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Fathers' Perspectives on the Role of Spirituality in Substance Misuse Disorder Treatment and Engaging with Their Children

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FATHERS' PERSPECTIVES ON THE ROLE OF SPIRITUALITY IN SUBSTANCE MISUSE DISORDER TREATMENT AND ENGAGING WITH THEIR CHILDREN

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DISSERTATION

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A Dissertation submitted in partial fulfillment of the

requirements for the degree of Doctor of Philosophy in the

College of Social Work at the University of Kentucky

By

Kendra M. Eubank

Lexington, Kentucky

Director: Antonio Garcia, Professor of Social Work

Lexington, Kentucky

2024

ABSTRACT OF DISSERTATION

FATHERS' PERSPECTIVES ON THE ROLE OF SPIRITUALITY IN SUBSTANCE MISUSE DISORDER TREATMENT AND ENGAGING WITH THEIR CHILDREN

The father's role and the extent of involvement with his children have shifted over the past several decades. As a result, researchers have made considerable advances in understanding paternal influences on child development and families. However, one under-researched topic is how fathers' substance misuse, and the recovery process may influence father involvement and effective co-parenting, and specifically, how spirituality plays a role in that. In this qualitative study, fourteen participants participated in semi-structured interviews. The data revealed two main themes: 1) pillars of a spiritual awakening and 2) applying spirituality to healthy fatherhood engagement.

These findings led to four interpretations: Faith allowed fathers a second chance at life and a transformation in their recovery; Faith paved a way for fathers to reconnect with their children and enjoy fatherhood; Faith encouraged fathers to build a stronger foundation for their families; and fathers need a range of supports to assist them on their recovery journey, and it is important those are grounded in faith. Such knowledge can contribute to the improvement of substance misuse counseling, the enhancement of family dynamics, and the implementation of diverse supports for fathers undergoing treatment.

KEYWORDS: Fatherhood, Engagement, Substance Misuse Disorder, Spirituality

Kendra M. Eubank_____

March 28, 2024_____

FATHERS' PERSPECTIVES ON THE ROLE OF SPIRITUALITY IN SUBSTANCE
MISUSE DISORDER TREATMENT AND ENGAGING WITH THEIR CHILDREN

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Chapter 1: Introduction

The fathers' role and the extent of involvement with his children have shifted over the past several decades. During early industrialization and urbanization, fathers were identified as sole breadwinners in the public domain (Griswold, 1993). It was in the 1970s that social scientists began focusing on the fathers' role as an active participant in the family unit (Baruch & Barnett, 1979; Blanchard & Biller, 1971; Hamilton, 1977; Lamb, 1975; Russell, 1978). Previously, the research predominantly revolved around the consequences for the children when the father was absent (Biller, 1969; Biller, 1971; Barnett & Baruch, 1987; Carlsmith, 1964; Cowan & Cowan, 1987; Mischel, 1961; Pedersen, 1966). The shift in emphasis from the consequences of absent fathers to the impact of involved fathers proceeded for several years as social scientists focused their attention on fathers having more direct involvement in their children's lives (Lamb, 2010) and continued to examine the fathers' perspective on fatherhood (Roberts et al., 2014).

As a result, a large body of literature has accumulated, and considerable advances have been made in understanding paternal influences on child development and the impact of father involvement on children and families. Cabrera et al. (2018) argued the need for expanding conceptualizations of parenting to include a focus on the father-child relationship. Palkovitz (2019) called for further expansion that would include a complete shift of focus, one that considers the affective, behavioral, and cognitive aspects of fathering for men and the quality of father-child relationships instead of measuring the amount of time fathers are involved.

Statement of the Problem

Researchers have since investigated this concept of father involvement among groups such as divorced fathers (Petren et al., 2021), low-income nonresident fathers (Arditti et al., 2019), young single fathers (Clark & Marteleto, 2015; Neale & Davies, 2016), and men who are incarcerated (Tasca, 2018). However, one under-researched topic related to this concept is how fathers' psychological distress, substance misuse, and the recovery process may influence father involvement and effective co-equal parenting (Bell et al., 2020), and specifically how spirituality plays a role in that process. Another key component of this topic is furthering the understanding of how the systemic and structural barriers impact fathers' ability to engage in healthy co-parenting when attending substance misuse treatment.

While societal norms have begun to promote the engaged father (Brown et al., 2009), stigma still hinders fathers' active participation in their children's life. Public attitudes still view mothers as better than fathers at providing childcare (Parker & Livingston, 2020), and some believe fathers should not have access to paternity leave following the birth or adoption of a child (Horowitz, 2020), further pushing the father outside the lines of parenthood (Amato, 2018). This pattern, also seen in courts where fathers have fewer rights than mothers (Amato, 2018), can develop and continue these adverse attitudes, beliefs, and unfair treatment of fathers. For decades, it has been found that some child welfare workers have continued this unequal treatment of fathers by either disregarding them or completely excluding them (Brewsaugh et al., 2018). Additionally, studies have found similar findings that fathers are often portrayed

negatively (Brewsaugh & Strozier, 2016; Clapton, 2009). Other barriers exist that may include a lack of parenting skills (Roberts et al., 2014), issues with the children's mothers (Fagan & Palkovitz, 2011), and societal impacts such as economic challenges (Coakley, 2013).

With this, there is a call for action. In expanding fatherhood research, specifically in the social work field, Shafer and Bellamy (2016) state that a focus on men and fathers is critical, because:

> (a) it is a social justice issue for men, women, and children; (b) men are underserved by helping professionals, including social workers, particularly in certain contexts and programs; (c) social workers are uniquely positioned to tackle the most pressing problems men face; and (d) social work values suggest that addressing men's issues is necessary to our identity as social workers (p. 199).

Gathering narratives from fathers will aid in capturing a fuller picture of the phenomenon and the role spirituality plays in not only achieving recovery from substance misuse but also how spirituality influenced their father-child relationships and co-parenting. Miller (2015) noted that spirituality is a resource for understanding human development, resilience, and health and is the central organizing principle of inner life. Understanding the path and connection of spirituality to recovery from substance misuse allows researchers and clinicians to also better assist future fathers and clients in creating healthy bonds and relationships within the family unit by lending a strengths-based approach rooted in their spiritual practices.

Purpose Statement

   This study attempts to fill a gap in the literature by exploring fathers' journey from substance misuse to recovery, how spirituality played a role in their recovery, and how the process impacted their role as fathers. This qualitative study aimed not only to understand this journey but also to give fathers a voice in the literature that shares their stories of recovery and reconnection to fatherhood. The research questions guiding this study are: 1) How do fathers enrolled in substance misuse treatment programs describe the role that spirituality plays in their substance misuse treatment and recovery process? 2) How do fathers perceive the role of spirituality in helping them navigate and engage with their children? 3) What additional supports do fathers rely upon during the treatment and recovery process – and to what extent are those supports grounded in spirituality?

Theoretical/Conceptual Framework

   This section will discuss the theoretical frameworks used to structure the present study. The section begins by conceptualizing father involvement and what it means to be an active father. The latter part of the section connects to the central assumption of this study, which is that fathers navigating fatherhood and substance misuse recovery rely on support during their journey. By examining these supports through the ecological models and integrated spirituality, one can understand the connection between the received supports and how these supports impact the ecological levels. In addition to understanding how the father receives support from these systems (e.g., friends, family, community, spiritual connections) from varying levels of the ecological model, it is important to examine what the fathers give back to the systems based on the influence of spirituality being interconnected within the levels. Therefore, interpreting the exchange

between different systems a father engages with during his substance misuse recovery and involvement with his children.

Father Involvement Models

Father involvement is typically measured by whether the father resided in the household with the child and provided some financial assistance (Singley et al., 2018). However, as research on fathers and their role in family dynamics has increased over the past several decades, the operationalization of father involvement has broadened to include multiple dimensions of meaningful contributions by fathers to their children's development. Conceptualizing father involvement has relied on a few models, beginning with Lamb et al.'s (1985) model: (1) engagement, related to the fathers' direct interactions with the child (e.g., caregiving, play); (2) accessibility, referring to the fathers' availability to respond to child requests; and (3) responsibility, concerning involvement in activities without direct interactions (e.g., deciding the child's school, making appointments with doctors or teachers, etc.). McBride and Mills (1993) extended Lamb's model to add subcategories of engagement (defined as using play, functional, parallel, and transitional).

Another model later built upon Lamb et al.'s (1985) version of father involvement is that of Palkovitz (1997). Palkovitz's model conceptualized paternal involvement to include three overlapping domains: cognitive, affective, and behavioral. These are in rebuttal to certain assumptions present at the time, such as more involvement is indefinitely better, involvement with a child must include proximity, involvement must be observed, and involvement is predictable (1997). In addition, the model assesses concurrently occurring continua (e.g., time invested, degree of involvement,

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observability, the salience of involvement, directness, and proximity) and factors

moderating involvement (e.g., individual/personality, interactional context/process, and

meso macro contexts). Lastly, Pleck (2010) proposed a revised conceptualization from

work completed with Lamb (1985). The reconceptualization consisted of three

components: (1) positive engagement activities (helping/teaching, reading/talking, and

indoor and outdoor playing), (2) warmth (frequency of hugging the child, telling the child

they loved them), and responsiveness (making sure that the child is taken care of, and

arranging for resources to be available for the child) and (3) control (having rules about

the child's activities, food, whereabouts, and homework, and discussing these rules). It

also includes two auxiliary domains: (4) indirect care (purchasing and arranging goods

and services for the child) and (5) process responsibility (taking the initiative and

monitoring what is needed). Pleck (2010) argued that this model integrated into the

broader field of parenting research. These properties represent dimensions of

involvement that must be considered when conceptualizing fatherhood, especially when

qualitatively investigating the phenomenon. Moving forward with this current study, the

model presented by Lamb et al. (1985) will be used as the basis for father involvement

and explored in the interview as to how the domains of engagement, accessibility, and

responsibility changed during the fathers' substance misuse recovery and how spirituality

may have impacted the process. Lamb et al. (1985) model was chosen for this study

because it has been the most cited in fatherhood work. Additionally, Lamb et al. (1985)

focus on the developmental aspects of fatherhood and dimensions of fathering behaviors,

while Pleck's (2010) model focuses more on the role of masculinity ideology and how it

influences fatherhood involvement (Pleck, 2007).

A fifth model deserves to be mentioned when defining engagement. As one of the more recent models, Moran et al. (2004) applied a sequential lens visualizing involvement as a three-phase process involving 'getting,' 'keeping,' and 'engaging.' Within this model, Moran et al. (2004) maintained the following moderating factors that impacted parental engagement: practical (accessibility and program marketing), relational (client relationships: attitudes, behaviors, and trust), cultural and contextual (life circumstances: stresses, diversity), strategic (incentives and retention strategies: extrinsic incentives), and structural (considers factors associated with the format of service delivery: format, length, and medium). Although originally created for parenting support programs, this model can be applied to father involvement by considering dimensions that play a part in getting and keeping fathers engaged with their children. Also, since this model aligns with program involvement, it will be important to inquire about the fathers' perspectives on the treatment center they attended and how their peers and staff supported their recovery.

Ecological Systems Theory

Ecological Systems Theory (EST) was created by Urie Bronfenbrenner as a framework for explaining and understanding child and human development (Bronfenbrenner, 1974; 1977). Through this framework, educators and scholars have investigated how development is influenced by everything in a person's surrounding environment and social interactions within that environment (Mahoney & Ettekal, 2017). The environment can be described through five, although interrelated, separate systems (microsystem, mesosystem, ecosystem, macrosystem, and chronosystem). Microsystem relationships are bi-directional and involve parents, siblings, and peers (Mahoney &

Ettekal, 2017). These interactions are personal and crucial for fostering development. The mesosystem is an interaction between two or more microsystems, such as the relationship between family and spiritual beliefs (Mahoney & Ettekal, 2017). The ecosystem involves the workplace, the neighborhood, and even financial difficulties that could occur directly or indirectly to the person, which has the potential to impact their development (Mahoney & Ettekal, 2017). The ecosystem can also be how people interact with other systems, such as government agencies, mass media, social services, and healthcare. The macrosystem focuses on how cultural elements such as socioeconomic status, wealth, poverty, and ethnicity affect a person (Mahoney & Ettekal, 2017). Therefore, the culture individuals are immersed in may influence their beliefs and perceptions about events they experience. The final level is known as the chronosystem. This system consists of all the environmental changes (life transitions or historical events) that occur over the person's lifetime (Mahoney & Ettekal, 2017).

When examining the role of spirituality during substance misuse treatment and recovery, the systems prescribed by Bronfenbrenner's theory must be considered. Each of these systems impacts the other, involving a complex process of interactions within the individual, between the individual, and the environmental settings they are a part of. Gaining information regarding these systems in which fathers engage and the support they receive within the realm of spirituality can then assist in connecting the possible impact it has on father involvement and co-parenting.

Model of Integrated Spirituality

Influenced by Reed's (1992) categories of intrapersonal, interpersonal, and transpersonal connectedness and Delaney's (2005) factors of spirituality, Buck (2006)

created the model of integrated spirituality. Reed (1992) posited that human spirituality was a feature that was made evident by discernable forms of connection between the individual to self (personal integration), between individuals (friendship, trust), and of the individual with transcendent dimensions (mystical experiences). In creating the "Spirituality Scale," Delaney (2005) defined spirituality as a "multidimensional phenomenon that is universally experienced, in part socially constructed, and individually developed throughout the life span" (p. 152). While testing the psychometric characteristics of this scale, Delaney (2005) located three factors of spirituality- self-discovery (intrapersonal), relationships (interpersonal), and eco-awareness (transpersonal). Self-discovery is a spiritual journey that begins with inner reflection and a search for meaning and purpose that eventually leads to growth, healing, and transformation. In relationships, the personal journey connects with others based on deep respect and reverence for life. Eco-awareness encompasses a connection to nature (based on respect and reverence for the environment) to involve a higher power that may or may not include formal religious practices. These domains are interconnected and mutually dependent within an active relationship. Delaney (2005) also concluded that demographic variables (age, gender, culture, and ethnicity) are important influences in the development of spirituality.

Summary of Theoretical Frameworks

The models selected for this study conceptualize how father involvement is influenced by substance misuse treatment and recovery, the role spirituality plays in that process, and the multiple systems with which the father engages. Basing father involvement on Lamb et al.'s (1985) model allows the study to focus on the fundamental

dimensions of fatherhood and how fathers engage with those while attending substance misuse treatment. The ecological systems theory (Bronfenbrenner, 1974; 1977) considers the multiple and intersecting systems the fathers are involved with and how support from each system creates opportunities for fathers to heal and recover from substance misuse. Lastly, the model of integrated spirituality (Buck, 2006) aligns with significant tenets of the ecological model. The multidimensional spiritual model centers on the individual person and expands outwardly to their social and environmental connections with which they interact to create meaning for themselves and the world around them. Additionally, the model intersects with substance misuse by examining the relationship connections that are found to be formed and the journey of self-discovery during recovery. The inner reflection during treatment can overlap with the growth, healing, and transformation process of connecting to a higher power.

Significance of the Study

In addition to considering the aforementioned theoretical and conceptual underpinnings when investigating father involvement, Volling and Cabrera (2019) summarized six core issues for researchers to consider for advancing scholarship on fathering, which included:

Core Issue 1: Emphasize that fathers are important to children's development and researchers need to know they matter to children (p. 112).

Core Issue 2: Use an ecological systems approach and family focus for understanding fathering, mothering, and co-parenting (p. 112).

Core Issue 3: Understand that fathers (and mothers) are part of diverse family and

social systems (p. 113).

Core Issue 4: Consider that the study of fathers may uncover "new" parenting

constructs that predict children's development (p. 113).

Core Issue 5: Consider the sociocultural and global context of parenting and

fathering (p. 114).

Core Issue 6: Develop new assessment tools, expand research questions and

broaden representation (p. 115).

Leading with these core issues and taking heed of Cabrera et al. (2018) and Palkovitz's

(2019) arguments for expanding father research, the proposed study is essential in

pushing the body of literature further. By taking a subpopulation of fathers, those

currently in substance misuse recovery, and conducting interviews to understand the

intersectionality of substance misuse recovery and father involvement, the study will

examine how father-child relationships are forged during challenging times and the

influence of spirituality in shaping these relationships. Furthermore, through expanded

interview questions, the study will examine how engaging in ecological and diverse

systems while attending to recovery may lead to "new" parenting constructs that improve

overall family dynamics. Thus, emergent constructs of father involvement while

improving one's mental health have the potential to be applied to future practice and

research.

When speaking specifically to the social work profession, Shafer and Bellamy

(2016) make a strong case for why advancing fatherhood research is important to social

workers. The mission of the social work profession is rooted in core values that center around social justice. There is also a call to social workers to enhance the lives of others through a commitment to clients and cultural competency (National Association of Social Workers, NASW, 2023). By giving autonomy to these fathers to make meaning of their parenting experience through substance misuse recovery, social workers have the chance to meet them where they are and come alongside them to provide services and assistance in creating healthy families.

Definitions of Terms

Father involvement: Father involvement will be defined using Lamb et al.'s (1985) model: (1) engagement, related to the fathers' direct interactions with the child (e.g., caregiving, play); (2) accessibility, referring to the fathers' availability to respond to child requests; and (3) responsibility, concerning involvement in activities without direct interactions (e.g., deciding the child's school, making appointments with doctors or teachers, etc.). The interview guide will also incorporate these domains by inquiring how they have changed since beginning their recovery.

Substance misuse: Addiction, most recently referred to as substance misuse, is defined as a "disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medicine" (Mayo Clinic, 2022, p. 1). Addiction and substance misuse may be used interchangeably in this manuscript.

Spirituality and Religiosity (Sometimes referred to as faith): While there are several definitions for this concept, for this study, spirituality will be defined as "an inner sense of living relationship to a higher power (God, nature, spirit, universe, the creator, or

whatever your word is for the ultimate living, guiding life-force)" (Miller, 2015, p. 6-7).

Religion (religiosity) is about an organized community of faith with an official creed and

codes of regulatory behavior (Allen & Lo, 2010; Tisdell, 2008). Faith can be

interchangeably used when discussing both concepts; however, faith is defined as "belief,

trust, and obedience, joined together, directed to God or to another divine being"

(McKim, 1996, p. 100).

Resilience: the ability of an individual to bounce back after facing some form of

adversity (Masten, 2014).

Recovery: "a process of change through which individuals improve their health

and wellness, live self-directed lives, and strive to reach their full potential" (Recovery

and Recovery Support, n.d, para. 1).

Chapter Summary

Factors such as cultural, societal, generational fathering, and the relationship with

the child's mother have contributed to the extent of father involvement (Guzzo, 2011;

Roy & Dyson, 2010; Sipsma et al., 2010). Research has also explored the concept of

father involvement across the spectrum of fathers who are considered resident and

nonresident and the impact this has on the child's well-being (Castillo et al., 2011; Coley

& Hernandez, 2006; Hammond et al., 2011; Olmstead et al., 2009). Examining

fatherhood through these perspectives sheds light on the topic but marginally adds to the

scholarly understanding of the involvement of fathers in substance misuse treatment and

recovery. While this population may experience similar issues related to father

involvement, further exploration is needed to understand their specific needs and issues.

This chapter delves into the theoretical underpinnings of the topic, exploring not only the subject itself but also assessing the potential implications of the study. Micro implications are essential in understanding the concept through the lens of the fathers, who are currently engaging in substance misuse treatment and recovery. Using a qualitative approach, themes and possibly new concepts can emerge and provide in-depth clarity to this sub-population of fathers. Meso implications can build a community for this population and strengthen resources within that community. At the same time, on a larger scale (macro), findings from this study can ensure policies for substance misuse treatment resources address fathers and foster child development and well-being. In chapter two, current literature regarding father involvement, the mental well-being of fathers, substance misuse treatment and recovery through spiritual and/or faith-based programming, resiliency, systems that fathers interact with, and the family unit will be addressed.

Chapter 2: Literature Review

This chapter will begin with exploring fatherhood history in more detail, as the fathers' role in the family unit has shifted several times. Next, the implications of father involvement are explored to highlight the importance of being an active father. What is known about a father's mental health and possible connections to substance misuse and the treatment they receive is covered, along with the systems a father might be involved with and barriers they may encounter. Lastly, the concept of spirituality and religiosity in substance misuse treatment is discussed, and an argument is made about the connection between these concepts and the need to explore the phenomenon further.

Historical Context of Shifts in Fatherhood

Society changes have shifted throughout the past several decades, significantly impacting family dynamics and the fathers' role. Fatherhood has always been multifaceted; however, over time, an emphasis has shifted from moral guidance to a focus on breadwinning, sex-role modeling, marital spousal, and nurturance (Lamb, 2000). One aspect of how the American family pivoted this shift was women entering the workforce in more significant numbers. During this time, there was a decline in the proportion of two-parent families in which fathers serve as the sole breadwinner (Hernandez, 1993). Another change that has significantly altered the childrearing environment was the increase in the absence of fathers. In 1960, only 6% of families in the United States were headed by females (United States Bureau of the Census, 1998). According to the 2021 U.S. Census Bureau, about 11 million single-parent families with children under 18, nearly 80%, were headed by single mothers (United States Bureau of

the Census, 2021). This validates Hernandez's (1993) prediction that over 50 percent of children would live with only one parent at some point during their childhood.

Another societal change in the late 1990s was the rise of opioid and other substance-related substance misuse. Fast forward to the present day, there were an estimated 100,306 drug overdose deaths in the United States during a 12-month period ending in April 2021, which was an increase of 28.5% from the previous year (Centers for Disease Control and Prevention, 2021). While it may be challenging to determine how many fathers make up that percentage, Young et al. (2007) found that caregivers' substance abuse accounts for one of the most common reasons a child enters the welfare system in the United States. It is important to note that "71% of preventable opioid deaths occur among those ages 25 to 54" (National Safety Council, n.d, para. 1), which is prime childbearing years. According to data from the National Responsible Fatherhood Clearinghouse (2018) on resident fathers, within the past 12 months, 36% reported binge drinking, 16% reported using marijuana, 3% reported using an illicit substance, and 8% reported misusing or abusing a medication or inhalant. While less is known regarding substance misuse statistics and nonresident fathers, only 20% of individuals in drug treatment are women (Bustamante, 2023), meaning the other 80% are men.

Father Involvement

In this evolving model of fatherhood involvement, fathers are expected to act as income providers and actively engage with their children's day-to-day activities and upbringing (Barbeta & Cano, 2017). Several important factors influencing father involvement in childcare include increased family gender equality. This can be seen by "freeing up" time for mothers to build and sharpen their skills to (re)enter the labor

market and reach their economic potential (Hook, 2006). From a theoretical perspective (found in sociology, psychology, and economics), it is suggested that fathers' time in childcare should be positively associated with child development (Cabrera et al., 2007; Pleck, 2010). For example, children with involved fathers are exposed to more diverse stimuli, which can improve the child's cognitive outcomes (Lamb, 2010).

Studies have identified a relationship between a father's physical and psychological absence and developmental delays (Cabrera et al., 2000) and behavior problems (Lamb et al., 2005) in children. Considerable evidence supports the benefits of father involvement for child development and overall well-being (Carlson & Magnuson, 2011; Pleck, 2010), including improved academic achievement (Flouri & Buchanan, 2004; McLanahan et al., 2013; Miller et al., 2020), social and cognitive skills (Sarkadi et al., 2008), mental health (Flouri & Buchanan, 2003), and self-esteem (Doi et al., 2020). While these positive connections have been well documented, another aspect to consider is a father's own well-being and the impact it can have on the child.

Despite increasing attention to fatherhood and placing more importance on fathers being active in their children's lives, fathers and fathering remain fundamentally overlooked. Institutional policies fail to support superior levels of paternal participation in child-rearing. It is rare to find paid parental leave for fathers, fathers' groups, or employers who support men staying home with their infants and sick children (Sarkadi et al., 2008). While 15% of the general public think fathers should not have access to paternity leave following the birth or adoption of a child (Horowitz, 2017). Research has primarily focused almost exclusively on the mother–child dyad. When fathers are involved, the measures of fathering are often derived from assessments of mothering, not

accounting for the diverse activities in which each parent may engage (Cabrera et al., 2018). Furthermore, little is known about how parenting transpires in diverse cultural contexts and family structures (Ryan et al., 2015). Understanding and expanding each of these areas is needed to know what it means to be a father in this century and to develop best practices to support fathers in their journey to substance misuse recovery and connection to their children.

Mental Health and Substance Misuse

Although a father's mental health may already face challenges upon entering fatherhood, postpartum in fathers can also be difficult and bring about additional concerns for their overall well-being. Research has shown that the prevalence of depression among fathers can range from 2%-50% (Gawlik et al., 2014; Paulson & Bazemore, 2010; Ramchandani, 2011). Additional studies have found men to experience high anxiety levels during and after pregnancy (Cameron et al., 2016; Teixeira et al., 2009; Wee et al., 2015), while another found these symptoms to be strongly linked to preexisting family and relationship factors such as employment, physical health, and quality of relationship with the mother (Luoma et al., 2013). According to a more recent meta-analysis, roughly 13.71 million fathers experience prenatal depression, and 12.29 million experience postpartum depression (Rao et al., 2020). These mental health symptoms can potentially cause personal suffering, impaired functional outcomes, and lower quality of life (Field, 2018). When discussing the Western World, insights into parental postnatal depression are generally associated with higher costs for community care, suggesting that depression may represent a significant public health concern (Edoka et al., 2011). With similar barriers in the United States, the same could be said for

Americans. Furthermore, these depressive symptoms and disorders affecting fathers are linked with an increased risk of interpersonal conflict and greater difficulties in infant temperament (Ramchandani et al., 2011).

The psychological distress a father can experience may also lead to substance misuse. McMahon et al. (2007) found that fathers who use drugs might play a more limited role in their children's lives and provide less support than non-substance-consuming fathers. Further, studies have found that fathers who use drugs are more likely to display aggression (Stover, 2013), have lower sensitivity and empathy (Eiden et al., 2009), have poor problem-solving skills, increased rates of negativity during interactions (Jacob et al., 1991), and more problematic supervision of their children (Fals-Stewart et al., 2004). However, the risk factors for these symptoms may be gender-specific, and the indicators and factors promoting such adjustment may differ between the mother and father (Altemus, 2006; Becker et al., 2017; Condon et al., 2004; Matthey et al., 2000; Skari et al., 2002). Gender differences have been found in paternal depression as well; when compared to maternal depression, men usually have a longer duration and slower remission or recovery (Escribe-Aguir et al., 2008; van den Berg et al., 2009). Studies have shown that men may have more scarce support networks than women, relying primarily on their partners for support (McKenzie et al., 2018). Other gender-specific risk factors for parent distress include men lacking good role models for fathering (Condon et al., 2004), young men having a more idealized view of parenthood compared to young women (Condon et al., 2000), men being more reluctant to pursue help with emotional problems and instead resorting to maladaptive strategies such as alcohol abuse or risk-taking behavior (Condon et al., 2004).

Paternal substance misuse also affects the family unit and has the potential to impact children and their development. For example, paternal substance misuse is associated with family conflict (Kelly & Kowalyszyn, 2003; Lee et al., 2009), partner violence (Saile et al., 2013), low parental warmth (Klevens & Hall, 2014), poor parent-child communication and closeness (Luk et al., 2010; Ohannessian, 2012; Shorey et al., 2013) and less forgiveness and trust in the family (Hill, 2015; Scherer et al., 2012). Furthermore, it can disrupt organization and routines within the family (Bijttebier & Goethals, 2006), cause less family cohesion (Bijttebier & Goethals, 2006; Finan et al., 2015; Scherer et al., 2012; Su et al., 2018), and cause financial stress (Eisenberg, 2019; McMahon et al., 2008). In a recent cross-sectional study regarding parental alcohol abuse and its impact on children, there was a significant correlation between children experiencing a dysfunctional family environment characterized by arguments, tension, conflicts, or poor communication when there were concerns about parental alcohol misuse (Haugland et al., 2021). Fatherhood is increasingly individualized and, to the extent that fathers respond to situational circumstances, is highly reflexive. Therefore, additional research is needed to unpack the relationship between psychological distress and substance misuse in fathers and explore the role spirituality has in managing such symptoms while maintaining healthy relationships with the child.

<div align="center">**Substance Misuse Treatment**</div>

While most research on parental substance misuse and its negative consequences have focused on the maternal standpoint, there has been an increasing amount of attention focusing on fathers' lived experiences with substance misuse. In contrast, Babcock (2008) reports that the father's role in the risk scenario has been reduced to genes,

toxicology, and the quality of his sperm. McMahon and colleagues have investigated this

phenomenon and the limited attention given to being a father while engaging in substance

misuse treatment (McMahon et al., 2005; McMahon et al., 2008; McMahon et al., 2007).

The focus primarily on maternal substance misuse has left a gap in knowledge about how

fathers who misuse substances experience and interpret their parenting roles (Taylor,

2012). Furthermore, it highlights little about best practices for engaging fathers in

parenting and prevention efforts and the barriers this group encounters in accessing

treatment (Lee et al., 2009).

One study by McMahon et al. (2005) showed that approximately 55% of the men

seeking drug abuse treatment for 12 months were the biological fathers of an average of

two children. Another study that examined court-mandated substance abuse treatment

found that 68% of the men had at least one biological child, and 30% had custody of a

child under 18 years old (Stover et al., 2010). According to Stover et al. (2017), national

statistics are not documented for the number of fathers in residential substance misuse

treatment; however, Rubenstein and Stover's (2016) study of two long-term residential

treatment programs found that over 40% of men who entered the program were fathers.

Other individual clinics reported similar findings of 40-60% of their clients reported

being fathers (Stover et al., 2012; Stover et al., 2011). Men who participate in substance

misuse treatment also have uncertainties about their role as fathers. They voice their

uncertainty about their relevance, wonder if they are a burden, and sometimes feel their

children are better off without them (Arenas & Greif, 2000; Soderstrom & Skarderud,

2013). Despite their desires to become better parents, fathers feel unseen by the systems

in which they engage, specifically if they are currently or have been involved with the child welfare system (Brown et al., 2009).

Further studies that have investigated fathers with addiction and substance misuse problems report lower paternal satisfaction, increased feelings of guilt for their parenting, and concern regarding the type of role model that they have been for their children (McMahon et al., 2007; Rubenstein & Stover, 2016; Stover & Kiselica, 2015). Fathers enter treatment for various reasons, but obtaining sobriety for their children is a motivating factor for several (Stover et al., 2019). In fact, Stover et al. (2019) interviewed fathers in a residential substance misuse treatment and found that 95% of participants thought about their children consistently. Additionally, two studies found that fathers would be willing to attend paternity and co-parenting sessions as part of their residential treatment (Stover et al., 2012; Stover et al., 2019). Taylor (2012) found that fathers held well-established perceptions of what qualifies as good parenting and a desire to fulfill their roles as fathers better. This suggests that men are open to interventions that would benefit their relationship with their children while also working on their recovery.

Systemic Barriers

In addition to grappling with substance misuse and addiction, father disengagement could partially be explained by the lack of father-centric resources and services (e.g., parenting support and mentorship) (Kaminski et al., 2008). Kaminski et al. (2008) synthesized 77 evidence-based parenting program evaluations and found that only four were father-specific. Additionally, Lee et al. (2011) conducted three focus groups with 17 fathers, who voiced their concern that father-specific programs were nonexistent. While some literature implies an increase in the promotion of fatherhood programs,

primarily due to more funding and a push from advocacy organizations, few programs

have been established for their innovation and efficacy (Perry, 2011). Establishing

efficacy might be challenging, given that less than 15% of fathers participate in parent

education or behavioral parent training programs (Salinas et al., 2011; Wells et al., 2016).

One downside to these participation challenges in fatherhood programs is their

recruitment strategies. Panter-Brick et al. (2014) systematic review on father participation

and impact in parenting interventions identified seven critical barriers to engaging fathers

in parenting programs: cultural, institutional, professional, operational, content, resource,

and policy considerations in their design and delivery.

Outside of these father-centric programs, another system fathers feel ostracized is

the legal system. While recruiting fathers for parenting programs who are involved in the

legal system is needed and essential to bringing homeostasis back to the family unit,

stigma can also accompany these fathers, inhibiting their full participation and personal

self-growth. Fathers may also refuse to participate in parenting programs because they

fear what others might say or think about them or their children (Ayón et al., 2010;

Bayley et al., 2009). Additionally, fathers fear being ignored/silenced by their case

worker, children being removed or not returned if their case worker does not like them,

and being labeled uncooperative (Ayón et al., 2010).

Further stigma has come from societal perceptions of fathers, specifically the

legal system and child welfare. Traditionally, it has been seen in U.S. society that women

as mothers are the primary parent. This often leaves the father outside the lines of

parenthood (Amato, 2018). This pattern, also seen in courts where fathers have fewer

rights than a woman parent (Amato, 2018), can promote adverse attitudes, beliefs, and

unfair treatment for fathers. For example, child welfare workers have for decades

supported this unfair treatment of fathers by ignoring them or excluding them entirely

from reunification and child service plans (Brewsaugh et al., 2018). Furthermore,

additional studies have found similar findings that fathers are often absent or portrayed

negatively in child welfare texts and literature (Brewsaugh & Strozier, 2016; Clapton,

2009). While the reasoning for the marginalization of men by social welfare workers has

gained little attention, these attitudes may stem from an interplay of racism, sexism, and

biases related to class and culture. In their study, Campbell et al. (2015) found that child

welfare staff did not involve fathers in part due to wanting to respect the mother's wishes

not to contact the father and not upset the household's current family dynamics.

However, Strega et al. (2008) identified possible discrepancies in collecting data about a

father's involvement in child welfare cases, suggesting that a social worker's inability to

contact fathers or accurately follow through with communication may explain the lack of

available information on father engagement.

A lack of father-focused practices and policies does not permeate solely within

the child welfare system. Indeed, the incarceration of fathers is estimated to be between

10 and 15% (Foster & Hagan, 2016; Lee et al., 2013). Using data from the Fragile

Families and Child Well-being study (Wildeman, 2009) found that about 17% of children

by age five had experienced a father's incarceration, and 41% of this sample had

experienced prior paternal imprisonment. Goodman et al. (2017) reported this pattern to

date back to the 1990s when many state governments simultaneously disinvested in

welfare programs while investing massively in imprisonment, in effect doubling down on

disadvantaged families. As these men from disadvantaged backgrounds advance during

early adulthood, their chances of contact with the criminal justice system increase while many become fathers (Woldoff & Washington, 2008). Men involved in crime and the criminal justice system face a higher risk of disengagement from their children (Travis, 2005; Woldoff & Cina, 2007), partially because they are seen as dishonest and unreliable (Lopoo & Western, 2005), while other researchers state a father's contact with their children while incarcerated is dependent on mothers' willingness to facilitate access (Arditti et al., 2005; Cheadle et al., 2010; Nurse, 2004; Roy & Dyson, 2005).

Many forms of bias in the criminal justice system have led to Blacks and Latinos being disproportionately represented throughout the stages of the criminal justice process, leading to incarceration (Weich & Angulo, 2002). This bias is evident by the fact that 12% of all Black children have had a father who was incarcerated, compared to 5% of Latinx and 6% of Caucasian children between 2019-20 (Annie E. Casey Foundation, 2022). Low-income and non-White men are disproportionately represented in arrests, convictions, and prison sentences, whether because of disadvantage or bias (Harrison & Beck, 2005; Weich & Angulo, 2002). While African Americans and Latinos are more likely than Whites to perceive the criminal justice system as unjust (Hagan et al., 2005), incarceration poses particular challenges for fatherhood because a significant number of incarcerated individuals are fathers who likely resided with their children prior to imprisonment (Hairston, 1998; Mumola, 2000). Moreover, during a partner's incarceration, it is common for marital relationships to become strained and end in divorce (Pattillo et al., 2004), further impacting the father's role.

Previous research suggests that child support orders often exceed a father's ability to pay (Sorensen & Zibman, 2001); however, incarceration creates added financial

hardships during the prison sentence and diminished earnings and employment after release (Holzer et al., 2005). Many states do not consider incarceration a justifiable condition for suspending or modifying a child support order (May, 2004; Pearson, 2004). As a result, fathers who have been incarcerated are likely to accrue large debts. Nonpayment of support is also treated as a parole violation in some states and may lead to reimprisonment (May, 2004; Pearson, 2004). These barriers to engagement with children create a cascade of challenging tasks for a parolee who may have additional hurdles such as low education, poor work history, and personal difficulties such as a history of substance abuse, mental illness, or poor relationship skills (Kjellstrand et al., 2012). Crandell-Williams and McEvoy (2017) highlighted additional barriers to the father-child bond within the correctional system due to being placed outside of their geographic region, restrictive policies around visitation, and a systemic lack of assistance from and coordination between supervisory entities upon parole.

Despite the previously noted biases and stigma against fathers, there has been a push for more gender-neutral language when referring to the family unit. Progressive initiatives (e.g., gender-neutral language) replace terms like caretakers or parents for mothers or fathers; however, unfortunately, they have done little to shift the focus from women to women and men. Child welfare workers continually read 'parent' as 'mother' in policy and legislation for many reasons, including the gendered occupational discourse in child welfare (Azzopardi, 2022; Scourfield, 2003) and gendered occupational cultures and institutional norms (Azzopardi, 2022; Ferguson & Hogan, 2004). Replacing "mother" with "parent" can also lead to shortcuts for workers. For example, once a parent is contacted and interviewed, there is little incentive to contact the other parent, which

may be the father, despite any legislation or policy that might require them to do so. Despite the ample child welfare programs for mothers, other policies appear to lack provision for poor non-custodial fathers to maintain adequate space and resources to remain involved with their children (Brown et al., 2009; Saleh, 2013; Pigatti & Sanders, 2012), pushing the father outside the bounds of parenting further. A missing thread here could be that workers are not prepared enough to work with fathers, which is seen in the absence of fathers in the preparation of professional social workers in parenting literature (Sunderland, 2006). Fleming and Tobin (2005) also found that very few of these books refer to fathers and that fathers' roles were characterized as voluntary, negotiable, and ancillary to those of mothers. All these point to the need for continued initiatives to provide the father a seat at the table and actively participate in various societal systems.

While some of the barriers fathers face when engaging with their children may stem from personal issues, others can be imposed by systems-level challenges. Economically, fathers may be disadvantaged in seeing their children when faced with inequalities from the court system and the requirement to pay child support. Studies have shown that fathers who do not provide financial support may not be permitted to see their children (Coakley et al., 2014; Maldonado, 2004; Threlfall & Kohl, 2015). Disengagement can be seen in fathers who live below poverty standards or who are unemployed, thus being faced with the hardships of paying child support. While fathers may attempt to provide for their children in other ways (e.g., emotionally and academically), fathers may be considered delinquent or jailed due to not paying child support (Maldonado, 2004). Threlfall and Kohl (2015) found that many fathers believed the system imposed unrealistic financial demands and further inflicted difficulties for

them to provide basic needs even for themselves. For some Latino families, fathers face barriers related to income levels, immigration status, and culture (Ayón et al., 2010; Threlfall & Kohl, 2015). Furthermore, depending on their immigration status, Latino fathers may not be able to receive governmental financial assistance (Ayón et al., 2010). This, in turn, may force the father to work long and additional hours to provide basic support for themselves and their children.

Research also suggests a significant need for cultural awareness and sensitivity when providing services and engaging fathers in primary prevention programs (Pfitzner et al., 2017). Cortis et al. (2009) found that awareness and sensitivity to different cultures and service delivery methods were essential in increasing program participation. In the study conducted by Ayón et al. (2010), it was recommended for workers to use a father's culture to discuss father engagement, as culture plays a significant role among men. Given these studies and others, cultural sensitivity is likely to influence parent engagement (Pfitzner et al., 2017), and program workers significantly impact getting these parents from culturally diverse backgrounds (Cooney et al., 2007). Training for workers who engage with fathers through various systems is essential to bridge gaps in service delivery (Ayón et al., 2010; McPhatter, 2018; Ortega & Coulborn Faller, 2011).

These aforementioned system barriers can potentially impact the family unit and, specifically, the father's treatment and recovery. One Family Treatment Drug Courts evaluation found that identifying the father in administrative records alone increased the time children spent with a parent and increased the odds of reunification (Burrus et al., 2012) versus the father being absent. Despite possible bias from the caseworkers, many fathers are committed to parenting their children (Laakso & Adams, 2006) and want to be

recognized for their efforts. Studies like these highlight the positive impacts of how

systems being inclusive of fathers can make a difference in the outcomes for the child,

the father, and the family unit. Additional studies have shown that the connection with

the program staff (i.e., weak therapeutic alliance) poses significant obstacles to staying in

treatment (Brocato & Wagner, 2007; De Weert-Van et al., 2001; Meier et al., 2006;

Palmer et al., 2009), along with not having enough emotional support from the program

workers (Nordheim et al., 2018). These findings and other systemic barriers individuals

experience show that the long care process is prone to significant disengagement

(Stanojlović & Davidson, 2021).

Despite drug treatment reducing drug use by 50 to 60% and arrests for violent and

non-violent criminal acts by 40% (NIDA Archives, n.d.), according to data from 2020,

even though 40.3 million people were diagnosed with a substance use disorder who

needed treatment, only 1.4% received it (SAMHSA, 2021). Low treatment retention also

stands in the way of expanding treatment benefits and is associated with increased

relapse, readmissions, and mortality (Lappan, 2020). While the systemic barriers covered

in this section can be a driving force for many fathers not seeking treatment, there are

positive factors that can increase fathers attending and completing their substance misuse

treatment and engaging with their children. One can be found in following a

spiritual/religious life path. Koenig (2009) stated that spiritual/religious beliefs:

Provide a sense of meaning and purpose during difficult life circumstances that

assist with psychological integration; they usually promote a positive worldview

that is optimistic and hopeful; they provide role models in sacred writings that

facilitate acceptance of suffering; they give people a sense of indirect control over

circumstances, reducing the need for personal control; and they offer a

community of support, both human and divine, to help reduce isolation and

loneliness (p. 285).

Furthermore, Pembroke (2008) believed that fatherhood's spirituality is grounded in a

father's capacity to love himself for the sake of his children. Unlike other coping

resources and strategies, spirituality is available to anyone at any time, regardless of

financial, social, physical, or mental circumstances.

Spiritually Based Programming

As previously stated, the concept of fatherhood is quite complex and dependent

on cultural, social, and societal conditions and circumstances. Understanding the nature

of fatherhood and how spirituality might impact a father's substance misuse recovery,

engagement with their children, and co-parenting is essential to gaining insight into how

men make meaning of their role as fathers. Faith can be referenced as spirituality and

religion, as they overlap, but each brings varying definitions and degrees of meaning for

an individual. Spirituality is "an inner sense of living relationship to a higher power (God,

nature, spirit, the universe, the creator, or whatever your word is for the ultimate living,

guiding life-force)" (Miller, 2015, p. 6-7), while on the other hand, religion is about an

organized community of faith with an official creed and codes of regulatory behavior

(Allen & Lo, 2010; Tisdell, 2008). Spirituality is one way people construct knowledge

and meaning (Tisdell, 2001). James Fowler (1981), a faith development theorist,

accentuates the importance of unconscious processes in how individuals make meaning

of ultimate reality. He writes about the significance of image, symbol, metaphor, music,

or kinesthetic sensory experience and how it is beyond the cognitive or rational realm as

central to those meaning-making processes that people often connect to as the spiritual. Nevertheless, scholars generally agree that religion and spirituality represent overlapping, complex, and multidimensional constructs that refer to a transcendent, sacred, and ultimate realm of existence (Maslow, 1970; Emmons, 2000; Hill & Pargament, 2003). Thus, it is impossible to divide people into two separate groups as being religious or spiritual because most people are exemplified by elements of both (Delaney et al., 2007). Given the function of spirituality within religions and the trends in religiosity, it is reasonable to expect that people may be religious and spiritual, that they may be spiritual but not religious, or that they may be neither (Allen, 2009).

For parents and children, finding a sense of meaning and connection through exploration can often lead to spiritual self-discovery (Miller, 2015). The influence of parents' religiosity on their parenting is associated with greater parenting satisfaction and decreased parenting stress (Burr et al., 2012; Mahoney & Boyatzis, 2019). Research has also found that parents who identify as religious tend to exhibit more authoritative parenting, such as high levels of involvement, warmth, control, and positive monitoring (Hardy et al., 2011; Landor et al., 2011; Spilman et al., 2013). A parent's beliefs about forgiveness and grace may increase authoritative parenting because such beliefs provide a framework that accentuates warm and supportive actions toward children (Goeke-Morey & Cummings, 2017; Letiecq, 2007; Powe & McKinney, 2013). Parents and children can also share this spiritual development, which can be mutually awakening and supportive (Miller, 2015).

Dollahite (1998) found that spirituality can positively impact men's behavior and encourage them to adopt high moral standards that influence their commitment to

involved fathering. Communities of faith have historically played a key role in supporting

the importance of father engagement. Christian congregations in the United States have

long accelerated father involvement through community support efforts and teaching of

marriage, family life, and participatory fathering (Dollahite, 1998). In the early 1990s, the

Council on Biblical Manhood and Womanhood (CBMW) helped stimulate endeavors to

restore the importance of fathers in the home (McKinney, 2012). Founded in the 1990s

and still active today, Promise Keepers, with assistance from the CBMW, helped the

government begin initiatives to fund programs and research efforts toward reforming the

home (McKinney, 2012). Also, in the late 1990s, the International Christian Brotherhood

(ICB) was established to support men in discovering and growing in their faith, healing

from childhood wounds, cultivating thriving marriages, being loving fathers, and

adopting practical life skills (ICBMEN.org).

Interest in spirituality within various organizations is growing (Crossman, 2016),

mainly because of its ability to generate value and social good (Karakas, 2010; Poole,

2009). In recent decades, the scientific community has also started to attend to the role of

spirituality in health and well-being, as well as the relation of spirituality to identity and

identity formation (Juang & Syed, 2008; Kiesling et al., 2006; Templeton & Eccles,

2006; Tummala-Narra, 2009). As one begins to develop a spiritual self, these beliefs and

behaviors may be protective factors against the abuse of substances (Van der Meer

Sanchez et al., 2008). Religious beliefs and practices are common in the United States

and are often incorporated into substance misuse recovery from alcohol and drug abuse

(Calhoun, 2007; Brown et al., 2007), such as Celebrate Recovery (*Celebrate Recovery*®,

n.d.) and Alcoholic Anonymous (Alcoholics Anonymous, n.d.). Studies conducted by

Brown (2006) and Bazargan et al. (2004) supported the claim that religiosity is negatively associated with substance misuse and is helpful in the substance misuse recovery process. Furthermore, studies have revealed a relationship between religiosity and civic involvement, positive relationships with others, social support, and facilitated access to health resources (Mattis et al., 2001; Smetana & Metzger, 2005; Wallace & Bergeman, 2002).

Robert Orr (2015) notes that "there is an increasing recognition in modern Western medicine of the importance of patient spirituality in treatment and healing" (p. 414). Religiosity and spirituality are forms of faith that do not solely align with Christian teachings. Chan et al. (2002) noted that the inner, spiritual aspects of healing are common in the Eastern philosophies of Buddhism, Taoism, and traditional Chinese medicine. Given that faith is often a central aspect of people's lives (regardless of race, class, ethnicity, etc.), it is helpful for the practice of substance misuse treatment practices to embrace the holistic paradigm of treating body, mind, and spirit (Borkman, 2008; Polcin & Borkman, 2008). While all persons with substance misuse may not benefit from spiritual content in recovery, there is evidence to support that many do. For example, 84% of the clients in substance misuse counseling expressed a wish for a greater emphasis on spirituality in their treatment (Hodge, 2011). Lyons et al. (2010) found that up to 82% of clients who experienced a spiritual awakening during substance misuse treatment and recovery abstained at a 1-year follow-up, compared with 55% of non-spiritually awakened clients. Koenig et al. (2012) identified 278 quantitative studies that examined the relationship between alcohol abuse and faith before 2010 and found that 86% of the studies found faith to have reduced the risks associated with alcohol use,

misuse, or dependence. These results mirrored an earlier study by Rew and Wong (2006), who found that, among 43 studies reviewed, most (84%) showed that religiosity positively affected health attitudes and behaviors.

Faith protects against substance misuse across gender and ethnicity (Miller, 2015). Drabble et al. (2016) found reduced alcohol and drug use by more religiously active women, including lesbian and bisexual women. Acheampong et al. (2016) observed that women and men who are actively religious and spiritual and use prescription opioids are less likely to engage in simultaneous polysubstance use (SPU). Moreno and Cardemil (2018), using a sample of 868 Latinos of Mexican origin, found that religious attendance was linked to a lower lifetime prevalence of depressive, anxiety, and substance use disorders. A qualitative study by Cheney et al. (2013) interviewed African Americans in rural and urban Arkansas and found that participation in organized religious activities helped many participants reduce or stop their substance misuse. Given these studies and the impact of faith across various populations, similar results found that integrating the fathers' identified faith into their treatment can have positive and lasting effects on their journey and engagement with their children.

Continuing faith-based practices have been shown to help maintain sobriety during the rehabilitation period. Martin et al. (2015) followed participants from 2 weeks to 6 months after enrollment in alcohol outpatient treatment. They found that those who relied on faith to help cope were less likely to drink heavily and had fewer drinks per day than those who did not identify as religious or spiritual. Pufer et al. (2012) found that increased faith-based practices were associated with less frequent opioid use and more frequent participation in 12-step programs. These connections have been found not only

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in American literature but internationally as well. Researchers outside the US have linked religious involvement and a religious/spiritual connection to fewer addictive behaviors (Gomes et al., 2013; Haug et al., 2014; Szafarski, 2001).

Spirituality and Resiliency

Incorporating faith and spirituality into substance misuse treatment and recovery positively impacts a person's resiliency. Psychologists Norman Garmezy (1973), Emmy Werner (Werner & Smith, 1977), and Michael Rutter (1979) were the first to explore the concept of resilience and were primarily interested in the connection to child development. Their study of risk and resilience brought about a dual focus on the science of human development. Resilience is defined as the ability of an individual to bounce back after facing some form of adversity (Masten, 2014). Researchers have since examined resilience in connection to exposure to intimate partner violence (Mariscal, 2020), military, and combat (Choi et al., 2013; Pietrzak & Cook, 2013; Schaubroeck et al., 2011; Van Voorhees et al., 2018), police officers during training (Galatzer-Levy et al., 2013), teacher collaboration and teamwork (Kunnari et al., 2018), problem-solving coping styles (Li et al., 2013), youth and violence exposure (Zimmerman, 2015), as a predictor for depressive symptoms (Bamishigbin et al., 2016), the correlation between personality traits (Ercan, 2017; Goodman et al., 2017) and spirituality and religiosity (Rahmawati, 2014; Womble et al., 2013).

While resiliency affects individuals differently (Masten, 2014), Hesketh et al. (2015) asserted that resiliency programs could provide successful outcomes for organizations and individuals. Vanhove et al. (2016) noted that organizations have the potential to use resilience-building programs to counter stress and adversity. Hesketh et

al. (2015) suggested that stress can also be a costly and significant threat to an individual's spiritual well-being, while Powell and Pepper (2015) asserted that spirituality contributes to well-being. Therefore, resiliency programs can help individuals cope with stress and improve their overall well-being, which includes their spirituality. Studies have investigated the connection between resilience, religiosity, and spirituality. Rahmawati (2014) found that college students had a higher level of resilience when they had higher levels of religiosity and spirituality. Nguyen et al. (2015), who recruited Vietnamese immigrants living in Canada, found a substantial positive association between positive perceptions of God, positive feelings for God, and total scores of resilience. Dwiwardani et al. (2014) recruited individuals who attended a research methods course in the Mid-Atlantic region of the United States and found that attachment and resilience were significantly related to the virtuous constructs of humility, gratitude, and forgiveness. Other studies have found that protective factors, such as perceived psychological resilience, are associated with a reduced likelihood of alcohol use disorders (Eisen et al., 2014; Green et al., 2014; Long et al., 2017; Schultz et al., 2014). Ultimately, this indicates that spirituality is a viable component or ingredient to higher levels of resilience.

The studies above have all linked the positive impact of spirituality and religiosity on developing resiliency across varying populations and situations. As fathers navigate their substance misuse recovery and engage with their children, they face adversities that require resiliency. Understanding this connection can be used during the fathers' treatment to strengthen psychological outcomes and maintain recovery.

Resilience, Stress, and Psychological Outcomes

Resilience may also alter mechanisms underlying stress effects on psychological and behavioral outcomes (Chen et al., 2016; Guo et al., 2012). Through their meta-analysis, Hu et al. (2015) revealed a significantly negative association between resilience and psychiatric symptoms (e.g., depression and social anxiety). Other studies have shown the mediation of resilience in the link between stressful experiences and psychiatric symptoms, suggesting that stress undermines individuals' resilience and influences their symptoms (Karatzias et al., 2017; Sawatzky et al., 2012; Zong-Kui et al., 2017). Social competence, a core component of resilience, also mediates the effect of previous stressful experiences on alcohol use and illicit drug use (Fishbein et al., 2006). Resilience provides a paradigm shift in prevention science from focusing on adversities and risks to positive competencies, such as strengths and effective coping (Grych et al., 2015; Hart & Sasso, 2011). Several personal abilities and traits are associated with resilience, including optimism (Connor & Davidson, 2003), tolerance to stress (Chi et al., 2016; Schneller & Vandsburger, 2008; Wilks & Croom, 2008), tenacity (Palmer & Christian, 2019), spirituality (Farley, 2007), and acceptance of adversities (Thompson et al., 2011). By emphasizing a strengths-based approach to treatment, fathers can engage in more effective practices that assist them in their substance misuse recovery while engaging with their children.

Summary

As previously stated, resilience is a mechanism through which some individuals present relatively good adaptation despite suffering the sequelae of risky experiences (Rutter, 2007). Possible protective factors, such as faith, can inhibit the impact of other

risk or vulnerability factors and enable the person to function adequately (Rahmawati, 2014). Therefore, the characteristics of adversity, the person's resources, and their behavior or response are all relevant in this study. In this respect, Ecological Systems theory (Bronfenbrenner, 1977) and the Integrated Spirituality model provide a conceptual framework for integrating the individual and environmental factors underlying resilience (Gartland et al., 2011). These concepts and frameworks allow the present study to investigate the connection between a father's journey in their substance misuse treatment and engagement with their children.

Qualitative Investigation into Fatherhood

According to a recent scoping review by Bell et al. (2020), fewer than ten studies that investigated father substance misuse using qualitative methods were identified. Each study examined the concept from a different perspective, for example, substance misuse and intimate partner violence (Smith Stover & Spink, 2012), intensive interventions with families affected by parental substance misuse (Forrester et al., 2016), patterns of pair bonding of fathers enrolled in methadone maintenance treatment (McMahon et al., 2007), and another on how substance-dependent fathers perceived their paternal identity (Peled et al., 2012). None of the qualitative research studies examined the role of spirituality in a father's substance misuse treatment and recovery process. Therefore, this strengthens the call for a qualitative investigation into the phenomenon of spirituality being an integral part of substance misuse treatment by using the unique voices of fathers in recovery.

After an extensive search for fatherhood involvement scales, a gap was identified in locating a holistic instrument to measure father involvement. While most of the scales from this search tied their instruments back to the domains of engagement, responsibility,

and accessibility in Lamb et al. (1985) model, most relied primarily on the mother's perspective (Hernandez & Coley, 2007). This study will also rely upon using Lamb et al. (1985) model of three domains of child involvement; however, by employing a qualitative approach, it allows the fathers' perspective to be heard and expanded upon and gives future researchers the possibility of creating a more father-centric scale that captures the complete picture of their involvement with their child. Beyond that, this study will capture how fatherhood is influenced by addiction recovery and the impact of spirituality.

Chapter Summary

Despite the growing body of literature, some argue that the evidence is not explicit on whether religion has a beneficial effect on father, family, and child well-being (Grözinger & Matiaske, 2014; Trinitapoli & Vaisey, 2009; Seguino, 2011; Weaver et al., 2006). Thus, more work is needed, especially to identify the circumstances under which faith and spirituality help positive parenting (Mahoney & Boyatzis, 2019) through a qualitative lens. Additionally, addressing parenting concerns and protective factors while treating drug substance misuse problems could potentially facilitate better, more responsible, involved, and perhaps drug-free fathering. With that said, there is a call to action to promote advances within the substance misuse treatment system to better support men interested in becoming more effective parents and understanding the role spirituality may play.

In this chapter, the shift in fatherhood and the unique barriers that fathers face as they navigate being active participants in the family unit were explored. Specifically, the father's well-being was a focus of the journey they experienced in substance misuse

treatment and recovery. The literature review proved that fatherhood has gained attention as a point of research interest, men attending substance misuse treatment has been explored extensively, and spiritual-based programming is becoming more popular; however, what is missing is the combination of how spirituality played a role in a father's substance misuse treatment and recovery and how that impacted their father involvement. Furthermore, what is missing from the literature is the actual voice of these men and how they navigate their recovery. In chapter three, methods for a qualitative inquiry study are presented to understand what role spirituality plays as fathers attend to their substance misuse recovery journey and engage with their children.

Chapter 3: Methodology

Examining fatherhood within the context of substance misuse recovery illuminates factors impacting paternal involvement with their children. This study focused on support and resources that fathers find helpful as they engage in treatment and recovery and how spirituality/religiosity plays a part in their journey. This study aimed to understand the lived experiences of fathers who were in recovery from substance misuse, how those experiences were impacted by spirituality, and how that shaped their involvement with their children. Furthermore, exploring this phenomenon through the lens of the ecological systems theory and model of integrated spirituality allowed for a deeper understanding of the levels of support that a father needs during their treatment and how the participants experience this support.

Research Design

In this study, I sought to understand the role of faith and spirituality in recovery and co-parenting efforts among a sample of fathers participating in treatment for substance misuse. A qualitative inquiry was utilized to interpret the participants' social world by focusing on their histories, experiences, and perspectives (Merriam & Tisdell, 2015). A qualitative approach was selected since it is the most suitable method for presenting a problem that needs to be explored, especially in terms of a specific group or population, and to hear the voices of those who may have been silenced (Creswell & Poth, 2018). Chapter two presented the current literature on fathers engaging in substance misuse treatment, however limited and rarely in the form of qualitative research. Investigating how spirituality played a part in their treatment and recovery is more scarce. Furthermore, qualitative inquiry attempts to develop a complex picture of the

phenomenon being studied. To do this, stories were captured from fathers engaging in substance misuse recovery, identifying the numerous factors involved in the phenomenon. Creswell and Poth (2018) describe this holistic account of researchers not being bound by "cause-and-effect relationships among factors but rather by describing the complex interactions in any situation" (p. 44).

The study followed a basic interpretive method as it helped illustrate perceptions and experiences (Merriam & Tisdell, 2016). In this case, I aimed to understand, from the perspective of fathers in treatment, the role of spirituality in a father's substance misuse treatment and recovery and their involvement with their child(ren) and co-parenting. According to Merriam and Tisdell (2016), researchers conducting a qualitative interpretive study are interested in the following:

> (1) how people interpret their experiences, (2) how they construct their worlds, and (3) what meaning they attribute to their experiences. The overall purpose is to understand how people make sense of their lives and their experiences. (p. 24).

Furthermore, the basic interpretive method was rooted in social constructivism (Creswell & Poth, 2018). A constructivist approach argues that humans make meaning of their lives by interacting with their experiences and ideas (Magashoa, 2014). From a social constructivist ontological viewpoint, there will be multiple realities constructed through the lived experience of fathers engaging in substance misuse treatment and the role spirituality played in their recovery. The axiological belief is that each father and their values will be honored through the qualitative process by utilizing an inductive method of emergent ideas obtained through their interviews with the researcher.

Participant Selection

       With qualitative research seeking to understand the meaning of a phenomenon from the participants' perspectives, researchers usually select a sample from which the most can be learned, otherwise known as purposive sampling (Palinkas et al., 2015). Purposive sampling ensures that specific cases are included in the final research sample. This study utilized purposive sampling to gain rich and detailed accounts (Campbell et al., 2020) of fathers' experiences as they enter substance misuse treatment, the role faith and spirituality played in their treatment, how faith impacted their involvement with their children and co-parenting, the extent to which they relied on other contextual supports and if/how those supports are rooted in faith/spirituality. The following criteria were used to select participants: participants must 1) be a father to at least one child and be in contact with them, 2) have a substance misuse disorder diagnosis defined by the DSM-5TR (American Psychiatric Association, 2022), 3) currently be in treatment at a substance misuse recovery facility or working at the facility after completion of treatment, 4) be able to speak to the role spirituality played a part in their treatment and recovery, 5) be seeking treatment in Kentucky, 6) have a minimum of 3 months of sobriety, and 7) be willing and capable of participating in a 60 to 90-minute in-person interview. The first five criteria were essential as this study seeks to explain the role of spirituality in fathers seeking substance misuse treatment and how spirituality and recovery impact their involvement with their children. For criterion one, contact with the child will be defined as any communication or involvement since beginning their treatment recovery. For criterion three, the father must complete treatment in an outpatient or inpatient setting at the time of the interview. For criterion four, the father

was asked during the pre-screening if they could speak to spirituality's impact on their treatment. The sixth criterion ensures that the participant is in geographic proximity to the researcher (given in-person data collection). The seventh criterion ensures that the participant was past the acute withdrawal window. Lastly, with qualitative research being more personal and in-depth, participants needed to be willing and able to engage in an in-person interview. Linking to criterion seven, the participant needed to have accomplished a minimum of three months of sobriety to surpass the detox period and minimize any withdrawal side effects that may impact cognitive capacity.

I also strived for a diverse group of participants by not excluding any participant based on age, ethnicity, marital status, and socioeconomic background. Furthermore, I asked about the participant's substance misuse diagnosis to gauge connections between drug choice and identified sources of support. Not only does a varied group of participants meet one of the core issues outlined by Volling and Cabrera (2019) for researchers to consider for advancing scholarship on fathering, but it also provides a holistic understanding of a father's journey through substance misuse recovery and engaging with their child.

Study Setting

Two agencies initially agreed to participate in this study, allowing the researcher to recruit and interview men who met the outlined criteria within their facility. While they are both located in Kentucky and provide intensive care for men experiencing substance misuse, they capture a population that spans the state. However, successful recruitment only occurred at one location. The agency where recruitment took place was

a faith-based program that centered its service delivery around spirituality and Christian principles.

Sample Size

Some researchers argue that sample size for qualitative research should be determined a priori (Francis et al., 2010); however, Sim et al. (2018) believe it to be problematic given that the sample size is often adaptive and emergent. Saunders et al. (2017) stated that trying to calculate how many participants will be needed to create an adequate understanding of what still needs to be discovered is illogical. Deciding on what constitutes enough participants is a process of ongoing interpretation by the researcher. For this study, decisions were made during the analytical process as I developed an increasingly comprehensive picture of the final themes. However, while the goal was to continue conducting interviews until saturation had been met and no new information, insights, or themes were being developed around the studied phenomenon (Merriam & Tisdell, 2016), the proposed sample size was fourteen to sixteen. The study yielded fourteen as saturation had been met by interview fourteen.

Procedures

As an outsider and not a father currently in substance misuse treatment, I relied heavily on the assistance of gatekeepers. These key informants were integral in helping to gain access to the participants (Crewell & Poth, 2016). Leaders at two substance misuse recovery agencies, in Kentucky, were contacted and informed of the study. By previously completing volunteer hours at one of the locations, I had already developed a rapport with the directors and gained permission to recruit participants from their agency. The

study was advertised via a recruitment flier (see Appendix A) posted in the common areas of both substance misuse recovery facilities for all clients to review. During the recruitment phase, I also utilized snowball sampling (Naderifar et al., 2017; Noy, 2008) and asked the current participants to provide names of fathers who may meet the criteria for the study.

Once a participant initially agreed to participate in the study, a screening guide (see Appendix B) was used to determine eligibility. A brief phone call or in-person meeting took place to ensure eligibility. During the initial phone call/meeting, once the screening guide had been completed and eligibility had been determined, I provided additional information regarding the study, the purpose, and any logistics, such as arranging the interviews. Before joining the study, the participants were thoroughly informed of the study through informed consent (see Appendix C). As participants agreed to participate in the study, I scheduled an in-person meeting at the agency's location and conducted a 60–90-minute interview using the developed interview guide (see Appendix D). Scheduling of space at the agency was completed with the assistance of the gatekeepers. After completing the interview, participants received a $50 Walmart gift card to show appreciation for their time and feedback.

In-depth interviews (ranging from structured and controlled to unstructured and fluid) can produce rich information about personal experiences and perspectives (Russell et al., 2005) and allow for spontaneity, flexibility, and responsiveness to individuals. Fontana and Frey (2000) described the interview as one of the most powerful tools for understanding human beings and exploring topics in depth; however, conducting the interviews, transcribing the conversation, and analyzing the text require substantial time

and effort. Semi-structured interviews, with the help of a guide, involve predetermined

questions where the researcher is free to seek clarification (Holloway & Wheeler, 2010).

This type of interview allows for flexibility, using open-ended questions and the chance

to explore issues that arise spontaneously (Berg, 2009; Ryan et al., 2009). In semi-

structured interviews, the researcher is free to vary the order and wording of the questions

(Power et al., 2010), depending on the direction of the interview, and even ask additional

questions (Corbetta, 2003) that explore unanticipated topics that emerge but may not

have been previously considered (Gray, 2004). This conversational approach allows the

researcher to develop rapport with the participants (Patton, 2002). One drawback to an

interview guide is planning for any difficulties that may arise (Smith et al., 2009), such as

the phrasing of complex questions, discussing sensitive topics, and working with reserved

participants. Smith et al. (2019) emphasized that an important step to reduce these

difficulties is to discuss the interview guide with a potential participant, co-researcher, or

supervisor (Smith et al., 2009). While no changes were offered, I completed this task by

engaging the gatekeeper at the facility to review the interview guide and provide

feedback. Additionally, Bryman and Cassell (2006) suggest using comprehensible

language relevant to the participants and avoiding leading questions. Probes such as:

'How did you feel about that?' and 'Can you tell me more about that?' are also acceptable

and enable greater understanding (Holloway & Wheeler, 2010). The interview guide

created for this study was influenced by the theoretical frameworks of Lamb et al.'s

(1985) model of father involvement by inquiring specifically about the three domains in

their model (engagement, accessibility, and responsibility), the ecological systems theory

(Bronfenbrenner, 1974, 1977) by asking about changes that took place in each system

(micro, meso, eco, macro, and chrono) during their treatment, and the model of integrated spirituality (Buck, 2006) by asking about the impact of spirituality to their self, between individuals, and with transcendent dimensions.

Data Analysis

Merriam and Tisdell (2016) argue that qualitative analysis is primarily inductive and comparative. While the constant comparative method is generally rooted in grounded theory (Glaser & Strauss, 1967), it has been widely used across qualitative studies (Charmaz, 2014).
Merriam and Tisdell (2016) emphasize the complexity of this task, which involves interpreting the data gathered from participant interviews and necessitates continual interaction between different pieces of information.

Once the interviews had been transcribed, open coding was applied to develop the initial codes present in the data (Corbin & Strauss, 2015). During this initial process, Charmaz (20014) recommends that the researcher keep codes short, simple, and precise. I initially kept track of these codes by adding them and any other notes in the margins of the transcripts. From there, focused coding was applied using the cumulative transcripts' most significant and frequently cited codes. During this process, I had to decide what constituted a significant code concerning the research questions and discard irrelevant codes or combine similar ones. An essential technique during this process is memo writing (Birk et al., 2008), as it enables the researcher to engage with their study and data to a greater degree than would otherwise be the case. For the present study, I engaged in memo writing throughout the data analysis and reflected after each interview before moving on to the next. Additionally, a second coder trained in qualitative analysis was

recruited from the master's program at the University of Kentucky. The second coder and I completed open coding on three interviews at a time and met to discuss the emerging themes after each round. After the open coding process, both coders met to discuss the final code sheet and completed axial coding. The initial codes were sorted into clusters according to shared patterns during axial coding. During this process, axial coding produced sub-themes, and categories/subcategories about subthemes were identified and coded as necessary to enhance clarity of meaning. These steps allowed us to stay open to emerging discoveries while also adhering to the fundamental principle of thematic analysis. Table 1 shows an example where codes were grouped into initial themes and collapsed to form themes that answered the research questions.

Table 1

Examples of Codes to Initial Themes to Theme (RQ1)

Code	Initial Theme	Final Theme
-Personal relationship Spiritual -Not seen -A way of life -Selflessness -Forgiveness -Persistence -Guidance -Accountability -Purpose - God's Will > Own Will - Patience - Being called	The Role of Spirituality in Substance Misuse Treatment	Pillars of a Awakening

Ethical Considerations

Approval from the University of Kentucky's Institutional Review Board was obtained before beginning the study to ensure ethical compliance. The compliance officer

from each participating agency also reviewed the Institutional Review Board approval. Each participant documented their agreement to partake in the study by reviewing and signing the informed consent form (see Appendix C). To protect the confidentiality of each participant, a pseudonym was assigned to protect their identity. All audiotapes, files, and transcripts were secured in a locked file cabinet in my home office to protect the data further. I clearly explained to the participants that their participation in the study had no effect, positively or negatively, on any legal issues or the treatment they were receiving at their respective agencies.

The consent form also included information regarding mandatory reporting in my role as a social worker. As a licensed clinical social worker, I am legally required to report if a person is a danger to themselves or others. This can potentially cause a risk to the participants if they disclose a plan to harm themselves or others during their interview, as this must be reported. This duty to report was placed on the informed consent form and verbally expressed to each participant before the interview began. The agency also provided an available staff member to speak with the participant after the interview to process further thoughts and/or feelings that surfaced for them if needed.

Validity and Reliability

Qualitative research is diverse in its categories and forms; therefore, while various approaches have been suggested, there has yet to be a consensus for assessing any qualitative research work (Barbour, 2001; Leung, 2015; Popay et al., 2010). The dilemma is that some of the most essential qualities of qualitative research can be the hardest to measure (Dixon-Woods et al., 2004). However, it is crucial to establish a study's trustworthiness and apply validation and evaluation standards. Lincoln and Guba (1985)

use specific terms to describe this as credibility, authenticity, dependability, and confirmability as "naturalist's equivalents" for internal validation, external validation, reliability, and objectivity (p. 300). Audit trails are one technique that will allow for trustworthiness and ensure data transparency (Carcary, 2020), which are written as part of the field notes. Analytical processes and methodological decisions related to the findings and conclusions were included in the audit trails. Onwuegbuzie and Leech (2007) explained that audit trails involve extensive documentation of records and data from the study to clarify the analysis process.

Creswell (2016) proposed nine strategies to be used during the validation process and encouraged researchers to utilize at least two strategies in any study. The nine strategies fall under three lenses: the researchers, the participants, and the reviewers. Under the researcher's lens, the researcher refined and reported the working hypotheses even in the light of negative analysis and engaged in reflexivity. I disclosed my connection to the study and any identified biases or values brought to the study. Reflexivity assisted in illuminating what Weiner-Levey and Popper-Giveon (2013) call "dark matter," which is often excluded in qualitative research.

I also engaged in member checking and sought feedback from the participants on their views of the credibility of the findings (Bazeley, 2013). A focus group, including the voluntary participants, was held to ask them to reflect on the accuracy of findings and interpretations. Three participants attended the voluntary focus group. It should be noted that although Madill and Sullivan (2018) asserted that member checking is "often considered a gold standard of quality in qualitative research and may appear relatively straightforward" (p. 323), this form of validation procedure can become complex and

contentious. One of the most significant limitations is that there is typically little information on implementing it or its implications. Several researchers (Bloomberg & Volpe, 2012; Creswell & Creswell, 2017; Maxwell, 2013; Patton, 2015) have noted the procedure as part of credibility, yet none have discussed it in-depth. However, to safeguard transparency in the study, I conducted the focus exam with the voluntary participants to ensure the fathers' voice was captured adequately in connection to the research topic. Finally, the reader's perspective was employed to create a comprehensive, rich description of the collected data. This approach empowers readers to draw their own conclusions from the provided descriptions and apply the information to relevant contexts (Merriam & Tisdell, 2015; Stake, 2010).

Role of the Researcher

In qualitative research, the researcher is actively immersed in the study to understand and explain the social phenomenon (Creswell & Poth, 2018). According to Wolf (2003), "Investigators bear the responsibility of convincing the scientific community that the analysis and findings of human science investigations are systematic, objective, and worthy" (p. 175). One way to ensure objectivity is through reflexivity and conveying connections to the study, biases, values, assumptions, and opinions regarding the topic. Creswell and Poth (2018) also suggest reflective comments as the study progresses.

I have over a decade of work in the social work field that has exposed me to fathers who have a substance misuse diagnosis. My previous experience working with fathers has ranged from no contact with their child(ren) to sole custody. During this time, I have listened to the stories of these men and their journey to recovery. Given the time

spent in the field, I have worked to pass no judgment or stereotype on the men/fathers I work with in treatment. I kept an open mind during this study and consulted with my mentor regularly to address any biases that were not initially apparent.

A closer connection I have to the study is the spiritual-based component. I identify as a Christian and believe that a relationship with a higher power can positively impact all aspects of life. However, I was committed to making no assumptions during this study of how faith played a part in fathers' lives in substance misuse recovery and remained objective by not adding any of my insights during the interview process. I knew the fathers' interactions and connections to faith and spirituality in their recovery might have looked different than the personal relationship I developed with my higher power. For example, when fathers mentioned a religion or a set of beliefs that did not align with mine, I interviewed in the same manner as I did with those who shared my values and beliefs.

Chapter Summary

This chapter presented the study's design, sample selection, data collection methods, data analysis, ethical considerations, validity and reliability concerns, and researcher reflexivity. The inductive nature of basic interpretive qualitative inquiry is appropriate for this study because it fills a gap in the literature by exploring how spirituality plays a part in fathers engaging in substance misuse treatment and recovery and how spirituality plays in their fathers' involvement and co-parenting. The qualitative methodology will allow the unheard voices to be present and heard in the literature and expand the understanding of the meaning fathers make when spirituality is involved in their substance misuse treatment and fatherhood.

Chapter 4: Participant Profiles

This study aimed to fill a gap in the literature and explore viewpoints during 1:1 interviews with fathers on their journey from addiction to recovery, how spirituality played a role in their recovery, and how the process impacted their role as a father. This chapter presents the individual profiles of the study participants. Presenting summaries for each participant will allow for an in-depth understanding of the participant, their experience in substance misuse recovery, the role faith played in that process, and their journey to engaging with their children during their treatment and recovery. While the profiles highlight the uniqueness of each participant and their respective situations, they also allow common patterns to be identified across the many paths taken regarding this topic. In chapter five, the themes that emerged from these interviews and personal stories will be explored.

The Participants

The participants in this study consisted of fourteen fathers who spanned the recovery process. Some were in their early days of treatment (at least 90 days), while others were two years into their recovery and still taking part in treatment and giving back at the facility. The participants ranged in age from 27 to 59. All participants were Caucasian males and, except one participant, were either single or divorced. All participants had at least one child; only six had adult children, while all other children

were under 18. Additionally, all but one participant had experienced incarceration. Table

1 provides demographic information for each participant, including their pseudonyms.

Table 2

Participant Demographics

Participant	Age	Martial Status	Children age	Education	Jail # of times	Drug of choice	Sobriety	Spiritual
Matt	32	Single	1 (14)	Some college	Yes (4)	Meth	4 months	Christian
Rob	51	Divorced	1 (28)	Some college	Yes (25+)	Heroin Fentanyl	5 months	Baptist
James	40	Domestic Partnership	6 (22, 19,18,17, 16, 1)	8th grade	Yes (3)	Meth Heroin Fentanyl	7 months	Pentecostal
Clyde	44	Single	3 (22, 16, 9)	H. S diploma	Yes (8)	Alcohol	5 months	Christian
Rick	39	Divorced	2 (19, 14)	Some college	Yes (3)	Meth	3 months	Baptist
Scott	27	Single	3 (12, 7, 6)	H. S diploma	Yes (2)	Heroin	5 months	Christian
Jim	59	Divorced	1 (37)	H. S diploma	Yes (1)	Heroin	5 months	Christian
Pete	28	Single	1 (4)	Some college	Yes (3)	Alcohol	3 months	Christian
Travis	46	Single	2 (17, 4)	GED	Yes (7)	Cannabis Alcohol	3 months	Christian
Caleb	29	Divorced	2 (8, 6)	Some college	Yes (7)	Alcohol	3 months	Baptist
Victor	47	Separated	2 (9, 8)	Some college	No	Opioids	3 years	Christian

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Alan	39	Divorced	4 (13, 8, 5, 1)	GED	Yes (20+)	Meth	4 years	NC
Anthony	39	Single	1 (3)	Some college	Yes (15+)	Alcohol	7 months	Christian
Blake	47	Single	1 (21)	GED	Yes (7)	Alcohol	4 years	Spiritual

*NC= Non-Denominational

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Additionally, eight of the fourteen participants, at one time or another, had experienced homelessness. Ten participants were still living at the treatment facility, while two lived with a friend, and two rented their own place. Six participants were unemployed, and the other eight worked full-time at the facility. None of the fathers had ever officially had their children removed from the home from child protective services. Still, all participants had spent time away from their children due to their substance misuse and recovery time.

Matt

Matt, 32, is an energetic father of one (14-year-old daughter). Matt described his upbringing as being middle-class and is currently enrolled in college for theology. Matt shared that he began misusing substances around the age of 15. During this time, Matt's lifestyle led him to become an atheist. Life began to change for Matt when he was 28, and he had a "profound spiritual experience" but relapsed at 30; since then, he has been working on his sobriety and has developed healthy habits such as CrossFit and bow hunting. Matt also shared that he was in his daughter's life from her birth until she was 12 years old, and when he relapsed, he was out of her life for about a year and a half. Now, they share a strong bond and talk regularly.

Matt shared the following about the spiritual experience and more about his recovery: "I was in hardcore drug addiction, and I was an atheist. I had this moment where I made a decision in my life that I didn't want to live that lifestyle anymore of drinking, sexual immorality, stealing, and stuff like that criminal lifestyle. I was crying, asking somebody for forgiveness. For the first time in my life, I had in my mind I wanted to repent. I didn't know what repentance really was in the biblical sense at that point. I

stood up in my parents' hallway, I flushed the drugs down the toilet, and I said God is real loud. I had this profound moment where I felt like just love crash into me and just hug me and embrace me for like 15 minutes, and it was Jesus Christ just letting me know. So, my life changed dramatically after that."

"I had a few dreams that confirmed the faith for me. The first dream I had, I was sitting on the couch watching one of the gospels on Netflix, and I fell asleep for 15 minutes, and I had a dream where this guy said, `God gives eternal life.' And he just looked at me, smiled real big and he said, `God gives eternal life.' At this point, looking back, I didn't realize how bad it was, neither my heart nor my mind. So, I kind of entered a sort of self-righteous attitude for a little bit. But I did get involved in church. I stopped all the drugs. I got involved in youth ministry and the Emmaus Community. But Jesus Christ is definitely the predominant factor in my recovery, and he continues to be. And now I know God's there; I have a personal relationship with him in awesome ways. I remember my mother also called me one time shortly before this experience happened that I came to Christ and said, `Your sister and I had a vision of you preaching one day.' And I said, `There's no way.' And yet here I am today trying to get back to Bible studies with God. I'm going to community college to focus on Christian theology. The most important thing is to believe in Christ and repent of your sins. One thing I pray all the time is Jesus, reveal your biblical truth to me and not the truth as I want to see it. So, I try to follow biblical practices as much as the Bible gives it to us."

Rob

Rob, 51, is a father of one, 28-year-old son who currently resides in Southern California. Rob shared of childhood trauma that started his substance misuse. Rob

initially attended college to play basketball, but as his substance misuse increased, he eventually had to withdraw. Rob also spent 12 years in prison (robbery and possession) during his lifestyle of misusing substances. Between serving time in prison and living most of his life in active addiction, Rob stated, "I've overdosed over 20 times. My dad saved my life three times in my bedroom. Random people that I've had a hotel room with, and they saved my life. Only by his grace am I still here."

Rob was raised in church all his life, stating he even gave a few sermons at one point in his life but strayed through his substance misuse. Now that Rob has been in recovery, he shared, "I can see the progress. I'm in a really good place today. As far as being here, as far as being in my mind and my spiritual walk, I'm in a good place. I've had some real opportunities that's been given to me here. They've seen things in me that I didn't see."

James

James, 40, is a father of six children (22, 19, 18, 17, 16, and 16 months). James shared that his sister has custody of his children under 18 due to their mother being in prison and the youngest child's mother being in treatment. He reported good relationships have been formed since being in treatment, and he counts on them to help him through his time there. These are important to James since his mother has passed, his brother recently died by suicide, and he does not have a relationship with his father. James did report a strong relationship with his sister, who has custody of his children.

James reported he began drinking and smoking weed with his friends when he was younger; however, it progressed into an everyday habit. James stated, "I had to have it, and I was robbing, stealing, started selling drugs, and it progressed. It landed me in prison

for 12 ½ years." Since being in treatment for the past eleven months, James has been working on his GED and would like to pursue his Peer Support certification and give back to those who come after him in the program.

Before James's mother passed, he reported she constantly prayed over him. When asked about his spiritual background, James said, "Well, there was a point in my life that I had lost faith because I was so tied to the madness with my addiction. I had lost faith in God, and I didn't care. My mom and Mamaw never gave up praying. God's been there for me my whole life. He's kept me from dying countless times of overdosing; I've been shot at, I've been stabbed. I've been in some of the worst situations you could ever imagine, and I made it out because of faith, my mom praying, and the fact that I would get right and change. And I've had faith in God, and he's changed my life dramatically."

Clyde

Clyde, 44, is a father of 3 children (22, 16, 9). At the time of the interview, Clyde had five months of sobriety from alcohol. Clyde began drinking when he was 25 and has attended treatment six other times before his current stay. He began working on the road most of the time, and he found himself visiting bars and drinking with his co-workers. Before long, he became addicted and endured problems, primarily with going through a divorce and then a broken engagement with another partner. Clyde's children have two different mothers, and he stated they were both good mothers who cared for his children while he was in treatment.

Clyde was raised in church through his childhood but quit attending into adulthood because he felt "I had that crammed down my throat the whole time I was a kid, so I

didn't want to go to church. But I was raised right, and I've always believed in God; it's just for a certain point in time, I got away from that." The past two treatment facilities that Clyde has attended have been faith-based because "for me, the only way that I stay sober is God." In his treatment, Clyde says, "I pray every day to do God's will, not my own. I pray throughout the day. I do use the 12-step prayer from AA quite a bit throughout the day. Just to do his will, not mine."

As for his children, Clyde says it was rough initially, and he was away from them quite often. Now, he shares that their relationship has progressed, and they talk daily. Clyde shared, "They're proud of me because they get to see their real dad. They keep telling me how proud they are."

Rick

Rick, 39, is a father to two (19 and 14) and has been sober for three months from methamphetamine and alcohol. Rick worked for his local fire department for twenty years and was an EMT for thirteen years. Rick shared, "My substance abuse started with the fire department. I seen things and heard things I couldn't unsee, unhear or unsmell, and I didn't know who to talk to, so I started using drugs."

Rick was raised in church by both of his parents. He still has contact with his parents and siblings (three sisters and a brother). While Rick shared that before coming to treatment, he began questioning his faith. However, since committing to his recovery, Rick stated, "Everything I do I can see how God's pointing me in the right direction to help other people through His (God) ways. I wake up in the morning and pray, and then

throughout the day, it's just you see Godly things transform people into better people, and you see his works through people. It's pretty amazing."

Rick admitted to not being in his children's lives while he was misusing substances. Rick stated, "They didn't want nothing to do with me." However, since being in treatment, his children have seen the improvements in their father and have been contacting him. Rich stated, "I get to talk to them on the phone." The relationship with the mother of his children has also improved. "I can actually talk to her now. She didn't want nothing to do with me, didn't want them to have anything to do with me, so now I'm able to talk to her, and we can communicate and actually have a productive conversation."

Scott

Scott, 27, is a father of three (12, 7, and 6). Scott has five months of sobriety from Heroin. Scott was born in Gary, IN, but moved to Hazard when he was 13. Hazard is where he was introduced to drugs; "I was always around bad neighborhoods, so that's how I got introduced to drugs." Scott began using marijuana and reported that it quickly led to pain pills and then heroin. Scott stated, "I'm surprised I'm still alive, but I am." The mother of his children passed away when he was 19, so his mother has co-parented with him for most of their lives. Scott shared that the relationship with his mother had been difficult at times, but he was thankful she helped to provide for his children when he could not.

Scott was raised in a Pentecostal church but shared that he had been skeptical until attending his current treatment facility. Scott stated, "It's been a pretty spiritual journey

because I've worked the steps." Scott went on to share about the impact the faith-based program has had in his life, "I've prayed so much, and God's answered every prayer and helped me come this far along in the program. Because I didn't have to pay a dime to be in long-term. I can't really explain it, but I know God's working in my life, and he's gonna continue as long as I keep doing the next right thing." Through his spiritual walk, Scott said God has brought him closer to his children: "I've talked to my kids a lot more; they want to see me instead of telling me to stay away. I want to see them instead of going out and not worrying about when the last time I saw my kids was."

Jim

Jim, 59, is a father of one (37). Jim has three months of sobriety from heroin. Jim has been divorced twice due to his substance misuse and is currently single. Although Jim has been misusing substances since he was 12 years old, this is his first time in treatment. Jim's father, who was his best friend, passed away seven years ago. The depression from his passing drove him deeper into his addiction. Jim reported having a good relationship with his daughter's mother and even with his daughter, despite spending most of her life in active addiction. Jim also briefly mentioned his mother and stated they had a good relationship.

Jim shared that he was forced to attend church as a child and was baptized when he was fourteen. Jim shared, "I always believed in God, but I just kind of got out of that. After I got in high school, I just never did go, but I've always believed in God and I've kind of got more spiritual since I've been here because this is faith-based here. It's all Bible and recovery, too." Since enrolling in a faith-based program, Jim has recommitted his life to Jesus Christ and stated God gave him a second chance.

Pete

Pete, 28, is a father of one child (4). Pete has three months of sobriety from alcohol. Pete began drinking in high school and significantly increased until he came to treatment. Pete shared, "I'd get off work and have to drink and wake up in the morning and drink before work, and then I just realized after I got fired from multiple jobs from drinking. I thought that's enough, it's time to go do something." This is Pete's second time at the facility. His insurance discontinued payment the first time, and he had to leave. During this time, Pete's best friend died from suicide, and he relapsed.

Pete was not raised in church and shared that both his parents misused alcohol; however, his father was saved and baptized right before his passing. This led Pete to attend a faith-based facility, giving his life to Jesus and being baptized. Pete shared that since returning to treatment for the second time, he knew he could not afford the whole eleven-month treatment; however, after praying about it, Pete was informed that someone had paid for it. Pete shared, "I was like, that's God working. So, it's just amazing how he works. It blows me away."

Travis

Travis, 46, is a father of two (4 and 17 (partner's child)) and describes himself as optimistic. Travis has three months of sobriety from Marijuana and alcohol. Travis is from Florida but moved to Kentucky five years ago. Growing up, Travis was around alcohol regularly during his father's band practice, which led him to begin consuming alcohol at the age of twelve. Alcohol led to Marijuana at the age of fifteen, and then Travis dropped out of high school his senior year. Travis shared that he was also a gang

member for three years and, during that time, experimented with cocaine, crack, heroin, and several hallucinogens (LSD, mushrooms, and ecstasy). This lifestyle left Travis with continuous suicidal ideations and depression. Travis said when asked about his current sobriety, "I just realized that none of it was bringing me joy anymore. I was tired of being sick and tired, and everything just sucked and was miserable. I was knocking on suicide's door. There were a couple of nights that I was crying on the bathroom floor with a knife in my hand and contemplating it. I cried to a neighbor I confided in, and he said, `Man, if you don't get help, you're not gonna make it.' I trusted him because he's a very spiritual person, and he picked up the phone and called (treatment center), and they came and got me, and here I am. I've been here ever since."

While Travis and his family did not attend church when he was growing up, Travis shared that he first began exploring his faith in his twenties when he was in jail. "I was crying because I had been to jail several times and was in complete bafflement of why I was back there again making the same mistakes again; feeling self-pity, resentful at myself, and I yelled out in a loud voice in myself, `God, help me.' And there was a Bible on the desk, and I grabbed it, and I opened it, and what I read had everything to do with what was going on with me and I felt like he was talking to me through the words. Throughout the years, I turned my back on God and forgot why I needed to rely on him. I'd take control, and then I'd let drugs take over my life again and lead me in the wrong direction again. But God, constantly, throughout those years, kept telling me, `Here I am, here I am, here I am. Turn and come to me, turn, and come to me.'

Caleb

Caleb, 29, is a father of two (8 and 6) and has three months of sobriety from alcohol. Caleb shared that he was raised in Eastern Kentucky, but his family moved to Michigan for work. When the economy crashed in 2008, his family moved back to Eastern Kentucky, and he and his father went to college and obtained an electrical degree.

Caleb went through a divorce that he summarized as traumatic. It has been hard to effectively co-parent with his ex-wife, especially during the time she was dating and had inappropriate partners around their children. Caleb shared that his parents are extremely supportive and have helped with the children and ensure their safety while he attends treatment.

When speaking about his substance misuse, Caleb shared, "Obviously, it's got to the point that I managed until I didn't. You have a wake-up moment and decide that you've got to do something because I'm going to wind up in prison or dead. And my children need me." Caleb attended the program earlier in the year for twenty-eight days, but shortly after leaving treatment, relapsed. When Caleb decided to come back again, he stated, "I decided to come back and stay 11 months, the long-term program and dig deep and be rigorously honest with myself and try to get well."

Caleb was "born and raised back in the mountains in East Kentucky," where he grew up in a Baptist church. Caleb shared, "I know there's a God, and I've seen enough in my lifetime to know he's real, and I have faith. But some part of me I've always tried to fix, manage, and control what happens, and that always leads me down to the wrong path."

Caleb believes that everyone has a "spiritual awakening" that brings them to know Jesus Christ and when this happens, "your whole outlook on things changes." Caleb shared, "My ultimate goal is to be the best I can be, and one day I want to go through the pearly gates. I guess that's the ultimate goal, just to live my life Christ-like."

Victor

Victor, 47, is a father of two (9 and 8) and has been sober for three years from opioids. He likes to spend his time outside with his children, playing ball, swimming, or going to the arcade. While Victor is divorced from his children's mother, they have a good co-parent relationship and get along better than ever before. "Not being together has been the best thing for us."

Victor shared that he lived in active substance misuse from high school until 2017 and relapsed a few times after attempting treatment before his current three years of sobriety. Victor stated that "unrealistic expectations" led him back and forth from treatment to relapse. During this time, Victor did not think he had a problem with substance misuse. "I think I may have just been doing it because my wife wanted a better me, and everybody else thought I needed it." Victor continued, "And I definitely didn't have any faith. That's what I really was missing. But I still didn't realize that until now, obviously."

At one time, Victor spent thirteen months at the faith-based facility, working on his sobriety. However, Victor shared, "But in my head, I always thought that what I needed to do was be a man, getting back in my wife's life. And I literally made that happen. I talked my way right back into her life." Victor stated he had not truly found faith yet and

left the program. Four months later, Victor relapsed. Victor continued to misuse substances for several months until one night; he had an encounter that made him lean into his faith and make a lasting change. After a night of using methamphetamines, Victor was arguing with his then-wife, and his children were present. At this time, the children were six and five. "My six-year-old son comes down off the bed behind his mom, and he walks over to me, and this is literally where God smacked me in the face with a six-year-old. He walks over to me, and he goes, 'Daddy, Will you just stop? Go downstairs, leave Mommy alone; everything's gonna be okay.' I didn't know what to say other than, 'Yes sir.' So, I actually did what he said, and I went downstairs and was like, wow, like even as messed up as I was, like, that was backward." Victor continued sharing this experience, leading to him wrestling with himself alone in the house later that night, trying to calm himself down. "I was just sitting there listening to YouTube music, and out of nowhere this song came on, and I believe that was God again. He's like, 'I'm right here. This is the whole problem you've had this entire time; is you can't have any faith. Like you know all kinds of things.' And the worst thing that I know is thinking that I can do this on my own, the recovery thing. That was a huge thing for me. So here I am, coming back to treatment again in 2020. I was only going to do 28 days here; that was three years ago."

Alan

Alan, 39, is a father of four (13, 8, 6, and 1) and has four years of sobriety from Methamphetamine. Alan likes to spend his free time with his fiancé and children and fishing. When speaking of the mother of his children, Alan shared, "My children have three different mothers. They're all good ladies. They have been there for my kids when I

wasn't, and I'm very appreciative of that because my addiction kind of took me away from my kids, so I really appreciate that they stepped up and were good mothers, and they assumed the role of mother and father."

Alan's mother was young when she had him, and his father was physically abusive. His parents separated, and his father left the picture. During this time, Alan was searching for himself and a role model. This led him to "hang around the wrong people." At ten years old, Alan began smoking marijuana, and by the age of fourteen, he was experimenting with different types of pills. When he was eighteen and working construction, his co-worker introduced him to opioids. When Alan was twenty-four, he began engaging in intravenous drug use. "And then that was a whole different ballgame. I was so addicted to the needle that I just shot up water just to put it in my arm." A year later, he was introduced to methamphetamine. "After I learned how to make it, I didn't need nobody else. And I was supplying my own drugs. So, from then until the time I was 36, it was just a downhill spiral."

Alan experienced homelessness for two years when he had a spiritual encounter that changed his life. "I just had a really bad day. I'm sure you've heard of rock bottom. Everybody's rock bottom's different, but this day was mine. I was just miserable. All my family had EPOs against me; I had nobody to call. I had burned every bridge that I had." Alan shared that he had been eating out of a Dollar General dumpster, and on this day, the dumpster was empty. When he returned to the tunnel he lived under; Alan said, "I sit there, and I'm just like God, I don't want to do this anymore." Alan's mother and grandmother always went to church, so he knew who God was but never invested in a relationship with Him. "But at this moment, I'm like, okay, God, if there is a God, I need

help, like I really just want help; I don't want to do this anymore. I'm hungry, I'm miserable, I miss my family, I miss my kids, I need help. So, I take off walking, and I walk back to the Dollar Store." Alan shared that he was so hungry that he stole a pack of baloney, but as he sat outside to eat it, he instantly felt condemned by God for what he felt was a sin. "So, I tell God I'm sorry that I just don't know what to do, and I walk down the road. A little lady pulls up and asks me if I'm okay, and I said, `Yeah, I'm okay.' She said, `Honey, you look like you're starving to death.' I said, `I'm hungry, but it's okay.' She said, `Well, I want you to take three dollars and get you something to eat.' And I'm like, `Okay, I appreciate it,' and she pulls out. Don't know why; I've never done this before in my life, but God laid it on my heart, so I walked back to the Dollar Store and went in, and I went to the counter, and I told the lady that I had just stolen this pack of baloney because I was hungry and that I wanted to pay for it. So, I gave her the three dollars, and she was okay with that."

Alan's story continues with being faced with more temptation regarding his substance misuse as another vehicle approached him. This time, instead of money, Alan is offered a "bag of dope." "Now, at this point, I'm in tears, and I'm mad, and I'm asking God why; I just said I don't want to do this no more, this is the reason I'm here, I hate this stuff, this has ruined my life, and I throw it down and I stomp it, just mad at the world stomp it." Alan takes off walking down the road again, not knowing what to do next. For a third time, Alan is stopped by another individual. The man approaching Alan asks to take him for a proper meal, and Alan agrees. Although Alan and the man barely speak during the meal, the gentleman asks Alan to allow him to take him somwhere to get a good night's rest. Alan, who has not slept in a bed in two years, finally agrees and checks into a hotel.

"And I thank God for everything he's done for me. I go in there, and I just put my hands in the shower for a few minutes, and I just let it run over me because I hadn't had a shower." When Alan goes to check out the next morning, he is informed that the gentleman from the previous day has rented the hotel room for the week. Soon after, the gentleman comes back to the hotel and asks to take Alan for breakfast. During breakfast, the gentleman asks Alan what he wants to do with his life. Alan replied, "I don't know. I have nothing no more, I have nobody, I've burned all the bridges.' The man asks, `Have you ever been to rehab?' I'm like, `Yeah, I've been to three or four.' He's like, `Did you ever really give it a chance?' I said, `No, I didn't.' He said, `Would you be willing to try it again?' I said, `Yeah.' For the next two weeks, Alan is helped by this gentleman to begin his recovery journey. This was four years ago, and Alan is still friends with the gentleman to this day. When asked about a connection between the start of his faith and this gentleman, Alan shared a little more that ultimately led him to know Jesus Christ and that he was moving in his life. "I asked the man, `When you came up on me that night, you hit the brakes, right? You stopped, and then you pulled out, and you went down the road.' He said, `Well, I don't know how you feel about God, but I need to tell you something. I was driving down the road that night, and I was heading home. I had a long day and I was tired, and I come up on you, and it was literally like somebody in my passenger side seat said, "Help that man." And it startled me so bad I hit my brakes. So, I went down to the Dollar Store, and I turned around, and I was so confused, and I sat there for a minute, and I heard it again, "Help that man." So, you know what, I did; I done exactly what God asked me to do.' Alan believed the prayers from his mother and grandmother moved the hand of God over his life to lead him to where he is today.

Anthony

Anthony, 39, is a father of one, a 3-year-old son, and has eleven months of sobriety from alcohol and is currently living in sober living. Anthony was born in Louisville, Kentucky, and raised in church all his life. Anthony spent much of his time with his father playing sports and was on the ROTC fitness team. Anthony attended college but found himself rebelling. Anthony felt like this was due to the "tightrope" that his mother had on him growing up, and now he wanted to explore. He began to misuse alcohol, "I was just living a wildlife, ran riot, and eventually it led into addiction."

Anthony described his childhood as sad and lonely at times. He was bullied at the start of a young age, which worsened when he was diagnosed with ADHD. Anthony shared he became co-dependent, "I needed to be loved, wanted to be loved." Although Anthony was raised in the church and believed in God, he turned his back on him and silenced the voice of conviction. "So, I molded into what I thought how I would be accepted in society."

Between his father passing away and going to treatment a few times and deciding to devote time and effort to his change, Anthony began treatment again eleven months ago. "I started helping myself in the program by working in the kitchen, volunteering, just keeping my mind busy. I believed in God, but I was so far away from Him, so I just started off small. I've done what I've done in the past, and that's just to pray. Whether I feel like he's listening, whether I feel his presence or not, which I didn't, I just still pray and stay faithful. I've learned to love myself. I've learned that I don't need validation. I'm not co-dependent upon a relationship anymore. God has done some work inside me that's helped me to receive his love, which has helped me to love myself."

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Blake

Blake, 47, is a father of one (21-year-old son) and has four years of sobriety from alcohol. Blake stated he did not identify with any one religious denomination but believed in God. He spoke to a broader spiritual life that he lived and connected with various religions throughout his recovery.

Blake started drinking alcohol when he was ten and experimented with other drugs at thirteen but primarily used alcohol throughout his life. Blake attended several treatment programs and would have several months of sobriety at a time but always found a way back to misusing alcohol. Before his current sobriety, he worked as an intern at the same faith-based program but recalls becoming "burned out." "Your recovery can't be based on your job even if you work in recovery; it has to be more than that." He left but quickly began seeing himself becoming spiritually unfit and was no longer working a program. However, Blake had a spiritual encounter, "Some people that knew me, it's just funny how God works, he sent those people to check in on me or just say hello and say we miss you and you should come back and work here at the facility. I've learned when God opens the doors or sends people or signs for me because I guess I'm really open to seeing them now, and I'm okay with it." Blake returned to treatment and has continued to work his own program but also gives back to others in the program and works as an intern again."

Through this, Blake has developed a strong relationship with his son, who recently came to stay with him while he transitions to his next step in life. Blake shared, "We have the kind of relationship that I always wanted to have." Blake shared that since

being in recovery, he has tried his best to be a good role model for his son and be supportive.

Chapter Summary

The participants in this study represent the diversity in experiencing substance misuse. While several participants had similarities in their stories regarding trauma, family history of substance misuse, and experiencing incarceration and homelessness, each differed slightly in how they found themselves in the addiction cycle. As for the role of faith, several participants were raised in church and abandoned those beliefs early on their substance misuse journey. Others kept the faith but knew they were living a lifestyle that did not align with Christian values and were too deep into their addiction to feel a sense of conviction. What resonated throughout most of the interviews was the participants living through a spiritual experience that ultimately led to a life of faith, spirituality, and recovery.

In addition to the features of substance misuse recovery and the role faith played in that journey, all the fathers were working on their relationship with their children. Some of the fathers had more extended periods of sobriety, which meant they had reunited with their children, and for the most part, the relationship had been repaired, and they were actively engaged in their lives. Those who had three to five months (n=8) of sobriety were still working on knowing how to pursue a healthy relationship with their children.

All interviews took place at one treatment facility, and the fathers were either currently in the program or had completed the facility's long-term program and were now

working for them. Conducting the study at one location provided various experiences for engaging in treatment and the lessons learned throughout care. It also highlighted the faith-based facility's positive impact and the professional teams that assist in client care.

The interviews did differ in the quantity and quality of data received by the participants. Again, the fathers (n=8) with less time in treatment were beginning their journey and learning to navigate sobriety. They were eager to share what they had learned and excited about their progress. These interviews averaged around 25-35 minutes. Fathers (n=3) who had a year or longer in sobriety, such as Victor and Alan, spoke for close to an hour and provided further in-depth details regarding their experiences.

Chapter four provided detailed participant profiles and a summary of similarities and differences throughout the collective group of interviews. This chapter also provided a table of demographic characteristics for each participant. Chapter five will discuss the findings from the interviews as they relate to the following research questions: 1) how do fathers enrolled in substance misuse treatment programs describe the role that spirituality plays in their addiction treatment and recovery process? 2) how do fathers perceive the role of spirituality in helping them navigate and engage with their children? 3) what additional supports do fathers rely upon during the treatment and recovery process – and to what extent are those supports grounded in spirituality?

Chapter Five: Findings

This study aimed to fill a gap in the literature and explore viewpoints during 1:1 interviews with fathers on their journey from addiction to recovery, how spirituality played a role in their recovery, and how the process impacted their role as a father. A qualitative inquiry was utilized to interpret the participants' social world by focusing on their histories, experiences, and perspectives (Merriam & Tisdell, 2015). In doing that, the following questions guided the study: 1) how do fathers enrolled in substance misuse treatment programs describe the role that spirituality plays in their addiction treatment and recovery process? 2) how do fathers perceive the role of spirituality in helping them navigate and engage with their children? 3) what additional supports do fathers rely upon during the treatment and recovery process – and to what extent are those supports grounded in spirituality?

In this chapter, I present the findings for which I used Lamb et al. (1985) father involvement model, ecological systems theory (Bronfenbrenner, 1974; 1977), and the model of integrated spirituality (Delaney, 2005) as the guiding conceptual frameworks. Where I offered participant characteristics and detailed descriptions of the participants in chapter four; in this chapter, I describe themes derived from their experiences. I also discuss the process of using the validation strategies of member checking during data analysis.

Overview of Findings

Figure 1 provides an overview of the main themes and subthemes. As a reminder, the words "faith" and "spirituality" have been used interchangeably (see definition of

terms in chapter one) throughout this dissertation. In my interviews with participants, the fathers used these terms mutually and noted that these words meant the same thing to them.

As the fathers experienced a spiritual awakening, they began incorporating new pillars to navigate their recovery. The fathers first reflected internally on what spiritual faith meant to them and how it connected to the areas of their lives they were trying to address. Their spiritual awakening entailed embracing the notion that there might be an entity or force beyond their perception, which they had yet to discover. This higher power (God, to the participants interviewed) made more sense to them as they immersed themselves in the Biblical truth of the Bible. The fathers began relinquishing control over their lives to their higher power by reading the Bible and doing what it called them to do. Their focus also shifted to how they engaged in treatment. As the fathers' found salvation through their higher power, they began to apply a God-conscious to how they steered their recovery.

In finding their identity in a higher power, participants applied Biblical teachings of the Bible to how they engaged with their children (e.g., using active listening, engaging in play the child wanted, and modeling a Christian lifestyle). Before incorporating spiritual faith into their recovery, the fathers had difficulty being present in their children's lives. However, their renewed definitions of fatherhood combined with their new role and understanding of faith helped them to build a stronger foundation for themselves and their families. Ultimately, these essential pieces played a role in their road to recovery. Additionally, external support through their newly found brotherhood and tools helped them embody those connections to recover fully.

Figure 1

Overview of Study Themes

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┌─────────────────────┐        ┌──────────────────────────────┐
│                     │───────▶│  Believing in a Greater Power │
│                     │        │        Than Oneself           │
│                     │        └──────────────────────────────┘
│  Pillars of a       │        ┌──────────────────────────────┐
│  Spiritual          │───────▶│  Embracing a God-Conscious    │
│  Awakening          │        └──────────────────────────────┘
│                     │        ┌──────────────────────────────┐
│                     │───────▶│  Finding Redemption           │
└─────────────────────┘        └──────────────────────────────┘
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                               ┌──────────────────────────────┐
                          ────▶│  Prioritizing the Children    │
                               └──────────────────────────────┘
┌─────────────────────┐        ┌──────────────────────────────┐
│  Applying           │───────▶│  Establishing Effective Co-   │
│  Spirituality to    │        │          Parenting            │
│  Healthy Fatherhood │        └──────────────────────────────┘
│  Engagement         │        ┌──────────────────────────────┐
│                     │───────▶│  Forming a Brotherhood        │
└─────────────────────┘        └──────────────────────────────┘
                               ┌──────────────────────────────┐
                          ────▶│  Gathering External Tools     │
                               └──────────────────────────────┘
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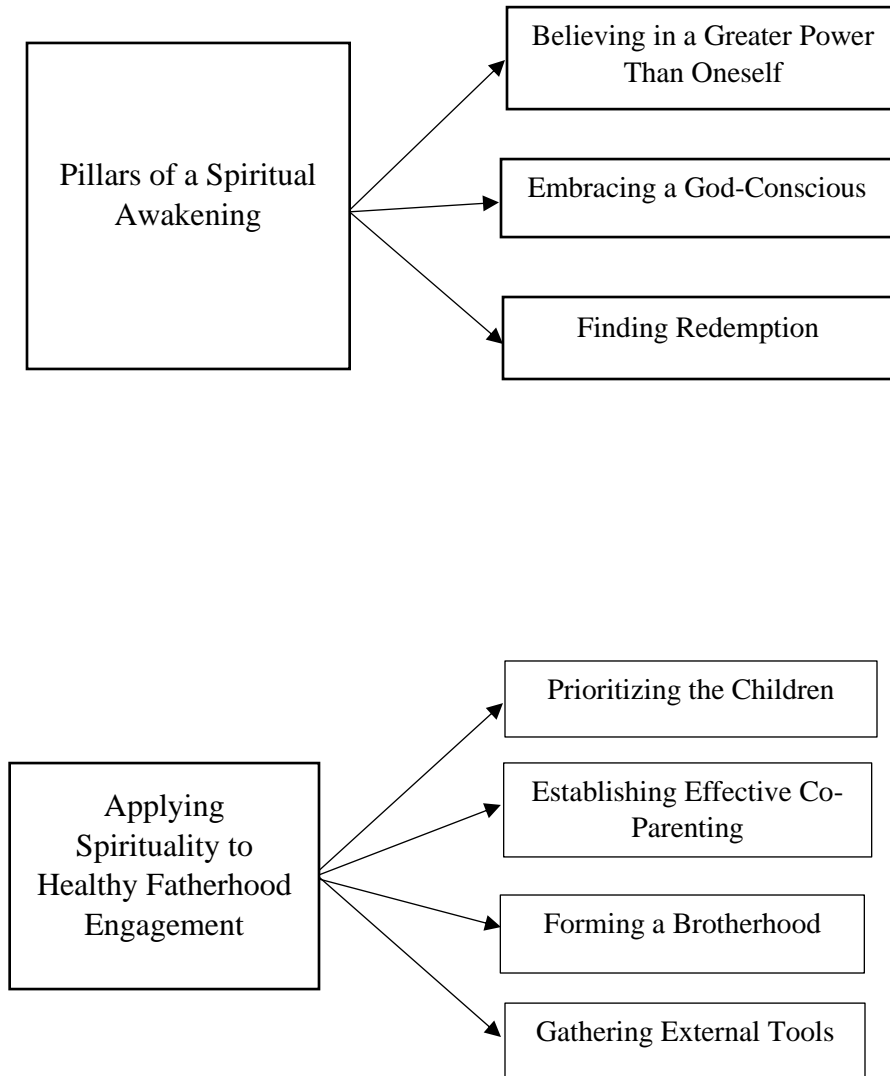
Pillars of a Spiritual Awakening

Research question one focuses on the role of spiritual faith for fathers seeking substance misuse treatment. Three sub-themes were identified regarding how participants defined this concept and its impact on their treatment and recovery. These sub-themes were: "believing in a power greater than themselves," "embracing a God-conscious," and "finding redemption." Participants experienced a spiritual awakening characterized first by developing faith in a greater power than themselves; this belief in a higher power encompassed a presence not seen that led to embracing a God-conscious grounded in Biblical truth and complete surrender of individual will. Furthermore, faith offers a chance to find redemption.

Believing in a Greater Power Than Oneself

The first sub-theme of a spiritual awakening was believing in a greater power than oneself. A resonating concept across all interviews was believing in a greater power than oneself, which was prompted by a spiritual awakening. Some participants discussed this in connection with their journey through Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) and the 12 steps. For example, when discussing various religious gatherings, Jim mentioned AA. Although he first stated AA was about God, he later corrected himself, asserting that AA was about "a higher power." He noted that not everyone believed God was their high power, but he did. Travis described his higher power as: "a supreme conscience, a supreme being, in my eyes, the creator of the universe and everything in it." For the participants, encountering a spiritual awakening

meant experiencing a relationship with someone or something greater than themselves, encapsulating something not seen.

Many fathers described their spiritual awakening with their higher power as something not seen with the human eye. For Caleb, "I guess the simple definition is believing without seeing," Anthony spoke about scriptures that backed up this idea of something unseen: "What the Bible talks about is believing in something that you know is to be true, but yet you don't see it." For Matt, it was also "believing without seeing, having hope that something exists." Faith within spiritual awakenings involved fathers moving beyond an earthly, physical mindset to an attitude of openness and receptivity to intangible experiences and insights. Spiritual awakenings led the fathers to be more attuned to unseen aspects of reality and experience profound shifts in their perception and understanding of the world. In essence, believing in a power greater than oneself involved humility, recognizing limitations, and finding meaning or guidance in something beyond individual existence. It also provided the fathers with solace, purpose, and a sense of belonging to something larger than themselves.

Embracing a God-Conscious

The second sub-theme of a spiritual awakening was embracing a God-conscious. The fathers used a term discussed during treatment that represents the shift in one's life from being focused on self to being focused on a higher power. This was God-conscious, meaning the fathers were trying to live an active Godly lifestyle since the grace of God had redeemed them. God-conscious refers to a state of mindfulness of God's presence, will, and teachings in one's life. This concept also implies being attuned to spiritual

principles and values and living by them. Travis once asked a pastor if he'd have to "quit smoking weed" if he became a Christian. The pastor responded: "No, if you give your life to Christ…you're gonna' want to." Being conscious of God meant that Travis chose to use marijuana no longer because he wanted to "be more pleasing to God." Other fathers shared how being more conscious of God affected their decision-making, priorities, and values. As Travis began to live out his conscience, he no longer wanted to do the things of the world. His mind began to transform and align with that of the Lord. The fathers spoke of the God-conscious as a state of awareness, an evolving process in their walk with God, and being committed to their recovery. The fathers began wanting to make decisions that reflected the image of God, and by doing so, they began changing the habits they had carried with them for months and years. Being more conscious of God also impacted participants' emotional states. For example, Alan spoke of the peace he now experienced as he lived more conscious of God:

> It made my stay here (treatment facility) so much easier. I wasn't trying to rush anything this time; I wasn't trying to put my hands in it or control it like I just prayed about it every day, and I'm like, okay, God, lead me through today, help me make decisions because I'm not really great at making decisions. So, it did impact my treatment. It also allowed me to learn how to deal with other people because, in treatment, you have people who are maybe not on the same path you are, but that doesn't mean you have to go off your path. So, it helped me to deal with people. I stayed in my Bible a lot the whole time I was here. It made all my transitions smooth.

By having an awareness of God, Alan was able to find the strength to remain sober. Matt also spoke of "abstaining from fleshing things," as the Bible speaks of separating yourself from the world and earthly possessions and things. He does this by staying in communion with God, praying, and staying in his Bible. These things have helped him to remain present with a God-conscious. Victor also reflects on this concept, "It was just doing something totally different than I'm used to, so I had to have faith to step outside of my norm into a whole new person that I've never been before. I'm trying not to live for me, and I try to live for God."

For several fathers, adhering to an unseen greater power and being God-conscious meant living their lives by the Bible's teachings. In discussing his prayer life, Matt regularly prays about: "Reveal your Biblical truth to me and not the truth as I want to see it. So, I try to follow Biblical practices as much as the Bible gives it to us." Grounding oneself in Scriptures also involves using the Bible to answer questions you have about life (rather than resting on your own insight). What I see in Caleb is a belief that his life will be blessed if he obeys the Scriptures: "Once you put that faith into God and start living by the scripture and living better and doing better, everything will follow." Similarly, Anthony stated, "If I don't know something, I don't go off just because of what I think; I take it to the Scriptures." Alan elaborated on Biblical truth in the focus group as "principles to live by," while Blake described it as a "way of life." Grounding oneself in Biblical truths and using and employing scriptures as a perspective for all facets of life, including thought processes, was regarded as authoritative for the participants, offering them a divinely inspired framework of morals and ethical principles to lead a righteous and virtuous life. Overall, Biblical truth serves as the foundation of Christian faith and

practice, guiding the fathers in their understanding of God, morality, salvation, and the purpose of life.

Another component to embracing a God-conscious was surrendering individual will. According to the fathers interviewed, experiencing a spiritual awakening requires surrendering individual will. Surrender refers to yielding or relinquishing control or resistance in a particular situation. It involves accepting and allowing things to unfold as they are without attempting to force or manipulate outcomes according to one's own will. Travis felt that by "blindly putting your trust in something you can't see," he experienced a surrendering of his life. To do this, he starts every morning by praying on his knees and "humbly asking him to show me the way, and I surrender my will to you, Lord, to see with and do with as thou wilt." Travis has seen a positive change in his life by surrendering his will to his higher power. In various spiritual and philosophical traditions, surrender is seen as a pathway to inner peace, wisdom, and spiritual growth. It is often associated with practices such as mindfulness, meditation, and prayer, which help individuals cultivate a mindset of surrender in their daily lives. Caleb found that inner peace from surrender when he experienced a low point in his life:

> {…When you come down to one of the lowest points in life, and you completely surrender…I don't worry about tomorrow. I worry about today, how I treat people, and what I can do today. When you fully surrender and put all your faith in God, your whole outlook on things changes.

Surrender is a "big deal" for Caleb and his spiritual journey. One way he lives the concept of surrender is by leading meetings and Bible study outside of the structured

classes that the agency holds. To him, releasing control is the turning point in one's path to discovering faith, and to him, Jesus Christ. Instead of solely focusing on what he wants, Caleb has allowed Jesus to lead him and use him as a vessel to teach others about the love and grace of Jesus Christ.

Blake reflected on his surrender moment and stated, "I realized from that moment a weight was lifted because I think I finally was really ready and had enough faith, and I was ready to just say help me. And I did." When Blake realized he could not do life on his own and find the healing he needed, he relinquished all his fears to Jesus and asked him to help lead and guide him on a new journey. Alan reflected on a conversation with the gentleman who assisted him in locating a treatment program and the relationship with God that was birthed out of his surrender.

I told him about my issues with God and other people…. he said, 'Listen, I want you to know something. God and your relationship is God and your relationship. It's nobody else's. God's your best friend. Who better to tell everything to? He knows everything. So, you're not in a relationship with you and God and other people; it's you and God. So, I want you to make it personal and do it on your terms. Allow God in.'

By allowing God in, Alan could turn everything in his heart over and allow him to work in his life. Alan realized that he could not control others, but he could control his thoughts and actions. His journey had to begin with God leading the way. Anthony also touched on surrender when he stated, "I was doing and trying and working hard at it when I should've released all of that." Anthony also concluded that he could not control

everything in his life, but by releasing the will to try to fix, manage, and control, he could

surrender that piece of his life to God and follow the path he laid out for him. Rob's

version of surrender was about "allowing God to work in my life and not putting my

hands in anything." All these quotes reflect submitting to a higher power. This intensely

personal and transformative journey can bring profound spiritual growth, inner peace,

and a sense of connection with something greater than oneself.

Finding Redemption

The third sub-theme of a spiritual awakening was finding redemption. By

allowing God's will to be present in their lives, the fathers spoke about redemption, being

saved, and set free from the bondage of their addiction. James experienced being set free

from his addiction:

> He (God) brought me from death to life. I come in, I was broken, I didn't want to
>
> live, I didn't think nothing would get better. I couldn't quit thinking about my
>
> drug of choice, and God delivered me from all of that.

Allowing God in his life and finding redemption, James was able to remain sober,

ultimately shifting the entire course of his substance misuse treatment and allowing him

to engage in care and recovery fully. As the fathers integrated faith into their recovery

process and felt redeemed, they not only found the motivation to abstain from substance

use but also cultivated a profound sense of fulfillment and empowerment, enabling them

to navigate the complexities of treatment with courage and determination. Ultimately,

discovering redemption and faith empowered them to embrace sobriety as a

transformative journey toward holistic well-being and renewed purpose. Alan also

likened getting sober to being resurrected, saved from death. "God had other plans because I came here [to the treatment facility] and just the love, people literally loved me back to life." For Alan, the love of others that encompassed God's love impacted his journey in treatment to allow change and healing to take place while escaping death that could have come because of his addiction.

Jim spoke about being given another chance to make things right. Through salvation, he was able to find redemption and a release from the bondage of addiction, which ultimately led Jim to be able to start a new journey for himself that centered around his faith. God helped Pete overcome his cravings. He said this about being released from the control drugs had on him, "I just know God has got me." Allowing God to be involved in their recovery empowered Jim and Pete to focus on restoring their mental health and relationships while in treatment. Rick began seeing God transform people into better versions of themselves, the very premise of being redeemed by Jesus Christ. Seeing this spiritual movement within the treatment center encouraged Rick to allow the same experience in himself. For these fathers, redemption was a profound and transformative experience that brought inner liberation, healing, and alignment with their spiritual truth. Redemption was not only about forgiveness for these fathers but also about restoration and renewal. Renewal and restoration took the fathers on a process of recovering and rejuvenating their mental, emotional, and spiritual well-being after experiencing hardships and trauma during their time of substance misuse. This process emphasized the importance of adaptation, growth, and continuous improvement to foster resilience and sustainability through their recovery. As stated previously, through salvation, the fathers found a complete transformation that brought about healing,

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wholeness, and fulfillment of God's purposes. The fathers could fully immerse themselves in the recovery process through these elements.

Summary of Theme 1

For study participants, faith was central to their success in substance misuse treatment. The fathers credited their recovery to their higher power and had the strength to become and stay sober from this higher power. Several fathers had previous failed attempts at sobriety and had learned from earlier attempts that they could not get sober on their own. Some even drew a parallel to relapsing when they fell away from God. For Clyde, "The only way that I stay sober is God," while Travis stated, "I turned my back on God and forgot why I need to rely on him, and I'd take control, and then I let drugs take over my life again."

In the intricate tapestry of spiritual awakenings, the three pillars (sub-themes) that emerged from the interviews were believing in a power greater than oneself, embracing a God-conscious, and finding redemption, each weaving its unique thread into the fabric of faith. The paradox of believing in an unseen power greater than oneself captures the essence of faith, challenging believers to embrace the intangible and trust in unseeable forces that shape their spiritual journey. Meanwhile, embracing a God-conscious and applying Biblical truth is a foundational cornerstone, grounding believers in a sacred narrative that teaches wisdom and moral guidance. The act of surrender calls for relinquishing control and yielding to a higher power's divine plan. It captures the nuanced dimensions of belief, encompassing the mysterious, the scriptural, and the transformative surrender that defines what faith is to fathers attending to their substance misuse

treatment and recovery. Examining the fathers' definition of faith paves the way to capture themes about the first research question: How do fathers enrolled in substance misuse treatment programs describe the role of spirituality in their addiction treatment and recovery process? Without first understanding what spiritual faith is to a person, it is difficult to understand how that concept impacted an area of their lives.

Believing in a higher power that was not seen by the human eye took a leap of faith for the fathers. In doing this, the participants could reflect internally and examine their connection to their higher power, impacting their recovery journey. The belief in something unseen provided the fathers with hope and motivation to overcome their substance misuse; it instilled a sense of purpose and meaning in their recovery journey, making them more resilient in facing the challenges they encountered during treatment.

Embracing a God-Conscious by grounding their lives in Biblical truths offered the fathers a moral compass and spiritual guidance to navigate their recovery journey. Scriptures provide principles of self-control and perseverance, which can help fathers overcome addiction and live a life of sobriety. Biblical truths also emphasize that the fathers were created in the image of God and have inherent value and dignity. Fathers grappling with addiction found strength and purpose in understanding their identity as beloved children of God, which counteracted their feelings of shame and low self-esteem associated with their substance misuse. Lastly, Biblical truths influenced participants' journey by emphasizing personal accountability and responsibility for their actions. The fathers were encouraged to take ownership of their behavior, make amends for past

wrongs, and actively participate in their own healing process, leading to greater self-awareness and growth.

The act of surrendering influenced the fathers' journey to recovery by acknowledging their powerlessness over addiction and recognizing that attempts to control or manage substance use had been futile. Surrendering to this reality was one of the first steps for the fathers to seek help and embrace a new way of life. In doing this, the fathers began to let go of denial and face the consequences of their addiction. They became more receptive to receiving support and guidance during treatment by relinquishing the need to minimize or rationalize their behavior. Lastly, by finding a sense of surrender to their higher power, the fathers also experienced a surrendering to the process of recovery that involved embracing vulnerability and being willing to explore underlying emotions, trauma, and triggers that contributed to their substance misuse. By facing these challenges, the fathers began to develop healthier coping mechanisms and address the root causes of their addiction. Part of that process was adopting a mindset of living one day at a time. This mindset helped the fathers stay focused on the present moment and avoid becoming overwhelmed by the prospect of long-term sobriety, making recovery more manageable and sustainable.

Redemption serves as a beacon of hope, offering individuals struggling with addiction the promise of renewal and a chance for spiritual rebirth. The notion of God-conscious highlights the awareness of a higher power's presence throughout the recovery journey. In this way, faith becomes a guiding force, providing support and strength in moments of vulnerability and instilling a sense of accountability and moral responsibility.

In essence, finding redemption and embracing a God-conscious are interconnected. Both involve recognizing the reality of divine forgiveness and grace, aligning with God's will, and nurturing a close relationship with a higher power.

Individuals struggling with substance misuse often experience guilt, shame, and self-condemnation, ringing true for the fathers interviewed. However, experiencing redemption provided a sense of worthiness and forgiveness, helping the fathers to let go of their self-blame and negative self-perceptions. Letting go of these negative perceptions was a crucial aspect of healing, as it allows individuals to move forward in their recovery journey with greater self-acceptance and hope for the future. Being redeemed from their addiction, fathers were then able to embody a God-conscious that provided further guidance on their journey to healing and recovery. Believing in their higher power gave the fathers a sense of purpose and meaning beyond their addiction. In the face of cravings, triggers, and challenges in recovery, fathers who voiced a strong God consciousness turned to prayer, meditation, and spiritual practices to find comfort and guidance on their recovery journey.

Grounding Spiritual Pillars into Healthy Fatherhood Engagement

The first research question was addressed in the previous sections; next, I will address the second research question. First, it is important to describe how fathers defined fatherhood as a precursor to explaining how faith and spirituality impacted their engagement as fathers. Many of the participants reflected on how their role as fathers changed throughout their substance misuse and recovery. Whether the fathers felt they

embodied the essence of fatherhood while actively misusing, they still had strong convictions of what a father should represent.

Analysis revealed that the participants defined fatherhood as being a role model and being present. When fathers spoke about being a role model, several used the actual phrase 'role model.' However, being a role model meant they embodied certain traits and characteristics, such as being a protector, provider, teacher, and leader. Matt added that being a leader for his child also meant providing guidance. Rob expanded on this to include trust. He felt that a father should support their kids and teach them right from wrong so that the children knew they could trust their father. For Rob, if he could not be someone that his children trusted, then he could not be someone they look to for support. For Caleb, a characteristic of fatherhood was about instilling morals, values, and standards into their children. For Blake and Anthony, instilling morals and values meant working to be more understanding and exhibiting patience to set an example of healthy communication among parents and their children. While Alan spoke of being a role model by being a teacher and a leader of the home, he also had the following to say:

> It's time, spending time with your kids, being there for them. Something I wasn't used to doing, so now I'm still learning what fatherhood actually is. But my idea of fatherhood is just being there. I mean, it's not necessarily spending money; it's time. It's time spent with your kids, teaching them how to be Godly, how to love God, and how to love other people. I have so much joy in that.

Fatherhood for these men meant more than just providing for their children financially or physically; it encompassed positively influencing their moral, emotional, and spiritual development.

Being a role model to their children also meant being present for them. James' own father was rarely there for him, so he was making a point to be there for his children. This meant picking up the phone and calling them every single day. He also talked about advising them when they needed someone to talk to, attending their sporting events, and "just being there for them" no matter the situation. Clyde concurred by stating, "Fatherhood for me is being there for your children; being in their lives 24/7," and so did Scott, saying, "Fatherhood is being there for your children no matter what."

For the fathers interviewed, fatherhood revolved around being a role model and actively being present in their children's lives. Serving as this role model involves incorporating fundamental values the father holds, demonstrating integrity, and providing a positive example. Fatherhood involves having a consistent and meaningful presence in their children's lives, reflecting a commitment to understanding, supporting, and actively participating in their daily routine. This dual commitment to being a positive influence and maintaining a persistent presence forms the definition of fatherhood, emphasizing the fathers' pivotal role in nurturing their children's emotional, moral, and personal development.

Applying Spirituality to Healthy Fatherhood Engagement

Fathers spoke of spiritual faith as being a core piece to re-engaging with their children while attending substance misuse treatment. During the focus group, Blake and

Alan stated that if they were "off" spiritually, everything else was off. They did not feel complete if this aspect of their lives was not "in check." The participants could not actively engage with their children if they did not apply a firm foundation built on the pillars of a spiritual awakening. By believing in an unseen greater power than oneself, grounding in Biblical truths, surrendering individual will, finding redemption, and embracing a God-conscious, the participants were ready to actively participate in their children's lives and accept additional support. Four sub-themes emerged through the thematic analysis of answering the last two research questions: How do fathers perceive the role of spirituality in helping them navigate and engage with their children, and what additional supports do fathers rely upon during the treatment and recovery process – and what extent are those supports grounded in spirituality? These included prioritizing the children, establishing effective co-parenting, forming a brotherhood, and gathering external tools.

Fathers were asked about the three domains (engagement, accessibility, and responsibility) of Lamb et al.'s (1985) model concerning how they prioritized their children and how their faith allowed them to be more actively involved in each of these areas. Overall, fathers voiced that they did not feel they would be where they are today in their relationships with their children if it had not been for God. For James, "If God hadn't been there in every aspect of it, it probably never would've got pulled back together like it has so far. I had to put God first before everything else could fall into place." Through Clyde's faith and prayer life, he knew God had opened doors for him to repair the relationship with his three children. Alan also believes faith impacted his relationship with his children, "I don't believe I could be in my kids' life if I didn't have

God." Many of these fathers attended various programs to reunite with their children before finding faith. Upon relying on God to direct their recovery and reunification, the fathers found lasting reconciliation with their children.

Prioritizing the Children

The first sub-theme, prioritizing the children, related to how the participants' faith influenced their engagement with their children. As fathers recognized that being present for their children was an essential part of fatherhood, it became a key piece for them when they placed faith at the center of their lives. Many fathers spoke about how faith led them to be more present (not only physically but emotionally, mentally, and spiritually) in their children's lives. For example, through Scott's spiritual walk with Christ, he has been able to share his faith with his daughter, and she now attends church with his mother. Scott's daughter now has her own relationship with Jesus Christ, enabling Scott to meet her on common ground and be involved in her spiritual development. James spoke about being more present mentally, which meant his children could talk to him now and not a "blank person." When asked further about being a blank person, he continued, "I was there, but I wasn't. I was there, but I was too high to talk, or if I was not high, I was grouchy because I wasn't high." For these fathers, being emotionally and mentally present for their children was an ongoing commitment that required attentiveness, empathy, and active engagement. They believed being present and prioritizing their children's needs meant creating a nurturing and supportive environment where their children felt loved, valued, and understood. Prioritizing their children also meant the participants made sacrifices or adjustments to ensure the best possible

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outcomes for their children. In the sections below, the discussion of the father's presence in their children's lives will be connected to the domains (engagement, accessibility, and responsibility) of the father engagement model by Lamb et al. (1985) as three properties of prioritizing children's needs.

The first domain of Lamb et al. (1985) model is engagement. When fathers began re-engaging with their children while in recovery, they all said it was more enjoyable. To enjoy fatherhood meant finding pleasure, fulfillment, and satisfaction in the experience of being a father. Scott shared about the experiences when he stated, "I guess I enjoyed it when I was getting high, but I wouldn't remember a week later. Now I can spend hours upon hours with them, and it makes me so happy." Scott now finds excitement in engaging in various activities with his children, such as playing video games, hiking, riding four-wheelers, and swimming. Matt recalled the first time he was able to meet in person with his daughter after being in recovery,

> It was the first time I met her for a year and a half, and we had a really good conversation. We walked around town and spoke for an hour; she was very open and honest with me.

Matt has been able to release his fears of reengaging with his daughter to God and allow Him to guide the reconnection.

Other fathers spoke about being engaged with their children by doing things their children wanted to do instead of what they preferred. For example, Clyde's son likes to play sports and go fishing, and how he has been more intentional in allowing his son to choose activities like these when they are together. Alan also engages in fun activities

with his children, such as basketball and football with his sons, and dance with his daughter. Victor recalled a specific difference in how his engagement had changed since recovery.

> My kids used to try to get me to play with them all the time, and I would always just put them off because I was busy being high or going to get high. All they wanted was me, and I couldn't give them that. But now, when I'm around my kids, we're always doing something. It's funny to me that when you're in the middle of addiction, you don't even notice what you're missing. If I'm not at work now, I have my kids, which makes me wonder why I ever paid for a buzz because it's pretty rewarding just to see the smiles on kids' faces.

Since Victor has been in recovery and placed a greater emphasis on his faith, he is now more present in the areas that matter most to *them*. Another aspect of fathers being actively engaged was "tuning out" distractions. For Anthony, "tuning out" the rest of the world meant his electronics. By silencing them or placing them in the other room, Anothony was able to devote his full attention to his children and the activities they wanted to do. "I do what he wants to do. If he just wants to go sit in a room and just play with his dinosaurs, I try to be imaginative with him. I don't try to dictate what he does." Active engagement for these fathers meant fully participating in various aspects of their children's lives. It went beyond mere presence and included consistent interaction, guidance, and support.

The second domain of engagement is accessibility, characterized by Lamb et al. (1985), which is characterized by less intense degrees of interaction but is still important

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to the overall engagement of a father with his children. Since several of the fathers were still in treatment and residing at the facility, their accessibility looked different than the few who had moved on to more extended periods of sobriety and independent living. These fathers relied on phone calls/text messages for communication. However, they prioritized communication with their children and made sure they were available daily to speak to them. James's children know "all they need to do is pick up the phone." Rob reflected on the difference in his accessibility when he was living in substance misuse:

> When I say we're selfish in addiction, we are. I didn't care about nothing or nobody but some heroin, a needle, and myself. I was not a father at all to my son. I didn't care about his grades, I didn't care about none of that, but I'm a father now, and if he needs me, he can text me, and I'm there. I'm available for him 24/7 if he needs me.

Rob has seen the difference between being sober and allowing God to impact his capacity to be a father. In periods of active substance misuse, he recognized that it was impossible to connect healthily with his son and be accessible. For Alan, he sits down with his children and talks to them. "I have a lot of deep talks with my kids; I really want them to understand that I'm here and that there's nothing in the world they go through that they can't talk to me about. So that's what I focus on now, which is how I can help them grow and know that I'll always be there from now on." Being accessible meant being emotionally and physically present, fostering open communication, and demonstrating a genuine willingness to engage with and support their children in their journey through

life. By being accessible, these fathers hoped to strengthen their bond with their children and aid in improving their emotional development and overall well-being.

In addition to engagement and accessibility, responsibility is the third domain of Lamb et al. (1985) model. A significant portion of the time dedicated to being a responsible parent is often not allocated to direct interaction with the child, rendering it challenging to quantify the personal commitments required (Lamb, 2000). That said, it was no surprise that being responsible for their children slightly differed among the fathers interviewed; however, they all prioritized it. Rob felt responsible for initiating a connection with his son, while James and Clyde became more financially conscious and ensured they provided for their children monetarily. Victor has now been able to be involved in his son's medical appointments. "This sounds like everyday, normal life stuff, but for me, it wasn't. I hadn't been anywhere with just my son." Alan discussed taking care of his children in a daily, ongoing way now.

> I have to get them up for school or make sure that they're clothed and fed. It's a whole different ballgame. There's a lot that goes into being there for kids. They all do something different, making sure they have money for school, making sure they have their uniforms, their outfits, whatever they're doing.

Being accountable at this stage of their recovery, the fathers spoke of taking ownership of their duties, obligations, and commitments related to their role as a parent and caregivers. The fathers knew that fulfilling their obligations meant learning to do so with diligence, integrity, and care. Overall, being responsible as fathers meant they needed to take proactive steps to care for and support their children in all aspects of their lives.

The desire to be actively involved in their children's lives served as a powerful motivator for fathers to address their substance misuse. Through their spiritual faith journey, the fathers recognized that sobriety was essential for maintaining healthy relationships with their children and providing them with love, care, and support. Actively prioritizing their children and ensuring they were accessible and responsible for their well-being positively influenced their recovery. By being engaged fathers, they began prioritizing their children's well-being and experiencing a sense of fulfillment and pride in their role as parents. Achieving sobriety and making positive changes in their lives reinforced their commitment to recovery, as they witnessed the positive impact it had on their relationship with their children and their ability to fulfill their parental responsibilities. Overall, through active engagement with their children, fathers found a renewed purpose and fulfillment, driving them toward lasting sobriety.

Establishing Effective Co-Parenting

The second sub-theme to applying spirituality to healthy fatherhood engagement was establishing effective co-parenting. Several fathers mentioned having more respectful conversations with their children's mothers, which resulted in less arguing. Matt and his daughter's mother now actively seek to focus on her when they speak and do their best to help her with her identified needs. James had a similar story: "Me and my girlfriend actually can have conversations without screaming and cussing at each other." Rick's conversations with the mother of his children are "more productive, instead of her shutting him down." These fathers leaned into communication, cooperation, and mutual respect to prioritize the well-being and best interests of the children.

Fathers also spoke of rebuilding trust in their co-parenting relationships. Rebuilding trust meant restoring confidence and reliability between the co-parents after it had been damaged. The fathers worked to incorporate honest communication, consistent actions, and a commitment to addressing any issues or concerns that led to the breakdown of trust by demonstrating accountability, transparency, and a willingness to cooperate and collaborate effectively in raising and caring for their children. Scott, who co-parents with his mother, who has custody, shared that he knew he was building trust when his mother would leave the children alone with him. Victor could sense this trust in his children's mother when she began to call him during her weekends. "If she has something going on when they're with her, she'll call me. Even if it's something that they're not listening to her about." Anthony explained that trust came from establishing healthy boundaries and, at the same time, being there for one another. Alan added to the conversation by reflecting on the change that took place in his relationships:

> Honestly, my ex-wives and I did not get along when we were together, so now I get along with them great. This is God, too, just working in this part of our relationship. It's all about the kids, it's not about us. We don't fight, we don't argue, we don't `oh, your mommy did this, your daddy did this,' we don't do that. If my kids want to go to their mother's, they're more than welcome to go. I will never tell them they can't go to their mom's. I don't care if it's the middle of the day, middle of the night, if that's where they feel like they need to be, I'm gonna take them there. And they're the same way. So, I know that God has just mended that all the way around.

This change in how Alan interacts with his children's mother directly results from his placing God at the center of his life and allowing Him to guide the repair of relationships to build a stronger foundation for his children. The impact of spirituality on fatherhood manifests through a commitment to prioritizing children; this involves improving areas of engagement, accessibility, and responsibility. Fathers motivated by faith found they could form deeper connections with their children, prioritize quality time, and find parenting more enjoyable. Additionally, faith-driven fatherhood extends to building a strong foundation through honesty and prayer, emphasizing collaboration and shared responsibilities through co-parenting. Overall, prioritizing their children and strengthening the family unit played a crucial role in supporting the fathers' substance misuse treatment and recovery journey by providing them with motivation, responsibility, emotional support, and positive reinforcement throughout the process.

Forming a Brotherhood

The third sub-theme, forming a brotherhood, concerns the fathers' road to healing and recovery, specifically what additional external supports assisted them on their journey from substance misuse to sobriety and how these supports might be grounded in spirituality.

During each interview, fathers were also asked how resiliency played a part in their substance misuse recovery journey and connecting with their child(ren). When speaking about resiliency, the fathers struggled to articulate in their own words what that meant for them. The most resounding concept, however, was motivation. All fathers were motivated to be on the path to recovery and healing, if not for themselves initially, their

children and the relationships they hoped to build. Alan accredited his resiliency to God, "My ability to just bounce back, like now I hit problems and I'm like no, there's a way around this, God's got a way around this." In finding motivation to push on, although strongly supported by their faith, the fathers also took to additional support to further their recovery journey. As fathers navigated substance misuse and recovery, in addition to spirituality, support from others was central to re-engaging with their children. The support received during recovery was peer support (i.e., forming a brotherhood) and agency resources (i.e., gathering tools).

Fathers discussed their time at the facility and developing a fellowship among their peers. These peer relationships were compared to relationships among brothers and implied a deep sense of connection and solidarity, where they each looked out for one another, fostering a sense of belonging and unity. Caleb spoke about the diversity among these peer supports. He described the brotherhood this way: "You take guys from all different backgrounds, throw them in here during the worst mental state of their life, and somehow we come out being brothers." For Victor, the brotherhood also included the male staff at the facility. "If I didn't have those people here, there wouldn't have been much point of coming here. I can't think of any male who works here who didn't go through some sort of treatment and is in recovery. It's like having 500 dads or 4700 brothers." Caleb said something similar and spoke to the value of having staff who had the lived experience of being in recovery:

> The best thing about this facility is that 99% of the staff are in recovery, so they
>
> have been there. When you tell them they don't understand, they're going to pull

up their mug shots and their record for you. They did the same thing you did or

are doing, and that's awesome because that gives them a little hope of, hey, you

got three, four, five, six years clean. There's a gentleman here, a Vietnam vet, and

he's pushing 45 years clean, ain't touched a drop. He's retired, but he's passionate

about it, and he just keeps coming here.

Blake spoke about these family-like peer relationships during the focus group. He

accredited the facility for allowing space for these relationships to form. In Blake's eyes,

societal expectations were the reason to blame for fathers not creating strong emotional

bonds. "Society expectations as to how a man should be (hunter, gatherer, protector,

provider) keeps most men sick because it keeps them from not exploring their emotional

sides and asking for help and support." Finding the brotherhood at the facility has

allowed him and others to "feel more comfortable now to say I love you and show

affectionate." Forming this brotherhood among the fathers provided valuable support,

encouragement, and accountability as they simultaneously navigated the challenges of

recovery and parenthood. The brotherhood allowed them to create a safe environment for

their recovery, one where they could learn valuable skills and provide feedback to one

another.

Gathering External Tools

The fourth sub-theme is gathering external tools. In addition to the support

provided by peer and staff relationships at the treatment facility, the fathers spoke of

several tools that benefited them on their journey. These tools included facility resources,

meetings (AA/CR), and music.

One aspect of these tools was the resources the agency offered. For James, they were making a difference in his life by assisting him in getting his license back, obtaining a GED, and locating a job. He went on to talk about the clinical classes and the overall impact of the agency. For Scott, the therapy sessions had been the biggest to him "because I've kept some things balled inside me for years, and therapy helped me get it all out." Scott went on to say how God made it possible for these resources to make a difference in his life. Pete attributed his success to the center's clinical services and spiritual direction, which taught him the most, primarily due to the notes he would take and review when challenging situations arose.

Another aspect of sobriety tools that were helpful to fathers was self-help groups specifically focused on recovery; two groups mentioned were Alcoholics Anonymous (AA) and Celebrate Recovery (CR). Travis found healing through (AA) because "their approach to it is to believe in a power greater than yourself. By working step 2 with my sponsor, I've come to rely on the power greater than myself that I've also come to call Jesus." Victor also has utilized the AA model and fellowship among its members, "I personally believe the opposite of addiction is connection. You couldn't have convinced me that was going to be fun to hang out with a bunch of sober people, but that is a huge part of my life and in recovery." It helped Victor to know the individuals in his AA group were pursuing the same goal as him but had been doing it for years longer. AA provided the participants with hope for a life of sobriety for the long haul. Like AA, Celebrate Recovery (CR), a Christian twelve-step program, is also offered every morning for the fathers attending the facility. Every father mentioned CR and drawing guidance in a Biblical way from this group, in conjunction with attending additional AA groups on

their own time. Overall, these support groups were vital in aiding the fathers in staying

sober by offering a supportive environment, fostering accountability, and sharing

valuable insights during their recovery process.

During recovery, a father's support team includes multiple people: a peer support

specialist, a therapist, a pastor, the brotherhood, and family relationships as they begin

the restoration process. All the fathers spoke to mending broken relationships and now

having the support of their loved ones, in part due to the support they received at the

treatment. This support kept the fathers moving forward on their journey to recovery.

Clyde shared that the facility offered all the support you could want or need; however,

"It's according to what you want to put into it." Clyde and many of the fathers made that

distinction. The help and support at the facility were there, and it could make a difference

in one's life, but there was work on their part that had to follow. The fathers appreciated

the second chance they were given, which came full circle from the start of the interview

in discussing what faith was to the fresh start they received through the tools accessed at

the facility.

All the fathers agreed that the support they found during their recovery was rooted

in faith and spirituality. From dedicating time to prayer, meditation, and church services

to attending a faith-based facility, they established a foundation built on faith and, from

there, grew and matured in that faith, which translated into their interactions with their

support systems. Rick wrapped it up by saying, "Everything we do here (at the facility),

you can see God." This was evident even in the music played in the hallways. Anthony

shared, "We have Christian music that plays in the hallways. When I'm going through the

hall, I may have something on my mind, and I may hear a song that God uses to help me reflect on something I'm dealing with." Music can be a healthy alternative to substance use, especially when it provides the fathers with emotional expression, distraction, and emotional regulation.

Within the context of substance misuse treatment for fathers, prioritizing children ensures that fathers focus on their well-being and development, serving as a source of motivation and purpose during treatment and recovery. Establishing effective co-parenting fosters a supportive environment for both the father and the child, facilitating healthy relationships and effective communication. Furthermore, forming a brotherhood and gathering external tools are essential, offering additional support and motivation through the recovery journey. The concept of brotherhood, summarized by shared experiences and camaraderie among individuals facing similar challenges, nurtures a supportive community for recovery. This fellowship provides fathers with a network that understands the nuances of their struggles, enabling them to share insights, encouragement, and strength. Concurrently, the provision of tools, encompassing resources, coping strategies, and practical guidance, provides fathers with the necessary skills to navigate the complexities of substance misuse and fatherhood. Forming a brotherhood and gathering external tools not only enhances the support for fathers in substance misuse treatment but also empowers them with the tools needed to build a strong foundation for lasting recovery and meaningful connections with their families. Together, these sub-themes of applying spirituality to healthy fatherhood engagement contribute to fathers' overall well-being and enhance their ability to navigate treatment and recovery while fulfilling their parental responsibilities.

Fathers' Final Thoughts

As the interview concluded, fathers were asked about their final thoughts and suggestions for fathers coming to treatment (see Table 2). These data reflect wisdom and lessons learned from fathers who offer practical tips for maintaining sobriety while actively engaging in their parenting role. These reflections also underscore the potential for positive transformation and familial reconnection when fathers prioritize their well-being and roles as engaged parents during recovery.

Table 3

Final Thoughts

Participant	Suggestions
Matt	"Go to the Bible for your answers."
Rob	"You are worth it. Your kids are definitely worth it."
James	"Take it slow and easy at first."
Clyde	"You have to be still and let God do his work because we've hurt a lot of people out there, and it don't get fixed overnight."
Rick	"Don't force it on them; let them see that you're doing better, and it'll come around. Don't give up."
Scott	"Stick it out; it gets better."
Jim	"Stay sober and get your family because that means everything."

Pete	"Study and get into that book. Without God, we're nothing."
Travis	"Always be open-minded and never think that you're a good father because you always have room to grow."
Caleb	"Be still, put in the work while you're here, stay here, and do what you've got to do."
Victor	"Don't get too caught up in getting back out there to take care of your kids when you're in treatment."
Alan	"We've put our kids through a lot, so show them that you want to be their dad. And give them time because they need time to heal. They'll come around. It might take a year, it might take six months, but they will come around. And when they do, you won't regret it. Just stay consistent."
Anthony	"You're only going to grow and get what you want out of it with how much you put into it."
Blake	"Be patient. And be honest."

Focus Group

After the themes were identified, fathers were invited to attend a focus group as a way of member checking and providing an opportunity for them to clarify or provide

feedback on the results. Three fathers were in attendance: Alan, Blake, and Anthony. No discrepancies were identified in the presented results; however, the fathers engaged in further dialogue regarding a few themes. For example, when speaking about Biblical truth, they also used Biblical principles and a way of life. For them, just as substance misuse had once been a lifestyle, they now found a way of life in actively serving their higher power and living in sobriety with its help.

As mentioned, when discussing how faith and spirituality impacted their parenting, Alan and Blake shared that if their spiritual self was off, everything else in their life was off. This statement connected back to being God-conscious and allowing God's will to be placed above their own. In doing this, the fathers felt everything else in their lives "fell into place." Another critical piece discussed previously is the brotherhood they found themselves in. Discovering the brotherhood at the facility for Blake meant he could explore his emotional side and have deeper connections with the men in his program and later in life, something he did not feel comfortable doing before due to societal expectations of men.

In reflecting on their journey, the fathers agreed that the experience gave them a simpler view of life because they were once in "bad situations, and now we see good in life." They also shared that they do not look down on others for their past choices and choose not to focus on the negative side. They show empathy, love, and genuine interest in hearing "other people's stories." When discussing their father role, Blake shared, "We see the importance of being better fathers because we have taken a look at why we drank and used drugs, and it stemmed from things from how we were brought up as a child. We

are trying to stop the cycle. If we can stop the cycle with our kid, it will change generations." Anthony added that these are "generational curses" that, through their faith and prayer, can be broken. By attending treatment, Blake was "allowed to follow the steps and work through what happened in childhood." The process of addressing past trauma while in treatment was a key factor for him to move forward in his sobriety. Anthony added that he understood that it was not his fault for what happened to him as a child, but it was his responsibility to address it, likewise for other fathers with their own trauma.

Concluding the focus group, the fathers were asked what these results meant to them and what they hoped to see come from the study. Blake expressed his appreciation for being included in the study and stated, "The payment we receive spiritually is a motivating factor in being here." He hoped the study results would plant a seed and eventually grow and blossom into blessings. Blake shared some of the blessings he had received on his journey, and he hoped they could be passed on. "I hope it helps someone, and it will change someone's view enough to allow it to have a positive impact on someone else." Alan reiterated that being a part of the study was a spiritual blessing. His hope for the results was for "someone to read this and realize we were stuck in a mess too, just as they were, and there is a way out. It is possible to turn your life around. You do not have to stay stuck your whole life. There is hope!"

Chapter Summary

Fathers believed faith and spirituality encapsulated believing in a greater power than oneself and a complete surrender to that higher power. For the fathers interviewed,

Jesus Christ was their identified higher power, prompting Biblical truth as an essential

concept to their faith. As fathers routed the new lifestyle of faith, their beliefs led them to

redemption and possessing a God-conscious. Embodying these concepts while attending

their treatment led to sobriety and changes in their behavior that ultimately directed them

to repairing relationships and building new ones that were rooted in faith and goodness.

In turn, fathers could be role models for their children and be fully present in their lives

by prioritizing their needs. Their engagement, accessibility, and responsibility increased,

making them more optimistic about their interactions. Building a stronger foundation for

post-treatment is what kept the fathers motivated to continue their time at the facility and

work towards a "changed heart."

Chapter 6: Findings

This study aimed to examine fathers on their journey from addiction to recovery, how spirituality played a role in their recovery, and how the process impacted their role as a father. Three research questions guided the study: 1) how do fathers enrolled in substance misuse treatment programs describe the role that spirituality plays in their addiction treatment and recovery process? 2) how do fathers perceive the role of spirituality in helping them navigate and engage with their children? 3) what additional supports do fathers rely upon during the treatment and recovery process – and to what extent are those supports grounded in spirituality?

This qualitative study consisted of in-depth interviews with 14 men between the ages of 27 and 59 who were currently participating in or previously completed substance misuse treatment and could speak to the role of faith and spirituality in their recovery journey. The interviews took place from June to August in the summer of 2023. The recruitment of participants from the facility involved gatekeepers, recruitment flyers, and the utilization of snowball sampling methods. A professional transcription service transcribed the interviews verbatim, and I listened to each interview while reading the transcript. Participants engaged in interviews lasting from 16 minutes to one hour and 10 minutes. Additionally, a second coder assisted in the data analysis process and provided feedback when refining the codes, themes, and categories. In this chapter, I delineate the discoveries, draw conclusions, discuss implications for practice and policy, and provide recommendations for future research.

Summary of Findings

Chapter five outlined two overarching themes: pillars of a spiritual awakening and applying spirituality to healthy fatherhood engagement. Surrounding the central theme of the pillars of a spiritual awakening were three sub-themes: believing in a greater power than oneself, embracing a God-conscious, and finding redemption. Theme two diverged into four separate but interconnected sub-themes regarding fatherhood, the influence of spirituality on fatherhood, and additional supports fathers relied upon during the treatment and recovery process: prioritizing children, establishing effective co-parenting, and gathering external tools. Fathers defined the concept of fatherhood as being a role model and actively involved in the child's life. Diving deeper into the interviews, I saw that most fathers connected faith and spirituality to their definition of being a father. Further explanation of the role of spirituality in fatherhood also includes the three domains of Lamb et al. (1985) father involvement model: engagement, accessibility, and responsibility.

The findings revealed a spiritual awakening that encompassed surrendering to a higher power. Fathers found faith and spirituality vital in their recovery, primarily through embracing a God-conscious grounded in Biblical truths. Through redemption, fathers found a second chance at life by being set free from the bondage of their addiction and, thus, paved a roadmap for them to engage in effective and healthy co-parenting. Experiencing liberation from their addiction allowed fathers to transform their existence with God's will directing their steps. Fathers spoke of allowing God's will to take precedence over their own will for their lives. Embracing a God-conscious in their lives,

the fathers found space to improve their relationship with their children. The fathers

could prioritize their children and be actively involved in their engagement, accessibility,

and responsibility for their children. Furthermore, faith allowed them to build a stronger

foundation for their family unit, whether this involved their partner and children, co-

parenting with another family member, or living as a single father. When fathers spoke to

additional support, they found helpful on their recovery journey, a resounding concept of

the brotherhood created at their treatment center was discussed. Additionally, the fathers

spoke of several additional tools that kept them moving on their journey. These included

meetings (AA/CR), the facility resources, and music. Horden (2000) has shown that

music and music therapy possess therapeutic power and are linked to enhancements in

memory for dementia patients (Gómez-Gallego & Gómez-García, 2017), improvements

in depression (Hartmann et al., 2023), alleviation of anxiety (Gutiérrez & Camarena,

2015), and support for individuals grappling with substance misuse (Murphy, 2017).

These findings provide a glimpse into how fathers attending substance misuse

treatment experience and interpret their parenting roles, something that had previously

been lacking in the existing literature (Taylor, 2012). The findings also support previous

studies that found fathers who misuse substances experience lower paternal satisfaction,

increased feelings of guilt for their parenting, and concern regarding the type of role

model that they have been for their children (McMahon et al., 2007; Rubenstein &

Stover, 2016; Stover & Kiselica, 2015). Despite this, a motivating factor for fathers

entering treatments is to obtain sobriety for their children (Stover et al., 2019).

Additionally, the fathers interviewed wanted to attend paternity and co-parenting sessions

as part of their residential treatment, further strengthening previous studies (Stover et al.,

2012; Stover et al., 2019). Such programs that can be incorporated into substance misuse treatment and recovery could be 24/7 Dad (24:7 Dad®, n.d.) and Insideout Dad (CEBC » Insideout Dad › Program › Detailed, n.d.). While Insideout Dad focuses on fathers who had previously been incarcerated, the program could still apply to fathers in substance misuse treatment, as all but one father interviewed for this study had been incarcerated at one time or another before coming to treatment. While these two programs are not rooted in faith, they have optional spiritual sessions. Given that one aspect of this study was grounded in the purpose the fathers found on their spiritual journey, which then impacted their recovery and engagement with their children, it is justifiable to consider placing these sessions as required instead of optional.

Previous research has also suggested a substantial need for cultural awareness and sensitivity when providing services and engaging fathers in primary prevention programs (Pfitzner et al., 2017). One finding of this study highlights the need for spiritual awareness, inclusion, and outlets to practice beliefs. As Koenig (2009) stated, spiritual/religious beliefs "provide a sense of meaning and purpose during difficult life circumstances that assist with psychological integration" (p. 285). Fathers participating in the study expressed a night and day difference when they began to place their trust in their higher power and surrendered their will to God. By attending a faith-based program that provided opportunities to connect with this area of their life, they could move forward in their healing and recovery and discover ways to engage in healthy parenting.

Conclusion and Discussion

The study's findings led to four different interpretations: Spirituality allowed fathers a second chance at life and a transformation in their recovery; Spirituality paved the way for fathers to reconnect with their children and enjoy fatherhood; Spirituality encouraged fathers to build a stronger foundation for their families; and fathers need a range of supports to assist them on their recovery journey, and it is important those are grounded in faith.

Spirituality Allowed Fathers a Second Chance at Life and a Transformation in Their Recovery

The first interpretation of this study is that spirituality allowed fathers a second chance at life and a transformation in their recovery. Consistent across all fathers was a discussion about how spirituality took root in their lives once they surrendered to their higher power. Surrendering their will meant a lifestyle change, transforming who they were, not just as fathers, but as human beings. Faith, to them, meant the difference between life and death. When fathers referenced this, they spoke to times when they "fell away" from their higher power, which led to relapse. When the fathers were living with their God-conscious, they felt revived from the transformation they underwent and alive. As two fathers mentioned during the focus group, "If I am spiritually off, everything else is off" (Blake and Alan). Wiman (2010) stated, "To be truly alive means to feel one's ultimate existence within one's daily existence, to feel one's trivial, fritter-ing anxieties acquiring a lightness, a rightness, a meaning" (p. 67). For so many of the fathers, they brought insecurities, regrets, and a feeling of being lost at the start of their treatment.

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Acquiring faith in their higher power allowed them to find hope in their existence and future for a change.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), recovery is "a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential" (Recovery and Recovery Support, n.d., para. 1). One of SAMHSA's guiding principles to recovery is hope, in which it is believed to be the catalyst of the recovery process (Recovery Principles, n.d.). The fathers spoke of hope being an essential piece to their recovery. The hope they found in their higher power was that, through their walk with their God, they knew they could overcome their addiction. Across interviews, hope was used to describe other aspects as well, such as giving hope to other men in the program through being an example (Rob), a positive change in their relationships with their children and family (Clyde, Jim), being a better version of themselves (Victor), and perseverance to keep going and not giving up (Alan, Anthony). Offering hope to others has also been found to be a crucially essential and distinctive role of the church (Baker & Skinner, 2006). Fathers, on their faith-based journey to recovery, noted the importance of biblical principles and aligning their walk with God's will and Word.

SAMHSA also has four dimensions of recovery, purpose being one of those (Recovery and Recovery Support, n.d.-b). For fathers, faith gave them a second chance at life, and they came to find a sense of purpose in that chance. As Rick said, "I know God's real, and I know that I have a purpose in life now." When other fathers spoke of their past, they felt they should not be alive due to the choices they made; however, they felt

that God had a purpose for them, and now, through their recovery, they could fulfill that. This purpose, God's will in their lives, is one thing that kept fathers motivated to continue their treatment. The fathers knew that if they could continue to follow God's will over their own, they would continue their sobriety and live up to their fullest potential by allowing God space in their lives.

Spirituality Paved the Way for Fathers to Reconnect with Their Children and Enjoy Fatherhood

The second interpretation of this study is that spirituality paved the way for fathers to reconnect with their children and enjoy fatherhood. Fathers noted feeling like a burden to their children during their substance misuse; however, the results of this study differed from that of Arenas and Greif (2000) and Soderstrom and Skarderud (2013) in that once they entered treatment and began to develop their faith and spirituality, they were no longer uncertain about their role and relevance as a father. This aligned more with Taylor's (2012) study, where it was found that fathers had well-established perceptions of what qualifies as good parenting and desires to fulfill that role better. While the fathers were primarily focused on their recovery to be better parents once they completed treatment, all of them were open to interventions that would benefit their relationship with their children while also working on their recovery. Many attended parenting classes at the treatment center to learn positive and effective parenting strategies.

Through the fathers' spiritual self-discovery (Miller, 2015), they were able to find greater parenting satisfaction and decreased parenting stress (Burr et al., 2012; Mahoney

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& Boyatzis, 2019). Since the fathers and their children were no longer worrying about their physical safety, the fathers could connect by being present and attending to their children's needs. This was found to be true across all domains of Lamb et al. (1985) model of father involvement. As fathers spent time in their treatment and placed spirituality at the center of engaging with their children, their engagement, accessibility, and responsibility for their children increased. Fathers also spoke about the forgiveness and grace their higher power had shown them, and they now displayed these same acts to their children. The fathers found themselves to be more warm, supportive, and understanding of their children, which aligns with various other studies on the impact of faith on parenting (Goeke-Morey & Cummings, 2017; Letiecq, 2007; Powe & McKinney, 2013).

Spirituality Encouraged Fathers to Build a Stronger Foundation for Their Families

The third interpretation of this study is that spirituality encouraged fathers to build a stronger foundation for their families. While the fathers were in active misuse of substances, they spoke of living unhealthy lifestyles. When coming to faith and working on their recovery, improving that lifestyle was a priority for them. Building a strong foundation meant establishing boundaries, creating healthy relationships, and providing a safe environment for their families, all of which were rooted in spirituality and their relationship with their higher power.

Scriptures urge believers to "trust in the Lord with all your heart, and lean not on your own understanding" (New International Version Bible, 1978, Proverbs 3:5–7). Through all interviews, the fathers referenced building their faith and foundation by

doing as this Scripture asks. The fathers began each morning with prayer time, reading

their Bible, communion through worship music, and setting their minds to God's will for

the day. This morning practice became a boundary they set for themselves moving

forward in their recovery. Without it, the fathers felt distant from their calling and living

a purposeful life. Another aspect of boundary setting was how the fathers co-parented,

especially for those who did not live with the mother of their children. Many fathers'

relationships with the mothers of their children drastically changed for the better once

they engaged in faith-focused recovery; however, they noted the importance of setting

healthy boundaries with them. These boundaries reflected things such as staying

consistent (scheduling visits, discipline, and duties), improving communication (neutral

and calm), and not speaking poorly of one another (especially if the child was present). In

setting these boundaries, the fathers found they were creating healthy relationships and

learning how to navigate those while applying a faith-based lens. Ultimately, the fathers

created a safe environment for their children while laying a firm foundation with healthy

boundaries and relationships.

Fathers Need a Range of Supports to Assist Them on Their Recovery Journey, and it is Important That Those are Grounded in Faith

The fourth interpretation of this study is that fathers need a range of supports to

assist them on their recovery journey, and it is important that those are grounded in faith.

This support for the fathers interviewed began at the treatment center. Borkman (2008)

points out that substance misuse treatment facilities need to embrace a holistic paradigm

of treating mind, body, and spirit. The treatment center where the fathers attended

embraced this approach to their program by offering a range of support tailored to treat the whole father. Fathers had access to individual therapy, group counseling, and peer support specialists. Additionally, they had opportunities to attend church services, alcoholics anonymous and celebrate recovery meetings, and Bible studies. These services, combined with family day events, parenting classes, family therapy, and life skill courses, allowed fathers to address each area of their lives to build a better foundation for themselves and their families.

According to SAMHSA, peer support is another guiding principle to recovery (Recovery Principles, n.d.). One key resource all fathers mentioned was the sense of brotherhood, which encompasses the peer support specialists that assisted the fathers in their recovery. Sharing experiential knowledge and skills can play an invaluable role in recovery, especially with the encouragement and engagement of their peers. Peer support allows the fathers not to feel alone, physically but also situationally. All peer support specialists had at one time experienced substance misuse and were now living in sobriety. This resource impacted the fathers so profoundly that it led three of them (Victor, Alan, and Blake) to become peer support specialists once they completed the eleven-month program.

Aligning their body with mind and spirit was another vital factor for the fathers. Researchers (Breslin et al., 2003; Du Plessis, 2010; Masaud et al., 2018) encourage holistic approaches that allow individuals to learn ways to cope and ease the mind, body, and spirit. Furthermore, an integrated, holistic approach allows treatment plans based on the individual's strengths, allowing for hope for healing and recovery (Masaud et al.,

2018). While being able to engage in services that allowed them to process thoughts and feelings that led to substance misuse and effective strategies for sobriety while applying a faith-based lens, fathers were also devoting time to ensuring they were creating healthy practices for their physical health. Several fathers mentioned playing basketball, working out, and going for walks. Fathers also spoke of attending regular doctor checkups and being more mindful of their diet. All these assisted fathers in working towards the best versions of themselves possible. Attending to mind, body, and spirit, taking advantage of the resources available at the treatment center, and working on repairing broken relationships with friends and family all link back to working on building a strong foundation for the future, engaging with their children, and living out a transformed life.

Theoretical Interpretations

This study relied on Lamb et al. (1985) father involvement model, ecological systems theory (Bronfenbrenner, 1974; 1977), and the model of integrated spirituality (Delaney, 2005) as the guiding conceptual frameworks. The models selected for this study conceptualize how father involvement is influenced by substance misuse treatment and recovery, the role spirituality plays in that process, and the multiple systems with which the father engages. Each father was asked about the three domains in Lamb et al.'s (1985) model of father involvement: engagement, accessibility, and responsibility. Each father-child relationship had previously been impacted in all three domains when the fathers were in active misuse. As the fathers began their recovery, each highlighted the shift in these relationships and the increased time and energy directed toward repairing

the bonds. When inquired about additional changes to how their parenting changed during recovery, no new themes were mentioned outside of Lamb et al. (1985) domains.

In examining the role of faith in the father's treatment and recovery, all three of Delaney's (2005) factors of spirituality were present. Self-discovery (intrapersonal) was found when the fathers entered treatment and began an internal reflection and search for a purpose outside of misusing substances. During this reflection, fathers began to develop relationships (interpersonal) through a created brotherhood and peer support model that allowed the fathers to connect to those who had similar experiences on a deeper level and explore their emotional side. Both factors influenced eco-awareness (transpersonal), involving a higher power in which their faith was placed and following God's will and not their own. These interconnected domains ultimately led the fathers to growth, healing, and transformation for a changed future.

Ecological Systems Theory (Bronfenbrenner, 1974; 1977) assisted in understanding the development that took place for the fathers within the context of systems. By examining the fathers' chronosystem first, one could see the path that led to their substance misuse and then their transition to recovery. During this, several of the fathers mentioned some form of trauma that had taken place during their childhood or early adulthood that left them searching for a way to process, or in some cases hide, from what happened to them. There have been over 20 years of research on trauma, particularly ACEs (adverse childhood experiences), and the literature demonstrates a strong correlation between ACE scores and addiction. (Zarse et al., 2019). For example, adults are three times more likely to experience alcohol problems in adulthood if they

endorse four or more ACEs (Dube et al., 2002). The trauma response for the fathers interviewed was to self-medicate through their lifestyle of substance misuse. Understanding this connection between trauma and addiction is important to understand for future implications for working with fathers in substance misuse treatment.

Exploring the additional systems of Bronfenbrenner's (1974; 1977) provided a lens to answer the third research question regarding additional support needed for substance misuse treatment and recovery. Microsystem relationships are bi-directional and involve parents, siblings, and peers (Mahoney & Ettekal, 2017). Each father had a family dynamic that played a part in their treatment and recovery. Whether that was parents, siblings, grandparents, or extended family. When the fathers were able to reconnect on a healthier and meaningful basis with these supports, they were able to make progress in their treatment. Other fathers spoke of friends from their "old life" that did not serve a purpose for their new direction, in which sobriety was a primary goal. The mesosystem is an interaction between two or more microsystems, such as the relationship between family and spiritual beliefs (Mahoney & Ettekal, 2017). In this system, the study also used the Model of Integrated Spirituality to understand the development of faith, the application of faith, and the lifestyle created from this concept of spirituality. The ecosystem involves the workplace, the neighborhood, and even financial difficulties that could occur directly or indirectly to the person, which has the potential to impact their development (Mahoney & Ettekal, 2017). As fathers progressed in their treatment program, they were allowed to work within the center, providing skills and work ethics to be exercised during their treatment to extend once they began reacclimating with the larger society.

Finally, the macrosystem examines how cultural factors influence an individual, including socioeconomic status, wealth, poverty, and ethnicity. (Mahoney & Ettekal, 2017). Therefore, the culture that individuals are immersed in may influence their beliefs and perceptions about events. This system was also considered when exploring the chronosystem. By exploring the father's childhood, the path from misuse to recovery, and faith-based principles, one could recognize patterns created regarding the culture in which the fathers were immersed. Fathers raised in church either abandoned their beliefs while in active misuse or loosely followed those. Nevertheless, all fathers spoke of knowing that the lifestyle they were previously living did not align with the principles of their faith. As fathers began their treatment and recovery, they spoke of feelings of conviction that helped them turn from their previous ways and live in sobriety with their higher power guiding them. There was also the perception at the start of their treatment and recovery that they did not deserve a second chance, while others spoke of thinking they could live in sobriety on their own with no outside help. As the fathers delved further into their program, they spoke again of needing their higher power and brotherhood to live out their purpose and make a difference in their lives.

All levels of the Ecological Systems Theory and Model of Integrated Spirituality were addressed in the study to understand the support needed for fathers in substance misuse treatment. In addition, these supports encouraged and paved the way for fathers to reconnect with their families and ultimately strengthen their engagement with their children. Additionally, components of Moran et al. (2004) were also identified in the way that kept fathers engaged in treatment. Fathers noted the strongest encouragements to stay committed to their treatment were the negative consequences (tired of living the way they

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were living), learning how to build and repair relationships, making amends, and working towards the best version possible for their children. This also translates to the types of services offered at the treatment center. As previously discussed, fathers need to receive individual therapy, group counseling, family therapy, peer support, educational classes, parenting courses, and ways to ground these in the tenets of their faith.

Overall, the study findings aligned with the core tenets of each theoretical framework. Furthermore, by considering the integration of several frameworks, researchers can develop a more holistic understanding of how fathers perceive and navigate the role of spirituality in substance misuse treatment, how they engage with their children while navigating care, and the support systems fathers need to access while beginning their healing journey. A holistic approach recognizes the multidimensional nature of human experiences and emphasizes the interconnectedness of individual, social, and cultural factors. Precisely, creating a theoretical link between music, spirituality, and healing can refine the integration of the Ecological Systems Model (Bronfenbrenner, 1974; 1977) and the Model of Integrated Spirituality (Delaney, 2005). This process offers a potential pathway to advocate for incorporating music therapy within a therapeutic landscape receptive to spiritual considerations (Potvin & Argue, 2014). The integration of the frameworks furthers the understanding that the need for fathers to have various toolkits at their disposal when navigating their healing and recovery requires multiple avenues and viewpoints that support resources rooted in or at least supportive of spiritual connections.

Additionally, the study's results draw a connection to Neudorfer's (2018) work regarding the spiritual dimension of music therapy, prompting further investigation into augmenting Delaney's (2005) Model of Integrated Spirituality to incorporate this dimension as a pivotal factor in spiritual development. Within the mesosystem framework of the Ecological Systems Model (Bronfenbrenner, 1974; 1977), there is also a need for deeper exploration into the role of music, particularly in the context of substance misuse treatment and spiritual beliefs. While listening to music and the modality of music therapy are separate concepts, fathers at the treatment center emphasized the significance of hearing Christian music playing in the hallways, particularly during the more challenging days of recovery. Music was a resource that enabled them to reflect and shift their mood, maintaining a recovery mentality. Conducting further research on the impact of playing Christian music during treatment or offering music therapy as a service could underscore the significance of this aspect in implementing preventive measures against relapse.

Limitations of the Study

The findings of this study reflect how fathers perceive the role of spirituality in their substance misuse treatment and recovery and engagement with their children. However, readers should interpret the findings and results with caution due to the limitations of this study. Although I strived to recruit fathers from two treatment centers, recruitment was only successful at one location and was based on a small, non-random sample of 14 fathers. Because of this, the findings are limited to the perspectives of fathers located at one treatment center and may not reflect a collective truth for all fathers

currently receiving substance misuse care. Additionally, the location was a faith-based facility. This narrow recruitment pool may limit the generalizability of the findings to a broader population of fathers struggling with substance misuse who are not affiliated with faith-based organizations. It could also introduce bias, as individuals within a religiously oriented treatment program may have different motivations, support systems, and experiences compared to those in non-faith-based facilities. Another aspect to consider with the sample recruited from this single facility was the lack of ethnic and cultural diversity, as more than 90% of Caucasian males represented the facility.

Another limitation comes from the fathers' ability to reflect on how spirituality impacted their recovery and engagement with their children. The data collected from some interviews (n=5) was not as detailed and rich. Even with follow-up questions, the fathers provided few details and could not answer specific questions. Faith and spirituality can be complex concepts, and it can be challenging to articulate perspectives with words. Discussing one's path from substance misuse to recovery can also be challenging, especially since it requires a level of vulnerability that some fathers might find uncomfortable. This discomfort could have led the fathers to minimize their responses and not provide intimate details. Despite this limitation, the current study allowed fathers to share as much narrative as they could or desired. Additionally, although some interviews were shorter, the same codes were found in the lengthier interviews.

Finally, I possessed a robust spiritual belief system during the study and worked in the mental health profession. While this does not fall under what Creswell and Poth

(2018) refer to as "backyard" research, having this connection to the study can lead to incomplete or biased findings. However, as mentioned in Chapter Three, I employed multiple validation strategies to avoid this issue. These strategies included employing a second coder, writing memos and audit trials, and conducting a focus group to present the study's findings to the fathers interviewed to ensure an accurate representation of their words and phrases were captured.

Implications for Practice

The current research study examined the relationship between spirituality and substance misuse treatment and recovery for fathers, along with how spirituality then impacted their engagement with their children. From one standpoint, Campbell et al. (2015) posited that fathers who are involved and engaged with their children help them develop better physically, cognitively, socially, and emotionally. While little is known about best practices for engaging fathers in parenting and prevention efforts and the barriers this group encounters in accessing treatment (Lee et al., 2009), since all participants described a need to improve parenting skills, parenting programs in substance misuse treatment would be one step to help strengthen fathers' general parenting knowledge, communication abilities, and self-esteem.

Another important factor to consider when working with fathers in substance misuse treatment is understanding the nature of trauma and its impact on the individual. Among other personality, genetic, and psychosocial risk factors, psychological trauma is commonly linked to an increase in vulnerability to the development of substance misuse disorders (Butt et al., 2011; Chen et al., 2010; Devries et al., 2014; Skagerstrom et al.,

2011; Simpson & Miller, 2002). This is even more reason to be well-informed when working with individuals who have experienced trauma in their history. One suggestion for this is to utilize person-centered and trauma-informed care. Utilizing a trauma-informed approach has shown increased patient retention and dropout rate decrease when treating individuals with a substance misuse disorder (Amaro et al., 2007; Brown et al., 2013; Hales et al., 2019). According to Hopper et al. (2010), trauma-informed care can be defined as

> a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment. (p. 82).

Incorporating key principles of trauma-informed care, such as safety, collaboration, empowerment, trustworthiness, and choice (Harris & Fallot, 2001), allows the father to feel more in control, secure, and at ease to commit to this care, knowing that he has genuine help from his treatment team. Additionally, practitioners must understand that traumatic experiences are not generally individual experiences but instead shared experiences that span systemic problems such as racism, socioeconomic inequity, and gender (Bartholow & Huffman, 2021).

Assisting fathers in navigating the development of new relationships but also determining the presence of old relationships and how that impacts their sobriety is another crucial step in substance misuse treatment and recovery. If fathers use the twelve

steps of Alcoholics Anonymous, they will eventually come to step nine, which is to make amends to those they hurt in the past (Wilson, 1976). Through individual and group counseling sessions, the fathers can discuss this step and decide the best action to make amends. The other side to this coin is developing new relationships outside of their active misuse history. This process could entail working with the father in individual sessions but also for the father to attend courses tailored to effective communication strategies, healthy relationships, and managing those in sobriety.

This study's core was the role of spirituality, its impact on substance misuse treatment and recovery, and how spirituality impacts father involvement. It is imperative for clinicians and other staff to inquire about the role of spirituality for a father entering treatment. Furthermore, if a father deems spirituality important to him, the treatment team could implement an individualized treatment plan incorporating spiritual-based components. As previously noted, purpose is one of SAMHSA's dimensions of recovery (Recovery Principles, n.d.). One can link purpose to family, career, and other personal achievements, but it is essential to acknowledge the purpose that one can find in one's spiritual journey. Incorporating a holistic approach that integrates mind, body, and soul can be a powerful tool for a successful recovery (Oliver, 2020). Additionally, since the study's results revealed that fathers need a range of supports to assist them on their recovery journey, a holistic approach can also include sources of support from each system of the Ecological Systems Model (Bronfenbrenner, 1974; 1977).

Lastly, providing a chance for fathers to begin working a job again while still in treatment is an important step in recovery. This model of integrating work while still in

treatment allows the father to work "outside the bubble" of treatment and begin

navigating multiple systems at one time again. Reacclimating to the larger society after

months of treatment can be difficult and complex; having a program that attends to this

area of need has the opportunity to set the fathers up for greater success and decrease the

chance of relapse. There are several benefits to working while in recovery, such as

improved social connections, increased self-control and discipline, new skills, financial

stability, improved mental health, increased confidence, and having a structured routine

(Miller, 2023).

Implications for Policy

Research on fatherhood and the intersectionality of substance misuse treatment

and spirituality can have various policy implications. The first is policies centered

around promoting father-specific parenting support programs within substance misuse

treatment centers. There is considerable evidence that supports the benefits of father

involvement for child development and overall well-being (Carlson & Magnuson, 2011;

Pleck, 2010). Parenting programs could address issues specific to fathers, such as

parenting skills and rebuilding family relationships. Tailoring programs to meet these

unique needs of fathers can offer support, education, and resources to enhance paternal

involvement in child-rearing. Policymakers may need to encourage and support substance

misuse treatment programs that are inclusive and considerate of the unique needs and

challenges faced by fathers in substance misuse treatment. This includes recognizing the

importance of family dynamics and the role of fathers in the treatment process. A

component of this parenting program could also involve topics such as promoting co-

parenting. Research on fatherhood can inform policies that encourage co-parenting and shared parenting responsibilities, including legal frameworks and social norms that support cooperative parenting, even in cases of separation or divorce.

Another policy implication could be introducing more faith-based treatment programs. If research suggests that faith and spirituality play a significant role in the substance misuse treatment of fathers, policymakers might consider supporting or integrating faith-based approaches into treatment programs. This could involve collaborations with religious organizations, training for counselors on faith-based approaches, and potentially allocating funding for faith-based initiatives. Additionally, policymakers may consider implementing training programs for substance misuse treatment providers to enhance their understanding of the intersection between fatherhood, spirituality, and substance misuse. Providing specific training such as this can help providers offer more personalized and effective care.

Lastly, policies might focus on supporting fathers in the reintegration process with their families after completing substance misuse treatment. The reintegration process could involve transitional support services, family therapy, and community resources to help fathers rebuild relationships with their children and partners. Upon treatment completion, individuals often receive brief "aftercare" services where they are expected to carry out long-term recovery independently (White & Kelly, 2010; Dennis & Scott, 2007). The United Nations Office on Drugs and Crime (2005) describes this approach as 'admit, treat, and discharge,' which frequently results in patterns of dropout rates, relapse after treatment, and readmission rates. Substance misuse treatment must not be treated in

isolation if the goal is to improve treatment outcomes and ensure successful integration into society. Rather than solely focusing on substance misuse and recovery, it is essential to consider and address the broader context in which these processes occur (Neale & Kemp, 2010). Therefore, social reintegration measures must aim to create an all-encompassing continuum for prevention and care (Perlman & Jordan, 2017; Socías et al., 2016). An implementation suggestion involves adopting a sustained recovery management model for substance use disorder (SUD) treatment, considering the relapsing and chronic nature of addiction (Kelly & White, 2011; White, 2015). This model aims to go beyond merely stabilizing clinical symptoms and provide continuous recovery support throughout various stages of the care continuum and the recovery process (Kelly & White, 2011).

In summary, fatherhood research can contribute to developing policies recognizing and supporting fathers' diverse family roles. These policies can enhance family well-being, child development, and societal outcomes. In implementing these policies, it is vital to involve various stakeholders, including healthcare professionals, faith-based organizations, social workers, legal experts, and affected communities, to ensure a comprehensive and collaborative approach. It will also be imperative to encourage policymakers to allocate funding for further research into the intersection of fatherhood, spirituality, and substance misuse treatment. Providing adequate funding can help develop evidence-based practices and understand this population's needs.

Recommendations for Future Research

This study described the role of spirituality for fathers participating in substance misuse treatment and engaging with their children. One aspect of this dynamic that was not explored was the factor of incarceration. Outside of one father, all other participants in this study experienced one or more incarcerations, with three participants having an accumulation of 15 plus incarcerations. Incarceration is another key piece in the intersectionality of the complex concept of fatherhood. Future research could explore this piece alongside substance misuse treatment and father engagement, particularly the difference between mandated and voluntary care.

Another consideration might be to further investigate the topic of spirituality and sobriety after a year of completed treatment. Outside of the three participants, all other fathers had between three and eleven months of treatment and sobriety. Those fathers who had more time in sobriety had more rich and detailed interviews. Recruiting more than three fathers for future research could expand the themes found in their experiences and aid in understanding what is needed for faith-based programming when engaging fathers in care. When Martin et al. (2015) followed participants from two weeks to six months after enrollment in alcohol outpatient treatment, their discovery revealed that individuals who turned to faith as a coping mechanism were less prone to heavy drinking and consumed fewer drinks per day compared to those who did not identify as religious or spiritual. Extending a longitudinal study over the past 12 months could allow for further results and an understanding of the advanced connection between spirituality and sobriety. This recommendation also follows Volling and Cabrera's (2019) core issue

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number 4 (consider that the study of fathers may uncover "new" parenting constructs that predict children's development (p. 113)) and number six (develop new assessment tools, expand research questions and broaden representation (p. 115)) for researchers to consider for advancing scholarship on fathering. While this study highlighted the role of spirituality in a fathers' engagement with their children, it did not produce "new" parenting constructs or develop new assessment tools. However, what is presented here can be expanded for future research on these two core issues.

Another potential avenue for future research involves actively recruiting fathers from substance misuse facilities that either promote spirituality outside of Christianity or those that lack affiliations with faith-based organizations. Exploring non-faith-based settings could offer valuable insights into this population's unique challenges and needs. Understanding the experiences of fathers grappling with substance misuse outside of religious frameworks could inform the development of tailored interventions that resonate with diverse belief systems and cultural backgrounds. By broadening the scope of research to encompass a broader range of treatment facilities, researchers can contribute to more inclusive and effective strategies for supporting fathers in their journey toward recovery.

The substance misuse field requires integrated treatment models that effectively address individuals' etiological, biological, psychological, social, spiritual, and cultural factors (Adedoyin et al., 2014). One suggestion can be applying the selected models of this study to capture the unique dimensions of a person in a more comprehensive singular model and apply that model to future research studies that investigate substance misuse

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treatment and recovery. Another suggestion, incorporating the results from this study, would be to investigate the concept of spirituality assisting fathers in building a stronger foundation for their children and families and exploring how the fathers' children perceive these processes.

Lastly, as previously mentioned, offering parenting classes can play a crucial role in engagement for fathers while attending treatment. Future research could explore parenting courses in connection with the domains of Lamb et al. (1985) model of father involvement. Recruiting fathers to participate in a parenting class while attending treatment can help discover further domains of parenting engagement and assess the quality and quantity of time spent with their children post-participation in the course and overall substance misuse treatment. Two studies found that fathers would be willing to attend paternity and co-parenting sessions as part of their residential treatment (Stover et al., 2012; Stover et al., 2019). These studies suggest that men are open to interventions that would benefit their relationship with their children while working on their recovery.

The literature clearly states that researchers assess children's overall well-being as healthier when their fathers remain involved (Campbell et al., 2015; Fowler et al., 2017). Assisting fathers in building healthy relationships with their children could improve family relationships and support the fathers in developing prosocial skills, which may assist in interrupting the cycle of recidivism (Galardi et al., 2017) and decrease relapse. Furthering research in this area with the above suggestions can expand the literature and improve family well-being.

Chapter Summary

The purpose of this study was to examine fathers on their journey from addiction to recovery, how spirituality played a role in their recovery, and how the process impacted their role as a father. I conducted 14 interviews with fathers and analyzed the transcriptions of the interviews. Based on the qualitative study, there were four interpretations based on the findings of this study: Spirituality allowed fathers a second chance at life and a transformation in their recovery; Spirituality paved the way for fathers to reconnect with their children and enjoy fatherhood; Spirituality encouraged fathers to build a stronger foundation for their families; and fathers need a range of supports to assist them on their recovery journey, and it is important those are grounded in faith.

This study was relevant in describing how fathers view spirituality as a part of their substance misuse treatment and recovery and, in turn, how spirituality impacts their engagement with their children. Furthermore, the study touched upon additional resources and tools that aid fathers in reaching sobriety and healthier lifestyles. In doing so, the research relied upon the conceptual frameworks of Lamb et al. (1985) father involvement model, ecological systems theory (Bronfenbrenner, 1974; 1977), and the model of integrated spirituality (Delaney, 2005) to explore how fathers made meaning of this experience. Despite the listed limitations, the study's results can aid in future practice and policy and have suggestions for future research to expand the literature on the complex intersectionality of substance misuse, spirituality, and father involvement.

Appendices

Appendix A: Recruitment Flier

Father's Perspectives on the Role of Faith in Substance Misuse Disorder Treatment and Engaging with Their Children

My name is Kendra Eubank, and I am a doctoral student in the School of Social Work at the University of Kentucky. I am interested in talking with you about your experience navigating substance misuse treatment recovery. Specifically, I would like to know how faith has played a part in the process and how it has impacted your father involvement and co-parenting.

Eligible participants must:

- Be a father to at least one child and be in contact with them
- Have a substance misuse disorder diagnosis
- Currently in treatment for the disorder, in Kentucky, or working at the facility after completion of treatment
- Be willing and capable of participating in a 60 to 90-minute in-person interview
- Have a minimum of 3 months of sobriety
- Be willing to speak to the role of spirituality/faith in your life

The interview will take place at your current treatment facility. Interviews will be completely private and confidential. The interviews must be recorded for transcription purposes but will be destroyed after the research is complete. Names and any other identifying information will be removed from the transcripts, and pseudonyms will be used in my final report.

For more information, contact:
Kendra Eubank
Kendra.eubank@uky.edu (e-mail)
The University of Kentucky School of Social Work, Lexington, Kentucky 40506

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Appendix B: Pre-Screening Tool

My name is Kendra Eubank, and I am a doctoral student in the School of Social Work at the University of Kentucky. I am interested in talking with fathers about their experience navigating substance misuse treatment recovery. I want to ask you a few questions to determine if you are eligible to participate in the study. Before I begin the screening, I want to tell you a little bit about the research. Specifically, I am interested in talking with you about how spirituality has played a part in your substance misuse treatment and recovery process and how it has impacted your father involvement and co-parenting.

Would you like to continue with the screening?

The screening will take up to 15 minutes. I want to ask you about your experience in substance misuse treatment, the role faith played in your substance misuse treatment, your involvement with your child(ren), your willingness to participate in the study, and some general background information. Your participation in the screening is voluntary. You do not have to answer any questions you do not wish to answer or are uncomfortable answering. You may stop at any time. Your answers will be kept confidential. No one will know your answers except for me. If you do not participate in the study, your pre-screening information will be destroyed. If you do qualify for the research, decide to participate, and sign the research consent form, your screening answers will be kept in a locked cabinet located in a locked office.

Would you like to continue with the screening? (If no, end the pre-screening)

- What is your full name?
- Are you a father?
- Do you currently have contact with your child(ren)?
    - Describe the contact briefly.
- Do you have a substance misuse diagnosis?
- Are you currently receiving treatment at an substance misuse recovery facility in Kentucky or working at the facility after completion of treatment?
- Do you have a minimum of 3 months of sobriety?
- Are you willing to participate in a 60 to 90-minute in-person interview?
- Would you be willing to respond to preliminary findings by attending a focus group?
- How can I contact you in the future for further participation?
- Are you willing to speak about the role of spirituality/faith in your life?

Thank them for participating in the screening process. Do you have any questions or concerns about participating in this study?

Inform the individual if they meet eligibility. Provide contact information for the IRB if they have additional questions regarding their rights as a research participant.

Appendix C: Informed Consent

We are asking you to choose whether or not to volunteer for a research study about the role of faith in substance misuse treatment and recovery process. Furthermore, the study is interested in how fathers perceive the role of spirituality in helping them navigate and engage with their children and in co-parenting?

We are asking you because of your current participation in an substance misuse treatment and have identified as a father. This page is to give you key information to help you decide whether to participate. If you have questions later, the contact information for the research investigator in charge of the study is below.

WHAT IS THE STUDY ABOUT AND HOW LONG WILL IT LAST?

The purpose of this study is to hear more about your experience in substance misuse treatment and recovery and how Spirituality has impacted that process. We know spirituality in general can be a protective factor in many cases and would like to explore its connection to substance misuse recovery and engagement with children and co-parenting. By doing this study, we hope to learn more about the role spirituality plays, specifically in substance misuse recovery and engagement with children and co-parenting.

The interview you are being asked to participate in is estimated to take approximately 60-90 minutes. Thank you for your time and willingness to participate in this qualitative study and interview process. By signing the below, you consent to participate in this study and interview.

WHAT ARE KEY REASONS YOU MIGHT CHOOSE TO VOLUNTEER FOR THIS STUDY?

Participating in this study and interview will provide information to the researcher on how spirituality plays a role in substance misuse recovery and, in turn, impacts the father's role in engagement with their children and effective co-parenting. Participating in this study will also allow the father's voice to be heard regarding the substance misuse process and how spirituality impacted that journey.

For a complete description of benefits and/or rewards, refer to the Detailed Consent.

WHAT ARE KEY REASONS YOU MIGHT CHOOSE NOT TO VOLUNTEER FOR THIS STUDY?

There are no reasonable risks or disadvantages to participating in the study. For a complete description of risks, refer to the Detailed Consent.

DO YOU HAVE TO TAKE PART IN THE STUDY?

If you decide to take part in the study, it should be because you want to volunteer. You will not lose any services, benefits, or rights you would normally have if you chose not to volunteer.

WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS OR CONCERNS?

If you have questions, suggestions, or concerns regarding this study or you want to withdraw from the study contact Antonio Garcia, Antonio.garcia@uky.edu, Professor at the University of Kentucky, College of Social Work.

Questions can also be sent to Kendra Eubank, Principal Investigator of the University of Kentucky, Department of Social Work, at kendra.eubank@uky.edu.

If you have any concerns or questions about your rights as a volunteer in this research, contact staff in the University of Kentucky (UK) Office of Research Integrity (ORI) between the business hours of 8 am and 5 pm EST, Monday-Friday at 859-257-9428 or toll-free at 1-866-400-9428.

DETAILED CONSENT:

ARE THERE REASONS WHY YOU WOULD NOT QUALIFY FOR THIS STUDY?

Being under 18 years of age, not being a father, being a father but not having current contact with your child(ren), not currently in treatment for substance misuse recovery, not able to speak to the topic of spirituality in treatment and recovery.

WHERE WILL THE STUDY TAKE PLACE AND WHAT IS THE TOTAL AMOUNT OF TIME INVOLVED?

The research procedures will be conducted at Revive and Isaiah's House locations. The total amount of time you will be asked to volunteer for this study is 60-90 minutes.

WHAT WILL YOU BE ASKED TO DO?

- You will be asked to complete one 60-90 minute interview with the lead investigator of this study.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

There are no reasonable risks or disadvantages to participating in the study.

WILL YOU BENEFIT FROM TAKING PART IN THIS STUDY?

You will receive a $50 Walmart gift card for your time and participation as a thank you. Also, some participants benefit knowing their experience and expertise on the phenomenon will aid in future research, practice and policy.

IF YOU DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?

If you do not want to be in the study, there are no other choices except not to take part in the study.

WHAT WILL IT COST YOU TO PARTICIPATE?

There are no costs associated with taking part in this study.

WHO WILL SEE THE INFORMATION THAT YOU GIVE?

Your interview will be audio recorded for transcription purposes and the file will be deleted after the transcription process has been completed. Outside of the lead investigator of the study, the only person who will hear the audio recording will be the transcriptionist. However, names will not be used during the recording. pseudonyms will be given for the final written report of the study. All recordings and materials will be locked in a secure location, with only the lead investigator having access.

WILL YOU RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?

You will receive a $50 Walmart gift card for your time and participation as a thank you.

WILL YOU BE GIVEN INDIVIDUAL RESULTS FROM THE RESEARCH TESTS/SURVEYS?

You will not be asked to complete any test/surveys for this study. However, after the completed data analysis, you may be asked to participate in a focus group as a way to utilize member checking on the accuracy of codes and themes created based on the collective interviews.

The Principle and Co-Investigator is being guided in this research by Antonio Garcia, PhD at the University of Kentucky College of Social Work. Dr. Garcia can be contacted via email at Antonio.garcia@uky.edu.

WILL YOUR INFORMATION BE USED FOR FUTURE RESEARCH?

All identifiable information will be removed from the information or samples collected in this study. After we remove all identifiers, the information or samples may be used for future research or shared with other researchers without your additional informed consent.

This consent includes the following:

- Key Information Page
- Detailed Consent

By signing below, you are consenting to participate in the interview.

Appendix D: Interview Guide

Participant Name: _____ Date of Interview: _____

Location of Interview: _____ Time of Interview: _____

Demographic Questions

Age _____   Employment _____

Marital Status _____   Race/ Ethnicity _____

Number of Children _____   Ages of Children _____

Sobriety Length: _____   Drug(s) of choice: _____

Length of Current Treatment: _____

Spiritual/Religious Denomination: _____

Introduction

- Tell me a little bit about yourself. (give a chance to describe family, children, hobbies, work/career, etc.)
    - Describe your family.
    - Tell me a little more about your children (ages, hobbies, nature of relationship)
    - Tell me about the mother of your children and other caregivers involved in your children's lives. How do you get along with them?
- Describe your path from substance misuse to recovery.

Thank you for sharing. Next, I am going to ask some questions about if and how faith and other types of support impacted your life and recovery process.

RQ: 1) How do fathers enrolled in substance misuse treatment programs describe the role that spirituality plays in their substance misuse treatment and recovery process? 2) How do fathers perceive the role of spirituality in helping them navigate and engage with their children?

Concept of spirituality/religiosity

- Define what spirituality means to you.
- Describe the start of your spiritual journey until now.
- Describe the spiritual practice and/or religious gatherings/meetings you attend. (Inquire about frequency)

- Explain how your spirituality has impacted your substance misuse treatment and recovery.
- Specifically, what aspects of your spirituality have you found most helpful in your substance misuse treatment and recovery?

Concept of Fatherhood

- Define what fatherhood means to you.
- How has your engagement (play, caregiving) with your children changed since you have been in recovery?
- How has your accessibility (availability) with your children changed since you have been in recovery??
- How has your responsibility (scheduling appointments) with your children changed since you have been in recovery??
    - What part of this would you attribute to your spirituality?
- How has the way you parent changed since you have been in recovery?
- How has the way you engage in co-parenting changed since you have been in recovery?
- How has your family unit changed since you have been in recovery?
    - What part of this would you attribute to your spirituality?
- How would you say resiliency played a part in your substance misuse recovery journey and connecting with your child(ren)?

RQ: 3) What additional supports do fathers rely upon during the treatment and recovery process – and to what extent are those supports grounded in spirituality?

Systems Experiences and Additional Contextual Supports

- Explain any additional support you found helpful during your substance misuse recovery.
- How have your family and friends supported you during your substance misuse recovery?
- How has your spirituality impacted your interactions with your family, friends, and community?
- How has your recovery program strengthened/challenged your spiritual/religious beliefs?
- How have fellow peers/staff in your program negatively/positively impacted your recovery journey?
- What do you believe motivates fathers to participate and stay engaged in services at your program?

Final Thoughts

- What suggestions do you have for fathers attending substance misuse treatment and trying to engage with their children?
- Is there anything else you would like to add?

References

Acheampong, A. B., Lasopa, S., Striley, C. W., & Cottler, L. B. (2016). Gender

differences in the association between religion/spirituality and simultaneous

polysubstance use (SPU). *Journal of Religion and Health, 55(*5), 1574–1584.

https://doi.org/10.1007/s10943-015- 0168-5

Adedoyin, C., Burns, N., Jackson, H. M., & Franklin, S. (2014). Revisiting holistic

interventions in substance abuse treatment. *Journal of Human Behavior in the*

Social Environment, 24(5), 538–546.

https://doi.org/10.1080/10911359.2014.914718

Alcoholics Anonymous. (n.d.). https://www.aa.org/alcoholics-anonymous

Allen, T. M. (2009). *Religiosity, spirituality, and substance abuse.* ProQuest

Dissertations Publishing.

Allen, T. M., & Lo, C. C. (2010). Religiosity, spirituality, and substance abuse. *Journal*

of Drug Issues, 40(2), 433–459. https://doi.org/10.1177/0022042610040002

Altemus, M. (2006). Sex differences in depression and anxiety disorders: Potential

biological determinants. *Hormones and Behavior, 50*(4), 534–538.

https://doi.org/10.1016/j.yhbeh.2006.06.031

Amaro, H., Larson, M. J., Zhang, A., Acevedo, A., Dai, J., & Matsumoto, A. (2007).

Effects of trauma intervention on HIV sexual risk behaviors among women with

cooccurring disorders in substance abuse treatment. *Journal of Community*

Psychology, 35(7), 895-908. https://doi.org/10.1002/jcop.20188

Amato, V. (2018) The social construction of a possible male gender bias is negatively

    impacting fathers in child welfare services: Hammering a square peg into a round

    hole, *Journal of Human Behavior in the Social Environment, 28*:4, 466-474.

    https://doi.org/10.1080/10911359.2018.1426071

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental*

    disorders (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Annie E. Casey Foundation. (2022). *Kids count data center: Children who had a parent*

    who was ever incarcerated by race and ethnicity in the United States.

    https://datacenter.kidscount.org/data/tables/9734-children-who-had-a-parent-who-

    was-ever-incarcerated-by-race-and

    ethnicity#detailed/1/any/false/1769,1696,1648,1603/10,11,9,12,1,13/18995,18996

Arditti, J. A., Molloy, S., Spiers, S., & Johnson, E. I. (2019). Perceptions of nonresident

    father involvement among low-income youth and their single parents. *Family*

    Relations, *68*(1), 68–84. https://doi.org/10.1111/fare.12346

Arditti, J. A., Smock, S. A., & Parkman, T. S. (2005). "It's been hard to be a father": A

    qualitative exploration of incarcerated fatherhood. *Fathering, 3*, 267-288.

    https://doi.org/10.3149/fth.0303.267

Arenas, M. L., & Greif, G. L. (2000). Issues of fatherhood and recovery for VA

    substance abuse patients. *Journal of Psychoactive Drugs*, *32*(3), 339–341.

    https://doi.org/10.1080/02791072.2000.10400458

Ayón, C., Aisenberg, E., & Erera, P. (2010). Learning how to dance with the public child welfare system: Mexican parents' efforts to exercise their voice. *Journal of Public Child Welfare, 4*(3), 263–286. https://doi.org/10.1080/15548732.2010.496077

Azzopardi, C. (2022). Gendered attributions of blame and failure to protect in child welfare responses to sexual abuse: A feminist critical discourse analysis. *Violence Against Women, 28*(6-7), 1631–1658. https://doi.org/10.1177/10778012211024263

Babcock, M. (2008). Substance-using mothers: Bias in culture and research. *Journal of Substance misuses nursing, 19*(2), 87-91. https://doi.org/10.1080/10884600802111671

Baker, C & Skinner, H. (2006). *Faith in Action: The dynamic connection between religious and spiritual capital.* Manchester: William Temple Foundation. https://williamtemplefoundation.org.uk/wp-content/uploads/2014/03/Faith-In-Action-William-Temple-Foundation-2014.pdf

Bamishigbin, O. N., Dunkel Schetter, C., Guardino, C. M., Stanton, A. L., Schafer, P., Shalowitz, M., Lanzi, R. G., Thorp, J., & Raju, T. (2016). Risk, resilience, and depressive symptoms in low-income African-American fathers. *Cultural Diversity and Ethnic Minority Psychology, 23,* 70-80. https://doi.org/10.1037/cdp0000088

Barbeta, M., & Cano, T. (2017). Toward a new model of fatherhood? Discourses on paternal involvement in urban Spain. *Revista Española de Investigaciones Sociológicas, 159*, 13–30. https://doi.org/10 .5477/cis/reis.159.13

Barbour, R. S. (2001). Checklists for improving rigour in qualitative research: a case of

the tail wagging the dog? *BMJ, 322*(7294), 1115–1117.

https://doi.org/10.1136/bmj.322.7294.1115

Barnett, R.C., & Baruch, G.K. (1987). Determinants of fathers' participation in family

work. *Journal of Marriage and the Family, 49*(1), 29-40.

https://doi.org/10.2307/352667

Bartholow, L. A. M., & Huffman, R. T. (2021). The necessity of a trauma-informed

paradigm in substance use disorder services. *Journal of the American Psychiatric*

Nurses Association, 107839032110364–10783903211036496.

https://doi.org/10.1177/10783903211036496

Baruch, G. K., & Barnett, R. C. (1979). Fathers' participation in the care of their

preschool children. Unpublished manuscript, Wellesley College.

Bayley, J., Wallace, L. M., & Choudhry, K. (2009). Fathers and parenting programmes:

Barriers and best practice. *Community Practitioner*, *82*(4), 28–31.

Bazargan, S., Sherkat, D., & Bazargan, M. (2004). Religion and alcohol use among

African-American and Hispanic inner-city emergency care patients. *Journal for*

the Scientific Study of Religion, 43(3), 419-428.

Bazeley, P. (2013). *Qualitative data analysis: Practical strategies.* Thousand Oaks, CA:

Sage.

Becker, J. B., McClellan, M. L., & Reed, B. G. (2017). Sex differences, gender and

    substance misuse. *Journal of Neuroscience Research, 95*(1-2), 136–147.

    https://doi.org/10.1002/jnr.23963

Bell, L., Herring, R., & Annand, F. (2020). Fathers and substance misuse: a literature

    review. *Drugs and Alcohol Today, 20*(4), 353-369. https://doi.org/10.1108/DAT-

    06-2020-0037

Berg, B., L. (2009) *Qualitative research methods for the social sciences* (7th edition.

    Alliii and Bacon. Boston MA.

Bijttebier, P., Goethals, E., & Ansoms, S. (2006). Parental drinking as a risk factor for

    children's maladjustment: The mediating role of family environment. *Psychology

    of Addictive Behaviors, 20*(2), 126–130. https://doi.org/10.1037/0893-

    164X.20.2.126

Biller, H. B. (1969). Father absence, maternal encouragement, and sex role development

    in kindergarten-age boys. *Child Development, 40*(2), 539–546.

    https://doi.org/10.2307/1127421

Biller, H. B. (1971). *Father, child, and sex role.* Lexington, MA: D.C. Health.

Birks, M., Chapman, Y., & Francis, K. (2008). Memoing in qualitative research: Probing

    data and processes. *Journal of Research in Nursing, 13*(1), 68–75.

    https://doi.org/10.1177/1744987107081254

Blanchard, R. W., & Biller, H. B. (1971). Father availability and academic performance
among third grade boys. *Developmental Psychology, 4*(3), 301–305.
https://doi.org/10.1037/h0031022

Bloomberg, L. D., & Volpe, M. (2012). *Completing your qualitative dissertation: A road
map from beginning to end* (2nd ed.). SAGE Publications.

Borkman, T. (2008). The twelve-step recovery model of AA: A voluntary mutual help
association. In L. Kaskutas & M. Galanter (Eds.), *Recent developments in
alcoholism* (Vol. 18, pp. 9–35). New York: Springer.

Breslin, K. T., Reed, M. R., & Malone, S. B. (2003). An holistic approach to substance
abuse treatment. *Journal of Psychoactive Drugs, 35*(2), 247–251.

Brewsaugh, K., Masyn, K. E., & Salloum, A. (2018). Child welfare workers' sexism and
beliefs about father involvement. *Children and Youth Services Review*, *89*, 132–
144. https://doi.org/10.1016/j.childyouth.2018.04.029

Brewsaugh, K., & Strozier, A. (2016). Fathers in child welfare: What do social work
textbooks teach our students? *Children and Youth Services Review, 60*, 34–41.
http://dx.doi.org/10.1016/j.childyouth.2015.11.015.

Brocato, J. O., & Wagner, E. F. (2008). Predictors of retention in an alternative-to-prison
substance abuse treatment program. *Criminal Justice and Behavior, 35*(1), 99–
119. https://doi.org/10.1177/0093854807309429

Bronfenbrenner, U. (1974). Developmental research, public policy, and the ecology of
childhood. *Child development, 45*(1), 1-5. https://doi.org/10.2307/1127743

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *The American Psychologist, 32(*7), 513–531. https://doi.org/10.1037/0003-066X.32.7.513

Brown, E. (2006). The integral place of religion in the lives of rural African American women who use cocaine. *Journal of Religion and Health, 45*(1), 19-39. https://doi.org/10.1007/s10943-005-9002-9

Brown, L., Callahan, M., Strega, S., Walmsley, C., & Dominelli, L. (2009). Manufacturing ghost fathers: The paradox of father presence and absence in child welfare. *Child & Family Social Work*, *14*(1), 25–34. https://doi.org/10.1111/j.1365-2206.2008.00578.x

Brown, A., Pavlik, V., Shegog, R., Whitney, S., Friedman, L., Romero, C., Davis, G.,

Cech, I., Kosten, T., & Volk, R. (2007). Association of spirituality and sobriety during a behavioral spirituality intervention for twelve step (TS) recovery. *American Journal of Drug & Alcohol Abuse, 33*(4), 611-617. https://doi.org/10.1080/00952990701407686

Brown, V. B., Harris, M., & Fallot, R. (2013). Moving toward trauma-informed practice in addiction treatment: A collaborative model of agency assessment. *Journal of Psychoactive Drugs, 45(*5), 386-393. https://doi.org/10.1080/02791072.2013.844381

Bryman, A.E., & Cassell, C. (2006). The researcher interview: a reflexive perspective. *Qualitative Research in Organizations and Management: An International Journal, 1*, 41-55.

Buck, H., G. (2006). Spirituality: Concept analysis and model development. *Holistic*

    Nursing Practice, 20(6), 288–292. https://doi.org/10.1097/00004650-200611000-

    00006

Burr, W. R., Marks, L. D., & Day, R. D. (2012). *Sacred matters: Religion and spirituality*

    in families. Routledge/Taylor & Francis Group.

Burrus, S. W., Green, B. L., Worcel, S., Finigan, M., & Furrer, C. (2012). Do dads

    matter? Child welfare outcomes for father-identified families. *Journal of Child*

    Custody, 9(3), 201–216. https://doi.org/10.1080/15379418.2012.715550

Bustamante, J. (2023, January 1). *Drug Abuse Statistics*. NCDAS.

    https://drugabusestatistics.org/

Butt, S., Chou, S., & Browne, K. (2011). A rapid systematic review on the association

    between childhood physical and sexual abuse and illicit drug use among males.

    *Child Abuse   Review (Chichester, England : 1992), 20(*1), 6–38.

    https://doi.org/10.1002/car.1100

Cabrera, N. J, Shannon, J. D., & Tamis-LeMonda, C. (2007). Fathers' influence on their

    children's cognitive and emotional development: From toddler to pre-K. *Applied*

    Developmental Science, 11, 208–213.

Cabrera, N. J, Tamis-LeMonda, C. S., Bradley, R. H., Hofferth, S., & Lamb, M. E.

    (2000). Fatherhood in the twenty-first century. *Child Development, 71(*1), 127-

    136. https://doi.org/10.1111/1467-8624.00126

Cabrera, N. J., Volling, B. L., & Barr, R. (2018). Fathers are parents, too! Widening the

lens on parenting for children's development. *Child Development*

Perspectives, *12*(3), 152–157. https://doi.org/10.1111/cdep.12275

Calhoun, F. (2007). Developmental research on alcohol and spirituality: What we know

and what we don't know. *Southern Medical Journal, 100*(4), 427-429.

https://doi.org/10.1097/SMJ.0b013e3180315de4

Cameron, E. E., Sedov, I. D., & Tomfohr-Madsen, L. M. (2016). Prevalence of paternal

depression in pregnancy and the postpartum: An updated meta-analysis. *Journal*

of Affective Disorders, 206, 189–203. https://doi.org/10.1016/j.jad.2016.07.044

Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters,

D., & Walker, K. (2020). Purposive sampling: Complex or simple? Research

case examples. *Journal of Research in Nursing, 25*(8), 652–661.

https://doi.org/10.1177/1744987120927206

Campbell, C. A., Howard, D., Rayford, B. S., & Gordon, D. M. (2015). Fathers matter:

Involving and engaging fathers in the child welfare system process. *Children and*

Youth Services Review, 53, 84–91.

https://doi.org/10.1016/j.childyouth.2015.03.020

Carcary, M. (2020). The research audit trail: Methodological guidance for application in

practice. *Electronic Journal of Business Research Methods, 18*(2), 166–177.

https://doi.org/10.34190/JBRM.18.2.008

Carlsmith, L. (1964). Effect of early father absence on scholastic aptitude. *Harvard*

    Education Review, 34, 3-21.

    https://doi.org/10.17763/HAER.34.1.T23173U451JHU637

Carlson, M. J., & Magnuson, K. A. (2011). Low-income fathers' influence on children.

    *Annals of the American Academy of Political and Social Science, 635(*1), 95-116.

    https://doi.org/10.1177/0002716210393853

Castillo, J., Welch, G., & Sarver, C. (2011). Fathering: The relationship between fathers'

    residence, fathers sociodemographic characteristics, and father involvement.

    Maternal & Child Health Journal, 15(8), 1342-1349.

    https://doi.org/10.1007/s10995-010-0684-6

CEBC » Insideout Dad › Program › Detailed. (n.d.-b).

    https://www.cebc4cw.org/program/insideout-dad/detailed

Celebrate Recovery®. (n.d.). *About.* https://www.celebraterecovery.com/about

Centers for Disease Control and Prevention. (November, 2021). *Drug overdose deaths in*

    the U.S. op 100,000 annually.

    https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm

Chan, C., Ho, P., & Chow, E. (2002). A body–mind–spirit model in health. *Social Work*

    in Health Care, 34(3–4), 261–282. https://doi.org/10.1300/j010v34n03_02

Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). London: Sage.

Cheadle, J. E., Amato, P. R., & King, V. (2010). Patterns of nonresident father contact.

    Demography, 47(1), 205–225. https://doi.org/10.1353/dem.0.0084

Chen, L. P., Murad, M. H., Paras, M. L., Colbenson, K. M., Sattler, A. L., Goranson, E.
N., Elamin, M. B., Seime, R. J., Shinozaki, G., Prokop, L. J., & Zirakzadeh, A.
(2010). Sexual abuse and lifetime diagnosis of psychiatric disorders: Systematic
review and meta-analysis. *Mayo Clinic Proceedings, 85*(7), 618–629.
https://doi.org/10.4065/mcp.2009.0583

Chen, X., Wang, Y., & Yan, Y. (2016). The Essential Resilience Scale: Instrument
development and prediction of perceived health and behaviour. *Stress and Health,
32*(5), 533–542. https://doi.org/10.1002/smi.2659

Cheney, A. M., Curran, G. M., Booth, B. M., Sullivan, S. D., Stewart, K. E., & Borders,
T. F. (2013). The religious and spiritual dimensions of cutting down and stopping
cocaine use. *Journal of Drug Issues, 44*(1), 94–113.
https://doi.org/10.1177/0022042613491108

Choi, K., Im, H., Kim, J., Choi, K. H., Jon, D.-I., Hong, H., Hong, N., Lee, E., & Seok,
J.-H. (2013). Relationship of early-life stress and resilience to military adjustment
in a young adulthood population. *Social Psychiatry and Psychiatric
Epidemiology, 48(*11), 1767– 1776. https://doi.org/10.1007/s00127-012-0647-x

Chi, P., Li, X., Du, H., Tam, C. C., Zhao, J., & Zhao, G. (2016). Does stigmatization
wear down resilience? A longitudinal study among children affected by parental
HIV. *Personality and Individual Differences, 96*, 159–163.
https://doi.org/10.1016/j.paid.2016.03.00

159

Clapton, G. (2009). How and why social work fails fathers: Redressing an imbalance,

social work's role and responsibility. *Practice, 21*(1), 17–34.

http://dx.doi.org/10.1080/09503150902745989

Clark, Cotton, C., & Marteleto, L. J. (2015). Family ties and young fathers' engagement

in Cape Town, South Africa. *Journal of Marriage and Family*, *77*(2), 575–589.

https://doi.org/10.1111/jomf.12179

Coakley, T. M., Shears, J., & Randolph, S. (2014). Understanding key barriers to fathers'

involvement in their children's lives. *Child and Youth Services, 35*(4), 343–364.

https://doi.org/10.1080/0145935X.2014.972550

Coley, R., & Hernandez, D. (2006). Predictors of paternal involvement for resident and

nonresident low-income fathers. *Developmental Psychology, 42*(6), 1041-1056.

https://doi.org/10.1037/0012-1649.42.6.1041

Condon, J. T., Boyce, P., & Corkindale, C. J. (2001). Australian adolescents' attitudes

and beliefs concerning pregnancy, childbirth and parenthood: the development,

psychometric testing and results of a new scale. *Journal of Adolescence (London,

England.), 24(*6), 729–742. https://doi.org/10.1006/jado.2001.0439

Condon, J. T., Boyce, P., & Corkindale, C. J. (2004). The First-Time Fathers Study: a

prospective study of the mental health and wellbeing of men during the transition

to parenthood. *Australian and New Zealand Journal of Psychiatry, 38*(1), 56–64.

https://doi.org/10.1111/j.1440-1614.2004.01298.x

Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety, 18*(2), 76–82. https://doi.org/10.1002/da.10113

Cooney, S.M., Small, S.A. & O'Connor, C. (2007) Strategies for recruiting and retaining participants in prevention programs. In: *What Works, Wisconsin – Research to Practice* Series, Issue 2. University of Wisconsin-Madison & University of Wisconsin Extension, Madison, WI.

Corbin, J., & Strauss, A. (2015). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (4th ed.). Thousand Oaks, CA: Sage.

Corbetta, P. (2003) *Social research: Theory methods and techniques.* SAGE

Cortis, N., Katz, I., & Patulny, R. (2009). Engaging hard-to-reach families and children: Stronger Families and Communities Strategy 2004-2009.

Cowan, C.P., & Cowan, P.A. (1987). Men's involvement in parenthood: Identifying the antecedents and understanding the barriers. In P.W. Berman & F.A. Pedersen (Eds*.), Men's transitions to parenthood: Longitudinal studies of early family experience* (pp.145-174). Hillsdale, NJ: Erlbaum

Crandell-Williams, A., & McEvoy, A. (2017). Fathers on parole: Narratives from the margin. *The Journal of Men's Studies, 25*(3), 262–277. https://doi.org/10.1177/1060826516676840

Creswell, J. W. (2016). *30 essential skills for the qualitative researcher.* Thousand Oaks, CA: Sage

Creswell, J. W., & Creswell, J. D. (2017). *Research design: Quantitative, qualitative and mixed methods* (5th ed.). SAGE Publications.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches (4th ed.).* SAGE

Crossman, J. (2016). Alignment and misalignment in personal and organizational spiritual identities. *Identity, 16*(3), 154–168. https://doi.org/10.1080/15283488.2016.1190726

Dekkers, A., Vos, S., & Vanderplasschen, W. (2020). "Personal recovery depends on NA unity": an exploratory study on recovery-supportive elements in Narcotics Anonymous Flanders. *Substance Abuse Treatment, Prevention and Policy, 15*(1), 1–53. https://doi.org/10.1186/s13011-020-00296-0

Delaney, C. (2005). The Spirituality Scale: Development and psychometric testing of a holistic instrument to assess the human spiritual dimension. *Journal of Holistic Nursing, 23*(2),145–167. https://doi.org/10.1177/0898010105276180

Delaney, H. D., Miller, W. R., & Bisono, A. M. (2007). Religiosity and spirituality among psychologists: A survey of clinician members of the American Psychological Association. *Professional Psychology: Research and Practice, 38*(5), 538–546. http://dx.doi.org/10.1037/0735-7028.38.5.538.

Dennis, M., & Scott, C. K. (2007). Managing addiction as a chronic condition. *Addiction Science & Clinical Practice, 4*(1), 45–55. https://doi.org/10.1151/ascp074145

Devries, K. M., Child, J. C., Bacchus, L. J., Mak, J., Falder, G., Graham, K., Watts, C., & Heise, L. (2014). Intimate partner violence victimization and alcohol consumption in women: a systematic review and meta-analysis: IPV and alcohol. *Addiction (Abingdon, England), 109*(3), 379–391. https://doi.org/10.1111/add.12393

De Weert-Van Oene, G. H., Schippers, G. M., De Jong, C. A. ., & Schrijvers, G. J. (2001). Retention in substance dependence treatment: the relevance of in-treatment factors. *Journal of Substance Abuse Treatment, 20*(4), 253–261. https://doi.org/10.1016/S0740-5472(01)00160-X

Dixon-Woods, M., Shaw, R. L., Agarwal, S., & Smith, J. A. (2004). The problem of appraising qualitative research. *Quality & Safety in Health Care, 13*(3), 223–225. https://doi.org/10.1136/qshc.2003.008714

Doi, S., Isumi, A., & Fujiwara, T. (2020). The association between parental involvement behavior and self-esteem among adolescents living in poverty: Results from the K-CHILD Study. *International Journal of Environmental Research and Public Health,17*(17), 6277. https://doi.org/10.3390/ijerph17176277

Dollahite, D. C. (1998). Fathering, faith, and spirituality. *The Journal of Men's Studies, 7*(1), 3–15. https://doi.org/10.3149/jms.0701.3

Drabble, L., Trocki, K. F., & Klinger, J. L. (2016). Religiosity as a protective factor for hazardous drinking and drug use among sexual minority and heterosexual women: Findings from the National Alcohol Survey. *Drug and Alcohol Dependence, 161*, 127–134. https://doi.org/10.1016/j.druga lcdep.2016.01.022

Du Plessis, G. (2010). The integrated recovery model for addiction treatment and

    recovery. *Journal of Integral Theory and Practice, 5*(3), 68-85.

Dwiwardani, C., Hill, P. C., Bollinger, R. A., Marks, L. E., Steele, J. R., Doolin, H. N.,

    Wood, S. L., Hook, J. N., & Davis, D. E. (2014). Virtues develop from a secure

    base: Attachment and resilience as predictors of humility, gratitude, and

    forgiveness. *Journal of Psychology and Theology*, *42*(1), 83–90.

    https://doi.org/10.1177/009164711404200109

Edoka, I. P., Petrou, S., & Ramchandani, P. G. (2011). Healthcare costs of paternal

    depression in   the postnatal period. *Journal of Affective Disorders, 133*(1), 356–

    360. https://doi.org/10.1016/j.jad.2011.04.005

Eiden, R. D., Colder, C., Edwards, E. P., & Leonard, K. E. (2009). A longitudinal study

    of social competence among children of alcoholic and nonalcoholic parents: Role

    of parental psychopathology, parental warmth, and self-regulation. *Psychology of*

    Addictive Behaviors, 23(1), 36–46. https://doi.org/10.1037/a0014839

Eisen, S. V., Schultz, M. R., Glickman, M. E., Vogt, D., Martin, J. A., Osei-Bonsu, P. E.,

    Drainoni, M.-L., & Elwy, A. R. (2014). Postdeployment resilience as a predictor

    of mental health in Operation Enduring Freedom/Operation Iraqi Freedom

    returnees. *American Journal of Preventive Medicine, 47*(6), 754–761.

    https://doi.org/10.1016/j.amepre.2014.07.049

Eisenberg, R. (2019, January 10). *The Financial Costs of Substance misuse and*

    Substance Abuse. Next Avenue. https://www.nextavenue.org/financial-costs-

    substance misuse/

Ellison, C. G., Boardman, J. D., Williams, D. R., & Jackson, J. S. (2001). Religious

   involvement,   stress, and mental health: Findings from the 1995 Detroit Area

   Study. *Social Forces, 80*(1), 215–249.

Emmons, R. A. (2000) Is spirituality an intelligence? Motivation, cognition, and the

   psychology of ultimate concern. *The International Journal for the Psychology of

   Religion 10*(1), 3–26. https://doi.org/10.1207/S15327582IJPR1001_2

Ercan, H. (2017). The relationship between resilience and the Big Five personality traits

   in emerging adulthood. *Eurasian Journal of Educational Research, 70,* 83-103.

   https://doi.org/10.14689/ejer.2017.70.5

Escribè-Agüir, V., Gonzalez-Galarzo, M. C., Barona-Vilar, C., & Artazcoz, L. (2008).

   Factors related to depression during pregnancy: are there gender differences?

   Journal of Epidemiology and Community Health (1979), 62(5), 410–414.

   https://doi.org/10.1136/jech.2007.063016

Fals-Stewart, W., Kelley, M. L., Fincham, F. D., Golden, J., & Logsdon, T. (2004).

   Emotional and behavioral problems of children living with drug-abusing fathers:

   Comparisons with children living with alcohol-abusing and non-substance-

   abusing fathers. *Journal of Family Psychology, 18*(2), 319–330.

   https://doi.org/10.1037/0893-3200.18.2.319

Farley Y. (2007). Making the connection: Spirituality, trauma, and resiliency. *Journal of

   Religion and Spirituality in Social Work,* 26(1), 1–15.

Ferguson, H. & Hogan, F. (2004) *Strengthening families through fathers: Developing policy and practice in relation to vulnerable fathers and their families.* Waterford Institute of Technology, Centre for Social and Family Research, Waterford, Ireland

Field, T. (2018). Paternal prenatal, perinatal and postpartum depression: A narrative review. *Journal of Anxiety & Depression*, *1*(1). https://doi.org/10.46527/2582-3264.102

Finan, L. J, Schulz, J., Gordon, M. S., Ohannessian, C. M. (2015). Parental problem drinking and adolescent externalizing behaviors: The mediating role of family functioning. *Journal of Adolescence, 43*:100–10. https://doi.org/10.1016/j.adolescence.2015.05.001

Fishbein, D. H., Herman-Stahl, M., Eldreth, D., Paschall, M. J., Hyde, C., Hubal, R., Hubbard, S., Williams, J., & Ialongo, N. (2006). Mediators of the stress-substance-use relationship in urban male adolescents. *Prevention Science, 7*(2), 113–126. https://doi.org/10.1007/s11121-006-0027-4

Fleming, L. M., & Tobin, D. J. (2005). Popular child-rearing books: Where is daddy? *Psychology of Men & Masculinity, 6*(1), 18–24. https://doi.org/10.1037/1524-9220.6.1.18

Flouri, E., & Buchanan, A. (2003). The role of father involvement and mother involvement in adolescents' psychological well-being. *British Journal of Social Work, 33*(3), 399-406. https://doi.org/10.1093/bjsw/33.3.399

Flouri, E & Buchanan, A. (2004). Early father's and mother's involvement and child's

    later educational outcomes. *British Journal of Educational Psychology, 74*(2),

    141–153. https://doi.org/10.1348/000709904773839806

Fontana, A. & Frey, J.H. (2000). The interview. From structured questions to negotiated

    text. In Y.S. Lincoln & N.K. Denzin (Eds.), *Handbook of qualitative research*

    (2nd ed., pp. 645–672). Thousand Oaks, CA: Sage

Forrester, D., Holland, S., Williams, A., & Copello, A. (2016). Helping families where

    parents misuse drugs or alcohol? A mixed methods comparative evaluation of an

    intensive family preservation service. *Child & Family Social Work, 21*(1), 65–75.

    https://doi.org/10.1111/cfs.12111

Foster, H. & Hagan, J. (2016). Maternal and paternal imprisonment and children's social

    exclusion in young adulthood. *The Journal of Criminal Law & Criminology,*

    105(2), 387–430.

Fowler, J. (1981). *Stages of Faith*. San Francisco: Harper and Row.

Fowler, C., Rossiter, C., Dawson, A., Jackson, D., & Power, T. (2017). Becoming a

    "better" father: Supporting the needs of incarcerated fathers, *The Prison Journal,*

    97(1), 692-712. https://doi.org/10.1177/0032885517734495

Francis, J. J., Johnston, M., Robertson, C., Glidewell, L., Entwhistle, V., Eccles, M. P., &

    Grimshaw, J. M. (2010). What is an adequate sample size? Operationalising data

    saturation for theory-driven interview studies. *Psychology and Health, 25,* 1229–

    1245. https://doi.org/10.1080/08870440903194015

Galardi, T. R., Settersten, R. A., Jr., Vuchinich, S., & Richards, L. (2017). Associations

    between incarcerated fathers' cumulative childhood risk and contact with their

    children. *Journal of Family Issues, 38*(5), 654-676.

    https://doi/org/10.1177/0192513X15579501

Galatzer-Levy, I. R., Brown, A. D., Henn-Haase, C., Metzler, T. J., Neylan, T. C., &

    Marmar, C. R. (2013). Positive and emotion prospectively predict trajectories of

    resilience and distress among high-exposure police officers. *Emotion, 13,* 545-

    553. https://doi.org/10.1037/a0031314

Garmezy, N. (1974). The study of competence in children at risk for severe

    psychopathology. In E. J. Anthony & C. Koupernick (Eds.), *The child in his*

    family: Children at psychiatric risk (pp. 77–97). New York: Wiley.

Gartland, D., Bond, L., Olsson, C. A., Buzwell, S., & Sawyer, S. M. (2011).

    Development of a multi-dimensional measure of resilience in adolescents: The

    Adolescent Resilience Questionnaire. *BMC Medical Research Methodology,*

    11(1), 134. http://dx.doi.org/10.1186/1471-2288-11-134.

Gawlik, S., Müller, M., Hoffmann, L., Dienes, A., Wallwiener, M., Sohn, C., Schlehe, B.,

    & Reck, C. (2014). Prevalence of paternal perinatal depressiveness and its link to

    partnership satisfaction and birth concerns. *Archives of Women's Mental Health,*

    *17(*1), 49–56. https://doi.org/10.1007/s00737-013-0377-4

Glaser, B. G., & Strauss, A. (1967). *The discovery of grounded theory: Strategies of*

    qualitative research. Chicago: Aldine.

Goeke-Morey, M. C., & Cummings, E. M. (2017). Religiosity and parenting: Recent

directions in process-oriented research. *Current Opinion in Psychology, 15*, 7–12.

https://doi.org/10.1016/j.copsyc.2017.02.006

Goodman, F. R., Disabato, D. J., Kashdan, T. B., & Machell, K. A. (2017). Personality

strengths as resilience: A one-year multiwave study. *Journal of Personality 85,*

*423-*434. https://doi.org/10.1111/jopy.12250

Goodman, P., Page, J., & Phelps, M. (2017). *Breaking the Pendulum: The Long Struggle*

over Criminal Justice. Oxford University Press, New York.

Gomes, Andrade, A. G. de, Izbicki, R., Almeida, A. M., & Oliveira, L. G. de. (2013).

Religion as a protective factor against drug use among Brazilian university

students: A national survey. *Revista Brasileira de Psiquiatria, 35*(1), 29–37.

https://doi.org/10.1016/j.rbp.2012.05.010

Gómez Gallego, M., & Gómez García, J. (2017). Music therapy and Alzheimer's disease:

Cognitive, psychological, and behavioural effects. *Neurología (Barcelona,*

English Ed.), 32(5), 300–308. https://doi.org/10.1016/j.nrleng.2015.12.001

Gray, D., E. (2004). *Doing research in the real world.* Sage.

Green, K. T., Beckham, J. C., Youssef, N., & Elbogen, E. B. (2013). Alcohol misuse and

psychological resilience among U.S. Iraq and Afghanistan era veterans. *Addictive*

Behaviors, 39(2), 406–413. https://doi.org/10.1016/j.addbeh.2013.08.024

Greenfield, B. L., & Tonigan, J. S. (2013). The general alcoholics anonymous tools of

    recovery: The adoption of 12-step practices and beliefs. *Psychology of Addictive*

    Behaviors, 27(3), 553–561. https://doi.org/10.1037/a0029268

Griswold, R. (1993). *Fatherhood in America: A history*. New York: Basic Books.

Grözinger, G., & Matiaske, W. (2014). The direct and indirect impact of religion on well-

    being in Germany. *Social Indicators Research, 116*(2), 373–387.

    https://doi.org/10.1007/s11205-013-0308-9

Gutiérrez, E. O. F., & Camarena, V. A. T. (2015). Music therapy in generalized anxiety

    disorder. *The Arts in Psychotherapy, 44*, 19–24.

    https://doi.org/10.1016/j.aip.2015.02.003

Guzzo, K. (2011). New fathers' experiences with their own fathers and attitudes toward

    fathering. *Fathering, 9*(3), 268-290. https://doi.org/10.3149/fth.0903.268

Grych, J., Hamby, S., & Banyard, V. (2015). The resilience portfolio model:

    Understanding healthy adaptation in victims of violence. *Psychology of Violence,*

    5(4), 343–354. https://doi.org/10.1037/a0039671

Guo J, Chen L, Wang X, Liu Y, Chui CHK, He H, Qu Z, Tian D. (2012). The

    relationship between internet substance misuse and depression among migrant

    children and left-behind children in China. *Cyberpsychology, Behavior, and*

    Social Networking, 15(11), 585–490. https://doi.org/10.1089/cyber.2012.0261.

Hackney, C. H., & Sanders, G. S. (2003). Religiosity and mental health: A meta-analysis

of recent studies. *Journal for the Scientific Study of Religion, 42*(1), 43–55.

https://doi.org/10.1111/1468-5906.t01-1-00160

Hagan, J., Shedd, C., & Payne, M. (2005). Race, ethnicity, and youth perceptions of

criminal injustice. *American Sociological Review, 70*(3), 381-407.

https://doi.org/10.1177/000312240507000302

Hairston, C. F. (1998). The forgotten parent: Understanding the forces that influence

incarcerated fathers' relationships with their children. *Child Welfare, 77*(5), 617-

625.

Hales, T. W., Green, S. A., Bissonette, S., Warden, A., Diebold, J., Koury, S. P., &

Nochajski, T. H. (2019). Trauma-informed care outcome study. *Research on

Social Work Practice, 29*(5), 529–539.

https://doi.org/10.1177/1049731518766618

Hamilton, M.L. (1977). Father's influence on children. Chicago: Nelson-Hall Inc.,

Publishers.

Hammond, W., Caldwell, C., Brooks, C., & Bell, L. (2011). Being there in spirit, fire,

and mind: Expressive roles among nonresident African American fathers.

Research on Social Work Practice, 21(3), 308-318.

https://doi.org/10.1177/1049731510383441

171

Hardy, S. A., White, J. A., Zhang, Z., & Ruchty, J. (2011). Parenting and the

socialization of religiousness and spirituality. *Psychology of Religion and*

Spirituality, 3(3), 217–230. https://doi.org/10.1037/a0021600

Harris, M., & Fallot, R. D. (Eds.). (2001). *Using trauma theory to design service systems.*

New directions for mental health services. Jossey-Bass.

Harrison, P. M., & Beck, A. J. (2005). Prisoners in 2004. Bureau of Justice Statistics

Bulletin No. NCJ 210677. Washington, DC: Bureau of Justice Statistics.

Hart, K. E., & Sasso, T. (2011). Mapping the contours of contemporary positive

psychology.*Canadian Psychology = Psychologie Canadienne, 52*(2), 82–92.

https://doi.org/10.1037/a0023118

Hartmann, M., Mavrolampados, A., Toiviainen, P., Saarikallio, S., Foubert, K., Brabant,

O., Snape, N., Ala-Ruona, E., Gold, C., & Erkkilä, J. (2023). Musical interaction

in music therapy for depression treatment. *Psychology of Music, 51*(1), 33–50.

https://doi.org/10.1177/03057356221084368

Haug, S., Núñez, C. L., Becker, J., Gmel, G., & Schaub, M. P. (2014). Predictors of onset

of cannabis and other drug use in male young adults: Results from a longitudinal

study. *BMC Public Health, 14*(1), 1202–1202. https://doi.org/10.1186/1471-

2458-14-1202

Haugland, S. H., Carvalho, B., Stea, T. H., Strandheim, A., & Vederhus, J.-K. (2021).

Associations between parental alcohol problems in childhood and adversities

during childhood and later adulthood: a cross-sectional study of 28047 adults

from the general population. Substance Abuse Treatment, Prevention and Policy,

16(1), 1–47. https://doi.org/10.1186/s13011-021-00384-9

Hernandez, D. J. (1993). *America's children: Resources from family, government and the

economy.* New York: Russell Sage.

Hesketh, I., Cooper, C. L., & Ivy, J. (2015). Well-Being, austerity and policing: is it

worth   investing in resilience training? *The Police Journal (Chichester), 88*(3),

220-230. https://doi.org/10.1177/0032258X15598950

Hill, L. (2015). "Don"t make us talk!': Listening to and learning from children and young

people living with parental alcohol problems. *Children & Society, 29*(5), 344–

354. https://doi.org/10.1111/chso.12064

Hill, P. C., and Pargament, K. I. (2003) Advances in the conceptualization and

measurement of religion and spirituality: Implications for physical and mental

health research. *American Psychologist 58(*1), 11. https://doi.org/10.1037/0003-

066x.58.1.64

Hodge, D. R. (2011). Alcohol treatment and cognitive-behavioral therapy: Enhancing

efectiveness by incorporating spirituality and religion. *Social Work, 56*(1), 21–31.

https://doi.org/10.1093/sw/56.1.21.

Holloway, I., & Wheeler, S. (2010) *Qualitative research in nursing and healthcare* (3rd

    edition). Wiley-Blackwell. Oxford.

Holzer, H. J., Offner, P., & Sorensen, E. (2005). Declining employment among young

    Blackless-educated men: The role of incarceration and child support. *Journal of*

    Policy Analysis and Management, 24(2), 329-350.

    https://doi.org/10.1002/pam.20092

Hook, J. L. (2006). Care in context: Men's unpaid work in 20 countries, 1965-2003.

    American Sociological Review, 71, 639–660.

    https://doi.org/10.1177/000312240607100406

Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-

    informed care in homelessness services settings. *Open Health Services and*

    Policy Journal, 3(2), 80-100. https://doi.org/10.2174/1874924001003020080

Horden, Peregrine. (2000). *Music as medicine : the history of music therapy since*

    antiquity. Ashgate.

Horowitz, J. M. (2020, August 7). *About one-in-seven Americans don't think men should*

    be able to take any paternity leave. Pew Research

    Center. https://www.pewresearch.org/fact-tank/2017/03/27/about-one-in-seven-

    americans-dont-think-men-should-be-able-to-take-any-paternity-leave/

Horton, K. D., Ellison, C. G., Loukas, A., Downey, D. L., & Barrett, J. B. (2012).

    Examining attachment to God and health risk-taking behaviors in college

    students. *Journal of Religion and Health, 51*(2), 552–

    566. https://doi.org/10.1007/s10943-010-9380-5

Hu, T., Zhang, D., & Wang, J. (2015). A meta-analysis of the trait resilience and mental

    health. *Personality and Individual Differences, 76*, 18–27.

    https://doi.org/10.1016/j.paid.2014.11.039

Humphreys, K., Wing, S., McCarty, D., Chappel, J., Gallant, L., Haberle, B., Horvath, A.

    T., Kaskutas, L. A., Kirk, T., Kivlahan, D., Laudet, A., McCrady, B. S.,

    McLellan, A. T., Morgenstern, J., Townsend, M., & Weiss, R. (2004). Self-help

    organizations for alcohol and drug problems: Toward evidence-based practice and

    policy. *Journal of Substance Abuse Treatment, 26*(3), 151–158.

    https://doi.org/10.1016/S0740-5472(03)00212-5

International Christian Brotherhood (2022). What is ICB. https://www.icbmen.org

Jacob, T., Krahn, G. L., & Leonard, K. (1991). Parent-child interactions in families with

    alcoholic fathers. *Journal of Consulting and Clinical Psychology, 59*(1), 176–181.

    https://doi.org/10.1037/0022-006X.59.1.176

Juang, L., & Syed, M. (2008). Ethnic identity and spirituality. In R. M. Lerner, R. W.,

    Roeser, & E. Phelps (Eds)., *Positive youth development and spirituality: From*

    theory to research (pp. 262-284). West Conshohocken, PA: Templeton

    Foundation Press.

Kaminski, J. W., Valle, L. A., Filene, J. H., & Boyle, C. L. (2008). A meta-analytic

    review of components associated with parent training program effectiveness.

    Journal of Abnormal Child Psychology, 36(4), 567–589.

    https://doi.org/10.1007/s10802-007-9201-9

Karakas, F. (2010). Spirituality and performance in organizations: A literature review.

    *Journal of Business Ethics, 94(*1), 89–106. https://doi.org/10.1007/s10551-009-

    0251-5

Karatzias, T., Jowett, S., Yan, E., Raeside, R., & Howard, R. (2017). Depression and

    resilience mediate the relationship between traumatic life events and ill physical

    health: Results from a population study. *Psychology, Health & Medicine, 22(*9),

    1021–1031. https://doi.org/10.1080/13548506.2016.1257814

Kelly A. B., & Kowalyszyn M. (2003). The association of alcohol and family problems

    in a remote indigenous Australian community. *Addictive Behaviors*, 28(4), 761–

    767. https://doi.org/10.1016/S0306-4603(02)00232-0

Kelly, J. F. (2017). Is Alcoholics Anonymous religious, spiritual, neither? Findings from

    25 years of mechanisms of behavior change research. *Addiction (Abingdon,*

    England), 112(6), 929–936. https://doi.org/10.1111/add.13590

Kelly, J. F., Kelly, J. F., Humphreys, K., & Ferri, M. (2020). Alcoholics Anonymous and

    other 12-step programs for alcohol use disorder. *Cochrane Database of*

    Systematic Reviews, 2020(9), CD012880-.

    https://doi.org/10.1002/14651858.CD012880.pub2

Kelly, J. F., & White, W. L. (2011). *Addiction Recovery Management: Theory, Research and Practice (Current Clinical Psychiatry)* (1. Aufl.). Springer Science + Business Media. https://doi.org/10.1007/978-1-60327-960-4

Kemp, P. A., & Neale, J. (2005). Employability and problem drug users. *Critical Social Policy, 25*(1), 28-46. https://doi.org/10.1177/0261018305048966

Kjellstrand, J. M., Cearley, J., Eddy, J. M., Foney, D., & Martinez, C. R. (2012). Characteristics of incarcerated fathers and mothers: Implications for preventive interventions targeting children and families. *Children and Youth Services Review, 34*(12), 2409-2415. https://doi.org/10.1016/j.childyouth.2012.08.008

Kiesling, C., Sorell, G. T., Montgomery, M. J., & Colwell, R. K. (2006). Identity and spirituality: A psychosocial exploration of the sense of spiritual self. *Developmental Psychology, 42*(6), 1269-1277.

Klevens, J., Hall, J. (2014). The importance of parental warmth, support, and control in preventing adolescent misbehavior. *Journal of Child and Adolescent Behaviour, 2(*1):121. https://doi.org/10.4172/jcalb.1000121

Koenig, H. G. (2009). Research on religion, spirituality, and mental health: A review. *Canadian Journal of Psychiatry, 54(*5), 283–291. https://doi.org/10.1177/070674370905400502

Koenig, H. G., King, D., & Carson, V. B. (2012). *Handbook of religion and health* (2nd ed.). New York: Oxford University Press.

Kunnari, I., Ilomaki, L., & Toom, A. (2018). Successful teacher teams in change.

International Journal of Teaching and Learning in Higher Education, 30, 111-

126.

Laakso, J. H., & Adams, S. (2006). Noncustodial fathers' involvement with their children:

A right or a privilege? *Families in Society, 87*(1), 85-93.

https://doi.org/10.1606/1044-3894.3487

Laudet, A. B. (2007). What does recovery mean to you? Lessons from the recovery

experience for research and practice. *Journal of Substance Abuse Treatment,*

33(3), 243–256. https://doi.org/10.1016/j.jsat.2007.04.014

Lamb, M. E. (1975). Fathers: Forgotten contributors to child development. *Human*

Development, 18, 245–266. https://doi.org/10.1159/000271493

Lamb, M. (2000). The history of research on father involvement. *Marriage & Family*

*Review, 29(*2), 23-42. https://doi.org/10.1300/J002v29n02_03

Lamb, M. E. (2010). How do fathers influence children's development? Let me count the

ways. In M. E. Lamb (Ed.), *The role of the father in child development* (pp. 1–26).

Hoboken, NJ: John Wiley & Sons.

Lamb, M. E., Pleck, J. H., Charnov, E. L., & Levine, J. A. (1985). Paternal behavior in

humans. *American Zoologist, 25*(3), 883-894. https://doi.org/10.1093/icb/25.3.883

Lamb, M. E., Sternberg, K. J., & Thompson, R. A. (2005). The effects of divorce and

    custody arrangements on children's behavior, development, and adjustment.

    *Family Court Review, 35(*4), 393-404. https://doi.org/10.1111/j.174-

    1617.1997.tb00482.x

Landor, A., Simons, L. G., Simons, R. L., Brody, G. H., & Gibbons, F. X. (2011). The

    role of religiosity in the relationship between parents, peers, and adolescent risky

    sexual behavior. *Journal of Youth and Adolescence,40*(3), 296–309.

    https://doi.org/10.1007/s10964-010-9598-2

Lappan, S. N., Brown, A. W., & Hendricks, P. S. (2020). Dropout rates of in-person

    psychosocial substance use disorder treatments: a systematic review and meta-

    analysis. *Substance misuse (Abingdon, England), 115*(2), 201–217.

    https://doi.org/10.1111/add.14793

Lee, R. D., Fang, X., & Luo, F. (2013). The impact of parental incarceration on the

    physical and mental health of young adults. *Pediatrics (Evanston), 131*(4),

    e1188–e1195. https://doi.org/10.1542/peds.2012-0627

Lee, S. J., Bellamy, J. L., & Guterman, N. B. (2009). Fathers, physical child abuse, and

    neglect: Advancing the knowledge base. *Child Maltreatment, 14*(3), 227-231.

    https://doi.org/0.1177/1077559509339388

Lee, S. J., Yelick, A., Brisebois, K., & Banks, K. L. (2011). Low-income fathers' barriers

    to participation in family and parenting programs. *Journal of Family Strengths,*

    11(1), 12.

Letiecq, B. L. (2007). African American fathering in violent neighborhoods: What role

    does spirituality play? *Fathering (Harriman, Tenn.), 5*(2), 111–128.

    https://doi.org/10.3149/fth.0502.111

Leung, L. (2015). Validity, reliability, and generalizability in qualitative research.

    Journal of Family Medicine and Primary Care, 4(3), 324–327.

    https://doi.org/10.4103/2249- 4863.161306

Li, M. H., Eschenauer, R., & Yang, Y. (2013). Influence of efficacy and resilience on

    problem solving in the United States, Taiwan, and China. *Journal of Multicultural*

    Counseling and Development, 41, 144-157. https://doi.org/10.1002/j.2161-

    1912.2013.00033.x

Livingston, G., & Parker, K. (2020, May 30). *8 facts about American dads*. Pew Research

    Center. https://www.pewresearch.org/fact-tank/2019/06/12/fathers-day-facts/

Locke, K., & Velamuri, S. R. (2009). The design of member review: Showing what to

    organization members and why. *Organizational Research Methods, 12*(3), 488–

    509. https://doi.org/10.1177/10944 28108320235

Long, E. C., Lönn, S. L., Ji, J., Lichtenstein, P., Sundquist, J., Sundquist, K., & Kendler,

    K. S. (2017). Resilience and risk for alcohol use disorders: A Swedish twin study.

    *Alcoholism, Clinical and Experimental Research, 41(*1), 149–155.

    https://doi.org/10.1111/acer.13274

Luk, J. W., Farhat, T., Iannotti, R. J., & Simons-Morton, B. G. (2009). Parent–child
communication and substance use among adolescents: Do father and mother
communication play a different role for sons and daughters? *Addictive Behaviors,*
35(5), 426–431. https://doi.org/10.1016/j.addbeh.2009.12.009

Luoma, L., Puura, K., Mäntymaa, M., Latva, R., Salmelin, R., & Tamminen, T. (2013).
Fathers' postnatal depressive and anxiety symptoms: An exploration of links with
paternal, maternal, infant and family factors. *Nordic Journal of Psychiatry, 67*(6),
407–413. https://doi.org/10.3109/08039488.2012.752034

Madill, A., & Sullivan, P. (2018). Mirrors, portraits, and member checking: Managing
difficult moments of knowledge exchange in the social sciences. *Qualitative*
Psychology, 5(3), 321–339. https://doi.org/10.1037/qup0000089

Magashoa, T. (2014). Applicability of constructivist theory in qualitative educational
research. *American International Journal of Contemporary Research, 4*(7), 51-59.

Maldonado, S. (2004). Beyond economic fatherhood: Encouraging divorced fathers to
parent. *University of Pennsylvania Law Review, 153*(3), 921–1009.
https://doi.org/10.2307/4150643

Mahoney, A., & Boyatzis, C. J. (2019). Parenting, religion, and spirituality. In M. H.
Bornstein (Ed.), *Handbook of parenting* (3rd ed., pp. 515–552). Routledge.
https://doi.org/10.4324/9780429401695-18

Mahoney, J. & Ettekal, A. (2017). *Ecological Systems Theory.* In The SAGE
Encyclopedia of Out-of-School Learning (pp. 239–243).

Mariscal, E. S. (2020). Resilience following exposure to intimate partner violence and

    other   violence: A comparison of Latino and non-Latino youth. *Children and*

    Youth Services Review, 113, 104975–.

    https://doi.org/10.1016/j.childyouth.2020.104975

Martin, R. A., Ellingsen, V. J., Tzilos, G. K., & Rohsenow, D. J. (2015). General and

    religious coping predict drinking outcomes for alcohol dependent adults in

    treatment. *The American Journal on Substance misuses, 24*(3), 240–245.

    https://doi.org/10.1111/ajad.12181

Masaud, S. A. N., Mohamad, N., Mat, K. C., Bhagat, V., Bakar, N. H. A., & Wongxsup,

    P. S. O. (2018). Holistic psycho-spiritual approach to enhance the effectiveness of

    methadone maintenance therapy (MMT). *Research Journal of Pharmacy and*

    Technology, 11(4),1316–1318. https://doi.org/10.5958/0974-360X.2018.00245.7

Maslow, A. H. (1970) *Religions, values, and peak experiences.* New York: Penguin

    Books.

Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child*

    Development, 85(1), 6-20. https://doi.org/10.1111/cdev.12205

Matthey, S., Barnett, B., Ungerer, J., & Waters, B. (2000). Paternal and maternal

    depressed mood during the transition to parenthood. *Journal of Affective*

    Disorders, 60(2), 75–85. https://doi.org/10.1016/S0165-0327(99)00159-7

Mattis, J. S., Murray, Y. F., Hatcher, C. A., Hearn, K. D., Lawhon, G. D., Murphy, E. J., & Washington, T. A. (2001). Religiosity, spirituality, and the subjective quality of African American men's friendships: An exploratory study. *Journal of Adult Development, 8*(4), 221–230. https://doi.org/10.1023/A:1011338511989

May, R. (2004). *The effect of child support and criminal justice systems on low-income noncustodial parents.* Madison, WI: Center for Family Policy and Practice.

Mayo Clinic. (2022, October 4). *Drug substance misuse (substance use disorder).* https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112

Maxwell, J. A. (2013). *Qualitative research design: An interactive approach* (3rd ed.). SAGE Publications.

McBride, B. A & Mills, G. (1993). A comparison of mother and father involvement with their preschool age children. *Early Childhood Research Quarterly*, *8*(4), 457–477. https://doi.org/10.1016/S0885-2006(05)80080-8

McKenzie, S. K., Collings, S., Jenkin, G., & River, J. (2018). Masculinity, social connectedness, and mental health: Men's diverse patterns of practice. *American Journal of Men's Health, 12*(5), 1247–1261. https://doi.org/10.1177/1557988318772732

McKim, D., K. (1996). *Westminster dictionary of theological terms.* Westminster John Knox Press.

McKinney, B. S. (2012). *The relationship between the duties of fatherhood from a biblical worldview with modern day Christian fatherhood*. ProQuest Dissertations Publishing.

McLanahan, S., Tach, L., & Schneider, D. (2013). The causal effects of father absence. *Annual Review of Sociology, 39*(1), 399-427. https://doi.org/10.1146/annurev-soc-071312-145704

McMahon, T.J., Winkel, J.D., & Luthar, S.S. (2005). Fatherhood may impact treatment of drug abusing men. *DATA: The Brown University Digest of Substance misuse Theory & Application, 24*(7), 2-3.

McMahon, T.J., Winkel, J.D., Luthar, S.S., & Rounsaville, B.J. (2005). Looking for poppa: Parenting status of men versus women seeking drug abuse treatment. *American Journal of Drug & Alcohol Abuse, 31*(1), 79-91. https://doi.org/10.1081/ADA-200037567

McMahon, T. J., Winkel, J. D., & Rounsaville, B. J. (2008). Drug abuse and responsible fathering: a comparative study of men enrolled in methadone maintenance treatment. *Substance misuse (Abingdon, England), 103*(2), 269–283. https://doi.org/10.1111/j.1360-0443.2007.02075.x

McMahon, T. J. Winkel, J. D., Suchman, N. E., & Rounsaville, B. J. (2007). Drug-abusing fathers: Patterns of pair bonding, reproduction, and paternal involvement. *Journal of Substance Abuse Treatment, 33*(3), 295–302. https://doi.org/10.1016/j.jsat.2006.12.010

McPhatter, A. R. (2018). Cultural competence in child welfare: What is it? How do we achieve it? What happens without it? In *Serving African American Children* (pp. 251-274). Routledge.

Meier, P. S., Donmall, M. ., McElduff, P., Barrowclough, C., & Heller, R. . (2006). The role of the early therapeutic alliance in predicting drug treatment dropout. https://doi.org/10.1016/j.drugalcdep.2005.10.010

Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation (4th ed.).* San Francisco, CA: Josey-Bass.

Miller, D. P., Thomas, M. M. C., Waller, M. R., Nepomnyaschy, L., & Emory, A. D. (2020). Father involvement and socioeconomic disparities in child academic outcomes. *Journal of Marriage and Family, 82*(2), 515–533. https://doi.org/10.1111/jomf.12666

Miller, J. (2023, March 1). *Finding a job while in recovery - Recovery Employment Guide.* Substance misuseHelp.com. https://www.substance misusehelp.com/recovery/finding-a- job/

Miller, L. (2015). *The Spiritual Child: The New Science on Parenting for Health and Lifelong Thriving*. St. Martin's Press.

Miller, W. R., & Thoresen, C. E. (2003). Spirituality, religion, and health. An emerging research field. *American Psychologist, 58*(1), 24–35. https://doi.org/10.1037/0003-066X.58.1.24

Mischel, W. (1961). Father-absence and delay of gratification. *Journal of Abnormal and Social Psychology, 63*(1), 116–124. https://doi.org/10.1037/h0046877

Moran, P., Ghate, D. & Van der Merwe, A. (2004) *What works in parenting support? A review of the international evidence.* Research Report 574. United Kingdom Department of Education and Skills, London.

Moreno, O., & Cardemil, E. (2018). The role of religious attendance on mental health among Mexican populations: A contribution toward the discussion of the immigrant health paradox. *American Journal of Orthopsychiatry, 88*(1), 10–15. https://doi.org/10.1037/ort0000214

Mumola, C. J. (2000). *Incarcerated parents and their children. Bureau of Justice Statistics Special Report NCJ-182335.* Washington, DC: U.S. Department of Justice.

Murphy, K. M. (2017). Music therapy in addictions treatment: A systematic review of the literature and recommendations for future research. *Music & Medicine, 9*(1), 15–23. https://doi.org/10.47513/mmd.v9i1.556

National Association of Social Workers (NASW). (2023). *Code of Ethics.* https://www.socialworkers.org/about/ethics/code-of-ethics

National Safety Council. (n.d.). *Drug overdoses.* Injury Facts. Retrieved from https://injuryfacts.nsc.org/home-and-community/safety-topics/drugoverdoses/#:~:text=Currently%2C%2071%25%20of%20preventable%20opioid,among%20children%20younger%20than%2015

Naderifar, M., Goli, H., & Ghaljaie, F. (2017). Snowball sampling: A purposeful method

    of sampling in qualitative research. *Strides in Development of Medical Education,*

    14(3): e67670

Nathenson, S., & Wen, M. (2013). Religiousness, physical activity and obesity among

    older cancer survivors: Results from the Health and Retirement Study 2000–2010

    *International Journal of Religion and Spirituality in Society, 2(*3), 129–144.

    https://doi/org/10.18848/2154-8633/cgp/v02i03/51016

National Institute on Drug Abuse- NIDA Archives. (n.d.). Why Should We Treat Addicts

    Anyway? The Solution We Refuse to Use. https://archives.nida.nih.gov/why-

    should-we-treat-addicts-anyway-solution-we-refuse-to-use

National Responsible Fatherhood Clearinghouse. (2018). NRFC data snapshot resident

    fathers and substance use. Retrieved from

    https://www.fatherhood.gov/sites/default/files/resource_files/data_snapshot_fathe

    rs_and_substance_use_approved_7-15-19b_508.pdf

Neale, B., & Davies, L. (2016). Becoming a young breadwinner? The education,

    employment and training trajectories of young fathers. *Social Policy and Society,*

    15(1), 85-98. https://doi.org/10.1017/S1474746415000512

Neudorfer, A. (2018). Spirituality and music therapy: An action research project in

    clinical music therapy within the context of an anthropological theory of

    spirituality. *Approaches: An Interdisciplinary Journal of Music Therapy, 10(*1),

    52-66.

New International Version Bible. (1978). Biblica.

Nordheim, K., Walderhaug, E., Alstadius, S., Kern-Godal, A., Arnevik, E., & Duckert, F. (2018). Young adults' reasons for dropout from residential substance use disorder treatment. *Qualitative Social Work: QSW: Research and Practice, 17(*1), 24–40. https://doi.org/10.1177/1473325016654559

Noy, C. (2008). Sampling knowledge: The hermeneutics of snowball sampling in qualitative research. *International Journal of Social Research Methodology, 11*(4), 327–344.https://doi.org/10.1080/13645570701401305

Nguyen, T. T., Bellehumeur, C., & Malette, J. (2015). God images and resilience: A study of Vietnamese immigrants. *Journal of Psychology and Theology, 43,* 271-282. https://doi.org/10.1177/0091647115004300405

Nurse, A. M. (2004). Returning to strangers: Newly paroled young fathers and their children. In M. Pattillo, D. F. Weiman, & B. Western (Eds.), *Imprisoning America: The social effects of mass incarceration* (pp. 76-97). New York: Russell Sage

Ohannessian, C. M. (2012). Parental problem drinking and adolescent psychosocial adjustment: The mediating role of adolescent-parent communication. *Journal of Research on Adolescence, 22(*3), 498–511. https://doi.org/10.1111/j.1532-7795.2012.00791.x

Oliver, B. (2020, September 14). *Holistic Therapy: Healing the Mind, Body, and Spirit.*

Nexus Recovery Services | Los Angeles Outpatient Treatment.

https://nexusrecoveryservices.com/blog/holistic-therapy-healing-the-mind-body-and-spirit/

Olmstead, S., Futris, T., & Pasley, K. (2009). An exploration of married and divorced, nonresident men's perceptions and organization of their father role identity. *Fathering, 7*(3), 249-268. https://doi.org/10.3149/fth.0703.249

Onwuegbuzie, A. & Leech, N. (2007). Validity and qualitative research: An oxymoron? *Quality & Quantity, 41*(2), 233–249. https://doi.org/10.1007/s11135-006-9000-3

Orr, R. D. (2015). Incorporating spirituality into patient care. *The AMA Journal of Ethics, 17*(5), 409– 415. https://doi.org/10.1001/journalofethics.2015.17.5.spec1-1505

Ortega, R. M., & Coulborn Faller, K. (2011). Training child welfare workers from an intersectional cultural humility perspective: A paradigm shift. *Child Welfare, 90*(5), 27– 49.

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research 42*(5): 533–544. https://doi.org/10.1007/s10488-013-0528-y

Palkovitz, R. (1997). *Reconstructing "involvement": Expanding conceptualizations of men's caring in contemporary families.* In A. J. Hawkins & D. C. Dollahite (Eds.), Generative fathering: Beyond deficit perspectives. Thousand Oaks, CA: Sage.

Palmer, C., & Christian, J. (2019). Work matters: Formerly incarcerated men's resiliency in reentry. [Formerly incarcerated men's resiliency] *Equality, Diversity and Inclusion: An International Journal, 38*(5), 583-598. https://doi.org/10.1108/EDI-10-2018-0177

Palmer, R. S., Murphy, M. K., Piselli, A., & Ball, S. A. (2009). Substance user treatment dropout from client and clinician perspectives: A pilot study. *Substance Use & Misuse, 44(*7), 1021–1038. https://doi.org/10.1080/10826080802495237

Panter-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K., Leckman, J. F. (2014). Practitioner review: Engaging fathers--recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of Child Psychology and Psychiatry, 55*(11), 1187-212. https://doi.org/10.1111/jcpp.12280

Pattillo, M., Weiman, D., & Western, B. (2004). *Imprisoning America: The social effects of mass incarceration.* New York: Russell Sage Foundation.

Patton, M.Q. (1999). Enhancing the quality and credibility of qualitative analysis. *Health Sciences Research, 34*(5 Pt 2), 1189–1208.

Patton, M.Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks: Sage.

Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4th ed.). SAGE

   Publications.

Paulson, J. F., & Bazemore, S. D. (2010). Prenatal and postpartum depression in fathers

   and its association with maternal depression: A meta-analysis. *JAMA : the*

   *Journal of the American Medical Association, 303(*19), 1961–1969.

   https://doi.org/10.1001/jama.2010.605

Perlman, D. C., & Jordan, A. E. (2017). Considerations for the development of a

   Substance-Related Care and Prevention Continuum Model. *Frontiers in Public*

   Health, 5, 180-. https://doi.org/10.3389/fpubh.2017.00180

Pearson, J. (2004). Building debt while doing time: Child support and incarceration.

   Judge's Journal, 1(43), 5-12.

Pedersen, F. A. (1966). Relationships between father-absence and emotional disturbance

   in male military dependents. *Merrill-Palmer Quarterly of Behavior and*

   Development, 12(4), 321–331.

Peled, E., Gavriel-Fried, B. and Katz, N. (2012), "I've fixed things up": Paternal identity

   of substance-dependent fathers. *Family Relations, 61*(5), pp. 893-908.

   https://doi.org/10.1111/j.1741-3729.2012.00729.x

Pembroke, N. (2008). Narratives of silence: Availability in a spirituality of fathering.

   Journal of Men, Masculinities and Spirituality, 2(2), 82–94.

Perry, A. (2011). Man up: integrating fatherhood and community engagement. *Journal of Community Engagement and Scholarship, 4*(1). https://doi.org/10.54656/WADM8628

Petren, Ferraro, A. J., Zimmermann, M. L., Anthony, M. V., & Pasley, K. (2021). A cross- lagged panel model of coparental interaction and father involvement shortly after   divorce. *Family Relations*, *70*(3), 808–822. https://doi.org/10.1111/fare.12508

Pfitzner, N., Humphreys, C., & Hegarty, K. (2017). Research review: Engaging men: A multi- level model to support father engagement. *Child & Family Social Work, 22*(1), 537–547. https://doi.org/10.1111/cfs.12250

Pietrzak, R. H., & Cook, J. M. (2013). Psychological resilience in older US veterans: Results from the national health and resilience in veteran's study. *Depression and Anxiety, 30,* 432-443. https://doi.org/10.1002/da.22083

Pigatti, L. A., & Sanders, G. F. (2012). Friends and community social services: Supports or barriers for non-custodial parents in grand-families. *Journal of Gerontological Social Work, 4*, 1-12.

Pleck, J. H. (2010). Paternal involvement: Revised conceptualization and theoretical linkages with child outcomes. In M. Lamb (Ed.), *The role of the father in child development* (5th ed., pp. 58-93). Hoboken, NJ: John Wiley.

Pleck, J. H. (2007). Why could father involvement benefit children? Theoretical perspectives. *Applied Developmental Science, 11*(4), 1–7.

Polcin, D. L., & Borkman, T. (2008). The impact of AA on non-professional substance

    abuse   recovery programs and sober living houses. *Recent Developments in*

    Alcoholism, 18, 91–108. https://doi.org/10.1007/978-0-387-77725-2_6

Poole, E. (2009). Organisational spirituality—A literature review. *Journal of Business*

    Ethics, 84(4), 577–588. https://doi.org/10.1007/s10551-008-9726-z

Popay, J., Rogers, A., & Williams, G. (2010). Rationale and standards for the systematic

    review of qualitative literature in health services research. *In Nursing Research*

    Methods (pp.   II385-). SAGE Publications Ltd.

Potvin, N., & Argue, J. (2014). Theoretical considerations of spirit and spirituality in

    music therapy. *Music Therapy Perspectives, 32*(2), 118–128.

    https://doi.org/10.1093/mtp/miu022

Powell, R., & Pepper, M. (2015). Subjective well-being religious involvement and

    psychological type among Australian churchgoers. *Mental Health, Religion &*

    Culture, 18(1), 33-46. https://doi.org/1080/13674676.2014.1003170

Power, L. & McKinney, C. (2013). Emerging adult perceptions of parental religiosity and

    parenting practices: Relationships with emerging adult religiosity and

    psychological adjustment. *Psychology of Religion and Spirituality, 5*(2), 99–109.

    https://doi.org/10.1037/a0030046

Power, Z., Campbell, M., Kilcoyne, P., Kitchener, H., & Waterman, H. (2010). The
    Hyperemesis Impact of Symptoms Questionnaire: Development and validation of
    a clinical tool. *International Journal of Nursing Studies, 47*(1), 67–77.
    https://doi.org/10.1016/j.ijnurstu.2009.06.012

Pufer, E. S., Skalski, L. M., & Meade, C. S. (2012). Changes in religious coping and
    relapse to drug use among opioid-dependent patients following inpatient
    detoxification. *Journal of Religion and Health, 51(*4), 1226–1238.
    https://doi.org/10.1007/s10943-010-9418-8

Rahmawati, S. W. (2014). Role of religious/spirituality in resilience of fisheries college
    cadets. *Journal of Educational Health and Community Psychology, 3,* 32-42.

Ramchandani, P. G., Psychogiou, L., Vlachos, H., Iles, J., Sethna, V., Netsi, E., &
    Lodder, A. (2011). Paternal depression: an examination of its links with father,
    child and family functioning in the postnatal period. *Depression and Anxiety,
    4(*2), 471–477. https://doi.org/10.1002/da.20814

Rao, W-W, Zhu, X.-M., Zong, Q.-Q., Zhang, Q., Hall, B. J., Ungvari, G. S., & Xiang, Y.-
    T. (2020). Prevalence of prenatal and postpartum depression in fathers: A
    comprehensive meta-analysis of observational surveys. *Journal of Affective
    Disorders, 263*, 491–499. https://doi.org/10.1016/j.jad.2019.10.030

Recovery and recovery support. (n.d.). SAMHSA. https://www.samhsa.gov/find-
    help/recovery

Recovery principles. (n.d.).https://www.apa.org/monitor/2012/01/recovery-principles

Reed, P., G. (1992). An emerging paradigm for the investigation of spirituality in
  nursing. *Research in Nursing & Health, 15*(5), 349–357.
  https://doi.org/10.1002/nur.4770150505

Rew, L., & Wong, Y. J. (2006). A systematic review of associations among
  religiosity/spirituality and adolescent health attitudes and behaviors. *Journal of
  Adolescent Health, 38*(4), 433–442.
  https://doi.org/10.1016/j.jadohealth.2005.02.004

Roberts, D., Coakley, T. M., Washington, T. J., & Kelley, A. (2014). Fathers'
  perspectives on supports and barriers that affect their fatherhood role. *SAGE
  Open*, *4*(1), 1-10. https://doi.org/10.1177/2158244014521818

Roy, K. M., & Dyson, O. L. (2005). Gatekeeping in context: Babymama drama and the
  involvement of incarcerated fathers. *Fathering, 3*(3), 289-310.
  https://doi.org/10.3149/fth.0303.289

Roy, K. M., & Dyson, O. (2010). Making daddies into fathers: Community-based
  fatherhood programs and the construction of masculinities for low-income
  African American men. *American Journal of Community Psychology, 45*(1-2),
  139-154. https://doi.org/10.1007/s10464-009-9282-4

Rubenstein, B., & Stover, C. S. (2016). Intimate partner violence, fatherhood, and co-
  parenting of men in residential substance misuse treatment. *Advances in Dual
  Diagnosis, 9*(4), 119–129. https://doi.org/10.1108/ADD-10-2015-0022

Russell, G. (1978). The father role and its relation to masculinity, femininity, and

    androgyny. *Child Development, 49*(4), 1174–1181.

    https://doi.org/10.2307/1128757

Russell, C., Gregory, D., Ploeg, J., DiCenso, A., & Guyatt, G. (2005). Qualitative

    research. In A. DiCenso, G. Guyatt, & D. Ciliska (Eds.), *Evidence-based nursing:*

    A guide to clinical practice (pp. 120–136). St. Louis, MO: Elsevier Mosby.

Rutter, M. (1979). Protective factors in children's responses to stress and disadvantage. In

    M. W. Kent & J. E. Rolf (Eds.), *Primary prevention in psychopathology: Social*

    competence in children (pp. 49–74). Hanover, NH: University Press of New

    England.

Rutter, M. (2007). Resilience, competence, and coping. *Child Abuse & Neglect, 31,* 205–

    209. http://dx.doi.org/10.1016/j.chiabu.2007.02.001.

Ryan, F., Coughlan, M., & Cronin, P. (2009). Interviewing in qualitative research: The

    one-to- one interview. *International Journal of Therapy and Rehabilitation, 16*(6),

    309–314. https://doi.org/10.12968/ijtr.2009.16.6.42433

Saile, R., Neuner, F., Ertl, V., & Catani, C. (2013). Prevalence and predictors of partner

    violence against women in the aftermath of war: A survey among couples in

    Northern Uganda. *Social Science & Medicine (1982), 86*, 17–25.

    https://doi.org/10.1016/j.socscimed.2013.02.046

Saleh, M. F. (2013). Child welfare professionals' experiences in engaging fathers in

    services. *Child & Adolescent Social Work Journal, 30*(2), 119–137.

    https://doi.org/10.1007/s10560-012-0282-0

Salinas, A., Smith, J. C., & Armstrong, K. (2011). Engaging fathers in behavioral parent

    training: Listening to fathers' voices, 1, 304–311. *Journal of Pediatric Nursing,*

    26(4), 304–311. https://doi.org/10.1016/j.pedn.2010.01.008

Sarkadi, A., Kristiansson, R., Oberklaid, F., & Bremberg, S. (2008). Fathers' involvement

    and children's developmental outcomes: A systematic review of longitudinal

    studies. *Acta   Paediatrica, 97*(2), 153-158. https://doi.org/10.1111/j.1651-

    2227.2007.00572.x.

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H.,

    & Jinks, C. (2017). Saturation in qualitative research: Exploring its

    conceptualization and operationalization. *Quality and Quantity, 52*(4), 1893-1907.

    https://doi.org/10.1007/s11135-017-0574-8

Sawatzky, R. G., Ratner, P. A., Richardson, C. G., Washburn, C., Sudmant, W., &

    Mirwaldt, P. (2012). Stress and depression in students: The mediating role of

    stress management self-efficacy. *Nursing Research (New York), 61*(1), 13–21.

    https://doi.org/10.1097/NNR.0b013e31823b1440

Schaubroeck, J. M., Rioli, L. T., Peng, A. C., & Spain, E. S. (2011). Resilience to

    traumatic exposure among soldiers deployed in combat. *Journal of Occupational*

    Health Psychology, 16, 18-36. https://doi.org/10.1037/a0021006

Scherer, M., Worthington Jr, E. L., Hook, J. N., Campana, K. L., West, S. L., & Gartner,

    A. L. (2012). Forgiveness and cohesion in familial perceptions of alcohol misuse.

    Journal of Counseling and Development, 90(2), 160–168.

    https://doi.org/10.1111/j.1556-6676.2012.00021.x

Schneller, D. P., & Vandsburger, E. (2008). Self-efficacious behaviors for reducing stress

    in older adulthood. *Ageing International*, *32*(1), 78–91.

    https://doi.org/10.1007/s12126-008-9002-7

Schultz, M., Glickman, M. E., & Eisen, S. V. (2014). Predictors of decline in overall

    mental health, PTSD and alcohol use in OEF/OIF veterans. *Comprehensive*

    Psychiatry, 55(7), 1654–1664. https://doi.org/10.1016/j.comppsych.2014.06.003

Scourfield, J. (2003) *Gender and child protection*. Palgrave MacMillan, Houndmills,

    Basingstoke, UK

Seguino, S. (2011). Help or hindrance? Religion's impact on gender inequality in

    attitudes and outcomes. *World Development, 39*(8), 1308–1321.

    https://doi.org/10.1016/j.worlddev.2010.12.004

Shafer, K., & Bellamy, J. L. (2016). Focusing on men and fathers: A challenge for social

    work research and practice. *Social Work Research, 40*(4), 199–202.

    https://doi.org/10.1093/swr/svw020

Shorey, R. C., Fite, P. J., Elkins, S. R., Frissell, K. C., Tortolero, S. R., Stuart, G. L., Temple, J. R. (2013). The association between problematic parental substance use and adolescent substance use in an ethnically diverse sample of 9th and10th graders. *Journal of Primary Prevention, 34*(6):381–393.

Sim, J., Saunders, B., Waterfield, J., & Kingstone, T. (2018). Can sample size in qualitative research be determined a priori? *International Journal of Social Research Methodology,21*(5), 619–634. https://doi.org/10.1080/13645579.2018.1454643

Simpson, T. L., & Miller, W. R. (2002). Concomitance between childhood sexual and physical abuse and substance use problems: A review. *Clinical Psychology Review, 22*(1), 27–77. https://doi.org/10.1016/S0272-7358(00)00088-X

Singley, D., Cole, B. P., Hammer, J. H., Molloy, S., Rowell, A., & Isacco, A. (2018). Development and psychometric evaluation of the Paternal Involvement With Infants Scale. *Psychology of Men & Masculinity*, *19*(2), 167–183. https://doi.org/10.1037/men0000094

Sipsma, H., Biello, K., Cole-Lewis, H., & Kershaw, T. (2010). Like father, like son: The intergenerational cycle of adolescent fatherhood. *American Journal of Public Health, 100*(3), 517-524. https://doi.org/10.2105/ajph.2009.177600

Skagerstróm, J., Chang, G., & Nilsen, P. (2011). Predictors of drinking during pregnancy: a systematic review. *Journal of Women's Health (Larchmont, N.Y. 2002), 20*(6), 901–913. https://doi.org/10.1089/jwh.2010.2216

Skari, H., Skreden, M., Malt, U. F., Dalholt, M., Ostensen, A. B., Egeland, T., & Emblem, R. (2002). Comparative levels of psychological distress, stress symptoms, depression and anxiety after childbirth—a prospective population-based study of mothers and fathers. *BJOG : an International Journal of Obstetrics and Gynaecology, 109(*10), 1154–1163. https://doi.org/10.1111/j.1471-0528.2002.00468.x

Smetana, J. G., & Metzger, A. (2005). Family and religious antecedents of civic involvement in middle class African American late adolescents. *Journal of Research on Adolescence, 15*(3), 325–352. https://doi.org/10.1111/j.1532-7795.2005.00099.x

Smith Stover, C., & Spink, A. (2012). Affective awareness in parenting of fathers with co-occurring substance abuse and intimate partner violence. *Advances in Dual Diagnosis,5*(2), 74–85. https://doi.org/10.1108/1757097121124190

Soderstrom, & Skarderud, F. (2013). The good, the bad, and the invisible father: A phenomenological study of fatherhood in men with substance use disorder. *Fathering (Harriman, Tenn.), 11*(1), 31–51. https://doi.org/10.3149/fth.1101.31

Socías, M. E., Volkow, N., & Wood, E. (2016). Adopting the "cascade of care" framework: an opportunity to close the implementation gap in addiction care? *Addiction (Abingdon, England), 111*(12), 2079–2081. https://doi.org/10.1111/add.13479

Sorensen, E., & Zibman, C. (2001). *Poor dads who don't pay child support: Deadbeats or disadvantaged?* Washington, DC: Urban Institute

Spilman, S. K., Neppl, T. K., Donnellan, M. B., Schofield, T. J., & Conger, R. D. (2013).

　　Incorporating religiosity into a developmental model of positive family

　　functioning across generations. *Developmental Psychology, 49*(4), 762–774.

　　https://doi.org/10.1037/a0028418

Stanojlović, M. & Davidson, L. (2021). Targeting the barriers in the substance use

　　disorder continuum of care with peer recovery support. *Substance Abuse:*

　　Research and Treatment, 15, 117822182097698–1178221820976988.

　　https://doi.org/10.1177/1178221820976988

Stake, R. E. (2010). *Qualitative research: Studying how things work.* New York, NY:

　　Guilford Press.

Strega, S., Fleet, C., Brown, L., Dominelli, L., Callahan, M., & Walmsley, C. (2008).

　　Connecting father absence and mother blame in child welfare policies and

　　practice. *Children and Youth Services Review, 30*(7), 705–716.

　　https://doi.org/10.1016/j.childyouth.2007.11.012

Stover, C. S. (2013). Fathers for change: A new approach to working with fathers who

　　perpetrate intimate partner violence. *The Journal of the American Academy of*

　　Psychiatry and the Law, 41(1), 65–71.

Stover, C. S., Carlson, M., & Patel, S. (2017). Integrating intimate partner violence and

　　parenting intervention into residential substance use disorder treatment for fathers.

　　Journal of Substance Abuse Treatment, 81, 35–43.

　　https://doi.org/10.1016/j.jsat.2017.07.013

Stover, C. S., Hall, C., McMahon, T. J., & Easton, C. J. (2012). Fathers entering

    substance abuse treatment: An examination of substance abuse, trauma symptoms

    and parenting behaviors. *Journal of Substance Abuse Treatment, 43*(3), 335–34.

    https://doi.org/10.1016/j.jsat.2011.12.012

Stover, C. S., & Kiselica, A. (2015). Hostility and substance use in relation to intimate

    partner violence and parenting among fathers: Hostility, substance use, violence,

    and parenting. *Aggressive Behavior, 41*(3), 205–213.

    https://doi.org/10.1002/ab.21548

Stover, C. S., McMahon, T. J., & Easton, C. (2011). The impact of fatherhood on

    treatment response for men with co-occurring alcohol dependence and intimate

    partner violence. *The American Journal of Drug and Alcohol Abuse, 37*(1), 74–

    78. https://doi.org/10.3109/00952990.2010.535585

Substance Abuse and Mental Health Services Administration (SAMHSA). (2021). *Key*

    substance use and mental health indicators in the United States: Results from the

    2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-

    01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health

    Statistics and Quality, Substance Abuse and Mental Health Services

    Administration. https://www.samhsa.gov/data/

Su, J. Kuo, S. I., Aliev, F., Guy, M. C., Derlan, C. L., Edenberg, H. J., Nurnberger, J. I.,

    Kramer, J. R., Bucholz, K. K., Salvatore, J. E., & Dick, D. M. (2018). Influence

    of parental alcohol dependence symptoms and parenting on adolescent risky

    drinking and conduct problems: A family systems perspective. *Alcoholism,*

    Clinical and Experimental Research, 42(9), 1783–1794.

    https://doi.org/10.1111/acer.13827

Sunderland, J. (2006). "Parenting" or "mothering"? The case of modern childcare

    magazines. *Discourse & Society*, *17*(4), 503–527.

    https://doi.org/10.1177/0957926506063126

Szafarski, M. (2001). Gender, self-reported health, and health-related lifestyles in Poland.

    *Health Care for Women International, 22(*3), 207–227.

    https://doi.org/10.1080/073993301300357160

Tasca, M. (2018). The (dis)continuity of parenthood among incarcerated fathers: An

    analysis of caregivers' Accounts. *Child Care in Practice: Northern Ireland*

    Journal of Multi-Disciplinary Child Care Practice, *24*(2), 131–147.

    https://doi.org/10.1080/13575279.2017.1420040

Taylor, M. (2012). Problem drug use and fatherhood. PhD thesis, University of Glasgow.

Teixeira, C., Figueiredo, B., Conde, A., Pacheco, A., & Costa, R. (2009). Anxiety and

    depression during pregnancy in women and men. *Journal of Affective Disorders,*

    119(1), 142–148. https://doi.org/10.1016/j.jad.2009.03.005

Templeton, J. L., & Eccles, J. S. (2006). he relation between spiritual development and

  identity processes. In E. C. Roehlkepartain, P. E. King, L. Wagener, & P. Benson

  (Eds.), *The handbook of spiritual development in childhood and adolescence* (pp.

  252-265). Thousand Oaks, CA: Sage Publications.

Thompson, R. W., Arnkoff, D. B., & Glass, C. R. (2011). Conceptualizing mindfulness

  and acceptance as components of psychological resilience to trauma. *Trauma,*

  Violence & Abuse, 12(4), 220–235. https://doi.org/10.1177/1524838011416375

Threlfall, J., & Kohl, P. (2015). Addressing child support in fatherhood programs:

  Perspectives of fathers and service providers. *Family Relations, 64*(2), 291–304.

  https://doi.org/10.1111/fare.12119

Tisdell, E. J. (2008). Spirituality and adult learning. *New Directions for Adult and*

  Continuing Education, 119, 27-36. https://doi.org/10.1002/ace.303

Tisdell, E. J. (2001). Spirituality in adult and higher education. ERIC Digest.

Travis, J. (2005). Families and children. *Federal Probation, 69*(1), 31-42.

Trinitapoli, J., & Vaisey, S. (2009). The transformative role of religious experience: The

  case of short-term missions. *Social Forces 88*(1), 121-146.

  https://doi.org/10.1353/sof.0.0223.

Tummala-Narra, P. (2009). The relevance of a psychoanalytic perspective in exploring

  religious and spiritual identity in psychotherapy. *Psychoanalytic Psychology,*

  26(1), 83-95.

UNODC (United Nations Office on Drugs and Crime). (2005). *Drug treatment courts work!* UNODC, Vienna.

United States Bureau of the Census. (1998). *Statistical abstract of the United States 1998.* Washington, DC: U.S. Department of Commerce.

United States Bureau of the Census. (2021). *America's families and living arrangements: 2021.* Washington, DC: U.S. Department of Commerce.

van den Berg, M. P., van der Ende, J., Crijnen, A. A. M., Jaddoe, V. W. V., Moll, H. A., Mackenbach, J. P., Hofman, A., Hengeveld, M. W., Tiemeier, H., & Verhulst, F. C. (2009). Paternal depressive symptoms during pregnancy are related to excessive infant crying. *Pediatrics (Evanston), 124*(1), e96–E103. https://doi.org/10.1542/peds.2008-3100

Van der Meer Sanchez, Z., De Oliveira, L. G., & Nappo, S. A. (2008). Religiosity as a protective factor against the use of drugs. *Substance Use & Misuse, 43*(10), 1476–1486. https://doi.org/10.1080/10826080802183288

Vanhove, A. J., Herian, M. N., Perez, A. L., Harms, P. D., & Lester, P. B. (2016). Can resilience be developed at work? A meta-analytic review of resilience-building program effectiveness. *Journal of Occupational and Organizational Psychology, 89*(2), 278-307. https://doi.org/10.1111/joop.12123

Van Voorhees, E. E., Wagner, H. R., Beckham, J. C., Bradford, D. W., Neal, L. C., Penk, W. E., & Elbogen, E. B. (2018). Effects of social support and resilient coping on violent behavior in military veterans. *Psychological Services, 15*, 181-190. https://doi.org/10.1037/ser0000187

Volling, B. L. & Cabrera, N. J. (2019). Advancing research and measurement on fathering and child development. *Monographs of the Society for Research in Child Development, 84*(1), 7–160. https://doi.org/10.1111/mono.12404

Wallace, K. A., & Bergeman, C. S. (2002). Spirituality and religiosity in a sample of African American elders: A life story approach. *Journal of Adult Development, 9*(2), 141–154. https://doi.org/10.1023/A:1015789513985

Weaver, A. J., Pargament, K. I., Flannelly, K. J., & Oppenheimer, J. E. (2006). Trends in the scientific study of religion, spirituality, and health: 1965-2000. *Journal of Religion and Health, 45*(2), 208–214. https://doi.org/10.1007/s10943-006-9011-3

Wee, K. Y., Skouteris, H., Richardson, B., McPhie, S., & Hill, B. (2015). The inter-relationship between depressive, anxiety and stress symptoms in fathers during the antenatal period. *Journal of Reproductive and Infant Psychology, 33*(4), 359–373. https://doi.org/10.1080/02646838.2015.1048199

Weich, R. H., & Angulo, C. T. (2002). Racial disparities in the American criminal justice system. In D. M. Piché, W. L. Taylor, & R. A. Reed (Eds.), *Rights at risk: Equality in an age of terrorism* (pp. 185-218). Washington, DC: Citizen's Civil Rights Commission.

Weiner-Levy, N., & Popper-Giveon, A. (2013). The absent, the hidden and the obscured: reflections on "dark matter" in qualitative research. *Quality & Quantity, 47*(4), 2177– 2190. https://doi.org/10.1007/s11135-011-9650-7

Wells, M. B., Sarkadi, A., Salari, R. (2016). Mothers' and fathers' attendance in a community-based universally offered parenting program in Sweden. *Scandinavian Journal of Public Health, 44*(3):274-280. https://doi.org/10.1177/1403494815618841

Werner, E. E., & Smith, R. (1977). *Kauai's children come of age.* Honolulu: University of Hawaii Press.

White, W.L. (2015) *Recovery monographs volume I: Revolutionizing the ways that behavioral health leaders think about people with substance use disorders.* Author House.

Wildeman, C. (2009). Parental imprisonment, the prison boom, and the concentration of childhood disadvantage. *Demography, 46*(2), 265–280. https://doi.org/10.1353/dem.0.0052

Williams, G. L., Keigher, S., & Williams, A. V. (2012). Spiritual well-being among older African Americans in a midwestern city. *Journal of Religion and Health, 51*(2), 355–370.

Wilks, S. E., & Croom, B. (2008). Perceived stress and resilience in Alzheimer's disease caregivers: Testing moderation and mediation models of social support. *Aging & Mental Health, 12*(3), 357–365. https://doi.org/10.1080/13607860801933323

Wilson, B. (1976). *Alcoholics Anonymous: The story of how many thousands of men and women have recovered from alcoholism.* New York: Alcoholics Anonymous World Services.

Wiman, C. (2010). Hive of Nerves: To be alive spiritually is to feel the ultimate anxiety of existence within the trivial anxieties of everyday life. In *The American scholar* (Vol. 79, Issue 3, pp. 62–71). United Chapters of Phi Beta Kappa.

Woldoff, R. A., & Cina, M. G. (2007). Regular work, underground jobs, and hustling: An examination of paternal work and father involvement. *Fathering, 5*(3), 153-173.

Woldoff, R. A., & Washington, H. M. (2008). Arrested contact: The criminal justice system, race, and father engagement. *The Prison Journal (Philadelphia, Pa.), 88*(2), 179–206. https://doi.org/10.1177/0032885508319154

Wolf, Z. R. (2003). Exploring the audit trail for qualitative investigations. *Nurse Educator, 28*(4), 175–178. https://doi.org/10.1097/00006223-200307000-00008

Womble, M. N., Labbe, E. E., & Cochran, C. R. (2013). Spirituality and personality: Understanding their relationship to health resilience. *Psychological reports, 112*, 706-715. https://doi.org/10.2466/02.07.PRO.112.3.706-715

Young, N. K., Boles, S. M., & Otero, C. (2007). Parental substance use disorders and child   maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment, 12*(2), 137–149. https://doi.org/10.1177/1077559507300322

Zimmermann, P., Firnkes, S., Kowalski, J. T., Backus, J., Siegel, S., Willmund, G., &

    Maercker, A. (2014). Personal values in soldiers after military deployment

    associations with mental health and resilience. *European Journal of*

    Psychotraumatology 5(1) 22939. https://doi.org/10.3402/ejpt.v5.22939

Zong-Kui, Z., Qing-Qi L., Geng-Feng N., Xiao-Jun S., Cui-Ying F. (2017). Bullying

    victimization and depression in Chinese children: A moderated mediation model

    of resilience and mindfulness. *Personality and Individual Differences, 107,* 137-

    142. https://doi.org/10.1016/j.paid.2016.07.040

24:7 Dad®. (n.d.-b). National Fatherhood Initiative.

    https://www.fatherhood.org/program-24-7-dad

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Engelhardt, E., Reynolds, A., **Eubank K.,** & Royse, D. (2024). Students-teaching-

students: An instructional method for increasing student engagement in

undergraduate social work courses, *Social Work Education*,

https://doi.org/10.1080/02615479.2024.2304235

Showalter, K., Marçal, K., Maguire-Jack, K., **Eubank, K.,** Machinga, R. O., & Park, Y.

(2024). The protective effect of employment policies on intimate partner violence,

Journal of Workplace Behavioral Health,

https://doi.org/10.1080/15555240.2024.2312101

Garcia, A., Pérez-Figueroa, R., Cozart, D., Cook, V., Damron, J., Clark, S., & **Eubank,**

K. (2024). "They don't trust me": Service providers reflections of father-centric

treatment and engagement. *Family Relations*, 1–20.

https://doi.org/10.1111/fare.13038