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Self Care management in Corrections: Perspectives from Persons with an Incarceration Experience

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The purpose of this study was to explore the perceptions and beliefs of what self-care management looks like for a person with an incarceration experience. This is the first phase of a two-phase study. This qualitative study, held in three county jails in Massachusetts, utilized a focus group methodology. The *Rediscovery of Self-Care: A Care Intervention for Persons with Incarceration Experience* (RSC) model served as the framework for this study. On the basis of a priori constructs from the RSC model, a protocol was established and targeted questions outlined. The results from these focus groups support the constructs of the RSC model. Participants in all focus group interviews reported that self-care was very important and defined self-care, most of the time, in terms of meeting physical needs such as exercising and eating healthy and, more importantly, self-identified mental health and substance use needs such as individual or group counseling. In conclusion, open-ended questions used to identify all instances of potential categories of self-care management supported the central concepts of the RSC model and will inform treatment interventions and modification of an existing self-care management instrument or provide the foundation for the development of a new instrument.

KEY WORDS:

Corrections; health; jails; self-care; self-care management

According to the Bureau of Justice Statistics, by the end of 2015, an estimated 1 of every 37 adults was under the supervision of the U.S. adult correctional system (Kaeble & Glaze, 2016). Many of the persons incarcerated have chronic diseases, including mental illness, addiction, and injection-drug-related diseases and infections (Kaeble & Glaze, 2016). Individuals with severe mental

illness are three times more likely to be in jail or prison than in a mental health facility, and 40% of individuals with a severe mental illness spent some time in their lives in either jail, prison, or community corrections (Aufderheide, 2014). With roughly 95% of inmates eventually released back to their communities (Bahr, Harris, Fisher, & Harker Armstrong, 2010), there is a public health need to benefit the community, with improved healthcare management, improved public safety, and better use of existing healthcare system resources (Travis, Solomon, & Waul, 2001; Visser & Travis, 2011).

Shelton and Goodrich (2017), explored the challenges of navigating the healthcare system from the perspective of postincarcerated individuals, to understand the experience of these releasees with their efforts in self-care management (SCM). Twenty-six men and women who participated in focus groups shared that some of the experiences they had while incarcerated (i.e., long waiting times and poor communication) existed in the community as well. The results of this study revealed that SCM was difficult due to a fragmented healthcare system, poor preparation for

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release, poor or incomplete knowledge and education, and perceived bias of providers.

The current exploratory qualitative study utilizing focus group methodology aimed to explore the perception and viewpoints of SCM from the perspective of a person while incarcerated. The research question was “How do incarcerated persons describe self-care management?” The results will inform instrument development to measure dimensions of SCM for treatment interventions specific to this population.

Theoretical Framework

The framework for this study was the *Rediscovery of Self-Care: A Model for Persons with Incarceration Experience* (RSC; Shelton, Barta, & Anderson, 2010, 2016b), a strengths-based model with a foundational assumption that persons with an incarceration experience are capable of developing or rediscovering their own ability for self-care behaviors. In an earlier study, these same authors examined stress and vulnerabilities of persons with an incarceration experience in relation to SCM using the Vulnerability Stress Model (Shelton, Barta, Trestman, & Wakai, 2016). With an understanding of coping responses of individuals to the stressors of incarceration, the environmental factors, and social determinants of correctional health outcomes, the *Rediscovery of Self-care Model for Correctional Populations* emerged (Shelton, Barta, & Anderson, 2016a; Shelton et al., 2016b).

The term “rediscovery of self-care” stems from the authors' belief that the effect of prisonization erodes personal strengths and that coping and adaptation (resilience) are “rediscovered.” Persons have a certain set of self-care skills that they enter or reenter prison or jail with, in which some are adaptive and some are maladaptive, such as criminal activity. Along the continuum of the incarceration experience, the individual may need to develop and/or adapt self-care in many areas to manage his or her health both during and after incarceration. The process of institutionalization into correctional settings surrounds individuals with external limits, and some may immerse themselves so deeply in a system of rules and regulations that internal controls diminish. Thus, for some individuals, the traumatizing experience of incarceration in combination with the resulting passive behavior fortified by prison and jail rules and regulations results in a loss of self-care skills.

The definition of self-care for the RSC model is an “action directed by individuals to themselves or their environments to regulate their own functioning and development in the interest of sustaining life, maintaining or restoring integrated functioning under stable or changing environmental conditions, and maintaining or bringing about a condition of well-being” (Orem & Taylor, 1986, p. 52). The RSC model's connection of “health” and “well-being” aligns with the World Health Organization's definition of

health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 2017, para. 1).

The RSC model provides a framework for enhancing preexisting self-care skills and for developing new self-care skills that both promote and maintain health. The RSC model identifies psychosocial, demographic, and individual factors (e.g., mental health, personality, motivation) as well as personal transitional stages (vulnerability, adaptation, self-direction, and self-care) and environments (prison/jail, initial reentry, and reentry/reintegration) that may enhance or impede an inmate's ability to develop and maintain self-care (Shelton et al., 2016b). It is a model that supports correctional nursing practice by providing a framework for assessment and intervention. Correctional nurses can evaluate the incarcerated person's progress by referencing their initial level of self-care skills and tailor interventions to areas in which additional progress is needed to support successful reentry and strengthen ability to sustain effective SCM—both desired outcomes of this model.

Utilizing the RSC model as a framework, this study examined SCM from the perspective of incarcerated persons. The intention of SCM is to educate and facilitate learner ability to adhere to healthcare treatments, engage in healthy behaviors, identify positive supports, and cope with changing environments so they can live functional lives while incarcerated and, more importantly, upon release to the community. We propose that understanding SCM from the perspective of the incarcerated person and examining how personal transitions (vulnerability, adaptation, self-direction, and self-care) can influence SCM are important in guiding treatment interventions and evaluation of outcome measures of SCM.

Methods

Design

This study used a focus group methodology to explore incarcerated persons' perceptions of SCM and examined SCM in relation to the RSC constructs. We held focus groups in three Massachusetts correctional facilities, and data were collected from men and women. Krueger and Casey (2009) define focus groups as “carefully planned series of discussions designed to obtain perceptions on a defined area of interest in a permissive, nonthreatening environment” (p. 2). This approach elicits the common vocabulary relating to this topic and is useful in the design of questionnaires or other research tools for later research. All focus groups were audiotaped, de-identified, and transcribed.

Sample and Site

Institutional review board approval was granted by the principal investigator's (PI's) academic institution; approval was also obtained from all the correctional facilities involved in

the study. The PI maintained oversight of all study procedures, data collection, and data analysis. To protect human subjects, participants received an explanation of the study and gave both oral and written consent. No personal identifiable information was obtained that could link data to any person who volunteered for the study. Inclusion criteria included men and women who (a) were 18 years or older, (b) showed an interest in SCM, (c) were administratively cleared to participate, (d) resided in medium or minimum security, and (e) understood spoken and written English. There were no other exclusion criteria. Individuals who met the inclusion criteria had equal opportunity to participate voluntarily and received no compensation.

The sites for this study included two county corrections units for men and a women's correctional center. In total, six focus groups were held (four male groups, two female groups). Krueger (1994) and Morgan (1997) have suggested that three to six different focus groups are adequate to reach data saturation and/or theoretical saturation and that each group meet a minimum of once (or multiple times if necessary). Demographics of the sample are in Table 1.

Procedure

Each site posted approved flyers highlighting the nature of the study. According to institutional protocols, the facility administrators notified the researchers when potential participants, who requested to join the study, reached a quota of up to 10 per focus group. Correctional setting group educators at each facility provided general information to existing groups to garner interest and assigned the time and location for each focus group. Potential participants met with the researchers to hear about the study in detail. Identified participants then engaged in the consent process that required both verbal and written approval. An experienced senior researcher with a doctoral student in training led each focus group. Each focus group lasted up to 1 hour, and all groups had a member of the institutional treatment or education staff present during the focus groups. Focus groups were audiotaped and transcribed verbatim. Participants did not use names or any other personal identifiable information during the discussions. There was one hearing-impaired individual who read the questions from a paper. Taped transcripts were downloaded from the digital recorder to a password-protected external hard drive and taken to the academic institute's translation and transcription center. De-identified data were stored in a locked cabinet in the PI's office.

Data Analysis

A focus group protocol outlined the procedures and processes for data collection. The following questions were asked at each focus group: (a) "What does self-care mean to you?", (b) "Tell me what you did this week to take care of yourself," (c) "Tell me what do you think gets in the

TABLE 1. Demographic Data of the Sample (N = 56)

	Institution 1 (n = 17)	Institution 2 (n = 18)	Institution 3 (n = 21)
Race/ethnicity			
Asian	0	0	2
Black	7	6	2
Hispanic	3	10	3
Native Hawaiian	0	0	0
White	10	4	17
American Indian/Alaska Native	1	0	0
Total ^a	21	20	24
Gender			
Male	17	18	0
Female	0	0	20
Other	0	0	1
Age			
18–19	0	0	0
20–29	6	1	9
30–39	8	11	9
40–49	2	5	2
50–59	1	1	1
60–69	0	0	0
>70	0	0	0

^aReported more than one category.

way of taking care of yourself in jail," (d) "How did you take care of yourself when you were not in jail?", (e) "How do you plan to take care of yourself once you are out of jail?", and (f) "How do you think caring for yourself will help you go forward in your life?"

Four dyad pairs composed of a senior researcher and a doctoral student analyzed a focus group transcript from a facility. Each coder independently reviewed their assigned transcript for the presence of emerging themes and defined categories (see Table 2). The dyads then shared results of their individual transcript analysis together at scheduled meetings and discussed any discrepancies. This process was repeated with all dyads until everyone reached final agreement.

Credibility, transferability, dependability, and confirmability ensured the trustworthiness of the data (Lincoln & Guba, 1985). Credibility and confirmability were established using data and researcher triangulation. Because focus groups occurred at several different institutions, the facilitators asked the same questions to reduce how particular factors associated to one institution could influence the study. Where similar results emerge at different sites, findings

TABLE 2. Relationship of Constructs With the RSC Model

Category/ construct	Definition
Vulnerability	High-adversity environment, such as incarcerated: <ul style="list-style-type: none"> - Low self-efficacy - Low perceived control - Low motivation - Poor planning
Adaptation	An individual ability to acquire social support is necessary for adaptation to a stressful environment <ul style="list-style-type: none"> - Emotional regulation - Distress tolerance - Positive environmental influence - Promote control with treatment adherence
Self-direction	A new level of integration <ul style="list-style-type: none"> - Ability to form and execute simple plans - Ability to set goals - Ability to problem solve (aspect of resilience) - Positive motivation - Self-efficacy
Self-care	Successful achievement of adaptation and self-direction will see: <ul style="list-style-type: none"> - greater clarity with respect to their personal identities - positive social support - constructive use of leisure time - (possessing) a level of confidence in self-care competence and capability

RSC = Rediscovery of Self-Care: A Care Intervention for Persons with Incarceration Experience.

may have greater credibility. In addition, multiple reviewers performed within case analyses, and senior researchers explored cross-study for similarities and differences. Member checking was done with participants in the focus groups. Dependability consisted of defined procedures and a study protocol enabling duplication of the study. An audit trail of descriptions of transcriptions and process notes was maintained. Transferability was established through contextual detail and explicit information relating to the study. There were several discussions between each dyad pairs for discourse on similarities and differences in perspectives along with an audit trail to establish confirmability.

Findings

The research question was “How do incarcerated persons describe self-care management?” The findings are presented, first, by reporting participants’ responses to questions and, second, by considering SCM through the stages of vulnerability, adaptation, self-direction, and self-care as part of reentry preparation.

What Does Self-Care Mean to You?

Participants unanimously described SCM as encompassing the physical, mental, emotional, and spiritual health of a person. They explained that SCM meant eating healthy foods, exercising, and “treating your body like a temple” and “cherish[ing] the mind and the body like precious gold.” A frequent theme was maintaining a nutritionally balanced diet and healthy eating as well as recognizing the importance of exercise or only being physically fit and active. Hygiene was a significant theme particularly for the women. Participants felt that showering was important because it mattered how you “portray yourself” to others, as illustrated in the following quotes.

I should say showering, personal hygiene, personally the way you carry yourself, having some respect for yourself, the way you dress—dressing makes me feel good about myself—put that as self-care.

Um self-care to me is you know being able to provide for yourself and take care of yourself physically and mentally. And just being able to know—know what your responsibilities are and take care.

“Mental health plays a big role” in SCM. Managing and maintaining one’s mental health and emotional well-being were a significant part of how participants explained self-care. Staying in therapy, adhering to medications, and avoiding alcohol and drugs were difficult areas for many of the participants particularly before incarceration, and participants expressed deep concerns about whether they would be able to remain mentally stable when released. All focus group participants expressed struggles with substance abuse problems like alcohol and drugs as well as mental illnesses such as depression, bipolar disorder, post-traumatic stress disorder, and anxiety.

What Did You Do This Week to Take Care of Yourself?

Many coped with stress by trying to avoid negativity and any “drama” on the unit that could interfere with their emotional well-being and mental health. Strategies used include escaping temptations by reading a book, keeping away from “problem” individuals, taking a nap, or calling home.

In here, I’m the mental part of self-care. It’s really where I try to focus because it’s tougher, even out in the streets too. Um I take my meds. Um read a lot. Try to stay away from everything.

They recognized the benefit of positive support systems both while incarcerated and upon release. Staying away

from individuals perceived as a bad influence and staying focused on their goal were a necessary part of SCM.

Things could get in the way...same thing every day. Stick to your routine and stay away from the obstacles or certain people. It's up to you to do.

Another indicated the importance of not getting distracted, stating:

Don't get distracted by other things that get you in trouble.

Another also stressed the importance of keeping oneself busy:

I finished a book and I did a lot of assisting people like I helped someone out during the last week. That made me feel good.

What Do You Think Gets in the Way of Taking Care of Yourself in Jail?

Common barriers to self-care in a correctional setting were a lack of variety of health products, the cost of healthy food items in the commissary, and the lack of alone time to reflect on thoughts and feelings. A theme of low perceived control emerged in comments made about not being able to exercise outdoors or engage in physical activities. For some participants, incarceration is a traumatizing experience described as having a loss of personal control, dealing with communal living, experiencing communication problems, and having potential to form bad relationships. As one member stated, "the environment you live in affects your self-care." Jail is "a community within a community" that may interfere with self-care relating to facility rules.

To get things done is almost impossible unless you feel like waiting and waiting. You can't go to your shower because your whole unit is locked. Things like that shouldn't be a factor in your personal hygiene.

Women's focus groups identified poor communication as a barrier, although this was not the sentiment in the other facilities. These participants felt correctional officers were power oriented, made negative comments, and felt belittled by them.

Thinking about the past, being negative. COs too. You know they stand in the way of myself living in the past.

There were differing views expressed from the men's focus groups on barriers to SCM in jail. Men from one facility

reported that there were no barriers "to take care of yourself" in jail and that they "actually have pretty much the basics to take care of yourself." The fact that incarceration meets a participant's basic needs and they do not have the same responsibilities in jail as they do on the outside was positive for some participants. In addition, incarceration provides an opportunity to avoid drugs, get clean, and not relapse.

How Did You Take Care of Yourself When You Were not in Jail?

The lack of SCM preincarceration was an overwhelming theme verbalized by most participants related to involvement with drugs or alcohol, difficulty with employment, or just not caring. As illustrated in the following quotes:

I really wasn't taking care of myself then, I was um drunk most of the time. Um if I wasn't, I mean I try to work too. I try to—I try to just work. I really wasn't taking care of myself.

So I use multiple drugs and I just don't really—never really had time to worry about what I would like to eat, dinner or something or something, clothing or something because I was too worried about the drug. But I just like to stay really to myself and just stay with what I'm doing. And I know that's wrong....

You know really when you're out—really not thinking about really taking care of yourself so to speak.

Some participants did engage in some healthier self-care behaviors despite drug involvement by maintaining a job, staying in treatment, and going to school.

I drank and drug but I did do a lot of positive things. I maintained the job for two years before I got arrested. I was a good employee. And most thing I was proud of was being able to hold that job for so long. I had finally maintained a place in the society.

I did therapy, eat, and sometimes go for my appointments. I did not take care of myself for a long time.

I was on the methadone maintenance, but I did drugs and maintained myself so I do not get sick.

I worked, went to school, went for therapy then I did drugs, now I am here.

Of importance is those participants who did have periods of engaging in healthier SCM behaviors and reported personal affirmation for the accomplishment.

How Do You Plan to Take Care of Yourself Once You Are Out of Jail?

Participants recognized the importance of personal goals and staying focused on what they wanted to accomplish. Participants were fully aware of their relapse potential and risk to return to their addictive behaviors. To avoid relapse, many noted that getting involved in Alcoholics Anonymous and Narcotics Anonymous and attending support groups needed to be a priority goal. Others reported personal goals of sticking with their medications, making appointments with doctors and psychiatrists, and staying in therapy to “try to stay away from getting depressed.”

And just stay focused on the goal and that's getting released. Reintegrate myself back into society and just do right.

Another stated:

I like to stay positive. So you know I should have positive conversations and stay away from the negative.

Seeking a job, continuing education, and restoring positive social relationships are considered important aspects of SCM. Nurturing healthy, positive relationships is necessary to avoid returning to negative social groups, as noted by the participants.

If I do not take care of myself, I worry about a lot of things such as housing, family, children. I have to think positive things so I need to take care of myself.

I also express that, as far as self-care, you're guilty by association, so if your friend is misbehaving himself, you don't want to be around them because self-care is also taking care that you're not misconstrued or punished for things that other people around you are doing.

Primary goals for postrelease are keeping medical and dental appointments, getting back with an outpatient therapist or psychiatrist, having involvement with family, attending meetings, working on recovery, having a spiritual outlook on things, and relocating to get positive people back in their life.

How Do You Think Caring for Yourself Will Help You Go Forward in Your Life?

A key factor in moving forward was becoming internally motivated to learn from the past. Participants recognized the need for planning changes and looking outward toward others as ways to build resilience and strengthen a personal sense of identity. Some report that meditating, diary writing, using mindfulness techniques, and having a positive outlook can help build confidence.

Um self-care to me means uh being in the moment but actually learning what happened in the past so I can go forward. Uh to remember the things that I've been taught. Uh learn from my mistakes. Uh take in what they [parents] taught me and uh make sure that I'm not the only one in the room, there's actually other people. And realize there's always good in somebody, because if I know that, I know there's a God.

Definitely self-care is important. I'm going to take care of myself better than before so I'm going to be able to take care of my family, definitely hold my job, a legit job so I don't wind up doing something that I'm going to regret later and wind up back in jail.

Fear of too much unstructured leisure time is a significant concern as a potential relapse factor. Day-to-day activities in jail have a set routine. Achieving goals necessitates not returning to old habits, which is a big hurdle. Although they may complain about the sameness of the routine, there is an inherent knowledge that the structure is helpful for them, as illustrated in the following quotes.

Uh for me personally the best thing I should do is stay busy, be occupied because if not, I will get bored and I will start drinking again.

Maintain healthy relationship with my kids and family members that I have allowed in my life. Uh stay away from negative people, trying to just make positive choices because most of them are downfalls for myself.

You know, my fun activity was going to the bars. So, you know, find other things to do, some kind of sports, or something. So that's what I'll be looking into.

When you're taking care of yourself, it absolutely raises your self-esteem. You know it pushes you and gives you that push. You know, so if

you're doing good here, you absolutely already have that in you to continue moving forward.

Analysis

The RSC model constructs of SCM also guided our analysis. The RSC model identifies four phases: vulnerability, adaptation, self-direction, and self-care along with their associated processes to which we propose that incarcerated persons “rediscover” or activate their capacity for self-care (Shelton et al., 2016b, p. 171).

Vulnerability

The focus for the first phase of the model is acknowledgment that incarceration is a disruptive life event known to be associated with multiple stressors and potential threats to self-care. Research shows that incarcerated persons often have personal and situational vulnerabilities such as a prevalence of coexisting mental health disorders, alcohol and illicit drug use, infectious diseases, and health problems (i.e., diabetes, high blood pressure) and situational traumas like childhood neglect or homelessness (Shelton & Goodrich, 2017). Before incarceration, both within and across focus groups, participants shared that self-care was often neglected related to excessive substance abuse. These behaviors led to eating poorly and general physical health decline. Elements of vulnerability represented 29% of coded constructs among the focus groups (see Figure 1).

Adaptation

The focus of this phase is on helping incarcerated persons adapt to incarceration while maintaining or developing new self-care skills. Within a very structured and regimented environment, necessary for a safe setting, participants learn to cope by avoiding the negativity and chaos between inmates with busyness, reading a book, and seeking alone time. For some individuals, unquestioningly adhering to prison rules and regulations keeps their day-to-day life predictable, offers a sense of personal control, and reduces disruptions (Shelton et al., 2016b). Although this helps to adapt within the prison/jail environment, the downside is

that, for some incarcerated persons, this passive way of accommodating may result in learned helplessness. Adaptability represented the greatest number (31%) of coded constructs across the six focus groups (see Figure 1).

Self-Direction

Self-direction is important in that it establishes a strong foundation for successful transition or reentry into the community. Individuals who successfully achieve adaptation are the ones who find a new level of integration. They attain a level of self-efficacy by setting reasonable and achievable goals such as “I’m going to see my therapist right off route.” Self-care goals included going back to work, going back to school, finding a job, staying physically healthy, taking care of oneself mentally by staying in therapy and on medications, and focusing on recovery. Other equally important goals and plans were to establish or reestablish positive social support groups and renew family relationships that were severed or damaged, as they build on the successful achievement of goals set during the adaptation phase that stirs motivation to continue to make plans. This phase represented 24% of coded constructs.

Self-Care

The RSC model postulates that individuals who successfully achieve adaptation and self-direction will have greater clarity with respect to their personal strengths and ability to engage in self-care activities after incarceration. Participants recognized that their past did not define them as a person and that engaging in SCM allowed them to begin a new direction in life.

They recognized that this required a change in what they do and how they think about what they do. Self-care represented 16% of the coded constructs across the six focus groups (see Figure 1).

Discussion

The purpose of this study was to explore the perception and beliefs of what SCM looks like for a person with an incarceration experience. The RSC model served as the framework for this study. Findings showed support for the RSC model. Nurses and healthcare providers have important roles in helping incarcerated persons and those postrelease to engage in self-care behaviors. The results will inform treatment interventions and instrument development (or modification) for reliable SCM outcome measures (Breakwell, 2004; Krueger & Casey, 2009; Mayring, 2000) and maximize self-care by building on and maintaining the person's sense of internal control, self-efficacy, motivation, and planning. These SCM resources are amenable to nursing interventions that can promote skill development and acquisition by targeting education on health literacy and health access, confidence building, encouraging social support, and boosting SCM resources to enable

FIGURE 1. RSC Model Constructs: Findings.

persons to gain control over their health status and improve their quality of life. These same interventions are beneficial to reduce effects of deskilling or skill loss.

It is clear from each focus group that individuals recognize the need to change some patterns of living to function successfully in society. The reentry transition is a difficult time for most persons, and fear of recidivism is a major concern. Participants suggested ways in which nurses and other correctional staff could help with this transition.

If it's come to people upon re-entry, right? So before people leave, I'd say 30 days before they leave, they get a thorough information session about where to go for mental health, where to go if you know nutrition, diets, and things like that. What services are available for them.

There is a need to provide support, education, and training in SCM, both during incarceration and postrelease, so individuals can assume responsibility for their self-care as they reenter their community and stay in the community upon release. Individuals need to be capable of performing self-care behaviors, be confident in their self-care abilities, and have established positive social support systems to enhance their health outcomes. To reinforce learning, information needs to be reviewed and reiterated. Participants expressed needing help finding a sober home, needle exchange places, and mental health services. Provider appointments must be scheduled well before release because of the difficulty they have accessing healthcare and waiting prolonged periods before they see someone—"If you don't go, you don't go. But you've got a doctor and everything."

Implications for Forensic Nursing

Nurses and other correctional healthcare providers have the ability to educate not only the inmate but also correctional staff (Petersilia, 2004). Training staff to provide trauma-informed care, to promote SCM skills, and to avoid defeating language may be helpful in promoting an environment conducive to positive change for the incarcerated person. Nurses can provide patient-centered care that focuses on incorporation of self-care behaviors for immediate and future implementation such as meditation and mindfulness techniques. Health care needs to focus on increasing the incarcerated person's ability to cope with stressful situations and life challenges, build resilience, and promote recovery (Caldwell, Sclafani, Swarbrick, & Piren, 2010). Assisting with SCM skills, with the focus being on reintegration, may decrease recidivism and increase healthy behaviors. For example, assisting with scheduling mental health and provider appointments, writing the contact information down, and using a planner may be useful in assisting the individual to manage their own healthcare needs. Incorporating small group trainings focusing on reentry skills such as conflict

resolution and identifying triggers can promote positive networks and self-efficacy skills.

Limitations

The findings from this study are not transferable to other states or environments. There was one moderator and several assistants who took notes during the taped recordings, all with varying skills that may have affected data management. Questions may have sounded redundant, and participants may have given similar answers without more contemplation or thoughtful responses. One participant was deaf and had to have questions written out for his responses, thus changing his participation in not hearing other group members' discussions. Questions may not be relevant for all individuals (i.e., what gets in the way of taking care of yourself) with an incarceration experience.

Conclusion

The focus group study was Phase 1 of a two-phase study. Findings are useful in gaining insight and understanding how incarcerated persons experience, perceive, and define self-care. It provides data that will inform treatment interventions and modification of an existing self-care instrument or the need to develop of a new SCM—a corrections-specific survey. There is a gap in reliable and valid measures specific to this population that limits synthesizing studies. This study also supports and adds to a previous study by Shelton and Goodrich (2017) that explored the SCM with releasees from a different state.

To determine the effectiveness of clinical interventions that advance SCM practices, both during incarceration and postrelease, reliable and valid instruments specific for corrections are needed. In Phase 2, the data will be examined against existing instruments that measure SCM to determine if the instruments accurately reflect the perceptions of what incarcerated persons and releasees viewed as self-care. Whether a survey exists or is developed, the next step is to test the instrument with a clinical treatment intervention that promotes SCM.

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