

2015

Human Service Professionals' Practice with Families After Parental Incarceration

Renata Aloma Hedrington Jones
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Social Work Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Renata Hedrington Jones

has been found to be complete and satisfactory in all respects,

and that any and all revisions required by

the review committee have been made.

Review Committee

Dr. Barbara Benoliel, Committee Chairperson, Human Services Faculty

Dr. Tina Jaeckle, Committee Member, Human Services Faculty

Dr. Scott Hershberger, University Reviewer, Human Services Faculty

Chief Academic Officer

Eric Riedel, Ph.D.

Walden University

2015

Abstract

Human Service Professionals' Practice with Families After Parental Incarceration

by

Renata A. Hedrington Jones

MSW, Virginia Commonwealth University, 1987

BA, Virginia Intermont College, 1975

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

Walden University

June 2015

Abstract

Social workers and other human services professionals helping families reintegrate after parental incarceration deal with multiple issues without a model of for facilitating family resilience. The purpose of this phenomenological research study was to explore the essence of the perceived role, activities, and practices of a sample of social workers and other human service professionals engaged in the use of family group conferences (FGCs). FGCs are also referred to as restorative justice, as they inform and assist human service professionals in developing clinical interventions and best practices to support reintegration, family preservation, and stabilization. The framework for this study was built around restorative justice theory, resiliency theory, and a larger social ecological theory and focused on the use of FGCs as a developing practice within family systems and the community. The primary research questions investigated the practitioners' experiences using FGCs. Data came from interviews of participants (15) drawn from professional associations and included their own case notes and reflections. The data was sorted and analyzed with the assistance of qualitative analysis software (Atlas.Ti7) to search for themes that may assist in identifying the phenomenon. The findings suggest that the FGC model should consist of a training curriculum, consistent practice, and dedicated and committed financial resources to support programs. This study impacts social change by informing human services professionals of current best practices and may provide a model of FGCs that will help implement services to families.

Human Service Professionals' Practice with Families After Parental Incarceration

by

Renata A. Hedrington Jones

MSW, Virginia Commonwealth University, 1987

BA, Virginia Intermont College, 1975

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

Walden University

June 2015

Dedication

This dissertation is dedicated to my mother, Ellen Norman, my aunties (Alice, Rita, and Lou Lou), to my godmother, Ms. Willie V., my preachy husband (Baby Cake—love you), my sons, Lonnie and CJ (Charles), and my beautiful daughter, Miyah, and my grandbaby, Caidyn Zuri Aloma Jones. To my goddaughter, Dorgas, who will never know how much I truly love her. She is one of the greatest blessings. She has made me proud. To my sister, Honey Pie and my nieces (Melanie, Cheral, Stacey), nephew (Gerald Jr.), and great nephew, Jamari. My granddaddy, John Brown Norman is proud of his legacy. All my love to my brother Kevin, Maria, Kevin, Jr., Herbert, and the Jones and Keaton family.

My uncles, John, Cezer, Andrew, Nathaniel (Diane), Denetria (Carmen), Herme, Keith, and my Aunt V are my granddaddy's gift to me and I appreciate his thoughtfulness. I have given them a fit and they still laugh at me. Their wives, my aunts love me so much and it means a lot to me.

To my Hedrington family, WOW!! We have grown in number. My nephew Noah is the official family record keeper. He has my baby picture. He has pictures that I did not know were out there on the Internet. We are able to put faces with the names we have heard throughout time. To my brothers, Champ, Fred, Rod and my sister Brenda—I am truly glad to know that we are. To my nephews and nieces—to God be the glory. To Vernelle Street and the entire Street family I thank you for embracing me and loving me as your own. Vernelle, you are an angel, my angel.

I would like to also include my sistahs of Delta Sigma Theta sorority, my brothers and sisters of the National Association of Black Social Workers, and my students at Virginia State University and Virginia Commonwealth University. The world awaits your healing hands and your dedicated hearts; and to my pastor Dr. A. Lincoln James and his lovely wife (Mary) and the Trinity Baptist Church family—thank you for your support and prayers.

Acknowledgments

I would like to thank God, who has continuously assured me that I can do all things through Him who strengthens me. I would like to acknowledge my Walden family and committee, Dr. Benoliel, my chair and an AWESOME individual, Dr. Scotten, Dr. Tina Jaeckle, and Dr. Hershberger. I am truly grateful to have walked this humbling path with true scholars. I have developed relationships that will forever be placed in my heart of warm memories. My Costa Rica (2012) buddies, I will always remember the support, the sharing, the love and the lessons learned at that residency.

I would like to thank Dr. Coach, who has been an inspiration, and I appreciate your guidance and support. Dr. Scotten, I appreciate your willingness to do all that you can to make a difference. Your shoulders are strong and I appreciate the foundation you have provided.

Dr. Benoliel, from the moment we met I realized that you were a visionary and that God intended for us to meet. Your wisdom is immeasurable and your guidance and support are greatly appreciated. I count this relationship as one that produces people of hope, action, and perseverance. Thank you and God bless all of you.

Table of Contents

List of Tables	vi
Chapter 1: Introduction to the Study.....	1
Introduction.....	1
Negative Impact of Parental Incarceration	1
Social Workers' Role.....	2
FGC Background	3
Family Resilience.....	5
Problem Statement.....	7
Purpose of the Study	7
Impact on Social Change	9
Nature of the Study.....	10
Operational Definitions.....	11
Assumptions, Limitations, and Scope.....	13
Framework	13
Possible Types and Sources of Information or Data.....	19
Summary.....	20
Chapter 2: Literature Review	21
Introduction.....	21
Literature Search Strategy.....	22
Theoretical Framework.....	23

Defining Social Work Practice	25
Restorative Justice and FGC.....	30
Parental Incarceration	37
Evidence-Based Practice.....	40
Prisoner Reentry.....	43
Resilience	45
Summary	46
Chapter 3: Methodology	47
Introduction.....	47
Research Design and Rationale	47
Role of the Researcher	51
Methodology	52
Population	52
Data Collection Procedure	53
Interviews.....	54
Recording Data	55
Analyzing Data	56
Validity	57
Ethical Treatment and Protection of Participants	58
Summary	59

Chapter 4: Results	60
Introduction.....	60
Participant Recruitment and Data Collection	61
Study Participants’ Demographics.....	63
Computer-Aided Software and Noncomputerized Analysis.....	65
Documents	66
Responses to Research Questions.....	66
Interview Question 1.....	67
Interview Question 2.....	70
Interview Question 3.....	72
Interview Question 4.....	74
Interview Question 5.....	75
Interview Question 6.....	76
Interview Question 7.....	78
Identified Themes	80
Theme 1: Lack of an Articulated Practice Model.....	82
Theme 2: Lack of Established Guidelines	85
Theme 3: Inadequate Training	86
Theme 4: FGC Improvisation	88
Evidence of Trustworthiness.....	89
Summary.....	91

Chapter 5: Interpretations, Conclusions, and Recommendations	94
Interpretations of the Findings	95
Range of Professionals Practicing FGC.....	96
The Complexities of Reintegration for Families	97
Practitioner Training in FGC	99
The Importance of Community Stakeholders	102
FGC As a Treatment Modality	103
Defining Program Success in FGC.....	103
Process, Practice, and Protocol	107
Resiliency and Protective Factors As Outcomes of FGC	109
Ecological Systems Model.....	111
Summary of Findings.....	113
Recommendations.....	115
Recommendations for Future Research	119
Impact on Social Change	120
Conclusion	121
References.....	124
Appendix A: Recruitment Letter	137
Appendix B: Informed Consent.....	139
Appendix C: Participant Information.....	142
Appendix D: Participant Demographics	143

Appendix E: Protocols for Interview	144
Appendix F: Practice Guidelines	150

List of Tables

Table 1. Three Subcategories of Protective Factors6

Table 2. Participant Demographics.....64

Table 3. Identified Themes92

Chapter 1: Introduction to the Study

Introduction

There has been a significant increase in the number of children in the United States who have experienced a parental incarceration in the last decade (Glaze & Maruschak, 2008; Murray & Murray, 2010; Walmsley, Aebi, & Shinkai, 2006. Miller (2006) indicated that the unprecedented 3.8% annual growth of the U.S. prison population has created a burgeoning number of children with incarcerated parents (p. 472). With a growing number of both men and women incarcerated in the United States, families experience a number of problems and issues related to parental incarceration (Glaze & Maruschak, 2008).

Negative Impact of Parental Incarceration

Families with an incarcerated parent experience significant social and practical disruptions. The children may be entrusted to the child welfare system and must endure the stress of having an incarcerated parent (La Vigne, Davies, & Brazzell, 2008). Aaron and Dallaire (2010) stated that children of incarcerated parents may experience academic and behavioral problems; be exposed to individuals who use drugs and use drugs themselves; and are at risk for delinquency, exposure to poverty, violence, and high rates of maladjustment

La Vigne et al. (2008) indicated that “the process of release and reintegration is a stressful time” (p. 5). According to Murray and Murray (2010), parental incarceration involves multiple challenges for children that may threaten their sense of attachment security. Murray and Murray also stated that different interventions are required to

protect children of prisoners. Carefully designed research on parental incarceration could provide a solid evidence base with which to implement social and penal policies that benefit the children and families of prisoners (Murray and Murray, 2010). Human services professionals are in positions that provide the supportive and therapeutic services warranted by families, children, and the incarcerated individuals. This suggests the need to establish and implement a model of practice to provide expectations, guidelines, and mandates necessary to ensure appropriate practice and service delivery.

Social Workers' Role

Cnaan, Draine, Frazier, and Sinha (2008) discussed the need for social workers to develop programs and stated that:

The "Social work profession" should defend, support, and facilitate the fuller participation of the most marginalized populations in society. The social work profession must embrace the growing population of ex-prisoners by challenges, and developing appropriately coordinated, relevant, and accessible programs to assist their successful reintegration into families, communities, sustainable living wage employment and civic duties. (p. 194)

Families that have experienced a parental incarceration challenge social workers to reintegrate the parent into the family and assist the family in the process. I explored a particular social work practice known as family group conferencing (FGC; Stewart, Hayes, Livingston, & Palk, 2008) as it is used with the specific population that is the focus of the present study.

FGC Background

FGC is defined as a meeting of family members, social services practitioners, and any additional community stakeholders who come together to resolve issues of concern (Connolly, 2009). FGC originally developed out of a community model practiced in the Maori culture in New Zealand and other aboriginal cultures. It came into social work practice to help bridge a cultural gap between the Maori people and service providers in New Zealand in cases of child abuse (Chandler & Giovannucci, 2004). Legislation passed in New Zealand in 1989 made these meetings a key element in proceedings in which serious decisions about children needed to be made (Connolly, 2009). In New Zealand the sole purpose of the meetings is to develop a protection plan for children who were victims of child abuse. The families are challenged to become the decision makers regarding their own lives and families, which is a general goal of all FGCs regardless of why they are held.

According to Connolly (2009), there has been a significant shift in child welfare systems. In the United States, this shift in focus is called *family preservation*, in England it was named *family participation*, and in Aotearoa, New Zealand, it was called *family decision-making*. The primary focus is the same, increasing the involvement of families making decisions affecting family systems. The global theme is best described as family-centered practice (Connolly, 2009, p. 309).

As researchers have found, the FGC model can encompass a number of practices (Chandler & Giovannucci, 2004; Lubin, 2009). As an example, FGC in the criminal justice arena can be considered a restorative justice approach that focuses on the crime

and its impact on the victims. FGC may be seen as a “process whereby all parties with a stake in a particular offense come together to resolve collectively how to deal with the aftermath of the offense and its implications for the future” (Marshall, 1999, p. 5). Social workers employed in the criminal justice system may have the task of exercising their clinical skills and knowledge with both the incarcerated and their families (Mumford & Sanders, 2011), which can include facilitating groups utilizing forms of FGC as the primary practice. In the social work arena, Lubin (2009) stated that FGC is collaboration among family members, agencies, providers, and the state. Many see the model as a means of family preservation and a way to facilitate restorative justice (Sundell, Vinnerljung, & Ryburn, 2001).

Research results have shown FGC’s value in addressing issues and settling conflicts. Lubin (2009) found FGC instrumental in addressing problems of abuse and decreasing the number of children in the U.S. welfare system if all agencies used it. Chandler and Giovannucci (2004) cited data from National Council of Juvenile and Family Court Judges that indicated that FGC can be successful. The desired outcomes are often met. The goals described are increasing family involvement in the decision making process, keeping family members safe, and building family and community capacity for problem solving. Study findings also showed that the conferencing model is a culturally competent practice (Chandler & Giovannucci, 2004). It also supports families in providing a sense of identity for children and affirms families’ cultural diversity within their communities (Chandler & Giovannucci, 2004). According to Connolly (2006), there are several elements in family conflicts that dictate the possible value of FGC: All

members of the conference have a vested interest in the individuals involved and in the outcome, and focusing on the problem involves community stakeholders and families.

Adams and Chandler (2004) cited Braithwaite's (2002) model of levels of the pyramid as applied to the criminal justice system. FGC in the criminal justice arena is focused on the crime and the impact on the victims. Social workers employed in the criminal justice system may have the task of exercising their clinical skills and knowledge with both the incarcerated and their families (Mumford & Sanders, 2011), which can include facilitating groups utilizing forms of FGC as the primary practice.

Family Resilience

Stable, or resilient, families are a foundation of society. Benzies and Mychasiuk (2009) and Connolly (2006) stated that there are protective factors that support family resiliency and identified these factors according to where they are located in the ecological model using three subcategories: individual, family, and community. The protective factors as indicated by Benzies and Mychasiuk are provided in Table 1.

Researchers have shown that parental incarceration can significantly disrupt family stability and resiliency as it can affect many of these protective factors. As such, the implications for social work practice with families after parental incarceration are significant. Previous researchers have investigated the recidivism of parents. However, fewer studies have focused on what is necessary regarding social work practice to influence social change within this population. How professionals can better meet the needs of families who have experienced a parental incarceration significantly influences service delivery and the overall impact on society. The thought of how families can be

better served and how one can contribute to family stability is significant. Family leadership and empowerment are operational themes of FGC (Chandler & Giovannucci, 2004), and FGCs can provide a therapeutic intervention that supports family resilience.

Table 1
Three Subcategories of Protective Factors

Individual	Family	Community
Internal locus of control	Family structure	Involvement in the community
Emotional regulation	Intimate partner relationship stability	Peer acceptance
Belief systems	Family cohesion	Supportive mentors
Self-efficacy	Supportive parent-child interaction	Safe neighborhoods
Effective coping skills	Stimulating environment	Access to quality schools, child care
Increased education, skills and training	Social support	Access to quality health care
Health	Family of origin influences	
Temperament	Stable and adequate income	
Gender	Adequate housing	

Note. Adapted from “Fostering Family Resilience: A Review of the Key Protective Factors,” by K. Benzie and P. Mychasiuk, 2009, *Child & Family Social Work*, 14(1), p. 105. Copyright 1991 by John Wiley and Sons.

Bazemore and Maruna (2009) asserted that there is limited research on FGC in the criminal justice arena. The present study provides additional support and findings relevant to the reentry process by identifying social work practices using FGC after parental incarceration.

Problem Statement

The problem is that there is a lack of information to assist human services professionals in implementing FGC practice to aid parents after incarceration to reintegrate into their families, homes, and communities. Families often need such assistance, and social workers do not have sufficient evidence-based practice to guide them. Social workers are employed in a broad range of agencies that provide therapeutic services; however, literature provides little evidence to support using FGC.

In the past, exploring the essence of social workers' and other human services professionals' experiences has provided the insight necessary for establishing best practices and guidelines in this area. Baker, Stephens, and Hitchcock (2010) asserted that practice evaluation is an important component of evidence-based social work practice and that social work practice evaluation is underutilized. However, best practices for FGC interventions are a mystery. Understanding the experiences of social workers in a specific arena and the practice of social work was crucial to the research process and outcomes in the present study. The best social work practices utilizing FGC for families attempting to reintegrate after parental incarceration are determined by an increased understanding of the experiences and the practice of social work. Previous researchers have shown that identifying these practices greatly enhanced the social workers knowledge, skills, and abilities as the development of resilience occurred.

Purpose of the Study

The purpose of the present study was to explore the perceived roles, activities, and practices of social workers already using FGC, also referred to as restorative justice,

and thereby inform best practices for these individuals when working with family reintegration after parental incarceration. The initial focus of the study was on social workers only. After obtaining participants, the sample population included other human services professionals. Fifteen human services professionals who have experiences working with families after parental incarceration using FGC were interviewed to identify the essence of their process and guidelines. I collected, analyzed, and evaluated data obtained from human services professionals engaged in FGC clinical interventions that resulted in positive reintegration, stabilization, and positive outcomes. Miller (2006) suggested that short- and long-term effects of parental incarceration are difficult to quantify. Some programs providing services appear to have positive effects; however, service providers face a challenge identifying best practices because of the lack of reliable data collection across states on the prison population (Miller, 2006). As such, the study sample I selected included social workers and human services professionals who have worked with families reintegrating after a parental incarceration and who used FGC as the service modality.

The broader utilization of an identified FGC delivery model in the U.S. criminal justice system could prove to be rewarding to clients, systems, and communities. Such a model can help practitioners realize their goals of empowering clients and ensuring that they become productive individuals (Wilson, Gonzalez, Romero, Henry, & Cerbana, 2010). According to Connolly (2006), FGC can provide multiple opportunities for families to resolve issues relevant to family success, productivity, character building, and preservation.

Evidence-based interventions that employ gender specific, developmentally appropriate, and culturally sensitive treatment modalities are a practice area that calls for further development (Netting & O'Connor, 2008). Social workers possess the skills necessary to inform others about how they practice professionally. It is their experiences and professional knowledge that provided clarification, understanding, and support of the practice utilized (Netting & O'Connor, 2008). Sheafor (2011) determined that social workers should possess the ability to provide objective evidence to support practice. However, some social workers are opposed to the idea of evidence-based evaluation, scientific inquiry, and other formal manners of validation and affirmation of practice (Sheafor, 2011). Sheafor further indicated that research would help impact social change by providing empirical evidence without compromising the quality of services provided to the specified population. My desired outcome is that findings from this study will help practitioners develop and implement FGC as a practice following parental incarceration.

Impact on Social Change

The present study affects social change by providing information pertinent to human services professionals that includes strategies for families and their reintegration after incarceration. This knowledge can be used to assist and inform the development and implementation of FGC program modules for specific service delivery. Evidence is necessary to validate social work practices as well as the practices of others who are employed in this arena.

Reintegration is difficult after many changes in the average individual or persons' lives. Many social services areas (military, elderly, mental health, etc.) have substantial

resources available for community-based support (Griswold & Pearson, 2005). Ex-offenders face many restrictions and fewer resources to assist with reintegration. The results of the present study can help develop the social workers' role in the use of FGC for reintegrating incarcerated parents into their families and communities.

Nature of the Study

I conducted an exploratory study using a phenomenological approach to help provide insight into social workers' use of FGC with families after incarceration in an effort to develop resilience in families. The phenomenological research method assists in identifying and understanding through exploration of the essence of experiences.

Beck (1990) stated that phenomenology is the study of experiences through understanding the structure, essence, and context of the subjective experiences of the individual. The individuals in this case are human services professionals who have worked with families who have experienced a parental incarceration. In an attempt to influence social change, the social worker must attempt to identify the practices that have positively affected families.

Moustakas (1994) indicated that when using phenomenological studies that the researcher abstains from making suppositions, focuses on a specific topic freshly and naively, constructs questions or problems to guide the study, and derives findings that will provide the basis for continued research and reflection. The phenomenon explored in the present study is the social worker's role in facilitating FGC. I interviewed a sample of 15 human services professionals who have experiences working with families using FGC after parental incarceration. The interviewees permitted the collection and analysis of

data from their case notes, recollections, and reflections to identify the FGC process, practices, and any existing guidelines. This is discussed in depth in Chapter 3.

Operational Definitions

Best practices: are defined as established guidelines for the professional social worker. These guidelines present the expectations and the appropriate service delivery for the specific group served. The National Association of Social Workers (NASW) *Best Practices for Supervision* (2013) states that it is important that all social workers are equipped with the necessary skills to deliver competent and ethical social work services and protect the client.

Evidence-based practices/interventions: are described by Netting & O'Connor (2008) as practitioners recognizing client values and then using the most promising research to guide programmatic, organizational, community, and policy activities to facilitate change.

FGC: is defined a practice that brings together all parties impacted by the same or similar issue warranting resolution, mediation, and in some cases restorative justice (Malmberg-Heimonen, 2011). It has also been defined as a child welfare system-transforming practice that fosters new collaborations between families, child welfare practitioners, and the courts (Chandler & Giovannucci, 2004).

Model of reentry: is defined as the transitioning of the incarcerated into the family and community. Multiple factors influence the reentry model (Griswold & Pearson, 2005).

Reintegration: is defined as the individual returning to the community of origin and beginning the process of becoming a productive member. Griswold and Pearson (2005) determined that an effective reintegration program warranted ex-offenders receiving assistance to meet the expectations of reintegration into the community as assistance (described as issues and services) is needed for an effective and successful reintegration.

Restorative justice: is defined as a technique that is instrumental in bringing about change in a manner that assists in having offenders take ownership for their behavior or crime. It is assumed that taking ownership is a greater task/change than merely completing a sentence of punishment (Bazemore & Maruna, 2009).

Social work: is defined as a self-proclaimed value-based profession that bases its status on a combination of scientific principles and normative judgments (Reisch & Gorin, 2001).

Social work practice: is defined by the International Federation of Social Workers (as cited in Reisch & Gorin, 2001, p. 1133) as promoting social change, empowerment, and human liberation by integrating data-driven research and analysis with principles of human rights and social justice. According to the NASW (2013), it consists of the professional application of social work values, principles, and techniques to one or more of the following ends: helping people obtain tangible services; counseling and psychotherapy with individuals, families, and groups; helping communities or groups provide or improve social and health services; and participating in legislative processes.

Assumptions, Limitations, and Scope

Initially, the scope of this study was limited to U.S. social workers who met the following criteria: graduating from an accredited school of social work; holding a bachelor's of social work, master's of social work, doctor of social work, doctor of philosophy in social work, or being a licensed clinical social worker; having used or currently using FGC as an intervention technique; and having experience working with families after a parental incarceration. I assumed that all practitioners who participated in this study follow social work protection acts that have been implemented in many U.S. states and assure that each social worker meets the governing competencies. Because of the professional titles being utilized, many practitioners who provide services are not social workers. They do, however, hold a degree in human services such as psychology, counseling, and the like. Therefore, the population interviewed represents a broader range of those in the human services profession and also included social workers.

Framework

The problem addressed in the present study is the absence of guidelines or best practices for social workers using FGC to help families facing reintegration after parental incarceration. Social workers are dealing with multiple issues without sufficient insight or a model of their role in facilitating family resilience utilizing this modality with this specific population. Social work is a diverse profession. The diversity affords the professional social worker many opportunities to integrate a multitude of theoretical frameworks.

The theoretical framework for this study was Dallaire's (2007) and Walsh's (2003) family resilience theories combined with an ecological and developmental perspective of the family (Braescu, 2011). Resilience theories focus on the ability of vulnerable populations to respond to crisis and recover/respond to the situations in their lives. The theory holds that individuals are able to overcome the negative situations in their lives. It does not mean that this population is not impacted by the adversity; the individuals appear to have coping skills that allow them to move on with their lives. When applying this theory to a specific population, the focus is what can be learned that will help social workers engage clients utilizing the resiliency and ecological framework.

According to Dallaire (2007), theories of risk and resilience are a useful framework for considering how parental incarceration may link to intergenerational patterns of incarceration as well as the differential implications of maternal and paternal imprisonment. Children with incarcerated parents may be particularly vulnerable to poor outcomes because of their exposure to an array of economic, social, or sociodemographic risk factors such as poverty and single parenthood (Dallaire, 2007). Walsh (2003) provided a description of the family resilience framework as the family being viewed in relation to its broader sociocultural context and evolution over the multigenerational lifecycle and, while acknowledging each family as being different, there being some common ground to respond appropriately (p. 3).

Acknowledging both Dallaire's (2007) and Walsh's (2003) explanations of the family resilience framework provided an opportunity for the application of this framework to the present study. Utilizing the family resiliency framework provides an

opportunity to examine experiences of the social workers using it in practice. This is discussed in depth in Chapter 2.

When working with families that have experienced a parental incarceration, the social workers' goal is to facilitate family reintegration after the incarcerated parent is released. The incarceration creates a trauma (risk factor) to the family (ecological and family development theory). Resilience is a protective factor. It may also be the family's primary strength. Strength provides a foundation that is built on the expressed acceptance and love that is articulated in the FGC sessions.

FGC is a protective process that uses the existing strength (resilience) of the family's original bond as a basis for transformation from a state of risk to a state of resilience. The process in the conference is reintegrative shaming (Braithwaite, 1989), which is a form of narrative storytelling where family members share their stories of the harm done, who has caused the harm, what can be done to repair the harm, and say to the incarcerated family member, "You have caused harm, but you are still loved and needed by the family."

Risk and resilience theories provide a foundation for accessing and analyzing the behaviors or responses to the reintegration of the parent who has been incarcerated. The risk and resilience of a vulnerable population to accept and move forward with the support of each family member is investigated through using FGC as a therapeutic modality. The ecological and developmental theory helps identify risk and protective factors as an understanding of human development and the development principles as aligned with the practice, FGC, and the aforementioned theories.

It is this transformative conference that creates the opportunity for family reintegration. What is not known is what social workers do as conference facilitators to create the opportunity for reintegrative shaming and family reintegration. What is their process, their thoughts, their feelings, their perceptions of how this transformation is enabled? Through data collection and analysis insight can be gained that will help develop best practices for social workers and other human service professionals to facilitate family reintegration after parental incarceration.

Greene, Galambos, and Lee (2003) stated that the risk and resilience approach to providing client support is the study of what circumstances contribute to successful consequences in the face of adversity. Greene et al. (2003) stated that researchers persist in identifying factors that promote the resilience phenomenon. This exploration has prompted an interest in understanding how the strengths-based concept of resilience can be used to promote client competence (Greene et al., 2003).

The ecological and developmental theory, developed by Bronfenbrenner (Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Evans, 2001), suggests that five types of systems aid human development: microsystems, mesosystems, exosystems, macrosystems, and chronosystems. This system has rules and norms and at the same time roles that shape development of human beings (Hong, Algood, Chiu, & Lee, 2011).

Ecological theory (Braescu, 2011) suggests that it is necessary to identify both risk and protective processes at several levels of human ecology, including the individual, family, peers, schoolwork, and community settings. The ecological risk/protective theory is proposed as a framework for understanding human development and for developing

principles that can guide the design, delivery, and evaluation of prevention programs (Boon, Cottrell, King, Stevenson, & Millar, 2012).

The resiliency or protective process approach suggests that we must move beyond a focus on risks to create conditions that facilitate and acknowledge potential for positive development (Braescu, 2011). Resiliency relates well to restorative processes that look to build future strength from past errors (Bazemore & Umbreit, 2001).

Restorative justice and reintegration are methodologies often utilized when working with incarcerated individuals. Bazemore and Umbreit (2001) indicated that the underlying goal of restorative justice is reconciling the needs of victims and offenders with the needs of the community. Further, restorative conferencing brings together victims, offenders, and other members of the community to hold offenders accountable not only for their crimes but for the harm they cause victims (Bazemore & Umbreit, 2001).

I considered the restorative justice theory, resiliency theory, and an ecological theory/framework as a basis to explore the use of FGC as the primary practice within the family systems and the community systems. Ungar (2002) stated there is a comfortable fit between the science of ecology and a profession like social work, which has as its expressed purpose fostering healthy and interdependent transactions between persons and their environments. The social worker's facilitation in the FGC process reflects the ecological practice by the development of healthy and interdependent transactions between the family members to support resilience of the family (Braescu, 2011). By focusing on the previously mentioned protective factors, this integration will occur in the

individual, family, and community. The social worker must be aware of the agencies and community partners who can cooperate, collaborate, and communicate with social workers, human services professionals and family members. FGC's potential impact and the social worker's actions might influence the individual's emotional state (decrease stress) by influencing self-efficacy and enhancing employment opportunities, education/job training, and health care. The individual's protective factors integrate with the families and there should be some changes (improvements) in the family such as the family cohesiveness, social support, and overall stability. Protective factors experienced by the individual and family influence the integration into the community. This process is likened to the domino effect. Strengthening the family through using FGC begins to build the family's resilience.

Resiliency theory and ecological theory provide an overall understanding of the processing of the family toward reintegration and helped inform the key questions driving the present study:

- What are social workers' perceptions and beliefs regarding their activities and steps in practice?
- What role do social workers assume in order to accomplish family goals and objectives of mediation, resolution, and outcomes?
- How do social workers experience and meet the desired outcomes using FGC?
- What supports the outcomes of FGC and how do social workers determine that the goals and objectives have been obtained?

Possible Types and Sources of Information or Data

I collected data from participants via interviews and by using semistructured questions. I recruited participants from a sample of human services professionals who currently use or have experience in the field of practice working with clients using FGC and asked them about their recollections and experiences in introducing strategies focused on resilience. Data included interview transcripts and written material from the social workers, such as case notes, training materials, logs, and other documents, that they may have used in practice. Englander (2012) indicated that the interview has become the main data collection procedure closely associated with qualitative human scientific research. Giorgi (2009) stated that a research interview in phenomenological research should result in as complete a description as possible of the experience that the respondent has lived.

Englander (2012) suggested that researchers planning to conduct interviews have a preliminary meeting to establish trust, review ethical considerations, complete consent, and review questions. Following Englanders' (2012) suggestions, I sought to include 25–50 participants and determined the final appropriate and necessary number of participants needed for phenomenological study as the interview questions and data saturation developed.

I sorted and analyzed the data with the assistance of Atlas.Ti 7, a qualitative analysis software program, and searched for themes to help identify the phenomenon. I then developed clusters of meaning from the significant statements into themes that may be used to illuminate what these participants consider to be best practices.

Summary

Social workers strive to impact social change by conducting research, developing programs and services, and implementing established protocols. Social workers desire a better society for all to live. This is a phenomenal task for all and can be accomplished if we, as social workers, determine and perfect the manner by which we practice.

The intent of this study was to explore, determine and then inform human services professionals of best practices utilizing FGC that will support the successful reentry and reintegration of ex-offenders upon their return to their families and communities after incarceration.

In Chapter 2, I discuss the literature reviewed for this study and the current status regarding concepts of effective social work practice, evidence-based practice, FGC, restorative justice, phenomenology, parental incarceration, reentry, reintegration, resilience, and ecology.

Chapter 2: Literature Review

Introduction

There is a lack of information on protocols or best practices for human services professionals who are responsible for using FGC as the primary intervention as the practitioners assist families with reintegration after experiencing a parental incarceration. The purpose of the present study was to conduct a phenomenological exploration of the perceived role, activities and practices of social workers currently engaged in the use of FGC with families after parental incarceration. I collected, analyzed, and evaluated data obtained from human services professionals in developing clinical interventions (best practices) that result in family reintegration after incarceration, stabilization of the family, and positive outcomes.

It is important to discuss and identify the research and researchers who focused on restorative justice and social work practice. I wanted to add a review of research focused on reintegration and social work practice. Successful outcomes are necessary to create a comprehensive bank of information and supportive documentation.

The resilience family integration framework with social workers in a pivotal role is significant. This phenomenological study utilized family resilience theories from an ecological and developmental perspective. Risk and resilience were considered when exploring parental incarceration (Dallaire, 2007). Walsh (2003) provided a description of the family resilience framework. In a broad sense, families are considered to have many similarities.

I want to assist social workers by compiling needed information that will enhance the social work profession. Service delivery may be improved as social workers develop a greater understanding of the field and practice. I began with an exploration of social workers' practice with families.

Chapter 2 of this study provides an in-depth review of the literature regarding key concepts and theories related to this study. It begins with an overview of the literature search strategy, followed by a discussion of the theoretical framework underpinning the study. This is followed by a discussion of what social work practice is, an important component as oftentimes the understanding that many hold of social workers is that they take your children and break up families. Dispelling the myths is crucial. Next is a discussion of the constructs of restorative justice and FGC and an exploration of parental incarceration, followed by sections on evidence-based practice, prisoner reentry, resilience, and a section summarizing the findings.

Literature Search Strategy

To obtain literature related to the identification of social workers' practices with FGC and developing resilience in families after parental incarceration, databases (SocINDEX, PsycInfo, PsycARTICLES, and ProQuest Central) that are pertinent to human services, social work, psychology, and sociology were searched. At the onset of the literature search, the goal was to locate documents concerning social work practice, parental incarceration, reintegration, FGC, restorative justice, and the use of restorative justice as a social work practice. I was interested in studies on the work experiences of social workers and other human services professionals and on factors relevant to

reintegration after parental incarceration. Key phrases that guided the search included *ecological and developmental theories, effective social work practices, evidence-based practice, FGC, family group conferencing, parental incarceration, phenomenology, prisoner reentry, and resilience.*

The research inquiry based on using FGC in social work practice required that studies reflecting the alternative or additional term restorative justice were also searched for and examined.

Theoretical Framework

An awareness of the theoretical framework of this study and the practices discussed is important. The theoretical framework for this research was Dallaire's (2007) and Walsh's (2003) family resilience theories combined with an ecological and developmental perspective of the family. Resilience theories focus on the ability of vulnerable populations to respond to crisis and how they recover and respond to the situations in their lives. In essence, the theory is that individuals are able overcome the negative situations in their lives. It does not mean that this population is not impacted by the adversity but rather that these individuals appear to have coping skills that allow them to move on with their lives. When applying this theory to the specific population in the present study, the focus is what can be learned that will help social workers engage clients using the resiliency and ecological framework.

According to Dallaire (2007) theories of risk and resilience are a useful framework for considering how parental incarceration may link to intergenerational patterns of incarceration as well as the differential implications of maternal and paternal

imprisonment. Children with incarcerated parents may be particularly vulnerable to poor outcomes because of their exposure to an array of economic, social, or sociodemographic risk factors such as poverty and single parenthood (Dallaire, 2007). Walsh (2003) provided a description of the family resilience framework as the family being viewed in relations to its broader sociocultural context and evolution over the multigenerational lifecycle and while acknowledging each family as being different there being some common ground to respond appropriately. Acknowledging both Dallaire (2007) and Walsh explanations of the family resilience framework provides an opportunity for the application of this framework to the present study and to examine experiences of social workers using it in practice.

Ecological theory suggests that it is necessary to identify risk and protective processes at several levels of the human ecology, including the individual, family, peers, schoolwork, and community settings. The ecological risk/protective theory is a framework for understanding human development and for developing principles that can guide the design, delivery, and the evaluation of prevention programs. The resiliency or protective process approach suggests that practitioners must move beyond focusing on risks to create conditions that facilitate positive development.

The goal of human services professionals is to facilitate family reintegration following incarceration. Incarceration creates a trauma (risk factor) to the family (ecological and developmental theory). Resilience is a protective factor. Prior to the parental incarceration there was a family bond, which is determined to be resilience. The parental incarceration is the trauma or risk. FGC provides the opportunity for

reintegrative shaming (a restorative justice theory) and for the family to build on the foundation of acceptance, love, and resilience. Successful family reintegration can occur by reducing trauma and increasing family member resilience. Ecological theory suggestions are met as the risk and protective processes of the family are identified.

Defining Social Work Practice

Social work practice has historically been seen as the helping profession. Dybicz (2012) stated that many are drawn to the profession of social work because of their desire to help. He further stated that although this mindset is admirable it is only one element that contributes to effective social work practice.

Social work is a broad profession. As social workers, we are employed by multiple agencies and we may be involved in work at the mezzo, macro, and micro levels. Some confuse sociology with social work. The focus of these two disciplines is not identical and, in many cases, not similar. Sociologists lean more to the research side rather than treatment/therapeutic intervention. Ahmed-Mohammed (2011) asserted that a social mandate falls on social work as a profession by which social workers are authorized to carry out interventions with the aim of achieving social welfare. Individually, there may be someone who does not agree with these interventions, but the social worker's ethical obligation is to intervene (Ahmed-Mohammed, 2011).

According to the NASW, one of the largest social work organizations in the world, social work practice

consists of the professional application of social work values, principles, and techniques to one or more of the following ends: helping people

obtain tangible services; counseling and psychotherapy with individuals, families, and groups; helping communities or groups provide or improve social and health services; and participating in the legislative process.

(NASW, 2013, para. 1)

Marston and McDonald (2012) stated that social work addresses the barriers, inequities, and injustices that exist in society. Interventions can involve agency administration and community organizations, and engaging in social and political action to impact social policy and economic development. To social workers, effective social work is defined as being successful in practice, in service delivery, and in influencing change. Dybicz (2012) indicated that social workers' expertise arises from an authority base that makes the social worker uniquely qualified and thus most able to attend to clients' social welfare needs. The Fund for Southern Communities defined social change as building on community-based responses that address underlying social problems on an individual, institutional, community, national and/or international level and involving collective action of individuals who are closest to the social problems to develop solutions that address social issues (Fund for Southern Communities, 2013).

Measuring change may become a challenge or an issue that warrants intervention that influences or affects social change. Social change impacts a broad spectrum in our society resulting in greater changes in people and society itself. This changed behavior can be an individual leaving a violent relationship once the social worker has provided tools for change; change can be emotional once intervention has been provided, and

lastly, a positive change in behavior on any level in the social work profession denotes what is considered to be effective social work practice.

Social work practice offers a broad range of work environments. This range allows the social worker the flexibility and opportunity to work outside of the box. In some arenas social workers may appear as though they are not working within a specified modality. Rutten, Mottart, and Soetaert (2010) argued that social workers are stimulated into reflection in action to be able to deal with complexity and ambiguity.

Poulter (2005) provided in-depth insight regarding integrating theory and social work practice. Social workers can devote a considerable amount of time deciding which theories are best for practice. I would argue that there are many theories that can be utilized in practice. Some can be intertwined, interconnected, or utilized simultaneously. One should know what the desired outcome is and the benefit of accomplishing that goal. However, the social work profession must address those issues that may impact the profession and its credibility.

Historically, social work practice has answered the call of those in need of therapeutic intervention in a number of human services areas where resolutions to social issues and the responses proved to be challenging or problematic. Social issues are described as mental illness, incarceration, disability, criminal justice-related issues, school performance, academic issues that may impact school performance, homelessness, domestic violence, and many other disruptions to one's ability to adequately "exist" or function in one's social environment (Stockwell & Triezenberg Fox, 2006).

Reisch (2012) described social work as a self-proclaimed value-based profession that strives to promote social change, empowerment, and human liberation by integrating data-driven research and analysis with principles of human rights and social justice. Thompson (2009) explored the concept of *radical social work* and indicated that radical social work values best fit social workers' and human service professionals' professional ethics and philosophy. This concept ideally supports the advocacy influence on the profession. Social workers, historically, have stood for what is right and for all people. It is the responsibility of social workers to continue on a path of influencing change through client services and advocacy. Thompson stated that the roles of supervisors, agencies, and institutions also have to be reconstructed so as to mirror the mission of the social work profession. Effective social work practices must have a foundation to build on. As social workers strive to ensure that social work practices are effective it is essential that practices are validated and scientifically supported. Evidence-based practices provide the needed supports.

The social work profession has made many changes over the last 20 years regarding policies, legislation, practice, and credentials. An example of these changes can be described in the development and establishment of specific social work organizations. I was a member, a regional representative, and a member of the executive board of the School Social Work Association of America. The organization emerged as a direct result of the changes occurring in the school social work field. The organization worked with the NASW and the certification in school social work became a national credential. This is similar to the national board certification for educators (NASW, 2013).

The social work profession has met with some controversies. This is primarily because many people view the profession as one that serves welfare clients. A retired coworker of mine stated that she could no longer work with the “ne’er do wells.” This interpretation or perception assures that these professionals lack the expertise, skills, knowledge and other characteristics that contribute to what it means to be professional. In response to this perception and other disrespect shown to social workers, they have historically advocated for their profession’s respect and have proven to be successful at obtaining the respect they warrant through their ability to advocate for themselves. As a result of self-advocacy, social work title protection acts have been enacted in many states. These acts simply state that an individual must complete a Council of Social Work Education-accredited program in order to obtain the title social worker (NASW, 2013).

Specifically regarding the phenomenon that was the focus of the present study, social workers are often the frontline professionals for assisting families with integration after parental incarceration. Trulear (2011) indicated that family connectivity—keeping families together during incarceration and through the reentry process—provides an important support for those transitioning back to society, and successful reentry impacts communities in producing productive citizens in family and community life reducing recidivism and further.

Cnaan et al. (2008) stated that practitioners must be equipped with both policy and programs to serve incarcerated parents upon their reentry to the community. Petersilia (2005) found that there is a need for a model that will address new approaches

to facilitate reintegration because psychological literature fails to address the problems with housing, employment, parenting, and other areas needed to survive.

A social worker may provide the services, guidance, and support warranted to empower returning parents, their children and the whole family to be successful within their communities. Thompson (2009) investigated the reintegration of women prisoners in Canada, and although the population of women incarcerated is much smaller than in the United States (503 in Canadian facilities at the time of the study), Thompson indicated that supporting returning women during and after incarceration as they deconstruct and reconstruct their relationships and aspirations is essential work that requires a strong commitment from the justice system, the women, and the communities. The social worker also has a role in this process.

Thompson (2009) described a Canadian reintegration program, known as Stride, and conducted research on the program. She determined that reintegration from prison is often traumatic, and many women are ill prepared for the social, emotional, and economic challenges. She examined restorative justice as a way of approaching conflict and crime by addressing the victim's needs, holding the offender accountable and including the broader community in the process (Thompson, 2009). These factors are very similar to what shapes FGC.

Restorative Justice and FGC

Restorative justice and reintegration are methodologies often utilized when working with incarcerated individuals. Bazemore and Umbreit (2001) stated that the underlying goal of restorative justice is reconciling the needs of victims and offenders

with the needs of the community and that restorative conferencing brings together victims, offenders, and other members of the community to hold offenders accountable not only for their crimes but for the harm they cause victims. Bazemore and Umbreit also stated that there are four restorative conferencing models: victim-offender mediation, community reparative boards, FGC, and circle sentencing.

Thompson (2009) and van Wormer (2005) indicated that restorative justice is a concept that has not been utilized and accepted in the United States as in other countries; and the significance that this process has to social work has not fully emerged. Restorative justice is an emerging practice used with the incarcerated population. Incarcerated persons' reentry/reintegration to their family and community is important, and is especially significant when the person incarcerated is a parent.

Bazemore and Maruna (2009) suggested that restorative justice not be understood as a correctional program but as a process and indicated that many restorative practices produce significant reduction in recidivism. One reason may be the use of reintegrative shaming. Braithwaite (1989) defined reintegration (reintegrative shaming) as the expressions of community disapproval, which may range from mild rebuke to degradation ceremonies and that are followed by gestures of reacceptance into the community of law-abiding citizens. FGC can provide a platform for this process. An additional view of the process is that a facilitator, mediator, or practitioner conducts groups with the desired outcomes (reintegrative shaming, conflict resolution, acceptance, forgiveness, and productivity) that will prove beneficial to all parties. The restorative justice discussion focused on the impact of incarceration and the ex-offenders' ability to

make a positive transition and return. There are some who argue that the current systems are so punitive that little to no effort is placed on rehabilitation. There is discussion as to whether or not incarcerated individuals have the ability to accept responsibility for criminal behavior. However, there are those who do accept responsibility and this assists successful reentry into the home, family, and community. Reentry can be a very challenging transition. Bazemore and Maruna (2009) stated that there is considerable activity regarding improving the reentry process and that the activity lacks a strong theoretical and empirical foundation.

Bahr, Harker Armstrong, Gibbs, Harris and Fisher (2005) suggested that transitions are life events embedded in trajectories. Persons who are released from prison would benefit from discussions that are associated with reintegration and transitions. Transitions are described as those things in one's life that are necessary to move from one point to another. One of the immediate transitions is into the job readiness or employment arena. Of course, this is second to the reintegration into the family and community. The transition into the employment arena affords the individual a means of sustaining oneself and family. This transition also supports integral emotional needs and self-awareness for the individual returning home. Bahr et al. (2005) also stated that the offenders' ability to change the trajectories significantly influence the reentry process.

Braithwaite (1989) indicated that the theory of integrative shame is based on the assumption that abiding by the law is a crucial social goal. Shaming is thought to be an effective component of the process. Ronel and Elisha (2011) provided a different perspective and one that can be aligned with shaming and reintegration. They discussed

positive criminology, which refers to a focus on individuals encountered with focus and influence and influences that are experienced as positive and which distance them from deviance and crime (Ronel & Elisha, 2011). This positive approach can be aligned with the shaming and reintegration concept. Positive criminology, shaming, and reintegration emphasize positive experiences that may potentially prevent or discourage continued criminal behavior (Ronel & Elisha, 2011). I would consider this to be an integral component of a skillset for the practitioner utilizing FGC with families after a parental incarceration.

Bazemore and Maruna (2009) suggested that the restorative justice process may be more effective if utilized to facilitate the reintegrative process. This strategy provides an effective tool that would suggest a different way of thinking about offenders, victims, and the community in resolving issues for those involved. An understanding of the restorative process and how it relates to effective social work practice may provide additional insight.

Levine (2000) defined FGC as a means of resolving child protection and youth justice cases. The process/method was developed in New Zealand, where it was mandated by law. Levine (2000) also stated that this mandate, which ensured that government agencies used FGC, enhanced the participation of family members, victims, social services workers, and other community stakeholders.

FGC has become a strategy used by social workers to help families resolve the emotional injury related to the incarceration of one of its members. It is an emerging practice used to strengthen and preserve families by reinforcing extant family resilience

in keeping with Dallaire's (2007) and Walsh's (2003) family resilience theories. Chandler and Giovannucci (2004) indicated that:

FGC has four key principles: (a) the process is family centered and moves away from the negative perceptions and blame-placing approach to a strength-based model, (b) respect and value is placed on cultural ideals and practices, (c) families and community involvement is encouraged, and (d) the community is seen as a family support resource. (p. 219)

Malmberg-Heimonen (2011) provided a different model than Chandler and Giovannucci (2004) and indicated that there are five principles and steps to the FGC process: (a) it is the participant's meeting, (b) the participant is assisted by an independent FGC facilitator (not employed by social services) to arrange the meeting, (c) the participant's extended network is invited, (d) public authorities, including the FGC facilitator, are not present in the second part of the meeting, and (e) the FGC process results in an action plan. One may view the network of participants as the family and community previously referenced. I would feel safe with the assumption that, since the participant has choices and the primary decision-making role, these two philosophies regarding FGC have many similarities.

I did not find any research that discusses the experiences or practices of the social worker as FGC facilitator. There are not any evidence-based practice guidelines for social workers who engage in FGC to support family resilience. However, Malmberg-Heimonen (2011) indicated that there is a lack of studies analyzing the effects of the FGC

process in the social services context. This gap in the literature supports the need for further investigation and research regarding FGC in the social work profession.

Walker (2012) described conferencing as a restorative justice practice that provides opportunities for participants to develop coping skills and resiliency and that conferencing is a group process for dealing with crime that incorporates restorative principles. Resiliency is defined as the ability to recover from or adjust to misfortune or change (Walker, 2012). Practice for this kind of intervention remains somewhat of a mystery. Understanding the experiences and the essence of the practice are factors to consider. How resilience, a strength-based approach, informs this practice is important to the delivery of service. This should be explored with experienced practitioners to determine what they believe are the best social work practices in utilizing FGC for families trying to reintegrate after parental incarceration. Investigating FGC as a successful social work practice requires the review, understanding, and incorporation of the aforementioned tasks as they relate to the research topic.

The review of the literature indicated that FGC has been researched with juveniles. Alder & Wundersitz (1994) indicated that this process was first developed with the hope of diverting juveniles from traditional justice services (court, incarceration). The intended concept was capsuled in programs with the terms diversion, mediation, and assessments in their titles. The intent of this practice with juveniles was to offer a new and different means of dealing with problems in their lives that would help divert them from the juvenile justice system and decrease future criminal activities. This format allowed the juveniles an opportunity to learn socially accepted behaviors and respect for

others. Braithwaite (1989, 1993, 2001) provided a rationale as to why FGC, coupled with the restorative justice concept, was beneficial to the offender, the victim, the families, and the community. The idea of an opportunity to discuss, negotiate, and bring closure in the form of social restitution would prove crucial to alter the criminal justice system as it is known. Braithwaite (1989) detailed the process of reintegrative shaming rather than stigmatization and the emergence of a process of negotiation and reparation that is beneficial to all parties and the reintegration of the offender into the family and community.

FGC can be viewed as an offshoot of restorative justice. Restorative justice, initially, was utilized within the juvenile justice system. As I continued to inquire about the implementation of FGC in the adult system, I found in the literature that there was a significant amount of focus on juveniles. The desired outcomes are similar, if not the same. The overall idea is to mediate or facilitate communication between the victim, offender, families, and the community with the overall result being bringing about change and repairing the damages done to all involved parties. There is an old saying that says that in prison “no one is guilty.” Is it that they are not guilty or that they do not know the importance of taking ownership of negative behaviors and taking responsibility for the offense they committed and the harm it has brought to all interested parties? When the offender considers the interested parties the lists oftentimes will grow. This realization takes on a different appearance, and it generally grows larger than one might think possible.

The first step in the FGC process is that all parties are in the same location (Stewart et al., 2008). The individuals must acknowledge those whom they love and acknowledge the disruption that has occurred within the family and community. The emotional disruption is experienced by the victim, offender, the family, and the community. FGC offers a facilitated and controlled environment to restore, resolve, and return to a place of mediation. This process begins the healing and transition necessary to be successful upon reentry to the family and community.

Although Malmberg-Heimonen (2011) stated that reliable evaluation addressing FGC's effects is lacking, Pranis (2007) indicated that conferencing holds enormous potential to strengthen communities through collective responsibility and accountability in a caring context. FGC has emerged in the United States as a practice that can be successfully utilized with both children and adults. The practice can also be intertwined with other modalities, resulting in empowerment and stability in families. In practice it is often determined that communication, self-expression, and acceptance can be absent, and these are behaviors and characteristics that would benefit FGC participants. FGC may appear a complex intervention; however, it has been used quite extensively and does align with restorative justice programs.

Parental Incarceration

Hoffman, Byrd, and Kightlinger (2010), Honoré-Collins (2005), Huebner and Gustafson (2007), Murray and Murray (2010), and Nesmith and Ruhland (2008) indicated that there has been a significant increase in the number of incarcerated parents over the last 10 years. Huebner and Gustafson estimated that 63% of incarcerated women

have one or more minor children and most reported living with their children.

Researchers have also found that parental incarceration increases the risk that children will experience later behavioral and emotional problems, have troubles in school, and become involved in the juvenile and criminal justice systems (Hoffman et al., 2010).

Parental incarceration appears to have a domino effect on children, families, and communities. Aaron and Dallaire (2010) indicated that children of incarcerated parents are exposed to factors that place them at risk for delinquency, with higher rates of maladjustment, issues with social stigma, and other losses significantly impacting the children and immediate caretakers.

Huebner and Gustafson (2007) and Murray and Murray (2010) agreed that a parental incarceration contributes to the disruption of the parent-child relationship. Huebner and Gustafson (2007) suggested that incarceration imparts a social stigma on families and children often eliciting strong feelings of shame and anger in the family and associates of inmates.

I find the mention of shame interesting. I also think of how adults responded to children when I was a child when questions were raised regarding an absent father or an incarcerated family member. Several behaviors occurred in the family. In my experience, the child was often told that the individual was away or living down South. The child was also cautioned not speak of the individual outside of immediate family. Most of us knew the truth or understood that there was some level of truth to what we were told coupled with shame regarding the absent individual. Many children who lived in homes where a parent was absent seemed to accept it or allow the status to negatively impact their lives.

Greene et al. (2003) stated that in conjunction with a response to an incarcerated parents' impact on the family internal family factors emerge such as roles, responsibilities, and authority during and after incarceration. External factors (neighborhood and community well-being) only emerge when certain situations arise (completing school forms, extracurricular activities).

The external factors that impact a family are related to perception and response to the parental incarceration. Parental absence is the cause for the various attitudes children experience. The children who have an absent parent are oftentimes perceived as being a negative member of the community. This resonates with me personally. I was raised in a single-parent home. My parents separated when I was very young. I remember accompanying my best friend to a Brownie meeting (Brownies are a level of Girl Scouting). A troop leader informed me that since I did not have a daddy, I could not participate. Another instance was when I wanted to play in the elementary orchestra. The teacher informed me I was a bastard and could not participate. At a very early age I decided to not participate in any extracurricular activities. I just went home every day after school. It was easier than explaining to all of these very smart people that I had a father he lived in another state. What is so ironic was my best friend's father ran the illegal liquor house and he was a number writer. However, she was seen in a more positive manner. Her dad was the greatest godfather in the world and saw that I never wanted for anything. He treated me better than anyone else. I never understood why people were so cruel and why they made a big deal of my dad living in another state. I know that many children whose parents are away or incarcerated have had similar

experiences. The external factors are sometimes a direct result of others and their perceptions of what constitutes difference and the treatment of these offenders.

Evidence-Based Practice

Netting and O'Connor (2008) suggested that evidence-based practice is viewed as practitioners recognizing client values and then using the most promising research to guide programmatic, organizational, community, and policy activities to facilitate change. Franklin (2009) indicated that the challenge for practitioners is how to conceptualize what is needed and to find the best sources to answer the questions. Netting and O'Connor described evidence-based practice as practitioners recognizing client values and then using the research to guide programmatic, organizational, community, and policy activities to facilitate change. Stanhope, Tuchman, and Sinclair (2011) suggested that the evidence-based practice movement has permeated all aspects of social work, including the ways in which social workers educate social work students, how their practice is guided in the field, and how they conduct research.

Netting and O'Connor (2008) discussed the importance of performance measurements in the field of social work. This discussion noted Martin and Kettner's five major forces that drive performance measures that reflect calls for greater accountability that arose from the era of accountability over the past 30 years or so: the 1993 Government Performance and Results Act (Public Law No. 103-62), which required all governmental levels to develop performance measures; the National Performance Review, which grew out of the reinventing government movement of the early 1990s; total quality management; managed care, because of its extensive monitoring system; and

the Government Accounting Standards Board's Service Effects and Accomplishments reporting initiative, which called for all state and local agencies, including human services providers, to collect and report performance measures (Netting & O'Connor, 2008). The overall intention of the establishment and implementation of these forces was to ensure accountability within all aspects of the profession. These aspects are best described as practice, ethics, policy, and research.

Sackett, Richardson, Rosenberg, and Haynes (1997) described evidence-based practice as a problem-solving process consisting of five steps: (a) convert information needs into answerable questions, (b) track down, with maximum efficiency, the best evidence with which to answer these questions, (c) critically appraise the evidence for its validity and usefulness, (d) apply the results of this appraisal to policy/practice decisions, and (e) evaluate the outcome. Netting and O'Connor (2008) noted that evidence-based practice has signs of contentiousness and this impacts accountability, which also has been a concern for social work. Netting and O'Connor further noted that social work practice has a wide range of intervention concerns that warrant evidence-based practice as an integral part of social work practice.

Stanhope et al. (2011) conducted research on the use of appropriate practices and evidence-based practices in the mental illness arena. They emphasized the importance of research to practice, which supports the need for accountability in the human services arena. Acknowledging the growing need for evidence-based information to help develop interventions will assist their understanding, specifically FGC.

Baker et al. (2010) stated that “practice evaluation is an important component of evidenced based social work practice and that it is under-utilized in practice and that social workers are not involved in evaluation activities” (p. 963). The identification of what social workers perceive as effective practices with families after parental incarceration would provide data to inform and develop best practices and effective programs to assist families with reintegration of the released parent into the family and the community. As Pettus-Davis, Grady, Cuddeback, and Scheyett (2011) stated, there is a lack of empirical literature, and practitioners have limited time have to search for evidence to support interventions used with clients.

Pettus-Davis et al. (2011) stated that the evidence-based practice process must present findings in a way that the practitioners feel useful to both them and the clients. They further stated that practitioners must also learn how to bridge the gap between research and practice. Pettus-Davis et al. also stated that evidence-based practice will not be realized without the translation of research into practice, and the social work practitioner is the essential link in that translation. Pettus-Davis et al. supported the social worker’s need to contribute to the intervention offered to the clients. The opportunity to provide input (via research participation) is necessary to analyze the intervention strategies utilized in the field. Pettus-Davis et al. (2011) suggested that

The translation of research into practice requires practitioners to undertake three tasks: become aware of the evidence, accept the evidence as applicable to his or her client group, and actualize the evidence through adoption and incorporation of research into practices procedures. (p. 380)

Prisoner Reentry

Incarcerated persons have many experiences, which can either prove beneficial or detrimental. It is becoming more common to implement programs that can assist in returning to the community (reentry). However, Scroggins and Malley (2010) found that reentry programs do not sufficiently meet the needs of the populations served.

Scroggins and Malley (2010) investigated women prisoners returning to the community and the programs and services available. The five broad areas detailed as warranting attention for the successful reentry of women prisoners were childcare and parenting; housing and transportation; healthcare, counseling, substance abuse, and treatment; education, employment, and job training; and social support (Scroggins & Malley, 2010).

Cnaan et al. (2008) indicated that many ex-prisoners learned to survive in prison by “toughening up” and adopting a worldview that helps them cope, but this same worldview is inadequate and unproductive for community reintegration. In order for ex-prisoners to be successful they must have an established and willing support system. Fontaine, Gilchrist-Scott, Denver, and Rossman (2012) indicated that families appeared to provide a great deal of support; it was the level of closeness or attachment that appeared to be a significant factor in individuals’ reentry outcomes.

Petersilia (2005) indicated that the United States faces enormous challenges in managing the reintegration of increasing numbers of Individuals who are leaving state and federal prisons and stated that it is time to do the hard work of developing more effective responses to these challenges. This should be done not only because it will be

good for offenders returning home but also because it will ultimately be good for their children, their neighbors, and the community at large (Petersilia, 2005).

Fontaine et al. (2012) discussed difficulties practitioners experienced working with reentry programs in Chicago, Illinois. The difficulties were largely due to the program model (family-focused inclusive model) used and the knowledge and skill levels of the case managers and other staff. It was determined that additional training would benefit the incarcerated person, the families, practitioners, and community stakeholders.

According to Cnaan et al. (2008), the social work profession should defend, support, and facilitate the fuller participation of the most marginalized populations in society. In this era, the social work profession must embrace the growing population of ex-prisoners by advocating on their behalf, educating society of their unique needs and interventions. Understanding reentry when discussing incarcerated parents returning to families and communities helps develop policies and practices relevant to reintegration.

Knowledge and understanding developed regarding reintegration and reentry after parental incarceration will help identify social work practices using FGC. Resilience has been proposed by Greene et al. (2003) in conjunction with a response to an incarcerated parent's impact on the family. Internal family factors, such as roles, responsibilities and authority, emerge during and after incarceration. External factors (neighborhood and community well-being) only emerge when certain situations arise (completing school forms, extracurricular activities, and so on). Resilience may very well be a multisystemic phenomenon that can and does occur across the life span (Greene et al., 2003). Resilience

has been a characteristic frequently utilized to describe how children respond to life experiences. Smith-Osborne & Bolton (2013) stated that:

For inclusion criteria, resiliency was defined as a process of personal, interpersonal, and contextual protective mechanisms, resulting in an anomalous positive outcome in face of adversary including a range of outcomes, such as health status, educational attainment, and vocational success. (p. 115)

As prison reentry is explored and the role of the practitioner is aligned with services and understanding of prison reentry may prove beneficial. Patterson (2013) indicated that reentry preparation varies across jurisdictions and ranges from providing bus fare to services that continue within the community.

Resilience

Roberts, Galassi, McDonald, and Sachs (2002) indicated that resiliency theory provides a framework for reconceptualizing intervention as it applies to therapeutic communities. Roberts et al. (2002) gave Henderson and Milstein's definition of resiliency as "the capacity to spring back, rebound, successfully adapt in the face of adversity and develop social, academic, and vocational competence despite exposure to severe stress or simply to the stress inherent in today's world" (p. 56).

Greene et al. (2003) indicated that researchers viewed resilience as involving internal factors, such as temperament and attitude, and external elements such as neighborhood or community well-being. Atwood (2006) cited three broad factors being associated with resilience: individual characteristics (temperament, competence, self-efficacy, and self-esteem), family support, and a supportive person or agency outside the

family. These characteristics were also discussed and supported by Roberts et al. (2002) and Greene et al. (2003).

When I investigated resilience and its application, I found that researchers had suggested that internal and external factors be explored. Atwood (2006) indicated that an awareness or understanding of the attachment theory, which was described as the process underpinning resilience would be beneficial.

Summary

Chapter 2 included a literature review of pertinent information regarding the identification of social work practices, primarily FGC, while developing resilience in families after a parental incarceration. A review of existing research indicated that minimal research exists in the area of social work practice in the criminal justice system.

The experiences of social workers (proposed respondents) will assist in developing best practices for social workers working with the population of interest, parents who have experienced an incarceration, to enhance and improve delivery of services and programs and to help address acknowledged risk factors. The methodology utilized will be discussed in Chapter 3.

Chapter 3: Methodology

Introduction

The purpose of the present study was to investigate the essence of the perceived role, activities, and practices of social workers currently using FGC with families after parental incarceration to develop best practices for clinical interventions that result in positive reintegration, stabilization, and positive outcomes. The primary goal was to explore what social workers and other human services professionals identified as their experiences with FGC in helping families develop resilience after parental incarceration using FGC. The participants in this study were human services professionals who have worked with families that have experienced a parental incarceration.

Chapter 3 includes a discussion of the methodology used in this study. I review specific information about the central concepts/phenomenon of the study, the research tradition/approach used, the study population, data collection, and analysis.

Research Design and Rationale

The research questions that formed the basis for the present study are as follows:

- What are the experiences, perceived role, activities, and practices of human services professionals currently engaged in the use of FGC in families after parental incarceration?
- What are the practices that will assist human services professionals in developing clinical interventions (best practices) that may result in positive reintegration and family stabilization after parental incarceration?

Questions asked of study participants included:

1. What are your perceptions and beliefs regarding your activities and steps in this practice to support resilience and family ecology?
2. What strategies and processes are you using in FGC that are reflective of the protective factors associated with family resiliency?
3. What are your experiences in using FGC with families?
4. How do you describe resiliency when FGC has been utilized as a practice?
5. How do you integrate the protective factors in the FGC process?
6. If you assume the role of facilitating FGC with the understanding and knowledge that in order to successfully accomplish goals and objectives it is important to use appropriate mediation skills, exercise conflict resolution skills, and assess outcomes throughout the process, what measures would you use to determine success and meet the desired outcomes using FGC?
7. What supports the success of FGC or how do you determine that the goals and objectives have been obtained?

A heuristic phenomenological qualitative approach was used in the present study to investigate the phenomenon (Moustakas, 1994). Englander (2012) indicated that when researchers attempt to study a phenomenon they must understand each research method. Englander further indicated that the phenomenon is the object of the investigation, not the person who is required to describe the phenomenon. Phenomenology is described as the study of meaning of experiences from an individual's own subjective perspective (Greenfield & Jensen, 2010).

A phenomenon is simply an idea. Finley (2009) indicated that the phenomenological research provides an opportunity to obtain firsthand account of experiences that will assist in informing others and is descriptive.

Cerbone (2006) discussed the emergence of phenomenology as discovered by Husserl, who described phenomenology as a kind of pure, nonempirical discipline. Moustakas (1994) brought to the forefront a heuristic phenomenological research method. Moustakas indicated that when using phenomenological studies the researcher abstains from making suppositions, focuses on a specific topic freshly and naively, constructs questions or problems to guide the study, and derives findings that will provide the basis for continued research and reflection.

A heuristic phenomenological research approach helps provide insights on the area of interest. The phenomenological research method assists in identifying and understanding through exploration of the essence of experiences. Creswell (2007) stated that the type of problem best suited for this form of research is one in which it is important to understand several individuals' common or shared experiences of a phenomenon. Creswell further stated that it would be important to understand these common experiences in order to develop practices or policies, or to develop a deeper understanding about the features of the phenomenon.

Beck (1990) stated that phenomenology is the study of experiences through understanding the structure, essence, and context of the subjective experiences of the individual. The individuals in this case are social workers who have worked with families who have experienced a parental incarceration. In an attempt to influence social change,

the social worker must attempt to identify those practices that have positively affected families.

A heuristic phenomenological methodology was the method of choice for the present study because I wanted the opportunity to understand the essence of the social workers' experiences from an intimate perspective. Their contributions to the field of social work practice are invaluable. I did not want to quantify, measure, and compare the phenomenon. My desire was to explore and describe through the participants' experiences and gain an understanding, increased knowledge, and appreciation for social work practice with families who have experienced a parental incarceration.

Other methodologies were not selected primarily because of personal preference. I prefer the intimacy of the phenomenological approach. Brinkmann and Kvale (2005) stated that qualitative research interview probes human existence in detail. It gives access to subjective experiences and allows researchers to describe intimate aspects of people's life worlds. The ethnography methodology was not selected because I thought it would prohibit my desire for a diverse sample. I wanted to study a more diverse population who engage in this practice (FGC) across various settings. Grounded and case study methodology may have proven successful but possibly would not provide the insight in developing practices. I thought that conducting a case study would not give me the level of diversity I desired. I thought that more in-depth data is needed in developing best practices and that these data can be better developed and or determined utilizing the phenomenological method. Although narrative methodology could have been used, I believed the phenomenological approach would result in findings that would have a

greater impact on social change focusing on developing resilience in families after a parental incarceration by identifying social workers' practices with FGC.

Role of the Researcher

This research is a direct result of my interest in family preservation and stability. In my travels and my work I have observed the impact of parents' reintegration into families after incarceration. The incarceration significantly influences the family dynamics. The trauma is extensive. Children and families do not know how to respond, nor do the community and other stakeholders.

As an advocate of family preservation, my desire is to help social workers and other human services professionals better aid parents after release from incarceration. The reintegration of the parents is crucial to sustaining families. The practitioner could greatly influence parents, children, family members, victims and their families, and other community stakeholders. I want to assist social workers by investigating interventive techniques, primarily FGC, and developing practice methods and needed information that would enhance the social work profession. I wanted to include a review of research focused on reintegration and social work practice. I was interested in studies on the social work experiences, and of other human services professionals and factors relevant to reintegration after parental incarceration. Service delivery may be improved as social workers develop a greater understanding of the field and practice.

My role or participation in the research study was as an interviewer. I began with an exploration of social workers' practice with families. I am not an acquaintance, friend, and colleague with any of the participants. I did not nor do I have any personal or

professional relationships with participants. I did not nor do I have any personal or professional relationships with the participants in the present study. Participants were obtained through mutual coworkers, agencies, social media, community partnerships, and acquaintance referrals.

Methodology

Population

I contacted approximately 2,500 human services professionals via the following organizations and agencies: National Association of Black Social Workers (NABSW), National Association of Social Workers, Virginia Department of Social Services, Prison Reentry Programs, Trinity Baptist Church, Resources VA, Blacks in Criminal Justice, University of Minnesota School of Social Work, and the Virginia Department of Corrections. My goal was a small sample size of 25–50 participants, which is in keeping within recommendations for saturation for studies of this nature. Dworkin (2012) indicated that saturation is defined many as the point at which the data collection process no longer offers any new or relevant data. When I began the research study I imagined having to stop accepting volunteers. To my dismay it took me 9 months to obtain an appropriate or adequate number of participants. I obtained 15 participants who were willing to sign the necessary paperwork and schedule an appointment.

I ended up selecting a purposeful convenience sample of 15 human services professionals based on the criteria that they currently use or have experience in the field of practice working with clients using FGC and have recollections and experiences in introducing strategies focused on resilience. The rationale for requesting assistance from

the aforementioned organizations and agencies is that they have memberships that may encompass a diverse group of human services professionals and employ individuals who might possibly meet the participant criteria. I interviewed 15 practitioners, including counselors, social workers, criminal justice majors, and a nurse practitioner who was employed in a veteran's program.

Data Collection Procedure

Data gathering includes the selection of the participants and determining the appropriate or necessary number of participants needed for phenomenological study and the development of the questions (Englander, 2012). Both of these elements were previously presented and discussed in this chapter.

The primary data collected for this study were obtained from interviews and participants' references to their own case notes and reflections. I collected data via open-ended, semistructured questions and interviewed a sample of 15 human services professionals, revisiting the interview protocols as the interviews proceeded. These participants currently use or have experience in the field of practice working with clients using FGC about their recollection and experiences in introducing strategies focused on resilience. I recorded the interviews and had the data transcribed. I sorted and analyzed the data with the assistance of a qualitative analysis software program (Atlas Ti 7) to search for themes that assisted in identifying the phenomenon. Creswell (2007) suggested that through data analysis, the researcher studies the data and can highlight significant statements, sentences, or quotes that provide an understanding of how the participants experienced the phenomenon. I then developed clusters of meaning from the significant

statements using the software to identify repetition of items and analyzing meaning into themes that is used to illuminate what the human services professionals consider to be best practices.

Interviews

Interviews are one of the most widely used tools in conducting phenomenological qualitative research studies. Brinkmann and Kvale (2005) indicated that the cultural changes from industrial society to consumer society are explanation for the current popularity of qualitative inquiry, particularly interviews. Jacob and Furgerson (2012) stated that qualitative researchers collect people's life stories to study human experiences and nurture the participants through the story telling process. It is also stated that interview protocols are not just a set of questions but procedural guidelines for directing the qualitative researcher through the interview process.

In an effort to understand the essence of human services professionals experiences that provide an opportunity for insight into practices utilized it is necessary to question those individuals on the front line, the practitioners. When exploring best practices associated with FGC, practitioners provided expertise and experience when identifying best practices necessary to influence social change. The participants' response to the interview questions informed me of their beliefs, feelings, and experiences.

I developed questions to gain insight and information relevant to the study. I conducted individual interviews, and I used interview questions that were both closed- and open-ended. It appeared as though the length of time employed with ex-offenders and their families resulted in the more seasoned practitioners using different clinical terms;

however, the method explained or described was quite similar to FGC/restorative justice. As interviews are conducted I accepted participants' references to their own case notes and reflections. When necessary, I conducted follow-up interviews to help develop greater understanding of the phenomenon.

I recorded and transcribed interviews. Notes and observations were transcribed. Each transcript was reviewed several times and notes and themes were drawn. A full discussion of participants' experiences is presented in Chapter 4, and an analysis of the data from participant interviews, as well as conclusions drawn, is presented in Chapter 5.

Recording Data

Chenail (2011) suggested that instrumentation rigor and bias management are integral challenges for qualitative researchers employing interviewing as a data generation method. Interviewing, field observation, and document analysis is one of the most significant ways qualitative researchers complete research studies. Recording the interview sessions and transcribing the data provides the specificity necessary to adequately capture everything that was stated and done during the interviews, observations, and other interactions.

Tessir (2012) suggested that for researchers conducting qualitative research, interviews are a commonly used method. Tessir further stated that data collected through interviews can be recorded through field notes, transcripts, or tape recordings (p. 446). I found that a backup to recording the interviews was necessary, so I also took notes. I attempted to use Dragon Naturally Speaking when conducting the interviews and found that it was difficult for me in that the software did not record exactly what was stated and

the sentences were extremely difficult to read. This required me to make follow-up phone calls to verify my information and to make certain that I recorded exactly what participants stated and meant. Initially, I thought that using the telephone would be problematic. It was not a problem. Block and Erskine (2012) indicated that the use of the telephone as a medium for conducting interviews is becoming more popular data collection methods.

Analyzing Data

I sorted and analyzed the data with the assistance of a qualitative analysis software program (Atlas. Ti 7) to search for themes that may assist in identifying the phenomenon. I developed clusters of meaning from the significant statements into themes that may be used to illuminate what these human services professionals consider to be best practices.

Practitioners who use FGC may facilitate or assist families in becoming more resilient. The resilience identified in the families is a direct result of the intervention strategies (FGC) and warrant the attention of social workers and other human services practitioners. Families and the preservation of families are an integral component of our society. The social issues that impact society are significant for those families experiencing a parental incarceration. This significantly impacts the reintegration and re-entry process for this population. Supports from the practitioners may benefit these families in being resilient and successful. The supports are identified as social work practice with FGC. Understanding the experiences of social workers and human services practitioners who utilize FGC may provide insight regarding families who have

experienced a parental incarceration. The experience and the identified family resilience may influence the development of best practices for practitioners utilizing FGC as we analyze the data.

Grinnell and Unrau (2001) asserted that the process of analyzing data is iterative. This means that we must read and reread the volumes of data we have collected. We (social workers) are encouraged to explore the patterns and themes that assist us in looking into the experiences that our research participants have experienced.

Validity

Creswell (2013) indicated that there should be established criteria to determine the quality of a phenomenological study. Triangulation of the data may be of benefit in confirming and or ensuring validity of the research. Interviews and data collection will benefit the process to ensure its validity of the research.

Nachmias and Frankfort-Nachmias (2008) indicated that validity ensures that questions are answered. They also stated that there are three types of validity and that each type results in specific tangible results. The types of validity are content, empirical, and construct. Nachmias and Frankfort-Nachmias provided the following definitions:

Content validity means that the measurement instrument covers all the attributes of the concept you are trying to measure-that nothing relevant to the phenomenon under investigation is left out; Empirical validity is concerned with the relationship between a measuring instrument and the measured outcomes; and Construct validity which is established by relating a measuring instrument to the general theoretical framework. (pp. 149–154)

Establishing validity using all three of the validity types provides a consistent means of ensuring validity. Content validity is all inclusive when studying the phenomenon; empirical validity assists in both the evaluation of the interview questions and the outcomes (themes, responses); and construct validity will ensure the relationship between the interviews and the theoretical framework discussed in the study.

I ensured that there was a thick rich description throughout the reporting of the data. I included verbatim quotes of the interviews to support my findings. The direct quotes obtained during the interviews assisted with assuring validity. This information is significant because social workers are provided with a means to developing and implementing best practices when working with families using FGC after a parental incarceration. FGC best practices will be utilized as a component of developing resilience in these families. This resulted in the development of best practices for social workers.

Ethical Treatment and Protection of Participants

Researchers are expected to follow ethical standards and federal laws that protect research participants. Creswell (2008) stated that the researcher protects the anonymity of the informants, develops case studies of individuals that represent a composite picture rather than an individual picture, conveys to the participants that they are participating in a study, explains the purpose of the study, does not engage in deception about the nature of the study, and does not shares personal experiences with participants because this minimizes bracketing.

For the present study, ethical procedures were following in keeping with National Institutes of Health standards. Participants' anonymity and confidentiality were protected

and attention to their well-being was paid throughout the time the study was conducted. This included providing participants an informed consent form, which they were required to sign before they began participation. This form also advised them that their identity would remain anonymous and their confidentiality would be maintained by assigning them coded numbers and storing all data in password-protected files.

Summary

Chapter 3 included a discussion and explanation of the methodology proposed to conduct this study. The heuristic phenomenological research approach to answer the questions was discussed. Dallaire's (2007) and Walsh's (2003) family resilience theories provided the theoretical framework based on family resilience theories, which were combined with an ecological and developmental perspective of the family. The findings will be discussed in Chapter 4.

Chapter 4: Results

Introduction

The purpose of the present study was to investigate the essence of the perceived role, activities, and practices of human services professionals engaged in the use of FGC. The specific focus was on their practice with families following parental incarceration. I began the exploration using interviews. Data were collected, analyzed, and evaluated. The data were obtained from social workers' and other human services professionals' oral descriptions of their experiences of their clinical interventions and best practices resulting in positive family reintegration and family stabilization. Chapter 3 included a discussion of the methodology used in this study. I reviewed specific information about the study population, and the data collection and analysis was discussed.

A heuristic phenomenological research approach (Moustakas, 1994) assisted in providing insight into the phenomenon of interest. The phenomenological research method assists in identifying and understanding through exploration and description of the essence of experiences. Other methodologies were not selected primarily because they seemed less suited to answer the research questions. Brinkmann and Kvale (2005) stated that qualitative research interview probes human existence in detail. It gives access to subjective experiences and allows researchers to describe intimate aspects of people's life worlds. The intimacy of phenomenology was preferred. Ethnography was not selected because I thought it would not provide the chance to explore a diverse sample. I had the opportunity to study a diverse population who engaged in FGC across various settings. Grounded theory method and the case study methodology may have proven

successful but did not provide the information for developing best practices. I thought I would also not have the desired level of diversity in a sample with conducting a case study

Participant Recruitment and Data Collection

Following Institutional Review Board (IRB) approval, potential participants were recruited via introductory letters (see Appendix A), emails, and social media announcements that were disseminated to a number of key groups, including the National Association of Social Workers, the National Organization of Human Service, Blacks in Criminal Justice, the National Association of Black Social Workers, the Virginia Department of Corrections, and the Virginia Department of Social Services. I planned to conduct my research with participants who were social workers who met the inclusion criteria; that is, social workers who have worked or work with ex-offenders utilizing FGC, also referred to as restorative justice. Several individuals contacted me; however, some did not fit the criteria because they were not graduates from a Council of Social Work Education program. I submitted a request for change to the IRB. My request was to include other human services professionals actively engaged in FGC.

Once the second approval from IRB was received I continued to recruit participants. After potential participants contacted me, I emailed, phoned, and used U.S. mail to provide the participant packet to the individuals who agreed to participate. The participant packet included an informed consent (see Appendix B), the list of protective factors in Table 1, information regarding the study (see Appendix C), and a participant demographic form (see Appendix D). The informed consent document was discussed at

length with participants during the face-to-face interview, or they could sign and return to me by email, U.S. mail, or fax.

I discovered that it was easier to recruit participants individually rather than through agencies. Many agencies had established protocols for engaging in research that would have prolonged my research efforts. One agency IRB/research person suggested that I use word of mouth rather than attempt to work through the issues that they presented at their location. Participants were from state, federal, and faith-based organizations

I conducted semistructured interviews, which were recorded on a digital recorder. To protect participant privacy, the interviews were then downloaded to disk and saved in a password-protected file. Interviewees were assigned numbers to ensure their anonymity and confidentiality. This allowed me the opportunity to align the interviews with thoughts concerning the responses and the interpretation of the data.

I conducted the interviews in private rooms at offices, in a community facility, and by telephone. Participants in states other than my own were interviewed by phone. Paperwork was mailed and or faxed prior to the interviews, and I received all required documents before conducting the interviews. Participants interviewed via phone were informed that the calls were being recorded and permission to proceed was obtained.

I maintained notes throughout the interviews as I asked the open-ended questions in keeping with the interview protocol (see Appendix E). I took notes during the interviews. The interviews were transcribed, and some return calls were made to participants for member checking and further clarification.

Once transcribed, the data were reviewed. Any inaudible statements in the audio recordings were reviewed by listening to the recordings and making the necessary edits and or contacting the interviewees and questioning them as to regarding their previous responses to gain clarification and ensure accuracy and validity. The transcribed interviews were saved as PDFs, which allowed collected data/documents to remain in the original configuration, including text and any other content. The PDF format also ensures data integrity by preventing any additional editing. Each interview file was saved to my computer's hard drive in a personalized folder. Participants were randomly assigned a number to protect their identities and differentiate the date of the interview as well as the individual responding. The files were then password protected and then placed on my computer hard drive. No participants were referred to by actual name in any of the files.

Study Participants' Demographics

Fifteen adults age 30 to 64 years participated in this study. Nine participants were women and six were men. At the time of the study, one participant lived in the North (New York), 12 resided in the South (Virginia, North Carolina, South Carolina), 1 was from the Midwest (Illinois), and 1 was from the West (California). Ten study participants had at least a bachelor's degree, three held a MSW (one of these also held a masters' degree in divinity), one participant was a nurse practitioner, and one participant had a doctorate degree. Experience in the human services area extended from 8 to 34 years. I interviewed six parole officers, four social workers, two reentry program administrators, two case managers, one licensed professional counselor, one nurse practitioner, and one counselor. Participants' socioeconomic status was not considered significant to the study.

Three participants were retirees and had been for less than 3 years. One participant owns a human services agency, eight participants were employed with a state agency, two were with a local government agency, one was with a federal agency, and four are employed with faith based agencies. Six participants are White and nine are Black. Interviews lasted from 18–30 min. Table 2 presents demographic information regarding the participants in the study.

Table 2
Participant Demographics

Participant	Gender	Race	Region	Degree	Major	Experience (years)
1	Male	White	South	MSW, MDiv	Social work	25
2	Female	White	South	NP	Nursing	20
3	Male	Black	West	MDiv	Pastoral counseling	25
4	Female	White	Northeast	MSW	Social work	22
5	Female	Black	South	MSW	Social work	8
6	Female	Black	South	MSW	Social work	7
7	Male	Black	Midwest	MSW	Social work	21
8	Female	White	South	MSW	Social work	15
9	Female	White	South	MSW	Social work	17
10	Male	Black	South	BA	Criminal justice	39
11	Male	Black	South	BA	Criminal justice	35
12	Male	Black	South	BA	Criminal justice	27
13	Female	Black	South	BA	Criminal justice	9
14	Female	Black	South	BA	Criminal justice	8
15	Male	White	South	MEd	Psy/Education	9

Note. MSW = master's in social work; NP = nurse practitioner; MDiv = master's in divinity; BA = bachelor of arts; MEd = master's in education; Psy = psychology.

Some participants were eager to participate because they feel a need for best practices to enhance service delivery and to bring credibility and attention to this area of

need. One supervisor indicated that the state (Commonwealth of Virginia) had mandated that a prison reentry program be implemented. However, there are no additional funding streams for this initiative.

Computer-Aided Software and Noncomputerized Analysis

I used Atlas.Ti7 software and noncomputerized methods to analyze and organize the data from the interviews. A hermeneutic unit, the Atlas.Ti term for a research project file, was created in the Atlas.Ti program, and all of the PDF files collected from the interviews were assigned to the hermeneutic unit in preparation for coding and analysis. Each PDF file was accessed individually via Atlas.Ti and subjected to the first cycle of the coding process.

Atlas.Ti allowed for coding and identification of statements across interviews. This afforded the opportunity to review all documents that were loaded in the PDF format and the survey data. The survey data were placed in an Excel document and uploaded into Atlas.Ti. Additional observations and thoughts in the hermeneutic unit were captured in the memo section of the software. This action provided an opportunity for easy retrieval of data by category of codes, quotes, or memos, as well as easy linkage of memos to particular codes during analysis.

Notes and my observations during the interviews and reflective notes were considered the noncomputerized methods. I also made note of my own thoughts as I spoke to the participants. Demographic data on each participant were obtained and included.

Documents

Two participants shared documents that they used in their respective agencies—a reentry program brochure and a checklist. The checklist is used to assess the risk level of the ex-offender and determine program placement upon release. The brochure describes the mission, goals, and objectives of the prison reentry program. North Carolina uses the Carey Guide for Risk Assessment and other respondents utilized the COMPAS Risk & Needs Assessment. Both evaluative tools provide essentially the same or similar guidance for the counselors, parole officers, social workers, and nurse practitioner. While two participants mentioned the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) instrument during interviews, no participants shared either document; therefore, these documents were not included in the analysis of participant comments.

Responses to Research Questions

The following research questions were the primary focus of my investigation:

- What are the experiences, perceived role, activities, and practices of human services professionals currently engaged in the use of FGC in families after parental incarceration?
- What are the practices that will assist social workers in developing clinical interventions (best practices) that may result in positive reintegration and family stabilization after parental incarceration?

The full interview protocol consisted of seven questions as shown in Chapter 3 and in Appendix E.

Interview Question 1

“What are your perceptions and beliefs regarding your activities and steps in this practice to support resilience and family ecology?” The interviewees’ responses are as follows. Participant 1 stated,

The “crime of conviction” warrants the service level and it looks at family, environment, and criminal history. A combination of all of these factors supports services. If there is a family the process begins prior to release. The family meetings occur in the facility and upon release. As the parole officer, it is my job to bring everything together, to include services. The restorative justice model has served us well for years. Although, many offenders don’t have families, many have a support system. Generally, they want the offender to become a productive individual and stay home. Generally, they will participate to ensure release and stability (most of all they want the family member to stay home. The longer the offender is imprisoned the more difficult it maybe for him/her to participate in any formal intervention. Ultimatums are often used to gain participation.

Participant 2 stated,

I have been employed with the Department of Corrections for over 20 years. I have worked with both juveniles and adults in the institutions and upon release in community programs. We have not themed or named the model that is used but we try to acclimate them into the community and their families. The true restorative justice model has been discussed but is not fully utilized. The FGC model appears to be the dominating “unnamed” force right now. We have reentry

programs; however, they follow a mandate that is not funded. This results in little to no support or follows through in the community.

Participant 3 stated,

I am a member of the Reentry Council in Virginia. I am also a substance abuse counselor for returning ex-offenders. I have been employed in this role for 15 years. It seems like the primary role is finding resources for the clients. One of the initiatives for the reentry council is to develop a resource network. In this role I see myself as being a resource for the family and to establish resources for them and the returning family members.

Participant 4 stated,

When working with the family [FGC] it is difficult to work with the family with the client just showing up there really needs to be a more transitioning. The family needs to be educated on what to expect. Sometimes family assume that things will be the same. They need to be educated.

Participant 5 stated,

And they do not have much you know to help them out and reintegrate them with society. We have an Oasis organization where they provide, they provide employment, training and things like that resume writing, they provide job skills to the point where you can become a licensed barber things like that, they are clothed, they will be clothed and everything and they can go to the homeless shelter to reside. Those are the older ones, the younger ones come out with a support systems for instance their parents may be in their fifties, so they may

either be deceased or forties or whatever so they will come back and I do not know if they will apologize to the victims of the crimes that they offended but they will come into the probation parole office, and, and they will sit down with the probation officer and they will go over their treatment plans and everything and to be successful on the treatment plan and to complete probation, they would have to basically acknowledge that they did commit the crimes and they have remorse for the crime. And go over treatment plans not to participate in the same behaviors that got them there for instance no longer engaging and socializing with negative peers or criminal peers like that. A lot of them only know criminal peers, they do not know regular law abiding citizens and what they say is they are just going to stay in the house all the time and not go anywhere, just go to work but you cannot live like that.

Participant 5 stated,

I work with the reentry program through the prison ministry at my church. My primary focus is to deter the offender from criminal activity and rebuild the family. Participants are encouraged in sessions to think about themselves and what they need to do to reintegrate into their families and communities. Dealing with families becomes a priority.

Participant 6 stated,

I am a retired parole officer. I was a parole officer for 32 years. I watched it go full circle. In the beginning we just did checks and visitations. We did not focus on a treatment model. As a trained social worker I was familiar with some of the

intervention efforts. However, we were never expected to “facilitate” anything. I had a lot of contacts through NABSW to contact for assistance. I did not want to give the impression that because of my age and tenure that I was not capable of meeting the new intervention techniques or do what was expected.

In developing an understanding of practice, practitioners assessed their roles, responsibilities, and expectations. Participants identified how they thought they were expected to perform. The knowledge of the identified strategies and processes relevant to the protective factors associated with family resiliency would support, enhance, and provide guidelines for practice presented in Chapter 5.

Interview Question 2

“What strategies and processes are you using in FGC that are reflective of the protective factors associated with family resiliency?” The interviewees’ responses are as follows. Participant 1 stated,

Communication is paramount for me. When you have a client who fails to communicate that is indicative of his/her inability to communicate in the community, with family members, and potential employers. Self-efficacy is also important. Self-value and seeing one’s ability to change. Coping skills are crucial because there is a great deal of frustration and disappointment returning to the previous life. So many changes.

Participant 2 stated,

We would like to think that families are resilient. When we look at the individual we must equip them with additional and in some cases new skills. Most do not

realize the importance of communication nor should I say acceptable communication. Prison does not create positive people. The services are primarily for the mentally ill or substance abusers. The average offender needs some supports. A belief system is crucial but many are hopeless. Increasing or establishing coping skills is a characteristic along others for the individual that must be addressed. All of this is difficult. The individual should be empowered to some degree before he/she can utilize relevant skills as a member of the family. The protective factors associated with the family are all inclusive of the needs of a family system to be productive citizens. Once these areas are addressed we can then see the integration or reintegration of the family system in the community.

Participant 3 stated,

Resilience in the family, I would say, depending on how much a positive support system that family has already established because with that, the reuniting of the incarcerated individual with the family again come a lot of mixed emotions and having somewhere, or having an individual or having individuals or that they can vent their feelings. I think it is meaningful to a system of understanding. I think that would help build that resilience, so they are already prepared for it. I think a better job needs to be done when we know that a dad is coming home in the next eight months. Programming what supportive actions that need to take place where the individual is you know whether it is a family counseling, it is a family therapy, individual therapy and prepare that person for when they come home because like I said home is not going to look the same.

Participants were familiar with protective factors associated with family resiliency. Many considered families as being resilient. Developing or possessing communication skills, coping skills, self-efficacy, and a belief system can be viewed as significant in the FGC process. The experiences of the professionals who have used FGC with families provided additional information.

Interview Question 3

“What are your experiences in using FGC with families?” Participant 1 stated, Well, I think that is a struggle. My strong belief is we need to start prerelease and involve the family in order to have successful reentry. Again because since the DOC, model, discharge model has changed, we get folks who, so if they had less than a year, they go to a local jail and then we have other folks that have done you know a decade or so in the Department of Correction facility.

Participant 2 stated,

Social workers will first and foremost be seen as a formidable player at the table. The therapeutic component is really new to the criminal justice system. We have generally been “forced” to respond as mandated by those with no apparent humanistic approach. It has primarily been extremely punitive. Families, parolee, and community stakeholders have to change their opinion of the process and desired outcomes. What FGC/restorative justice insinuates that there is potential for hope and success? It also says that the offender is or has the potential to be productive.

Participant 3 stated,

More than anything else is to honor the family concept, is to remind people what their role in the family is, what I have frequently asked parents is what would you do if you caught your son and son or daughter acting as you do right now, what would your reaction be? And most of the time we have that, I am going to call it good theme or good framework or good foundation, that we fall back on and we start to judge and grade our own performance.

Participant 4 stated,

The additional things that can be done is some type of agencies to hire, be mandated to hire, a certain amount of returning felons, because it is hard for a returning felon to get a job because you know you have a record and you have people who have not committed crimes that are trying to get jobs as well in this, in this world right now. But a lot of things are these guys taking the jobs; a lot of things are these guys have left behind a lot of children. They have left children behind and they have not supported these children and they are in the child support enforcement system and they owe arrearage, and the stressors are they already owe a lot of money, they are in debt with the arrearage, they cannot get a driver's license because they are in arrearage, they cannot get a job to, you know, they cannot get a job to pay all the arrearage or catch up. And they have substance abuse issues and they do not have a support system, someone to actually can let them stay with them to help them out with hot meals, a place to stay and a few kind words and things like that. There is no just justice for them.

Participant 5 stated,

I believe that the expectation should be across the board. Everyone should possess the clinical skills to adequately serve this population. One of the reasons the restorative justice model did not work was because of the educational background of many of us in the office. I was a criminal justice major and found it cumbersome and difficult to implement a program that I clearly did not understand. I did try. Many of my coworkers, criminal justice majors, did not attempt to facilitate the required groups. So the first thing that needs to be in place is a resource and/or training for the staff. You cannot expect the client [parolee and family] to emerge successful when the workers don't fully accept their role.

The social workers' and other human services professional's experiences have the potential to assist in the development of best practices. However, gaining an understanding of these experiences provide a foundation as we incorporate this knowledge into practice and use FGC with families.

Interview Question 4

“How do you describe resiliency when FGC has been utilized as a practice?”

Participant 1 stated,

And just having those key things already in place, like a transitional process before they actually come home, I think that will help some of the resilience of the family so that they will not have to go through some of the issue that they go through when this individual comes home.

Participant 2 stated,

The practitioners must understand where the families are with the concept of resilience. Factors pertinent to resilience should become a standard part of the sessions. The practitioner's support network is also important. So often the limits are not clear. There is a conflict based on roles, responsibilities, and accountability. Things have to be laid out appropriately. Honesty becomes a significant factor.

Participant 3 stated,

We always hear the statement that the children and families we work with are resilient. When we speak of resilience we are talking about the ability to adjust to change. When one adjusts to change they must also change.

Interview Question 5

“How do you integrate the protective factors in the FGC process?” Participant 1 stated,

Well, the biggest thing right now is to number one remind people before we start that they have value because in most instances, you know, value is sometimes what the penal systems takes away. And the first thing you have to do is, in order for a man, to value himself, sometimes you have to remind him of the value that he has and what you could do is take even small successes and have them build on those. I got people that, you know, that were so deeply depressed that they could not do anything and so I would ask a very silly question and say “Well, did you brush your teeth this morning?” And, well, they would say, “Well yeah because

my mouth was nasty.” And I would say, “Well do you realize that that is something that you did for you because you thought you had value?”

Participant 2 stated,

Each component requires the attention and the ability to focus on the individual first. With the individual being able to practice those characteristics of the individual level he/she is then equipped to focus on the characteristics relevant to the family system and then the community. The protective factors become the building blocks of the process that are crucial for the reintegration into the community and the resilience becomes an integral part of the process. Resilience is inevitable if the work is completed with the individual, within the family, and out into the community. Community stakeholders are active participants in the process they would bring about the changes necessary for full integration.

Participant 3 stated,

Communication is paramount for me. When you have a client who fails to communicate that is indicative of his/her inability to communicate in the community, with family members, and potential employers. Self-efficacy is also important. Self-value and seeing one's ability to change. Coping skills are crucial because there is a great deal of frustration and disappointment returning to the previous life. So many changes.

Interview Question 6

“If you assume the role of facilitating FGC with the understanding and knowledge that in order to successfully accomplish goals and objectives it is important to

use appropriate mediation skills, exercise conflict resolution skills, and assess outcomes throughout the process, what measures would you use to determine success and meet the desired outcomes using FGC?” Participant 1 stated,

Well, the biggest is just literally through the value of communication. If you want to call it that. Generally when you first start, when you first start a family session you will have one individual who is overpowering the entire crowd, and so what you do is to stop everybody and then say, “Okay, now we have to change the way we speak, okay, no longer do we use second person pronouns, we no longer use third person pronouns, we only use first person. Define I, I think, I feel, I want, I need, I am happy, I am angry, I am sad, I am glad, I am frustrated, because all you do and it is, you are basically trying to put thoughts in somebody else’s mind when you use the second or third person you are either accusing or blaming.”

Participant 2 stated, “The ability to be accountable. The ability to apologize and acknowledge the feelings of others. Accept criticism in positive manner. Become responsible.” Participant 3 stated,

When complete the plan at the first community meeting is where the mediation begins, if an individual understands what the expectation is, there is a surmountable amount of work begins. Most offenders feel that they have not been heard. At the mediation stage we will be active listeners. We then move forward with resolution, and finally outcomes. It is often the case that the process must address each goal and allow time for mediation and resolution occur with each

goal, and finally the outcomes will support one another and build upon the idea of success for all. This is possible with appropriate community prep.

Interview Question 7

“What supports the success of FGC or how do you determine that the goals and objectives have been obtained?” Participant 1 stated,

I think a primary indicator is communication. I have found over the years a lot of these cats don't know how to communicate. Once they achieve this goal there is hope. They haven't had an opportunity to adequately communicate. Their lives were not that great, no one treated them with respect. So, we have a lot to do. But there are possibilities that can be accomplished. If they don't go back in prison, that is a sure sign of success. But on the real side if they stay out for a while, got a job, was father, husband, family member, and responsible for the time they stayed out—that is success. The entire system has to change. The time that these men (women) have to pay for a crime is in itself reason for concern and the laws need to change. They did the time.

Participant 2 stated, “Improvement based on the formal assessments completed.

Observations. Communication. Collaborative efforts presented behaviorally and verbally, and service plan review and analysis.” Participant 3 stated,

If you got all people thinking alike, okay, where you need to do this I do not need to this, let us not do this, you do and let us try to focus on the positive and how to get you moving forward then if the majority is like that if you are in the majority

situation, it is like the people you surround yourself and you can choose your friends.

Participant 4 stated, “I would say successfully meeting the goals and those actual treatment goals so to speak so would be established by, you know, not only the child but by that parent or the adult that is returning home.”

The findings indicate that many things occur in an effort to serve in the capacity of facilitator of family conferencing. Three interviewees had a history of working with FGC and they had been successful using it. Based on their responses, better outcomes occur when the process begins before the offender’s physical release, and that it is important to involve integral people in the conferences, including the ex-offender, victim, family members, and community stakeholders. It is also important to provide resources such as job placement. Participant 1 stated,

The results of the COMPAS could be used as a starting point. What was the level of risk then and now? What has occurred to determine the current level of risk? Compare the general theme and thoughts in general conversation. Instinct is going to be present. Has the individual responded appropriately during the mediation phase—individual sessions, family sessions, sessions with stakeholders and family, both mediation and resolution, and then the assessment of outcomes. Employment, communication, accountability, ownership to the problems/criminal behavior and behavior are indicators of success and potential for a viable member of the community and no recidivism, family stability, families intact, progress . . . you know.

Participant 2 stated,

We use a reentry program that is based on the Carey Guide. We all focus on reentry and restorative justice. The reentry program is an attempt to support the returning family member with structure and with a common interest. In doing that we would like to see a decrease in recidivism, sometimes you can't say that the family reintegration is going to occur. That is based on whether or not there were family ties and cohesiveness prior to release.

Participant 3 stated,

I am a member of the Reentry Council in Virginia. I am also a substance abuse counselor for returning ex-offenders. I have been employed in this role for 15 years. It seems like the primary role is finding resources for the clients. One of the initiatives for the reentry council is to develop a resource network. In this role I see myself as being a resource for the family and to establish resources for them and the returning family members.

Identified Themes

The following section presents a discussion of the themes identified by reviewing transcriptions of the data collected from all participants. Four themes were identified by eight or more of the participants with like or similar experiences. They are as follows:

- Lack of an articulated practice model concerned facilitators who have no guidelines and directives that will guide them through the process.
- Lack of established guidelines. Different approaches to facilitate FGC sessions frequently occurred. There not any established guidelines disseminated to

employees. There is not a general understanding as to what should be done.

Facilitators facilitate the groups of choice. Thereby using different approaches to implementing the practice or modality seems to be the norm; and

- Inadequate training. Not being prepared and lack of training and the designated facilitators have no idea of the particulars of the process they are to utilize. The workers are informed that they must use a modality, yet no one knows how to inform, instruct, or guide those charged with the programmatic task. This movement has provided little in the area of training, best practices, and job duties and responsibilities, and not having the skills and knowledge to be successful utilizing FGC emerged as a theme.
- FGC improvisation. Improvising a practice model to FGC was shared among interviewees. It was determined by facilitators that developing ones' own session, not FGC but something that resembled FGC, met the facilitator's needs.

The four themes were supported with statements participants made to provide a description of the phenomenon as they experienced it during their involvement with FGC.

The Atlas.Ti software proved beneficial in organizing the data via recording and transcripts. The transcripts were saved in PDF. Common occurrences of words, phrases, and experiences were highlighted and aligned with the themes that they represented. The interview excerpts provided in the following section are direct quotes and cited verbatim as the participants stated in reporting the phenomenon.

Theme 1: Lack of an Articulated Practice Model

The first theme, lack of articulated practice model, emerged as the participants relived their experiences when asked to talk about their experiences, perceived role, and activities as facilitators utilizing FGC after parental incarceration. Many understand the model and concept. However, complete implementation impacts overall success. Not having an established model to follow was a shared issue. O'Connor, Morgenstern, Gibson, and Nakashian (2005) investigated programs and training utilized in working with families who experienced a parent addicted to drugs and suggested that professionals receive training in order to better serve clients. In addition, cross-system training was highly recommended to ensure that comprehensive service model be adopted in an effort to better support families. In investigating the preparation or training of staff, O'Connor et al. (2005) stated,

Staff participate in professional development workshops and seminars in topics such as substance abuse awareness, motivational interviewing to engage ambivalent families, family group conferencing and Focus on Families. These sessions equip staff with skills and knowledge to strengthen their performance and improve their ability to collaborate with each other. (p. 161)

Participants in the present study were questioned regarding the training they believed would enhance their intervention techniques and skills, knowledge necessary to improve their performance and competencies. Participant 1 stated,

All right, tell me if I am on the right track with answering this question, but in my state as you probably know, we do not really use the family group model. We use

the family partnership meetings. Although our agency has and we have sent, for the last 2 years, we have sent folks to the national conference. I guess it is the international conference. The FGC international conference and our facilitator have tried family group conferencing in a couple of cases where the professionals leave the room and the family has time to spend alone. We are not using a formal model for reentry. Although, we have had a couple of incidental overlaps

Participants provided a range of responses regarding the implementation of the FGC process. There was an expressed need for documented support of services. This support was thought to be crucial in developing service plans and have knowledge of the risk level of the individual reintegrating. Participant 2 stated,

A pre- and postassessment would be beneficial. However, the initial meeting with all would contribute to the process. With mediation that is the facilitation of setting the stage; issues relevant to the overall function of the family and the acceptance of the incarceration and the return home is the point at which the resolution begins. Once these two are immediately dealt with the outcomes will occur. Not all at once but throughout the process.

Participants recognized the importance of pre- and post assessment. The preassessment utilized prior to release indicated risk level and level of service needs. The postassessment provided insight into the successfulness of the FGC process utilized after parental incarceration. Participant 3 stated,

Well, restorative justice will not work with everyone. People who engage in this model must do extra legwork. You must be able to convince the offender of the

benefit to him/her and their return to the community. With the drug offender it has had positive outcomes. Now, the primary problem with this group is whether or not the family is free of negative behaviors. In order for this model to be successful you must have everyone buy in and participate.

Participant 4 stated,

I think there needs to be an opportunity for individual sessions with the parolee. We can't put him in a meeting with family members and think they are going to respond. The steps necessary will occur privately. Behavioral changes influence mindset. This is a long process. There has to be a professional assessment of "where the client is" when we look at the individual protective factors and move forward.

Participant 5 stated,

Well, in my office it was difficult to implement. Some professionals have already given up on the client and devalue them. The lack of respect can sometimes create problems. The client's ability to accept and be responsible and take ownership is a process all by itself. They not only apologize to the person they committed the crime against, often just acknowledging even if the person is present, can be difficult. Family members are sometimes not willing to participate. So, we found that a global process is not always possible. It is a process full of baby steps. The facilitator also needs to have resources to connect so the client sees the value in what we are asking them to do. The successful family does well with the process.

Participant responses indicated that there was lack of an articulated practice model. The respondents were able to articulate the need for training to assist in the implementation of FGC. Collaboration with others would also prove beneficial. Consensus appears to be that the task of conducting FGC with families after a parental incarceration of the practice model. Participants' acknowledgement of the need for cohesive implementation, process, and resources provided significant support for what they need to successfully implement FGC. In addition, participants acknowledged the lack of guidelines as influencing their ability to successfully facilitating FGC.

Theme 2: Lack of Established Guidelines

As the discussions unfolded, the idea of FGC took on a different meaning for many, resulting in different approaches to FGC or ways of implementing the model. O'Connor et al. (2005) recognized the difficulties that professionals experienced in attempting to implement programs, including FGC, and determined that in order to provide the necessary supports a position needs to be created for an individual with responsibility for guiding and directing the process. This individual would bring the necessary mediation, problem-solving skills, and administrative support to the family group conference. Without these supports, O'Connor et al. (2005) identified other issues that may interfere with the desired outcomes and successes sought (p. 160).

Understanding a process or the manner in which the practitioner performs significantly influences the implementation of the process. Participant 6 stated,

Yeah, you may or may not be familiar with the Second Chance Act pilot that happened at the state level, and while they were called the protective factors in

Virginia these are the same indicators that we had to assess for social reintegration and family for the offenders entering our communities as a recipient of the Second Chance Grant.

Participant 7 stated,

Yeah, and what I wanted to tell you is that in our pilot program you had to be at medium to high risk from the offense. So it is primarily the stronger families that are involved. Sex offenders are most likely not to be in a program. Many of their families don't permit them back home. The stronger families have strong families and support systems; one of our priorities is public safety. So those persons felt to be a threat to society usually are not permitted into reintegration programs.

Participant 8 stated,

I work primarily with substance abusers. We do not have an opportunity to experience restorative justice as written. However, most substance abusers who have been incarcerated have had a history of significantly impacting the function of the family, primarily abandonment, stealing from family, and other ways of warranting an opportunity to reconcile differences, make apologies, take ownership, and move forward. It is necessary if we are to stabilize families and create a different living.

Theme 3: Inadequate Training

This theme emerged as the participants discussed their experiences. Some expressed their concerns about not having the skills and knowledge to be successful. Not

having the skills and knowledge to be successful was of a concern to the facilitators and the individuals involved in the meetings.

According to Reamer (as cited in van Wormer, 2005, p. 113) the social work profession, and most especially social work education, has largely abandoned the criminal justice field, and social work is encouraged to reclaim the territory by developing an awareness and knowledge of the principles of restorative justice, which offer a path for reentry. Participant 1 stated,

The process needs to begin before release. The group meetings bring the families and community stakeholders in prior to release. Begin to explain to the families the importance of accountability. Have a transitional plan to include employment, job training, etc. Have an idea what the desired outcomes are and how to meet them.

Participant 2 stated,

I watched it go full circle. In the beginning we just did checks and visitations. We did not focus on a treatment model. As a trained social worker I was familiar with some of the intervention efforts. However, we were never expected to “facilitate” anything. I had a lot of contacts through NABSW to contact for assistance. I did not want to give the impression that because of my age and tenure that I was not capable of meeting the new intervention techniques or do what was expected.

All of the clients/parolees were assessed prior to release with the COMPAS. That gave us an idea of their level of risk. If conducted or facilitated properly FGC/restorative justice sessions are guided by the stated principles, which to me

are accountability, understanding, forgiveness, and communication becomes a major component.

Participant 3 stated,

I had a very short-lived time utilizing FGC. I thought if I were maybe younger it would have been more effective. I did see some progress. I needed to stay on top of things. The parolee and their families believe that you are helping. They notice some things changing and I could see their ability to be successful.

Theme 4: FGC Improvisation

Participants discussed improvising a practice model. Wallace (2010) described improvisation as having the ability to both capitalize on the unforeseen and transform given materials into one's own scenario. In discussing FGC with interviewees some participants found it advantageous to improvise as they attempted to provide and implement the modality of interest. Participant 11 stated,

Just about the time the state's focus on social services changed we hit the ground without much. We did not really did not have an idea of what we were to do. We have an OAR [Offender Aid and Restoration program] that was doing reentry, so we became a part of the leadership of that group. We recently, say starting in January, launched an intensive case management pilot program for objective or response to the mandate. Our goal was to have 10 participants from the local jail. We have 17 participants total, about eight, nine. So, I am part of the team that reviews those cases and provides them inner disciplinary case management. Then here at the department of social services obviously we are supposed to be doing

outreach with ex-offenders, we go into local jails, provide information about benefits and services.

Participant 13 stated,

Our program is established through the prison ministry. The process is enhanced by the restorative justice model because it holds everyone accountable for their actions. It also provides support for individuals returning home. Everyone has the support of the facilitator. We also assist in obtaining resources and connecting with resources to eliminate some of the obstacles. It can be overwhelming to place someone in a group that will have some blaming.

Participant 15 stated,

It is necessary to connect the dots between the individual, the family, and the community. This connect solidifies it for all involved. However, the work is just beginning with the individual returning home. The family does not always embrace and forgive and move forward. Once the sharing and communication occurs the healing may begin. The process allows you to obtain answers to some of the questions and concerns expressed by all. This is a process that is directed by a facilitator, who assists the participants in the process. Sometimes the families must be permitted to dialogue amongst themselves. Again, the process is not consistent and the way we should do things is a mystery. The idea is great.

Evidence of Trustworthiness

Carlson (2010) suggested that qualitative inquirers mindfully employ a variety of techniques to increase trustworthiness of the research they conduct; that is, how much

trust can be given that the researcher did everything possible to ensure that the data were appropriately and ethically collected, analyzed, and reported.

Ensuring trustworthiness in my research study involved several different steps. First, I looked at reliability of the data collection recording. To ensure that the data were reliable, tapes were played multiple times to make sure the correct information appeared in the transcripts. Creswell (2013) indicated that the reliability of qualitative research can be enhanced if the researcher obtains detailed field notes by employing a good-quality tape for recording and by transcribing the tape. When it appeared to be a need for clarification participants were called to gain clarity. There were very few errors. However, the clarifications were extremely helpful when the interviewees provided additional information. Member checking occurred at this point. Carlson (2010) described member checking as an opportunity for members (participants) to check (approve) particular aspects of the interpretation of the data provided and suggested that member checking is a way of finding out whether the data analysis is congruent with the participants' experiences. For the present study, member checking occurred individually with each participant, all of whom were asked to clarify information in the transcripts, edit, expand upon, and make necessary changes. Carlson suggested that the data should be revisited and scrutinized for accuracy of interpretation and for meaningful, coherent, conveyance of the participant's narrative contributions.

A thick and rich description throughout the reporting of the data was presented to provide a clear idea of the subject. I included verbatim quotes and anecdotes to support

findings, which helps in assuring validity in the development and implementation of valid practice models. This will result in the development of best practices for social workers.

An audit trail emerged as all documents and notes were maintained and stored to ensure that confidentiality was maintained and that records remained secure. This audit trail also supports my documentation and findings in case of review. Carlson (2010) indicated that keeping field observation notes, interview notes, journals, records, calendars, and various drafts of interpretation are all parts of creating audit trails. Maintaining audiotapes, videotapes, and photographs for a set length of time (often 3–5 years) is also part of constructing an audit trail.

Using the aforementioned concepts supported the trustworthiness, credibility, and reliability of my research study.

Summary

Investigating the experiences of human services professionals who used FGC in the past or currently with families who have experienced a parental incarceration was the focus of this phenomenological study. This chapter presented the results of the data obtained through open-ended interview questions. This information provided insight into the experiences of human services professionals who work with parents who have been incarcerated using FGC as an intervention technique. As discussed, four themes emerged during the interviews: lack of an articulated practice model, lack of established guidelines, inadequate training, and improvising FGC approaches for successful utilization. Table 3 provides a recap of the participants' responses that are relevant to the identified theme.

Table 3

Identified Themes

Theme	Participant response (by participant number)
Lack of an articulated practice model	<p>1: The FGC model has been attempted. While it presented to be a possible effective means of reintegration, many of the staff had difficulty.</p> <p>2: As a PO we are asked to use different modalities. People don't understand that that can be a waste of time.</p> <p>3: I do not have a clear understanding of the process to have an informed idea of what to expect.</p> <p>4: Criminal justice majors need a clinical model to follow. We did not learn that in school.</p> <p>5: The therapeutic component is really new to me. My major was criminal justice. I read the rules and the regulations to the parolee and that's it. Facilitating the group is hard and there is nothing to follow that I know of. I just do what I think is appropriate.</p>
Lack of established guidelines	<p>1: Social workers will first and foremost be seen as a formidable player at the table. The "therapeutic" component is really new to the criminal justice system. We have generally been "forced" to respond as mandated by those with no apparent "humanistic" approach. It has primarily been extremely punitive.</p> <p>2: Some people believe that resilience just happens. It does not. The reintegration process takes a multitude of resources in the community. The practitioner must assist the client in building a support system. Most don't know how.</p> <p>3: In order for a model to be successful everyone must use the same model, buy into the process, and participate as a team member. Everyone should be doing the same thing. I don't know what my coworkers do.</p> <p>4: We have not themed or named a model that is used to acclimate them into the community.</p> <p>5: Social workers must establish a system internally that will bring about counseling in the practice</p>

(table continues)

Theme	Participant response (by participant number)
Inadequate training	<p>1: The buy in has to come from the staff first since they are the responsible facilitators and “clinicians”. The clinical skills is not taught in a criminal justice program and many of us have a criminal justice degrees. Therefore, the model did not work as well as it should have</p> <p>2: The practitioner cannot do this without knowledge, preparation, and understanding. They also must possess a sincere desire to participate themselves. In my agency this was not the case</p> <p>3: We need to understand the culture served and the influence of societal issues</p> <p>4: We need to have an idea of what the desired outcomes are and how to meet them</p> <p>5: We need to know how to understand the desired outcomes and how to meet them. No one has trained us how to do this.</p> <p>6: I think the lack of clinical knowledge and skills negatively impact our ability to be successful</p> <p>7: The buy in has to come from the staff first since they are responsible for facilitating and they are the clinicians. We did not learn clinical skills, methods, nor techniques. When do we learn?</p>
FGC improvisation	<p>1: Successfully meeting the goals and objectives of the treatment plan is what I focus on.</p> <p>2: Communication is a focus for me.</p> <p>3: As long as reintegration is indicated we are fine. The process is not always the primary focus.</p> <p>4: Having the ability to look beyond their past is important. Don’t know if that is the concept.</p> <p>5: Well, we try to work by connecting the family with the resources that are available in the community.</p> <p>6: Additional components work in moving forward. We have to look at the foundation and move from there.</p>

Chapter 5 presents the interpretation of the findings, recommendations for future studies and FGC programs, and implications for social change, as well as my reflective observations.

Chapter 5: Interpretations, Conclusions, and Recommendations

The purpose of the present study was to explore the essence of the perceived role, activities and practices of social workers and other human services professionals engaged in using FGC to support family reintegration after parental incarceration. To explore this phenomenon information was collected via semistructured interviews with professionals utilizing the practice in some manner. Data were collected, analyzed, and evaluated regarding how human services professionals develop clinical interventions (best practices) that result in positive reintegration, stabilization, and positive outcomes for families.

Participants were recruited by email, community partnerships, organizations, and word of mouth. Some potential participants indicated they were willing to participate, but they did not meet the degree requirement. They did, however, meet criteria as human service professionals rather than social workers. These individuals were employed with agencies or organizations that worked with incarcerated individuals returning to the community.

Therefore, a request to change the study and open the participant pool to human services professionals was submitted to the IRB, which granted approval. The final sample of participants included parole officers, psychologists, a nurse practitioner, a licensed professional counselor, MSWs, program administrators, case managers and several whose degrees were in criminal justice.

Interpretations of the Findings

The present study is significant because it presents an investigation of the personal accounts of participants' experiences who use or have used FGC as a practice model. It was hoped that the findings would inform and support practitioners as they implement FGC with families who have had an incarcerated parent. The findings of this research lend support to the limited literature and understanding of best practices for implementing FGC as a reintegration tool and support for families experiencing parental reintegration after incarceration.

While the sample size was within the standards for a qualitative research project (Creswell, 2013), I initially had some reservations. I was concerned that more participants meant greater results. Prior to collecting the data it appeared as though there were more social workers working in the criminal justice system. Once the initial contacts were made I found that there were other human services professionals employed in correctional systems. As I was recruiting participants and raising questions regarding the participants' education, I found that potential participants held degrees in criminal justice, psychology, education, social work, nursing, divinity, and sociology. This was an indication that there was a broad range of knowledge, skills, and ability in the field and that this diversity might present different levels of awareness and performance. Therefore, I requested a change, which was approved by IRB, to broaden the source for the sample population to include individuals other than social workers. Once the interviews were completed I realized that I interviewed more social workers (four) than I initially anticipated. I interviewed the following individuals: one bachelor of science-

level psychologist who also holds a master's degree in education, one nurse practitioner, one licensed professional counselor, two case managers, one reentry program administrator, four social workers, with one also holding a master's degree in divinity and working in a faith-based program, and six parole officers.

Range of Professionals Practicing FGC

The fact that FGC is being employed by such a diverse group of professionals working in a variety of fields should on one hand be seen as a limitation in the research because I was hoping to identify social workers' practices. I found that many individuals employed in the criminal justice agencies hold a variety of degrees, as previously indicated.

The criminal justice majors expressed their concern with not having a clinical background and their desire to gain additional knowledge skills and abilities to carry out the responsibilities associated with facilitating FGC with success. The identification of success with the client population would enhance their job performance and ability to appropriately work with the clients in a positive manner.

The counselor (who held a PhD) was extremely knowledgeable of the FGC process and was more than adequately prepared with skills to assess the success of the process and the client's growth in reintegration. The individuals who held the MSW degree were also knowledgeable and had an extensive history of working with FGC. They also identified what impacts their success with implementing FGC.

Clinical counseling skills are a key factor of what the practitioners regarded as needed skills and relate directly to their ability to measure success. Further discussion of defining program success in FGC follows.

The Complexities of Reintegration for Families

As previously stated, La Vigne et al. (2008) indicated that “the process of release and reintegration is a stressful time” (p. 5). Murray and Murray (2010) stated that parental incarceration itself involves multiple challenges for children that may threaten their sense of attachment security. They also believed different interventions are required to protect children of prisoners, and went even further to suggest that carefully designed research on parental incarceration could also provide a solid evidence base with which to implement social and penal policies that benefit the children (and families) of prisoners (Murray & Murray, 2010).

Human services professionals are in positions that provide the supportive and therapeutic services for the complex needs of families, children, and incarcerated individuals. This suggests that a model of practice is established and implemented to provide expectations, guidelines, and mandates necessary to ensure appropriate practice and service delivery. Intervention skills and techniques utilized should be similar, if not consistent, for each practitioner. Consistency and continuity supports programmatic requirements for implementation. Practitioners should use appropriate techniques and methodologies to guide practice that will empower clients. Social workers and human services professionals have accepted the task of empowerment, supporting social justice, and advocacy. Practitioners are successful when clients display changes in behavior that

indicate they are able to exercise their decision-making skills in a positive manner. This also indicates self-empowerment.

In discussing FGC, Holland and Rivett (2008) stated that it emphasizes the empowerment value base of the intervention, the expertise of the family and the practical outcomes that may emerge. Holland and Rivett (2008) further stated that there is little mention of some of the potential therapeutic consequences and that FGC harnesses and builds on the knowledge, strengths, and resources in families and communities. This provides a framework for families, the community, and agencies to work collaboratively (Holland & Rivett, 2008). These findings support the need for additional research.

Holland and Rivett (2008) stated that the Family Rights Group, which is responsible for FGC training and programs, has indicated that there are principles and practices guidelines. The principles are stated and the practices are how the goals are met (practice). Facilitators are to provide the families information regarding the FGC process and provide the opportunity for the family to be involved in all decision-making processes and planning. Family members are to be acknowledged and empowered as the decision makers, families are to be informed that they have the right to have family time free of the facilitator, and, finally, they are to have a safe environment to work in. See Appendix F for more detail on this.

Hames (2009) indicated that FGC is different from conventional methods in that although it recognizes the importance of professionals, it acknowledges that the group of primary significance to children is their own family and extended family network. This

concept can also be applied to the FGC process in working with the family and with the adult parent reintegrating into the family.

FGC should be seen as a practice that is more holistic than previously identified. Hames (2009) stated that it is a complex practice that reaches far more people than initially thought necessary. FGC was initially used with children thought to be in danger. Hames (2009) also indicated that restorative justice strategies (such as FGC) have several major advantages and, like social work, can reestablish their historic role in criminal justice (p. 3). If social workers are to be effective and reestablish its role in criminal justice, training would greatly assist FGC's proper implementation.

Practitioner Training in FGC

Practitioner training is usually required in most agencies. Seven participants indicated that training was a priority and greatly influenced their roles and responsibilities. The remaining participants expressed their concern and frustration with inadequate opportunities for training. The participants who received consistent training were positive and felt that they were successful in the practice and implementation of FGC. Participant 1 stated,

I believe that the expectation should be across the board. Everyone should possess the clinical skills to adequately serve this population. One of the reasons the restorative justice model did not work was because of the educational background of many of us in the office. I was a criminal justice major and found it cumbersome and difficult to implement a program that I clearly did not understand. I did try. Many of my coworkers, criminal justice majors, did not

attempt to facilitate the required groups. So the first thing that needs to be in place is a resource and/or training for the staff. You cannot expect the client, parolee and family, to emerge successful when the workers don't fully accept or understand their roles.

Participant 2 stated, "I never received training to appropriately facilitate the FGC program. I just did what I thought would work. No one ever offered anything else."

Participant stated,

I love FGC. It has proven to be a wonderful intervention tool in my unit. We have participated in international training and our supervisor makes certain that we are included in the most progressive trainings. We feel like we are successful and we have noticed a decline in probation/parole violations. Connecting with the community has been a great help.

Connolly (2009) reflected on Braithwaite, who suggested that the restorative justice paradigm has been specifically influential in FGC's development. FGC has been directly correlated to family empowerment. Therefore, if professionals are trained to empower families using this process we, as social service professionals, should witness change and success with the implementation of the appropriate protocols. Participants trained to empower families successfully utilizing the appropriate protocols experience positive outcomes. The positive outcomes result in the empowerment necessary to rebuild families as the reintegrate into family and community.

I explored the experiences, perceived roles, activities, and practices of human services professionals engaged in the use of FGC after parental incarceration. I asked

interview questions that reflected the two primary research questions. The interview questions were semistructured and open ended. Participants described their experiences and knowledge of FGC. Some of the participants had a better understanding and more opportunity to fully utilize this practice model. During the interviews the range of awareness varied. However, most of the participants were aware of FGC as a practice model.

The participants expressed that there is a level of frustration directly associated with recidivism and that this may be a factor influencing the practice or the lack of practice protocol. They stated that the lack of protocols significantly influences their ability to effectively implement FGC. Some of the participants stressed that it should be the standard practice for all and that the process should not be interrupted by inconsistent implementation. The following comments by interviewees are considered to be expressions of their perception(s) of the process. Participant 1 stated, "It may work. I think people are dreaming and that some of these techniques are useless." Participant 2 stated,

Well, in my office it was difficult to adequately implement. Some professionals have already given up on the client and devalue them. The lack of respect can sometimes create problems. The clients' ability to accept and be responsible and take ownership is a process all by itself.

Participant 3 stated,

We need everyone on the same page. If the parolees and their families know that they are required to do something different we have lost everyone. We all need to

have training and the expectations should be the same throughout the state. This could work. What bothers me is everyone is free flying. The clients should be the priority. This could work. Train everyone to do the same thing.

Participants' responses regarding the process support the idea of an all-inclusive system. This system would serve as a method to engage and encourage the participation of community stakeholders as they may prove useful in reintegrating parents after incarceration. Stakeholders may prove useful in the reintegration of the parents after the incarceration. Interviewees stated that community stakeholders are a critical component of FGC process. It was stated that community stakeholders are needed as a support for the client, family, and agency.

The Importance of Community Stakeholders

Participants indicated that the community is included as a stakeholder and that needed resources should be provided via partnerships with the community. The community's support impacts the success or failure of the program and services. Community members' involvement as stakeholders assures their support and the acknowledgment that is necessary when concerns emerge. A community's investment is shown by its visibility and support of programs and services in the community. Community members' contributions such as funds and programs and enter into partnerships for the improvement in services and positive outcomes. The investments assure their role as stakeholders who are also conscientious contributors to the well-being of the overall community.

Participants stated that the community would benefit from having the necessary resources to address needs of the family and the returning parent, including income and housing and providing a safe environment for reintegration with fewer challenges. Participants expressed concerns regarding placing ex-offenders in FGC and the need for resources. Expectations are being placed on them as responsible parents and the supports that would empower the family system are absent.

FGC As a Treatment Modality

Many of the participants readily identified an understanding of FGC as a treatment modality used with families and/or ex-offenders. All participants stated whether or not they clearly understood the technique and its benefits to the population served. Some stated that they attended an annual conference on restorative justice. A participant indicated that after attending a conference it was difficult to implement information presented at the conference. Some attributed the difficulty to the fact that they studied criminal justice and lacked the knowledge, skills, and abilities warranted in a clinical environment.

Defining Program Success in FGC

The participants who majored in criminal justice in college expressed concerns with their inability to clinically assess and serve clients. This major does not offer a clinical component; therefore, their skills must be fully supported by on-the-job training. These participants expressed their concerns regarding making the appropriate assessments and whether or not they were providing the necessary services. Eleven of the participants, including the clinical professionals, expressed their desire to implement the

model with a high level of knowledge and skills. The other participants have had the opportunity to successfully facilitate the FGC model with parents reintegrating after an incarceration. Participants made the following statements regarding assessments when using FGC. Participant 1 stated,

A pre- and postassessment would be beneficial. However, the facilitation of setting the stage . . . issues relevant to the overall function of the family and the acceptance of the incarceration and return home is the point at which the resolution begins. Once these two are immediately dealt with the outcomes will occur. Not all at once but throughout the process.

Participant 2 stated,

You know, most offenders are released in Virginia after the completion of the COMPAS, which is a risk assessment. I think that would be a great starting point. I believe mediation occurs from start to finish. As we teach and facilitate that is an act of mediation. As we make reference to issues and apply the discussion, the activities, and summations, that is resolution. We have discussed issues in the family had everyone take ownership when necessary and appropriate. The success assessed or observed is a desired outcome. I made this seem small or short but this is a lengthy process.

Participant 3 stated,

The results of the COMPAS could be used as a starting point. What was the level of risk then and now? What has occurred to determine the current level of risk? Compare the general theme and thoughts in general conversation. Instinct is going

to be present. Has the individual responded appropriately during the mediation phase—individual sessions, family sessions, resolutions, stakeholders, family, both mediation and resolution and then assessment of outcomes? Employment, communication, accountability, ownership to the problem and behavior are indicators of success and potential for a viable member of the community and no recidivism, family stability, families intact, progress . . . you know.

Participant 4 stated, “The facilitator uses the protective factors as entry points and as progress is made they move to the next step. Again, time consuming and not practical with everyone.” Participant 5 stated, “Improved communication, employment, continuity. Acceptance. Accountability. Cohesiveness. Listening. Respect for one another. Pre and post assessment.”

When asked questions about protective factors and their knowledge regarding them, respondents’ responses reflected that they are able to apply protective factors and that they understand their significance to the FGC process. The ability of the practitioners to align the FGC process to the protective factors that are applicable to the individual, family, and community is essential for the implementation of the practice model and its success.

Assessments and other tools are utilized in the therapeutic setting provide an opportunity for the practitioners to determine progress, which leads to success. Some of the participants spoke of the COMPAS and other protocols to determine the offender’s level of risk and service needs. Similar assessment tools may prove beneficial in measuring successful outcomes.

Participants were asked to describe what they considered to be indicators of success participants. Participant 1 stated,

FGC has been successful when the ex-offender does not reoffend, does not return to prison or jail, does not use substances, has changed his/her peer group, is able to adequately take care of the family and is effectively maintaining his/her role in the family. For the substance abuser a consistent program needs to be maintained. Success is possible. Best practices would greatly assist in this endeavor.

Participant 2 stated,

Families begin to communicate in an appropriate manner; the environment doesn't appear to be as strained. There is a feeling of openness. The actual offender can say with conviction that he/she was wrong, apologize to all involved, assume the appropriate role in the family, and everyone in the family allows that to occur. Family is stable, no recidivism, the family transfers to a therapeutic environment that continues it is not forced court ordered but desired. The family stabilizes and moves forward.

Participant 3 stated,

I think a primary indicator is communication. I have found over the years a lot of these cats don't know how to communicate. Once they achieve this goal there is hope. They haven't had an opportunity to adequately communicate. Their lives were not that great, no one treated them with respect. So we have a lot to do. But there are possibilities that can be accomplished. If they don't go back in prison, that is a sure sign of success. But on the real side if they stay out for a while, got a

job, was father, husband, family member, and responsible for the time they stayed out—that is success. The entire system has to change. The time that these men (women) have to pay for a crime is in itself reason for concern and the laws need to change. They did the time.

Participant 4 stated, “Resilience of all parties, improved communication, communication skills, accountability, forgiveness, cohesiveness, employment of some kind, reintegration—successful.” Participant 5 stated, “Improvement based on the formal assessments completed. Observations. Communication. Collaborative efforts presented behaviorally and verbally. Service plan review and analysis.”

The participants who were familiar with the FGC model and clinical intervention were confident of their ability to facilitate and implement the FGC model if provided the appropriate training. Their remarks showed that they all felt that training was a key factor in successfully facilitating the FGC model. Consequently, the participants who were familiar with FGC process and protocols expressed confidence in their abilities to successfully work with parents reintegrating into the family and community after incarceration.

Process, Practice, and Protocol

It was most rewarding to speak with the individuals who were actively engaged in facilitating FGC. The social workers who used it did so as a practice model on a continual basis. They were properly trained and received annual training and updates. The risk assessment instrument used (COMPAS) by the justice system helped them plan and coordinate the parent’s return home. One participant stated that the social worker

begins the process prior to the physical release. Another participant stated that the family also begins a therapeutic program prior to release. In some cases the family and stakeholders are invited into the facility 4 weeks before the physical release of the incarcerated persons.

The participants who fully integrate the FGC model in their work were able to detail the process. When asked about the measures that would make FGC a successful practice, responses varied. One of the participants, who is employed in a New York facility, felt that the agency's support was phenomenal and indicated that its support assured annual training. Many offenders need assistance with resources, and those who have a clinical support system are seen as being least likely to reoffend and better employees. Participants collectively expressed their disappointment and concern with the lack of resources available to the returning parent. They noted that those who are most successful are able to obtain gainful employment, generally with previous employers, as they stabilized faster, and that these employers were often more willing to hire these individuals as they have a history together and are likely to have confidence in their work ethic and performance. also have a reconnection with someone already employed who has the experience and longevity with the agency.

While exploring the practices that can help social workers develop clinical interventions (best practices) that may result in positive reintegration and family stabilization after parental incarceration, participants expressed a need for training, supervision, and updates on the practice model. FGC has evolved from being child focused to becoming an all-inclusive practice model. The concept of shame, crime, and

punishment has progressed to the point that individuals understand it can also impact the treatment of adult offenders. Participants indicated the need for understanding the process in facilitating FGC. Although some participants indicated that they had learned the practice model in college, others, particularly those who had studied criminal justice, had not. The absence of this acquired knowledge may influence their ability to appropriately implement the FGC practice model.

Resiliency and Protective Factors As Outcomes of FGC

I explored perceptions of family resilience and family ecology as integral factors in this study. I was looking for insight from practitioners on what they considered effective.

Participants indicated that family resiliency was a positive indicator of success. They emphasized that success should be considered on an individual basis and that assessments should be made of the individual (the parent) as well as the family system. FGC offers an opportunity for the family to continue to meet without the professional present. This helps improve communication skills and provides an opportunity for family members to seek support if challenges arose. Some participants expressed the difficulty in their facilitating these sessions without clinical knowledge or preparation. The criminal justice majors indicated that their curriculum is void of focus on clinical interventions, and they felt that they were ill prepared to meet the expectation of appropriately implementing the FGC practice model. However, further discussion showed that they were most familiar with family resilience and able to identify and support this component of practice. Some of the participants described resilience as a behavior or action

reflecting a sense of change in both the parent and the family. These changes were described as “bouncing back,” “accepting the past and moving forward,” and “making baby steps.”

Participants spoke of the importance of identifying the change or presence of resilience. Once identified, some participants spoke of the direction of the sessions. Resilience was described as being present if the family was able to accept the family member’s reintegration. Participant 1 provided a summation of the influence of resilience on the FGC process: “Resilience emerges in many ways, one step at a time or multiple steps, we must recognize how each participant responds to change and move forward. Resilience is different for each family member, stakeholder, and facilitator.”

Resilience is an integral factor when working with children, families, and individuals in a clinical setting. Resilience indicates progress and, in some cases, success. Benzies and Mychasiuk (2009) indicated that “Resiliency is fostered by protective factors and inhibited by risk factors. Protective factors modify or transform responses to adverse events so that families avoid possible negative outcomes” (p. 104). Benzies and Mychasiuk (2009) identified protective factors in three categories: individual, family, and community. Most (10) of the participants identified self-efficacy, effective coping skills, and social support as factors crucial to the individual; family structure, family support, stable and adequate income, and housing factors were identified in the family category; and involvement in the community, access to health care, and a safe environment were identified in the community category. Participants noted that self-efficacy is indicative of the individual’s strength and identified self-confidence as a component of being

successful with the reintegration process. Ex-offenders have had many challenges between incarceration and reintegration. Respondents stated that self-confidence and self-efficacy provided them and clients the opportunity to establish goals. Participants also identified the importance of the protective factors and stated that all of the protective factors are important in practice.

Social workers, through education and training, are familiar with strength-based modalities that are frequently used in practice. Resiliency, for the social worker, serves as a positive indicator of success and progress in practice. Gilligan (2004) indicated that

Social work serves people experiencing adversity and people displaying resilience avoid the full impact of adversity. Protective factors shield them from the worst effects of negative experience. It follows therefore that social workers should be interested in the concept of resilience and in the protective factors are often strengths in the makeup of children and young people and in the context and within where they live. (p. 93)

Ecological Systems Model

Patterson (2013) suggested that the ecological systems model can form the foundation of a multidisciplinary approach to reentry interventions that includes professionals from social work, criminal justice, and public health. There is apparently a need for community collaboration. There appears to be a divide between community agencies that fragments services available to ex-prisoners. Joint trainings and collaborative teams would appear to be an area for future research to determine what needs are necessary to improve services. Patterson's suggestion can be utilized as the

foundation or guide to developing best practices in utilizing FGC as the intervention model. The fact that the ecological systems model has been cited as the foundation of a multidisciplinary approach would create a comfort zone for those practitioners who do not have a clinical background. They would be able to learn the skills necessary to be successful in the implementation of the practice.

Patterson (2013) indicated that participating in social change efforts can result in much-needed services for former prisoners. According to the ethical principle of social justice, this includes pursuing social change focused on forms of social injustice such as poverty and unemployment (Patterson, 2013). Participants in the present study cited economics and unemployment as factors that interfered or impacted the success of parents reintegrating into the family and community after prison. In addition to building FGC best practices utilizing the ecological systems model as the foundation, best practices would be enhanced by including resources that address factors that are associated with poverty, primarily employment. Participants cited lack of resources to help them successfully work with clients.

As the findings from the present study indicate, there is a broad range of understanding and familiarity with the treatment model discussed. What was clearly acknowledged is that in certain arenas treatment or therapeutic intervention is not enforced. Many contributing factors play into this. One, a standard training component, is absent. Based on participant responses, it was also concluded mandatory training was not required to ensure appropriate implementation and follow through. Two participants

stated that criminal justice, their field of study, was a reason that they were unable to adequately implement FGC as their field of study lacked clinical coursework.

Braithwaite (1993) suggested that using the family model as a deterrent to crime in the immediate community and beyond may prove to have a positive impact on the family and returning parent. Braithwaite (as cited in Hannem-Kish, 2004, p. 205) supports the use of community alternatives to imprisonment or at the very least the use of proactive community reintegration following a term of incarceration. His research and theories served as a foundation for FGC. The theory of reintegrative shaming, coupled with the ecological systems model, offers support when providing services to parents. FGC should be seen as more than an exit strategy but also as an intervention and support practice model.

Summary of Findings

Findings from the present study can be best presented using the themes that emerged during review and transcription of the interviews. The themes of the lack of an articulated practice model, lack of established guidelines, inadequate training, and FGC improvisation provide the information and knowledge that will guide the development of best practices utilizing FGC following parental incarceration. Development of best practices will significantly impact social change as clients are successfully reintegrated. Three interviewees indicated that they included community stakeholders, family members, and resources in FGC.

To ensure continuity of services it is oftentimes good practice to include a resource guide and available services. For instance, each local social services office in

both cities and counties in the Commonwealth of Virginia has a prison reentry department/office that is responsible for assisting with reintegration and services. Many citizens returning from an incarceration do not know that the office exist. Therefore, there is a need for someone to ensure that the communication and guidance occurs. Politicians often discuss prison reentry programs. As a response to the expressed needs for programs and services at a governor's conference the matter of prison reentry programs was discussed, and it was determined that programs must be developed to tackle the problems presented by the ex-offender population (Jones, 2007).

Study participants also spoke about all of the players in the process, such as the victim and the offender, as participants. As practitioners assume their roles as facilitators of the FGC process they acknowledge the individuals involved. The involvement or role is key in developing an understanding of family dynamics and the impact of parental incarceration. The practitioners' knowledge and understanding of the family will assist with the family's reintegration and reestablishment. Miller (2007) investigated the risk and resilience in children of incarcerated parents and stated that parental incarceration appears to be part of a more complicated equation that social work researchers and professionals need to consider in order to fully comprehend the issues these children encounter.

Most of the participants in the present study had a clear and concise understanding of protective factors as they are often used as guidelines for empowerment. Participants noted that empowerment and self-efficacy are generally indications of therapeutic growth during the FGC process. Benzies and Mychasiuk (2008) suggested

that the identification of protective factors would prove beneficial to family resiliency. They also stated that resiliency is fostered by protective factors that modify or transform responses to adverse events so that families avoid possible negative outcomes (Benzies & Mychasiuk, 2008).

Recommendations

As I was conducting this study, I viewed a television show titled “Locked up Raw.” It included an interview conducted with an inmate regarding his incarceration in a dangerous state prison. The inmate stated that prison is where individuals are imprisoned and turned into people who become desensitized to things that are hurtful, harmful, and disrespectful to others. The inmate also stated that survival and social skills learned in prison significantly impact the character of these individuals upon release. He stressed that the character and behavior of incarcerated individuals changes and impacts their ability to exist beyond prison walls. He further stated that individuals return to prison because it is easier to live in prison than it is to return home. This statement was concerning as it supports the idea of the need for intervention to assist ex-offenders in their reintegration into family and community.

Fortune, Thompson, Pedlar, and Yuen (2010) explored social justice and women leaving prison. Fortune et al. (2010) cited Girshick as stating that women leaving prison should be stronger than when they were incarcerated and that upon release they should possess a sense of empowerment and access resources necessary to rebuild their lives. Although women were the primary focus of Fortune et al.’s and Girshick’s research, I

believe that the same could and should be applicable to males and females. This premise would support the process beginning prior to release as mentioned by five participants.

The FGC initiative should begin prior to release. This will assist the parent in preparing to reintegrate in the family and community. Family members and community stakeholders should participate in the FGC sessions before they are released from the institution. There would be opportunity for the supportive environment for all involved. Release, as previously stated, is stressful. Therefore, the prerelease meetings would begin the process of a successful reintegration.

Based on the participants' responses and the review of literature conducted for the present study, the following recommendations are made.

First, for the success of FGC intervention, it is strongly recommended that a training model for FGC utilizing an ecological systems model as a foundation be developed. Once developed the training should be provided to everyone who is involved with implementing the FGC practice model. This would ensure that all persons responsible for implementation, monitoring, supervision, and assessment will acquire the knowledge necessary to be successful practitioners. In addition to training and regular follow up and review (ideally quarterly), practitioners should also be given a networking and community partnerships list to utilize as resources. Resources should include job training, employment opportunities, partners who have committed to hiring ex-offenders, housing, obtaining health care insurance, and other helpful programs and contacts.

Second, politicians, community organizations, public and private agencies, and justice systems at state and federal levels should have the opportunity to review FGC as it

is practiced. In order to do this, practitioners and social workers must present the concept to the aforementioned individuals and agencies. As information is disseminated, advocates must be able to support the practice model with stories of truth, transparency, and success. In the overall scheme of things, practitioners should be trained in the implementation of the practice model first and foremost, as being able to show their expertise in employing the FGC model can be the best way to show its effectiveness and further its use. Information and resource kits would be prepared for to support the FGC process and reintegration. The kits would be customized to meet the needs of the various audiences. For families it would include a community resources list and an introduction as to what is available and the benefit. Also included would be employment opportunities with community stakeholders who have agreed to employ ex-offenders. The community stakeholder's kits would provide information on the program, process, and needs. The professional kit would include the necessary information to implement the program. All kits would contain a resource list to be used as a reference when communicating with the clients and family members.

Third, I recommend meeting with corrections and law enforcement officials, such as wardens and sheriffs, to discuss the possibility of implementing FGC while individuals are incarcerated. Based on findings from the present study, FGC should ideally begin prior to release. I believe that doing so will better prepare the parent for reintegrating in the family and community. The last six months of the sentence would be a good time for establishing connections and support for the anticipated transition. Family members and community stakeholders should participate in the FGC sessions before the parent is

released. If the families are participating in a community based program prior to the parents' release from prison then the persons involved will benefit from the support of the program. Pre-release services will begin the process for the parents' successful reintegration prior to release. The programs prior to release would also assist in working with the stress factor involved in the reintegration after release from prison.

It would be advantageous to seek funding through nonprofits and governmental resources. Lack of local funding for these efforts can be problematic. However, many nonprofits, such as the Casey Foundation, provide funding for prison reentry programs. Grant application opportunities would be a possibility for supporting FGC initiatives. I would solicit the support of individuals who believe that change is a possibility. I emphatically encourage them to become visible and verbal proponents of FGC. I would emphasize that FGC practice will support reintegration into family and community successfully. Successful outcomes can occur with the financial support of private and public funds. There is also a need for those who support prisoner reentry to educate and inform members of society. Supporters of the FGC practice model understand the strengths of the practice and how a healthy atmosphere for the parent, child, family, and community stakeholders can be created. My final recommendation is that FGC be mandated by federal, state, and local communities as part of offender release. Practice continuity and implementation would provide structure, cohesiveness, and a knowledge base for all to grow. Training can be developed into a credentialing program for all human services providers. FGC can be the practice that influences social change and ensure family preservation, family stability, and reduce recidivism. Funds saved from a

reduction in incarcerations could be utilized in FGC programs, which have proven to be successful and a positive influence on society.

Recommendations for Future Research

Apparently, there is a need for community collaboration. There appears to be a divide between community agencies that fragments services available to ex-prisoners. Joint trainings and collaborative teams involving all agencies that may come in contact with or that may need to provide services to ex-offenders would appear to be an area for future research to determine what the needs are necessary to improve services.

Additional research should be conducted to determine FGC's effectiveness of FGC when practitioners have been properly trained and have the necessary resources. Many of the participants in the present study expressed their disappointment with the fact that some were required to implement a mandated program that is not state funded. Legislative bodies may respond to research indicating the ineffectiveness of programs that are not appropriately funded.

An additional research recommendation is to study outcomes when the FGC progress begins prior to the offender's physical release. It would also be of benefit to study a larger sample. Approximately one third of the participants in the present study used FGC as evidenced by their statements that including family members, victims, and community stakeholders and resources contributed to the success of FGC. This warrants continued research to determine the manner in which the returning parent might be introduced to FGC prior to release to support and ensure successful reintegration.

Impact on Social Change

Findings from the present study indicated that there is a need for training in FGC to empower the practitioner to successfully develop and implement the principles, practices, and guides of FGC. A formal FGC curriculum for practitioners would support the practice model and ensure continuity and cohesiveness. The acquired knowledge would appropriately prepare supervisors to assure the appropriate and desired service delivery occurs. The curriculum and training will assist and support practitioners in meeting the needs of the clients with effective program implementation and skills.

The training provided to the practitioners should result in the certification in FGC. This credential supports the fact that the individual has been trained as to how to effectively implement the practice model. Recertification either annually or bi-annually to ensure competency should also be an expectation and requirement. Meeting training mandates ensures that best practices are utilized as human services professionals facilitate FGC sessions with ex-offenders reintegrating into families, homes, and communities.

As agents of social change, social workers and other human services workers should always be aware of what we can do to make a difference. The differences we seek to make are based on the experiences we have, personally and professionally. We know what it feels like to do the things we do in life. My interest in social workers' practice with families after parental incarceration was influenced by the many families I have seen destroyed because of lack of services or no services. I have experienced social workers who have given up and considered themselves failures because what they thought what was needed was not what was needed. This is largely because we have not perfected our

skills and knowledge with methodologies that work. There is not a same treatment for all people. A template is required that provides opportunities to move forward successfully with what has proven successful. We can only do that when we have something to offer.

Conclusion

FGC is a participatory model of family decision-making (Connolly, 2006) that was developed in New Zealand to help families address the well-being of Maori children. Over time, it has been applied in other areas, most prominently as a restorative justice approach. It has also been used as a practice model with individuals returning from prison to aid their reintegration with their family, their community, and society. This study explored the essence of the perceived role, activities, and practices of a sample of social workers and other human services professionals who use FGC.

Developing a curriculum for comprehensive implementation of FGC practice would provide support and validity to the phenomenon. This will also assist in the application of the findings in support of family preservation and stability that will impact social change. A model of practice should be developed, established, and implemented. The completion of FGC training should result in a certification in FGC facilitator. Many practice models require individuals who use the model to be trained and certified with annual or biannual renewals and updates implemented with formal training module. Training completion ensures that best practices are utilized as human services professionals facilitate FGC with ex-offenders who are reintegrating into their families, home, and community. The training module will establish the agreed model, have a single approved approach to FGC, eliminate the need for improvisation, and prepare and

equip the professionals with the necessary skills, knowledge, and ability necessary to become successful facilitators. This will result in ex-offenders reintegrating into their families as stronger individuals who will acquire the skills necessary to assume their role in the family. This reintegration will influence social change as the recidivism rate will decrease, families will become stable and be preserved, and the strengthening of families will improve the well-being of families and society.

I listened to my colleagues in professional settings and social settings. They are aware of what steps should be taken to address reintegration after incarceration. We can no longer keep the answers to the questions locked away from those who can more than adequately seek to influence social change. The change agent stands ready to make a difference for all people. Society has many needs. Each problem area warrants attention. Oftentimes, we find that there is an interconnectedness of problem behaviors. The absence of a parent impacts the family system, thereby creating problems with family members. The excitement of the participants in my research study alerted me to the fact that it is not that I do not know how to use FGC. I want someone to tell me how to do it appropriately and successfully. The participants stated that the reintegration process should begin prior to release. Most offenders have not had anyone prepare them for anything other than release, going somewhere, and knowing that there is a possibility of a drug test. The goal should be that we will help offenders prepare for discharge, not just from incarceration but from the system. The judicial system should be goal oriented. Incarcerated persons should be prepared for release from the moment they enter the penal

system. There are multiple factors that those who work in the justice system should consider to help individuals reintegrate when they are released.

The protective factors previously discussed would prove significant to the reintegration process if appropriately utilized. The FGC process, when it reflects protective factors, provides an all-inclusive treatment model. An all-inclusive treatment model would include the facilitator, community stakeholders, the victim, and family members. This provides the opportunity for communication, including apologies, as well as acceptance, resolution, and successful reintegration of the parent after incarceration.

The idea is to rebuild ex-offenders' pathways into the family and the community and help them successfully reintegrate. This process may take a short time or a long time. The ultimate goal is family stability, family empowerment, and family preservation. Successful implementation of FGC should reflect in families, homes, and communities. Noticeable changes would be seen in decreases in recidivism, increases in family resilience, improved communication in the families, family preservation, family stabilization, and successful reintegration.

References

- Aaron, L., & Dallaire, D. H. (2010). Parental incarceration and multiple risk experiences: Effects on family dynamics and children's delinquency. *Journal of Youth Adolescence, 39*(12), 52–58. doi:10.1007/s10964-009-9458-0
- Adams, P., & Chandler, S. (2004). Responsive regulation in child welfare: Systemic challenges to mainstreaming the family group conference. *Journal of Sociology & Social Welfare, 31*(1), 93–116. Retrieved from <http://www.jsswnet.com>
- Ahmed-Mohamed, K. (2011). Social work practice and contextual systemic intervention: improbability of communication between social work and sociology. *Journal of Social Work Practice, 25*(1), 5–15. doi:10.1080/02650530903549884
- Alder, C., & Wundersitz, J. (1994). Family conferencing: Theoretical and evaluative concerns. In C. Alder & J. Wundersitz (Eds.), *Family conferencing and juvenile justice: The way forward or misplaced optimism?* (pp. 123–140). Canberra, Australian Capital Territory: Australian Institute of Criminology.
- Anderson, W. P. (1986). Counselor applications of research to practice learning to stay current. *Journal of Counseling and Development, 31*(4), 152–155. doi:10.1002/j.1556-6676.1986.tb01263.x
- Atwood, N. (2006). Attachment and resilience: Implications for children in care. *Child Care In Practice, 12*(4), 315–330. doi:10.1080/13575270600863226
- Bahr, S., Harker Armstrong, A., Gibbs, B., Harris, P., & Fisher, J. (2005). The reentry process: How parolees adjust to release from prison. *Fathering, 3*(3), 243–265. doi:10.3149/fth.0303.243

- Baker, L., Stephens, F., & Hitchcock, L. (2010). Social work practitioners and practice evaluation: How are we doing? *Journal of Human Behavior, 20*(8), 263–273.
doi:10.1080/15433714.2010.498669
- Bazemore, G., & Maruna, S. (2009). Restorative justice in the reentry context: Building new theory and expanding the evidence base. *Victims & Offenders, 4*(4), 375–384. doi:10.1080/15564880903227446
- Bazemore, G., & Umbreit, M. (2001). A comparison of four restorative conferencing models. *Juvenile Justice Bulletin, 1*–42.
- Beck, C. T. (1990). Qualitative research: Methodologies and use in pediatric nursing. *Issues in Comprehensive Pediatric Nursing, 13*, 193–201.
doi:10.3109/0146086900900935
- Benzies, K., & Mychasiuk, R. (2009). Fostering family resiliency: A review of the key protective factors. *Child & Family Social Work, 14*(1), 103–114.
doi:10.1111/j.1365-2206.2008.00586.x
- Boon, H., Cottrell, A., King, D., Stevenson, R., & Millar, J. (2012). Bronfenbrenner's bioecological theory for modelling community resilience to natural disasters. *Natural Hazards, 60*(2), 381–408. doi:10.1007/s11069-011-0021-4
- Braithwaite, J. (1989). *Crime, shame, and reintegration*. Cambridge, England: Cambridge University Press.
- Braithwaite, J. (1993). Beyond positivism: Learning from contextual integrated strategies. *Journal of Research in Crime and Delinquency, 30*(4), 383–399.
doi:10.1177/0022427893030004002

- Braithwaite, J. (2001). *Restorative justice & responsive regulation: Studies in crime and public policy*. New York, NY: Oxford University Press.
- Braescu, D. (2011). The ecological approach: A valuable tool for social work practice. *Revista de Asistentă Socială*, 101–108.
- Brinkmann, S., & Kvale, S. (2005). Confronting the ethics of qualitative research. *Journal of Constructivist Psychology*, 18(2), 157–181.
doi:10.1080/10720530590914789
- Bronfenbrenner, U., & Ceci, S. (1994). Nature-nurture reconceptualized in developmental perspective: A bioecological model. *Psychological Review*, 101(4), 568–586. doi:10.1037/0033-295X.101.4.568
- Bronfenbrenner, U., & Evans, G. W. (2001). Developmental science in the 21st century: Emerging questions, theoretical models, research designs and empirical findings. *Social Development*, 9(1), 115–125. doi:10.1111/1467-9507.00114
- Cerbone, D. R. (2006). *Understanding phenomenology*. Chesham, England: Acumen.
- Chandler, S. M., & Giovannucci, M. (2004). Family group conferences: Transforming traditional child welfare policy and practice. *Family Court Review*, 42(2), 216–231. doi:10.1177/1531244504422004
- Cnaan, R. A., Draine, J., Frazier, B., & Sinha, J. W. (2008). Ex-prisoners' re-entry: An emerging frontier and a social work challenge. *Journal of Policy Practice*, 7(2–3), 178–198. doi:10.1080/15588740801938035

- Connolly, M. (2006). Up front and personal: Confronting dynamics in the family group conference. *Family Process*, 45(3), 345–357. doi:10.1111/j.1545-5300.2006.00175.x
- Connolly, M. (2009). Family group conferences in child welfare: The fit with restorative justice. *Contemporary Justice Review*, 12(3), 309–319. doi:10.1080/10282580903105822
- Creswell, J. (2008). *Research design: Qualitative, quantitative, and mixed methods approaches*. Los Angeles, CA: Sage.
- Creswell, J. (2013). *Qualitative inquiry & research design: Choosing among five approaches*. Thousand Oaks, CA: Sage.
- Dallaire, D. (2007). Incarcerated mothers and fathers: A comparison of risks for children and families. *Family Relations*, 56(5), 440–453. doi:10.1111/j.1741-3729.2007.00472.x
- Dworkin, S. L. (2012). Sample size policy for qualitative studies using in-depth interviews. *Archives of Sexual Behavior*, 41, 1319–1320. doi:10.1007/s10508-012-0016-6
- Dybicz, P. (2012). The ethic of care: Recapturing social worker's first voice. *Social Work*, 57(3), 271–280. doi:10.1093/sw/sws007
- Englander, M. (2012). The interview: Data collection in descriptive phenomenological human scientific research. *Journal of Phenomenological Psychology*, 43(1), 13–35. doi:10.1163/156916212X632943

- Finlay, L. (2009). Exploring experience: principles and practice of phenomenological research. *International Journal of Therapy Rehabilitation*, 16(9), 474–481.
doi:10.12968/ijtr.2009.16.9.43765
- Fontaine, J., Gilchrist-Scott, D., Denver, M., & Rossman, S. (2012). *Families and reentry: Unpacking how social support matters*. The Urban Institute. Retrieved from <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/1001630-Families-and-Reentry-Unpacking-How-Social-Support-Matters.PDF>
- Fortune, D., Thompson, J., Pedlar, A., & Yuen, F. (2010). Social justice and women leaving prison: beyond punishment and exclusion. *Contemporary Justice Review*, 13(1), 19–33. doi:10.1080/10282580903549128
- Franklin, C. (2009). Becoming evidence informed in the real world of school social work. *Children & Schools*, 3(1), 46–56. doi:10.1093/cs/31.1.46
- Fund for Southern Communities. (2013). Social change. Retrieved from http://www.fundforsouth.org/FSC_2013/index.php
- Gilligan, R. (2004). Promoting resilience in child and family social work: Issues for social work practice, education and policy. *Social Work Education*, 23(1), 93–104. doi:10.1080/0261547032000175728
- Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Pittsburgh, PA: Duquesne University Press.
- Glaze, L., & Maruschak, L. (2008). *Parents in prison and their minor children*. U.S. Department of Justice, Office of Justice Programs. (NCJ 222984). Retrieved from <http://www.bjs.gov/content/pub/pdf/pptmc.pdf>

- Greene, R. R., Galambos, C., & Lee, Y. (2004). Resilience theory. *Journal of Human Behavior in The Social Environment*, 8(4), 75–91. doi:10.1300/J137v08n04_05
- Greenfield, B. H., & Jensen, G. M. (2010). Understanding the experiences of patients: The application of a phenomenological approach to ethics. *Physical Therapy*, 90(8), 1185–1197. doi:10.2522/ptj.20090348
- Grinnell, R. M. & Unrau, Y. A. (2001). *Social work research and evaluation: Quantitative and qualitative approaches*. Itasca, IL: Peacock.
- Griswold, E. A., & Pearson, J. (2005). Turning offenders into responsible parents and child support payers. *Family Court Review*, 8(4), 358–371. doi:10.1111/j.1744-1617.2005.00039.x
- Hames, E. (2009, June 2). Social worker backs group conferencing. *Whitehorse Star*.
- Hannem-Kish, S. (2004). Crime, shame, and reintegration. In M. F. Bosworth (Ed.), *Encyclopedia of prisons & correctional facilities* (Vol. 1, pp. 201–205). Retrieved from <http://www.sagepub.com/hanserintro/study/materials/reference/ref17.1.pdf>
- Hoffman, H., Byrd, A., & Kightlinger, A. (2010). Prison programs and services for incarcerated parents and their underage children: Results from a national survey of correctional facilities. *The Prison Journal*, 90(4), 397–416. doi:10.1177/0032885510382087
- Holland, S., & Rivett, M. (2008). Everyone started shouting: Making connections between the process of family group conferences and family therapy practice. *British Journal of Social Work*, 38(1), 21–38. doi:10.1093/bjsw/bcl064

- Hong, J. S., Algood, C. L., Chiu, Y., & Lee, S. A. (2011). An ecological understanding of kinship foster care in the United States. *Journal of Child and Family Studies*, 20(6), 863–872. doi:10.1007/s10826-011-9454-3
- Honoré-Collins, C. (2005). The impact of African American incarceration on African American children in the welfare system. *Race, Gender, & Class*, 12(3/4), 107–118. Retrieved from <http://rgc.uno.edu/journal/>
- Huebner, B. M., & Gustafson, R. (2007). The effect of maternal incarceration on adult offspring involvement in the criminal justice system. *Journal of Criminal Justice*, 35(3), 283–296. doi:10.1016/j.jcrimjus.2007.03.005
- Jones, N. (2007). Governors take the lead on offender reentry programs. *Corrections Today*, 69(6), 62-63. Retrieved from http://www.aca.org/ACA_Prod_IMIS/ACA_Member/Publications/Corrections_Today_Magazine/ACA_Member/Publications/CT_Magazine/CorrectionsToday_Home.aspx
- La Vigne, N. G., Davies, E., & Brazzell, D. (2008). *Broken bonds: Understanding and addressing the needs of children with incarcerated parents*. Washington, DC: Urban Institute Justice Policy Center. Retrieved from http://www.urban.org/research/publication/broken-bonds-understanding-and-addressing-needs-children-incarcerated-parents/view/full_report
- Levine, M. (2000). The family group conference in the New Zealand children, young persons, and their families act of 1989 (CYP&F): Review and evaluation.

Behavioral Sciences & The Law, 42(2), 216–231. doi:10.1002/1099-0798(2000)18:43.3.CO;2-5

Lubin, J. (2009). Are we really looking out for the best interests of the child? Applying the New Zealand model of family group conferences to cases of child neglect in the United States. *Family Court Review*, 47(1), 129–147. doi:10.1111/j.1744-1617.2009.00245x

Malmberg-Heimonen, I. (2011). The effects of family group conferences on social support and mental health for longer-term social assistance recipients in Norway. *British Journal of Social Work*, 45(5), 949–967. doi:10.1093/bjsw/bcr001

Marshall, T. (1999). *Restorative justice: An overview*. London, England: Home Office Research Development and Statistics Directorate. Retrieved from <http://fbga.redguitars.co.uk/restorativeJusticeAnOverview.pdf>

Miller, K. M. (2006). The impact of parental incarceration on children: An emerging need for effective interventions. *Tradition—A Journal of Orthodox Jewish Thought*, 24(4), 472–486. doi:10.1007/s10560-006-0065-6

Miller, K. M. (2007). Risk and resilience among African American children of incarcerated parents. *Journal of Human Behavior in the Social Environment*, 15(2-3), 25–37. doi:10.1300/J137v15n02_03

Moustakas, C. E. (1994). *Phenomenological research methods*. Los Angeles, CA: Sage.

Murray, J., & Murray, L. (2010). Parental incarceration, attachment and child psychopathology. *Attachment & Human Development*, 12(4), 289–309. doi:10.1080/14751790903416889

- Nachmias, D., & Frankfort-Nachmias, C. (2008). *Research methods in the social sciences* (7th ed.). New York, NY: Worth.
- National Association of Social Workers. (2013). Best practice standards in social work supervision. Retrieved from <http://www.naswdc.org/practice/naswstandards/supervisionstandards2013.pdf>
- Nesmith, A., & Ruhland, E. (2008). Children of incarcerated parents: Challenges and resiliency, in their own words. *Children and Youth Services Review, 30*(10), 1119–1130. doi:10.1016/j.chilyouth.2008.02.006
- Netting, F. E., & O'Connor, M. K. (2008). Recognizing the need for evidence-based macro practices in organizational and community settings. *Journal of Evidence-Based Social Work, 5*(3-4), 473–496. doi:10.1080/15433710802084219
- O'Connor, L., Morgenstern, J., Gibson, F., & Nakashian, M. (2005). “Nothing about me without me”: Leading the way to collaborative relationships with families. *Child Welfare, 84*(2), 153–170. Retrieved from <http://europepmc.org/abstract/med/15828406>
- Patterson, G. (2013). Prisoner reentry: A public health or public safety issue for social work practice? *Social Work in Public Health, 28*(2), 129–141. doi:10.1080/19371918.2011.560822
- Petersilia, J. (2005). Hard time ex-offenders returning home after prison. *Corrections Today, 67*(2), 66–155. Retrieved from <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=209483>

- Pettus-Davis, M. C., Grady, M. D., Cuddeback, G. S., & Scheyett, A. (2011). A practitioner's guide to sampling in the age of evidence-based practice: Translation of research into practice. *Clinical Social Work Journal*, 39(4), 379–389. doi:10.1007/s10615-011-0345-2
- Poehlmann, J. (2013). Scientific and practical implications. *Monographs of the Society for Research in Child Development*, 78(3), 94–102. doi:10.1111/mono.12023
- Polk, K. (1994). Theoretical and evaluative concerns. In C. Alder & J. Wundersitz (Eds.), *Family conferencing and juvenile justice: The way forward or misplaced optimism?* (pp. 123–140). Canberra, Australian Capital Territory: Australian Institute of Criminology.
- Poulter, J. (2005). Integrating theory and practice: A new heuristic paradigm for social work practice. *Australian Social Work*, 58(2), 199–212. doi:10.1111/j.1447-0748.2005.00204.x
- Pranis, K. (2007). Conferencing and the community. In G. Burford & J. Hudson (Eds.), *Family group conferencing: New directions in community-centered child and family practice* (pp. 40–48). New York, NY: Aldine de Gruyter.
- Reisch, M. J. (2012). The new politics of social work practice: Understanding context to promote change. *British Journal of Social Work*, 42(6), 1132–1150. doi:10.1093/bjsw/bcs072
- Reisch, M., & Gorin, S. (2001). Nature of work and future of the social work profession. *Social Work*, 46(1), 9–19. doi:10.1093/sw/46.1.9

- Roberts, A. C., Galassi, J. P., McDonald, K., & Sachs, S. (2002). Reconceptualizing substance abuse treatment in therapeutic communities: Resiliency theory and the role of social work practitioners. *Journal of Social Work Practice in the Addictions*, 2(2), 53–68. doi:10.1300/J160v02n02_06
- Ronel, N., & Elisha, E. (2011). A different perspective: Introducing positive Criminology. *International Journal of Offender Therapy and Comparative Criminology*, 55(2), 305–325. doi:10.1177/0306624X09357772
- Rutten, K., Mottart, A., & Soetaert, R. (2010). Narrative and rhetoric in social work education. *British Journal of Social Work*, 40, 480–495. doi:10.1093/bjsw/bcp082
- Sackett, D. L., Richardson, W. S., Rosenberg, W., & Haynes, R. B. (1997). *Evidence-based medicine: How to practice and teach EBM*. New York, NY: Churchill Livingstone.
- Scroggins, J. R., & Malley, S. (2010). Reentry and the (unmet) needs of women. *Journal of Offender Rehabilitation*, 49(2), 146–163. doi:10.1080/10509670903546864
- Sheafor, B. (2011). Measuring effectiveness in direct social work practice. *Revista de Asisten Social*, 1, 25–33. Retrieved from <http://www.cceol.com/asp/issuedetails.aspx?issueid=aa0d2593-197b-4799-8fee-17a36c478c0b&articleId=4c90f590-f907-415b-b38c-60870b43b642>
- Smith-Osborne, A., & Bolton, K. W. (2013). Assessing resilience: A review of measures across the life course. *Journal of Evidence-Based Social Work*, 10(2), 11–126. doi:10.1080/15433714.2011.597305

- Stanhope, V., Tuchman, E., & Sinclair, W. (2011). The implementation of mental health evidence based practices from the educator, clinician and researcher perspective. *Clinical Social Work Journal*, 39(4), 369–378. doi:10.1007/s10615-010-0309-y
- Stewart, A., Hayes, H., Livingston, M., & Palk, G. (2008). Youth justice conferencing and indigenous over-representation in the Queensland juvenile justice system: A micro-simulation case study. *Journal of Experimental Criminology*, 4(4), 357–380. doi:10.1007/s11292-008-9061-5
- Stockwell, C., & Triezenberg Fox, N. (2006). Social work and social change: Lessons from Chicago and “Chicago semester.” *Social Work & Christianity*, 33(4), 330–354. Retrieved from http://www.academia.edu/9498211/Social_Work_and_Social_Change_Lessons_from_Chicago_and_Chicago_Semester_by_Clinton_Stockwell_and_Nancy_Triezenberg_Fox_Social_Work_and_Christianity_2006
- Sundell, K., Vinnerljung, B., & Ryburn, M. (2001). Social workers’ attitudes towards family group conferences in Sweden and the UK. *Child & Family Social Work*, 6(4), 327–336. doi:10.1046/j.1365-2206.2001.00216.x
- Thompson, A. (2009). Radical social work in these contemporary times. *Journal of Progressive Human Services*, 20(2), 110–111. doi:10.1080/10428230903301493
- Trulear, H. (2011). Balancing justice with mercy: Creating a healing community. *Social Work & Christianity*, 74–87. Retrieved from <http://www.nacsw.org/Publications/Proceedings2009/TrulearHBalancingJustice.pdf>

- Ungar, M. (2002). A deeper, more social ecological social work practice. *Social Service Review, 76*(3), 480–497. doi:10.1086/341185
- Van Wormer, K. (2005). Concepts for contemporary social work: globalization, oppression, social exclusion, human rights, etc. *Social Work & Society, 3*(1), 1–10. Retrieved from <http://www.socwork.net/sws/article/view/207/468>
- Walker, L. (2012). Conferencing: A group process that promotes resiliency. Retrieved from http://www.iirp.edu/article_detail.php?article_id=NDc5
- Wallace, R. (2010). Performing self and society through improvisation: The Improvisation, Community, and Social Practice Project. *Canadian Theatre Review, 143*, 89–90. doi:10.1353/ctr.0.0038
- Walmsley, R., Aebi, M., & Shinkai, H. (2006). Collecting statistics on prisons: Strengths and weaknesses of the United Nations Survey of Crime Trends and Operations of Criminal Justice Systems. *Forum on Crime and Society, 5*(1), pp. 137–142.
- Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process, 42*(1), 1–18. doi:10.1111/j.1545-5300.2003.00001.x
- Wilson, K., Gonzalez, P., Romero, T., Henry, K., & Cerbana, C. (2010). The effectiveness of parent education for incarcerated parents: An evaluation of parenting from prison. *Journal of Correctional Education, 61*(2), 114–132. Retrieved from <http://www.ceanational.org/Journal/>

Appendix A: Recruitment Letter

Renata A. Hedrington Jones

A large black rectangular redaction box covers the contact information, including the sender's address, phone number, and email address.

To whom it may concern:

I am in the process of completing my dissertation. I am writing to you to request that your organization/agency serve as one of my Community Partner in this endeavor? My topic is: Social Workers' Practice with Families Post Parental Incarceration. We have statistical data on a national average that indicates families need assistance in resolving those issues that continue to influence the successful reintegration of families upon return to home, families, and communities.

The main research question is what do social workers believe are the supportive and therapeutic services that they provide in family group conferencing that will assist families in reintegrating post parental incarceration? What do social workers believe is needed to effectively provide services with families post parental incarceration? Why is it difficult to engage families post parental incarceration? What do social workers believe the best practices are/should be to provide family conferencing services with families post parental incarceration?

My data collection tool is interviews, the interviewee's notes, and building upon themes. I will develop a website that will provide ongoing information for participants. I would like to send emails, flyers, etc. to agencies/organizations and individuals soliciting their support as participants. I will also provide additional insight at the requests of the organization, participants, and other concerned parties.

If you are in agreement with becoming my Community Research Partner in my dissertation journey I will need a Letter of Cooperation from you indicating your Agreement (on behalf of the agency/organization) to assist in participant recruitment and data collection. I will take sole responsibility of data collection. It is my hope that this information will be utilized to influence social policy and practices that impact families in a positive manner.

If there are any questions or concerns, please feel free to contact me via email or telephone. It is my desire to make an impact on Families, to provide a curriculum for the academic arena, and to establish effective social work practices.

Respectfully,

Renata A. Hedrington Jones



Renata A.Hedrington Jones, MSW

Appendix B: Informed Consent

Developing Resilience in Families Post Parental Incarceration: Identification of Social Workers' Practice with Family Group Conferencing **INFORMED CONSENT FORM**

You are invited to take part in a research study of “Social Workers’ Practice with Families Post Parental Incarceration”. The information obtained from the study will assist in developing social work best practices to assist with the reintegration/reentry of parents who have experienced incarceration into the family and community. The researcher is inviting social workers who meet the inclusion criteria to be in the study

This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Renata A. Hedrington Jones, MSW, who is a doctoral student at Walden University.

Background Information:

The purpose of the proposed research is to study the perceived role, activities and practices of social workers currently engaged in the use of FGC in post parental incarceration families as a way to begin to collect, analyze, and evaluate data obtained from social workers in developing clinical interventions (best practices) that result in positive reintegration, stabilization, and positive outcomes.

Procedures:

I will welcome and introduce myself to participants by phone, letter, email, Skype, or face to face. I will provide participants with detailed information regarding the research project to include the purpose, informed consent, confidentiality, and anonymity. I will provide participant individual copies of the signed consent and all documents utilized. After each discussion and dissemination of paperwork I will offer the participants an opportunity to ask questions and/or clarification. Participants will be provided a copy of the interview questions. Appropriate transitions will occur between questions and responses. Upon completion of all questions I will bring closure and provide opportunity for discussions and follow up. I will express my appreciation to the participant for agreeing to assist me with my research, advise them of the possibility of a secondary interview; provide a hard copy of my contact information and a business card. Inform each participant that they will receive a transcript of the interview via email and/or US mail. End session in a socially acceptable manner.

Here are some sample questions:

- What are social workers experiences that identified or focused on resilience theory as a therapeutic intervention when engaging families post parental incarceration on FGC?(Resilience Theory is that people have the ability to be successful after trauma and adversity)
- What are the perceptions and beliefs regarding their activities and steps in this practice to support resilience and family ecology?
- What strategies and processes are social workers using in FGC reflective of the protective factors associated with family resiliency?
- What are the social workers experiences who have engaged with family resiliency in FGC?
- How do social workers integrate the protective factors in the in the FGC process?
- What are the perceptions and beliefs regarding their activities and steps in this practice?

Voluntary Nature of the Study:

This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No one at Walden University or professional organizations participating will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study:

Being in this study would not pose risk to your safety or wellbeing.

A primary benefit of this study is to develop best practices for social workers utilizing FGC with clients.

Payment:

There is no payment for participating in this study. However, your participation is greatly appreciated.

Privacy:

Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure by placing in a secured file with password. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via (804) 507-0408, (804) 938-6787 or rhjones4@comcast.net. If you want to talk privately about your rights as a participant, you can call Dr. Leilani

Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 612-312-1210. Walden University's approval number for this study is **IRB will enter approval number here** and it expires on **12/31/2014**.

The researcher will give you a copy of this form to maintain, please save for your records

Statement of Consent:

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By either signing below, clicking the link below, returning a completed survey, replying to this email with the words, "I consent", I understand that I am agreeing to the terms described above.

Printed Name of Participant

Date of consent

Participant's Signature

Researcher's Signature

Appendix C: Participant Information

- Participation will require approximately 1 hour 30 minutes
- Participants will be asked to complete demographics sheet
- Participants will be given a copy of the interview questions prior to interview in their participant packet
- The interview will be conducted by the researcher either face-to-face, Skype, email, or telephone
- The interview will be recorded and later transcribed in-depth
- You will be asked to grant consent to carry out these activities
- You will be asked to sign a consent form
- Names will not be utilized in the study
- You may be asked to participate in a follow up via conference call, Skype, or face-to-face
- After the interviews & data will be analyzed
 - What you have said will be closely reviewed (multiple times) and compared with other participants. An opportunity to review individually and as a group will occur.

- You will be asked to read consent form to participate which explains in full detail the risk and benefits of participation

- If you agree to participate you will be asked to sign the consent form

- You are free to decide not to participate at any time and withdraw at anytime

- Withdrawal is without adversely affecting your relationship with the researcher or Walden University

- Your decision will not result in any loss or benefit to which you are entitled
- If you are willing to participate please contact me by email (rhjones4@comcast.net) or phone (804) 938-6787.
Thank you very much for agreeing to assist me with my research study.

Renata A.Hedrington Jones, MSW

Appendix D: Participant Demographics

Participant Demographics

Name: _____ Age: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _ _____ Cell Phone _____

Email _____

Gender: _____ Marital Status _____

Education:

BSW _____ MSW _____ DSW _____ PhD _____

Experience as a Social Worker:

0-3 Years _____ 4-5 Years _____ 6-10 Years _____ 11-15 Years _____ 16-20

Years _____

21 - 25 Years _____ 26-30 Years _____ 31-35 Years _____ 36-40

Years _____ Assigned #: _____

Employment: Please describe your employment to include job duties and responsibilities. You may attach a resume if preferred

We sincerely appreciate your willingness to participate in this research study. If you would like to be informed of the results please indicate by checking the box below.

I would like to receive the results

I would like a copy of the complete study

Appendix E: Protocols for Interview

Closure & Contact Information

I would like to take this opportunity to **“Thank You”** for taking the time out of your busy schedule to assist me with my research study.

You will receive two copies of the interview transcript within 7-10 days. Upon receipt I would appreciate your reviewing the documents and making any necessary revisions you feel warranted. I would like for you to return the revised copy via US Mail, FAX (804-507-0408) or scan and email to me (Renata.hedringtonjones@waldenu.edu). If necessary I will contact you for further follow up.

Thank you very much for making a difference.

My name is: RENATA A. HEDRINGTON JONES, MSW

My email address: [REDACTED]

My phone number: [REDACTED]

Script

Welcome & Who

I will convene a preliminary meeting to establish trust, review ethical considerations, complete consent, and review questions.

Introductions

My name is Renata A.Hedrington Jones and I would like to welcome you and thank you for agreeing to participate in my research study.

I am a doctoral student at Walden University. In order to complete my studies a dissertation (research project) is required.

What & Why

My dissertation title is: Social Workers' Practice with Families Post Parental Incarceration

I have a personal desire to make a difference in our society by influencing social change. Social change is a change in policy, practices, and social issues that result in improvements in our communities. I am interested in family preservation and stability.

One specific population I am concerned is the families who are attempting to reunite after a parental incarceration. While working with this population I am also interested in those practices utilized to empower families. As I reviewed the literature and discussed my desire I was introduced to Family Group Conferencing (FGC). Chandler and Giovannucci (2004) describe Family group conferencing as a child welfare system-transforming practice that fosters new collaborations between families, child welfare practitioners, and the courts. It has also been determined that FGC is a viable practice to use with other populations.

Do you have any questions? OK

I would like to discuss with you in depth Informed Consent

Provide participant with a copy of the Informed Consent Form (Appendix

Read and discuss the Informed Consent Form and all other documents associated with participants and research

Interview Questions

Would you please tell me about your experiences using FGC?

What do you see as your role using this process?

Describe for me what you do during your FGC sessions.

What parent has been incarcerated?

What would you say was the average length of the incarceration?

What do you consider practices that will assist social workers in developing “Best Practices” to positively impact reintegration and family stability?

What do you think would assist social workers in practice to support resilience in families? Family ecology?

Are you familiar with protective factors associated with family resilience?

A list of the protective factors will be provided & discussed.

What are the strategies and processes that social workers use in FGC are reflective of our discussion?

Would you please talk with me about your personal experiences using FGC?

As you describe your experiences using FGC can you describe for me what the experience has been when resiliency is an emerging response?

What qualifies resilience?

As a social worker who has been assigned the task of facilitating a FGC group describes to me how you would integrate the protective factors in the overall process?

FGC provides an opportunity for mediation, resolution, and outcomes. With each come accomplishing goals and objectives.

What measures would you utilize to determine success and meet the desired outcomes?

How do you determine success when using FGC as a practice modality?

Social Workers' Practice with Families Post Parental Incarceration Interview Questions

Interview Questions

The italicized statements and questions will be used to obtain responses to the main research questions:

- 1) What are the experiences, perceived role, activities and practices of social workers currently engaged in the use of Family Group Conferences (FGC) in post parental incarceration families?
 - ✓ *Hello how are you.*
 - ✓ *Would you please tell me about your experiences using FGC?*
 - ✓ *What do you see as your role using this process?*
 - ✓ *Describe for me what you do during your FGC sessions.*
 - ✓ *What parent has been incarcerated?*
 - ✓ *What would you say was the average length of the incarceration?*
- 2) What are the practices that will assist social workers in developing clinical interventions (best practices) that may result in positive post incarceration reintegration and family stabilization?

✓ *What do you consider practices that will assist social workers in developing “Best Practices” to positively impact reintegration and family stability?*

3) What are the perceptions and beliefs regarding their activities and steps in this practice to support resilience and family ecology?

✓ *What do you think would assist social workers in practice to support residence in families? Family ecology?*

4) What strategies and processes are social workers using in FGC that are reflective of the protective factors associated with family resiliency?

✓ **Are you familiar with protective factors associated with family resilience?**

○ **A list of the protective factors will be provided & discussed**

✓ **What are the strategies and processes that social workers use in FGC are reflective of our discussion?**

5) What are the social workers’ experiences who have used FGC with families?

✓ *Would you please talk with me about your personal experiences using FGC?*

6) How do you describe resiliency when FGC has been utilized as a practice?

✓ *As you describe your experiences using FGC can you describe for me what the experience has been when resiliency is an emerging response?*

✓ ***What qualifies resilience?***

7) How do social workers integrate the protective factors in the in the FGC process?

✓ ***As a social worker who has been assigned the task of facilitating a FGC group describes to me how you would integrate the protective factors in the overall process?***

8) If the social worker assumes the role with the understanding and knowledge that in order to successfully accomplish goals and objectives of “mediation”, “resolution” and “outcomes”, what measures would be utilized to determine success and meet the desired outcomes using FGC (practice)?

✓ ***FGC provides an opportunity for mediation, resolution, and outcomes. With each come accomplishing goals and objectives.***

✓ ***What measures would you utilize to determine success and meet the desired outcomes?***

9) What supports the success of FGC or how does the social worker determine that the goals and objectives have been obtained?

✓ ***How do you know that FGC has been successful?***

Appendix F: Practice Guidelines

Principle 1

Families have the right to clear, appropriate information about the family group conference process.

Practice

- a) Families must be given clear information about what a family group conference is and why they have been offered a family group conference.
- b) Families must be informed about timescales and possible delays.
- c) Information must be available in a way that meets the needs of the family.
- d) All family members invited must be told who they can contact if they have any questions about the process and about how they can make a complaint.

Principle 2

Families have the right to be involved in the planning of the meeting.

Practice

- a) Where possible, coordinators should reflect the local community and families will be offered a coordinator who speaks their language and who has an understanding of the way religious beliefs, cultural traditions and other lifestyle issues influence how the family operates.
- b) A coordinator who is independent will work with the family to arrange the family group conference. 'Independent' means that they have not and will not be involved in making any decisions about the child.

- c) The meeting will take place at a time, date and place agreed with the family.
- d) Adults and young people will need to consent to information held by agencies being shared at the meeting.
- e) The coordinator will work with the family and young person to decide who needs to be at the meeting.
- f) The family will decide what language will be used at the family group conference, with interpreters provided for the others present as needed.
- g) The coordinator may decide to exclude individual family members from the meeting if there are concerns that their presence would be a risk to anyone's safety.

Principle 3

Family members have the right to be acknowledged as decision-makers in the family group conference process.

Practice

- a) The agency that referred the family for a family group conference must be clear about what decisions, if any, they may be unable to support and must give reasons for this.
- b) The child or young person and any other family member who requires it will be offered someone to help them make their contribution throughout the process. This person may be called an advocate or supporter, and may be someone within the family network or someone outside the family. They will not be someone who is able to make decisions about the family.

- c) The family must be given relevant, factual and jargon free information about the agencies' concerns and the resources available.
- d) Parents must be given written information about the agencies' concerns at least 24 hours before the conference.
- e) Reasonable travel costs and other expenses will be paid for family members who need it.
- f) Family members will have the opportunity to share their concerns and have their questions answered before and at the meeting.
- g) Family members unable to attend for any reason will be supported in contributing in other ways.

Principle 4

Families have the right to private family time and a supportive and safe environment to make plans.

Practice

- a) Families must be given time to meet on their own without the coordinator or staff from agencies being present.
- b) The coordinator must ensure that there is a suitable area and time allocated, with appropriate refreshments, for the family to make decisions.
- c) Childcare provision should be available if required.
- d) The coordinator will work with everyone to enable them to make a plan that meets the needs of the child.

Principle 5

Families have the right to have safe plans agreed and resourced.

Practice

- a) The referring agency must agree to support the family's plans unless it places a child at risk of harm and must provide reasonable resources to make it happen.
- b) All family members and agencies who attend the conference will receive a copy of the plan within a stated time. The plan will include details of what resources the family needs and how the proposals in the plan will be carried out and monitored.
- c) The family, referring agency and coordinator will agree how the plan will be reviewed and whether a follow-up review should take place, and who will be responsible for making this happen.
- d) Every effort should be made to respond to the family's plan at the meeting. Families will be informed who will give them a written response, and when and how, if the plan or some of the resources cannot be agreed at the conference.
- e) Agencies whose support is required to carry out a plan should respond within ten days to say whether they can provide the support requested and, if necessary, how long this will take to provide.

Principle 6

Families have the right to be involved in the development of family group conferences.

Practice

- a) All families will be offered the opportunity to give their opinion of the service they have received.
- b) Where possible, families will be kept informed about changes made as a result of their comments.
- c) Families should have the opportunity to have contact with other families who have used the service.
- d) Families who have attended a family group conference should have the opportunity to be involved in developing policies and practice about family group conferences.

Note. Adapted from *Family Group Conferences: Principles and Practice Guidance*, by P. Lawrence and J. Wiffin, 2002. Copyright 2002 by Barnardo's/Family Rights Group/NCH.