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Foster Parents' Perceptions of Barriers to Accessing Substance Abuse Treatment for Foster Youth

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FOSTER PARENTS' PERCEPTIONS OF BARRIERS TO ACCESSING
SUBSTANCE ABUSE TREATMENT FOR
FOSTER YOUTH

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
Tiffany Sabrina Harrington

June 2016

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ABSTRACT

As Counties continue to grow and the need for foster parent's increases, resources become scarce. In San Bernardino County, Juvenile drug court is no longer available, which has led to fewer resources for foster parents in need of substance abuse treatment services for their foster youth. Without access to juvenile drug court, foster youth are often in need of substance abuse treatment services after they have been sent to placement, as part of rehabilitation and success.

Substance abuse issues are often found at the initial interaction of children and family services, and foster youth agencies; however, for ongoing treatment, there are few resources. The purpose of this study focused on foster parent's perceptions of barriers to accessing substance abuse treatment for foster youth. In order to create solutions and break these barriers, it was important to find out where the problem(s) may have started.

Data consisted of questionnaires given to San Bernardino County licensed foster parents who have had placement within the last two years. Given the information discovered, it was concluded that there are limited substance abuse resources for foster parent caregivers, and having found this information has allowed for San Bernardino County Children and Family Services to ensure the barriers that limited access can be broken.

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Thank you

DEDICATION

I would like to dedicate this project to my husband, my children, and the rest of my family who supported me and put up with me throughout this journey. It has been a long and tiring three years, but we did it together and I am thankful that I had you all of you there to help me through this process!

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGMENTS	iv
LIST OF TABLES	ix
CHAPTER ONE: INTRODUCTION	
Problem Statement	1
Purpose of the Study	4
Significance of the Project for Social Work	6
CHAPTER TWO: LITERATURE REVIEW	
Introduction	9
Foster Youth Substance Abuse	9
Substance Abuse Counseling for Families	11
Multi Systemic Therapy.....	12
Treating Substance Use Disorders	15
Theories Guiding Conceptualization	16
Resilience Theory	16
Strengths Based Perspective	16
Summary	17
CHAPTER THREE: METHODS	
Introduction	19
Study Design	19
Sampling.....	20

Data Collection and Instruments	21
Procedures	22
Protection of Human Subjects	23
Data Analysis	24
Summary	24
 CHAPTER FOUR: RESULTS	
Introduction	26
Demographics.....	26
Training Received.....	29
Definition of Substance Abuse.....	310
Substance Abuse and Foster Youth	31
Barriers to Obtaining Treatment.....	36
Summary	39
 CHAPTER FIVE: DISCUSSION	
Introduction	40
Discussion	40
Limitations.....	43
Recommendations for Social Work Practice, Policy and Research	44
Conclusions	46
APPENDIX A INFORMED CONSENT	48
APPENDIX B QUESTIONNAIRE	53

APPENDIX C DEBRIEFING STATEMENT57
REFERENCES59

LIST OF TABLES

Table 1. Demographic Characteristics of Participants	27
Table 2. Where Training was Received	29
Table 3. Definition of Substance Abuse.....	31
Table 4. Substance Abuse and Foster Youth	34
Table 5. Barriers to Treatment.....	38

CHAPTER ONE

INTRODUCTION

Introduction

The following chapter will discuss what population this study focused on, the problem statement generated for the purpose of the study, and what the purpose of this study was. The study focused on the barriers to obtaining substance abuse treatment for caregivers of foster youth. The details of what the study provides will be covered in the problem statement, and the specifics of the study such as clients, practice, and agency problems will be discussed in detail, which will help the reader to understand the importance of this study.

Problem Statement

One of the main concerns that social workers and foster parent caregivers often have is being able to access substance abuse treatment services for foster youth. Some counties have eliminated juvenile drug court, therefore eliminating one of the options that social workers and foster parent caregivers had to help those youths in need of services. The problem with not having many options is that it leaves those wanting to help feel helpless and unable to care for foster youth as needed.

If substance abuse treatment is not available as a service to foster parent caregivers and social workers for foster youth, it makes them less confident that

the child will grow to be a successful adult. Most foster youth who do not get treatment in early stages of abuse may end up becoming addicted as adults, end up in jail, or even worse dead. Some studies have shown that foster youth specifically are prone to substance abuse. Social workers and foster parent caregivers can work together to achieve sobriety for these youth and help them stay out of jail, off the streets, and out of trouble. If precautions are utilized early on, then the chances of youth becoming addicted to substances are slim, rather than not having any resources to help keep foster youth away from substance use.

Social workers and foster parent caregivers play an important role in the lives of foster youth. Not only do they need to protect these children, but they also need to ensure that these children are getting any type of help that he or she may need. If there is a lack of resources, then there needs to be some resolution to permit foster parent caregivers from having a hard time accessing these resources. Another thing addressed in this study was whether social workers of children and family service agencies and foster parent caregivers are getting the support from local and state government agencies to find these resources. Substance abuse treatment centers and programs are available; but the question is, how hard is it to access the information for these facilities? The question posed here seems that it would be simple to answer, however in researching availability of substance abuse treatment the results are surprising.

Some of the obvious reasons why substance abuse treatment is important, for both foster youth and adults, are that it helps to point him or her in the right direction. This means that if treatment is obtained in early stages of abuse as mentioned above, foster youth can possibly be given other options and alternatives to substance use. Environmental factors may also play a role in why foster youth tend to gravitate toward substance use, rather than other activities that may be available to them. If certain geographical areas do not have access to extra-curricular activities, it could pose a threat to youth looking for something to do; thus possibly leading to substance use.

Substance abuse prevention programs are important also because they attempt to teach youth the negative factors of substance use. There are many more negative things in relation to substance use than youth may consider, and these treatment programs work hard to instill this into the minds of young clients. With foster youth especially, staff members of prevention programs need to be empathetic to the situations that foster youth may be in, or may have come from. For most foster youth, substance use is his or her way of coping with situations that they may be experiencing. The problem presented in the following thesis will address all these issues, in hopes that there can be solutions for foster parent caregivers and foster youth who are dealing with substance use problems.

Purpose of the Study

The ultimate goal and purpose of this study is to find, if any, barriers that may keep foster parent caregivers from finding and utilizing substance abuse treatment for foster youth in their care. Foster parent caregivers have a responsibility to report any suspected substance use to social workers, and other child welfare agencies, but there have been no studies to show how accessible are treatment facilities and contact information for other resources to foster parent caregivers. If there are accessible treatments for foster parent caregivers, could funding possibly be the issue? These are just a couple of the questions that are addressed in this study.

In order to find out the answers to these questions, questionnaires were given to foster parent caregivers in order to obtain information needed to determine whether or not these services are offered, how easy it is to get treatment, and whether or not there are any concerns in regard to treatment of foster youth and his or her substance abuse.

Due to the presenting issues, a quantitative approach was utilized. A sample of 24 San Bernardino County licensed foster parents was surveyed. In surveying County licensed foster parents, the study had access to reliable information and found that there were communication barriers that could affect the accessibility of treatment services. Each questionnaire had seventeen questions which were analyzed to find what foster parents felt was the number

one barrier to accessing substance abuse treatment services for their foster youth.

Spark Action is a non-profit organization that advocates for youth and attempts to mobilize communities. Research from this organization showed that most Child Welfare agencies do not have the resources to deal with substance abuse among foster youth. Some of the reasons found were that staff and foster parent caregivers were undertrained, and there were not enough experts in Child Welfare agencies that could professionally identify, or treat substance abuse issues among foster youth. What was even more alarming was that according to (SparkAction, 2015), “out of all 50 states, at least 94% of those states are unaware of how many youths in foster care actually have substance abuse problems.” This statement alone poses the same question: how accessible are substance abuse treatment services to foster youth and his or her foster parent caregiver?

This study addressed the above issue of educating those involved in Child Welfare departments, which can also ease access to treatment services. If the above statements were known to child welfare social workers and foster parent caregivers, actions could have been taken to prevent the lack of resources and knowledge about substance abuse among foster youth.

Significance of the Project for Social Work

Because research has shown that most states are unaware of the amount of substance abuse among foster youth, this project will enhance knowledge and education about how serious this issue is in foster care (Thompson, 2001).

Foster parent caregivers are aware that substance abuse happens among foster youth, as they again are responsible to report any substance use he or she suspects; however, if this reporting is made mandatory in most states, why not mandate treatment programs specifically geared toward foster youth and his or her foster parent caregivers? This would educate, train, treat the issue of substance abuse, and possibly allow foster parent caregivers to have more access to resources and treatment facilities.

Some studies that have already been completed have also found that social workers in the Child Welfare field are not trained in substance use (Thompson, 2001). The same goes for foster parent caregivers. Most would state that substance abuse falls under mental health, therefore would not be a high focus in Child Welfare. If resources are hard to access and scare for foster parent caregivers and social workers, it would be correct to state that substance abuse treatment would be easily accessible through a mental health agency.

This study relates to the practice of Child Welfare as it specifically addresses the issues and barriers that foster parent caregivers may come across when looking for substance abuse treatment for his or her foster youth. While

the outcome may suggest that multiple agencies could possibly utilize some of the suggestions that are given, Child Welfare agencies should look at what ideas could be implemented to support the requests of foster parent caregivers, and services needed to help foster youth overcome substance abuse.

The substance abuse and Mental Health Services Administration (SAMHSA) conducts multiple surveys on mental health and substance in relation to foster youth. According to SAMHSA's National Survey on Drug Use and Health, (2009), there were approximately 23.5 million youth aged 12 or older who needed substance abuse treatment (NADA, 2016). At the conclusion of this study, it was reported that there were 1.8 million youth admitted and discharged for substance abuse treatment. The percentage of these admissions that belonged to youth ranging from age 12-19 was 11.6% (NADA, 2016). This number is significantly high, especially since these youths referred did obtain substance abuse treatment services. Although there are many addictive substances, specific drugs listed in this survey consisted of morphine, opium, hydrocodone, hydro morphine, meperidine, oxycodone, tramadol, and other drugs that had morphine-like effects.

This particular study will focus on the beginning, assessment, and planning stages of the generalist intervention process. There has not been enough evidence, time, or research conducted in order to move to any other stage of the generalist intervention process around this topic at this time. If the

study were carried out beyond a year, the research could continue the study to include to the implementation and evaluation phases. The ultimate goal of this particular study is to find out what steps needs to be taken to make substance abuse services more accessible for foster parent caregivers. Therefore, the question posed was how accessible are substance abuse treatment services to foster parent caregivers for youth in his or her care? The hypothesis was that there are minimal resources and treatment options for foster parent caregivers. Former studies have proven that these resources are not easily accessible unless the client deals closely with mental health facilities and agencies.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Chapter 2, Literature Review, will summarize the articles used to conduct research and collect information about the barriers that caregivers face when looking for substance abuse treatment centers for foster children in their care. The fact that there are not very many foster youth and juvenile substance abuse treatment centers alone can lead one to believe that caregivers may or may not have a hard time finding these treatment centers for his or her foster children to participate in (NADA, 2016). In order to try to find a solution for caregivers concerning substance abuse treatment, research needs to be conducted to find out what barriers he or she may come across. Once the barriers are discussed, solutions can be brainstormed, created, and tested to see what social workers, caregivers, and foster youth can do to make it easier for caregivers to obtain treatment for foster children.

Foster Youth Substance Abuse

There was an initiative created called the Reclaiming Futures, also known as RF. The Robert Wood Johnson Foundation (Nissen, 2011) founded RF. One of the foundation's primary areas of focus is on how the justice system can improve the results of youth who are involved in the justice system and those

who were incarcerated for drug abuse (Nissen, 2011). Those involved in RF implemented phases that would increase interventions. Reclaiming futures offers activities to help engage youth. These activities assist with keeping them sober and free from substance abuse. Some of these activities include leadership opportunities, mentoring programs, and supportive programs that can assist youth with life skills.

In order to find out if the interventions were working, staff of RF conducted surveys, which informed them what members of the community thought about the treatment plans. Surveys were given twice a year to measure quality of treatment systems and juvenile justice. The results that emerged showed that RF was working for the goal of improving those substance abuse treatment programs for juvenile offenders. Having surveys distributed to people in different communities, it was found that the RF initiatives that were implemented increased substantially throughout multiple communities (Butts, & Roman, 2007).

Although the surveys were given twice a year to different communities, the staff at RF continued to distribute the surveys throughout a course of three years. The first set of surveys was given in December of 2003 and the last were conducted in June of 2006. Those chosen from each different community were recognized as the most qualified to measure the success of local justice systems and substance abuse treatment facilities and programs (Butts, & Roman, 2007).

The RF surveys showed researchers that the program was quite successful and had created many positive changes for those who decided to try it. Surveyors determined that the treatment effectiveness grew from 0.3 to 2.8 over the course of three years, family involvement increased from 2.1 to 3.9, and partner involvement decreased from 5.8 to 5.7 (Butts, & Roman, 2007). Multiple communities were involved in gathering data for the study, and RF informed these communities that the study was about addressing substance abuse issues in youth, particularly those who had been prior offenders, or are currently incarcerated. It is important to be aware of programs and studies such as RF because it can assist social workers in guiding a plan if the initial goal was not met and youth actually did end up becoming incarcerated or committing a crime. This program can assist in treatment of youth suffering from substance abuse.

Substance Abuse Counseling for Families

According to Fagan (2006), a study on treating adolescents with alcohol and other substance use problems, was “created to observe factors and approaches of treating juvenile drug offenders and the counseling that had been given to him or her” (pg. 6). The purpose of the study was to assess dangers and struggles of foster youth who have substance abuse issues and what can be done to gauge and establish those foster youths and his or her psychiatric and social complications. The study also looked at how to plan intervention and treatments for foster youth and his or her families. Treatments and interventions

included working closely with foster youth and their families in order to maintain a successful intervention program. Not much of the study was given attention, nor were a lot of details explained concerning what the outcome of the study was, or when it was conducted. More research may need to be done in order to discover the findings of the counseling for substance abuse foster youth and their families in order to utilize the research that was completed thus far (Fagan, 2006).

Fagan does discuss ways that social workers can assess and diagnose youth with substance abuse problems. There is now DSM 5 diagnostic criteria that clinicians and social workers can use in determining if a youth actually does meet criteria for a substance or alcohol use disorder, and what factors clinicians and social workers can look for in regard to substance abuse. This process to diagnose includes a comprehensive assessment. The comprehensive assessment discusses and proves the patterns of use, the youth's patterns such as with behavior, whether or not the youth is destructive to themselves, property, or others, if the youth has a good support system, how they are doing in school, how their friendships are progressing, and any other problems the youth may have that would be relevant in a proper diagnosis (Fagan, 2006).

Multi Systemic Therapy

In researching information on substance abuse treatment for foster youth, a review that was found to be very useful in the treatment of youth who struggled with substance abuse was multi-systemic therapy, which assisted with

decreasing violence and substance abuse among adolescents (Swenson, Henggeler, & Addison, 2005). The article refers to different ways that multi-systemic therapy can be used to help youth who have anger management issues and suffer from substance abuse. The goal is to develop interventions that will help these youth, while being successful. The text speaks in depth about a study that was conducted in one of South Carolina's high crime areas, North Charleston. The purpose of the study was to take this area and turn it into a place where parents, children and others will have more opportunities to succeed and grow. The study, named The Neighborhood Solutions Project, used the multi-systemic therapy (MST) approach. The study established partnerships within the community and had close contact with police departments, health care providers, and even school districts. The goal was to produce a strategy, which informally and expressively rejuvenated the neighborhood.

The study has multiple areas that cover different outcomes that were produced. In the beginning of the study the discussion of what caused the community to have some of the issues it was experiencing took place. In order to start creating goals and interventions, researchers had to prove why it was important to come up with interventions and why substance abuse and violence were an issue in the community. The next step reviewed treatments of criminals and what structures were important in the interventions that were already in place. In order to convince the communities that the new interventions would be

successful, researchers describe the importance of multi-systemic therapy, how the model was created, and what successes the therapy model has had. The Neighborhood Solutions Project even included a guide for those interested in learning how to better involve the community and get others on board with wanting to help youth (Swenson, Henggeler, & Addison, 2005).

The purpose of MST in this particular study was to focus on disruptive behavior, substance abuse, and problematic behavior, particularly at school. Not only do the researchers try to get community members on board, they also entertain the idea that the study can help advocate for more wellness activities for foster youth in the community, help to back monetary expenses in order to gain health facilities, and offer more police services.

MST is relevant to substance abuse treatment for foster youth because this type of therapy concentrates on factors that are linked to antisocial behaviors in youth who have abused substances. Without treatment, youth may suffer from this type of behavior, which is why it is an important factor in determining barriers to treatment, and what would possibly happen if those barriers are not broken or addressed. MST assists social workers and therapists by providing a full treatment program what can ultimately help youth who suffer from substance abuse overcome this obstacle (Swenson, Henggeler, & Addison, 2005).

Treating Substance Use Disorders

For most, it is hard to understand why foster youth have substance abuse issues and how these behaviors start. In an article created by the Civic Research Institute, Inc., researchers cover certain aspects as to what impacts juvenile drug use and actions (Jainchill, 2012); some of these aspects include social, environmental, and intrapersonal issues. Researchers also address ways that social workers and therapists can disclose these issues when they are creating any type of treatment plan(s) (Jainchill, 2012).

Part of the study talks about the opportunity of substance abuse available to foster youths and reasons why he or she would decide to take that route. On top of talking about the availability of substances for foster youth, the study also focuses on mental health factors that may influence foster youth to start abusing substances, and other issues such as other problems the juvenile may be experiencing that may influence substance use. A discussion of how these disorders can be treated takes place, which is important especially for those who may be unfamiliar with the social work aspect of treating substance use disorders. It is important to understand the populations of foster youth who also turn to substance abuse as a way to cope with issues that he or she may be dealing with (Jainchill, 2012).

The issues discussed in the study, such as intrapersonal, environmental, and social issues, are important in determining why a youth would

end up abusing substances, and give therapists a better understanding of the bigger picture, and how clinicians can treat a youth while going back to where the problem initially started. As Jainchill states, this would then assist with treatment plans and goals for youth receiving treatment for substance abuse (Jainchill, 2012).

Theories Guiding Conceptualization

Resilience Theory

Much of the research that has been found concerning substance abuse treatment for adolescents and foster youth argues that resilience theory plays a major part in how successful treatment can be. Resilience theory recently started gaining popularity among social workers, and research that relates to resilience theory is rather current. The focus of resiliency theory is to ask what is working, and why is it working? As researchers continue to study resilience theory as it relates to social work, the focus of the study continue to be on a person's qualities and whether they are natural or learned, and environmental elements (Braverman, 2001). Those who study resilience theory often state that if a person can recognize things that help an individual perform, then the therapist can possibly integrate that recognition into practice.

Strengths Based Perspective

Another well-known perspective that guides the conceptualization of this study is the strengths based perspective. Many social workers choose the

strengths based perspective to initiate and build rapport with their clients. The object of this perspective is to reduce one's frailties, and to grow his or her strengths (Pattoni, 2012). It is important for social workers and therapists to inspire the clients that they are working with. A better understanding of this perspective to most is that he or she can take a negative situation and more than likely look at it in a positive way.

Strengths based perspective also allows the client to focus on some strength(s) that they have in order to overcome their addictions. In this particular case, substance abuse addictions. Therapists can often focus on what that client was doing prior to becoming involved in substance abuse. The focus could be on what was working well and what strengths the clients possessed in order to refrain from abusing substances to cope or overcome some fear or situation that they may have experienced.

Summary

The literature review in this particular study has covered numerous topics in relation to substance abuse treatment for juveniles and foster youth. Some entities have already conducted their own studies. Through these studies, information was sought to initiate certain treatment plans in order to help juveniles and foster youth with his or her substance abuse. The Robert Wood Foundation is a good example of this in that the organization implemented approaches that would improve the treatment services that have been given to

youth. The organization conducted research based on surveys that continued throughout a period of three years to make the implementations of better treatment goals manageable.

Much of the literature reviewed covered treatment plans, and counseling for youths and his or her families. It is important to have family members, or caregivers involved in any type of substance abuse treatment program as it shows the youth that there are people who care and love them and wish to see him or her successful. Many of these treatments cannot be successful without family or caregiver support. Although most of the studies did not specify which treatment approaches were given, the multi-systemic therapy approach discussed how the approach can be successful and what other aspects the approach had taken in previous treatment plans. It is also important to understand which theories and perspectives conceptualized the focus of this study. Resilience theory and strengths based perspective are two different views, but each has its own importance when focusing on eliminating barriers to substance abuse treatment among foster youth. Overall, these studies had one thing in common; each focused on substance abuse treatment for juveniles and foster youth, which was the main goal and focus of this entire study.

CHAPTER THREE

METHODS

Introduction

The following chapter includes the design of the study, the group from which sampling took place, data collection, instruments used to collect data, and the procedures that were followed. The analysis of data will be reviewed and discussed, which will also include detail on the quantitative analysis that took place for the study. Steps taken to protect human subjects and the confidentiality measures will be discussed in detail as well.

Study Design

The reason for this study is to explore, if any, the barriers that foster parent caregiver's face when attempting to find substance abuse treatment for foster youth in his or her care. In order to compile data on resolutions that foster family and child welfare agencies can take to decrease these barriers, the study needed to get responses from County Licensed foster parent caregivers who have had foster youth placed in their homes in the last two years. Quantitative data was compiled in order to get the results that were achieved for this study. Quantitative research seemed to create a greater outcome in finding barriers, and gave the researcher a better understanding of the barriers that foster parent

caregivers believe they face concerning substance abuse treatment for their foster youth.

Sampling

This study used a purposive sampling method. The people who were chosen to participate in this study were current San Bernardino County licensed foster parent caregivers who have or have had foster youth in his or her care within the last two years, and who are or were in need of substance abuse services. These caregivers were mailed questionnaires from the Department of Children and Family Services to complete. The caregivers were advised of the details of the questionnaire in the consent and were given the option to either participate or decline. Caregivers were also informed that they might decline to answer questions if they felt uncomfortable with the questions that were asked. Questions were directed toward obtaining foster parents' views on the ease of access to substance abuse treatment services for their foster youth and what barriers, if any, foster parents felt there were to obtaining substance abuse treatment for foster youth.

The participants were chosen because they are currently a licensed foster family home with the County of San Bernardino, and they have had placement within the last two years. Although the sample was determined based on the above requirements, participants had to have fostered youth who previously, or currently needed substance abuse services. The reason the sample was

selected this way was to increase the number of honest and current responses, and possibly help with finding solutions to eliminating or decreasing those barriers.

Data Collection and Instruments

Data was collected through a questionnaire that consisted of seventeen questions, which was sent to County Licensed foster parents via mail, about their perceptions to barriers to accessing substance abuse treatment for foster youth. Each questionnaire consisted of the same response options (close-ended questions), with the exception of a couple questions in which caregivers were able to write in their responses (open-ended questions). Quantitative data collection occurred over the course of five months, and as the researcher received questionnaires, data was entered into IBM SPSS Version 21.0 (IBM Corp., 2012) to prepare the researcher for final data analysis. The goal was to get the questionnaires returned back to the researcher as quickly as possible within a few weeks; however, as fewer questionnaires were returned, more questionnaires were mailed out in hopes of getting a greater response. The questionnaire was kept short and concise in hopes that the response rate would be higher. Three hundred and fifty questionnaires were mailed out and 24 were completed by respondents, which yields a response rate of 6.5%.

The questionnaire had questions that inquired how long foster parents had been licensed, the ages of foster youth they have had in their care and how

many (See Appendix A). The questionnaire also had some questions concerning substance abuse training for foster parents, and whether or not the foster parents felt like they could tell someone, such as a social worker, if they did need help. A couple questions asked foster parents to identify what they considered an illegal substance.

Procedures

The researcher received a signed informed consent form from each person who answered and mailed back the questionnaire. The questionnaires were retrieved by this study's researcher and kept with her at all times. A consent form (see Appendix A) was sent attached to the questionnaire (see Appendix B), and debriefing statement (see Appendix C).

The researcher contacted current San Bernardino County licensed foster family homes in order to collect needed data. Agency management was debriefed, informed of the study, and informed of the researcher's goals, e.g. perceptions of barriers to substance abuse treatment. San Bernardino County Department of Children and Family Services approved this researcher to gather the data necessary to obtain the information needed to analyze data.

Once approved, the agency was given a copy of the consent form (see Appendix A), the questionnaire (see Appendix B), and the debriefing statement (see Appendix C). The agency gave this researcher a list of all San Bernardino County licensed foster homes who have had placement in the last two years to

mail the questionnaires. Data was collected over a period of 20 weeks, from January 2016 to May 2016.

Protection of Human Subjects

The confidentiality of participants was kept during, and after the study was completed. Participants were given an informed consent form, which fully described the confidentiality rules and regulations, how the information that each participant gave was collected, and kept private and confidential during the course of the study. The consent form also described how the information that was collected was destroyed after the study was completed. Those participating were also informed of any risks or benefits that he or she may have experienced during the course of this study; it was assumed that there were no risks to any participant. Those who were chosen to participate were informed of their right to withdraw from the study at any time, without any consequence, and informed that if he or she chose to withdraw from the study, then he or she will not to be contacted again concerning this study.

The questionnaires were mailed out to foster parents asking them to participate in the study. There was nowhere on the questionnaire that asked foster parents to address identifying information, and each participant was asked to return the questionnaire in the San Bernardino County Children and Family Services pre-paid sealed envelope, which was provided to them, in order to protect his or her identity from participation. The surveys were kept with the

researcher at all times in a locked clipboard case, and were destroyed approximately six months after the study was completed. The individuals who participated were also given a debriefing statement, along with the questionnaire and informed consent form. If requested, local resource phone numbers and agency contact information was distributed.

Data Analysis

After the questionnaires were completed and collected, data was compiled and the responses were analyzed. Furthermore, this was a cross-sectional quantitative research study. The researcher analyzed the data by determining which variables needed to be reviewed, and what the responses determined barriers to obtaining substance abuse services were. Tables were created based on the information given and data was summarized (Appendix D) and analyzed.

The analyzed data was summarized, and written so that participants and others can easily tell which barriers foster parents believed keep foster youth from getting substance abuse treatment services. Data was analyzed using frequency distribution analysis through IBM SPSS Version 21.0 (IBM Corp., 2012).

Summary

As mentioned above, the design of the study, method of sampling, and data collection were reviewed in detail. The procedures and instruments used during the study were also discussed, and the terms and distribution of informed

consent and confidentiality were discussed in detail. Those who participated were informed of their protection as a human subject in a research study and were informed of how the data was kept and destroyed. This study focused on quantitative data, which was mentioned in the above paragraph.

CHAPTER FOUR

RESULTS

Introduction

This chapter discusses the results of this study. Twenty-four questionnaires from San Bernardino County licensed foster parents were submitted for use in this study. This chapter will discuss the descriptive statistics from answers on the questionnaire. Data that was analyzed will also be summarized along with a review of the study results.

Demographics

This study did not ask any identifying information from foster parents who were sent the questionnaires; however, there were a few demographic questions the researcher asked concerning timeframes, ages, and amount of foster youth foster parents had cared for. Table 1 shows the demographic characteristics from this study (See Table 1). Out of 24 participants, 12.5% have been a foster parent for at least 1 to 6 months; only 4.2% of the participants had been a foster parent for 6 months to 2 years. Most foster parents had been a foster parent for at least two or more years, for a total of 83.3% out of the 24 participants. Of these 24 participants, 50% have had at least 1 to 5 foster youth in their care, 16.7% have had at least 6 to 10 foster youth in their care, and 33.3% had at least 10 or more foster youth in their care. When asked the ages of foster youth

parents have had in their care, the ages ranged from zero to 18 years or more. The ages of these foster children were almost equal with 41.7% having foster youth between the ages of 0 to 5 years, 25% of foster parents had foster youth who were 6 to 12 years of age, and 33.3% of foster parents had foster youth who were 13 to 18 years old.

Foster parents who were mailed questionnaires were also asked if any of their foster youth had been employed. A surprising 87.5% had said that their foster youth had never been employed while in their care, while only 12.5% stated that their foster child had been employed while in their care.

In regard to any training received in substance abuse, of the 24 participants, 75% stated that they had received substance abuse training, while only 25% had stated that they had not had training.

Table 1. Demographic Characteristics of Participants

Variable	Frequency (N)	Percentage (%)
How long have you been a foster parent?		
1-6 months	3	12.5%
6 months – 2 years	1	4.2%

2+ years	20	83.3%
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How many foster youths have you had in your care?

0-5	12	50%
6-10	4	16.7%
10+	8	33.3%

Age group of foster youth?

0-5 years	10	41.7%
6-12 years	6	25%
13-18 years	8	33.3%

Have any of your foster youth been employed?

Yes	3	12.5%
No	21	87.5%

Have you ever received training for substance abuse?

Yes	18	75%
No	6	25%

Training Received

Table 2 shows the responses to where foster parents received their substance abuse training, if any (See Table 2). 25.2% of foster parents who participated stated that they had received their substance abuse training at local colleges. At least 12.6% stated that they had received training on substance abuse through their places of employment. Out of the twenty-four foster parent participants, only 42% stated that they had received training through the County child welfare department. 20.2% of foster parents had received their training somewhere other than employment, through college courses, or the County child welfare department. Almost 50% of participants received their training at more than one location, such as employment and local college, or through foster parent training and local colleges.

Table 2. Where Training was Received

Variable	Frequency (N)	Percentage (%)
Local College	9	37.8 %
Employment	11	45.4 %

County Welfare Department	4	16.8%
Elsewhere	5	20.2%

Definition of Substance Abuse

Foster parents were asked what their definition of substance abuse was (See Table 3). This table shows the variables for substance abuse defined by foster parents. Foster parents were given examples of marijuana, prescription pills, methamphetamines, and alcohol, but were also encouraged to state their own meaning of substance abuse.

Of the 24 respondents, 37.8% of foster parents agreed that substances were known as marijuana, prescription pills, methamphetamines, alcohol, or other similar known substance. Eleven foster parents (45.4%) stated that substances were something other than what has been stated above. Some of these substances mentioned were any mind altering drug, any unlawful drug, any drug used in excess of normal dosage, use of any drug that affects performance, and anything that alters one's mind to the point that would lead to the inability to function correctly. Only four (16.8%) foster parents did not respond to this question.

Table 3. Definition of Substance Abuse

Variable	Frequency (N)	Percentage (%)
Marijuana, prescription pills, methamphetamines, alcohol, etc.	9	37.8 %
Other substances	11	45.4 %
Did Not Respond	4	16.8 %

Substance Abuse and Foster Youth

In Table 4, the variables of substance abuse treatment pertaining to foster youth is analyzed (See Table 4). Among these variables includes questions that were asked about whether or not the foster parents were given information on substance abuse treatment services.

Foster parents were asked if they ever had a foster youth who they believed needed substance abuse treatment, and 16.7% stated yes. Seventy-

five percent stated that they did not have any foster youth who they believed needed treatment, but 8.3% stated that this question did not apply to those foster youths they had in their care. One important factor to consider is that of those foster youth who needed substance abuse treatment, 16.7% of foster parents stated that they received treatment, while only 20.8% of those 16.7% stated that the treatment the foster youth received was helpful. 8.3% of foster youth did not receive substance abuse treatment. Seventy-five percent of foster parents did state that this question did not apply to the foster youth who they have had in their care. Of those foster youth who received treatment, 8.3% of foster parents stated that the treatment was not helpful; while 70.8% stated that this question did not apply to foster youth they have had in their care.

When asked who referred those youths who needed treatment, 12.5% of foster parents stated that their social workers were the ones who made the referrals. Only 4.2% stated these were self-referrals, referrals made by school personnel, and referrals that were made by the foster parent. Other referrals consisted of 12.5%. 66.7% of foster parents stated that this question also did not apply to the youth they have had in their care.

When it comes to whether or not foster parents had been asked if they needed assistance in finding substance abuse treatment programs, foster parents were asked a few questions. When asked if the social worker ever gave the foster parent a list of substance abuse treatment respites, only 4.2% of foster

parents stated yes, when 70.8% of responses were that the social worker never gave the foster parents a list of resources. Twenty-five percent stated that this question did not apply to them. Foster parents were asked whether their agency had asked if they needed assistance in finding substance abuse treatment, and only 8.2% had stated yes, when 66.7% stated no. Of the 24 foster parents who responded to the questionnaire, 25% stated that this question did not apply to them.

Foster parents were asked if they would know whom to call if their foster youth had come to them with substance abuse issues and 13% stated they would know whom to call, while 7% stated that they would not know whom to call. Only 16.7% stated that this question did not apply to them. Foster parents were also asked if they would be afraid or embarrassed to tell their social worker if their foster youth had substance abuse issues, and only 4.2% (1 participant) stated that they would be afraid or embarrassed. 83.3% (21 participants) of foster parents stated they would not be afraid or embarrassed, and 12.5% of responses stated that this question did not apply to them.

Table 4. Substance Abuse and Foster Youth

Variable	Frequency (N)	Percentage (%)
Have you ever had a foster youth in your home that you felt needed treatment?		
Yes	4	16.7%
No	18	75%
N/A	2	8.3%
If so, did the child get treatment?		
Yes	4	16.7%
No	2	8.3%
N/A	18	75%
If the child received substance abuse treatment, do you feel that it was helpful?		
Yes	5	20.8%
No	2	8.3%
N/A	17	70.8%

If the child received substance abuse treatment,

how were they referred for services?

Social Worker	2	12.5%
Self	1	4.2%
Foster Parent	1	4.2%
School	1	4.2%
Other	3	12.5%
N/A	16	66.7%

Has your social worker ever given you a list of
substance abuse treatment programs?

Yes	1	4.2%
No	17	70.8%
No Response	6	25%

Has the agency ever asked if you needed
assistance in finding substance abuse treatment?

Yes	2	8.2%
No	16	66.7%
No Response	6	25%

If your youth stated they had issues with substance abuse, would you be afraid or embarrassed to tell the social worker?

Yes	1	4.2%
No	20	83.3%
No Response	3	12.5%

Barriers to Obtaining Treatment

Foster parents were asked at the end of the questionnaire to express what they thought were barriers to obtaining substance abuse treatment for foster youth (See Table 5). Foster parents were given a few barriers to choose from, and were encouraged to input anything else they felt is barriers to obtaining treatment. Table 5 shows the variables and frequencies of foster parent responses.

41.7% of barriers to treatment were identified as being the lack of recognition of the problem. Lack of treatment resources was determined to be a barrier with 29.2% response. Lack of transportation had a 16.7% response rate. When asked if it was the foster child's resistance to getting treatment, 37.5% responded that this was a barrier. 16.7% of foster parents responded that it was lack of time on their part as to why the child could not get substance abuse

treatment. Concerning employment, 12.5% of foster parents stated that a barrier was due to them working either part-time or full-time. The last option that was given was lack of time for the child, whether it was due to after-school activities, school, sports, tutoring, or any other activity. 16.7% of foster parents stated this was a barrier to obtaining substance abuse treatment.

The researcher gave foster parents an opportunity to express other barriers not mentioned, and Table 5 shows the variables for these barriers. Of the 24 respondents, 10 participants (41.7%) stated that one of the barriers for substance abuse treatment was lack of recognition of the problem; 7 participants (29.2%) stated lack of resources; 4 participants (16.7%) stated lack of transportation; 9 participants (37.5%) stated it was foster child resistance to getting treatment; 4 participants (16.7%) stated it was lack of time for the foster parent; 3 participants (12.5%) stated that the foster parent works full time; 3 participants (12.5%) stated that the foster parent works part time; and 4 participants (16.7%) stated that it was lack of time for the child, such as participating in after school activities, school, sports, and tutoring.

Participants were given an opportunity to share openly what other barriers they might consider and 25% stated that it was lack of communication between the social worker, department, and foster parent. One respondent stated it was due to stigma and peer pressure, the fear of fitting in with others. Although foster parents are having these discussions with their foster youth, as mentioned in the

comments section of the questionnaire, most stated that the foster youth still do not see the risk in involving themselves in substance use. Having open communication may eliminate any need for substance abuse treatment, and catching the issue before it gets out of hand may assist in treatment.

Table 5. Barriers to Treatment

Variable	Frequency (N)	Percentage (%)
Lack of Recognition of Problem	10	41.7%
Lack of Treatment Resources	7	29.2%
Lack of Transportation	4	16.7%
Foster Child Resistance to Getting Treatment	9	37.5%
Lack of Time for Foster Parent	4	16.7%
Foster Parent Works Full-Time	3	12.5%

Foster Parent Works Part-Time	3	12.5%
Lack of Time for Child (ex: After-school activities, School, Sports, Tutoring, etc.)	4	16.7%

Summary

The above chapter discussed the results of this study and the variables and considerations to foster youth substance abuse treatment. There were no other substantial findings from the data that was collected. The results and data have shown foster parents perspectives on barriers to accessing substance abuse treatment.

CHAPTER FIVE

DISCUSSION

Introduction

The following chapter will discuss the researcher's findings, which were exposed from the questionnaire in relation to what barriers foster parents' perceptions were to barriers that interfere with obtaining substance abuse treatment for foster youth. The researcher will also hold a discussion on what limitations there were in conducting this study, and any recommendations for obtaining substance abuse treatment for foster youth, how the child welfare system can help with treatment, and suggestions for future research on this topic.

The purpose of this research project was to obtain insight from foster parents concerning barriers to substance abuse treatment for foster youth, what Child Welfare agencies, and social workers can do in an attempt to eliminate these barriers so that foster youth can receive substance abuse treatment services.

Discussion

Based on the responses given by San Bernardino County licensed foster parents, it was evident that the lack of support from County social workers and the department was a barrier to treatment services for foster youth. This information is relevant to this study because if County agencies are not working

closely with foster parents in finding substance abuse treatment for foster youth, it would mean that many foster youths are being left behind and not receiving services needed in order to overcome issues that would cause barriers for their future lives. Based on the responses in this study from foster parents, it shows that there could be a possibility of a lack of support from County agencies and personnel.

Because the amount of responses from foster parents showed that the lack of follow through and communication from their social workers and the department was an issue, it is apparent that this issue needs to be resolved in order to increase substance abuse treatment services to foster youth. If the lack of recognition of the problem continues, then treatment services will not be offered, as they should be, which means that foster youth who could truly benefit from treatment services will end up going without treatment, which could ultimately lead to harsher repercussions. Not obtaining services, as evidenced by previous research, could lead to connections to illegal activities, and involvement with law enforcement.

The researcher found it interesting that only one respondent out of the 24 stated that the school referred the youth for substance abuse treatment services. Given that schools do have on-site counselors, and staff to assist with these issues, it was interesting that more referrals did not come from school staff. Part of assisting foster youth with substance abuse treatment could be that Child

Welfare agencies, foster parents, and school personnel communicate if there are any issues that are addressed by the youth, or suspected abuse by school personnel, foster parents, or County agency social workers. If one of the main concerns from respondents was communication, open lines of communication need to be developed so that foster youth are receiving the proper services that they need.

As research was conducted, the researcher realized that questions concerning treatment facilities were not asked of respondents. Had this question been posed to foster parents, would there have been more barriers that could have been identified? Although San Bernardino County has eliminated juvenile drug court, what actual treatment services are available for foster youth? The court appointed special advocates (CASA) is an agency for the children of San Bernardino County who advocates for numerous resources that gives residents resources for any type of assistance that is needing, including contact information for Inland Valley Drug and Alcohol Recovery Services (IVRS) (CASA, 2016). Although CASA does not specifically offer services to foster youth, this agency's resources can assist foster parents in finding services that they would need in order to obtain substance abuse treatment services for their foster youth.

The Children's Network is another San Bernardino County resource that foster parents and agency personnel can utilize when searching for other resources for substance abuse treatment relevant to foster youth (San

Bernardino County, 2014). Specific to substance abuse treatment, the Children's Network has identified at least seven different resources within San Bernardino County. If County social workers or foster parents did not know of these resources, they would be underutilized.

Limitations

Limited research papers were found concerning substance abuse treatment for foster youth. Research was conducted in order to proceed with the questionnaire to gain insight that was relevant to the study. The researcher had hoped that given as many questionnaires that were dispersed, there would have been a higher response rate; however, the amount of questionnaires that were returned were sufficient enough to gain insight into barriers that foster parents felt were significant to obtaining substance abuse treatment services. Because the researcher sent questionnaires to foster parents, the use of paper questionnaires was distributed; however, if an online survey was utilized, the researcher believes the response rate would have been much higher.

Because the sample utilized for this study was strictly foster parents in San Bernardino County, there were limitations to the data that was obtained. The sample utilized was not representative to outlying counties such as Los Angeles, Riverside, and Orange County. Had the sample included these outlying counties, the response rate also could have been more significant to the purpose of the research conducted. The questionnaire was also only generated in

English only; therefore, it limited those foster parents who were bilingual in other languages to participate.

One of the strengths of this questionnaire was that although the sample size was initially large, the amount of returned questionnaires was enough for the researcher to compile a significant amount of data. If another researcher furthered the study, one suggestion would be to obtain more demographic information such as race and ethnicity of foster youth who were in the care of foster parents and geographical locations. This information may be utilized for further research on specific locations of foster parents, and which treatment services were available in certain geographic locations.

The researcher of this study should have considered asking a question that related directly to the amount of contact the foster youth's social worker had monthly; which is a requirement of state regulations. This information would have clarified further the question concerning the lack of communication between the social worker and foster parents.

Recommendations for Social Work

Practice, Policy and Research

Given the data that was collected for this study, it should be known that most foster parents believe that the lack of recognition to substance abuse problems was a factor in barriers to obtaining substance abuse treatment for foster youth. Knowing this information, a study could be conducted specifically to

where that lack of recognition occurs. Does this lack of recognition occur specifically to foster youth, social workers, or foster parents? Does the lack of recognition fall on the department? These are unknown at this point, as the researcher did not ask the respondent to clarify further on this response. Because the rate of respondents (41.7%) was significantly high, this area would be one that future researchers may want to explore.

Another area that future research can expand on is the lack of treatment resources. This area also showed a significant amount (29.2%) of responses. Had there have been more available resources concerning substance abuse treatment, would this response rate have been lower? Future research could possibly determine the amount of treatment facilities in San Bernardino County available to foster youth.

Based on the findings from this research, it would be important for Child Social Workers to know the thoughts of foster parents and to know that foster parents believe as though there is a lack of communication between the department and the foster parents. There are already policies in place that require social workers to make monthly face-to-face contacts with each of their clients. If management proposed to administration, that there needs to be a policy that requires all social workers to give each of their foster parents a resource book on substance abuse treatment, especially if the child has a history

of known substance abuse, then this would help the foster parent to get that child treatment as soon as they notice there is an issue.

There could be another County policy that mandates all foster parents to take an annual course on substance abuse, how to determine whether there is a substance use issue, and where to seek help. With these two recommendations, it is a start to better communication between foster parents and the department, and a better response rate to substance abuse treatment for foster youth. These recommendations would help with some of the barriers to substance abuse treatment for foster youth, and it is the hope of the researcher that Child Welfare departments consider this information.

Conclusions

The lack of substance abuse treatment services and the lack of communication have proven in this study to be the main barriers to obtaining substance abuse treatment services for foster youth. The study has also proven that without the lack of assistance from County social workers and foster parents, there will continue to be a need for more substance abuse treatment programs for foster youth. Foster youth are one of the most vulnerable populations in San Bernardino County, among other counties. Without the recognition of need for substance abuse treatment, county agencies and those involved in the care of these youth are failing foster youth. In order to ensure that foster youth are getting treatment services needed, all agencies and foster parents involved need

to ensure they are putting the foster youth's needs first, and continue to obtain and utilize resources that are available to them.

APPENDIX A
INFORMED CONSENT

CONSENT TO PARTICIPATE IN RESEARCH

You have been invited to participate in a research study piloted by Tiffany Harrington, a student in the Master of Social Work Program at California State University, San Bernardino. The results given from this study will be used as part of the graduation requirements in the Master of Social Work Program.

• PURPOSE OF THE STUDY

The purpose of this study is to identify what barriers, if any, you have experienced in finding substance abuse treatment for foster youth in your care either currently, or the past. Furthermore, the researcher of this study is hoping that your participation in this study will allow for solutions to come about in how to remove those barriers in order to get foster youth the substance abuse treatment that he or she needs.

• PROCEDURES

If you decide to participate in this study, you will be asked to do the following:

- Complete a survey which will take approximately 20 minutes to complete.
- Mail the completed survey and consent form to this researcher in the postage-paid envelope provided.

• POTENTIAL RISKS AND DISCOMFORTS

Any risks, discomforts, or inconveniences may be minor and are not likely to happen. If discomforts become a problem, you may discontinue your participation. You may call Dr. Erica Lizano at (909) 537-5584.

- **POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY**

It is not likely that you will benefit directly from participation in this study, but the research should help me to learn what barriers if any have been making access to substance abuse treatment for foster youth difficult, and what child welfare workers and foster parents can do together to eliminate those barriers and create solutions.

- **PAYMENT FOR PARTICIPATION**

You will not receive any payment or other compensation for participation in this study. There is also no cost to participate.

- **CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Participants will not be asked to provide any identifying information.

- **PARTICIPATION AND WITHDRAWAL**

You can choose whether or not to be in this study. If you volunteer, you may withdraw at any time without any kind of consequences. You may also refuse to answer any questions you do not wish to answer and remain in the study.

- **CONTACT**

If you have any questions about the study, please feel free to contact Dr. Erica Lizano at (909) 537-5584, or email at elizano@csusb.edu.

- **RESULTS**

If you want to receive the results of the study, please contact the Pfau Library at California State University San Bernardino after July 2016.

This is to certify that I read the above and I am at least 18 years or older.

Place an X Here

Date

APPENDIX B
QUESTIONNAIRE

**Foster Parent's Perceptions of Barriers to Accessing
Substance Abuse Treatment for Foster Youth***

Please answer the following to the best of your ability.

1. How long have you been a foster parent?
 - a. 1 - 6 mos.
 - b. 6 mos.–2 yrs.
 - c. 2 + yrs.

2. How many foster youths have you had in your care?
 - a. 0 - 5
 - b. 6 - 10
 - c. 10+

3. What is the age group of foster youth you have had in your care? (Please select all that apply.)
 - a. 0 - 5
 - b. 6 - 12
 - c. 13 - 18
 - d. 19 yrs. +

4. Have any of your foster youth been employed while placed in your home?
 - a. Yes
 - b. No

5. Have you ever received training on recognizing the signs and symptoms of substance abuse?
 - a. Yes
 - b. No

6. If you have received training, when and where did you receive your training?

7. Have you ever had foster youth in your home that you felt needed substance abuse treatment?
 - a. Yes
 - b. No

8. If so, did the child get treatment?

- a. Yes b. No

9. If not, why not?

10. If the child received substance abuse treatment, where was the treatment given?

11. If the child received substance abuse treatment, do you feel it was helpful?

- a. Yes b. No

12. If the child received substance abuse treatment, how were they referred for services?

- a. Social Worker b. Self c. Foster Parent d. School e. Other

13. Has your social worker ever given you a list of substance abuse treatment programs?

- a. Yes b. No

14. Has the agency ever asked if you needed assistance in finding substance abuse treatment?

- a. Yes b. No

15. If your foster youth came to you right now and said they needed help with substance abuse, would you know whom to call?

- a. Yes b. No

16. If your foster youth told you they had issues with substance abuse, would you be afraid or embarrassed to tell the social worker?

- a. Yes b. No

17. What is your definition of “substance abuse” (ex: marijuana, prescription pills, methamphetamines, alcohol, etc.)

18. If you believe there are barriers to obtaining substance abuse treatment for foster youth, please mark all that would apply:

Lack of recognition of problem

Lack of treatment resources

Lack of transportation

Foster child resistance to getting treatment

Lack of time for foster parent

Foster parent works full-time

Foster parent works part-time

Lack of time for child (ex: school, after-school activities, sports, tutoring, etc.)

Other:

*Developed by Tiffany Harrington

APPENDIX C
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

The study you have just completed is a research project by Tiffany Harrington, a graduate student in the Master of Social Work program at California State University San Bernardino. The study was about potential barriers foster parent caregivers face when finding substance abuse treatment for foster children living in their homes. The study was particularly interested in which barriers, if any, there are to obtaining treatment services, and what child welfare and foster parent agencies can do to eliminate or decrease those barriers in order to come up with some solutions and make treatment services readily available. Results of this study may be used to allow for those barriers to either be removed or decreased and solutions to be created.

Thank you for participating in this study. If you have any questions or concerns about this study or need any additional assistance, you may contact Assistant Professor, Erica Lizano at (909) 537-5584. If you would like to obtain a copy of the findings of the study please contact the California State University San Bernardino, John M. Pfau Library, or a San Bernardino County Child Welfare office.

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