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The Emergence of the Family-Oriented  
Human Services Practitioner

A Grounded Theory Inquiry

NARKETTA SPARKMAN-KEY, CHANIECE WINFIELD, AND ANTHONY VAJDA



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# The Emergence of the Family-Oriented Human Services Practitioner: A Grounded Theory Inquiry

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*Abstract: The presence of family conflict has led to a focus on its impact on family dynamics and the investigation of factors that contribute to family conflict (Patterson 2002). It has become necessary for human services professionals to consider conflict and other factors that impact the family unit, such as accumulated stress, coping mechanisms, and resource availability. However, a survey of empirical research literature on families has shown a lack of focus on the field of human services and the skills necessary for competent human services practice. This study proposes a model, which aims to enhance human services education and practice by identifying competencies in practice with families plagued by conflict. The researchers aim to present a theoretical model, "the family-oriented human services -Keypractitioner" which addresses the question: What are the knowledge, skills, and experiences required of human services professionals to effectively mediate conflict and support at-risk families (families experiencing conflict, crisis, and trauma)?*

*Keywords: Family Services, Human Services Professional, Family Conflict*

## Emergence of the Family-Oriented Human Services Practitioner

Conflict occurs on many levels in our society, with family conflict being defined as a specific type of conflict consisting of openly expressed anger, frustration, and distress, among family members (Moos and Moos 2002). For children in these settings, family conflict can lead to lower self-esteem, aggression, and difficulty adjusting in school (Wei and Chen 2014). To remediate this occurrence, effectively addressing conflict is vital to the development and stability of the family unit and its members. For families in conflict, adequate supports result in the experienced conflict concluding with increased empathy, cooperation, and consideration among members, as opposed to negative consequences such as domestic violence and depression emerging without these resources (Ali and Waldo 2012). Considering these results, there is a need in family services for helping professionals who assist families with effectively resolving and responding to conflict.

Despite the ongoing need in family services, human services research does not identify the knowledge, skills or experience necessary for human services professionals to be effective with families at-risk for conflict due to experiencing crises, stressors or trauma. Additionally, a model that addresses the development of the human services practitioner in family practice is also lacking in research. As a result, this qualitative study will expand on existing literature by identifying the knowledge, skills, and experience possessed by human services professionals in family focused human services settings. Embracing a grounded theory approach (Corbin and Strauss 2014), the researchers present the *family-oriented human services practitioner* (FOHSP) as a theoretical model to address the question: What are the knowledge, skills, and experience required of human services professionals to be effective in managing family conflict?

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## Literature Review

### *Family Stress and Conflict*

When families experience a perceived stressor, negative meaning can be attached to the stressor due to ineffective coping skills and the lack of appropriate resources. This can result in a crisis response or conflict among family members (Hill 1958; Price et al. 2010). Increased perceived stress has been linked to several conflicts within the family unit including mental health problems, adolescent tobacco use, child-rearing and even marital conflict (Camisasca et al. 2016; Wei and Chen 2014). Additionally, parental stress, the psychological reaction to the demands of being a parent (Deater-Deckard 1998), has been linked to anger and aggression responses toward children (Cook 2015). Considering this, it is likely that parents who abuse their children may experience several major stressors. These stressors may include but are not limited to mental health issues, substance use, addiction, divorce, inequitable distribution of household labor, financial stress, unresolved childhood issues, or lack of life satisfaction (Cook 2015; Tucker and Rodriguez 2014).

Considering the impact of resources in mediating the crisis response and resulting conflict in families, research supports the role of helping professionals and programming that addresses family crisis and stress (Howard and Brooks-Gunn 2009; Kobayashi et al. 2015; Polinsky et al. 2010). Gaining an understanding of changes and differences that exist within family systems is essential for further skill development among human services professionals. Conceptual models of family stress assist human services professionals in identifying contextual factors influencing families while aiming to highlight the influence of change on family conflict (McCubbin and Patterson 1983; Saloviita, Italinna, and Leinonen 2003). Despite this understanding, the knowledge, skills, and experience needed for human services professionals to become a resource in alleviating and addressing family stress and conflict are absent in human services literature. This study aims to address a gap in previous research efforts and to contribute to a growing body of literature on family studies and human services practice by exploring the knowledge, skills, and experience necessary for human services professionals to competently manage family stress and conflict.

### *Helping Skills to Mediate Family Conflict*

To manage family conflict, effective social skills are necessary. Individuals who communicate feelings and consider the impact of their communication on their relationships without criticism or anger are more capable of managing conflict (Burke, Woszidlo, and Segrin 2012). When unable to do so, conflict may escalate. High-stress environments can lead to higher levels of family conflict, which have been found to cause negative psychological consequences among children and adolescents. Among these consequences are loneliness, difficulties with adjustment, and deficient social and personal development (Burke et al. 2012; Feeny 2006; Johnson, LaVoie, and Mahoney 2001). While most research has focused on the impact of family conflict on young adults and adolescents, literature has not highlighted the skills necessary for human services practitioners to possess and utilize when working with families in distress. Since much of the existing literature emphasizes the importance of social skills, it seems imperative for human services practitioners to receive proper skills training constructively mediate family conflict (Burke et al. 2012).

Research on conflict resolution also shows that nonverbal attending skills are crucial to mediate the dynamics of family conflict (Ali and Waldo 2012). The human services practitioner utilizes non-verbal skills including eye contact, posture, and facial expressions to convey respect, honesty, and understanding. Additionally, interpersonal speaking skills, which also convey respect and understanding, can facilitate helpful communication in the family unit. These factors are consistent with a form of brief therapy called relationship enhancement, which aims to improve self-awareness, intimacy, and communication (Holman et al. 2012). This theory integrates humanistic, psychodynamic, and behavioral theories of helping approaches to facilitate empathic

communication and understanding in familial relationships. Using this approach, human services practitioners could model mediating behavior and constructive communication. Human services practitioners could also encourage clients to use “I” statements, share emotions, give concrete examples, and to express positive intentions. However, there is a gap in the literature that specifically identifies the skills that should be possessed by practitioners in their work with families.

## **Methodology**

Due to the lack of research that examines knowledge, skills, and experiences of human services professionals working in family services, the researchers adopted a discovery research approach (Tuli et al. 2007) to move beyond description of phenomenon and toward theory development in human services research (Creswell 2007). With this approach, a grounded theory methodology (Strauss and Corbin 1998; Strauss and Corbin 2015; Corbin and Strauss 2014) that utilized data from the participants who have experienced the processes under investigation was implemented to shape the emergent theoretical model.

### ***Procedure***

A copy of the qualitative protocol, which includes interview questions and procedures for the study, received exempt approval by a Southeastern university’s human subjects committee. An initial email was sent to 180 practitioners requesting participation. Two follow-up emails were sent over a week and a half to recruit human services professionals in family practice. These emails encompassed an explanation of the study, informed consent, and contact information if potential participants had any additional questions. Out of 180 emails sent to human services practitioners from seventy-three family service agencies in a locality in the southeastern seaboard, twenty-six human services practitioners responded and fourteen interviews were established. The interviews took place during the interviewee’s availability and the duration of each meeting was approximately forty-five to ninety minutes. The interviewers were paired in groups of two to ensure validity and accuracy of information obtained. During the interview, one researcher conducted the interview and documented the information gathered while the other observed the interview and documented the information gathered.

Once data collection was completed, field notes from each interview were organized, put into print form and then sent to each participant via email. This process is known as member checking, a method of establishing validity of a respondent’s account and ensuring accuracy of the collected data (Patton 2002). This process gives participants the opportunity to correct or add information while providing an opportunity to understand what participants intended to portray (Creswell 2007). Participants in this study either confirmed the information gathered, corrected errors, or provided additional information if the transcript did not fully represent their responses. Once member checking was concluded, the researchers began sociological construct open coding and axial coding of the data (Corbin and Strauss 2015). Throughout this process, constant comparative analysis of the data was facilitated until the research question was answered and a substantive theory was developed (McCann and Clark 2003).

### ***Response Rate and Saturation***

While 180 human services professionals who are employed within family service agencies were initially targeted to participate in the study, twenty-six (14.44%) human services professionals responded and fourteen (7.78%) completed the interview process. Consistent with qualitative research, participants were included in the study until data saturation was reached (Mason 2010; Morse 2000; O’Reilly and Parker 2012). Data saturation was achieved when collected data was

exhausted of all appropriate codes and any future data became repetitive of what was already gathered (Mason 2010).

### ***Sample***

The researchers utilized theoretical sampling to purposefully identify participants based on criteria specified by the researchers and initial findings (Corbin and Strauss 2015; Maz 2013; Patton 2002). Theoretical sampling is a common sampling approach implemented in grounded theory studies as this form of methodology allows for the sampling process to be guided by the ongoing theory development in the study (Maz 2013). Theoretical sampling is purpose driven, evolving as data is collected and theory continues to emerge (Maz 2013). Consistent with this approach, inclusion criteria focused on gaining participation from community agencies within a large Southeastern state that served families in their locality. Inclusion criteria included participants having direct experience with at-risk families (families experiencing conflict, crisis, and trauma), identifying as human services professionals, and having work experience in a family focused human services setting. Participants that worked directly with families in various capacities and with diverse educational levels were targeted for participation.

Initially starting with a homogeneous sample of human services professionals in family service agencies, our sample became smaller yet more focused about education, experience and skillset in the phenomena under investigation (Hekmatpou et al. 2009). Retrospectively, the sample size could be deemed adequate once saturation had been noted (Cutcliffe 2000). Before analysis, participants' identifying information was removed and coded as participant A through participant N for presentation of the findings.

### ***Data Collection***

Succeeding the completion of the informed consent statement, the researcher asked questions that gathered demographic information, which included the respondent's age, ethnicity, highest degree of education, and certifications/licenses obtained. Additionally, information regarding job title and industry, the length of time in their position as well as their years of experience specifically working with families was explored. After demographic information was gathered, a semi-structured interview commenced utilizing a sixteen-item interview instrument that assessed how each professional handled family conflict. Questions such as the following were asked of participants:

“When dealing with family conflict, what are the strengths and skills you feel are needed to handle family conflict in a healthy way?”

“How would you define family conflict?”

“How does your agency address skills parents need to deal with conflict?”

The interview instrument targeted the services provided by helping professionals, skills, and techniques utilized to effectively manage family conflict, as well as education, training, and experience. Additional questions sought to explore participants' experiences by addressing various conflicts within the family structure (e.g., marital, child-initiated, sibling conflict, etc.), professional development needed to provide family based services, and diverse populations served such as same-sex families. Consistent with a grounded theory approach, the researchers implemented constant comparative analysis in that information that was gained in the first interview guided supplemental questions asked in subsequent interviews during the data collection process (Maz 2013; Corbin and Strauss 2014). At the commencement of each interview, the raw interview data was transcribed from memo into print form. Before analysis of the data, validity was established by member checking, which was achieved by providing each participant with an electronic copy of their transcribed interview for accuracy.

### ***Demographics***

The fourteen (n=14) participants, included in the study were diverse in regards to race and ethnicity, gender, education, and experience with twelve (86%; n=12) participants identifying as female and two (14%; n=2) identifying as male. The mean age of all participants was 45.21 with 14 percent (n=8) of participants identifying as Caucasian, 28.57 percent (n=4) identifying as African American, and approximately 14.29 percent (n=2) identifying as Hispanic. Education levels were diverse in this sample with 71.43 percent (n = 10) of participants having conferred master's degrees, 21.43 percent (n=3) having conferred bachelor's degrees, and 7.14 percent (n=1) having a high school level of education. Those that indicated their highest degree was in counseling included 28.57 percent (n=4) of participants. While 21.43 percent (n=3) received their highest degree in social work, 14.29 percent (n=2) in education, 14.29 percent (n=2) in psychology, 7.14 percent (n=1) in public administration, and 7.14 percent (n=1) in English. However, 7.14 percent (n=1) of participants had not obtained a degree.

When participants were asked to quantify their years of experience working with families 42.86 percent (n=6) identified as having twenty years or more of experience, 35.71 percent (n=5) having ten to nineteen years, and 21.43 percent (n=3) having five to nine years. All participants identified as working in a family service agency with 78 percent (n=11) having provided family services in agencies specifically targeting areas related to children and youth (e.g., parenting, removal from the home, adoption, etc.). Participants in the sample reported holding diverse positions and roles. The positions and roles can be categorized as follows: 28 percent (n=4) were administrators in family agencies (Program Manager, Director, Site Coordinator, and Family Services Manager), 28 percent (n=4) provided case management (Foster Care Workers, Case Managers, and Family Service Workers). Additionally, 21 percent (n=3) provided counseling-related services (Family Reunification Specialist and Counselor), 14 percent (n=2) were educators (Parent Educator and Family Educator), and .07 percent (n=1) provided supportive family services (Family Support Specialist).

### **Data Analysis**

MAXQDA qualitative data management software was used to breakdown and manage the interview data. Adhering to the qualitative guidelines, data analysis was iterative in that the transcripts were continuously reviewed throughout the analysis process. Utilizing an iterative approach allowed for the emergence of categories and themes throughout the analysis process. Consistent with the grounded theory methodology, the raw data was analyzed using sociological construct open coding with a focus on identifying first-order codes presented by participants in the data (Corbin and Strauss 2014). Once open coding was completed, axial coding or the process of looking for relationships between the first-order codes began (Corbin and Strauss 2014). During the axial coding process, first-order codes were aggregated into relationships and then into higher-order themes; constant comparative analysis occurred concurrently during the analysis. This recursive data analysis process continued until all data relationships were exhausted and conceptual saturation was achieved (Corbin and Strauss 2014). In figure 1, the researchers present a visual depiction of the analytical process that resulted in identified first order codes (see tables 2-4), analytical codes, first order themes, and then the theoretical framework for the *FOHSP* model that emerged from the data.

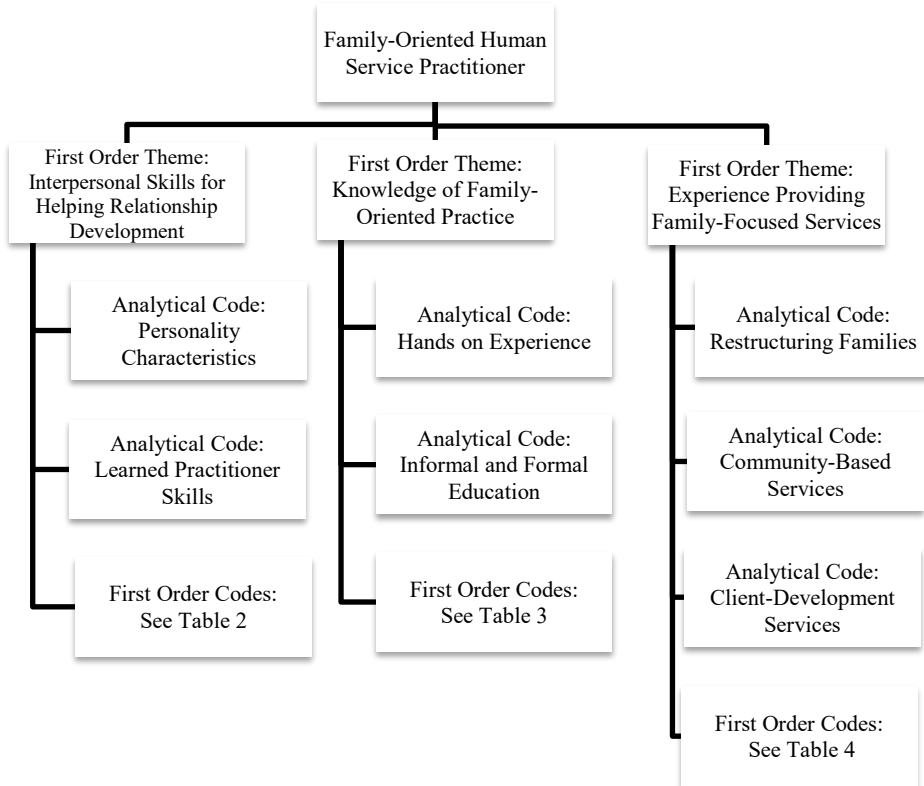


Figure 1. First Order Categories, Analytical Codes, Major Themes, and Model

**Results**

The results of this study are reported in a manner that addresses the research question, “what are the knowledge, skills, and experience required of human services professionals to be effective in managing family conflict?” In answering this research question, the researchers identified three themes that emerged from participant data (1) interpersonal skills for helping relationship development, (2) knowledge of family practice, and (3) experience providing family focused services. From these themes, the researchers present their theoretical model, *the family-oriented human services practitioner* and discuss its implications and applicability to the helping field.

***Interpersonal Skills for Helping Relationship Development***

Based on participant data, human services practitioners in child centered family services require interpersonal skills to be effective in addressing family conflict. Interpersonal communication skills are vital to the development of a healthy practitioner-client relationship (Bahana 2014; Stein-Parbury 2000). Research suggests that interpersonal skills such as the ability to effectively communicate, express feelings, listen and respond, self-disclose or establish trust can be developed (Bahana 2014) while other skills such as compassion, honesty, empathy, accountability, and conscientiousness are inherent characteristics that one possesses (Pitt et al. 2014). Consistent with previous research, a total of 128 first order codes emerged from the data supporting the two dimensions of interpersonal skills in the FOHSP: interpersonal skills that are personality characteristics and those that are learned (see Table 2).



Table 2: Sample of Codes to Support First Order Theme; Interpersonal Skills

<i>First Order Code</i>	<i>Number of Quotations</i>	<i>Analytical Code</i>
Person-Centered Personality	8	Personality Characteristics
Motivation	5	
Independent	5	
Innovative Thinking	5	
Genuine	5	
Honesty	5	
Knowledge of Self	4	
Humility	3	
Knowledge of Family	13	Learned Practitioner Skills
Communication/Listening	18	
Objectiveness/Nonjudgmental	12	
Patience	11	
Empathy	9	
Diversity	5	
Counseling Skills	5	
Setting Boundaries	4	

Consistent with previous research (Bahana 2014; Pitt et al. 2014), participants noted that some interpersonal skills are innately a part of the character of the FOHSP such as being genuine, honest, having compassion, and patience. Supporting this analytical code in discussing the character of a family-oriented human services professional, participant B stated: “you must be genuine and have the ability to connect with the families this skill is not learned, but must come naturally.” In addition to being genuine, honest and having the ability to connect with others, compassion was also prominent in this theme as supported by participant A who stated, “compassion because this is a hard field, you must show compassion for your client.” Further supporting this theme, participant N noted that compassion in combination with patience is an effective and required skill for FOHSPs. Coinciding with participant A and N, participant D, noted that compassion should manifest in the services that are provided and should not interfere with transference that may arise in the day to day work duties of a family-oriented human services professional. According to participant D, “Compassion and impeccable work ethic, a positive frame of mind is important because you can’t take things personally and you are going to meet people that don’t agree with you.”

Personality characteristics of a FOHSP also included motivation, humility, being genuine and honest. Participants within the study noted the benefits of being honest and genuine with clients especially during the relationship-building phase of services. These codes were supported by participant B, who stated, “You must be genuine and have the ability to connect with the families” as well as participant M who stated that “you must have a level of honesty and an understanding that you do not know it all.” Establishing the relationship with the family to address their presenting needs effectively was also a recurring skill that relies heavily on the personality characteristics of the FOHSP. More specifically, having a person-centered personality, being motivated to assist at-risk families, as well as being an innovative thinker were noted personality characteristics that assist FOHSPs in establishing healthy relationships with clients. Discussing her motivation, participant F stated, “Being proactive is my number one; I keep myself busy during the day, looking to do what needs to be done.” When discussing her person-centered approach, participant M stated, “You have to be caring, have patience and give competent care; you have to be able to relate to the client.” Innovation, specifically as it relates to problem-solving with families, and managing high caseloads were discussed, participant H stated, “Flexibility, motivation, and being creative. Being able to problem-solve and communicate both written and when speaking with families is important.”

Within the participant data, interpersonal skills were not only based on the character of the practitioner but were also learned skills throughout the career of the professional. Learned practitioner skills such as the ability to educate families, effectively setting boundaries, being able to effectively communicate and listen as well as being skilled in conflict resolution manifested in the data. The ability to educate families was supported by participant N as well as I who noted that effective conflict resolution with families requires the participants to learn skills to prevent conflict, which will continue in the family once services have ended. For participants to learn these skills, participant I stated that a family-oriented human practitioner must “be able to model and practice skills and techniques with participants - teach participants.” Educating participants on specific skills and techniques requires the practitioner to have knowledge of the family they are working with as well as effective communication and listening skills.

Within the participant data, eleven participants identified effective communication and listening skills as primary skills of a FOHSP within eighteen separate codes (see Table 2). As noted by participant I, effective communication and listening skills are imperative to effectively managing family conflict, as the practitioner must “always pay close attention to the verbal and nonverbal communication of the participants.” Communication and effective listening skills support the FOHSP’s ability to effectively develop knowledge of the family, which is another learned practitioner skill manifesting in the data. Developing knowledge of the family is a skill that is often implemented during the assessment phase of service initiation and was supported by ten participants in the study within thirteen codes (see Table 2). As stated by participant M, the family-oriented human services practitioner provides individualized services to each family served. As a result, the ability to develop and implement the skill of gaining knowledge of the family will determine what services, techniques or other resources would be appropriate for the family.

Learned practitioner skills also include conflict resolution and mediation skills, the ability to be objective and nonjudgmental, as well as being able to display empathy and patience. Participants noted that these skills are not only essential to the rapport building and assessment phase of treatment but are essential throughout the duration of service implementation and discharge. As stated by participant I “you have to be nonjudgmental and open-minded; conflict is universally addressed in all aspects of service because we address it as it happens and also through the positive parenting education provided.” Participant data suggests that interpersonal skills are vital to the identity of the FOHSP and are first personal character traits of the practitioner but then enhanced and developed through their learned educational and experiential journey.

### ***Knowledge of Family-Oriented Practice***

Data suggests that the FOHSP would possess the knowledge and education needed to be competent and effective in child-centered family services. A total of 123 first order codes emerged from the data supporting the two areas of family-oriented practice needed for the FOHSP identity: “hands on experience” and “formal/informal education” (see Table 3).

Table 3: Sample of Codes to Support First Order Theme;  
Knowledge of Family-Oriented Practice

<i>First Order Code</i>	<i>Number of Quotations</i>	<i>Analytical Code</i>
Learning Techniques	19	Hands on Experience
Family Conflict	7	
Positive Parenting	7	
Evidence-Based Practice	4	
Crisis Management	3	
Modeling	6	
Role Playing	4	
Field Experience	4	
Referral Process	4	Formal and Informal Education
Agency Values and Beliefs	4	
Resource Identification	7	
Knowledge of Families	13	
Family Conflict Defined	11	
Postsecondary Education	8	

For the FOHSP, hands on experience in family conflict manifest in a variety of ways and is as diverse as the families that are being served. As stated by participant G, “We focus on all types of family conflicts because we just work with the issues that each family brings to the table.” Participants within this study discussed possessing hands on experience working with family with diverse needs which included but were not limited to conflict between the parent-child conflict, marital conflict, sibling conflict and issues with co-parenting. Family conflict was not only noted as occurring within the family but also encompasses conflict that affected the family unit as a whole. As stated by participant E family conflict can also encompass issues involving “child abuse and neglect, substance abuse and or child protective services involvement.” Participant B expanded on the types of conflict that can affect the family unit by noting common conflicts of homelessness, families that are blending, or families experiencing a separation, divorce or adoption placement. As the types of family conflicts that may arise with a client are diverse, it is essential for the FOHSP to have an understanding of the type of conflict experienced by the client or family. Additionally, the FOHSP should also have knowledge of family practice as it relates the family’s perception of the stressor that resulted in the conflict (Price et al. 2010). It is concluded that this knowledge will determine the corresponding resources, techniques and supports needed to alleviate the conflict effectively. As stated by participant M, “Conflict is a part of life, it depends on how it is managed and handled which makes it healthy or destructive to a family.”

To effectively address the diverse conflict needs of families, FOHSPs would have hands on experience with a variety of techniques needed to resolve family conflict. Techniques utilized by the FOHSP are evidence based when managing family conflict. As stated by participant I, “We address conflict with education using research based curriculum; everything should be evidence based and based on research of adverse experiences classifying risk and the common protective factors of children.”

The data supports knowledge and experience with evidence based techniques such as positive parenting, anger management, crisis management, and stress management, being integral in the role of the FOHSP. More importantly, the FOHSP should also possess experience in interpreting the definition of a conflict for each family being served. As noted by participant H, each family will present with different responses to conflict triggers both within and toward the family unit. As

a result, it is essential that the FOHSP have experience with “understanding family dynamics and understanding how a family defines their conflict.”

Our data analysis suggests the FOHSP possesses formal and informal education in areas such as family dynamics, practice techniques, resource identification and education in areas critical to the resolution of family conflict. Education of the FOHSP is an ongoing process that initially begins at the post-secondary level and then continues throughout the career of the professional. Formal education was noted in the participant data as consisting of postsecondary education which was described by six of the fourteen participants as consisting of a minimum of a bachelor’s degree in a human services field. Participant J noted that supervisory or other leadership positions were held by those with master levels of education. Participants within the sample noted the associate’s degree or having a high school diploma was acceptable to begin work in the family service field. However, family-oriented human services professionals with these levels of education were required to have a minimum of three years of experience in family-oriented service delivery. They also were limited in the services they could provide as practitioners.

In addition to formal education on the post-secondary level, the family-oriented human services professional gains informal education through trainings, staff development workshops, supervision, and other techniques utilized by family service agencies. Within the data, all participants noted undergoing informal training upon entering the child centered family service field. Common themes within these trainings included education on human rights, confidentiality, cultural diversity, professional boundaries as well as burnout and time management. As noted by participant H, the trainings are ongoing throughout the career of the FOHSP and can vary in length from twenty to forty hours on a specific content area to several weeks of hands on education where techniques such as role playing or modeling are taught. Participant M noted that training can include education in “crisis intervention, diagnostics, agency procedures, basic data—computer skills, riding along with a supervisor to shadow, and on Medicaid requirements.” Considering this theme within the data, the researchers conclude that education and experience are a crucial component of the FOHSP identity.

### ***Experience Providing Family-Focused Services***

For the FOHSP identity to emerge, the researchers posit that helping professionals would engage in family focused service delivery. A total of 112 first order codes emerged from the data supporting the three areas of family-focused service delivery needed for the FOHSP identity which are noted as “restructuring families,” “community-based services,” and “client development services” (see Table 4).

Table 4. Sample of Codes to Support First Order Theme;  
Providing Family-Focused Services

<i>First Order Code</i>	<i>Number of Quotations</i>	<i>Analytical Code</i>
Counseling	8	Restructuring Families
Mediation	7	
Family Unification	12	
Family Dissolution	7	
Child-Focused Services	15	
Adoption	4	
Child Abuse & Neglect	5	
Legal Services	7	Community-Based Services
Support Groups	4	
Mental Health Skill-Building	4	
In-Home Counseling	5	
Parenting Classes	5	
Family Development	8	Client Development Services
Child Development	7	
Parent Development	19	

Participants reported, the FOHSP engaging in family focused services that encompassed one or a combination of the following three areas, restructuring families, services for families in the community or client development. The researchers conceptualized these areas into one, “*family-focused service delivery*” during the axial coding process (Figure 1). The researchers conclude that family focused service delivery is a fundamental component of the FOHSP identity. Family focused service delivery addresses the overall goal of the FOHSP as stated by participant C “our goal is to make the family healthy and functioning.” Consistent with this goal, the FOHSP has experience with restructuring families specifically as it relates to reunifying family members or dissolving families healthily and therapeutically.

Within the data, participants identified the family staying together and working through conflict as a primary goal to managing families in crisis. As stated by participant M “we want to stabilize the family and provide skills to manage life’s challenges.” Noted strategies to accomplish this goal included the use of counseling and mediation strategies where healthy communication and effective listening are taught. As stated by participant G, one of the purposes of restructuring the family is to “get the family talking and having effective communication with one another.” Participant H elaborated by noting that “family mediation is offered to the whole family, no matter the dynamics (i.e., parent vs. parent, grandparent vs. parent, sibling vs. sibling, parent vs. teen) with the goal of sustaining the family unit.

Recognizing that restructuring families extends beyond listening and communication development, the FOHSP has experience in resource allocation or service delivery to restructure families in situations where the family’s needs extend beyond communication and listening skills. Seven participants noted that knowledge of and experience with restructuring processes such as adoption, emergency placement, trauma informed counseling, addiction services or crisis resources to address issues of child abuse and neglect were necessary components of family-oriented service delivery. As noted by participant H “we help parents stabilize conflict so kids can stay at home.” Participant K contended “our overall focus is on the child to create a safe and stable environment for them to grow and develop; we focus on the well-being of children.”

The FOHSP has experience not only in restructuring families but should also in securing or providing community-based services to assist at-risk families. It is concluded that community-based service delivery allows the FOHSP to interact with the family in their natural setting and prevents out of home placement in situations where children are the source of conflict. As noted by participant E, “We do home visits and those can include community referrals and counseling; for children under court supervision we address reasons as to why the child was removed.” Knowledge and experience with community-based family services can allow the family to remain together particularly in situations where the source of conflict is of mental health or addiction origin, which often leads to child protective service referrals or other legal interventions. Seven participants in the study identified providing behavioral health focused services as part of their community-based services to assist families. Specifically, participant B noted, “In our mental health skills building program each adult must be 21 years or older, hospitalized in the past or prescribed with medication in the last year.” Also, participant E identified possessing experience working with families that have addiction backgrounds “we address child abuse and neglect, substance abuse and CPS history.” In addition to providing family-focused services in a community setting or attempting to restructure families, one important component of family focused service delivery was client development, which was a prominent analytical code within this second-order theme.

Based on participant data, client development can occur in three distinct areas: development of the child, development of the parent/guardian, or development of the family as a unit which would encompass sources of conflict outside of the immediate family. Client development services are resources and learning opportunities provided to families to improve their overall functioning in the family unit. As part of client development, the FOHSP would use techniques such as developing awareness of harmful behaviors, parenting classes, anger management, stress management or even improvement of interpersonal and social skills to develop each member of the family. As noted by participant I, “we get them to see their behavior can be damaging; also to get down to why certain behaviors are seen as acceptable.”

## **The Family-oriented Human Services Practitioner**

Existing literature (Charmaz 1990, McCann and Clarke 2003) suggests that the objective of the grounded theory methodology is to either generate theory or modify and further develop existing theories. Consistent with this objective, the researchers aim to add to the body of knowledge on developmental models related to helping professionals by contributing their developmental model of the FOHSP. Based on the emergent themes from participant data, the researchers conclude that the knowledge, skills, and experience implemented by human services practitioners to manage family conflict can be attributed to three concurrently occurring factors. These factors are: *interpersonal skills for helping relationship development*, *knowledge of family-oriented practice*, as well as *experience in providing family focused services* (see Figure 2). We theorize that these three factors (Figure 1) occur on a constantly evolving basis throughout the development of the professional across three stages: (1) knowledge, skills, and experience; (2) supervision and development; and (3) application and identity development, ultimately forming the FOHSP identity. Researchers contend that each stage lends way to a specific competency for practice with families experiencing conflict.

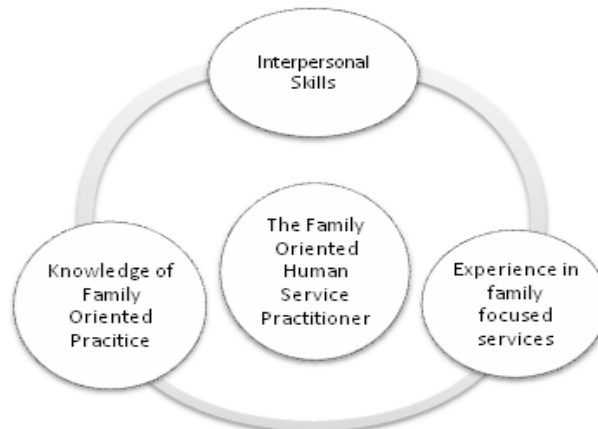


Figure 2. The Family-Oriented Human Service Practitioner

### ***Stage 1: Knowledge, Skills, and Experience Development***

In the first stage of the FOHSP identity, the researchers theorize that the professional is engaged in the attainment of knowledge of family services and conflict, as well as applying inherent interpersonal skills while developing those that are learned. At this stage, the emerging FOHSP increases their knowledge of family conflict through post-secondary education in a discipline that will prepare them for family-oriented practice. The researchers posit that, through informal and formal education, the emerging FOHSP gains foundational knowledge of family-oriented practice, develops learned interpersonal skills, and gains an introduction to theories of family systems and conflict. This development is primarily facilitated by human services educators who introduce foundational knowledge and skills of family-oriented practice in a structured classroom setting. Considering the results of the study, the researchers conclude that interpersonal skills and knowledge of family systems and conflict are not sufficient for the emergence of this identity, as experience in family focused service delivery is required to complete this stage successfully.

During this stage, the researchers argue that the emerging family-oriented human services practitioner would have gained entry-level experience possibly through an internship, practicum or other entry-level experience. While engaging in this entry-level experience, the emerging family-oriented human services professional would have begun to apply interpersonal skills and knowledge gained to solidify their decision to become a FOHSP. The researchers contend that this stage concludes with the successful completion of post-secondary education requirements and formal entry into the family-oriented workforce. The competency developed in this stage is lauded as, Competency 1: The human services practitioner develops new skills, applies interpersonal skills and attains the conceptual and theoretical knowledge required to meet the needs of at-risk families effectively. The practitioner gains micro level experiences to provide family-oriented services. This attainment of knowledge, education, and experience creates a foundation of growth for the emerging family-oriented human services practitioner identity and prepares them for the second stage—supervision and development.

### ***Stage 2: Supervision and Development***

The second stage of the family-oriented human services practitioner is characterized by continuous development of the knowledge, skills, and experience acquired in the first stage and application to family practice. Differentiating this stage from the earlier stage of development, the researchers posit that the emerging professional is obtaining knowledge from on-the-job trainings in addition to post-secondary education usually on the graduate level. The knowledge that was previously

gained in the course room in stage one is now enhanced through developmental supervision provided by practitioners in the workplace. While interpersonal skills are developed and identified in stage one, stage two is characterized by the application of these interpersonal skills in family focused service delivery specifically as it relates to rapport building, mediating family conflict, or expressing empathy or active listening. In addition to applying interpersonal skills, the emerging FOHSP would begin to develop experiential skills that are consistent with family-oriented practice. The researchers conclude that experiential skills such as case management, documentation, care coordination, and implementing evidence-based interventions are characteristic of this stage.

In this stage, the emerging FOHSP would also gain experience managing family conflict and addressing family issues at a more independent level than what would be obtained in stage one. Unlike the internship or practicum where the stage one practitioner is under the authority of their educational institution, the stage two practitioners would begin to provide family services under the sole authority of their employer. While knowledge and skills are taught and learned in stage one, in stage two, the expectation of application of these skills is imposed on the emerging practitioner to retain employment. The researchers contend that this stage is concluded when the emerging practitioner successfully demonstrates their application of knowledge and skills as well as, experience in family-oriented practice to begin providing guidance to other emerging practitioners. The competency developed in this stage is identified as, Competency 2: The human services practitioner gains further knowledge in the application of previously learned conceptual and theoretical knowledge through professional development opportunities and mentorship by “family-oriented human services practitioners.” Practitioners further enhance skills independently through application with at-risk families with the oversight of their employers. Once this milestone has been achieved, the researchers conclude that the emerging FOHSP has successfully entered the final stage, which is identity development.

### ***Stage 3: Identity Development***

Stage three consists of the emerging FOHSP demonstrating knowledge and skills as well as possessing the experience required to be effective in family focused practice. Practitioners in this stage are no longer in the developmental stage of practice but have transitioned to disseminating knowledge to entry-level practitioners. The acquisition of knowledge, application of interpersonal skills, and developing experience from previous stages does not end in this stage but transforms to contribute to the field of family practice.

Knowledge developed and enhanced in previous stages is now maintained at this stage through the attainment of continuing education units or other professional development opportunities. Interpersonal skills that were learned and developed in stage one are now extended beyond application to at-risk families but now include the supervision and development entry-level practitioners in stages one and two of this model. Also, the stage three practitioner continues to gain hands-on experience in family practice and transfers it to the field of family practice. This task is achieved when the stage three practitioner can demonstrate the ability to contribute to research, identify evidenced based practices in the field, educate stage one practitioners in postsecondary settings, facilitate presentations and professional development opportunities, or assume leadership positions in practice settings. This stage is suggested to be achieved once the previously emergent FOHSP has assumed a recognizable identity in family practice. The competency of this stage is identified as Competency 3: The human services practitioners assume the identity of “Family-oriented Human Services Practitioner.” The human services practitioners continue to enhance knowledge, experience, and skills in application to at-risk families through hands on application and professional development. The human services practitioner mentors entry-level professionals and takes on leadership roles through research, professional presentations, and management positions within their employment.



## Credibility and Transferability

Credibility in qualitative studies is generally achieved through analytical triangulation (Patton 2002) or through a member checking process where the participants in the study are provided with the transcribed data and are asked to validate the information (Cooney 2011; Creswell and Miller 2000; Johnson 2015). As a grounded theory study aims not to represent the experiences of the participants in the study but to present an abstract representation of that experience, establishing credibility using a method that would meet this goal would be appropriate (Stern 1985). Consistent with a grounded theory approach, credibility can be established if it is recognizable by those in the situation and accurately explains the situation under inquiry (Strauss and Corbin 1998; Strauss and Corbin 2015). The researchers established credibility of our emergent framework and research data at two different phases of the study: through the use of member checking before the data analysis and then via presentation of our findings to the general public. Analytical triangulation with the participants who engaged in the study was facilitated before the analysis of the data to ensure accuracy of the collected data (Maz 2013), while the presentation of our findings was facilitated after the development of the emergent theory (Cooney 2011).

Transferability of a grounded theory can be made if the emergent theory can be transferred to other settings and samples of similar populations (Beck 1993). Findings of a grounded theory study can be said to be transferable if the sample and setting to which the theory is being applied is similar to the sample and setting that generated the data for the theory (Morse and Singleton 2001). As the population sample for this study predominantly focused on child-centered services, the researchers aimed to transfer the emergent framework to other populations where client conflict may be experienced. In accomplishing this aim, the researchers established transferability of our proposed theory by presenting our theoretical findings to helping professionals from various disciplines that manage conflict both within and outside of the family unit. Consistent with this goal, the researchers presented the emergent framework at a local conference, to local helping agencies and to advisory boards where professionals from diverse disciplines have experience managing family and non-familial conflict. Feedback suggested that the theory resonated with them and suggests that the theory was transferable.

## Limitations and Future Research

This study is the foundation of future research efforts. It merely scratches the surface of human services work with families, as grounded theory is exploratory in nature. Future research should focus on analyzing the application of this model in various human services settings among practitioners who work with families outside of family-focused agencies. Future research should concentrate on exploring the application of this model and replication of this study at a national level possibly through professional organizations such as the National Organization of Human Services. This research could further develop, expand, or support the model presented here. Also, future research should focus on clarifying and expanding the characteristics of this model further to deepen our understanding of the “Family-oriented Human Services Practitioner.”

## Implications

Stressors often complicate day-to-day decisions within families as a result of changes in technology, industrialization, population density, terrorism, and economic issues (Price et al. 2010). The “Family-oriented Human Services Practitioner” model accounts for the skills that are the foundation of human services practice with clients and families who are in conflict, crisis, or experiencing trauma that disrupts the family unit. As noted in the basic tenets of family stress theory, there is a positive correlation between family stress and conflict. Stress is a major catalyst in work-family and parent-child conflict, divorce, and in child abuse and neglect (Chu 2014;

McDaniel and Allen 2012; Mone et al. 2011; Tucker and Rodriguez 2014; Wei and Chen 2014). Trained human services practitioners have an interdisciplinary knowledge base that focuses on the remediation of problems, prevention, and improving quality of life for their clients (Neukrug 2017). FOHSP competence extends beyond the knowledge base of basic human services practice into a specific focus on family systems to assist clients through various stages of change and trauma. Research contends that human services practitioners should be keenly aware of the various forms of family conflict and their influences on parenting and overall family functioning in order to develop the necessary interpersonal skills, experience, and knowledge of families to provide resources, develop coping skills, foster cohesion, and remove barriers specific to the family unit. (Sparkman and Morgan-Gardner 2015). The FOHSP has specific competencies which enhances the ability of these practitioners to support families in conflict. This study teased out those competencies to provide viable information for human services education and human services practice.

Entry-level practitioners with the desire to work with families should aspire to become a FOHSP to support at-risk families fully. However, the understanding of the requirements of being a FOHSP must be supported in post-secondary human services educational environments and in family focused human services settings. Educational environments must foster the ideology that to be efficient and successful in addressing the needs of at-risk families you must obtain the three competencies found in the FOHSP model. Human services educators can do this by utilizing the FOHSP model in the curriculum. This would ensure that students would understand that in order to be successful in working with at-risk families you must successfully move through each stage of the model. Students' awareness of what is required can motivate them to seek those opportunities that would assist them in becoming a FOHSP. Secondly, human services education can use the model as a guide in curriculum development to ensure that students receive the necessary foundational skills that assist students in becoming a FOHSP. Educators would make sure they include family-focused theories in curriculum and micro level experiences and activities that build interpersonal skills. Additionally, educators can support students in becoming a FOHSP by developing relationships with family focused human services agencies for purposes of student internships and field observations. This would ensure that students are receiving the opportunity to obtain the foundational knowledge and skills required in stage 1 (Competency 1) of the FOHSP model, which suggests that the FOHSP develops foundational skills found in post-secondary education settings which focus on developing interpersonal skills, developing theoretical knowledge of families, and micro level experiences with families through service learning and internship experience. Most of the Competency 1 development happens during the final years of post-secondary education but is further developed in entry-level practice.

Family focused human services agencies can also support these entry-level practitioners by fostering an environment that assists them in moving through each stage of the "FOHSP" model and ensures that they obtain the competencies required in each stage. This can be done through formal and informal mentoring. Agencies can develop mentoring opportunities that allow entry-level professionals to be paired with FOHSPs to gain further understanding of stage 2 (Competency 2) of the FOHSP model. This would give entry-level practitioners the opportunity to apply skills, process challenges, and develop an understanding of the role theory plays in decision making. Secondly, human services agencies can provide informal mentorship opportunities by creating opportunities for the entry-level professional to network with more seasoned FOHSPs within the field. This can be done through the financial support of professional organization members such as the National Organization for Human Services or other local community oriented professional organizations. In addition, human services agencies can provide professional development opportunities that assist in the development of skills and new trends in the field. This can be provided through workshops and trainings or through the support of attendance to local conferences. In practice, family focused human services agencies can play an important role in encouraging growth in entry-level human services professionals that can assist them in moving through stage 2 and stage 3 of the FOHSP model. The human services agency's support is vital in

assisting the entry-level professional to achieve the competencies required in stage 2 and 3, which indicate that to become the FOHSP you must further knowledge, mentorship, hands on experience and have the ability to transfer that knowledge to other entry-level professionals.

## **Conclusion**

This study proposes a framework for effective service delivery for human services practitioners working with at-risk families. The “Family-oriented Human Services Practitioner” is not an entry-level distinction. It is intended for advanced professionals who have gained sufficient self-awareness, knowledge, and experience to be effective in their work with families. Though there are limitations to this study, it can be used to further research, develop human services practice with families, and guide human services education. The model can be supported by stages of change, stages of the helping relationship, and the expectations of case management which are the hallmarks of human services. The “Family-oriented Human Services Practitioner” has a profound awareness of self and community as well as a dedication to continuing education through professional development and hands-on experience, which are vital in meeting the needs of at-risk families.

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