

Training Counselors to Work With the Families of Incarcerated Persons: A National Survey



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The national epidemic of increasing imprisonment rates in the United States, also known as *mass incarceration*, disproportionately impacts communities of color. Additionally, the needs of children of incarcerated parents have been neglected. This study examined whether topics pertinent to mass incarceration and the impact on families are being addressed in counselor education programs. Of the 95 counselor educators who participated in the study, results indicated that the majority did not have training to work with families of the incarcerated and did not include information about working with families of the incarcerated in their courses. In addition to exposing students to discussions of implicit bias and data on mass incarceration, specific treatment modalities and protocols need to be developed and validated.

Keywords: mass incarceration, children, counselor education, communities of color, incarcerated parents

The rise of mass incarceration is dramatically affecting families and communities across the nation, with a disproportional impact on communities of color (Glaze & Maruschak, 2008; Graham & Harris, 2013; A. Lopez & Burt, 2013; C. Lopez & Bhat, 2007; Mignon & Ransford, 2012; Western & Smith, 2018). With the increase of persons involved in the criminal justice and legal systems, their families have been found to be more at risk for facing long-lasting life challenges within both the family system and society (Glaze & Maruschak, 2008; Luther, 2016; Mignon & Ransford, 2012; Phillips & Gates, 2011). Client advocacy is one of the most critical roles of the professional counselor (Hipolito-Delgado et al., 2016). The counseling profession is characterized by working with diverse individuals from heterogeneous communities. Counselors are needed to function as advocates, especially when families and communities are facing a sociocultural crisis (American Counseling Association [ACA], 2014; Hipolito-Delgado et al., 2016).

Both ACA and the Council for Accreditation of Counseling and Related Education Programs (CACREP) have identified advocacy, multicultural competence, and social justice as priorities in training and practice (ACA, 2014; CACREP, 2015). The *ACA Code of Ethics* instructs that “when appropriate, counselors advocate at individual, group, institution, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients” (ACA, 2014, Section A.7.a., p. 5). It also directs counselors to gain “knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor in working with a diverse client population” (ACA, 2014, Section C.2.a., p. 8).

Counselor educators are directed to “infuse material related to multiculturalism/diversity into all courses and workshops” (ACA, 2014, Section F.7.c., p. 14). When describing professional and ethical practice, the CACREP standards require programs to instruct students on “the advocacy processes

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needed to address institutional and society barriers that impede access, equity, and success for clients” (CACREP, 2015, Standard F.1.e., p. 10). Further, the curriculum guidelines for social and cultural diversity emphasize counselor advocacy when instructing counselor educators to cover “strategies for identifying and eliminating barriers, prejudices and processes of intentional and unintentional oppression and discrimination” (CACREP, 2015, Standard F.2.h., p. 11). Although mass incarceration and its effects are not specifically mentioned in the *ACA Code of Ethics* or CACREP standards, these broad directives provide support for the specific argument that the scope of this crisis and its impact on families require attention in counselor training. Consequently, the purpose of this research study is to describe the current state of how counselor educators are providing training to counselor trainees to support families of the incarcerated.

The Rise of Mass Incarceration

The national epidemic of increasing imprisonment rates, commonly referred to as *mass incarceration*, has been a topic of alarm for nearly five decades (Garland, 2001; Glaze & Maruschak, 2008; Graham & Harris, 2013; A. Lopez & Burt, 2013; C. Lopez & Bhat, 2007; National Research Council [NRC], 2014; Sykes & Pettit, 2014). Although the United States accounts for 4.4% of the world’s population, nearly one quarter (22%) of the world’s prisoners are in the United States (American Psychological Association [APA], 2014; NRC, 2014). According to The Sentencing Project (2012), the United States continues to have the highest incarceration rate in the world, consistently increasing since the mid-1970s. The most recent statistics indicate that the United States has an incarcerated population of 2.2 million individuals (APA, 2014; Kaebler & Cowhig, 2018; NRC, 2014). This represents a 500% increase over the last 40 years (The Sentencing Project, 2012). More than 20% of those released return to incarceration within one year (Durose et al., 2014; Western & Smith, 2018). Researchers have found a correlation between imprisonment and individuals belonging to underserved (e.g., lower levels of education, low income, psychiatric treatment and substance abuse histories) and minority populations (Alexander, 2012; Cnaan et al., 2008; NRC, 2014).

Despite the race gap narrowing since 2007, Blacks are imprisoned at a rate 6 times that of Whites and at double the rate for Hispanics (Bronson & Carson, 2019). Because incarceration disproportionately affects minority group members, families of the incarcerated are more likely to be concentrated in minority communities (Graham & Harris, 2013). Consequently, even those children in the community whose parents are not facing incarceration are likely to be impacted by mass incarceration (Wakefield & Wildeman, 2011), as their communities may experience lower incomes, lopsided gender ratios, disrupted social integration and roles, high levels of joblessness, and increased crime (Crutchfield & Weeks, 2015).

An Invisible Group

Results from the National Survey of Children’s Health (U.S. Department of Health and Human Services, 2018) found that more than 7% or 5 million children in the United States have experienced a parent being incarcerated. Gathering current statistics is difficult for researchers. The majority of data on children of incarcerated parents has measured the number of parents in prison, leaving unknown data about the number of parents spending time in jail (Cramer et al., 2017). Because of this, there is reason to believe that the current number of children of incarcerated parents exceeds previous findings of 2.7 million children.

Children of incarcerated parents have frequently been described as an invisible group (Bernstein, 2005; Bouchet, 2008) that bears the collateral consequences of mass incarceration. There are many reasons for the invisibility. Although the children have not committed any crimes, their parent’s

incarceration impacts much of what is important to them—family bonds, housing stability, safety, self-image, and social relationships. The criminal justice system does little to support family relationships and there is frequently poor communication between social service organizations and families that may be beneficial for the children (Bernstein, 2005). Those caring for the children often experience high levels of stress (Poehlmann et al., 2010), and families fear stigmatization and may keep secrets or refrain from disclosing an incarceration (Phillips & Gates, 2011).

When a parent is incarcerated, one of the first losses is physical separation between parent and child. Most parents report no physical contact with their children following incarceration (Bocknek et al., 2009). Visitation with parents has been found to be beneficial to the attachment relationship and the child's overall well-being (Poehlmann et al., 2010) but is often infrequent and not child friendly. Visits can be costly, and relationships may be strained with the child's caregiver. Children frequently have to travel long distances, endure long wait times, and meet with parents in environments that can feel intimidating and stressful. Mignon and Ransford (2012) found that almost half of the mothers they surveyed never had a visit from their children, and visits became less frequent for those with longer sentences. Yet prisons that implemented child-friendly visitation interventions and allowed for physical interaction demonstrated greater visitation benefits to those children (Poehlmann et al., 2010). Some benefits included improved maternal perceptions of the relationship and improved self-esteem in the children.

This loss associated with the physical separation of parent and child has been discussed in the literature and is commonly referred to as *ambiguous loss* because children experience the loss without closure. The ambiguity of their parent's abrupt removal can disrupt children of incarcerated parents from finding meaning in the loss and disrupt the development of coping strategies (Bocknek et al., 2009). Children also experience stigmatization associated with ambiguous loss. In contrast to children who are separated from their caregivers by death, deployment, or divorce, it is often not socially acceptable for children of incarcerated parents to grieve the loss of parents because such parents are viewed as criminals (Phillips & Gates, 2011).

Children of incarcerated parents experience the loss of both fathers and mothers, and there are substantially more fathers in prison than mothers. But since the late 1970s, the growth rate for women in prison is more than double the growth rate for men (Sawyer, 2018). When mothers are incarcerated, the disruptions the child experiences are magnified, as children are more likely to lose their home and their primary support. Children with incarcerated mothers have been found to experience more stress and more risks than those with incarcerated fathers (Poehlmann et al., 2010). Maternal incarceration is often more closely associated with factors such as poverty, substance abuse, and mental health issues (Turney & Goodsell, 2018).

Experiencing the incarceration of a parent has been found to impact the long-term well-being of children (Turney & Goodsell, 2018). Children of incarcerated parents have increased risk for health issues, stigmatization, poverty, negative social interactions, behavior problems, school truancy and failure, and substance abuse (Poehlmann et al., 2010; Turney & Goodsell, 2018). Turney (2018) found that children with incarcerated parents are more than 5 times more likely to face adverse childhood experiences than those without an incarcerated parent. Often these children were already at risk, and the incarceration compounds these inequities. It is important to note that the research on children of incarcerated parents is fraught with selection bias and focus on negative outcomes. Very little research exists that examines protective factors and environments beyond urban, lower-income communities of color. Graham and Harris (2013) cautioned that this narrow research focus can decrease potential positive outcomes. A review of the current literature on children of incarcerated parents revealed that this narrow research trend continues.

Stigmatization and Families of the Incarcerated

Many experts consider stigmatization to be one of the most significant negative consequences of parental incarceration. Families are not stigmatized based on a specific trait they possess, but rather based on being associated with the incarcerated person (Phillips & Gates, 2011). This phenomenon is known as *courtesy stigma* and results in a spoiled identity for family members (Luther, 2016). The stigmatization may come from other family members, peers, teachers, social service agencies, and mental health providers. Children may be seen as “guilty by association” or perceived as being “deviant” like the parent that is incarcerated (Luther, 2016, p. 1265). In order to avoid stigmatization, families often keep the incarceration a secret, but children tend to fare better when they know the truth. Stigmatization can increase feelings of shame and impact the child’s willingness to reunite with parents (Harris et al., 2010). Foster and Hagan (2015) found parental incarceration leads to social exclusion for children into their 30s, and as a result can contribute to intergenerational socioeconomic inequality.

Purpose of the Research

The longstanding need for increased support in communities impacted by mass incarceration is clear (Harris et al., 2010). Increased awareness of the United States’ imprisonment crisis has prompted research initiatives to better understand community needs. Recent data on adverse childhood experiences suggested that children with incarcerated parents are even more vulnerable than previously thought (Turney, 2018). The developmental needs of families and children of the incarcerated are not being appropriately attended to in the literature (Holmes et al., 2010; Turney, 2018). Although research is clear that children of incarcerated parents and the family system face disequilibrium when parental incarceration occurs (Harris et al., 2010; Luther, 2016; Phillips & Gates, 2011; Wachter Morris & Barrio Minton, 2012), 58% of new professional counselors reported having either minimal training or no training at all in individual or family-level trauma and crisis preparation (Wachter Morris & Barrio Minton, 2012). Brown and Barrio Minton (2018) found that school counselors wanted more training and resources to work with children of incarcerated parents and their families. This lack of training created barriers and ethical dilemmas in attempting to support children with incarcerated parents. Brown and Barrio Minton recommended counselors learn about families of the incarcerated through reading and participating in professional development opportunities, but the curricular experience of professional counselors working with populations affected by incarceration appears predominantly absent from the literature.

The incongruence between the urgency of mass incarceration affecting communities and the lack of literature exploring how to support families of the incarcerated demands further research. Two key research questions organized our exploration: (1) Are topics pertinent to mass incarceration and its impact on families being addressed in the classroom? (2) If so, how are these topics being included?

Method

Participants

The sample included full-time counseling professors in CACREP-accredited counseling programs in the United States. The researchers compiled an email list of 356 CACREP liaisons from the list of accredited programs on the CACREP website. Upon receiving IRB approval, CACREP liaisons were contacted and asked to forward the email invitation to full-time faculty in their departments. The request for participants was also posted to the Counselor Education and Supervision Network Listserv. The email served as an invitation to participate, contained a synopsis of the purpose of this research, and included an online Survey Monkey link. Informed consent was collected using an electronic consent form. Demographic information was gathered after consent had been obtained.

Ninety-five counselor educators began and completed the survey. Sixty-nine female and 26 male individuals participated, ranging in age from 29 to 78 years. A majority of the participants identified as White or of European descent ($n = 61, 64\%$); 18 (19%) identified as African American/Afro-Caribbean or of African descent; five (5%) identified as Hispanic/Latinx, five (5%) identified as Asian/Polynesian or of Pacific Island descent, and five (5%) identified as multiracial. One person (1%) did not identify a race or ethnicity.

Of the participants, 20 (21%) were full professors, 22 (23%) were associate professors, 43 (45%) were assistant professors, nine (10%) were non-tenure track full-time instructors, and one (1%) was a clinical coordinator. Sixty-five (68%) came from master's-only programs, and 30 (32%) came from combined master's and doctoral programs. All CACREP regions were represented with 33 (35%) from the Southern region, 27 (28%) from the North Atlantic region, 21 (22%) from the North Central region, nine (10%) from the Western region, and five (5%) from the Rocky Mountain region.

Survey

The researchers created a brief survey that could lead to a description of the current state of counselor training on issues of mass incarceration and families of the incarcerated. Using broad survey research was necessary because there is currently nothing on this topic in the counseling literature. Eight questions were included in the survey: 1) Do you include the topic of mass incarceration in any of your courses? 2) If yes, what courses? 3) If yes, how do you cover this topic? 4) Do you include working with families of incarcerated persons in any of your courses? 5) If yes, what courses? 6) If yes, how do you cover this topic? 7) Have you received any training on these topics? and 8) If yes, describe.

Results

When asked whether they included the topic of mass incarceration in their courses, only 35 (36.8%) of the counselor educators surveyed answered *yes*. The most frequently noted course was Multicultural Counseling, under many different titles such as "Social and Cultural Diversity Issues in Counseling" or "Cultural Diversity." Other courses noted were Foundations of Clinical Mental Health, Career Counseling, Addictions, Diagnosis, Trauma, Practicum, and Internship. Only one participant responded, "every class I teach." When surveyed whether they included working with families of the incarcerated in their courses, 27 (28.4%) of the counselor educators answered *yes*. This too was most frequently covered in a multicultural counseling course but also was included in school counseling, child and adolescent counseling, and crisis counseling courses.

Using an open-ended question, participants were asked to describe how they covered the topics. The vast majority of the responses were "discussion." These discussions were prompted by topics or readings on issues such as "systematic oppression," "the intersection of race and social class," "mandated clients," and "vicarious trauma." Two participants described developing a special topics course on incarceration and one participant invited a guest speaker related to families of the incarcerated.

When counselor educators were asked whether they had received training on these topics, only 30 (31.58%) reported that they had. But, when the participants described the training that they had received, it is notable that 19 (63.3%) of those reporting training described experiences with incarcerated persons, not specifically the families. Seven (23.3%) of those who responded had attended conference presentations on the topics of incarceration and families of the incarcerated. Two participants (6.7%) had completed research on incarcerated persons. Only one counselor educator (3.3%) described an extended

training experience specific to families of the incarcerated. Finally, one (3.3%) participant described the topics being integrated into their doctoral program that was combined with rehabilitation counseling.

Discussion

The purpose of this research was for counselor educators to articulate whether topics relevant to mass incarceration and the effect on families were addressed in their classrooms, and if so, how they were addressed. Because no similar research has been reported, this study was singular in seeking to investigate how or if counseling faculty prepare their students to work with families affected by incarceration. This study did not aim to produce generalizations that apply beyond the research sample.

Nevertheless, it is essential to compare what was discovered in this study with what is documented in the literature. This study found that the majority of counselor educators were not covering mass incarceration or families of the incarcerated in their coursework, nor had they received training to do so. The findings of this study also provide the beginnings of a blueprint for what counseling programs and faculty can do to prepare students to work with children and families affected by incarceration.

For this study, comparing our findings with a body of literature is difficult because such literature does not exist, excepting the study by Wachter Morris and Barrio Minton (2012). Wachter Morris and Barrio Minton reported that 57.51% of professional counselors reported having minimal to no training in working with individual or family-level trauma and crisis preparation. Although Wachter Morris and Barrio Minton's research did not target families of the incarcerated, this population does fall under the umbrella of individual and family trauma. Like that study, the present study demonstrated that a majority of counseling students are likely not receiving intentional, purposeful training on working with the trauma associated with incarceration. Although close to 30% of our participants did include mass incarceration and families of the incarcerated in their courses, the majority of how the topics were addressed was based on whether it arose out of discussion of broader multicultural topics. It also is reasonable to conclude that because a counseling literature search focused on training students to work with children of incarcerated parents only resulted in one webinar (Brown, 2016), a large majority of professional counselors are not adequately prepared to work with this population.

The findings of the present study may generate discussion of future recommendations and directions that counselor educators and supervisors may explore and implement. The majority of faculty in this research were not trained in the topics of mass incarceration and counseling children and families of the incarcerated, and unsurprisingly the majority did not include any training for their students. As with any topic under the umbrella of multiculturalism, counseling faculty should incorporate mass incarceration and working with children of incarcerated parents when addressing implicit bias with students (Boysen, 2010). In light of the massive numbers impacted by mass incarceration, we recommend this topic be included as required content in counselor education training. One way to ensure its inclusion would be to include persons who are incarcerated and their families in accreditation standards. At a minimum, the topic should be included in textbooks and used in case examples throughout training programs.

Counselor educators should highlight the stigma and spoiled identity that children of incarcerated parents experience and describe stigma management techniques (Luther, 2016) counselors can teach when working with these children. In addition to exposing students to data on mass incarceration and discussions of implicit bias (e.g., Alexander, 2012; Kaeble & Cowhig, 2018; Phillips & Gates, 2011), specific treatment modalities and protocols need to be developed and validated that fulfill the education and

ethical expectations (ACA, 2014; CACREP, 2015) to address systemic barriers, advocacy, and cultural competence (Hipolito-Delgado et al., 2016).

Continuing education trainings could provide an opportunity for counseling associations and programs to address important content that may not receive adequate or consistent attention in required coursework. Counseling associations could choose conference themes that would encourage training and research on the needs of families of the incarcerated. Counseling programs could consider continuing education trainings as a method of communicating the program's values and priorities, such as attention to social justice. Additional benefits may include strengthening their reputation, improving retention, maintaining relationships with alumni, and building relationships with the local clinical community.

Limitations and Future Research

The researchers recognize that the small, purposive, and heterogenous sample limits generalizability of the findings. Additionally, issues with data that rely on self-report have been well documented (Coughlin et al., 2009). Although these limitations make the present study narrow in scope and generalizability, these limitations are features of the positivist tradition aimed at finding "facts" and "truth." This nascent study sought to establish a beginning understanding of how counselor educators are addressing mass incarceration in the classroom.

There are many directions for future research. It would be valuable to use qualitative research methods to learn from counselor educators who are effectively integrating and instructing on families of the incarcerated to provide a template for pedagogical inclusion. Research focusing on counseling students can serve to further the understanding of curricular experiences with mass incarceration and children of incarcerated parents. Research with practicing counselors can provide insight into the current landscape in the profession, including how families and children of incarcerated parents are affected and how professionals address these concerns. In that vein, outcome research with these children would be useful, as would the development of an instrument that can identify key clinical treatment areas.

Conclusion

Mass incarceration is a national crisis impacting more than 5 million U.S. children and their families (U.S. Department of Health and Human Services, 2018). This study was an attempt to provide a foundational understanding of the preparedness of counseling faculty and how they train students on this issue. The magnitude of the crisis, alongside the absence of counselor training, should cause counselors to consider our responsibility to ensure adequate counselor preparation in this area. By doing so and providing recommendations for programs to consider, it is hoped that more research will be undertaken to further underscore the importance of the topic and illuminate new understandings.

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