

Parenting Behind Bars: How Parental-Focused Relationship Intervention Impacts a Child's Journey With Trauma

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Abstract

A study determining whether the parent-focused relationship intervention strategy used at Fort Bend Behavioral Health Servies truly serves to lessen the effects of trauma faced by the children of incarcerated individuals. The study utilized a survey-based research method to gather input from staff at Behavioral Health Services. It was hypothesized that the intervention strategy used would improve childrens' mental health to help prevent later-in life issues. The data gathered indicated that while the average mental health of the children of incarcerated parents did not face a significant improvement like that of their parental counterparts, the intervention did serve to prevent the further regression of the childrens' mental health, meaning the strategy utilized by Behavioral Services does hold some merit.

Background

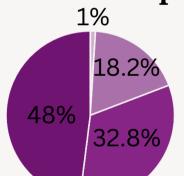
Traumas faced by

PTSD

Physical Abuse

these children:[2]

Among minor children of incarcerated parents in state prison:[1]



- younger than age 1
- **ages 1-4**
- ages 5-9
- age 10 or older

Impacts of Trauma on Children:[3,4]



Substance Abuse Issues Academic Issues (F

Toxic Stress

Increased Risk of Incarceration

Chronic Health Issues

Trust Based Relationship Intervention (TBRI)-[5]

[5] "Karyn Purvis Institute of Child Development." Tcu.edu, 2025, child.tcu.edu/about-us/tbri/#sthash.DgDglOdH.dpbs. Accessed 22 Apr. 2029

A program designed to cater to children who have faced adversity by fostering stable relationships with parents and/or caregivers.

1] Maruschak, Laura, et al. Bureau of Justice Statistics · Statistical Tables Parents in Prison and Their Minor Children. Mar. 2021,

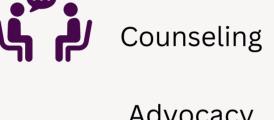
2] CDC. "About Adverse Childhood Experiences." U.S. Centers for Disease Control and Prevention, CDC, 8 Oct. 2024, www.cdc.gov/aces/about/index.html [3] Dierkhising, Carly B., et al. "Trauma Histories among Justice-Involved Youth: Findings from the National Child Traumatic Stress Network." European Journal of Psychotraumatology, vol. 4, no. 1, 16 July 2013, www.ncbi.nlm.nih.gov/pmc/articles/PMC3714673/, https://doi.org/10.3402/ejpt.v4i0.20274. [4] Reavis, James, et al. "Adverse Childhood Experiences and Adult Criminality: How Long Must We Live before We Possess Our Own Lives?" The Permanente Journal, vol. 17, no. 2, 22 Apr. 2013, pp. 44-48, www.ncbi.nlm.nih.gov/pmc/articles/PMC3662280/, https://doi.org/10.7812/tpp/12-072.

Methodology

The investigation involved utilizing a survey-method of data collection. The survey was sent out to all of the staff at Fort Bend Behavioral Health Services to gather data on how intervention strategies have assisted parents and individuals who have been incarcerated as well as their children and caregivers.

Figure 1:

Services Provided to Incarcerated Individuals





Mental Health Evaluations

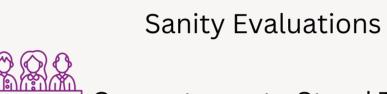
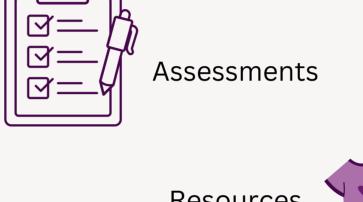




Figure 2:

Services Provided to Children of Incarcerated Individuals





Parent Coaching



Figure 3:

Average Mental Health of Incarcerated Individuals **Before Services**

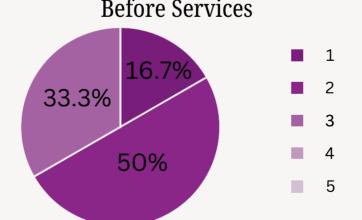


Figure 4:

Average Mental Health of Incarcerated Individuals **After Services**

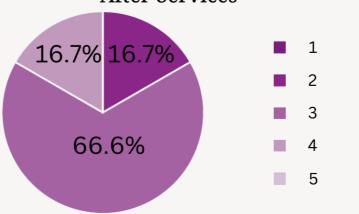


Figure 7:

Impacts of Services on Incarcerated Individuals-

- Reduced Rates of Recidivism
- Increased Ability to Reintegrate into the Community
- Ability for Family Reunification
- Built Coping Mechanisms to Process Trauma

Figure 5:

Average Mental Health of Children of Incarcerated **Individuals Before Services**

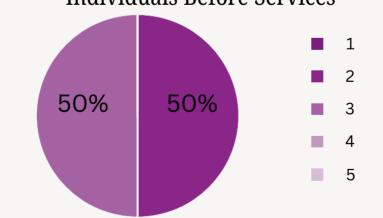


Figure 6:

Average Mental Health of Children of Incarcerated **Individuals After Services**

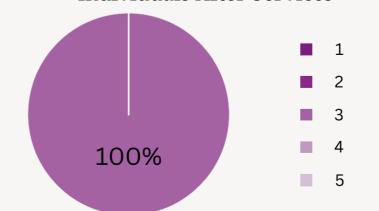


Figure 7:

Impacts of Services on Children of Incarcerated Individuals-

- Reduced Chance of Incarceration
- Ending the Cycle of Abuse
- Positive Role Modeling

Discussion

As indicated in Figure 1 and Figure 2, the services provided to the children of incarcerated individuals are far less varied than that of their adult counterparts. This highlights the core principle of Fort Bend County Behavioral Health Services and TBRI, that by providing stability to parents, their children will be less impacted by the severe effects of trauma posed by the criminal justice system. The debate is over whether or not this system of intervention actually benefits the children of incarcerated individuals by limiting the impact of trauma on them later in life.

Figure 3 and Figure 4 indicate that after the services provided by FBC BHS, incarcerated individuals have generally better mental health. This corresponds to the data expressed in Figure 7, as individuals reduce their chances of recidivism by engaging in the skills built up in counseling to better cope with their traumas before, during and after their time with the criminal justice system. Additionally, after experiencing help from the services provided to the Incarcerated Individual, they will have a generally better understanding of the world around them, helping them to reintegrate back into the community as well as maintain those positive relationships with family.

According to Figure 5 and Figure 6, the range of a child's average mental health before and after services is much less varied than that of their parental counterparts. While this may seem like an indicator that the system of services provided by FBC BHS have no effect, the data suggests that the services provided act as a cushion to the mental health of the children, preventing a progression to negative thinking and regressive behaviors. Figure 8 points out that the staff at FBC BHS have generally noticed a reduced rate of incarceration and recidivism as well as a diminish in the cycle of the abuse for children who have received intervention services.

Conclusion

In the future, this study should be repeated in a broader scope, maybe across multiple counties, in order to compare this system to others and determine the most effective. Additionally, having input from a wider range of counselors and staff would really help to further validate future studies by reducing potential bias which could be found within the study.

Overall, the data collected indicates that for situations surrounding so much trauma on both the parent and child ends, intervention which focuses on stabilizing the family unit starting at the parent generally helps lessen the impacts of those traumas on children.