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## SUBSTANCE ABUSE AND FAMILY REUNIFICATION: PERCEPTIONS AND POTENTIAL CONTRIBUTING FACTORS TO FAMILY REUNIFICATION

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

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

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by  
Tina MacMaster  
Ashley Odam  
June 2020

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Approved by:

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## ABSTRACT

The purpose of this study was to examine the contributing factors of family reunification (FR) according to social workers and other professionals working in child welfare. Existing research highlights the importance of the social worker's relationship with the person with substance abuse as a contributing factor to FR; however, there is little research as to what influenced the social worker and other professionals from their perspective.

A quantitative self-administered survey was distributed to social workers and professionals in San Bernardino County and Riverside County that included questions about the participant's background, experience, possible contributing factors, and influences potentially impacting family reunification in child welfare for persons with substance abuse. The participants were instructed to focus on a past case with a family involved with child welfare due to substance abuse and comparisons were made between families that did and did not reunify (n=145). By utilizing bivariate analyses and multivariate logistic regression models, the researchers were able to identify significant variables associated with self-reported family reunification.

Familiarity with the substance abuse treatment process and the social worker's belief in their clients to maintain sobriety emerged as significant contributing factors to FR suggesting that persons with substance abuse should be supported, empowered, and approached from a strengths-based perspective

by a social worker or another professional who is also knowledgeable about the substance abuse treatment process. Further research is still needed regarding what other practice approaches and substance abuse treatment options could be implemented to increase FR.

## ACKNOWLEDGEMENTS

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Lastly, we would like to thank the CSUSB School of Social Work for making our research possible.

## DEDICATION

Our hard work put into this research is humbly dedicated to the field of Child Welfare. To the passionate and caring social workers that spend many long days dedicated to ensuring children's safety. To the families who have been through the child welfare system, currently in the process, and those yet to come. May the work of social workers in child welfare always remain motivated by our Code of Ethics and displayed through strengths-based actions.

Tina MacMaster & Ashley Odam

To my friend, academic partner from the beginning 4 years ago, my ride or die, Ashley Odam, I thank you. I am grateful for the educational and personal learning experiences we have shared along the way. You are a true inspiration to me and many others. As a full-time student and 3 beautiful little boys with such character, your journey has not been an easy one, but you constantly remind me by your actions that we can do anything we put our mind to and it can all be done from a positive place. You are going to do so many amazing things as a social worker and I am blessed to be able to witness the lives you will help to change. ...and even through a Pandemic Quarantine.

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This research, my education, and career are in honor of my mother and all my siblings, my true heroes. Child welfare and family reunification impacted our lives and changed them forever. Gratefully along the way we learned that love grounds us in the family that comes abundantly in many forms.

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## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

Child welfare's mission is to ensure children's safety in the least intrusive manner. In carrying out this mission, many social workers help families due to neglect or abuse, and a high percentage of these families consist of a parent(s) who have substance abuse. For example, up to 80 percent of families who are investigated by child welfare or who have open cases are connected in some way to substance use (Bosk, Alst, & Scoyoc, 2017). Furthermore, there are lower reunification rates for children who are removed as a result of abuse or neglect related to substance use by their parent(s). The trajectory of the family reunification (FR) process for the children of these families is greatly impacted by relapse and this rate is not likely to improve unless changes are implemented, which is one of the many potential benefits of this study.

Many parents work vigilantly to accomplish all the tasks required by child welfare to reunify with their children. These requirements have extremely strict deadlines and timelines. The requirements may include drug testing, inpatient treatment, parenting and/or domestic violence classes, therapy, amongst many other obligations. These tasks are attempts to assist the parent(s) in achieving complete abstinence from drugs, improved coping skills, and reunification with their children. Due to the chronic nature of substance use, relapse occurs

following the initial treatment up to 60 percent of the time (Bosk, Alst, & Scoyoc, 2017). A relapse, whether it creates an immediate danger or harm to children, typically leads to having them removed again or not reunifying at all. With such a high percentage for potential relapse, clients would be better served if the case plan included the potentiality of relapse and what would be implemented if that were to occur. Despite the significance of the issue, very few studies had been conducted to assess professional's views on the contributing factors of family reunification for these children and families.

To reduce the number of children in foster care, the number of cases opened with child welfare, and the length of time the children who are detained remain in the foster care system, this study worked to collect data to understand the factors that contribute to family reunification. The obtained data helped to inform policy, influence practice, and change outcomes for families.

### Purpose of the Study

The purpose of this study was to investigate the perceptions of professionals as to what the contributing factors are to family reunification. Many have concerns about the number of child welfare cases and the number of children that are dependents of the states and counties as a result of the child welfare cases. Those concerned include current social work students, child welfare agencies, parents who have had child(ren) removed due to the above-mentioned circumstances, as well as the children themselves. Additionally, the

treatment centers that provide services to these clients may have many concerns, one of which could be how to assist clients with successful reunification. This is important because current trends of low reunification rates among families with a substance use are likely to continue unless more is learned about what is helping families achieve FR.

This study used a quantitative design by collecting survey responses that were distributed online and in-person to social workers and other professionals via social and professional networks. The design was appropriate to collect data from a large sample.

#### Significance of the Project for Social Work Practice

The findings of this research could contribute to social work policy related to reunification by helping inform policy and procedures within the child welfare system itself regarding helpful components to FR such as ensuring that reunification plans include a potential relapse or by allowing for the consideration of the substance abuse treatment process timeline. By doing this, it could decrease the number of open and reentry cases. It could also contribute to reducing the stigma attached to relapse by many agencies that provide services to clients with substance abuse.

The findings of this research also work to inform practice. This potentially could influence the communication within the relationship between the client and

the child welfare workers, in turn keeping children safer. If a parent were to relapse and there was a plan in place for that, rather than hiding it and possibly placing the child in danger, the parent(s) could employ the plan and move into action back to recovery or being clean and sober, sooner than later. As a result of employing an adequate case plan upon relapse, fewer children could be in the system, less system-induced trauma would be impacted on children, and there could be an increased number of reunification rates or decreased number of re-removals.

This study contributes to social work research. To accomplish a higher reunification rate for children who are removed from parent(s) due to abuse and neglect provoked by the parental substance use, an increase of knowledge about the issue and the contributing factors to successful family reunification is required. This study accomplishes this by adding what social workers and other professionals, who work with child welfare clients, perceive as the contributing factors to family reunification after children are detained due to substance abuse.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This literature review discussed the national prevalence rate and targeted population for parents with substance abuse and their involvement in child welfare. At the local level, the allegation type and quantity of case outcomes are compared between Riverside County and San Bernardino County. The literature review discussed the problem with unsuccessful reunifications, interventions, and approaches being used, possible contributing factors of reunification, the social worker's perception, and the Structured Decision Making (SDM) tool.

#### Families with Substance Abuse in Child Welfare

Bosk, Alst, and Scoyoc (2017) conceptualized the contradiction between the different ideas about substance use that may be affecting clients of the child welfare system. The researchers reported that the United States of America, along with various other countries such as England, Canada, and Western Australia, had a high percentage of child welfare cases that had substance abuse as part of the problem of focus. This is important because there is some evidence that families struggling with substance abuse have lower reunification rates. For example, Huang and Ryan (2011) found that there was almost a 20 percent reunification rate difference between substance abuse involved families

and other families (Huang & Ryan, 2011) Lower reunification rates for these specific families expresses there is a gap in services which can lead to a higher rate of children left in the system and for longer periods. The study done by Correia (2013) supports this as it indicated that 31 percent of out-of-home placements were a result of substance use among the children's parents and these parents were likely to lose custody of their children (Correia, 2013).

From the University of Berkeley database, information was reported about the number of case closures in the child welfare system within every county of California for the year of 2018, as well as the reason for the case closure. The cases must meet the requirement of having a case open for eight days or more, leaving a reporting gap of those opened for 79 days or less (Webster et al., 2019). The findings display San Bernardino County as having 117 court-ordered terminations and 490 reunifications for the year of 2018. On the other hand, Riverside County was founded to have 158 court-ordered terminations, and 74 terminations for that same year (Webster et al., 2019). There was an interesting finding of case closures that "exceeds time limits"; with 39 for Riverside County and 8 for San Bernardino County (Webster et al, 2019). There was a total of 275 cases consisting of at least one child, but oftentimes involved multiple children per case. This data identifies the gap in the number of reunifications that were made in comparison with the number of total cases.

The University of California, Berkeley, gave a report providing statistics regarding children with one or more allegations for the year 2018. Nevertheless, each county in California is presented, along with the allegation type (Webster et al., 2019). Considering information from the Welfare Institution Codes (WIC) regarding parents using substance abuse, the research utilized focused on three allegations. These allegations included physical abuse, severe neglect, and general neglect. Riverside County showed 9,788 cases and San Bernardino County showed 7,839 cases, both due to physical abuse. Severe neglect displayed 177 cases for Riverside County, and 660 cases for San Bernardino County (Webster et al., 2019). General neglect presented with 27,028 cases for Riverside County, whereas there were 16,020 cases for San Bernardino County. More importantly, the most frequent allegations for cases with one or more allegations were general neglect, which oftentimes occurs because of substance abuse. General neglect, occurring the most, applied to Riverside County, San Bernardino County, and all other counties in California (Webster et al., 2019).

### Substance Abuse Treatment Models

There is some evidence that social workers within the child welfare system do not take into consideration the neurobiological aspect of substance use. Best (1990) indicated that a part of the problem wished to be resolved by research is in the definition of the issue rather than the findings and analysis of data. Policies

and procedures were built upon the idea that substance use was a power of will rather than a neurological illness. Some researchers propose providing a continuity of care with long term support rather than adoption and termination of parental rights (Bosk, Alst, & Scoyoc, 2017). Harm reduction strategies are a proposed approach to the issue rather than traditional abstinence only (Bosk, Alst, & Scoyoc, 2017). Harm reduction strategies are ideas focused on mitigating the negative consequences associated with substance use, not the substance itself. However, the problem with this was that the child welfare policy requires a negative drug test and complete abstinence, while harm reduction was not a strategy that supports that idea (Bosk, Alst, & Scoyoc, 2017). The last thing the article recommended as a new approach to increase reunification rates with children of parents who use substances is integrated treatment plans for parents and children, which would provide transitional services on a more personal level, such as teaching parents techniques to manage the day to day stress of parenting. This type of approach produced better outcomes and for a longer time frame.

Hanson et al. (2019) conducted a quasi-experimental study describing the risk factor prevalence for parents in child welfare as well as several targeting behaviors of substance abuse for a variety of substances that included alcohol, cocaine, cannabis, opiates, methadone, Phencyclidine, and Tobacco. This study found that family-focused relationships and practice was a contributing factor for children reunifying with parents after being removed due to substance abuse

because a family-based approach enhances engagement by addressing each person within the family system. Another component this article discussed was that substance abuse can be an intergenerational problem within the family that also needs to be addressed.

More importantly, this study introduced a new program to explore as a possible option for treatment leading to successful FR. The Family-Based Recovery (FBR) model is an in-home treatment that is utilized in Connecticut for parents with children under the age of three. Two concepts were emphasized, which included parents actively parenting while in treatment and creating a bond with their child (Hanson et al., 2019). FBR has shown to reduce the removal of children from parents with substance abuse, by providing care to the entire family while in the home. This approach allows the child and the parent to receive consistent supervision necessary for family maintenance. For some parents, maintaining primary caregiving responsibilities for their child(ren) provides additional incentive to stay abstinent from substances (Hanson et al., 2019). Although there was no known program in California like FBR in Connecticut, this research raises the question of potential factors that contribute to successful family reunification. The method of treatment for this program was impeccable and there were various tools used to observe and record symptoms, breathalyzers for testing, the Edinburgh Depression Scale, Parenting-Stress Index, Postpartum, and the Impaired Bonding Subscale.

Observing child-parent relationships and parenting classes, which parents in California that have an open case in child welfare are required to take, have provided new findings. Indeed, parenting classes are helpful; however, they do not help provide instruction on how to change behavior. Instead, the parenting classes should be based on how to build a deeper relationship with one's child and have an acknowledgment of what they are feeling (Bosk et al., 2019). The child-parent engagement was key to positive outcomes for parents with substance abuse. This suggests that a new treatment appears to be needed regarding the parenting impairment skills correlated with substance use.

#### Professionals' Views on Factors Affecting Reunification

Taking into consideration the perceptions of professionals' ideas of what contributed to a successful reunification is important to obtain a full picture of this issue. Jedwab, Chatterjee, and Shaw (2018) sampled 942 caseworkers and distributed a survey electronically in 2015 (2018). A total of 284 surveys were completed of which 83.8% were female, 52.8% were white, 40% were black, 7% identified as "other" race, and approximately 70% had a master's degree with average work experience in child welfare of 11 years (Jedwab, Chatterjee, & Shaw, 2018). The findings highlighted that the relationship between the social worker and the parent impacted the reunification process as did parent and child engagement, services provided, and connecting parents to support systems

(Jedwab, Chatterjee, & Shaw, 2018). Furthermore, they found that the availability of community services combined with the social worker's' encouragement for the client to draw on those services could significantly increase the number of successful reunifications (Jedwab, Chatterjee, & Shaw, 2018). Although these findings are important, it has the limitations of not accounting for the perspectives of other professionals working in child welfare.

Another perspective involved examining the common reunification factors involved in the family's court case. Depending on the allegation filed for the child, it determined or changed the course of the entire outcome with child welfare services. Therefore, it is important to view the petition, which type of abuse allegation was documented, the date it was filed, and whom the judge was to be able to consider all factors (Gerber et al., 2019). Furthermore, they found a relationship between the reasons for a child's removal and the amount of time the child remains in the foster care system are linked, i.e., the longer a child is in the foster care system, the lower the likelihood for FR. This would be especially true for parents with substance use due to the length of time necessary for a parent to recover from substance abuse and meet the standard for FR (Gerber et al., 2019).

Lloyd (2018) examined the reunification with mothers who used substances among 480 parents and children who had participated in a parenting program from 2008 to 2012, and her study questioned if the reunification with

mothers and fathers were different and whether socioeconomic factors contributed to the likelihood of reunification. Although this research had various limitations including its lack of diversity and missing data, the findings showed that mothers with substance abuse were less likely to reunify and that socioeconomic status had a positive association with reunification for mothers who had substance abuse (Lloyd, 2018). Although important, additional research is needed to determine the details of such contributing factors, especially from a diverse sample of social workers as well as the other professionals who participate in the client's process towards FR is necessary for a well-rounded perspective.

Studying the process by which the reunification decisions are made is critical to understanding the outcomes. Roscoe, Lery, and Chambers (2018) gathered information from referrals made between 2011 and 2015. Of the 23,271 referrals made to Family and Children's Services, the final sample size consisted of 2,488 initial referrals with risk and safety assessments (Roscoe, Lery, & Chambers, 2018). The researchers found that stigma was an implicit contribution because it created or renewed biases (Roscoe, Lery, & Chambers, 2018). The research suggested that rather than focus on what was lacking that caused the risk and harm, it was more important to spend the energy to fill the gaps by connecting clients to effective mental health resources and treatment for substance use disorder.

Lloyd and her colleagues (2019) also completed research to analyze the risk factors for reunification, guardianship, and adoption, then proceeded to complete a comparison of the findings. Their study presented the upsetting tendency of parents with substance use disorder to have greater difficulty in reunifying with the child(ren) creating a barrier to permanency for the child(ren). The sample was made up of all children who came into the child welfare system between 2005 and 2014 and tracked to the end of 2015, totaling 32,680 children (Lloyd, Akin, & Brook, 2017). The study indicated that the age of the child was an additional factor in reunification. Children who were under the age of 3 years old with parental substance abuse were less likely to reunify than the same age group without parental substance abuse. Surprisingly, older children without parental substance abuse were less likely than those with parents who had allegations of substance abuse (Lloyd, Akin, & Brook, 2017). This supported the idea that many factors contribute to successful reunification and the need for further research. The limitations to this are that some cases were followed for 273 days and some were tracked for 3,922 days (Lloyd, Akin, & Brook, 2017).

### Theories Guiding Conceptualization

The theory and model of this research focused on are attachment theory and a task-centered model. The attachment-based theory is the caregiver's ability to comfort their distressed child in a sensitive, emotional and developmentally appropriate way. According to Bowlby and Ainsworth, the

attachment-based theory was relevant to this study as it allows professionals to empower and support their client by identifying their role as a parent (Hanson, 2019). The attachment-based theory helped the understanding of how parent-child interactions can affect the progress of the parent(s) with substance use completing case plan services. Due to the Adoption and Safe Families Act of 1997, the timeline for parents to reunify with their children does not appropriately align with the timeline of substance abuse recovery at a drug treatment facility, which created conflicting goals for child welfare services and substance abuse recovery programs (Hanson, 2019). While collaboration was key to creating and working on the same goal together, it is not as utilized when compared to attachment-based treatment. Child welfare services and drug treatment facilitators redirected the parent regarding the stressors of their role within the family, as the main goal of child welfare is the child's safety and well-being provided by their caregiver. Therefore, the attachment-based theory was utilized as a positive reinforcement to help the parent(s) to fulfill their role. Family-based recovery, supported by attachment theory, was utilized as a way of preventing family reunification cases for children of parents with substance abuse and rather encouraging family maintenance (Hanson, 2019).

The task-centered model was used to give individual family members small tasks to accomplish, which helped build self-esteem for the client through empowerment. When a client breaks down a big problem or responsibility into smaller tasks, they are more likely to successfully accomplish that task. For

example, completing an inpatient substance abuse program in the case service plan may include tasks such as calling a facility, sharing history and substance use information with intake, or arranging transportation to the facility. Shared tasks amongst the family encourage communication and problem-solving (Turner, 2017). The family understood and reacted to problems at the moment when the family makes a collaborative effort in problem-solving together. In turn, problem-solving within a family system encouraged the family to understand how each person perceived the problem and find rational solutions, which improved family relationships and strengthened the parent's ability to nurture their children (Turner, 2017).

## CHAPTER THREE

### METHODS

#### Introduction

This section of the paper provides an outline of the methods utilized in the study of social workers and other professionals who work with child welfare clients as well as their perceptions of contributing factors to family reunification after removal due to substance abuse. Included in the outline is the study design, the sampling details, the collection process, and instrument used to gather data, the procedures followed, and how the protection of human subjects was implemented. Lastly, the procedures for analyzing the quantitative data are discussed.

#### Study Design

The purpose of the study was to explore the ideas of social workers and other professionals who work with families that have or have had a child welfare detention due to substance abuse. The data collected about the perceptions of these professionals, regarding the contributing factors to successful reunifications, worked to inform the practice of social workers, the policies in place that guide the process of removal and reunification, and lead to further research. The research design utilized for this study is a quantitative survey, which was a structured way of obtaining a large amount of information. The self-

administered surveys were distributed online, allowing for a larger number of participants to be reached.

There were a few limitations to this study. One of the limitations was that the information gathered through the survey can be viewed as restrictive, not allowing for ideas to be considered that were not operationally defined. Another limitation of this study was the potential pool of participants and the number of responses. Finally, the limitation of the participants' subjective understanding of the survey questions can skew the results. This limitation was brought about by a variety of understandings, participant's definitional differences, and not having the opportunity to consult with the researcher before responding to the question, as would be available through a qualitative type study. This study answered the following research question:

What do social workers and other professionals, who work with child welfare clients, perceive as the contributing factors to family reunification after children are detained due to substance abuse by a parent(s)?

### Sampling

A non-probability random sampling design was employed for this study. The sample was recruited through personal and professional circles. A total of 300 surveys were provided to potential participants with an expected completion

rate of fifty percent but resulted in a total of 145 completed surveys. The recruited participants were professionals and social workers who have worked directly with families who have or have had a child welfare case where a child or children were or are detained due to substance abuse. The rationale for the chosen sample was based on the knowledge and experience they have obtained through working directly with the clientele that the research question is focused on. The sample that was recruited included, but was not limited to, social workers, parent partners, child welfare agency supervisors and managers, and other professionals that met the criteria.

### Data Collection and Instruments

The data was collected through a self-administered survey submitted electronically using Qualtrics. The survey consists of about 30 questions (See Appendix). The questions included gathering basic and limited demographic information. A combination of fill in the blanks, close-ended questions, and Likert scaling questions were utilized. Each participant was able to employ their discretion when selecting the most appropriate predetermined options that best fit their desired answer.

The questions inquired as to the social workers and other professionals' education type and level, type of experience working with clients with a history of having their child or children removed due to substance abuse, the length of this

experience, knowledge of and beliefs about substance abuse, and a variety of client factors and the potential impact those factors on case trajectory. The survey did not take more than 30 minutes to complete.

### Procedures

An overview of the study being conducted was attached to a request for survey participation and the request was sent out via email and other online platforms. Each survey was accompanied by a consent form to be completed electronically before participating in the survey. The two research partners collected the data via the online program, Qualtrics, and the collection of data took place between the dates of February 12, 2020 to March 14, 2020.

### Protection of Human Subjects

The protection of participants was of the highest priority. The confidentiality of the participants was maintained in a variety of ways. One way was the participant was given a link to complete the survey. This allowed the self-administered survey to be answered anonymously. Within the informed consent, participants were informed of their right to not answer any question and withdraw from the study at any time without consequences. Another precaution taken was the limited amount of identifying information requested. The names, addresses, or phone numbers of participants were not requested. Each completed survey,

upon receipt, was given a number for research organization purposes only. Upon the conclusion of the study, all data collected was safely destroyed.

### Data Analysis

Upon receipt of each completed survey, a value code was assigned for each answer. The quantitative data was entered into SPSS, an analysis program historically used in social work research. The researchers analyzed the data utilizing univariate and bivariate statistics to describe the relationship between their ideas and beliefs about the contributing factors to successful family reunification after a child or children have been removed due to substance abuse. The researchers used bivariate analyses such as Pearson's correlations to identify significant variables for inclusion in a final multivariate logistic regression to examine the effect of these variables on family reunification.

### Summary

The perceptions of professionals were explored in this study. The data collected and analyzed from this study contributed to the literature for further research and informed the practice of social workers in child welfare to improve the policies and procedures that set the mandates for child welfare. The research method, the instrument used, the procedures for recruiting participants and

collecting data, as well as the way the data was analyzed, were carefully reviewed and implemented. All participants were completely voluntary and informed of their rights and how their confidentiality and privacy is protected.

## CHAPTER FOUR

### RESULTS

#### Introduction

The following chapter summarizes the results and significant findings of the quantitative analysis. The researchers collected the data from a self-administered online survey through Qualtrics, which was completed by 145 participants. The descriptive statistics present the participant's demographics, including gender, age, race, education level, and status of working with the client population. The quantitative analysis included both bivariate and multivariate analyses.

#### Descriptive Statistics

##### Participant Demographics

The participant demographics for this study are illustrated in Table 1. Of the surveyed participants that had experience with clients, 69 were professionals, such as therapist, substance abuse counselors, educators, probation officers, and foster parents. Social workers consisted of 20.7% and 11% were non-professionals which included 12-step sponsors, family, peer support, and recovery house owners. Of these participants, 66.2% had a college degree or higher, 24.8% had some college, 6.2% had no high school diploma, and 2.8% had a high school diploma/GED. Most of the participants, 59.3%, were not Title

IV-E recipients and 31% did not know what it was; however, 9.7% of the participants answered yes to have been a Title IV-E recipient.

Nearly half of the participants, 49.7%, identified as White; 26.2% identified as Latino, 14.5% identified as Black, and 9.7% identified as Asian/other. From these results, most of the participants identified as female, as they represented 92.4% of the population surveyed; 7.6% identified as male. Besides older adults, age was nearly balanced equally. From the study, 30.3% were between the ages of 36-45, 29.7% were between the ages of 23-35, 26.2% were between the ages of 46-55, and 13.8% were between the ages of 56-71.

Table 1

*Demographic Characteristics of Study Sample (n=145)*

	<b>n (%)</b>
<b>Gender</b>	
Male	11 (7.6%)
Female	134 (92.4%)
<b>Age</b>	
23-35	43 (29.7%)
36-45	44 (30.3%)
46-55	38 (26.2%)
56-71	20 (13.8%)
<b>Race</b>	
White	72 (49.7%)
Black	21 (14.5%)
Asian/Other	14 (9.7%)
Latino	38 (26.2%)
<b>Education</b>	
No High School Diploma	9 (6.2%)
High Sch Diploma/GED	4 (2.8%)
Some College	36 (24.8%)
College Degree or Higher	96 (66.2%)
<b>Title IV-E Recipient</b>	
Yes	14 (9.7%)
No	86 (59.3%)
I don't know what that is	45 (31%)
<b>Experience with Client(s)</b>	
Professional	99 (68.3%)
Social Worker	30 (20.7%)
Non-Professional	16 (11%)

Table 2 highlights the results of the various scales regarding the participants familiarity, likelihood, and influence regarding various case factors related to FR. For substance abuse, most of the participants were extremely familiar, at 71%; 22.1% were moderately familiar. Over half of the participants,

64.1%, was extremely familiar with the substance abuse treatment process; still, the survey showed 18.6% moderately familiar, 13.1% somewhat familiar. Less than half of the participants, 44.8%, reported to be extremely familiar with the child welfare process; 20.7% moderately familiar, 24.1% somewhat familiar.

Participants' responses to five different variables regarding their perceptions about persons with substance abuse are also displayed. Over half of the study's participants, 57.9%, identified that it was extremely likely that a person with substance abuse cares about their children; 29.7% responded that it was likely, 8.3% responded that it was neutral, 2.8% responded that it was unlikely, and 1.4% responded that it was extremely unlikely. 53.8% of participants perceived a person with substance use disorder to get sober as likely, 30.3% as extremely likely, 13.1% as neutral, and 2.8% as unlikely. The study showed 48.3% responded that it was likely that a person with substance use history can maintain sobriety; Still, only 46.9% of participants responded that it was likely for a person with substance abuse to reunify with their children. Furthermore, 52.4% of participants remained neutral regarding the likeliness of, if reunified, will have another child welfare case in the future.

Lastly, the participants' responses to perceptions about influences on case outcomes are also displayed. The study found parent(s) maintenance of sobriety to be perceived as 82.8% extremely influential, by the self-reported perceptions of participants in the study. Also, at 75.2%, the level of the parent(s) participation was perceived as extremely influential. The study showed that the third extremely

influential factor on case outcomes, at 62.8%, was the services parents' participated in. Of the participants, 31.7% reported they did not at all perceive the ethnicity of children as an influential factor.

Table 2

## Results of Familiarity, Likelihood, and Influence Scales (n=145)

	NF <sup>a</sup>	SF	SWF	MF	EF
Familiarity with:					
Substance Abuse	0 (0%)	1 (.7%)	9 (6.2%)	32 (22.1%)	103 (71%)
Substance Abuse Treatment	1 (.7%)	5 (3.4%)	19 (13.1%)	27 (18.6%)	93 (64.1%)
Child Welfare Process	3 (2.1%)	12 (8.3%)	35 (24.1%)	30 (20.7%)	65 (44.8%)
How likely do you think it is that a person with substance use disorder:					
	EU <sup>b</sup>	U	N	L	EL
Can get sober?	0 (0%)	4 (2.8%)	19 (13.1%)	78 (53.8%)	44 (30.3%)
Maintain sobriety?	1 (.7%)	6 (4.1%)	23 (15.9%)	70 (48.3%)	45 (31%)
Cares about their children?	2 (1.4%)	4 (2.8%)	12 (8.3%)	43 (29.7%)	84 (57.9%)
Will reunify?	0 (0%)	13 (9%)	56 (38.6%)	68 (46.9%)	8 (5.5%)
Will have another child welfare case?	2 (1.4%)	9 (6.2%)	76 (52.4%)	46 (31.7%)	12 (8.3%)
How much influence on the case outcomes do you think the following has:					
	NI <sup>c</sup>	SI	SWI	MI	EI
Another abuse/neglect case factor?	3 (2.1%)	13 (9%)	33 (22.8%)	55 (37.9%)	41 (28.3%)
The age of the children?	12 (8.3%)	12 (8.3%)	41 (28.3%)	40 (27.6%)	40 (27.6%)
Number of children?	15 (10.3%)	25 (17.2%)	40 (27.6%)	38 (26.2%)	27 (18.6%)
Parent(s) maintenance of sobriety?	0 (0%)	0 (0%)	3 (2.1%)	22 (15.2%)	120 (82.8%)
The services offered?	1 (.7%)	8 (5.5%)	16 (11%)	48 (33.1%)	72 (49.7%)
The services parents participated in?	0 (0%)	2 (1.4%)	14 (9.7%)	38 (26.2%)	91 (62.8%)
Level of participation?	1 (.7%)	2 (1.4%)	6 (4.1%)	27 (18.6%)	109 (75.2%)

Visitation?	0 (0%)	8 (5.5%)	11 (7.6%)	37 (25.5%)	89 (61.4%)
Relationship with social worker?	2 (1.4%)	5 (3.4%)	23 (15.9%)	43 (29.7%)	72 (49.7%)
Socio-economic status of parent(s)	2 (1.4%)	10 (6.9%)	36 (24.8%)	46 (31.7%)	51 (35.2%)
Parent ethnicity?	37 (25.5%)	27 (18.6%)	39 (26.9%)	24 (16.6%)	18 (12.4%)
Child ethnicity?	46 (31.7%)	30 (20.7%)	32 (22.1%)	25 (17.2%)	12 (8.3%)

Note. The counts and presented as well as the percentages in the parentheses.

<sup>a</sup>NF = Not at All Familiar, SF = Slightly Familiar, SWF = Somewhat Familiar, MF = Moderately Familiar, EF = Extremely Familiar

<sup>b</sup>EU = Extremely Unlikely, U = Unlikely, N=Neutral, L=Likely, EL=Extremely Likely

<sup>c</sup>NI = Not at All Influential, SI = Slightly Influential, SWF=Somewhat Influential, MI=Moderately Influential, EI=Extremely Influential

### Bivariate Analysis

Bivariate analyses were used to identify variables to include in the final model. From the eight variables we inputted from the first two scales, five of the variables were positively correlated with reunification as highlighted in Table 3. From the twelve variables we inputted in the last scale, only three of the variables were reported as significant as highlighted in Table 4. No demographic variables were shown as significantly associated with the self-reported family reunification.

Table 3 displays the Pearson's Correlations among the self-reported family reunification (the dependent variable) and the familiarity and likelihood scales. There was a positive correlation between Self-reported FR and Familiarity with substance abuse ( $r = .27, p < 0.01$ ) and substance abuse treatment ( $r = .39, p < 0.01$ ). Additionally, the belief that the client is likely to get sober ( $r = .25, p < 0.01$ ), maintain sobriety ( $r = .31, p < 0.01$ ), and reunify with their children ( $r = .31, p < 0.01$ ) are

positively correlated with self-reported FR. As familiarity and the belief, expressed through the likeliness scale, increased the likelihood of FR increased as well.

Table 3. Correlation Matrix between Self-reported FR and Familiarity & Likeliness

	1	2	3	4	5	6	7	8	9
1. Self-reported Fam Reunif.	1								
2. Familiarity with Sub Abuse	.27**	1							
3. Familiarity with Sub Abuse Tx	.39**	.79**	1						
4. Familiarity with Child Welfare	.09	.09	.17*	1					
5. Likely to Get Sober	.25**	.35**	.33**	.00	1				
6. Likely to Maintain Sobriety	.31**	.26**	.23**	.07	.7**	1			
7. Likely Cares about Children	.15	.18*	.20*	.05	-.4**	.30**	1		
8. Likely to reunify	.31**	.24**	.22**	-.01	.38**	.4**	.20*	1	
9. Likely to Have Another Case	-.06	-.10	.02	-.02	-.11	-.17*	-.06	-.22**	1

Note. \*\* denotes  $p \leq 0.01$  level (2-tailed); \*  $p \leq 0.05$  (2-tailed).

Table 4. Correlation Matrix between Self-reported FR and Influence Factors

	1	2	3	4	5	6	7	8	9	10	11	12
1. Self-reported Fam Reunif.	1											
2. Inf. Additional Factor	.02	1										
3. Inf. Age of Children	-.08	.06	1									
4. Inf. # of Children	.00	.13	.39**	1								
4. Inf. Sobriety Maintenance	.07	.12	.09	1								
5. Inf. Services Offered	.06	.34**	.14	.26**	1							
6. Inf. Services Parents Part. In	.06	.25**	.12	.24**	.5**	1						
7. Inf. Level of Participation	.00	.12	.10	.46**	.43**	.56**	1					
8. Inf. Visitation	.05	.14	.22**	.22**	.43**	.5**	.5**	1				
9. Inf. Parent's Relation w/SW	-.02	.19*	.28**	.26**	.32**	.34**	.37**	.45**	1			
10. Inf. Socio-economic Status	-.19*	.11	.16	.20*	.16	.22**	.29**	.18*	.4**	1		
11. Inf. Parent's Ethnicity	.28**	-.08	.23**	-.02	.01	.12	.09	.06	.07	.40**	1	
12. Inf. Children's Ethnicity	.25**	.02	.33**	-.03	.07	.07	-.01	.05	.15	.31**	.79**	1

Note. \*\* denotes  $p \leq 0.01$  level (2-tailed); \*  $p \leq 0.05$  (2-tailed). See Survey for full variable name.

Table 4 displays the Pearson's Correlations among the self-reported family reunification (the dependent variable) and the influence scale. Self-reported FR showed as positively correlated with the influence of parent's ethnicity ( $r=.28$ ,  $p<0.01$ ), and children's ethnicity ( $r=.25$ ,  $p<0.01$ ). Socio-economic status displayed a negative correlation with self-reported FR ( $r= -.39$ ,  $p < 0.01$ ); demonstrating that as the perception of the level of influence that the client's socio-economic status had on FR increased, the likelihood of FR decreased.

## Multivariate Analysis

The final model included variables that were significant in the bivariate model unless they were highly correlated with one another, which was the case for the first two familiarity questions involving substance abuse and for the last two influence questions involving ethnicity. To avoid issues with collinearity, only one was chosen. Also, no demographic variables were significantly associated with the self-reported family reunification at the bivariate level, so they were excluded from the final model.

The results of the final multivariate logistic regression showed that two variables were significantly associated with self-reported family reunification. Specifically, a one-unit increase in the scale measuring familiarity with the substance abuse treatment process was associated with increased odds of self-reported family reunification (OR = 2.30; 95% CI = 1.37, 3.87). In addition, a one unit increase in the scale measuring a professional's, social worker's, or non-professional's belief in their client's ability to maintain sobriety was associated with increased odds of self-reported family reunification (OR = 2.24; 95% CI = 1.41, 4.38)

Table 5

*The effect of the familiarity, likelihood, and influence scales on self-reported family reunification (FR)*

Participant Characteristics (n=145)	Substance Abuse Services	
	OR	95% CI
Familiarity with Substance Abuse Treatment Process	2.30**	[1.37, 3.87]
Likelihood person with substance abuse Can Maintain Sobriety?	2.24*	[1.41, 4.38]
Can reunify?	1.87	[.89, 3.93]

Influence of the following factors on FR		
Socio-economic status	.61	[.33, 1.13]
Ethnicity of parents	.650	[.42, 1.01]
Likelihood-Ratio $\chi^2$	104.86***	
Nagelkerke Pseudo R <sup>2</sup>	.425	

Note. \* = p < .05; \*\* = p < .01. See survey for full variable names.

### Summary

The sample consisted of 145 collected responses of social workers and other professionals working with child welfare clients, gathered from personal and professional circles. This research presented a bivariate analysis, which was utilized to identify any significant variables. Variables that were highly correlated with one another were not included in the final model. The multivariate analyses results showed that once other variables are controlled for, only familiarity with substance abuse treatment and the belief that a person with substance abuse could maintain sobriety emerged as significant. Both significant variables were associated with increased odds of self-reported reunification.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

The following chapter discusses the study's key findings, significant correlations, and limitations. The similarity and pattern differences of the significant results from previous studies, regarding social workers and other professionals and influential factors for case outcomes, will be discussed as well. Additionally, the chapter expresses recommendations for social work practice, policy, and research.

#### Discussion

There is a general opinion that the perceptions of social workers and other professionals who work with families that have a child welfare case have an impact on the outcomes. This study looked at the participant's familiarity, their perceptions on likelihood and potential case factors related to self-reported FR among parents dealing with substance abuse, and we found that the most influential factors affecting self-reported family reunification included familiarity with substance abuse treatment process and the belief that parents could maintain sobriety. The results suggest that the perceptions of social workers and other professionals working with families in child welfare have an impact on self-reported familial reunification, which is similar to research done by Jedwab, Chatterjee & Shaw. This highlights the importance of the relationship between the social worker and the parent, as well as the parent receiving encouragement

from the social worker impacted the family reunification, which has been found in my other studies as well (Armstrong et al., 2019).

Although the data comprised in this study is the perceptions of social workers and other professionals and does not include the child welfare administrative data, the results are not supportive of one of Huang & Ryan's findings in their 2017 study. Huang & Ryan found a significant difference in reunification rates for children 3 years old and under being less likely to reunify. Children of this age are what are commonly known as more "adoptable". Surprisingly, neither the number of children nor their age displayed a significant correlation with self-reported family reunifications in this study. Although our data cannot confirm the likelihood of substance use involvement or the age of the children reunifying, this finding might reflect that participants were only asked to think about their last case that involved substance abuse, which may have included just a few children or children from an age group that didn't affect their reunification.

This study also found that knowledge of the substance abuse treatment process was associated with self-reported family reunification. This is similar to Lloyd, Akin, & Brook's study (2017) indicating that social workers and other professionals that are not savvy to the necessary treatment for the parents' substance abuse may create a plan that does not correlate with the treatment timeline, hence creating unrealistic expectations and setting the client up to fail. Additionally, to the already noncorrelated timelines between child welfare and substance abuse treatment, programs are constantly changing the way

treatment is provided to clients due to updated research. Some of these changes are Medical Assisted Treatment, Drug Replacement Therapy, and Harm Reduction. Moreover, inpatient drug treatment funding is requiring proof of medical necessity, otherwise, the client will be referred to outpatient which is typically not acceptable by child welfare standards.

Not only does the social workers' and other professionals' familiarity with substance abuse treatment positively impact the case outcomes, the treatment process itself positively impacts family reunification. The Family-Based Recovery model in Connecticut offers a treatment option that allows for the treatment process to occur in the home when there is a child under 3 years old. The FBR model utilizes harm reduction strategies and recognizes that complete abstinence is not likely, as the parent with substance abuse may relapse. Therefore, the requirements of child welfare services may not be reasonable for a person with substance abuse in maintaining sobriety (Armstrong et al., 2019). Taken together, this suggests that social workers need to be familiar with the substance abuse treatment process as well as evidence-based programs that have been shown to be successful with families struggling with substance abuse.

There was an unanticipated result that identified the influence of ethnicity as approaching significance. This may be a result of ethnicity not actually being measured. Although we did not ask the specific ethnicity of the parent in question, data tends to show that ethnicity affects family reunification as expressed through the disproportionality of African-American, Hispanic, and Native-American children in the child welfare system (Webster et al., 2019).

## Limitations

The limitations of this study revolve around the population involved and the assessment itself. Most of the study's participants were female. A majority came from two large counties, which limited the generalizability for smaller counties. From these counties, no specific county social worker perceptions were compared to the same population; and the study did not compare social workers versus professionals. Additionally, the study asked for participants' perception, rather than actual administrative data verifying whether what they reported actually occurred. The participants self-reported FR by thinking of one case they previously had is affected by their memory of the specific details of the case, which we did not ask about. Lastly, the questions in the scales used were not from a standardized scale, which potentially affects their reliability.

## Implications

### Recommendations for Social Work Research

There were implications that future research was needed, as the study could not accurately assess actual FR rates. Future research should include child welfare data that could verify whether case factors described in this study are important in FR. Furthermore, some questions could be asked that were not included for participants to answer in the online survey; or could be phrased differently. In the survey, there are questions which could have been asked, which include: the participant's perception of substance abuse, whether it is a power of will or neurobiological illness; if the participant perceived harm reduction

as an influential factor, or what other alternative influences were believed to have an impact on reunification. The study does not identify the services or influences that helps these individuals maintain sobriety. Future research could study the perception of the client and the adult child(ren) from past cases as they may offer additional and different perspectives on what contributes to successful reunification. Although we did not ask about the type of treatment that was received, a potential confounder, future studies could look at whether treatments like Family-Based Recovery model show a decrease in the initial removal rate.

#### Recommendations for Social Work Policy & Practice

Even though it was not specified in our study, it seems that social workers believe that their clients with substance abuse can get sober; therefore, social workers must practice empowering their clients. Social workers could empower clients by becoming familiar with the substance abuse treatment process, and believing in their client's desire, ability, and willingness to overcome their substance use and maintain sobriety.

By providing detailed training about the treatment options and processes the agency's caseloads may be reduced if more clients reunify as a result of the training. The recommendation for future policy and practice are that child welfare agencies require social workers to attend an in-depth training, with respect to substance abuse treatment providers. The in-depth training would allow the social worker to effectively collaborate with other professionals intervening and providing services to the person with substance abuse, so that they could better understand the treatment process.

## Conclusion

In conclusion, the study examined the perceptions of social workers, professionals, and non-professionals, regarding parents with substance abuse in child welfare reunification cases. Findings from this study identified familiarity of the substance abuse treatment process and influence of social worker's belief in their client as significant factors in reunification. Lastly, the data suggests that further research is needed to acknowledge what substance abuse itself is perceived as, and what alternative influences or treatment approaches should be utilized for reunification to occur.



APPENDIX A  
INFORMED CONSENT

### INFORMED CONSENT

The study in which you are asked to participate is designed to examine what professionals, who work with child welfare clients, perceive as the contributing factors to family reunification after children are detained due to substance abuse by a parent(s). The study is being conducted by Tina MacMaster & Ashley Odum, MSW students under the supervision of Dr. James Simon and Dr. Janet Chang in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-Committee, California State University, San Bernardino.

**PURPOSE:** The purpose of the study is to examine what professionals, who work with child welfare clients, perceive as the contributing factors to family reunification after children are detained due to substance abuse by a parent(s).

**DESCRIPTION:** Participants will be asked of a few questions on their level of knowledge about substance abuse and treatment of substance abuse, experience working in child welfare, experience working with clients with substance abuse and child welfare cases, what they believe to be the contributing factors to successful reunification, and some demographics.

**PARTICIPATION:** Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY OR ANONYMITY:** Your responses will remain anonymous and data will be reported in group form only.

**DURATION:** It will take 10 to 15 minutes to complete the survey.

**RISKS:** There are no foreseeable risks to the participants.

**BENEFITS:** There will not be any direct benefits to the participants.

**CONTACT:** If you have any questions about this study, please feel free to contact Dr. James Simon at 909-537-7224 (email: [James.Somon@csusb.edu](mailto:James.Somon@csusb.edu)).

**RESULTS:** Results of the study can be obtained from the Pfau Library ~~ScholarWorks~~ [ScholarWorks](http://scholarworks.lib.csusb.edu) (<http://scholarworks.lib.csusb.edu>) at California State University, San Bernardino after December 2020.

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

Place an X mark here \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX B

SURVEY (CREATED BY MACMASTER AND ODAM, 2020)

Demographic Questions:

Gender:  Male  Female  Other (Please specify\_\_\_\_\_)

Age: \_\_\_\_\_

Race/Ethnicity:  African American  Asian/Pacific Islander  Caucasian/European American

Latino(a)/Hispanic  Native American  Other (Please Specify\_\_\_\_\_)

Education Level:  No High School diploma  
 High School Diploma/GED  
 Some College  
 College Degree or higher (Please specify degree(s)\_\_\_\_\_)

If you have a BASW / BSW / MSW, were you a Title IV-E recipient?  Yes  No

What is your experience working with clients who have/had child welfare cases?  
 Child Welfare Social Worker  Substance Abuse Counselor  
 Other (Please specify\_\_\_\_\_)

Have you worked with a client who was trying to reunify with their children and substance use was a primary case issue?  
 Yes  
 No

If yes, how long ago was this case?  
 0 to 6 months  
 7 to 12 months  
 More than a year  
 More than two years

If yes, did the family reunify?  
 Yes  
 No  
 Other (Please specify\_\_\_\_\_)

Please read the following questions and rate your response using the four-point Likert scale provided

1-No knowledge, 2-Poor knowledge, 3-Some knowledge, 4-Expert knowledge

How much knowledge would you say you have about the following?

Knowledge	1	2	3	4
Substance Abuse				
Substance Abuse Treatment Process				
Child Welfare Process				

Please read the following questions and rate your response using the five-point Likert scale provided

1-not at all likely, 2-slightly likely, 3-moderately likely, 4-very likely, 5-extremely likely

How likely do you think that a person with substance abuse?

Perceptions	1	2	3	4	5
Can get sober					
Can maintain their sobriety					
Care about their children					
Will reunify with their children					
If reunified, will have another child welfare case in the future					

Please read the following questions and rate your response using the five-point Likert scale provided

**1**-not at all likely, **2**-slightly likely, **3**-moderately likely, **4**-very likely, **5**-extremely likely

How likely did these factors impact the case outcome?

Case Factors	1	2	3	4	5
Another abuse or neglect factor					
Age of Children					
Number of Children					
Parent(s) Maintenance of Sobriety					
Services Offered					
Services Participated In					
Level of Participation in Services					
Visitations					
Relationship with Social Worker					
Socio-economic Status					
Ethnicity					

APPENDIX C  
INSTITUTIONAL REVIEW BOARD APPROVAL



January 17, 2020

CSUSB INSTITUTIONAL REVIEW BOARD  
Administrative/Exempt Review Determination  
Status: Determined Exempt  
IRB-PY2020-129

Ashley Ann Odum James Simon, Tina MacMaster  
CSBS - Social Work  
California State University, San Bernardino  
6600 University Parkway  
San Bernardino, California 92407

Dear Ashley Ann Odum James Simon, Tina MacMaster

Your application to use human subjects, titled "Substance Abuse and Family Reunification" has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of California State University, San Bernardino has determined that your application meets the requirements for exemption from IRB review Federal requirements under 45 CFR 46. As the researcher under the exempt category you do not have to follow the requirements under 45 CFR 46 which requires annual renewal and documentation of written informed consent which are not required for the exempt category. However, exempt status still requires you to attain consent from participants before conducting your research as needed. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or additional approvals which may be required.

Your responsibilities as the researcher/investigator reporting to the IRB Committee the following three requirements highlighted below. Please note failure of the investigator to notify the IRB of the below requirements may result in disciplinary action.

- Submit a protocol modification (change) form if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before implemented in your study to ensure the risk level to participants has not increased.
- If any unanticipated/adverse events are experienced by subjects during your research, and
- Submit a study closure through the Cayuse IRB submission system when your study has ended.

---

The protocol modification, adverse/unanticipated event, and closure forms are located in the Cayuse IRB System. If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 637-7688, by fax at (909) 637-7028, or by email at [mgillesp@csusb.edu](mailto:mgillesp@csusb.edu). Please include your application approval identification number (listed at the top) in all correspondence.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 637-7688, by fax at (909) 637-7028, or by email at [mgillesp@csusb.edu](mailto:mgillesp@csusb.edu). Please include your application approval identification number (listed at the top) in all correspondence.

Best of luck with your research.

Sincerely,

Donna Garcia

Donna Garcia, Ph.D., IRB Chair  
CSUSB Institutional Review Board

DG/MG

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## ASSIGNED RESPONSIBILITIES

This is a two-person project where authors collaborated throughout. For each section of the project, the authors took primary responsibility. The responsibilities were assigned in the manner listed below:

1. Data Collection:

Team Effort: Tina MacMaster and Ashley Odam

2. Data Entry and Analysis:

Team Effort: Tina MacMaster and Ashley Odam

3. Writing Report and Presentation of Findings:

A. Introduction and Literature

Team Effort: Tina MacMaster and Ashley Odam

B. Methods:

Team Effort: Tina MacMaster and Ashley Odam

C. Results:

Team Effort: Tina MacMaster and Ashley Odam

D. Discussion

Team Effort: Tina MacMaster and Ashley Odam