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PROTECTIVE FACTORS IN PARENTS WHO ABUSE SUBSTANCES

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PROTECTIVE FACTORS IN PARENTS WHO ABUSE SUBSTANCES

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
Natalie Garcia Ramirez
Riana Melgoza

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ABSTRACT

This research explored the social workers' perspectives of strengths and protective factors of parents who abuse substances and have history or involvement with public child welfare. The purpose of identifying protective factors in parents who abuse substances is to help mitigate safety risks for children.

The participants of the study are social service practitioners and supervisors with social service practitioner experience in public child welfare. Eight participants were sampled through purposive and convenience sampling. The researchers conducted in depth interviews with the participants to obtain qualitative data regarding their perspective of protective factors of parents who use substances. The participants were recruited with an email sent throughout a Southern California public child welfare agency and the interviews were conducted through the online platform Zoom.

Through thematic analysis techniques, it was found that there were five major protective factors identified by the participants: Support Networks, Services, Safety Plans, Socioeconomic Status, and Motivation/Willingness. It was found that these protective factors may mitigate the risks to children that arise due to parental substance abuse and are considered by public child welfare agencies as factors contributing to a determination that children can safely remain in their home of origin. This study was conducted to fill a gap in data and research specifically as it relates to the protective factors of parents who use

substances. The data resulting from this study was consistent with relating studies of the benefits of support networks and access to services in promoting the wellbeing of children. As this study resulted in saturated data that was consistent with previous studies, it can be concluded that these protective factors are a notable consideration to mitigate risks of parental substance use for children.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Parental substance abuse can have negative impacts on the parents themselves, their parenting, and ultimately on their children. Parenting while struggling with substance abuse brings risk for children that can last long into adulthood (Tedgård, Råstam, & Wirtberg, 2018). Children can be resilient despite hardships and become well-adapted socially through forming protective factors amidst parental dependency on substances (Ronel & Levy-Cahana, 2011). However, children with parents who have substance abuse disorders are more likely than other children to experience abuse and/or neglect, and the children also have higher rates of emotional and behavioral issues (Brakenhoff, Wu, & Slesnick, 2017). Furthermore, a parent's substance abuse may bring a higher risk of child abuse, greater chance of removal, and longer periods of time out of the home for children who have been removed (Huxley & Foulger, 2008). For parents with substance abuse disorder, thoughts of suicide and suicidal behavior are common (Brakenhoff et al., 2017). Additionally, parents who have experienced neglect and abuse, which is a risk for later substance abuse, may not have developed secure attachments in their childhood; therefore, it can become difficult to then develop a secure attachment with their own child (Tedgård et al., 2018).

Purpose of the Study

Even so, parents' use of substances does not necessarily indicate abusive parenting, as many who use substances have adequate parenting skills, although, the children may be exposed to a higher risk of abusive situations (Huxley & Foulger, 2008). This research shows there is a need to support parents who are struggling with substance abuse and identify protective factors that can counter the risks. The presence of protective factors, such as a positive support network, has been shown to protect against the misuse of substances for both parents and children (Huxley & Foulger, 2008). Therefore, any harm that can result from the misuse of substances may be countered by these protective factors (Huxley & Foulger, 2008). Thus, it can be beneficial to identify protective factors in parents so that potential risk factors may be reduced or moderated into a positive direction.

Drug testing within child welfare is used to determine if substance abuse is a factor in child maltreatment or abuse or if drug use is associated with child risk (SAMHSA, 2010). Drug testing may be a determining factor in removal, reunification, and termination of parental rights (SAMHSA, 2010). For these reasons, documentation is often requested in court procedure (SAMHSA, 2010). Loyd and Brook (2019) suggest that there are implications of drug testing in child welfare. Social workers are two times as likely to substantiate neglect for positive drug test results, compared to a scenario of the same parent behaviors, except with results of a negative drug test (Loyd, & Brook, 2019). Drug testing procedure

and protocol can be considered an emphasis on pathology rather than on protective factors and strengths as there are no protocols to determine protective factors of parents who abuse substances. While there is a recognized need to create individualized case plans for parents who abuse substances with evidence-based practice (Child Welfare Information Gateway, 2014), there is a lack in incorporating protective factors of parents who abuse substances to counter the risks.

Significance to Social Work

Social work acknowledges the need for empowerment and the strengths perspective in working with clients. The innate strengths within clients can be emphasized and built upon so they may be empowered to reach their goals. Supporting a client's self-esteem may help them to maintain their motivation in their recovery (Karoll, 2010). Because of the risks associated with substance abuse, not only for those struggling with it but for their children, it is important to empower clients in effort to support their recovery to eradicate the risks for children that are associated with parental substance abuse. Similarly, it is important to acknowledge the protective factors in parents who abuse substances to counter these risks. Because of the risks brought by parental substance abuse upon children, it is important to identify any possible factors such as protective factors that can promote child welfare. Therefore, through a Strength's Perspective: What are social work perspectives on protective factors in parents who abuse substances that can mitigate the safety risks for children?

CHAPTER TWO

LITERATURE REVIEW

Safety Risks: Child Abuse

Yaghoubi-Doust (2013) finds that there is a significant positive correlation between parental substance abuse and child abuse, with the group of substance abuse having a higher rate of violence consisting of neglect, physical, and mental abuse toward their children. The families had a history of substance abuse consisting of opium abuse at 74.0% of parents in the study, heroin at 6.5%, morphine at 4.3%, methamphetamine at 2.1%, and other substances at 13.1% (Yaghoubi-Doust, 2013). Yaghoubi-Doust (2013) suggests that children can have an increase in anxiety, depression, medical diagnosis, anger, and somatic symptoms from physical abuse by parents' abuse of substances.

Substance Abuse

Parental substance abuse has been found to result in an increased risk of substance abuse for their children. Prior to a study conducted by Chassin, Pitts, DeLucia, and Todd (1999), it was unclear if parental substance abuse was associated with an increased risk of substance use disorders specifically for their children. Chassin et al. (1999) found children of parents struggling with alcohol abuse were in fact, more likely to have lifelong substance use disorders and the disorders developed more quickly. However, earlier studies found data that supported this study as it was found that for children of parents who abuse alcohol, the onset of substance abuse is earlier and the risk for increased use

occurs more quickly when compared to their peers (Chassin, Curran, Hussong, & Colder, 1996). More recent studies found that for children with two parents who abused alcohol, the risk of accelerated progression to substance use disorder is also higher (Dick, 2011). It was also found that over half, 53%, of children whose parents abused alcohol had a substance use disorder in early adulthood (Dick, 2011). This is an increased risk of 28% in comparison to their peers.

Although the initial studies relating to an increased risk of substance abuse include community samples and longitudinal designs which results in broader, long-term data collection, the studies relied upon self-report measurements. Studies conducted since that explore the increased risk provide more insight into all contributing factors. Although the study conducted by Dick (2011) provides information on genetic influences, studies following may require professionals educated specifically on genetics to provide a better understanding of genetic susceptibility which was not done within this study. It should also be noted that the parental substance use has been specific to alcohol use within these studies.

Mental Health Issues

Brakenhoff et al. (2017) highlights that women in the study who abuse substances reported having more suicidal ideation than women in the general population, with the percentages standing at 21.3% compared to 3.9%. With substance abuse issues combined with suicidality in mothers, children are at risk for negative outcomes such as externalizing and internalizing depressive

symptoms and behavior problems (Brakenhoff et al., 2017). Brakenhoff et al. (2017) highlights that mothers that have a substance use disorder comorbid with suicidal ideation will have differing needs than mothers with substance use disorders. Brakenhoff et al. (2017) suggested that perhaps children of mothers with substance use disorder and suicidality will not experience the protective effects of positive parenting, since suicidal ideation can be associated with relationships that are of lower quality. The findings concluded that because of the comorbidities of substance use disorder and suicidality, interventions should differ, possibly targeting child attribution of parental care or the children's emotional connection to their mothers (Brakenhoff et al., 2017).

The limitations in Brakenhoff et al. (2017) that should be considered are that the mothers were conveniently sampled from a substance abuse facility in a Midwestern city. Also, one question was used to assess suicidal ideation from the Beck Depression Inventory that asked about direct thoughts of suicide but not about passive thoughts of suicide or desire to live (Brakenhoff et al., 2017). There is also possible inaccuracy of reporting or bias because the study utilized self-reporting measures (Brakenhoff et al., 2017). Additionally, because of the mothers' mental health and substance use, the accuracy of reporting may have been further impaired (Brakenhoff et al., 2017).

Protective Factors: Support System

Huxley and Foulger (2008) suggests that a positive support system protects children and parents from substance abuse and any harm that results from substance abuse. The support system that acts as protective factors can be intermediate and extended family, support from school, and services outside of the family (Huxley & Foulger, 2008). Huxley and Foulger (2008) notes that substance abuse by parents does not necessarily indicate child abuse. A parent that abuses substances can make adequate childcare arrangements that mitigates environmental dangers (Huxley & Foulger, 2008). The arrangements are made so that the child is not part of the substance use or witness of the substance use (Huxley & Foulger, 2008). Additionally, by removing any substances and substance paraphernalia, it will limit any access of substances or related materials for the child (Huxley & Foulger, 2008).

Access to Services

Services for parents using substances has been identified as a protective factor. Specific treatments provided to parents using substances include interventions such as family-centered treatment and mentors (Child Welfare Gateway, 2014). However, access to services may make it difficult for parents to use services and therefore benefit from them as protective factors. Parents involved with substance abuse and the child welfare system are found to commonly have gaps between their needs and services (Lin, Hedeker, Ryan, & Marsh, 2020). Furthermore, Lin, Hedeker, Ryan, and Marsh (2020) also found

that parents involved with substances who had more needs met through services were more likely to have reunification with their children. This finding further supports the identification of services to be a protective factor.

Argument for Research

The studies show protective factors to mitigate risks of parental substance abuse as they are correlated to a higher chance of reunification. Although the included studies also show various risks for children of parents who abuse substances, the majority of studies observing protective factors are specific to those in the children. The proposed research question addresses this gap in research, as it would focus on exploring the protective factors specifically of parents who abuse substances. Because the population targeted in answering the proposed research question are social workers working within the public child welfare field, the resulting research data would provide unique insight from professionals working directly with these parents.

Social Work Decision Making: Predictive Analytics

Predictive analytics within the child welfare field is used to estimate the likelihood of child maltreatment. It can also be used to determine the likelihood of other negative outcomes relating to the safety of children such as case failures. Predictive analytics has also been used to determine families that may be at risk for these negative outcomes in addition to being used in safety assessments (Russel, 2015). As aforementioned, drug tests results are considered in the use

of predictive analytics and for safety assessments as parental substance abuse has been determined to be a risk factor for child abuse.

Assessment Tools

Actuarial tools have improved risk assessment accuracy for social workers, with the Structural Decision Making (SDM) system being the most widely used actuarial tool (Cuccaro-Alamin et al., 2017). The SDM tool can be used for decision making from the public child welfare hotline to family reunification that uses risk scales based on an analysis of historical data (Cuccaro-Alamin et al., 2017). The SDM tool improves the accuracy and consistency of the assessments, and it increases efficiency of operations, and has shown to be valid for predicting recurrence of child maltreatment (Cuccaro-Alamin et al., 2017). However, actuarial tools can still be limited by statistical and operational limitations, so the implementation of predictive risk modeling (PRM) can address the limitations of actuarial tools (Cuccaro-Alamin et al., 2017). PRM is a learning model that continuously adjusts risk scores in data systems that considers prior history, while the model is regularly re-evaluated (Cuccaro-Alamin et al., 2017). Additionally, PRM implemented in public child welfare has been found to predict child death, risk and reoccurrence of child maltreatment, resilience of youth, and failed reunification (Cuccaro-Alamin et al., 2017).

Theory Guiding Conceptualization

Although all literature reviewed does not explicitly state the use of Strength's Perspective, it is a principle approach within the profession of social work. This is shown in policies or practices such as Safety Organized Practice which uses "the protective factors of caregivers to help them provide the nurturing environment that will support children" (Center for the Study of Social Policy, n.d., para 2). California also utilizes the Integrated Core Practice Model in social work. Through this model, clients are included in planning their services and treatment (California Department of Social Services, n.d.) which empowers clients and focuses on their strengths. The reviewed literature includes data such as increased self-esteem resulting in more abstinence and more access to services resulting in higher rates of reunification, which is in alignment with the Strength's Perspective. This perspective includes the belief that each individual has strengths which can be emphasized, utilized, and built upon so that the client is more empowered in their progress. The proposed research question aims to identify strengths within parents so that they may be used to mitigate risks for their children which makes the Strength's Perspective the most fitting approach in guiding this research.

CHAPTER THREE

METHODS

Introduction

In this chapter, the researchers detailed the study design, in which, qualitative research and exploratory research were used to address the research question. As well, who the study sampled, how the data was collected, and what instruments were used for the data collection. Additionally, procedures were discussed in detail on how the researchers obtained the data, along with how the researchers kept the data confidential, anonymous, and a minimal risk to the participants. Lastly, the data was processed and analyzed to identify themes within the participant's responses.

Study Design

The type of study design that best addresses the problem is a qualitative study. Since the research is limited in protective factors in parents who abuse substances, the study is an exploratory study. Exploratory research is conducted to study the strengths and protective factors of parents who abuse substances. Although there are studies regarding the strengths and protective factors of children whose parents abuse substances, as aforementioned, an exploratory approach is needed regarding the parents as there are no studies found to do so. Exploratory research primarily includes qualitative research. This contributes to

methodological weaknesses such as qualitative data that is not generalizable outside of the sample. Furthermore, qualitative data results in less participants than quantitative data as it requires more resources such as time for both the participants and researchers. However, exploratory research is advantageous on the basis of building a foundation of research for an area of research that has not yet been completed. Another advantage specific to exploratory researchers is the flexibility of this method due to its evolving nature, being that it is one of the first studies within a research gap.

Sampling

The best data source for this study are social workers from child welfare agencies who serve as carrier workers, investigative workers, intake workers, JD writers, and adoption workers who have worked alongside parents who abuse substances. Obtaining data from parents who abuse substances that are involved in public child welfare prove to be difficult. The topic is a sensitive one, in which the parents may not be comfortable disclosing information. The study conducted 8 qualitative interviews of social workers who hold a Bachelor's or Master's degree and have current or prior experience working directly with parents who abuse substances. The qualitative interviews took about 30-45 minutes.

Data Collection and Instruments

Qualitative data was collected. The interview guide utilized in the study was designed by the researchers. For reference, the interview guide questions are located under Appendix A. The qualitative research resulted in data relating to strengths or protective factors of parents who abuse substances. The first set of questions collected demographic information about the participants regarding their experience in the field of social work. General questions included the following: Can you tell me everything that comes to mind when you think of protective factors and parental substance abuse? What are the safety risks that were mitigated from protective factors? What are the factors that contribute to the Department's decision to not remove children when parents abuse substances? How at-risk are children with parents who abuse substances? What decreases this risk?

Procedures

With the permission of a public child welfare agency within Southern California, the researchers sent a recruitment email to all staff in the Children Services Division to recruit social workers such as carrier workers, investigative workers, intake workers, JD writers, and adoption workers who have worked alongside parents who abuse substances. This email provided information on the study and directed potential participants to contact the researchers to schedule an interview. Qualitative interviews were conducted using Zoom. Due to the

limitations of Covid-19, face-to-face interviews were not possible for reasons of safety. Many social workers are working from home instead of the office. Using a medium such as Zoom helped mitigate these limitations and also reached workers from various offices. To increase efficiency of time spent with the data collection, both research partners collected the data and conducted the qualitative interviews. The interviews were conducted February 2021 through March 2021. The interviews were then transcribed and analyzed upon the completion of the last interview.

Protection of Human Subjects

Before the participants participated in the interviews, they were given an informed consent document. For reference, the informed consent is located under Appendix B. The informed consent included information such as a description of risks and benefits, statement of confidentiality regarding the collection of data, statement of voluntary participation and withdrawal from the study, and contact information for questions about the study. The participants placed a mark on the signature line, with the date of the interview, to indicate an understanding of the informed consent. The researchers conducted the interviews from an empty conference room. All data and audio recordings were stored in password encrypted folders on the researchers' computers. The researchers' computers were also password protected. The researchers were the only individuals with the knowledge of the passwords. The identities of

participants were not shared with the partner agency, nor is any identifying information shared in the study's findings. In the case that a participant disclosed identifying information in a qualitative interview, it was deleted on the interview transcripts. The transcripts will be stored in the password protected files in the researchers' computers for three years. After this period of three years, the data and transcripts will be destroyed. A risk that was involved in this study, was to interview the parents in the child welfare system who have abused substances. Trauma may have arisen by interviewing the parents directly, so conducting the study from the perspective of the social worker mitigated this risk.

Data Analysis

To process the qualitative data, the responses from participants were recorded on Zoom and later transcribed by the researchers. The participants were labeled by the identification numbers 1-8. The transcripts were read and coded individually by each researcher. Themes or patterns were determined in reviewing the data by comparing what each participant shared. The researchers used thematic analysis techniques to assess the context and implications of what the participant's stated in the interview. After individually analyzing patterns and themes in the data, the researchers came together to compare the identified themes. Both the researchers identified similar themes and patterns in the data. The researchers discussed and developed each theme that recurred in the data.

Summary

The proposed research question resulted in an exploratory study which included the collection of qualitative data. Eight social workers within the field of child welfare were recruited for in-depth interviews. Emails were sent within a Southern California public child welfare agency to recruit social workers for qualitative interviews. An interview guide was completed to obtain this data which was kept anonymous to protect confidentiality. The most common responses in the data were analyzed to determine patterns or themes.

CHAPTER FOUR

RESULTS

Introduction

Through purposive and convenience sampling, the researchers were able to interview a total of 8 individuals through the recruitment of thirteen offices within a Southern California public child welfare agency. All research participants were interviewed February 2021 through March 2021. All 8 participants have worked with parents who abuse substances, and all 8 participants were employed at a child welfare agency.

Our analysis revealed five themes related to protective factors and strengths including: support networks, services, safety plan, socioeconomic status, and motivation/willingness. Additionally, mitigated risks from protective factors were identified. In this chapter, the demographics of the participants and the identified themes are detailed.

Demographics

All the research participants worked for a Southern California public child welfare agency. All interview participants had earned graduate level degrees and had worked with parents who abused substances. Three of the participants reported that they were employed as supervisors with a Southern California public child welfare agency. One of the supervisors had one month of experience in their supervisor role, along with six years of experience in the social work field.

Another supervisor had two years of experience in their supervisor role, with fifteen years of experience in the social work field. The other supervisor had five years of experience in their supervisor role, along with twenty-two years of experience in the social work field.

Four of the participants reported that they were employed as Social Service Practitioners (SSPs) with a Southern California public child welfare agency. One of the participants reported that they were employed as a group home social worker with a Southern California public child welfare agency. One of the SSPs had five or six years of experience in their role, along with eight years of experience in the social work field. Another SSP had two years of experience in their role, with sixteen or seventeen years of a previous supervisor role in social work. Another SSP had seven years of experience in their role, along with twelve years of experience in the social work field. The other SSP had eleven months of experience in their role, along with six years of experience in the social work field. The group home social worker had six years of experience in their role, along with twenty years of experience in the social work field.

Protective Factors: Support Network

A support network was identified to be a protective factor, as all eight participants identified having support from others as a protective factor for parents who abuse substances. A support network consists of individuals within a parent's life, such as family members, spouses, or friends who can offer support to the parent by helping to care for their child or children. Four of the

participants identified the parents' family members as part of their support network. Furthermore, participants explained that the support of family members often consisted of caring for the parent's children. For example, Participant 1 explained that, "having the family support network involved and informed and having the parent reach out to that support network is a huge, huge strength". A support network also consists of individuals who promote the parent's abilities to care for their children by motivating them to live free of substances and offering emotional support. Half of the participants specified that the parent's support network is a protective factor if the individuals of their support network are not using or abusing substances. This may decrease the likelihood of parental substance abuse as it decreases the parent's exposure to the substances.

Similarly, to support from other family members or friends, seven participants identified that a parent having a spouse or partner is a source of support as they can provide care for the child. Participant 7 stated that if a parent is "married to somebody that you're not using with that could be a protective factor". Five of these participants specified that the spouse or partner is a protective factor if they are not using or abusing substances as they may motivate a parent to live a substance free life.

In addition, three participants specified the parent's community as sources for support and two participants specified an Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) sponsor as part of their support network. These sources of support were explained to be a source of emotional support to the

parents. Participant 5 noted the importance of “a sponsor that can weather the storms of life,” and explained that their support network is critical and necessary for when “temptations come”. Individuals who have experienced and overcome struggling substance abuse may offer guidance as well as emotional support which may allow the parent an alternative to coping with substances.

Services

Seven participants identified that access to or engagement in services is a protective factor in parents who abuse substances. Two participants specified that a parent’s willingness to participate in or a quality level of engagement in services is a protective factor. Participant 8 explained that “their willingness, their desire to want to quit. I mean, could even to an extent be a protective factor”. Participant 1 explained that parents can also develop other protective factors through services and stated that, “protective factors can definitely be learned if they’re not there”. Services such as parenting classes, individual and group counseling, and substance abuse treatment can help a parent to learn to better cope with the stressors of life.

Safety Plan

Six participants identified a parent having or implementing a safety plan as a protective factor. This was explained to be a plan in which a member of the parent’s support network would care for a child or children in the case that a parent begins abusing substances. Four participants specified that parents leaving their child or children in the care of a family member or a sober adult

while they are abusing substances is a protective factor. Participant 1 explained that a support network is a protective factor and can also be utilized for a safety plan as a support network is “a huge preventative factor for a child's removal, because we've created a natural safety network for that child in that we want to prevent obviously any harm to happen or any neglect”. Because a safety plan aims to keep children safe, it may also include harm reduction behaviors such as parental substance abuse that does not endanger the child or put them at immediate risk for harm. Therefore, a safety plan may also include a parent abusing substances only *without* the risk of exposing their child to substance abuse or when their child does not require immediate parental care such as when they are asleep or in school. Participant 2 explained that parents using substances while their child or children were at school or asleep was a protective factor as they stated, “parents would wait until the children were asleep to use substances, even though that's not the best protective factor”. Additionally, Participant 7 stated “it would decrease the risk if you were to do it away from them”. The use of safety plans decreases the risk of harm to children by providing the parent with alternative options and support that ensure their child's or children's needs are met and that they are not exposed to substance abuse.

Socioeconomic Status

Although services are a protective factor, this may be a privilege afforded to parents with higher incomes. Participant 2 stated that clients with “larger incomes usually have more access to services” as they can afford to pay for

them. Six participants reported that the socioeconomic status of the parent can be a protective factor. Participant 5 explained, “certainly the stress of trying to pay the bills certainly can perhaps trigger relapse” which implies that contrarily, a higher socioeconomic status can be a protective factor as financial stability may decrease a parent’s stress and therefore the likelihood of substance abuse as a maladaptive coping skill. Participant 7 clarified that although “you tend to see a lot of drugs in the poorer community, but that does not necessarily mean the only poor people use drugs”. These participants explained that employment and a higher income can allow parents to have more access to services, childcare, and the opportunity to leave a community.

Motivation/Willingness

Four participants explained that a parent’s motivation, willingness, or their ability to “control” their substance abuse as a protective factor. Participant 1 identified parents being “ready for a change” and Participant 8 identified a parent’s “willingness, their desire to want to quit” as protective factors. Because a parent’s involvement with the Department may be involuntary due to substantiated allegations of child abuse, it is helpful for a parent to cooperate with the Department to ensure their child’s or children’s safety.

Mitigated Risks from Protective Factors

Mitigated risk was explained to be the risks to children that arise due to parental substance use that can be countered or decreased through protective

factors. Three of the eight participants did not identify mitigated risks. However, although Participants 1, 3, and 7 did not identify mitigated risks, they agreed that protective factors of parents who abuse substances *could* mitigate risks, specifically as it relates to child abuse. Two participants specified that protective factors could specifically mitigate neglect of children. Participant 6 explained that protective factors can mitigate the risk of neglect “because their [parents who abuse substances] daily functioning is better, so they are more protective, which leads to less neglect”. Participant 8 stated “those protective factors decrease the risk of neglect of the children”. Participant 8 also added that it decreases the risk for child welfare involvement in general. Two participants identified the risk of substance abuse in children as a risk that is mitigated by the protective factors of parents who abuse substances. Participant 4 explained that if parents who abuse substances develop healthy coping skills, “that they [parents who abuse substances] would now be modeling for the children that do not include use of substances. So, definitely in that case it could prevent early substance use by the children.” Similarly, Participant 5 explained that “if the children can see a positive lifestyle that doesn't include drug use, that hopefully they would also strive for that”. Participants 4 and 5 also specified that protective factors could mitigate the risk for unhealthy attachments in their relationships and with their peers.

Summary

This chapter reported on the demographics of the participants and themes identified by the analysis. The study identified protective factors in parents who abuse substances: support networks, services, safety plan, socioeconomic status, and motivation/willingness. Additionally, the study identified mitigated risk factors from protective factors. The five themes were identified individually through analytical coding of the transcriptions. The five main themes identified represent the protective factors that social workers in a public child welfare agency may encounter when working with parents who abuse substances.

CHAPTER FIVE

CONCLUSION

Introduction

In this chapter, the researchers discuss the results, explore the practice implications of protective factors in parents who abuse substances, and identify the relationships between the study's findings and the existing literature on protective factors in parents who abuse substances. Additionally, the study's strengths, limitations, and research implications are discussed.

Protective Factors Identified

The analysis provided five major protective factors of parents who abuse substances. Participants of the study explained that a parent's support network provides them childcare as individuals in their support network may be willing to help care for their children. Individuals who are in their support network were also explained to provide encouragement and emotional support. A parent's support network as a protective factor is also related to the protective factor of a safety plan. Participants explained that the protective factor of having a safety plan may include leaving children in the care of other trusted adults such as family members who may be part of their support network. It also includes using substances while their children are preoccupied such as during school hours or while the children are sleeping. This is consistent with the previous literature, in which Huxley and Foulger (2008) reported that a parent who abuses substances

can make adequate childcare arrangements that mitigates environmental dangers by using their support system, such as family. Huxley and Foulger (2008) found that a positive support system protects children and parents from substance abuse and any harm that results from substance abuse, using family support, support from school, and services outside of family.

Services were also identified as a protective factor, as they can help parents to develop other protective factors or strengths. Our study suggests there may be a relationship between services as a protective factor and socioeconomic status as a protective factor. It was explained by the participants that a higher income may provide a parent with access to services in addition to possibly providing access to childcare and the ability to leave a community. This is consistent with previous literature, as Lin et al. (2020) explained that it is common for parents to have a gap between their needs and services. However, if the parents were able to have their needs met through services, they were more likely to reunify with their children, supporting the identification of services to be a protective factor (Lin et al, 2020). Lastly, a parent's motivation or willingness to make positive changes was identified as a protective factor. This was also explained as the desire to stop abusing substances.

The literature review had addressed different questions than the question posed by this study. Many of the literature on protective factors reported mostly on protective factors in children whose parents use substances. Given that this is an exploratory study, there were insufficient previous literature regarding the

protective factors in parents who abuse substances; therefore, this study extends the literature on protective factors in parents who abuse substances.

Furthermore, the results from this study identified additional themes that were not identified in the literature review that included: a safety plan, socioeconomic status, and motivation/willingness from the parents as protective factors.

Practice Implications

Integration and strengthening of these protective factors may be used to mitigate the risks of parental substance abuse for children. Social work practice that implements a parent's social network, especially for these individual's potential role in a safety plan may promote a decrease of risk for children. Considering that access to services and a parent's socioeconomic status can also be considered a protective factor, it is also important to ensure that each parent is receiving necessary services such as substance abuse treatment and parenting classes. Because it was also explained that financial stress may trigger a relapse, it is important that all a parent's needs are met, and they have access to resources for food security, utility payment assistance, and affordable childcare. The use of empowerment to fortify the protective factor of a parent's motivation or will can also expand upon this strength.

These findings provided information that the studied agency takes into consideration as a parent's protective factors and strengths. Specifically, the protective factor of having a support network that can be utilized for a safety plan was identified as a contributing factor to a decision to not remove children.

Furthermore, the risk of neglect and early onset substance abuse for children were identified as risks that can be mitigated with protective factors of parents. This data shows implication of the direct result of protective factors mitigating risks for children and keeping the risk low enough for children to safely remain in their parents' care.

Research Implications

Further research may further explore the protective factors of parents who abuse substances as a mitigation of the risks of parental substance abuse on children. The perspective of parents who abuse substances may also be explored for a firsthand account of their own protective strengths and how they may be used to mitigate risks for their children. This area of research calls for information from professionals within the public child welfare system but also of the parents who abuse substances themselves as only they can provide personal insight. Information from professionals within the field has proven to be available as the participants of the study were willing to help advance research with their knowledge. With thoughtful consideration of the parents and their families, research exploring their perspective may also further advance this area of research.

Limitations of the Study

The study includes several limitations. One such limitation is that only the perspectives of social workers in a public child welfare agency were gathered.

With only this perspective, it limits the view to being one-sided when it comes to protective factors with parents involved with the child welfare system that abuse substances. Other studies in the future may want to focus on the individuals themselves that are involved in the child welfare system who abuse substances.

The study included the participation of 8 social workers who had different years of experience and roles in the field that have worked with parents who abuse substances. Another limitation is the number of participants that volunteered to be a part of the study. The sample size suggests that the findings may not be generalizable. The themes identified were based on the number of times that they were mentioned throughout the various interviews. Given the data, the responses seem to reach saturation, as many participants identified many of the same protective factors in parents who abuse substances; however, including additional participants may have led to the identification of more themes within the study. Similarly, another limitation is the limit of one county sampled for participants in this study. Only social workers from one county within Southern California public child welfare offices were recruited to gather data about protective factors in parents who abuse substances. This is only one county in the state of California and may not be representative of other locations within the country.

Given the sensitive nature of the topic, a limitation of the study may be the participant's answers to the interview questions presented. The participants may have provided the researchers with socially acceptable responses. Furthermore,

the participants may have felt insecure about the process of the interview through the platform of Zoom, as they may have been concerned with confidentiality issues. Through these concerns, the participants may have withheld the truth in their responses. Although, the amount of thematic content gained from each interview may suggest differently.

Furthermore, a final identified limitation in the study is the level of skill in the researchers who executed the research. The researchers may have asked leading follow-up questions to further the responses in the interview. However, the researchers conducted the interviews on Zoom with their cameras off to abstain from encouraging responses from participants through nods, hand gestures, or facial expressions.

Summary

The qualitative data provided by eight participants working as Social Service Practitioners or Supervisors with Social Service Practitioner experience, provided insight regarding protective factors of parents who abuse substances, the risks for children that are mitigated by these protective factors, and how these protective factors are considered by public child welfare agencies as factors contributing to a determination that children can safely remain in their home of origin. A support network, services, safety plans, socioeconomic status, and motivation or willingness were identified to be protective factors that can be utilized to promote the safety and wellbeing of children.

APPENDIX A
INSTRUMENTS

Qualitative Interview Questions:

- 1) Tell me about your role here at the agency.
 - a. How long have you worked here?
 - b. How long have you worked in this field overall?
- 2) Can you tell me everything that comes to mind when you think of protective factors and parental substance abuse?
 - a. Do you think factors such as their socioeconomic status, age, or education level, marital status can be factored into strengths?
- 3) What are the safety risks that were mitigated from protective factors?
 - a. Can these protective factors mitigate risks such as child abuse, unhealthy attachments, mental health issues, and early onset substance use?
- 4) What are the factors that contribute to the Department's decision to not remove children when parents abuse substances?
- 5) How at-risk are children with parents who abuse substances?
 - a. What decreases this risk?
- 6) Is there any other information you would like for me to know regarding protective factors in parents who abuse substances?

APPENDIX B
INFORMED CONSENT

Informed Consent

The study in which you are asked to participate is designed to examine social workers' perceptions of the strengths and protective factors in parents who abuse substances. This study is being conducted by Riana Melgoza and Natalie Ramirez, graduate students, under the supervision of Dr. Deirdre Lanesskog, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

Purpose: The purpose of the study is to examine social workers' perceptions of the strengths and protective factors in parents who abuse substances.

Description: You are being asked to complete an interview and/or survey in which you will be asked to describe your perception and knowledge in working with parents who abuse substances during your time in the field of child welfare. Specifically, you will be asked about your knowledge and perception of their strengths and protective factors.

Participation: Your participation in this study is entirely voluntary. You do not have to answer any questions that you are not willing to answer, and you can withdraw your participation at any time.

Confidentiality: Your identity and anything you disclose will be kept confidential. Only the CSUSB research team will have access to the information you provide. The audio recordings of interviews will be destroyed after transcription. Any information that may be used to identify you or clients will be redacted from transcripts. We will not inform your employer of your decision to participate in the study.

Confidentiality will only be broken if required to do so by a Judge or if you disclose you will harm yourself or others (including child abuse). Duration: The interview is expected to take 30-45 minutes.

Risks: There are no more than minimal risks to you from participating in this study, such as experiencing discomfort in answering questions. Should you experience discomfort, you may refrain from answering or you may discontinue your participation in the study without consequence.

Benefits: There will not be any direct benefits to the participants. However, the results of this study may provide insight on the strengths and protective factors of parents involved with child welfare due to their substance abuse.

Contact: If you have any questions about this study, please contact Dr. Deirdre Lanesskog at Letterhead Informed Consent Natalie Ramirez and Riana Melgoza.docx (909)537-7222 or deirdre.lanesskog@csusb.edu.

Results: Results of the study can be obtained from the Pfau Library ScholarWorks database at <http://scholarworks.lib.csusb.edu> after June 2021.

Audio Recording: Interviews will be audio-recorded with your permission and will be transcribed so that the researchers may study them.

I agree to have this interview be audio recorded: _____ YES _____ NO

I understand that I must be 18 years of age or older to participate in the study, have read and understand the consent document and agree to participate in the study.

Place an X mark here:

Date:

APPENDIX C
IRB APPROVAL LETTER



December 30, 2020

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2021-101

Deirdre Lanesskog Riana Melgoza, Natalie Ramirez
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Deirdre Lanesskog Riana Melgoza, Natalie Ramirez:

Your application to use human subjects, titled "Protective Factors in Parents Who Abuse Substances" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at <https://www.csusb.edu/academic-research>.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The

Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

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) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2021-101 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

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ASSIGNED RESPONSIBILITIES

Both researchers have contributed to the writing of the Problem Formulation, Literature Review, Methods, Results, and Conclusion. Both researchers have also contributed to the making of the surveys, informed consent form, and formatting. Additionally, the researchers worked collaboratively to collect, analyze, and report the data.