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Do Mothers Have A More Difficult Time Coping With Their Child's Challenging Behaviors When They Were Using Drugs, Than They Do When They Are Sober

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DO MOTHERS HAVE A MORE DIFFICULT TIME COPING WITH THEIR
CHILD'S CHALLENGING BEHAVIORS WHEN THEY WERE USING
DRUGS, THAN THEY DO WHEN THEY ARE SOBER



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



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



by
Antonia Vasquez Mata

June 2016

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ABSTRACT

The research focus of this study hoped to answer: “Do mothers have a more difficult time coping with their child’s challenging behaviors when they were using drugs, than they do when they are sober?”

Mothers using street drugs may have challenges with their children after using drugs, whether illegal or legal (like alcohol or methadone). Mothers may have challenges during drug use with these children, but are the challenges the same once mothers are clean and sober? This research took on the positivist paradigm in hopes to answer this question. The researcher got an understanding of these challenges by asking questions about the drugs used during and after pregnancy, and the challenges they had with their child’s behavior while using drugs as opposed to the challenges they have with child’s behavior while sober. These questions were asked at the Coachella Valley Rescue Mission where many women are referred and mandated by the courts, or Child Protective Services, behind past or current substance use. Results of these findings indicated that there was a reduction in problematic behaviors that seemed to be correlated with mother’s sobriety.

ACKNOWLEDGMENTS

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CHAPTER ONE

ASSESSMENT

Introduction

Chapter one describes the research topic and the need for continued research into the challenges mothers have while on street drugs or alcohol after giving birth to a child. In addition, this chapter provides a rationale for the use of the positivist paradigm used and why this was the best paradigm for this type of study. Chapter one also provides a literature review on the dangers behind illegal drugs. In addition, the theoretical orientation of the problem is described and the most effective intervention used regarding this problem to date. Furthermore, the potential contributions of this study to micro and macro social work practice.

Research Question

The research question this study hopes to answer is “Do mothers have a more difficult time coping with their child’s challenging behaviors when they were using drugs, than they do when they are sober?”

Mothers using street drugs may have challenges with their children after using drugs, whether illegal or legal (like alcohol or methadone) after giving birth to a child that has been exposed to drugs while in utero, and the after effects of these drugs in child’s behavior.

The researcher will get an understanding of these challenges by asking questions about the drugs used during and after pregnancy, and the challenges they had with their child's behavior while using drugs as opposed to the challenges they have with child's behavior while sober. These questions were asked at the Coachella Valley Rescue Mission where many women are referred and mandated by the courts, or Child Protective Services, behind past or current substance use.

Paradigm and Rationale for Chosen Paradigm

The paradigm chosen for this study was the positivist approach. The positivist perspective takes on an objective reality with observable regulatory mechanisms. According to Morris, (2014) the positivist paradigm has a specific hypothesis. Data gathering and questions were collected using quantitative data collection (numerical data analyzed using statistics). Data was collected through questionnaires and interviews in both group and individual settings using close ended questions. In addition, the research question was developed with minimal engagement of the research site. Furthermore, positivism also allows for cause and effect and for correlational relationships.

Literature Review

Mother's addicted to illegal opiate drugs like heroin, have caused an ethical dilemma. Many pregnant mothers addicted to heroin are referred by doctors to a methadone clinic so that the mothers will deliver a healthier baby.

Not all addicted mothers are living on the streets using drugs; some pregnant mothers have jobs and are addicted to prescription drugs. When a pregnant woman is addicted and does not use the drugs for a day or two, that mother goes through withdrawals from that drug, because these drugs are highly addictive. The mother will experience nausea, vomiting, stomach cramps, flulike symptoms, and nerve endings tightening up in the body. Sometimes the mother will hallucinate and feel that bugs are crawling on her body. Still, everything that a mother experiences, the infant also may experience after birth.

The impact of drug use on development of the child while in utero has grown to be a big problem for mothers and for social workers that are challenged to assist mom with safe transition from hospital to home environment. Also mother's struggle to take care of child's needs because of their developmental problems and mother's lack of social education. Many mothers on drugs have been raised in similar environments and these traits carry over to their children. Family interactions and parental behaviors in particular, are important factors in determining a child's risk for initiation of substance use (Rueter et al., 1999). Also, after birth these mothers have a maladaptive parenting style. Mothers are not able to care properly for their babies because of the drugs in their bodies. Some mothers under the influence of drugs struggle with a wide range of parenting domains such as: poor attachment, involvement and responsiveness, harsh and punitive verbal

interactions, inconsistency, over-controlling approaches to discipline. Further findings suggest that these negative parenting behaviors do not come from addiction alone but from the environment, and psychosocial risk factors that come with the use of drugs (Suchman & Luther, 2001).

Newborns that have been exposed to drugs in utero experience a wide range of problems including Neonatal Abstinence Syndrome (NAS) that could also affect the child's healthy development throughout their life. A study conducted by Arlettaz et al., (2005) stated that NAS requires treatment after birth, some infants required cardiopulmonary assistance and oxygen. Also, some infants required mask ventilation, and others were incubated and ventilated. Furthermore, when a pregnant woman addicted to alcohol, methamphetamine or other street drugs stop using the drug for any reason, the absence of the drug in the body may cause Intrauterine Abstinence Syndrome (IRS) which is potential fatal syndrome (McCarthy, 2012). This study conducted by Bi-Valky Medical Clinic and Department of Psychiatry, University Davis, School of Medicine, suggest that maternal withdrawal implies fetal withdrawal. In addition, fetal and maternal withdrawals usually coincide and the fetus is at risk for seizures, hyperactivity, and lack of oxygen, which could lead to death (McCarthy, 2012). Furthermore, because of the side effects of this detoxification in pregnant women, and the risks to the newborn, it is rarely attempted.

Further studies showed that pregnant mothers on heroin or methadone showed higher levels of neonatal blood concentrations of thyrotrophic (TSH) which is a hormone produced by the pituitary gland, and testing for high levels of this hormone production could result thyroid disorder in response to increased heart rate, anxiety, weight loss, tremors in hand, difficulty sleeping, weakness, diarrhea, light sensitivity, visual disturbances, which are very similar to what an infant experiences shortly after birth with withdrawals of heroin or methadone (Jhaveri et al., 1980). Research as noted that these developmental delays and or disorders also result later in life as a toddler, teenager, or young adult.

A study conducted by Staroselsky et al. (2009) noted that fetal alcohol spectrum disorder (FASD) is an umbrella term describing the continuum of effects in an individual exposed to maternal alcohol dependency. Children may continue to develop specific learning disabilities, oppositional defiant disorder, attention deficit disorder, and communication disorders these children had a higher risk increased maladaptive behavior, disruptive school problems, depressive symptoms, and later legal trouble (Liles et al., 2012). In addition, mothers also were affected in caring for their children in regards to depression. Mothers who drank alcohol during pregnancy had a higher depressive score along with their child. Children exposed to alcohol during gestation were more anxious, and high a higher degree of social and presented more internalizing

problems. In addition, mothers who rate their children's behavior as problematic have reported high parenting stress (Liles et al., 2012).

Review of literature on drug exposed children noted that drug using families provide poorer quality of care, have poorer connections with their children, poorer social climates and environments, and have a previous history with Child Protective Services (Gilchrist & Taylor, 2009). Furthermore, research on mother's perception of child rearing has an impact on parenting style; a study conducted on parent resilience noted that knowledge of the child's characteristics, perceived social support, and positive perceptions of parenting, had an effect on parenting style and resilience.

Parents who had knowledge of child's characteristics was strongly associated with parents behavior, the more familiar the parent is with their child's characteristics the less stress, anxiety, and aggression that is displayed. Positive perceptions of parenting predicted lower levels of depression, and a more positive outcome in parenting (Suzuki et al., 2015).

It is also important to note findings from Gilchrist and Taylor (2009) that mothers that are on drugs use a hierarchy of strategies to reduce harm to their children from their drug use from stopping using drugs, to getting their children looked after by someone they trust and maintaining an active parental role in their child's life. Gilchrist and Taylor (2009) stress the cyclical nature of drug use. During periods of intense drug use, the basic needs of children are neglected, but when drug use is stable the impact on children might be

minimal (Gilchrist & Taylor, 2009, p. 176). Lastly, access to drug treatment, mental health treatment and parenting education should be enhanced for female drug users to assist them in retaining care of their children (Gilchrist & Taylor, 2009, p. 175).

Theoretical Orientation

The theoretical orientation of this research project in working with mothers who have used drugs during and after giving birth to a child would be; Cognitive Behavior Theory, Gestalt Theory and Social Learning Theory. To begin, social learning theory suggests that human behavior is learned as individuals interact in their environment. Problem behavior is maintained by positive or negative reinforcement. Cognitive behavior theory looks at what role thoughts play in maintaining the problem. By knowing our thought pattern, which turns into behavior we could work on changing our thoughts into more positive ones. Equally important is Gestalt Theory, this theory helps clients stay in touch with their feelings and behaviors, by using existential therapy. This affects how people behave, and how they cope with frustration, anger, sadness that are sometimes felt prior to substance use. Mothers also experience frustration and detachment from their infants and later toddlers. These mothers may use aggression and authoritarian parenting style which could be changed using these theories. Social workers can use some of these theoretical orientations to empower the client, use as interventions with

mothers teaching them new ways to apply better parenting skills and perhaps change their life during pregnancy and after birth.

Contribution of Study to Micro and Macro Social Work Practice

The potential contribution to micro and macro social work is that this study will help social workers bring awareness to the public about the dangers of street drugs and alcohol on the fetus during pregnancy, as well as the long term psychological affects these pregnancies have on the mother. Many times mothers feel guilt that could lead to depression and or suicide. The effects the study on macro level practice to provide recommendations for additional assistance to mothers on street drugs or alcohol during their pregnancies and educate them on the problems they will encounter during the child's first months and years of life. In addition, bringing more awareness to the problem may result in larger facilities being available to house mothers and their children until they have established a solid foundation, before they transition to their private home.

Summary

Chapter one covered assessment, and the need for continued research into the challenges mothers have while on street drugs or alcohol after giving birth to a child. In addition, this chapter provides a rationale for the use of the positivist paradigm used and why this was the best paradigm for this type of study. Chapter one also provides a literature review on the problems/dangers

of using drugs and alcohol while pregnant and parenting. In addition, the theoretical orientation of the problem is described and the most effective intervention used regarding this problem to date. Furthermore, the potential contributions of this study to micro and macro social work practice.

CHAPTER TWO

ENGAGEMENT

Introduction

Chapter two addresses the engagement portion of the study and explains how the gatekeepers to the facility were approached and participants engaged. In addition, insight will be given to self-preparation, anticipated diversity, ethical and political issues that may exist, and lastly the role technology played.

Engagement Strategies for Gatekeepers at Research Site

The process of engagement began by making an initial phone call to ask permission to speak to the gatekeepers about the proposal and research intent. The researcher approached the gatekeepers of the facility, Coachella Valley Rescue Mission (CVRM), with confidence and a calm demeanor, the facility is located in the Coachella Valley in Riverside County, where the research took place. The primary purpose of the facility is to house homeless families and provides drug and alcohol treatment for families in need of a recovery program. The CVRM also provides parenting skills, and tools for self-care, based on education, mentoring, counseling and a spiritual foundation. This site is one of two in Inland Southern California that assists mothers and families dealing with homelessness resulting from substance abuse. The primary gatekeeper's are counselors and department managers.

This facility is for mothers that are court ordered or are self-admitted because of substance and alcohol abuse, or homelessness. The researcher was well informed on the history of the facility, the amount of people it serves and the extent of the program, which could range from one to two years. Total compliance is required of clients for graduation or completion of program and later transition in private housing with their children. The researcher was well prepared to answer any questions the gatekeeper had regarding the process and estimated length of time that the study took. Once approval or entrance was established, there was an initial engagement meeting with the study participants. The meeting began by having the study's purpose and intent explained to them and establishing rapport individually. First, participants were informed of confidentiality and the option to withdraw from the study. As part of informed consent the participants were assured that no harm will come to them or their families. Participants signed the consent form and were handed the questionnaire to complete. After completion of the questionnaire, participants were asked if they had any questions, they were then dismissed.

Some of the topics addressed were the challenges that parents may have had or not had in the past with children after giving birth to children while on street drugs or alcohol, and the challenges now while in the program. Second, parents were educated on the need for further knowledge and understanding of this problem that affects many mothers in similar facilities. Third, participants were given scheduled appointments to meet and speak to

researcher privately or in a group setting, where they feel comfortable and safe, to go over any concerns about the study or challenges that they may have today.

Self-Preparation

Preparation efforts included gaining as much information of the facility as possible in terms of the hours, and days that it is open. Also, the amount of people it serves and the amount of time that will be allowed to conduct the research project in each department that approves entrance. Next, specific times were scheduled to meet with clients during or after the program in group and individual sessions. Then, the researcher reviewed and refined the questionnaire regarding any challenges participants have with their children, and their own personal challenges trying to meet those needs.

Finally, the researcher prepared mentally in order to be open minded, non-judgmental, and sensitive to the participant's responses and to listen with compassion and empathy.

Diversity Issues

The diversity issues that may arise or exist are individual's beliefs or attitudes on self-disclosure, and their feelings on outside people coming into their lives asking personal questions. There was an awareness of gender, and culture, although this is a mom's program there are also single dads admitted to the facility for the same concerns. There are also differences in age; some

participants were young adults while others were midlife, or older adults. In addition, being aware and respectful of the different social economic statuses that exist and personal feeling and attitudes on the subject is another sensitive issue that was thought out and prepared for delicately.

Ethical Issues

Some of the ethical issues were the safety and welfare of the participants, which was one of the first things to be addressed. This was done by providing participants with an informed consent form outlining their role in the study and noting that it is optional, they could leave the study whenever they want. Furthermore, respect for diversity issues of the participants were approached accordingly. In addition, acknowledging the participant's rights and confidentiality was addressed, after researcher has given the participants information on the proposed project. Moreover, letting them know that this type of research is important in educating the public and is sometimes considered when funding for future programs is considered. Lastly, being aware of your position as a researcher and not showing preference or personal interests towards the participants were things that were looked out for, and acknowledging my responsibility to the public.

Political Issues

The political issues that are involved in this type of research project using the positivist paradigm related more to the participant and researcher,

although there was not a power struggle, the researcher consulted with participants but kept the power to decide which data was collected and how data was used. For this study the participants were the source of data not the collaborators.

The Role of Technology in Engagement

The role of technology used was in the form of telephone calls, to schedule appointments and printer for questionnaire. Another form of technology was the use of computer to document findings and data entry. Finally, at the end of the study a power point will be presented to the participants and facility for future educational purposes on the challenges that mothers on drugs and alcohol have after giving birth.

Summary

Chapter two addressed the engagement part of the study. This stage includes engaging the gatekeepers and the participants. The engagement stage also focused on self-preparation along with diversity, ethical, and political issues that could have arisen, including sensitivity to subject matter and awareness of personal biases. In addition, the use of technology and how it assisted in the research process.

CHAPTER THREE

IMPLEMENTATION

Introduction

This chapter describes the research site and location, who the participants in this research study were, and the selection process. In addition, this chapter also covers data gathering, phases of data collection, and data recordings. Furthermore, this chapter also discusses the data analysis procedures.

Study Participants

The research site is a nonprofit organization called the Coachella Valley Rescue Mission (CVRM) that provides services in Inland Southern California. This facility provides shelter, counseling, mentoring, education, reunification with children, AA and NA classes and a spiritual foundation. Managers also provide transportation to custody hearings with mothers that are court ordered by Child Protective Service (CPS), or have been referred by the Methadone Clinic for counseling or self-admitted due to homelessness and drug use. This facility monitors parenting, drug use, and child interactions and care to mothers and their children. In addition, some of the services that the CVRM provides are permanent housing transition for parents with their children. The CVRM case managers interact daily with the mothers in the program and their children by providing food, shelter, education, coping and parenting skills.

During the day the mothers help one another care for their child while mothers are in lectures or classes. These mothers rotate on a daily bases so all mothers are in nursery or daycare during the week. The CVRM has counselors that aid the clients in therapy to modify, change or eliminate bad or negative behavior. They also have hired staff that assists with mandatory drug testing, and providing transportation to and from the facility. This facility also has daily one on one counseling with their client, to see if they have any personal struggles at the organization or with other members that need to be addressed. They also have daily group sessions teaching different coping skills, parenting skills, behavior modification and affirmations to stay drug and alcohol free, and establish a strong, positive identity. Furthermore, the counselors in the program have to report to the social worker, case manager, or the judicial system regarding the client's progress in the program. If the client complies with all the rules regulations and completes an AA or NA program, they graduate from the program and they have a small graduation ceremony every year in June.

Selection of Participants

Convenience sampling was used in the selection of participants. Data was collected at the Coachella Valley Rescue Mission located in Indio, California. The agency was contacted by the researcher weeks before the actual entrance to the facility to recruit participation in the study with women living at the agency who had children, and permission was granted to speak to

women at the agency. The researcher requested volunteers to fill out the questionnaire, women that were asked to participate were mothers who had children and were at the agency due to drug and alcohol or that were court mandated to participate in a recovery treatment program. The gatekeeper was contacted prior to the actual filling out of the questionnaire. In addition, other participants were gatekeeper's department managers and staff these participants were asked to participate and meet on a different date to fill out a questionnaire based on their perception of the impact the program has on child's behavior before and after successful completion.

Data Gathering

The study participants were asked to participate in the study and were asked to complete a questionnaire based on the behavioral challenges exhibited by their children while using drugs or alcohol, and the behavioral challenges exhibited by their children now while they are in the program. Participants were asked to sign a consent form before the questionnaire was distributed. Furthermore, these participants were clients receiving therapy, mentoring, education and counseling at CVRM. Other participants were department managers, gatekeepers and staff. I called participants into a private room, after an initial introduction by the gatekeeper. I also gave a brief description of what I was doing, how long it will take to fill out questionnaire and answer questions, then I scheduled another visit to the facility and arranged for private interviews for those women that might feel uncomfortable.

I went over consent and confidentiality. These participants are very familiar with the strengths and weaknesses of the program, in addition to giving their personal opinions of what could make the program more successful, stronger and be able to reach more people. Research was conducted quantitatively using questionnaire with study participants (See Appendix A). Participants were asked if they exposed their child to drugs or alcohol before or after birth. Participants were also asked what challenges they had in the past, and what challenges they are having now with their children. Challenges that most participants agreed on were behavior challenges, excessive crying, and fighting. Furthermore, Staff was also included in the study and was asked to fill out a questionnaire based on any changes or improvements they see in clients or child's behavior and interaction with children since they have since they have been in the program see (Appendix B).

Phases of Data Collection

Data was collected at the CVRM with mothers who were either court ordered to participate in a substance and alcohol abuse program or who were self-admitted for help as a recovery treatment program due to the use of alcohol or drugs. Furthermore, there were a total of three visits to the research site; there was an initial made to the gatekeeper who later made arrangement for me to speak to the participants. The first visit was scheduled with the gatekeeper to have participants ready who were interested in participating in the study. When I arrived there were eight participants that signed the consent

form and filled out questionnaire but only five could be used in the study because three participants denied using drugs or alcohol during pregnancy. I then spoke to the gatekeeper to arrange to come again on another date, and recruit more participants, and I went to the facility again. This time, I spoke to three participants individually, they agreed to sign the consent form see (Appendix C). Then, the questionnaire was given to them, after the questionnaire was filled; participants were asked if they had any other questions regarding the study. I then had a total of eight participants see (Appendix D) for total responses from participants. Also, because of the small turnout of participants at CVRM, I asked the staff if they would participate in the study. The staff agreed to complete the questionnaire and I scheduled my third and final appointment on another date. Upon my third visit I went over confidentiality and that participation was optional. They then signed the consent form and filled out a questionnaire on how they perceived the facility's success rate of participants that attend and complete their program see (Appendix E). There were eleven participants and eight participants were used in the study. Three participants were not used because they denied any drug use during pregnancy. Furthermore, three department heads of the women's side of the facility were also used; Staff recording was used to analyze how staff perceived the success rate of clients who complete their program. Participants were thanked for their time and were told that at the end of the study that there would be a poster presentation given by the researcher

educating mothers on techniques that could assist with challenges that they may experience with their children.

Data Recording

The results of questionnaires were put into an excel spread sheet to document length of time at CVRM, if they were ordered to participate or voluntary, what drugs were used during pregnancy, if they are currently using drugs, what drugs are currently being used, does child have trouble in school, did your child have behavior problems, if so which ones, are their services you are receiving now that are helping you cope. These questions were asked and documented in excel spread sheet. In addition, tables were also used showing what drugs were used the most and the differences between the challenges they perceived during drug use and challenges they perceived after being in the program.

Data Analysis Procedures

Data was analyzed using quantitative statistical measurement. Statistics were used in hypothesis testing looking for causality and correlational and cause and effect. Data was imputed into excel and word computer software system. After collecting data from the questionnaire it was measured using descriptive correlation design based on cause and effect. Tables and figures were also used in the study.

Summary

This chapter described the research site and location, who the participants in this research study were, and the selection process. In addition, this chapter also covered data gathering, the phases of data collection, and data recordings. In addition, this chapter also discussed the data analysis procedure

CHAPTER FOUR

EVALUATION

Introduction

The research focus of this study is “Do mothers have a more difficult time coping with their child’s challenging behaviors when they were using drugs, than they do when they are sober”. This research hopes to describe the correlation between mother’s drug use which is my Independent variable and mothers ability to cope with challenging behaviors which is my dependent variable. Furthermore, my paradigm is Positivist with a descriptive correlation design.

Data Analysis

The participants used for this research were mothers living in a Christian based recovery agency that house homeless families or mothers with children that are court ordered to participate in drug, alcohol treatment program through Child Protective Service. My research was based on convenient sampling with mothers that were at the agency and volunteered to participate in the study. There were eleven participants total but eight participants were used due to the fact the three participants denied drug or alcohol use during pregnancy.

Data Interpretation

There were three major findings, first; the drug most used by the participants during pregnancy was Methamphetamine see (Figure 1). Furthermore, participants stated the most frequently challenging child behaviors while using drugs or alcohol were tantrums, excessive crying, and fighting also seen as aggressive behavior see (Figure 2). Currently or during treatment participants perceive the most frequently challenging child behaviors as excessive crying, fighting and “other” see (Figure 3). It was interesting to see that the majority of participants perceived challenges with their child had decreased after being in a recovery program, where most challenges were with excessive crying, and tantrums, today the highest challenge was just excessive crying. Furthermore, the reduction in problematic behaviors seems to be correlated with mother’s sobriety. It was also interesting to find that “other” was selected as a challenge, but was not addressed in this study. Furthermore, the majority of the women felt that parenting classes, counseling, mentoring, mentoring, and spiritual guidance were the classes that helped them the most, see (Appendix D)

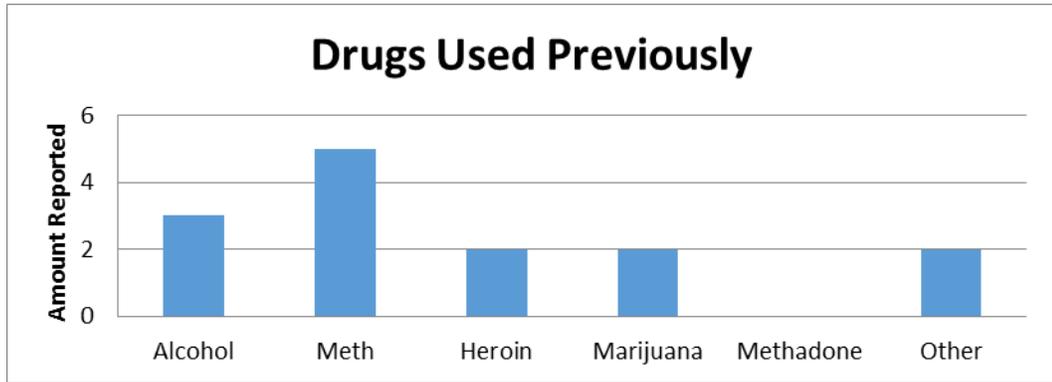


Figure 1. Drugs Used before Entering Facility

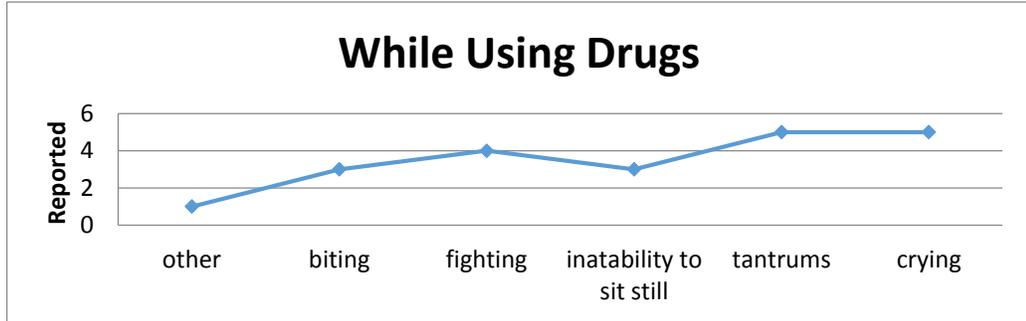


Figure 2. Difficult Child Behaviors Mother's Identified

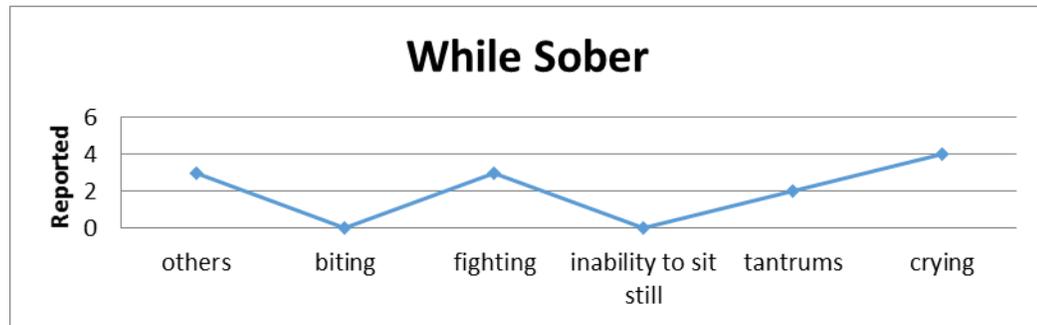


Figure 3. Difficult Child Behaviors while Sober

Other participants in this research were staff members, who are in charge of these departments. There were three staff members who agreed to participate in the study and they were asked how they perceived services were for clients and the success rate of these clients. Staff is in agreement that the services most beneficial for their clients are: Parenting classes, counseling, mentoring, spiritual guidance and education.

Implications of Findings for Micro and/or Macro Practice

Limitations on this study were the participants at CVRM were mothers available and willing to participate at the time of research. Other limitations were that mothers were reporting what they remembered while using drugs as opposed to their perception of their parenting today. In addition, participants are not supposed to be using drugs or alcohol at the facility, so they responded “no” answer to the questionnaire. This is one of the criteria’s for services from CVRM, that mothers abstain from drugs or alcohol. Future research on how mothers who were using drugs or alcohol during pregnancy

perceive their ability to cope with their child's behavior would be to see what other challenges they may have.

Summary

This chapter covered the research focus of the study, "Do mothers have a more difficult time coping with their child's challenging behaviors when they were using drugs, than they do when they are sober". The chapter also covered how this research hopes to describe the correlation between mother's drug use and mother's ability to cope with challenging behaviors. Findings from the data were discussed including limitations of the study and the implications for micro and macro practice.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

This chapter explains how the research ended with the relationship between the study participants and the researcher. In addition, how the researcher plans to communicate the findings of the research to participants and staff using a Poster board presentation and handouts. Furthermore, how I see things progressing in this facility for future clients.

Termination of Study

Termination involved answering any questions that the participants had, and giving feedback on the research process. Participants were thanked for all their time and contribution. Also, making sure that they all know that change is possible with research projects such as these, and that by their participation they have left a mark in research for others to build on. Research projects could make a difference in the lives of the next generation by their involvement.

Communicating Findings to Study Site and Study Participants

Follow up includes returning to the research site and giving a Poster board presentation on the findings of the research project. Participants will have time to meet individually with the researcher to ask any questions that they may continue to have regarding their participation in the study.

Participants will also be informed about where a copy of the study report can be obtained. Lastly, the participants will again be thanked for their contributions in this research.

Ongoing Relationship with Study Participants

The researcher will address any further questions the study participants may have and they will be informed of where they could access the results of the study in the future if they would like to read the research paper. No further communication with participants will occur after the researcher has communicated the findings and PowerPoint presentation at their facility has occurred.

Dissemination Plan

The dissemination plan will involve speaking to facility and executive directors of the agency about the findings and where best to serve that clients that attend their program, based on the results of the findings and recommendations that participants think will make the program stronger. Change and organizational culture regarding change should be implemented into programs for culture sensitivity. It is important to convince individuals and organizations that our findings are worth their time and attention. The goal would be for the agency to incorporate these findings into micro and macro practice at their agency to better assist their clients.

Summary

This chapter explained how the relationship between the study participants and the researcher ended. In addition, how the researcher communicated the findings of the research to participants and staff using a Poster board presentation and handouts. Furthermore, answering any questions participants had regarding the research project and information on where a copy of the study report could be obtained. Lastly, the dissemination plan change in the agency may strengthen the recovery process for future participants in micro or macro practice.

APPENDIX A
DATA COLLECTION INSTRUMENT

QUESTIONNAIRE

1. How long have you been at CVRM?
Less than a month
5 months or less
12 months or less
Over 12 months
Other
2. Were you ordered to participate at CVRM? Or was it voluntary?
Yes No Voluntary
3. What drugs were you using during pregnancy?
Alcohol
Meth
Heroin
Marijuana
Methadone
Other
4. Are you using drugs now?
Yes No
5. Which drugs are you currently using?
Alcohol
Meth
Heroin
Marijuana
Methadone
Other
6. Does child/children have trouble in school?
Yes No
7. Did your child/children have any of these behaviors while you were using drugs?
Excessive crying
Tantrums
Inability to sit still
Fighting
Biting
Other
8. Were any of these behaviors easier to handle while you were using drugs?
Yes No

9. Are those behaviors easier to handle today?
Yes No
10. What are things that are hard for you to cope with now, in raising your child?
Excessive crying
Tantrums
Inability to sit still
Fighting
Biting
Other
11. Are there services you are receiving now that are helping you cope?
12. What services are you receiving that are helping you cope?
Parenting classes
Counseling
Mentoring
Spiritual guidance
Education
Other

APPENDIX B
QUESTIONNAIRE FOR STAFF

QUESTIONNAIRE FOR STAFF

I took a survey and received 11 responses from women currently at the CVRM. Out of the 11 women I could only use 8 because the research is based on women who were using drugs during and after pregnancy. Over half of the women surveyed stated that they have been here over 5 months, 7 stated that they were ordered to participate, 4 did not use drugs and were removed from the research. All women stated they were not using, 5 stated child has trouble in school. Most of the problems are with tantrums and inability to sit still and fighting. Half of the women stated they had trouble with their child before when using drugs and half stated that they did not. Things w/child that is hard to cope with now? Are fighting and tantrums. All women stated that the services received now at CVRM are good. What services at CVRM are helpful today most scored was counseling. Second, was spiritual guidance and mentoring? Based on these answers given;

1. How long client have's been at CVRM?
 - Less than a month
 - 5 months or less
 - 12 months or less
 - Other

2. Do you see moms using drugs during their stay at CVRM?
 - Yes
 - No

3. What behavior problems do you see children come in with?
 - Excessive crying
 - Tantrums
 - Inability to sit still
 - Fighting
 - Biting
 - Other

4. Do you see these behaviors easier to handle today?
 - Excessive crying
 - Tantrums
 - Inability to sit still
 - Fighting
 - Biting
 - Other

5. What services are clients receiving that you feel are helping them cope?

Parenting classes

Counseling

Mentoring

Spiritual Guidance

Education

Other

APPENDIX C
INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate the challenges that mothers on drugs have after giving birth to a child. This study is being conducted by: Antonia V. Mata under the supervision of Dr. Laurel Brown California State University, San Bernardino. This study has been approved by the School of Social Work Institutional Review Board Sub Committee, California State University, San Bernardino.

Purpose: Research on challenges that mothers on drugs have after giving birth.

Description: Conducting interviews, observation, and narrative questionnaires to conduct research on the challenges mothers on drugs have after giving birth when using drugs. This research will be conducted to analyze developmental issues they may encounter, and later inform participants of the programs that are available to mothers to assist with parenting, to strengthen families.

Participation: Your participation in completing the questionnaire and interview is completely voluntary and you do not have to answer any questions that make you uncomfortable or prefer not to answer. In addition, this interview may take 20-30 minutes to complete and if at any time you wish to withdrawal from participating, your information will not be used for the study.

Confidential: All information provided for this study will be kept confidential including questionnaires, surveys, and audio. Information will be kept by the researcher in a locked file that only she will have access to, and all files, audio recordings will be destroyed (shredded) in 2 years or less after the project has been conducted. In addition information shared with faculty will be electronically secured.

Duration: The duration of time for this interview should take no more than 30 minutes.

Risks: No risks anticipated.

Benefits: Improved understanding of the challenges that mothers encounter after giving birth while on drugs.

Audio/photograph: I understand that this research will be audio recorded _____ and I understand that this research may be photographed _____ .

Contact: Any questions, Research and participant's rights contact, or in the event of a research related injury. Contact: Dr Laurel Brown: (909) 537-5561, tmorris@csusb.edu

Results: Results can be obtained at the California State University San Bernardino library.

Confirmation Statement:

I have read and understand the information above and agree to participate in your study.

Signature: _____ Date _____

APPENDIX D
PARTICIPANT RESPONSES

PARTICIPANT RESPONSES

Resp #	Q1 - Time at CVRM?	Q2 - Court ordered?	Q3 - Drugs used during Pregnancy?	Q4 - Drugs now?	Q5 - Drugs currently using?	Q6 - Does child have trouble in school?	Q7 - Did child have these behaviors while you were using drugs?	Q8- Were these behaviors difficult to handle while you were using drugs?	Q9 - Are those behaviors easier to handle today?	Q10 - What behaviors are hard to cope with now with child?	Q11 - Are services receiving now helping you cope?	Q12 - What services are you receiving that are helping you cope?
Resp 1	12 mths	Yes	Alcohol, Heroin, Other	No	None	Yes	Excessive crying, tantrums, biting	Yes	Yes	Excessive crying, other	Yes	Parenting classes, counseling, mentoring, spiritual guidance, education
Resp 2	5 mths or less	Yes	Meth, Heroin	No	None	No	None	No	N/A	Excessive crying	Yes	Parenting classes, counseling, mentoring, spiritual guidance, education, other
Resp 3	Less than a mth	Yes	Meth, Marijuana	No	None	No	None	No	Yes	Other	Yes	Parenting classes, counseling, mentoring
Resp 4	5 mths or less	No	Alcohol	No	None	Yes	Tantrums, inability to sit still, fighting	Yes	Yes	Fighting	Yes	Parenting classes, counseling, spiritual guidance, other
Resp 5	5 mths or less	Yes	Meth	No	None	Yes	Tantrums, inability to sit still, fighting, biting	Yes	Yes	Other	Yes	Mentoring, spiritual guidance

Resp #	Q1 - Time at CVRM?	Q2 - Court ordered?	Q3 - Drugs used during Pregnancy?	Q4 - Drugs now?	Q5 - Drugs currently using?	Q6 - Does child have trouble in school?	Q7 - Did child have these behaviors while you were using drugs?	Q8- Were these behaviors difficult to handle while you were using drugs?	Q9 - Are those behaviors easier to handle today?	Q10 - What behaviors are hard to cope with now with child?	Q11 - Are services receiving now helping you cope?	Q12 - What services are you receiving that are helping you cope?
Resp 6	5 mths or less	Yes	Alcohol	No	None	Yes	Excessive crying, tantrums, inability to sit still, fighting	Yes	Yes	Excessive crying, tantrums, fighting, other	Yes	Counseling, spiritual guidance, education
Resp 7	5 mths or less	Yes	Meth, Marijuana	No	None	Yes	Excessive crying, tantrums, fighting, biting	Yes	Yes	Tantrums	Yes	Parenting classes, counseling
Resp 8	12 mths or less	Yes	Meth, other	No	None	No	Excessive crying, fighting	Yes	Yes	Excessive crying, fighting	No	Counseling, mentoring, spiritual guidance, other

APPENDIX E
STAFF RESPONSES

STAFF RESPONSES

Resp #	Q 1 - How long have clients been at CVRM?	Q 2 - Do you see moms using drugs during their stay CVRM?	Q 3 - What behavior problems do you see children come in with?	Q 4 - Do you see these behaviors easier to handle today?	Q 5 - What services are clients receiving that are helping them cope?
Resp 1	12 mths or less	No	Tantrums, inability to sit still, other	Yes: Other	Parenting classes, counseling, mentoring, spiritual guidance, education, other
Resp 2	12 mths or less	No	Tantrums, inability to sit still	Yes: Excessive crying, tantrums, inability to sit still, fighting, biting, other	Parenting classes, counseling, mentoring, spiritual guidance, education, other
Resp 3	12 mths or less	Yes	Tantrums, inability to sit still, fighting, biting	Yes: Excessive crying, tantrums, inability to sit still, fighting, biting, other	Counseling, mentoring, spiritual guidance, education

APPENDIX F
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

Thank you for participating as a research participant in the present study concerning the view “of the challenges that mothers on drugs have after giving birth to a child”. The present study tests whether attachment styles influence child’s development after a mother gives birth to a child while on drugs and ongoing throughout their development.

Again, we thank you for your participation in this study; we greatly appreciate your cooperation. If you have any questions regarding this study, please feel free to ask the researcher, Antonia V. Mata at this time, or contact the researcher at (760) 992-6090 or by email at mataa303@coyote.csusb.edu You can also contact Faculty Professor, Dr. Brown at laurelbrown213@aol.com If you would like to obtain a copy of the group results of this study, please contact Dr. Brown.

Thank you

Antonia V. Mata

APPENDIX G
INSTITUTIONAL REVIEW BOARD

Brown

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) Antonina Mota

Proposal Title Challenges of mothers on drugs

021509

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

- approved
- to be resubmitted with revisions listed below
- to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
- missing informed consent debriefing statement
- revisions needed in informed consent debriefing
- data collection instruments missing
- agency approval letter missing
- CITI missing
- revisions in design needed (specified below)

[Signature]
Committee Chair Signature

9/20/15
Date

Distribution: White Coordinator; Yellow Supervisor; Pink Student

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