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THE ROLE AND IMPACT OF LONG-TERM, FAITH-BASED REENTRY PROGRAMS AFTER INCARCERATION

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THE ROLE AND IMPACT OF LONG-TERM, FAITH-BASED
REENTRY PROGRAMS AFTER INCARCERATION

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Louie Martinez
Rebecca Graf

June 2020

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ABSTRACT

The focus of this exploratory study is on individuals who have completed long term, faith-based reentry programs after incarceration. Through one-on-one interviews with participants, this study will examine the impact that long-term, faith-based treatment programs have had in helping persons with a criminal past re-acclimate back into society. As more reentry programs focus on skills-based treatment only, this study seeks to explore the integration of faith and spirituality in long-term faith-based treatment programs in conjunction with other treatment modalities. This study will contribute to a deeper understanding of the critical elements necessary to help individuals overcome their past and collateral consequences to become contributing members of our society.

Keywords: reentry, faith-based programs, recidivism, collateral consequences

ACKNOWLEDGEMENTS

First off, I want to thank my Lord and Savior Jesus Christ for giving me the strength to help others. I have lived a crazy life in which society did not always agree with my decisions, however I took a step of faith and now believe that I can accomplish anything through believing in God. There are so many people who have helped to mold me into becoming the person that I am, and for that I am truly grateful—stay true to who you are, and people will stay true to you.

Louie Martinez MSW

To our interviewees, I want to thank you for vulnerably sharing your life experiences with us. You are a testimony to the power of God that people can be born again. To Dr. Davis, thank you for your candid feedback and clarifying questions throughout the process. Dr. Barragan, thank you for always being ready to answer any questions. Last, but not the least, thank you to my husband and three kids for your support, giving me space to spend hours in front of my computer. Thank you, Jesus for walking with me from long before this project and through this project.

Rebecca Graf, MSW

DEDICATION

To the participants in our study who have shown that nothing is impossible with
God and to the One who is the author of life and love.

“The most valuable thing that the faith-based program offered me I think is love. At the beginning, it gave me a roof over my head and gave me food in my stomach. It gave me counselors for me to speak with, and for me to get things off my chest. It gave me all these things, all these awesome things in life and it gave me responsibilities. It showed me how to clean, to cook, just so many things we take for granted--grooming yourself and giving yourself self-worth again.

But I think the ultimate was love because through the transition, I continue to see God's love in everybody, everybody that helped me. I wouldn't be here today if people didn't share with me love. I learned how to love myself. When I started getting close to God and start to know that God loves me, you know, he gave His only son, I mean for me. Now what I am able to do is shower my kids with love and my wife with love because I understand what love is.

Because I love myself and it was through the men and through the people, and just everybody that came, the village that came, the community that came to help me to love me when I couldn't love myself or when I was too hard on myself, or hurt myself, or guilty or shame or whatever the case may be. I'm not good enough to just be there. God loves you. We love you. And that resonates still in my life today. I'm able to love on other people and take that space”

(Personal Communication, February 2020).

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CHAPTER ONE

PROBLEM FORMULATION

Introduction

The criminal justice system in the United States is complex involving many agencies, people, laws, and structures. The criminal justice legislation has fluctuated from punitive to rehabilitative, and the issue of criminal justice reform has been at the forefront of many legislations in recent years. With a high recidivism rate and overcrowding in correctional facilities, the need for better solutions in addressing the systemic issues and the growing individual needs of this population have become more apparent. The Bureau of Prisons (2019) showed that 2.3 million people are held in the criminal justice system. The U.S., compared to other nations, incarcerate more people per capita (Sawyer & Wagner, 2019). Data shows that approximately seventy-five percent of reentrants from incarceration return to confinement within five years (Alaniz, 2018). In 2014, there were an estimated 6.8 million men and women under probation or parole (Katsiyannis et al., 2018). With such a high rate of incarceration and recidivism, successful reentry programs are critical to the well-being of our society.

One of the most significant factors that contribute to the high recidivism rate is collateral consequences. Collateral consequences are legal and social constraints that are imposed on people as a result of incarceration (Roberts, 2008). Generally, these consequences are invisible to the general public and

often unknown to reentrants upon release (Logan, 2013). The American Bar Society (2018) cataloged over 45,000 federal and state regulations that put legal and social constraints on reentrants. Collateral consequences create significant barriers towards disallowing formerly incarcerated individuals to reintegrate back into society. Some of the constraints are difficulty in finding employment and housing due to felony convictions, suspended driver's license due to child support arrears, and social isolation as a result of stigmas associated with incarceration (Pinard, 2006). Often, the reentrants' inability to overcome these barriers leads to recidivism (Finzen, 2005).

In recent years, some key legislations have been put into effect. The FIRST STEP Act (2018) offers a step toward reducing recidivism among the federal prison population by encouraging the use of evidence-based programming, by offering more considerable latitude for early releases, and increasing opportunity for residential reentry centers (Federal Bureau of Prisons, 2019). In California, two relevant legislations, AB 109, also referred to as Prison Realignment (2011) and AB 1008 (California Fair Chance Act, 2018), have been enacted to mitigate some of the effects of collateral consequences on the reentry population. AB 109 altered both sentencing and post-prison supervision for the newly statutorily classified non-serious, non-violent, non-sex offenders (Stanford Criminal Justice Center, n.d). The California Fair Chance Act (AB-1008), known as "Ban the Box" forbids employers with five or more employees from asking conviction history before making a job offer (California Department of Fair

Employment and Housing, 2019). This law aims to break down the barrier to employment that the formerly incarcerated individuals face upon release (California Department of Fair Employment and Housing, 2019).

While legislations have the power to breakdown systemic barriers and discrimination toward reentrants, reentry programs offer rehabilitative resources crucial to successful integration back into society. One of the key areas of struggle for reentrants is the lack of relational attachment and connection after release. Imprisonment has a way of causing dissonance between family members and the incarcerated (Jones, 2002) that contribute toward difficulty readjusting back into a family structure (Turanovic, 2012). A whole person, client-centered reentry program can make a significant impact in mitigating the effects of collateral consequences and reduce recidivism.

Although underutilized in the field of social work, faith-based, long-term treatment programs have the potential to address the whole-person needs of the reentrants. The combination of family life structure and life and job development skills offered (Daggett et al., 2008), faith-based treatment programs add and activate connectedness and self-worth essential in restoring familial and societal bonds (Roman et al., 2007). Not only do these programs address the psychological, social, and behavioral needs, they also offer individuals the freedom to discover or continue developing the spiritual component of individual lives.

In the field of social work, spirituality and religion have had an important place in its practices since its earliest beginnings (Conrad, 2017). However, in recent years, social workers have shown low engagement in integrating the clients' religious and spirituality into practice (Oxhandler, Parrish, & Achenbaum, 2015). Faith-based reentry programs offer the reentrants the opportunity to explore and address their spirituality in a safe and rehabilitative setting.

Purpose of the Study

The purpose of this research study is to explore the perceptions of the reentrants who participated in long-term, faith-based programs and the role and impact of these programs have had on their lives after incarceration. Through this study, social workers and policymakers will have a more comprehensive picture of how long-term, faith-based reentry programs might meet the unique needs of reentrants that perhaps non-faith-based reentry programs do not. As newer reentry programs are implementing short-term revolving door structure that cycles men and women out of programs due to limited funding, it will be important to hear directly from individuals about the process of growth and integration back into society. A research conducted by Visher, Lattimore, Barrick, & Tueller (2016) showed that programs that focus on individual change, compared to practical skills and needs were more beneficial in reducing recidivism. This research project will explore the role and impact of long-term

faith-based reentry programs on reducing recidivism and successful reintegration of the formerly incarcerated in our society.

The overall research method that will be used in this study is a qualitative design. The study will utilize a purposive sampling method of participants who have completed a long term, faith-based reentry program. One-on-one interviews of participants will be conducted. This type of research design was selected to mitigate researchers' biases and assumptions about reentrant experiences, and to contribute toward providing critical qualitative data currently lacking in the literature reviews in the area of reentry programs, in particular, faith-based reentry programs.

Significance of the Project for Social Work

The number of quantitative research and literature reviews on reentry programs are disproportionate to qualitative data on reentry programs. The need for this study arose from the lack of qualitative data on reentrants perspective of reentry programs, the impact that long-term, faith-based programs have had on their reentry compared to reentry programs that only focus on life and job skills training. While the field of social work acknowledges the importance of client-centered treatment that focuses on biopsychosocial elements, often, the spiritual component of individuals is left out in social work practice. The field of social work needs more research and training on how to incorporate faith and spiritual components that are important to clients into social work practice. Furthermore,

the findings from this qualitative research seek to contribute toward evidence based programmatic design of reentry programs that can adequately meet the whole person needs of the clients. The participants in this study will offer insight and perspective regarding reentry, providing predictors of positive outcomes in overcoming collateral consequences and reducing recidivism.

The exploratory research question is as follows: What is the role and the impact of long-term faith-based reentry programs in affecting life change after incarceration?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will cover the definition of recidivism, collateral consequences, and the impact of faith programs in correctional facilities. Using current literature reviews and available data, the complex issues surrounding recidivism, collateral consequences, and faith-based reentry programs will be expounded. Finally, this section will delve into the attachment theory and solution-focused intervention model, which are the guiding conceptualizing theories for this research.

Recidivism and Recidivism Ratios

Recidivism is when an individual reverts to criminal behavior after they have been released from jail or prison (Bird & Grattet, 2015). Other names that could be attributed to recidivism, but not limited to recidivism alone, are: rearrest, reconvict, and reincarcerated because of new crimes (MacKenzie, 2006). The rates of recidivism in the U.S. are unusually high, and the Department of Justice's (DOJ's) Bureau of Justice Statistics (BJS) assessed in 2001 that two-thirds of individuals that have been released from jail or prison would return to some form of incarceration within three years after they have been released (James, 2011). In 2011, the BJS estimated that 7 million individuals, 2 million

incarcerated and 5 million on probation or parole, had an 85% chance of returning to jail or prison within a three-year timeframe (Alaniz, 2018). This is a twenty percent increase of reincarcerations due to new crimes committed within a ten-year time period. The shortage of robust reentry programs contributes to an increase in recidivism.

Reentry as a Main Focus to Reduce Recidivism

Reentry defined at its simplest term is any action taken to help prepare inmates that are returning home with the necessary tools to become productive members of society (Petersilia, 2003). Reentry programs seek to prepare those who are released from prison to live as law abiding citizens and return safely to the community (Petersilia, 2003) by providing supportive services and life and job skills that mitigate future negative encounters with the criminal justice system. While the current trend is moving toward rehabilitation, the effect of sentencing practices and budget cuts for rehabilitation services in prior years have had a negative impact on successful reentry (Petersilia, 2001). As 12,000 individuals were released each week from state and federal prisons in the year 2018, the need for reentry programs continues to grow (DOJ, 2019). More access to reentry programs is critical to reducing the ratio of recidivism.

Recidivism Disparities

In 2017, the BJS released statistics that showed that persons of color were more likely to go to prison compared to Whites. With Black and Hispanic individuals combined, there were a total of 812,400 persons in prison compared

to 436,500 of which were White, and another statistic showed that 1,549 per 100,000 were Black, 823 per 100,000 were Hispanic, and 272 per 100,000 were White. (Pew Research Center, 2019). These numbers are alarming in that Blacks are six times more likely to go to prison than Whites, and Hispanics have a four times greater chance to end up in prison than White individuals.

Additional data showed that of individuals that were born in 2001, 1 in 17 White men, 1 in 3 Black men, and 1 in 6 Latino men would be incarcerated at some time in their lives (Sentencing Project, 2019). In gender comparison, 1 in 9 men will experience incarceration compared to 1 in 56 women during their lifetime (Sentencing Project, 2019). The racial and gender disparities that exist in the criminal justice system point to the need for more reform and proactive measures to reduce incarceration and recidivism, particularly within the minority communities. Furthermore, as more men and women are being released from prison, a strategic investment in developing, improving, and offering a variety of reentry programs to meet the needs of this vulnerable population must become a priority.

Collateral Consequences Are a Major Cause of Recidivism

An undeniable determinate factor in recidivism is the impact of collateral consequences on how reentrants successfully integrate back into society. As written earlier, reentrants face 45,000 potential collateral consequences (American Bar Association, 2018) that unfavorably affect individuals returning

from jail or prison. Barriers to employment opportunities, housing, food benefits from county agencies due to their criminal record all impede on their ability to survive once they are released. Collateral consequences have great potential to hinder reentry progress, their ability to adapt to society, and increasing the likelihood of recidivism. (Freisthler & Godsey, 2005).

Collateral Consequences Effect on Family and Community

Collateral consequences not only affect the formerly incarcerated individuals, but they also negatively impact the lives of their family members and community. A father's incarceration puts a strain on the family's finances, which has the potential to significantly affect the mental and emotional health and academic performance of a child (Perry & Morris, 2014). The repercussion of incarceration follows during incarceration and after release for families and communities of the formerly incarcerated, causing a form of entropy. Collateral consequences are not only detrimental to the reentrants, but also the family system. Release from incarceration is just the beginning of a road to recovery, often seeking to reestablish a connection with both family and community with little or no support from outside sources (Goffman, 2009).

The Role of Religion and Crime

Research shows that religion is generally beneficial to our society by promoting prosocial behavior and protecting individuals from harmful outcomes by serving as a protective factor in people's lives (Chatters, 2000; Ellison &

Levin, 198; George, Larson, Koenig, & McCullough, 2000; Johnson, Tompkins, & Webb, 2002; McCullough & Willoughby, 2009; Sherkat & Ellison, 1999). Some examples include higher educational attainment, increased levels of hope, purpose, less depression and reduced likelihood of suicide, lower levels of drug and alcohol use and abuse, less promiscuous sexual behaviors, and overall physical and mental health. However, the debate concerning whether these valuable effects of religion extend to those incarcerated and enter faith-based reentry programs continue. Hirschi and Stark (1969) argued that there is no impact of religion on delinquency. Duwe and King (2013) present that while many research in the last forty years indicate similar findings, on the whole, research shows positive impact that religion has on preventing crime and delinquency in the areas of domestic violence, desistance from substance use, decreased crime among African-Americans, and reduced institutional misconduct in prisons. Furthermore, studies show a correlation between decreased crime and higher religiosity and levels of religious involvement (Baier & Wright, 2001; Johnson, Tompkins, & Webb, 2002). If empirical evidence points to a correlation between prosocial behavior and religiosity, the study of how faith-based programs impact recidivism rate and desistance from criminal behavior is worth examining.

Long-Term Faith-Based Program in Reducing Recidivism

In 1997, Prison Fellowship Ministries (PF) began a faith-based program in the state correctional facilities in Texas (Duwe and King 2013). Johnson, Larson, and Pitts (1997), argued that there was no significant evidence in

reducing rearrests and recidivism among the participants compared to non-participants in PF religious instructions. However, other studies of PF programming (e.g., volunteer-led seminars or Bible studies) showed indication of possible reduction in rearrests (Sumter, 1999; O'Connor, 2003). Interestingly, different from the religious PF programming, the InnerChange program of PF sought to link the spiritual development with the vocational, educational, and life-skills training (Johnson & Larson, 2003). The research showed that those who graduated from the program had lower recidivism rates (Johnson & Larson, 2003). As a result of the study, since 2004, the InnerChange program began addressing the criminogenic needs of participants by providing programs that focused on education, criminal thinking, and chemical dependency (Duwe & King, 2013). The result showed that InnerChange was successful in reducing reincarceration for a new crime by 45%, for reconviction by 35%, and rearrests by 26% among those who completed their programs (Duwe & King, 2013).

Retention as a Factor in Reducing Recidivism

Research points to the necessity of completion of faith-based programs as a factor of reducing recidivism (Duwe & King, 2013; Roman, Wolff, Correa, and Buck, 2006; Daggett, Camp, Kwon, Rosenmerkel, and Klein-Saffran, 2008). The odds of completing a faith-based program significantly increased with a sense of a higher power (Roman et al., 2006) and other factors such as scripture reading, perception of self-worth, and degree of desire for community integration (Daggett et al, 2008). Furthermore, mentoring efforts during incarceration and after

release were shown to be critical to reducing recidivism. The results from InnerChange study showed that those who met with mentors in prison and in community (mentor continuum) after release had much lower rates in rearrests, reconviction, reincarceration, and revocation, compared to those who did not meet with a mentor or only met with a mentor in prison (Duewe & King, 2013).

Theories Guiding Conceptualization

For this research, two theoretical concepts will be used: The Attachment Theory and Solution Focused Theory. The Attachment Theory offers the foundation for human connection critical to human survival and healthy human development. The Solution Focused Theory provides the incremental gains and success that reentrants need to experience after incarceration in order to integrate back into society and leave a life of crime.

Attachment Theory

Psychologist John Bowlby first coined the Attachment Theory in the late 1960s (Turner, 2017). This theory provides a framework for understanding how those who were formerly incarcerated can reattach themselves to their families, community, and society at large. Bowlby (1951) argued that attachment is critical to not only the survival of human beings but also in their ability to grow into healthy human beings. He emphasized the importance of human relationships with either another human or an essential factor within the environment (Turner, 2017). The level of connection and bond that the reentrants can establish during

their reentry, particularly in the first six-months are critical. Environmental factors such as securing employment quickly after release, forming a daily routine, having a safe dwelling, as well as the human factor of reestablishing emotional connections are essential to acclimating back into society (Laub & Sampson, 2001). Relational and environmental factors contribute to establishing a secure bond that is critical to human development and combating recidivism.

Secure attachment behavior is more than forming a “connection” (Turner, 2017). For secure attachment to occur, Bowlby argued that an emotional bond must occur (Turner, 2017). Mary Ainsworth further contributed to the attachment theory by showing that children who had secure attachment appeared to have a strong emotional bond with their parents, while children who experience insecure attachment exhibited weak emotional bonds with parents (Ainsworth, 1967).

Hazen and Shaver studied the attachment theory to see how securing attachments would benefit its utilizer. Using adult couples, they wanted to see if attachment made a difference in relationships and self-esteem. Hazen and Shaver saw a correlation between early childhood attachment to relationships in adulthood (Hazen & Shaver, 1994). Those who experienced secure early childhood attachment with their primary caregivers experienced healthier and more satisfying adult relationships compared to those who had an insecure attachment in early childhood (Hazen & Shaver, 1994). The attachment theory provides a theoretical foundation for human development, and it is an important theory that can help frame and shape the reentry process.

Solution Focused Theory

Solution Focused Theory (SFT) offers a very practical theoretical framework in servicing the formerly incarcerated population. SFT was developed in the early 1980s by Insoo Kim Berg, Steve de Shazer, and their associates from the Brief Family Therapy Center in Milwaukee (Turner, 2017). The ultimate goal of the SFT is to focus on what participants can do rather than what participants cannot do. SFT utilizes a motivational technique to help individuals work on the “here and now” (Turner, 2017) rather than focus on past failures that could deter any motivation for change. SFT truly believes that the past does not need to define anyone.

Collateral consequences often remind the reentrants of their past, and SFT offers a framework for recognizing strengths and using them to move toward a positive solution. Social workers who serve this population can use SFT to facilitate self-discovery and ownership of strengths in overcoming obstacles and challenges. SFT emphasizes collaboration rather than confrontation (Corcoran & Pillai, 2009), which encourages creating a safe and supportive environment between social workers and clients that is conducive to building rapport, attachment, and trust, which are critical to a positive outcome.

Summary

An incarceration is a life-altering event with many repercussions. Those who reenter society after a time of confinement need help integrating back into

society. While various types of reentry programs exist, this study purposes to explore participants' perception of faith-based reentry programs on creating individual change, mitigating the impact of collateral consequences and reducing recidivism. Faith-based reentry programs are positioned to address the whole-person needs of reentrants, which can be more comprehensive in its service compared to only skill-focused reentry programs. The Attachment Theory and Solution Focused Theory address the fundamental needs of reentrants to bond again with families and communities after release and moving forward with their lives rather than reliving the past. This study will provide social workers with insight that would be useful in future reentry program development and supportive services provision.

CHAPTER THREE

METHODS

Introduction

This qualitative research study seeks to explore and understand the role and impact of faith-based reentry programs on the lives of the formerly incarcerated individuals. This chapter explains in detail how this study will be conducted. The chapter contains a detailed description of the study design, sampling, data collection and instruments, procedures, and protection of human subjects.

Study Design

The purpose of this study is to explore the perception of the formerly incarcerated individuals who have completed a long-term faith-based treatment program and to examine their understanding of the contributing factors that led to individual change, mitigating collateral consequences, and experiencing successful reentry. In addition, the research explores the role of spirituality in overcoming barriers to reentry. This type of exploratory study will contribute toward social work practice within reentry and forensic setting. Currently, there is a lack of literature reviews that offer perspectives of those who have completed faith-based reentry programs. The primary tool used to collect data will consist of

using open-ended questions in face-to-face interviews with ten male participants who completed long-term faith-based reentry programs.

The strengths of using a qualitative and exploratory research design are two folds: 1) The open-ended interview offers participants the freedom to answer questions from their perspective, and this modality communicates to the participants that their experiences and perspectives are valuable to research. 2) Compared to choosing answers from a regulated questionnaire, this approach mitigates implicit bias of the researcher and offers opportunities for discovery for the research community. Since faith-based reentry programs, and the role of spirituality in the programs are currently overlooked in the field of social work, this study seeks to gain any new insights that would benefit the community of reentry programs and our understanding of reentry as a whole.

The limitation of using face-to-face interviews for this study is that it does not allow for anonymity, as participants will answer questions in front of two researchers. In addition, social desirability may play a factor in how participants answer the questions by either building-up the faith-based element or downplaying their past, muddling the overall understanding of the impact that faith-based programs have on overcoming reentry barriers. Qualitative data by design cannot show causality; therefore, the intention of this study is to explore, identify, examine, and understand as many contributing factors that faith-based programs offer the participants toward successful reentry.

Sampling

This case study used non-random purposive sampling of formerly incarcerated individuals who completed a long-term, faith-based treatment program, and successfully reentered society as productive members. The participants will be recruited from word of mouth through various connections of the researchers. The recruited participants have not returned back to jail or prison, and the participants stayed drug and alcohol free since entering the faith-based treatment facility. After completion of the program, these individuals established a place to live, whether it be on their own or with family members. Ten male participants were chosen for this research to explore how their participation in the faith-based programs helped them to overcome their past and to examine the role of spirituality/faith in overcoming barriers.

Data Collection and Instruments

The qualitative data will be collected via face-to-face interviews of ten participants between January 2020 to March 2020. Each interview will begin with an introduction and a description of the purpose of the study. The demographic information collected for this research will consist of the following: age, gender identification, race, ethnicity, marital status, level of completed education, employment status, how many years' drug and/or alcohol free, how many times in jail and/or prison, and how many reentry programs the participant has completed. Although some of the topics will be asked for the purpose of

gathering demographic data, it is important to note that some questions will be asked more extensively during the interview process to have a better picture of the lived experiences of the participants in various reentry programs.

Using the interview guide sheet in Appendix A, the researchers will conduct one on one interviews with each participant. The interview guide sheet has been developed specifically for this research study for the purpose of gathering unique perspectives of the participants and their reflection and understanding of their successful reentry.

The interview guideline explores three domains of participant's reentry. The first domain examines the participant's life before incarceration. The researchers felt that understanding the life history and some factors that led to crime and incarceration are important in understanding their reentry and participation in a faith-based program. The second domain explores the factors that guided them in deciding to enter a faith-based program. The participants will be asked to describe various reentry programs they have participated in and the reasons for why they chose a faith-based program. The third domain explores their perception of the factors that contributed to successful reentry and the unique role that faith-based programs play among existing reentry programs. In this section, the researchers will gather information regarding the participant's feelings and thoughts about spirituality/faith, the role that it played and perhaps continues to play in their lives, and the factors that contributed to their success and their attitudes toward faith-based reentry programs.

Procedures

The research participants will be recruited by word of mouth through personal connections that one of the researchers has among the formerly incarcerated population who have completed long-term faith-based reentry program. Each participating individual has successfully reintegrated to the society and has not experienced recidivism since the completion of the long-term faith-based program. The researchers will contact each participant to set-up a face to face interview in a location convenient for the interviewee and the researchers and an environment conducive for an interview.

The interview will begin with a brief introduction and an explanation of the informed consent and confidentiality. The participants will be given an opportunity to ask any questions regarding consent and confidentiality. The researchers will reassure the participants of their anonymity, and the consent form will be signed and collected. The audio recording device will start, and the interview will begin. The interview will last between 20 minutes to 30 minutes. At the close of the interview, participants will be thanked with a \$10 gift card.

Protection of Human Subjects

The identity of all of the participants in this study will be kept strictly confidential from anyone outside of the research. Each face-to-face interview will be held in a location to be determined that has a private office space with closed door to ensure the anonymity of everyone involved in the research, as well as a

clear audio recording of the interview. Participants will be reminded not to not use the names of any program or individuals that have helped them in their recovery and reentry. Pseudonyms such as program or counselor will be sufficient when addressing entities or persons that have helped them in their process.

Prior to the start of the interview, every participant will read and sign the informed consent (Appendix B), as well as consent to be audio recorded. The audio recording of the interview will be stored in a USB drive and kept in a Locking Document Security HIPAA bag in a locked drawer. Pseudonyms used for participants will be assigned numbers to ensure no possibility of identification of participants. All the data collected during the face-to-face interview, including documentation and audio recordings, will be destroyed after one year of the completion of the study.

Data Analysis

Data analysis for this explorative study consisted of both researchers transcribing the audio recordings into paper transcripts. The data was then coded and identified into themes consisting of people, places, things, and ideas. The concepts that are expected to develop are: role of faith, process of change and recovery, and influencing factors in successful reintegration. Other variables that were identified and coded were concrete artifacts that exemplified life prior to faith-based program and abstract artifacts often associated with life satisfaction, such as purpose, self-worth, love, and relationships.

Summary

This research study will examine individuals that have been formerly incarcerated, and it will explore the factors that contributed to successful reentry and recovery within the context of long-term, faith-based programs. The face-to-face interview process welcomes personal reflection and perspectives from participants, which can provide valuable insights that comes from lived experiences. While quantitative data can give snapshots of overall trends, a qualitative study can offer a more in-depth and a comprehensive picture of the human and system process at work that results in a certain outcome. This qualitative study seeks to offer further insights into the field of treatment programs for the formerly incarcerated and expound on how social work could benefit from implementing a faith/spiritual component into its field of practice.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents the evaluation of the data collected through face-to-face, one-on-one interviews with ten adult males who have experienced incarceration and completed a long-term faith-based reentry program. This section offers a data analysis about the participants' demographics, artifacts, and ideas that emerged regarding the role and impact of a long-term faith-based treatment program for individuals after incarceration. As faith is a subject that can be articulated from many different viewpoints, this study focused on evaluating how the idea of faith prompted change by identifying people, places, artifacts, and ideas presented in the interviews. The data results section will identify four key themes emerged from the study and offer meaning to the qualitative data presented.

Data Analyses

Table 1 of this study provides demographics of ten male adults that ranged from the ages of 32 - 53 years old, and it includes other areas as addressed below. Six of the ten men did not declare having faith before entering the long-term, faith-based treatment program, and every individual that was interviewed documented having anywhere from two to seventeen years clean-

time (drug and/or alcohol free). All men have been incarcerated in the past, and the demographics will show that every participant is working full-time regardless of age, race, level of education, and number of times previously incarcerated.

Tables 2 through 9 of this study delivers information on research categories in areas such as: people, places, artifacts and ideas. The artifacts section is broken down into concrete and abstract artifacts to fully capture and present to the readers the findings resulted from the interviews. All tables and figures that include any quotations are direct expressions from the participants that were interviewed to mitigate any unintended biases from the readers and to misinterpretation of data.

Data Thematic Results

The research question for this study was: What is the role and the impact of long-term, faith-based reentry programs in affecting life change among the formerly incarcerated? This exploratory question aimed to examine the perceptions of those who participated in such a program about its impact in their lives and the role of faith in treatment programs. The main themes and ideas that resulted from the study consisted of the following themes: a lifestyle of drugs and/or alcohol abuse prior to incarceration, the length of time in treatment program is an important factor in the recovery and reentry process, and faith for many is more than an abstract idea, but is attached to a divine person or a higher power fuels them forward in life transformation.

Table 1

<i>Demographic Table</i>	
Demographic	Participant Response
Age	32, 53, 47, 43, 42, 38, 34, 46, 45, 53
Race	Caucasian, Caucasian, Latino/Hispanic, Caucasian, Caucasian, Latino/Hispanic, Latino/Hispanic, Latino/Hispanic, African American, African American
Level of Education	High School Diploma/GED, Bachelor Degree, High School Diploma/GED, High School Diploma/GED, Some College/Associate Degree, Bachelor Degree, Some College/Associate Degree, Graduate Studies or Higher, Some High School, High School Diploma/GED
Employment Status	Full-Time, Full-Time, Full-Time, Full-Time, Full-Time, Full-Time, Full-Time, Full-Time, Full-Time, Full-Time
Number of years drug and/or alcohol free	4, 7, 3, 2, 5, 7, 6, 17, 2, 10
Number of times incarcerated	15-20, 1, 20, 15-20, 3, 4, 4, 4, 5, 20+
How many years have you been free from incarceration?	4, 9, 4, 15, 8, 7, 6, 17, 4, 10
How many drug/alcohol programs have you participated in? Completed?	1/1, 2/2, 4/1, 4/2, 2/1, 2/2, 1/1, 8/4, 2/2, 2/2
How many faith-based programs have you participated in? Completed?	1/1, 1/1, 1/1, 2/2, 1/1, 1/1, 1/1, 2/2, 1/1, 2/1
Prior to incarceration did you identify yourself with a particular religion or faith?	No, No, Christian, Christian, No, No, No, Catholic, Christian, No
Do you currently identify yourself with a particular religion or faith?	Christian, Christian

Table 2

Research Category: People

- God/Higher Power/Jesus Christ
- Mentors and Pastors in the treatment program
- Staff members in the treatment program
- Family Members
 - Children
- Spouse
- Parents
- Siblings
- Extended family
- Peers
 - Fellow participants
 - Gang members
 - Other drug addicts

Table 3

Research Category: Places

- Faith-based treatment program
- Other treatment programs
- Jails
- Prison
- Church
- Homelessness
 - Nowhere to go,
 - Couches
 - Motels
- Workplaces
- College

Table 4

Research Category: Artifacts--Concrete

- Drugs (Meth, opioids, fentanyl, marijuana, cocaine, PCP)
- Alcohol
- Clothes
- Food
- Certificates and diplomas (degrees)
- House
- Vehicle
- Bicycle
- DUI
- Breathalyzer
- Court fines
- Child Support Arrears
- Money and Savings
- Meetings and classes in the treatment program (Narcotics Anonymous (NA), Alcoholic Anonymous (AA), Cocaine Anonymous (CA), H&I Panels)
- Work
 - Construction
 - Electrical foreman
 - Tagger in a thrift store
 - Crew lead
 - Government jobs
 - Church job

Table 5

Research Category: Artifacts --Abstract

- Pride
- Broken relationships
- Depression
- Bipolarism
- Identity/Self-worth
- Relationship
- Love
- Purpose/Goals
- Peace of mind
- Faith
- Hope
- New way of thinking
- Counseling
- Recovery and sobriety
- Marriage
- Fatherhood
- Stable family life
- Transformation
- Length of the faith-based treatment program
- Accountability
- Miracles
- Building a foundation
- Life skills
- Choice
- Better life

Interviewees' Responses Pertinent to Research

The following information is pertinent to this study, and it involved personal communication directly from the interviewees during the interview process.

View of Faith-Based Treatment Prior to Incarceration

(Personal Communication, Participant 2, February 2020)

- “It was completely successful because it did something, I didn’t think it had a chance of doing. I didn’t go in there wanting to do what it did to me.”

(Personal Communication, Participant 5, February 2020)

- “And it seemed like the only option was the faith-based treatment center....I was so desperate to get treatment that I decided even though I didn’t believe in God and I knew it was a Christian program that I would try it.”

(Personal Communication, Participant 6, February 2020)

- “...I was in the county jail and they were asking would you like to go to a faith-based program. I said no. Then one of the public defenders, she said why don’t you just fake it to make it? I said okay to the plea and I ended up going to the faith-based program. I see “Jesus is Lord” sign and I said, “Oh man, what did I get myself into now? What am I doing? This is crazy. I was thinking it wouldn’t work for me, and sure enough the best decision I ever made in my life.”

(Personal Communication, Participant 8, February 2020)

- “...If someone like me who pretty much denounced God and you hear faith-based right away, the term was like, “wait, wait, wait, what does that mean?”

Surprising Elements About the Program

(Personal Communication, Participant 4, February 2020)

- “There was a lot of counseling. We had a lot of group counseling, a lot of one on one counseling. There was a lot of conditioning...recondition yourself when you’re in the program. You get reconditioned, go to all these meetings, work, work therapy was a good strength...being able to work eight hours every day and then come home and eat. Then go to meetings and then church, Bible studies...all of it combined makes it really strong.”

(Personal Communication, Participant 8, February 2020)

- “...the fact that the (program), combined, Christian belief system with the traditional 12 step recovery process.... I remember I was very confused about the faith. So when they allowed me to combine Alcoholic Anonymous 12 steps and Narcotics anonymous, I was able to understand that. I could develop who my higher power is and not be like....this is wrong, that's wrong. Don't you need to be 80% narcotics anonymous and 20% Christian. They didn't say that they combined it.....I would tell them, give faith-based a try, be

open minded about what they're about to introduce to you, which is pretty much, you know, God and recovery.”

(Personal Communication, Participant 10, February 2020)

- “Hey man, look, even if you don’t believe in God, you can still go to their program because we have AA, you know, we have process groups, we have group counseling, we have relapse prevention tools. There’s other, other ways you can get help even if you don’t believe in God. And that’s what is important about the [program]. They have a 12 Step program and Christian-based.”

Life Transformation - Pre-Treatment

Drug Use, Incarceration, and Homelessness

(Personal Communication, Participant 2, February 2020)

- “...Alcohol and meth were my drugs...even after prison it wasn’t going to deter me...and I came from what you would more or less called privileged background and I ended up homeless....”

(Personal Communication, Participant 3, February 2020)

- “Dual diagnosis--depression because of bipolarism...I used to use alcohol, marijuana, methamphetamine to be able to help myself get through those depressive cycles and everything....I was in jail and I got out of jail...”

(Personal Communication, Participant 4, February 2020)

- “I mostly did meth..I overdosed on fentanyl. Twice...I had a relapse in 2016. I resigned from my job because I knew I wasn’t going to quit. I cashed out my 401K, and I had like \$40,000, and I just spent it all on drugs for a whole year...and when the money ran out, I was living on the streets. I was homeless for about a good year.”

(Personal Communication, Participant 8, February 2020)

- “a good 11 years of methamphetamine use, alcohol use, cigarette use...I was living a lifestyle of lies, cheating, drugs, and alcohol....And so when that lifestyle led to a federal felony, and I got arrested on the border in 1998, and, at that point I knew that something had to change.....I was homeless too...I would say a good solid two years...”

(Personal Communication, Participant 9, February 2020)

- “weed, cocaine and I'm sure PCP...going to jail back and forth...she (my grandmother) had a house and I was staying in the house and I ended up losing it.”

Life Transformation – Post Treatment

Goals and Purpose

(Personal Communication, Participant 1, February 2020)

- “I’ve never done before is learning how to live a normal life, never even to consider and thinking like long term goals or nothing like that. So, coming out of the faith-based treatment, I got a job right away....I’m paying my own bills, and just doing things that I’ve never attempted to do in my life, 15 years of using drugs.”

(Personal Communication, Participant 7, February 2020)

- “On the faith-based program, it changed my life totally, completely, totally around because before I had nothing to look for. And then once I entered the program and I graduated from the program, I had goals, I had goals for myself and I know what I want to accomplish towards prior. Before I just would just live it day-by-day”

(Personal Communication, Participant 6, February 2020)

- “After being incarcerated and going to a faith-based program, it gave me a purpose. I’ve been able to rekindle my relationships with my kids, my two daughters, my mother, and my family. I went to school. I got an AA and I transferred and got a bachelor’s degree. After that I got married and was able to start a new life over again. And it’s all the grace of God, I have a purpose today.”

Recovery and Change of Mindset

(Personal Communication, Participant 3, February 2020)

- “For me the thing that I overcame the most is I need a drink because I’m having a hard day or I’m having a hard time, I need to smoke or I need to put something in me to make me feel better...”

(Personal Communication, Participant 5, February 2020)

- “I sort of had that perpetual victim mentality where it’s everybody else’s fault. It’s never my fault, you know....at some point in the program, it was like I started to realize that I can’t really blame anybody else for the way my life turned out...I stopped hating myself, that was the biggest hurdle I think in the end was my own view of myself changed.”

(Personal Communication, Participant 6, February 2020)

- “Today, my mindset has changed too. I don’t need a fight...my mindset has shifted....it has shifted a lot from becoming a Christian. Instead of thinking people are trying to punk me and talk down to me, to having another new understanding like people are going through things. I understand that people are going through things. I understand you know that they are hurting and there is something wrong, and I gotta understand these things....”

(Personal Communication, Participant 7, February 2020)

- “The most critical element for my success, the hardest part was for me just admitting that I did have a problem and just knowing that

man I have a problem and just me as a man seeking help from somebody else.”

Critical Elements to Participants' Success

Spiritual Connection with God/Jesus Christ

(Personal Communication, Participant 2, February 2020)

- “It was completely successful because it did something, I didn’t think it had a chance of doing. I didn’t go in there wanting to do what it did to me. I think it introduced me to the Lord. I wouldn’t say I was an atheist as much as an agnostic. I just didn’t know. I was naive and ignorant about it.”

(Personal Communication, Participant 3, February 2020)

- “Doing the treatment program really gave me my spiritual connection to God to heal me, of all, like drugs, alcohol.”

(Personal Communication, Participant 4, February 2020)

- “I lost my 10-year career at ___furniture. I lost some possessions, but looking back, none of those possessions really made me as happy as I am today. It was more having a job and a good income that was an external happiness. But I still had this internal need that wasn’t being met. Like, I was spiritually dead inside...some things I’ve gotten back might be some things I never really had...you see I never really had inner peace...I never really had the true peace of

mind...What is the most valuable thing? (that the faith based program offered you) My relationship with God.”

Connection with Christian Staff Members

(Personal Communication, Participant 6, February 2020)

- “There were Christian men that were put in my life. My God positioned them where they mentored me...The people that I was around were faith based. They showed a lot of love, compassion. They weren’t pushy. They let me develop in a timely manner. They didn’t judge. They were understanding, empathetic.”

(Personal Communication, Participant 7, February 2020)

- “Well, what helped me was a counselor that was in the program. He was there with me all the way and he brought me under his wing and just showed me step by step and that right there was the biggest. So the biggest lesson I ever had, having somebody there to help me with my struggles, you know, I think that was the big, big part of when I was in the program.”

(Personal Communication, Participant 8, February 2020)

- “I think like pastor A, like I want to be him. I want to be that faithful person like him. And I would pretend that I was as faithful as him, but it took time. It was very doubtful that that faith was going to work again in my life.”

Structured Program/ Basic Life Skills

(Personal Communication, Participant 5, February 2020)

- “We had classes a couple of times a week, and we worked, but we had to get our own jobs. They required that we save money, which was awesome because when I left, I had savings.”

(Personal Communication, Participant 6, February 2020)

- “The first year was more like an adjustment....I came to understand how to pay bills, how to pay rent, how to go to school. But then the second year, we needed to find full time work or go to school...”

(Personal Communication, Participant 7, February 2020)

- “I think it was important even though it wasn't at the time, but just those rules and everything that they taught me now I still do them...Rules about putting money away. About going to work and about reading the scriptures about going to church and all those like tithing...basic habits, work ethics too...”

Length of the Treatment Program

(Personal Communication, Participant 4, February 2020)

- “I think it was important because when you've been using a lot of narcotics or opiates or whatever your choice is, it takes some time for that to get out of your system. And then it also takes some time to recondition yourself to a different way of living...”

(Personal Communication, Participant 5, February 2020)

- “I just spent a total of two years in treatment and I think it made all the difference for me. You know, I think if it would have been like a three-month program, and I turned right back around and was out needing to be accountable for myself again, I don’t know if I would’ve been successful.”

(Personal Communication, Participant 8, February 2020)

- “Some weaknesses, I would say is time. Six months, I was just building that faith right at the end of the six months. I was just getting in there. I would say maybe they extend it to a nine-month program. I think that's a major weakness is that it's six months. For somebody like me, I don't think it was enough. Luckily, I had an option. This was a Path to Prosperity, but the Path to Prosperity aftercare program.”

(Personal Communication, Participant 10, February 2020)

- “So, uh, the length of the program was important for me as far as not going back to where I was before because I could have gone back to my family, but because I didn’t want to do that. Having a program to go to to get that extensive treatment, it was important”

Faith

(Personal Communication, Participant 2, February 2020)

- “Faith means to me getting to know my Lord and Savior Jesus, but faith, the term faith could mean believing in something that you don’t see. Believing in something that’s not tangible in a lot of ways. For me, one of my first things of faith was that life can be found without drugs and alcohol.”

(Personal Communication, Participant 7, February 2020)

- “Faith is just trusting...I can't see the Lord but just having that faith that He will be there and help you and I have that faith because I see the way He changed my life without even meeting Him.”

(Personal Communication, Participant 8, February 2020)

- “I understand that Jesus Christ died for me on a cross and he did it for me. So, all he asks is that I believe in it. I believe in his purpose....faith means that I understand that there was a purpose for me a long time ago and all I gotta do is believe and follow His way. Faith was confusing to me in the treatment program because remember I said I wasn't in tune with God and I was anti-God and, and so faith was very confusing to me. It was, it was intimidating to me...”

(Personal Communication, Participant 10, February 2020)

- “Faith means knowing something is there, even when you can’t see it, I believe that something’s going to happen even if I don’t know what’s going to happen yet... “faith” is the substance of things

hoped for and the evidence of things unseen. You can't see it, but it's going to happen.”

Summary

The qualitative study of ten formerly incarcerated individuals completing a long-term, faith-based treatment program was categorized into people, place, artifacts, and ideas. From these categories, more in-depth thematic analysis was developed to explore how these items affected and represented outcome of life change. The data was collected through interview transcripts, and tables were created to assist in analysis. A more in-depth examination on the interviewees' perception of the role of faith and life change will be provided in the next section of this study.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the key findings and themes present in the data regarding the perceptions of the role and impact that long-term faith-based treatment programs have had on the lives of interviewees after incarceration. In particular, four key themes will be discussed in detail: view of faith-based program, attributes of life transformation, the critical elements to participants' success, and the role and definition of faith. Each key theme will be discussed in detail to show support of the results, to highlight any unanticipated results, and address any limitations to the study. In addition, implications and recommendations for how to apply these findings to social work will be discussed.

Discussion

View of Faith-Based Treatment Program

The qualitative study found that the initial perception that the interviewees had upon hearing the term “faith-based program” were negative as evidenced in the interviewees' responses in Table 1. The term “faith-based” was associated with a particular religion, in this case Christianity, or a belief in God. These associations triggered negative reactions for these men before they entered the

treatment facility. While many entered the faith-based program as their last option and out of desperation, the findings showed that their perception of the faith-based program changed after their participation and completion of the program. While they were not seeking a spiritual renewal, or even expecting that the program can make a difference in their lives, these participants found the faith-based program extremely effective in helping them to leave their criminogenic lifestyle and reintegrating back into society.

Interestingly, the faith-based program that these individuals participated in embraced and utilized multiple modalities of treatment. The findings in Chapter Four's section "Surprising Elements About the Program," shows that while spirituality and faith were critical components in the program by structuring in Bible studies and church service, the faith-based programs also utilized other therapeutic interventions and modalities, such as counseling, 12-step programs, work, and group counseling. This finding suggests that the term "faith-based" program does not necessarily indicate limitation in the use and practice of other therapeutic and intervention tools, as evidenced from an interviewees response:

Hey man, look, even if you don't believe in God, you can still go to their program because we have AA, you know, we have process groups, we have group counseling, we have relapse prevention tools. There's other, other ways you can get help even if you don't believe in God. And that's what is important about [this program].

They have a 12 Step program and Christian-based (Personal Communication, Participant 10, February 2020).

The findings suggest that faith-based treatment program's integration of other recovery programs, such as Narcotics and Alcoholic Anonymous is perceived by participants as holistic and person-centered as referenced by one of the participants:

...the fact that the (program), combined, Christian belief system with the traditional 12 step recovery process.... So when they allowed me to combine Alcoholic Anonymous, 12 steps, and Narcotics anonymous, I was able to understand that. I could develop who my higher power is and not be like...this is wrong, that's wrong. Don't you need to be 80% Narcotics Anonymous and 20% Christian. They didn't say that they combined it...I would tell them, give faith-based a try. Be open-minded about what they're about to introduce to you, which is pretty much, you know, God and recovery (Personal Communication, Participant 8, February 2020).

The findings in the category "view of faith-based program" suggests that there might be a misunderstanding of how faith-based programs function, how they incorporate faith/spirituality and other tools within their programs, and their approach to faith. The study seems to indicate that while faith/spirituality may not be something that people seek out on their own due to personal biases or negative feelings attached, faith/spirituality is an important and perhaps a

mysteriously critical component in a treatment program that needs further exploration. While many interviewees came to the faith-based program doubtful, skeptical, and as their last available option, they left the program grateful to have participated in it, and now the participants promote the faith element among their peers and family members.

Life Transformation

Two main themes emerged from the study in the impact of the faith-based programs. Besides leaving a lifestyle of drug use, homelessness, and incarceration, two common themes of finding goals and purpose in life, and experiencing a change in mindset emerged throughout the interviews. Key ideas such as “never even considered, lived my life day by day, never attempted to do, perpetual victim mentality” described life prior to the treatment program. In contrast, keywords like “goals, accomplish, purpose, mindset changed, and view of self-changed” emerged to describe life during and post treatment.

While behavior change is something that treatment programs hope to see, these results might imply that sustained criminogenic behavioral changes occur when individuals find purpose, goals, and a different kind of mindset. The idea of purpose, goals, and a change in thinking pattern can show up in concrete ways in behavior, they are also more abstract and the process of change has a mysterious element that may not be always quantifiable or measurable while occurring. One of the participants noted, they did not come to the faith-based treatment program “wanting to do what it did to me” (Personal Communication,

Participant 2, February 2020). The following section explores the participants' perspective on the influencing factors that contributed to their life change and successful reintegration.

Critical Elements to Participant's Success

This category reflects the interviewees perceptions of the critical factors that contributed to their life change. While each person can speak only for themselves and their experiences, the study discovered overlapping themes in this category. The four overlapping factors consisted of: spiritual connection with God, connection with Christian staff members, a willingness to submit to the regimented structure and rules, and the length of the program as evidenced in the section of Chapter Four "Critical Elements to Participants' Success."

Connection/Attachment--God and People

The findings in this category suggest that connection is key to successful recovery and reentry after incarceration. Some members attributed their connection to God as being the most valuable thing they received from their participation in the faith-based program as evidenced in an interviewee's response, "Doing the treatment program really gave me my spiritual connection to God to heal me, of all, like drugs, alcohol" (Personal Communication, Participant 3, February 2020), and Interviewee #4 commented:

...I was spiritually dead inside...some things I've gotten back might be some things I never really had....you see I never really had inner peace...I never really had the true peace of mind...What is the most

valuable thing? (that the faith based program offered you) My relationship with God (Personal Communication, Participant 4, February 2020).

Others attributed the connections that they made with staff members within the faith-based program as critical factors to their successful reentry. Key words such as “Christian men, a counselor in the program, Pastor A,” suggests that connection with particular people in the programs are important to participants’ success while in the programs. In addition, specific characteristics were associated with these individuals with whom personal connections were made, as provided in Chapter Four’s section “Connection With Christian Staff Members” “showed a lot of love, weren’t pushy, didn’t judge, were understanding, empathetic, with me all the way, and brought me under his wings, there to help me with my struggles, and faithful”

These findings suggest the relevance of the Attachment Theory and its role in the faith-based program. Bowlby (1951) noted that attachment is not only critical to the survival of human beings but also to growing into healthy human beings. This attachment in relationship can be with another human or an essential factor within the environment (Turner, 2017). The participants attributed their relationship with God and certain members in the faith-based program as critical factors to their success. This finding suggests that further exploration of how the role of connection in faith-based treatment programs might be similar or different from non-faith-based treatment programs might be needed to

understand the level of emotional bond present critical to more satisfying relationships (Turner, 2017).

Submission to Structure and Regimens of the Program

Another critical element that the interviewees mentioned focused on the regimented structures that were in place in the faith-based program. Classes, church service, recovery meetings, work, savings, and dress-codes were all an important part of their day-to-day journey to adjusting and learning to live a normal life outside of incarceration and apart from addiction as evidenced in the section of “Structured Program Basic Life Skills” of Chapter Four. Languages such as “they required,” “we needed to find full-time work or go to school,” “just those rules,” suggests that the faith-based program required adherence to the rules and structures of the program by participants, even if they thought “it wasn’t important at the time.” The requirements such as saving money, working, and going to church were not liked or appreciated initially by the participants, the element of its necessity and gratitude for its place in the program could be seen in the responses. This finding suggests that perhaps the level of buy-in and submission to the structures and regulations of the faith-based program might be indicators of whether the participants will leave their criminogenic mindset and lifestyle after the completion of the program. This idea will need further exploration and research to see if there is a correlation between faith-based and its overall structure.

Length of the Program

The study also showed that the participants perceived the length of the faith-based treatment program as an important factor in their success. The faith-based program in which these men participated offered two phases. Phase one of the program lasted six months, and the second phase lasted anywhere between 6 months to two years. All the interviewees had addiction to substance use prior to incarceration and just before entering the faith-based facility as evidenced in Interviewee #4's reply, "I think it was important because when you've been using a lot of narcotics or opiates or whatever your choice is, it takes some time for that to get out of your system" (Personal Communication, Participant 4, February 2020).

The length of time in the treatment program seems to suggest that individuals who have experienced substance addiction and incarceration might benefit from longer time in the treatment program. Interviewee #4 noted, "...it also takes some time to recondition yourself to a different way of living" (Personal Communication, Participant 4, February 2020). While there might be benefits to short-term treatment options, the participants in the long-term faith-based programs attributed the longer length of time in treatment was critical to their success, as evidenced by Interviewee #5 "I just spent a total of two years in treatment and I think it made all the difference for me" (Personal Communication, Participant 5, February 2020). Interviewee #8 reiterated a similar sentiment, "[S]ix months. For somebody like me, I don't think it was enough. Luckily I had an

option. This was...the aftercare program” (Personal Communication, Participant 8, February 2020) The idea of accountability, reconditioning to a different way of living, and having a place that is different from where one came from were all important factors to the participants in their journey.

In addition, the length of the program had a determinant factor in not only helping to lessen recidivating, but it also helped individuals to overcome some collateral consequences as expressed in Table 4 which consists of concrete artifacts in the research. Collateral consequences are the repercussions that formerly incarcerated individuals face once they are released from incarceration. Table 4 identifies some of the collateral consequences as DUI classes, court fines, child support arrears, and employment opportunities. The longer phase of the program allowed men to overcome some of their collateral consequences with the support of staff still present, and this seemed to promote assurance that barriers could be overcome with diligence and faith.

Faith

The theme of faith is central and pervasive throughout the interviews. While faith is difficult to define and subject to many different interpretations, the participants in long-term, faith-based treatment programs defined faith in two ways. The first as a relationship and trust in a divine being (God or Jesus Christ) who cannot be seen or touched, and a belief in something that is intangible--such as life without drugs, a life without purpose. The element that is most striking in

their definition of faith is a sense of assurance and confidence that what is unseen and intangible is real and worth believing. Interviewee #2 explained it as:

Faith means to me getting to know my Lord and Savior Jesus, but faith, the term faith could mean believing in something that you don't see. Believing in something that's not tangible in a lot of ways. For me, one of my first things of faith was that life can be found without drugs and alcohol. (Personal Communication, Participant 2, February 2020)

Interviewee #7 noted, "Faith is just trusting...I can't see the Lord but just having that faith that He will be there and help you and I have that faith because I see the way He changed my life without even meeting Him" (Personal Communication, Participant 7, February 2020).

Faith is defined in *Merriam-Webster Dictionary* as 1a: allegiance to duty or a person...[and] 2a: belief and trust in and loyalty to God ("faith," n.d.).

Interviewee # 10 noted:

Faith means knowing something is there, even when you can't see it, I believe that something's going to happen even if I don't know what's going to happen yet... "faith" is the substance of things hoped for and the evidence of things unseen. You can't see it, but it's going to happen. (Personal Communication, Participant 10, February 2020)

This interpretation and definition appears in a book of the Bible, “Now faith is the substance of things hoped for, the evidence of things not seen” (Hebrews 11:1, New Living Translation). As noted in Table 1 Demographics, the majority of the participants went into the faith-based treatment program not seeking any religious or spiritual experience. As interviewee #8 said:

Faith was confusing to me in the treatment program because remember I said I wasn't in tune with God, and I was anti-God and, and so faith was very confusing to me. It was intimidating to me...(Personal Communication, Participant 8, February 2020)

While initially faith was confusing, interviewee #8 explains that “faith means that I understand that there was a purpose for me. I can't see it. Can't smell it, but feeling it inside. Somewhere in between my heart and my brain. That's where faith lies” (Personal Communication, Participant 8, February 2020) The findings suggest the role of faith as a mysterious, intangible, yet a real and powerful agent in treatment programs for the formerly incarcerated.

Recommendations for Social Work Practice, Policy, and Research

Research

The research study focused on exploring how individuals who participated in long-term treatment programs with the faith-component perceived life change. Similar to the limitations of many qualitative research studies, this research study is limited by its small sample sizes, selection bias, and non-generalizability of

findings. For future research, the study can include individuals from a variety of faiths and faith-based programs from many different geographical areas to diversify the sample selection and increase sample size. Also, a quantitative pre-program survey would be beneficial in gathering a large pool of individual's views about faith before entering the faith-based treatment, as this might add to the validity of the study. As noted earlier, our sample size provided information in which forty percent of the men went into faith-based treatment identifying with a Christian faith, and after treatment 100% of the men identified with a Christian faith. Larger quantitative samples might provide a better picture of the role and impact that faith-based programs have in connecting people to faith and spirituality that leads to better life outcomes.

In addition, a comparative qualitative study exploring the perceptions of individuals who successfully completed faith-based programs and aligns oneself to a particular religion with those who completed, but do not align themselves with a particular religion would offer further insight into how people perceive faith and its role in treatment programs. Further research on looking at how faith/spirituality functions as protective factors in people's lives might shed information on the importance of faith and how it is apprehended in the lives of people to bring positive outcomes. In relation to social workers and professionals in the field, further research in looking at the impact of individuals who are hesitant or reluctant to bring faith into therapeutic relationships and how it affects those who are in the recovery process might shed insight into where

faith/spirituality fits in therapeutic relationships and a person's journey in recovery and reintegration to life.

Social Work Practice and Policy

Faith-based treatment programs are similar and different from many treatment programs. While some of the programmatic structures and utilization of specific modalities may differ within faith-based programs, most faith-based programs prioritize and emphasize the importance of faith or spirituality in its programs. The category of faith suggests that it is important to the recovery process because it gives hope and an understanding that even though individuals cannot see what the future looks like, it can be seen through other people's actions and testimonies. The role of faith and God were emphasized as critical to the lives of the interviewees today, and relationship with God or Jesus as something most valuable that they have gained. The level of importance that these participants have put on the role of faith/spirituality suggests that faith/spirituality might be a subject of importance in treatment and in therapeutic settings, and that social workers should have some category for exploring this topic with their clients.

College and universities offering social work programs might want to consider offering classes that explore faith and spirituality and its implication, use, and relevance in micro, mezzo, and macro social work settings. The ten male participants all identified Christian mentality and practices important to reshaping their criminogenic mindset and behaviors to a new mindset that has

allowed for them to reconnect with society and live differently from their past. While social work practices offer many evidence-based theories and interventions, the field has not offered very much in regards to how faith interacts with such theories and interventions in people's lives. One of the core competencies of the social work field is to engage diversity and differences in practice (NASW, 2017).

The exploration of faith/spirituality in social work has been silently discouraged through lack of exploration and discussion, but it is important to ask the question of whether the lack of engagement with faith/spirituality might diminish social workers' ability to engage diversity and differences in practice. The field of social work prides itself in adhering to the six core values within the Code of Ethics, of which one is competence (NASW, 2017). Competence means that social workers "strive to increase their professional knowledge and skills and to apply them in practice (NASW, 2017)." It is important to ask if there is a possibility that through silent omission of exploration of faith/spirituality in the field of social work might lead to lack of competence in service of our clients. In many ways, exploring faith/spirituality in the field of social work opens opportunities for social workers to engage in diversity and differences and invites us to grow in knowledge and in skills in areas that are complex and mysterious at times. Faith/spirituality invites social workers to see and treat human beings with a whole-person perspective. Faith-based treatment programs in this study have shown that a whole-person centered, strength-based, and solution-focused

approach does not mean that faith cannot coexist with these treatment tools and approaches.

Conclusions

The results and discussions of this research has shown that long-term, faith-based treatment programs offered to the formerly incarcerated can have a tremendous impact in an individual's life by connecting them to God or a higher power who is caring, to a group of people who have left a past filled with drugs and crime, and to a life with purpose. Contrary to the negative attitudes and hesitations that participants initially had about faith-based programs, they found the treatment programs to be open-minded, caring, and offering various treatment modalities in conjunction with the faith component. Many of the men went in having had no prior belief or a religion, and left the treatment program having a relationship and belief in God/Jesus Christ/Higher Power. The length of the programs gave time that is critical to the change process, solidifying new learned behaviors, thought patterns, and life skills. For these men, there is no doubt that the faith-component in the treatment programs sealed their new way of life, which continues to be lived today. Faith/spirituality cannot be quantifiable or measurable, but the power of it can be seen in the lives changed from the men who participated in this study.

APPENDIX A
INFORMED CONSENT FORM

The Role and Impact of Long-Term, Faith-Based Reentry Programs After Incarceration

The study in which you are being asked to participate is designed to learn more about the experiences of male adults who received long-term, faith-based services. This study is being conducted by Dr. Thomas Davis, Professor of Social Work, Rebecca Graf, MSW Student, and Louie Martinez, MSW Student. This study has been approved by the School of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

PURPOSE: This study is seeking to learn more about your experiences while you received long-term, faith-based treatment, and how the program helped you in overcoming barriers to help you become a productive member of society.

DESCRIPTION: Your participation will consist of completing an interview with members of the research team. This interview will be audio recorded, transcribed, and analyzed to see the different ways in which your responses are similar to and different from other participants. You have been identified to participate in this study because you have received services from a long-term, faith-based program, and you have also acclimated into society with a positive regard to doing well.

VOLUNTARY PARTICIPATION & RIGHT TO WITHDRAW: Your participation in this study is voluntary, and you are free to refuse participation or withdraw at any time.

CONFIDENTIALITY: This study is confidential, and all researchers will carefully work to ensure that any identifying information will be kept confidential. Any identifying information, including: informed consent, audio files, transcribed interviews, and analysis, will be kept in a locked room. All electronic data will be password protected, and no identifying information will be divulged about you to anyone outside of the research. The findings of this study will be in a comprehensive group form, and any quotations used from the interviews will not contain any information that will identify you or anyone else. After completion of this study, all information that has been collected will be destroyed.

DURATION: The interviews for this study are expected to take 45-60 minutes, and the researchers will contact you to make accommodations that best suit you as to not inconvenience you.

RISKS: There are no foreseeable risks for you participating in this study, however some of the questions may be emotional in nature and you can choose to not answer the question or stop the interview at any time.

BENEFITS: The findings of this research may bring awareness to how beneficial long-term, faith-based treatment programs are to the betterment of individuals that have been formerly incarcerated.

AUDIO: In order to obtain a valid and reliable data collection, the interviews will be audio recorded for clarity. The recordings will only be studied by the research team for the purpose of this study only. Please mark an "X" on your answer below.

I understand that my interview will be audio recorded and I give consent for the research team to audio record me for research purposes on this study. (Please mark "X" on your answer). YES _____ NO _____.

CONTACT: If you have questions or concerns regarding this research, please contact Dr. Thomas Davis, Professor of Social Work, at tomdavis@csusb.edu or (909) 537-3839.

RESULTS: Results of this study can be located in the CSUSB Library after September 2020.

SIGN: Please place an "X" below if you agree to participate in this study.

Mark X: _____ Date: _____

APPENDIX B
DEMOGRAPHICS

DEMOGRAPHIC SURVEY

1. What is your age? _____
2. What is your Race? (Please Circle). Caucasian Latino/Hispanic
African American Asian/Pacific Islander Multi-Racial Other _____
3. Level of education completed. (Please Circle).
Some High School High School Diploma/GED Some College/Associate
Degree
Bachelor's Degree Graduate Studies or Higher
4. Employment Status? (Please Circle). Part-time Full-time Unemployed
Temporary
5. How many years have you been drug and/or alcohol free? _____
6. How many times have you been incarcerated? _____
7. How many years have you been free from incarceration? _____
8. How many drug and/or alcohol program(s) have you participated? How many did
you complete? _____
9. How many faith-based treatment program(s) have you participated and
completed? _____
 - a. How long was the program? _____
10. Do you currently identify yourself with a particular religion or faith? If yes, which?

11. Prior to incarceration, did you identify yourself with a particular religion/ faith? If
yes, which? _____

APPENDIX C
INTERVIEW QUESTIONS

College of Social and Behavioral Sciences
School of Social Work
Interview Questions

1. How has your life changed post incarceration as a result of your time in the faith-based reentry program?
2. What do you feel has been the most critical element(s) to your success from your participation in the program?
3. Can you describe the circumstances that led you to go to a faith-based treatment program? (i.e. court order, family, influence, personal preference, etc.)
4. As you look back, could you describe some of the most impactful or influential moments of your participation in this faith-based reentry program.
5. What were some of the strengths and weaknesses of the faith-based program?
6. Would you recommend a faith-based program to a formerly incarcerated individual? Why or why not? What would you tell a formerly incarcerated individual who is considering a faith-based program?
7. What does faith mean to you? What did faith mean in the treatment program?
8. How important do you think the length of the faith-based program was to your recovery?
9. What is the most valuable thing that this faith-based program offered you?
10. If there is anything you could change about your faith-based program, what would you want to change?
11. Is there anything that you would like to add that pertains to your experience in the faith-based program and the life change you experienced?

(Developed by Louie Martinez & Rebecca Graf)

APPENDIX D
INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2020-95

Louie Martinez Thomas Davis, Rebecca Graf

CSBS - Social Work

Rectangular Snip

California State University, San Bernardino

5500 University Parkway

San Bernardino, California 92407

Dear Louie Martinez Thomas Davis, Rebecca Graf

Your application to use human subjects, titled "The Role and Impact of Faith Based Reentry Programs After Incarceration" has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of California State University, San Bernardino has determined that your application meets the requirements for exemption from IRB review Federal requirements under 45 CFR 46. As the researcher under the exempt category you do not have to follow the requirements under 45 CFR 46 which requires annual renewal and documentation of written informed consent which are not required for the exempt category. However, exempt status still requires you to attain consent from participants before conducting your research as needed. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or additional approvals which may be required.

Your responsibilities as the researcher/investigator reporting to the IRB Committee the following three requirements highlighted below. Please note failure of the

- Submit a protocol modification (change) form if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before implemented in your study to ensure the risk level to participants has not increased,
- If any unanticipated/adverse events are experienced by subjects during your research, and
- Submit a study closure through the Cayuse IRB submission system when your study has ended.

The protocol modification, adverse/unanticipated event, and closure forms are located in the Cayuse IRB System. If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

Best of luck with your research.

Sincerely,

Donna Garcia

Donna Garcia, Ph.D., IRB Chair
CSUSB Institutional Review Board

DG/MG

A 2020-09-15 10:00:00

REFERENCES

- Ainsworth, M. (1967). *Infancy in Uganda: Infant care and the growth of love*. Baltimore, MD. *John Hopkins University Press*.
- Alaniz, A. (2018). *Socio-demographic and substance use factors that predict recidivism* (Doctoral dissertation). Retrieved from Proquest Database (Accession No. 2059706069).
- American Bar Association. (2018). Collateral consequences of criminal convictions: Judicial bench book. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/251583.pdf>
- Baier, C. & Wright, B. R. E. (2001). If you love me, keep my commandments: A meta-analysis of the effect of religion on crime. *Journal of Research in Crime and Delinquency*, 38, 3-21.
- Bird, M., & Grattet, R. (2015). Policy change and recidivism: The effects of California's realignment and local implementation strategies on rearrest and reconviction. *Sage Publication Journals*, 28(6). Doi: 1177/0887403415604900
- Bowlby, J., & Ainsworth, M. D. S. (1951). *Maternal care and mental health* (Vol. 2). Geneva: World Health Organization.
- California Department of Fair Employment and Housing, (n.d.). Retrieved from <https://www.dfeh.ca.gov/resources/frequently-asked-questions/criminalhistoryinfoinemploymentfaqs/>

- Chatters L. M. (2000). Religion and health: Public health research and practice. *Annual Review of Public Health, 21*(1), 813-841.
- Conrad, A. P. (2017). Professional tools for religiously and spiritually sensitive social work practice. In *Human behavior theory and social work practice* (pp. 63-72). Routledge.
- Corcoran & Pillai (2009). A review of the research on solution-focused therapy. *British Journal of Social Work, 39*(2), 234-242. Doi: 10.1093/bjsw/bcm098
- Daggett, D. M., Camp, S. D., Kwon, O. K., Rosenmerkel, S. P., & Klein-Saffran, J. (2008). Faith-based correctional programming in federal prisons. Factors affecting program completion. *Criminal Justice and Behavior, 35*(7), 848-862. Doi: 10.1177/0093854808317787
- Duwe, G. & King, M. (2013). Can faith-based correctional programs work? An outcome evaluation of the InnerChange Freedom Initiative in Minnesota. *International journal of offender therapy and comparative criminology, 57*(7), 813-841.
- Ellison, C. G. & Levin, J. S. (1998). The religion-health connection: Evidence, theory, and future directions. *Health Education & Behavior, 25*(6), 700-720.
- Faith. (n.d.). In *Merriam-Webster.com dictionary*. Retrieved from <https://www.merriam-webster.com/dictionary/faith>

- Federal Bureau of Prison (2019). Retrieved from https://www.bop.gov/resources/news/20190719_doj_fsa_implement.jsp“justice-involved”
- Finzen, M. E. (2005). Systems of oppression: The collateral consequences of incarceration and their effects on black communities, *Georgetown Journal on Poverty Law & Policy*, 12(2), 299-315.
- Freisthler, M. & Godsey, M. A. (2005). Going home to stay: A review of collateral consequences of conviction, post-incarceration, employment, and recidivism in Ohio. *University of Toledo Law Review*, 36, 525-544.
- George, L. K., Larson, D. B., Koenig, H. G., & McCullough, M. E. (2000) Spirituality and health: What we know, what we need to know. *Journal of Social and Clinical Psychology*, 19(1), 102-116.
- Goffman, A. (2009). On the run: Wanted men in a Philadelphia ghetto. *American Sociological Review*, 74(3), 339-357.
- Hazen, C. & Shaver, P. (1994). Attachment as an organizational framework for research on close relationship. *Psychological Inquiry*, 5, 1-22.
- James, N. (2011, June 1). Offender reentry: Correctional statistics, reintegration into the community, and recidivism. Retrieved from <https://nationalcia.org/wp-content/uploads/Correctional-Statistics-Reintegration-into-the-Community.pdf>
- Johnson, B. R. (2012). Can a faith-based prison reduce recidivism. *Corrections Today*, 73(6), 60-62.

- Jones, T. J. (2002). Neglected by the system: A call for equal treatment for incarcerated fathers and their children—will father absenteeism perpetuate their cycle of criminality? *California Western Law Review*, 39(1), 1-29.
- Katsiyannis, A., Whitford, D. K., Zhang, D., & Gage, N. A. (2018). Adult recidivism in united states: A meta-analysis 1994–2015. *Journal of Child & Family Studies*, 27(3), 686–696. Doi: 10.1007/s10826-017-0945-8
- Laub, J. H. & Sampson, R. J., (2001). Understanding desistance from crime. *The University of Chicago*. 1-74. Doi: 0192-3234/2001/0028-0001
- Logan, W. A. (2013). Informal collateral consequences. *Washington Law Review*, 88(3), 1103-1117. Retrieved from <https://ir.law.fsu.edu/articles/167/>
- MacKenzie, D. L. (2006). *What works in corrections? Reducing the criminal activities of offenders and delinquents*. New York, NY. Cambridge University Press.
- McCullough, M.E. & Willoughby, B. L. (2009). Religion, self-regulation, and self-control: Associations, explanations, and implications. *Psychological Bulletin*, 135(1), 69.
- National Association of Social Workers (2017).
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

- Oxhandler, H. K., Parrish, D. E., Torres, L. R., & Achenbaum, W. A. (2015). The integration of clients' religion and spirituality in social work practice: A national survey. *Social Work, 60*(3), 228-237.
- Perry, B. L. & Morris, E. W. (2014). Suspending progress: collateral consequences of exclusionary punishment in public schools. *American Sociological Review, 79* (6), 1067-1087. Doi: 10.1177/00031224556308
- Petersilia, J. (2001). Prisoner Reentry: Public safety and reintegration challenges. *The Prison Journal, 81*(3), 360.
- Petersilia, J. (2003). What works in prisoner reentry? Reviewing and questioning the evidence. *A Journal of Correctional Philosophy and Practice, 68*(2), 1-10.
- Pew Research Center. (2019). The gap between the number of blacks and whites in prison is shrinking. Retrieved from <https://www.pewresearch.org/fact-tank/2019/04/30/shrinking-gap-between-number-of-blacks-and-whites-in-prison/>
- Pinard, M. (2006). An integrated perspective on the collateral consequences of criminal convictions and reentry issues faced by formerly incarcerated individuals. *Boston University Law Review, 86*(3), 623-690.
- Pinard, M. (2010). Reflections and perspectives on reentry and collateral consequences. *Journal of Criminal Law & Criminology, 100*(3), 1213-1224.

- Roberts, J. (2008). The mythical divide between collateral and direct consequences of criminal convictions: Involuntary commitment of “sexually violent predators”. *Minnesota Law Review*, 93(2), 670-740.
- Roman, C. G., Wolff, A., Correa, V., & Buck, J. (2007). Assessing intermediate outcomes of a faith-based residential prisoner reentry program. *Research On Social Work Practice*, 17(2), 199-215. doi: 10.1177/1049731506295860
- Sawyer & Wagner (March 19, 2019). Mass incarceration: The whole pie 2019. Retrieved from <https://www.prisonpolicy.org/reports/pie2019.html>
- Stanford Criminal Justice Center. (n.d.). Retrieved from <https://law.stanford.edu/stanford-criminal-justice-center-scjcc/california-realignment/>
- The Sentencing Project. (2019). Criminal Justice Facts. Retrieved from <https://www.sentencingproject.org/criminal-justice-facts/>
- White House Fact Sheet. (2007). Retrieved from <https://georgewbush-whitehouse.archives.gov/news/releases/2008/04/20080409-15.html>
- Turanovic, J. J., Rodriguez, N., & Pratt, T. C. (2012). The collateral consequences of incarceration revisited: A qualitative analysis of the effects on caregivers of children of incarcerated parents'. *Criminology*, 50(4), 913-960. Doi: doi.org/10.1111/j.1745-9125.012.00283.x
- Turner, F. J. (2017). *Social work treatment*. New York, NY: Oxford University Press.

United States Department of Justice. (2019). Prisoners and Prisoner Re-Entry.

Retrieved from https://www.justice.gov/archive/fbci/progmenu_reentry.html

Visher, C. A., Lattimore, P. K., Barrick, K., & Tueller, S. (2017). Evaluating the long-term effects of prisoner reentry services on recidivism: What types of services matter?. *Justice Quarterly*, 34(1), 136-165.

ASSIGNED RESPONSIBILITIES

Both researchers working on this project have operated diligently to divide the research responsibilities in a way that was equally distributed. The researchers corresponded in-person, by email, by text, and through phone conversations so that the correct information could be distributed for the most beneficial outcome towards the research. In addition, an electronic document was created so that both researchers could have access to it at any time, and this attributed towards ease in the researchers understanding what exactly needed to be completed.