled in three elementary schools located in an urban, poverty-impacted community. Program evaluation findings suggest that intense age-appropriate therapy conducted in schools is a helpful intervention for reducing negative in-school behaviors and increasing the social and emotional competence of poor, urban black children to keep them engaged in school. The findings have important implications for social work practice in the school setting with children who have parents that are incarcerated.

Keywords: Parental incarceration, poverty, disruptive behaviors, black urban children, school-based mental health interventions

Introduction

Parental incarceration in the United States is a growing social problem that has deleterious effects on children's social competence and overall emotional well-being (Comfort, 2007; Sugie, 2012; Wildeman, 2010; Wildeman & Western, 2010). It is estimated that there are currently well over 2.7 million American children who have a parent in prison or in jail (Pettit, 2012; The Pew Charitable Trusts, 2010). Parental incarceration is identified as an "adverse childhood experience" (ACE) which is used as a measure of childhood trauma by The Centers for Disease Control and Prevention (The Osborne Association, n.d.). Exposure to multiple ACE risk factors considerably increases the chance that individuals will face long-term negative mental health outcomes such as anxiety and depression (The Osborne Association, n.d.). Children whose parents go to prison experience more emotional trauma than children whose parents do not go to prison (Turney & Haskins, 2014; Wildeman & Turney, 2014) and as a consequence are more likely to manifest negative behaviors. Using data from the Fragile Families and Child Wellbeing Study, specifically caregiver- and teacher-reported child behavioral problems, Wildeman and Turney (2014) assessed the effects of maternal incarceration on 9-year-old children with incarcerated parents. They found that children whose mothers are incarcerated displayed aggressive behaviors that were roughly one-sixth of a standard deviation higher than children who did not have incarcerated mothers. They also found that children with incarcerated mothers exhibited more externalizing problems such as rule-breaking, anger outbursts, and defiant behaviors. An equally important finding from the study is that when both maternal and paternal incarceration were analyzed, paternal incarceration was found to be associated with even more behavioral problems.

The life of a child with an incarcerated parent can become insecure and unstable both at home and in school. This situation is compounded by the inability of young children who, because of their stage of development, are unable to articulate their thoughts and feelings to parents, teachers and other adults. Some become anxious, depressed, or withdrawn while others, especially boys, tend to display their feelings and emotions in very aggressive and disruptive ways (Murray & Farrington, 2005, 2008b;

Wildeman, 2010; Wildeman & Western, 2010). Separation from a parent is a traumatic event that can cause long-lasting changes in the brain that can lead to adverse mental health outcomes for children (Schore, 2001).

Black children with incarcerated parents are more likely to live in poverty-impacted urban communities (Wildeman & Turney, 2014). And, because of the educational and economic disadvantages suffered by residents of those communities, these children are deprived of the social competence and supportive environments that would enable them to communicate their emotional distress effectively. Instead, they may become restless, easily agitated, and angry. They may become defiant and refuse to follow directions from adults. In the classroom and on the playground, they may get into fights and threaten or bully other children. These negative behaviors create conflict-filled relationships between children and their schools (Darensbourg, Perez, & Blake, 2010; Quarless Kingsberry, Karnik, Fountain, & Wetzel, Forthcoming) and impose additional demands on schools that are already overburdened and that lack adequate resources to support the mental health needs of these children (Herman-Stahl, Kan, & McKay, 2008).

A growing number of studies focus attention on the unintended consequences of parental incarceration on children's social and emotional well-being (Darensbourg, Perez, & Blake, 2010; Geller., et al, 2012; Murray & Farrington, 2008a; Siegel, 2011; Wildman & Turney, 2014; Wakefield & Wildeman, 2011). However, few have specifically explored the effects of incarceration on the social and emotional well-being of elementary school-aged children, who encompass the majority of children affected by incarceration (Turney & Haskins, 2014). Furthermore, few empirical evaluations have been conducted on school-based mental health services to ascertain whether it is an effective intervention strategy for reducing disruptive behaviors in school and improving social and emotional competence among poor, black, urban children whose parents are incarcerated (Darensbourg, Perez, & Blake, 2010; Quarless Kingsberry, Karnik, Fountain, & Wetzel, Forthcoming).

Literature Review

America's prison population has exploded over the last three decades (Alexander, 2012; Wakefield & Wildeman, 2014). Commonly referred to as mass imprisonment or the prison boom, this increased incarceration has primarily been concentrated among poor black men without a high school degree (Wildeman & Western, 2010; Wakefield & Wildeman, 2014). Mass incarceration has had a devastating effect on poor black children, particularly those who live in urban, violence-ridden communities (Murray & Farrington, 2005; Phillips et al., 2006; Wildeman, 2009, 2010; Wakefield & Wildeman, 2014). Pettit (2012) estimated that in 2010, 1 in 9 black children (11.4%) had parents who were incarcerated compared to 1 in 28 (3.5%) Hispanic children, and 1 in 59 (1.8%) white children. Whether parents are imprisoned in a local jail or a state or federal prison, on a short-term (less than 12 months) or long-term basis, their incarceration has been shown to have devastatingly harmful effects on their children's social and emotional competencies and overall well-being (Dallaire & Wilson, 2010; Hagan & Dinovitzer, 1999; Murray & Farrington, 2008a). Elementary school-aged children in particular are in fragile stages of development and the stigma and shame associated with having an imprisoned parent can damage their self-concept and self-esteem and distort their sense of social-connectedness (Krupat, Gaynes, & Lincroft, 2011; Turney & Haskins, 2014). Additionally, children who live in poor communities are more likely to witness parents and relatives being arrested which is traumatizing in itself and can result in emotional problems like anxiety and anger that can lead to negative behaviors at home and in school (Arditti, Lambert-Shute, & Joest, 2003; Murray & Farrington, 2008a).

Children with imprisoned parents, especially boys, exhibit more physically aggressive and disruptive behaviors (Geller et al.,. 2012; Wakefield & Wildeman, 2011). These behaviors appear to be more pronounced when the father rather than the mother is imprisoned (Turney & Haskins, 2014; Wakefield & Wildeman, 2011). In most cases, schools are unprepared to deal effectively with children who display their emotional distress in very disruptive ways. Children who are defiant with teachers and refuse to follow directions, get into fights, threaten or bully other children, or who display restless and angry behaviors rarely receive mental health interventions. Indeed, zero tolerance

school policies impair the ability of teachers and administrators to make discretionary decisions when children are disruptive: thus, exclusionary discipline practices such as suspension, expulsion, and transfer to alternative schools are used to punish children (Darensbourg, Perez, & Blake, 2010). These reactionary responses to children who are already suffering emotionally because of parental incarceration are not likely to have the positive effects that schools hope for. Instead, they have been shown to have harmful effects on children's emotional well-being and short-term and long-term academic achievement (Christle, Jolivette, & Nelson, 2005; Darensbourg, Perez, & Blake, 2010). A plethora of empirical research studies (Fenning & Rose, 2007; Noltemeyer & McLoughlin, 2010; Skiba et al., 2002) have shown that poor black children, particularly males, are more likely to receive harsh and exclusionary discipline for exhibiting disruptive behaviors in school than are their white counterparts. In addition, numerous studies have shown that school suspension, expulsion, and transfers to alternative schools have more negative than positive effects on poor black children who manifest negative behaviors in school (Darensbourg, Perez, & Blake, 2010; Fenning & Rose, 2007; Noltemeyer & McLaughlin, 2010; Skiba et al., 2002;). In fact, these strategies have been shown to increase the risk of children becoming disengaged with and dropping out of school, turning to anti-social activities such as drugs, alcohol, and gangs, and eventually becoming engaged in the juvenile justice and criminal justice systems (Arditti, Lambert-Shute & Joest, 2003). The latter only perpetuates what researchers call "the school-to-prison pipeline," suggesting an intergenerational link between parents who go to prison and the children who eventually follow them there.

This study contributes to previous work that evaluated school-based mental health services as an effective intervention for reducing negative in-school behavior and improving the social and emotional competence of poor, urban, black children who are suffering from the harmful effects of parental incarceration.

Methods

Research Design

The HOPE Project received permission from the university's Institutional Review Board (IRB) Committee on Human Subjects Protection to implement the project. A

mixed method approach was used to conduct formative and summative evaluation of the exploratory 3-year pilot project. The project served 49 children who had an incarcerated parent. The children were enrolled in three elementary schools located in a poor, predominantly black, urban community in a small Mid-Atlantic state in the United States. Children were recruited by school staff, teachers, and community members, and through meet-and-greet sessions and school open-houses. Caregivers completed an intake form and signed an informed consent form prior to the children's participation in the project.

The intervention strategy used by the HOPE Project to reduce children's negative classroom behaviors and increase their social and emotional competence and overall well-being was a combined therapeutic model that included play, art, and biblio-therapies (Malchiodi, 2008), and age-appropriate cognitive behavioral therapy (CBT) (Kendall, 1985). Art therapy (Chapman et al., 2001; Malchiodi, 1997), play therapy (Bratton et al., 2005; Webb, 1991), and bibliotherapy (Heath et al., 2005; Pardeck & Pardeck, 1993) have long been shown to be more developmentally responsive and effective intervention models for working with children who are exhibiting emotional distress and trauma. If provided in an age-appropriate context, cognitive-behavioral therapy can have positive effects with children (Kendall, 1985). Graduate social work students, under the supervision of licensed clinical social workers (LCSWs), provided individual and small group counseling with the children in the in the school setting. Each graduate student had a caseload of no more than 10 children. The LCSWs were employed by a local private mental health agency that had a contract with the school district to provide school-based mental health services. The schools provided separate rooms where the children's counseling sessions were held.

Several data collection strategies were used to evaluate The HOPE Project. One strategy was a Child Behavioral Questionnaire completed by teachers to assess the children's behaviors at the time of project enrollment and again at the end of the school year. The assessment was developed by the project team but modeled on the Rutter Behavioral Scales for teachers (Elander & Rutter, 1996). This pretest/posttest instrument allowed teachers to use a 4-point rating scale (from 'never/almost never' to '3 or more times per day') to measure the children's classroom behavior at the time of

enrollment in the HOPE Project and at the end of the school year in June. Fourteen items of the 20-item scale addressed negative behaviors such as restlessness, anger outbursts, fights, and inability to follow directions. Four items addressed positive behaviors such as good listener, helpful to the teacher, and shows good leadership skills. The remaining two items were open-ended and allowed the teacher to list additional strengths of the children.

Another data collection strategy was a teacher feedback meeting held at the end of Year 3, with a convenience sample of nine teachers, from the school with the largest number of project participants. Teachers of the HOPE Project children were invited to participate in a meeting with the project's staff to provide meaningful feedback on the children's social and emotional progress over the school year and to offer suggestions for program improvement. An additional data collection strategy, a focus group at the end of Year 3, was conducted with a convenience sample of five of the 14 parents, all mothers, whose children were enrolled in the project during Year 3. The parents gave permission for the facilitator to audio tape the focus group. The focus group obtained the parents' perspectives on the success of the intervention. The project's staff developed the questions, and the project director facilitated the focus group.

Data Analysis

The pretest and posttest teacher assessment Child Behavioral Questionnaire data were entered into SPSS. Descriptive analysis was first conducted after which a paired sample t-test was used to identify significant changes in the children's negative behavior between the time of enrollment in the project and the end of each school year. The children enrolled in Year 2 were considered one cohort and children enrolled in Year 3 were considered another cohort.

Data analysis of the teacher feedback meeting included the project director first reviewing and then transcribing the notes taken by the various project staff. Themes were then identified in the transcript, which were then coded and categorized based on frequency of quotes and ideas presented. The project director then sent the analyzed document to the project manager for independent review of the thematic analysis. Where clarification was needed, the original staff notes were consulted and an

agreement was reached. The final theme and important quotes were collaboratively identified and agreed upon.

The audiotape of the focus group was transcribed verbatim by a paid transcriber. The project director and project manager then read the transcripts independently to conduct independent thematic analysis of the data (Braun & Clark, 2006). They independently coded each transcript to develop primary and secondary themes and categories. The project director and project manager then met to discuss the major themes and categories and refine them through consensus. To address inconsistencies, the researchers referred back to the individual transcript and discussed their interpretation of the parent's statement. The transcripts were then labeled and placed in categories based on the key themes that were identified.

Results

Descriptive Data

Forty-seven (96%) of the 49 children who participated in the HOPE Project were black (2 were of mixed race comprising black and Hispanic ethnicities), 30 (61%) were males, and 38 (76%) were living with their mothers (other caregivers included fathers, an aunt and grandparents). Fourteen of the children (29%) had a parent who was incarcerated at the time of enrollment in the project (one child had both parents incarcerated the same time). An additional four children (8%) had parents who were re-incarcerated at least once during their enrollment in the project. Another 19 (39%) had parents who had been incarcerated prior to their enrollment in the project. For 12 children, the project was unable to ascertain, with certainty, current or past parental incarceration. More than half (27-55%) of the children had siblings enrolled in the project. More than half (28-57%) of the children attended one school and most (32-65%) were enrolled in first through third grades.

Paired Sample t-Test results

An insufficient number of Child Behavioral Questionnaires were completed in Year 1 of the project for any meaningful analysis, therefore, the *t*-test results discussed are for Year 2 and Year 3 only. The results show statistical significance in some

categories, approaching significance in other categories, and lack of statistical significance in one category. It is important to note that the significance level was set at p<.10 given the non-probability sampling strategy used in the project. It also should be noted that the psychometric instrument used in this study initially contained four categories: (a) Never/Almost Never; (b) 1 to 2 times per day; (c) 2 to 3 times per day; (d) 1 to 2 times per week. However, due to considerable overlap in meaning and interpretation, category (a) Never/Almost Never and category (d) 1 to 2 times per week were collapsed into one category, "Never/Almost Never." Similarly, category (b) 1 to 2 times per day and category (c) 2 to 3 times per day were collapsed into one category, "1-3 times/day." Table 1 indicates paired sample *t*-tests results that were performed utilizing the combined paired pretest/posttest data for Year 2 and Year 3 of the project.

Table 1. Paired Sample *t*-Test from HOPE Project Year 2 and Year 3

Table 1: Paired Sample *t*-Test from HOPE Project Year 2 and Year 3					
Negative Classroom Behavior	**Pretest Mean**	**Pretest SD**	**Posttest Mean**	**Posttest SD**	***t*-Test Results**
2nd Year Results (Never/Almost Never category) (n=12)	**6.7**	**3.3**	**8.3**	**3.8**	**(p<.10)** * t =0.05 (paired, one-tailed) * t =0.09 (paired, two-tailed)
2nd Year Results (1 to 3 Time/Day category) (n=12)	**6.9**	**2.8**	**5.4**	**3.9**	**(p<.10)** * t = 0.08 (paired, one-tailed) * t = 0.16 (paired, two-tailed)
3rd Year Results (Never-Almost Never category) (n=12)	**6.7**	**2.6**	**8.5**	**3.9**	**(p<.10)** ***** t = 0.07 (paired, one-tailed) * t = 0.14 (paired, two-tailed)
3rd Year Results (1 to 3 Time/Day category) (n=12)	**5.2**	**3.9**	**4.9**	**3.9**	**(p<.10)** * t = 0.41 (paired, one-tailed) * t = 0.81 (paired, two-tailed)

In Year 2 of the project, data were analyzed for a total of 12 children for whom Child Behavioral Questionnaires were completed at pretest and posttest. Results in the combined "never/almost never" category show a significant reduction (t=0.05, one tailed and t=0.09, two-tailed) in the children's negative classroom behaviors. These children, at pretest, exhibited higher levels of negative behaviors. The change in the mean score from 6.7 at pretest to 8.3 at posttest suggests that children who were manifesting slight negative behavioral problems (i.e. "never/almost never") at the beginning of the project experienced an overall reduction of negative behaviors at the end of the project year. It is important to note that a higher score in this category (i.e. "almost never") indicates lower levels of negative behaviors given the nature of the psychometric instrument utilized, the judgments made by teachers, and the structure of 18 quantitative questions contained in the instrument. The standard deviation (SD) increased slightly from 3.3 to 3.8, indicating a small increase in the dispersion of raw scores. Given that there is only a change of .5 between the two SD scores the cohort's overall dispersion around the mean is minimal, possibly indicating greater consistency in change of behavioral patterns within each child.

Year 2 results in the combined "1 to 3 times/day" category denotes a significant reduction of negative classroom behaviors as indicated by a one-tailed paired *t*-test result. In general, the one-tailed test provides more power to detect an effect in one direction by not testing the effect in the other direction. For this study, the reduction of negative behaviors was examined using a "one-tail" test. And, by setting the p-value at .10, it can be concluded that there is only an 8 percent probability that the difference between the pretest and posttest scores is due to chance factors. It can be further concluded that the decrease in negative behaviors is statistically significant at the p level of .10 where the psychotherapeutic intervention was effective in decreasing negative classroom behavior.

For Year 3 of the project, data were also analyzed for a total of 12 children for whom Child Behavioral Questionnaires were completed at pretest and posttest. Year 3 results in the "never/almost never" category illustrate a significant reduction of negative classroom behaviors of project participants as indicated by a one-tailed paired *t*-test result. The result of t=0.07 is encouraging as it shows that there was a decrease in the

amount of negative behaviors that were detected during pretest. Year 3 results in the combined "1 to 3 times/day" category did not indicate a statistically significant reduction of negative classroom behaviors. The *t*-test results indicate that there is a 41 percent probability that the difference between the paired pretest and posttest results were due to chance factors. Consequently, there is a 59 percent probability that the difference is due to the psychotherapeutic intervention. This is possibly due to extraneous variables that were outside the control of the interventions provided by the HOPE Project. With regards to the mean scores in the combined "1 to 3 times/day" category, the posttest mean was 4.9, a slight decrease from 5.2. The difference, however, is negligible and provides further indication of other factors that may have contributed to the children's continued maintenance of negative classroom behaviors.

Teacher Feedback Meeting

Of the nine teachers who participated in the teacher feedback meeting, all agreed that the project was helpful in improving the children's classroom behaviors. Teachers identified individual children who, as a result of the project, displayed less restlessness and anger outbursts, were less defiant, and were better able to focus and follow directions. One project participant had displayed such frequent disruptive behaviors during the first few months of the school year that she received weekly in-school suspensions (ISS) and repeated out of school suspensions (OSS). Toward the middle of the school year, her teacher began to see improvement in the child's behavior. By the end of the school year, the child was exhibiting substantially less defiance, anger outbursts and bullying of other children, and demonstrating more cooperation and better listening skills. Her teacher said in the feedback meeting, "I was so surprised by her behavior I wanted to know what was happening so it could keep happening." The teachers pointed out that many of the HOPE Project children were overly active and they wondered if some of them had undiagnosed Attention Deficit Hyperactive Disorder (ADHD). They requested that the project train teachers to recognize the signs and symptoms of ADHD so that more timely referrals to mental health practitioners could be made. While the teachers indicated that removing the children from the classroom for therapy sessions was helpful, especially when children were hyperactive and

disruptive, they felt that the graduate students should spend more time observing the children's interactions with peers and the teacher in the classroom. They believed the observations would yield important information that could be useful during the children's therapeutic sessions. Finally, the teachers suggested that monthly meetings with the project staff to discuss the students' classroom behavior would provide an interdisciplinary team approach to the intervention process.

Focus Group Results

The five parents, all mothers, who participated in the focus group represented 36 percent of the 14 parents who were involved in the project in Year 3. Combined, the five parents represented seven (37%) of the 19 children who were enrolled in the project in Year 3 (four of the children were also enrolled in the project in Year 2). Six of the seven children exhibited externalizing negative behaviors (defiance, frequent fights with classmates, disobedience, anger outbursts in class) on the teacher assessment Child Behavioral Questionnaire pretest, while one child exhibited internalizing negative behaviors (withdrawal, anxiety). The salient theme identified was that appropriate and consistent therapeutic intervention in the school setting helped decrease their children's negative classroom behaviors. All four parents of the six children who had exhibited disruptive classroom behaviors in the beginning of the school year reported significantly improved behaviors by the end of the school year. One 9-year-old boy who had experienced physical abuse had a history of exhibiting anger outbursts in class. His mother said "My son had behavior problems from last year up until now... it has changed drastically. I used to get five, six phone calls a day alone because of his behavior. Now I'm getting no phone calls at all. But if I do, it is something good that he's done." By the end of Year 3, that same child earned the highest score in his school, for his grade, on the state's standardized test in 2013. One 7-year-old child regularly displayed anger outbursts in class, spoke disrespectfully to her teachers, rarely followed directions, and often engaged in fights with other children. Such negative behaviors resulted in her consistently spending time in the "re-direction" room or being suspended from school. That child's mother said that her daughter's behavior "Improved a lot.... from last year (Year 2) to this year (Year 3). She's changed a lot and I give it to [staff] that she's worked

with that come and get her from her class, [and spent] one-on-one time with her...she really did a lot...a whole turnaround from last year to this year." In general, the parents felt that once their children's negative behaviors were under control, it allowed for their self-confidence, social skills, and academic achievement to improve. The mother of the child who exhibited only internalized negative behavior stated, "...from last year to this year she's [daughter] up on her reading level." The mother also indicated that her child gained confidence in her academic abilities. She stated, "It's the confidence that I [child] know how to do this and I'm not acting up because I'm frustrated that I don't understand it."

Discussion

The mass incarceration of black men and women in the United States is a recent and troubling phenomenon that has significantly damaging and long-term effects on the social and emotional well-being of millions of American children (Wakefield & Wildeman, 2014). Parental incarceration has become so common for such large numbers of poor black children (mainly those born after 1990), that they are referred to as "children of the prison boom" (Wakefield & Wildeman, 2014). This is not only a terrible label for an innocent and vulnerable population, but also a disturbing commentary on America's criminal justice system and our society.

Our findings support two important conclusions. The first is that poor, black, urban elementary-aged children whose parents are incarcerated need developmentally responsive mental health interventions (Bratton et al., 2005) to effectively address their emotional distress in the school setting. Unlike other black children who may live in impoverished urban communities, children from these communities who also have an imprisoned parent can experience nightmares from seeing a parent arrested, or frustration from interacting with an imprisoned parent who is behind a window during family visits, or anger from being teased and/or bullied by peers for having a parent in prison. When these children are unable to articulate their emotional distress, they are forced to exhibit them in very disruptive ways. Our paired sample t-test results, for Year 2, although not for Year 3, indicated a significant reduction in negative behaviors from pretest to posttest for the combined "1 to 3 times /day" category (the category denoting

high levels of negative behaviors). These results were corroborated by the children's teachers in our teacher feedback meeting and by parents in the focus group.

The second conclusion is that it is critical to provide timely crisis intervention by clinically trained mental health professionals when the children are exhibiting disruptive behaviors in the classroom. This strategy allows the clinician to work collaboratively with the child to immediately stabilize the negative behavior and address his or her mental health needs. It also enables the child to return to the classroom to continue his or her education with less academic interruption. Given the intense and unique needs of this vulnerable population, we strongly recommend that elementary school-based mental health practitioners who practice with children with incarcerated parents be licensed, clinically trained in childhood trauma, and certified to use play, art, and biblio-therapies during counseling sessions with the children. Those who are not certified in these empirically-based childhood treatment modalities should be supervised by practitioners who are certified. It is critical for empirically validated treatments to be culturally sensitive and tailored to children's developmental needs (Bratton et al., 2005). Historically, the principal models used in child mental health have tended to be those of adult psychopathology (Kendall, 1985). Unfortunately, these models continue to be prevalent in contemporary school-based mental health interventions.

We can all agree that keeping disruptive children in the classroom takes away from the other children who need to learn and adds to teachers' already heavy workloads. However, schools cannot continue the trend of suspending and expelling emotionally fragile children whose mental health problems manifest in disruptive ways in the classroom. When they display these behaviors they may well be showing their emotional pain and suffering, and crying out for help. Poor mental health is a very complex problem that needs to be dealt with early and with a multi-systems approach (Boyd-Franklin, 1989). Whether children are presenting internalizing behaviors such as anxiety, withdrawal or depression, or externalizing behaviors such as Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD) (Quay & Hogan, 1999), they should receive age appropriate mental health services rather than harsh and punitive exclusionary discipline (Darensbourg, Perez, & Blake, 2010). This can only lead to more

expensive social problems like school dropout, alcohol and drug use, teen pregnancy, juvenile delinquency and adult incarceration. For poor black children from urban communities who are more likely than their white counterparts to experience parental incarceration (Wakefield & Wildeman, 2014), school represents a safe place where timely and appropriate mental health services can be used to decrease negative behaviors, increase social and emotional competence and keep them engaged in school.

The study's findings contribute to the literature in two specific ways. First they highlight the unique and complex social and emotional needs of poor, black, urban, elementary-aged children with incarcerated parents, a relatively ignored and under researched population. Second, they identify empirically-based treatment methods such as art, play, and bilio- therapies that can more effectively meet their mental health needs in the school setting, rather than the often-used Cognitive Behavioral Therapy. There are no formal rituals and ceremonies when a child loses a parent to incarceration (Dellaire & Wilson, 2010). Unlike the array of resources and support available to children to help them grieve and cope with death and divorce, few formal support systems are available in communities to help children deal with the loss of a parent due to incarceration (Dallaire & Wilson, 2010).

The findings, however, must be taken with extreme caution because of the small sample sizes and the convenience sampling procedures used. Therefore, the findings are not generalizable to all poor, black, urban children with incarcerated parents. Future studies should include larger samples of children, teachers, and parents and a comparison group of poor, black, urban children whose parents are not incarcerated. Additionally, future studies should specifically evaluate the effectiveness of art, play, and biblio- therapies with poor black, urban children who have incarcerated parents to see if they are consistent with those of poor, white, rural children with imprisoned parents.

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About the Author(s)

Sheridan Quarless Kingsberry, MSW, Ph.D. Associate Professor, Department of Social Work, Delaware State University. She served as the Principal Investigator/Project Director for the pilot HOPE Project: A Community Partnership. Gerontology & Children and Youth
sqkingsberry@desu.edu

Natalie Fountain, B.A**.** President of Fountain Consulting Services, a broad-based firm specializing in organizational development, communications and project management for non-profit organizations and small to medium sized businesses. She served as Project Manager for the pilot HOPE Project: A Community Partnership. Children and Youth
nmfountain@hotmail.com

Stephanie Juarez, MSW, B.A.Social Worker, Rockford Center. Ms. Juarez served as a graduate assistant/case manager on The HOPE Project. Mental Health
snjuarez@ymail.com