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CHILD WELFARE ASSESSMENTS AND BEST PRACTICES WHEN WORKING WITH PARENTS OF PRENATALLY EXPOSED INFANTS

Amber Todd

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CHILD WELFARE ASSESSMENTS AND BEST PRACTICES WHEN WORKING
WITH PARENTS OF PRENATALLY EXPOSED INFANTS

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
Amber Todd
August 2021

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ABSTRACT

The estimated number of children born with effects from prenatal alcohol or illicit drugs is over 600,000 per year in the United States. In 2017, California had 5,050 babies test positive at birth for substance use exposure, equating to 14 babies a day. This overwhelming epidemic is mainly placed on the shoulders of Child Welfare Agencies.

The emerging themes in the literature is that states, counties and regions are doing things drastically different from one another in terms of substance exposed infants. Some states are doing more than others, and some have established some best practice techniques, assessments and programs. However, long waitlists remain for substance abuse treatment, and more needs to be done to coordinate between agencies.

Research on this topic was done to help identify any significant contributing factors that might be hindering unbiased child welfare assessments bringing thousands of newborns into foster care unnecessarily. The evaluation of this research topic was accomplished by the gathering of qualitative data via the completion of six semi-structured interviews with a variety of child welfare social workers from three different counties in California. During the data analysis process, the important concepts that emerged from the data were indications that social workers felt they did not have enough time to properly assess and safety plan with this population and felt that parents had an uphill battle in finding and getting into treatment for their substance use disorders in a timely manner.

Another theme that emerged were the tools that child welfare social workers use to assess these situations. Most social workers in this study used Standard Decision Making tool and Circles of Support to help identify safety supports for the family. This data provides insight on the need for barriers to be removed for families struggling with substance use in order to keep families more intact and out of the child welfare system.

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CHAPTER ONE

ASSESSMENT

Introduction

Chapter one addresses the assessment and engagement part of this study. It explains the research focus and the paradigm being used to study the issue of prenatal drug exposure and the role of the child welfare social worker. It explores why the post positive paradigm is the most appropriate one for this type of research question. This chapter also explains what the literature says about the topic and how it relates to the study. Lastly, this chapter connects the research focus to the broader aspects of social work and how the research can be applied at all levels of social work's systems of practice.

Research Focus

The research focus is prenatal substance use and the role of the child welfare agency with these families. Questions that were considered when starting this research project included some of the following. Is the child welfare agency missing any opportunity to engage new parents into entering substance abuse treatment with their newborn? Is the child welfare agency doing more harm by removing these infants at birth and then encouraging the parents to enter treatment afterwards? How can you keep a newborn safely bonded to the mother when substance use during pregnancy is confirmed? What are best practices in child welfare that keep newborns safely with the mothers and/or fathers after birth? And what assessment³ tools are social workers using to

make a safety determination with this population? The results of this study can offer suggestions to the child welfare systems about potential best practice models and policies that could be implemented to improve practice in this area. Some of these questions naturally led to the research and discussion of current services and practices as well as preventative measures in place to treat this population.

A substance exposed infant (SEI) is an infant born who is affected by prenatal alcohol or illicit drug exposure while in the womb. For the purpose of this study, the illicit drugs being referred to in this study was methamphetamines, unless otherwise specified. It is estimated that over 15% of all newborns have been prenatally exposed to alcohol or drugs while in the womb (Substance Abuse and Mental Health Service Administration (SAMHSA, 2018). Exposure to drugs and alcohol has the potential to cause physical and developmental issues for the child, leaving them with both short term and long-term issues. Some of the complications can include preterm delivery, abruptio placentae, meconium staining, smaller-than-normal head size, low birthweight and disorganized behaviors after birth which can effect the central nervous system. (SAMHSA, 2018). Some things that have been associated with longer term issues include learning disabilities, hyperactivity and low IQ scores (SAMHSA, 2018).

When infants are removed from their parents, especially their mothers, due to substantiated allegations of general neglect at birth, the parents may be

offered family reunification services as one potential intervention (Child Welfare Information Gateway, 2019).

In California there is a six-month legal time frame to complete reunification services and for the parents to make behavioral changes required by the court for reunification (CWIG, 2019). Often times, these services and behavioral changes are required to be completed while the newborn is not in the care of the parents. Parents who are given reunification services may receive a minimum court ordered two visits a week for one-hour each, totaling two hours a week with their newborn child, making bonding between infant and parents very difficult. If the parents are not able to show behavioral change within the six-month timeframe, the court has the option to terminate parental rights and place the child up for adoption (CWIG, 2019)

As a social worker working for the California child welfare system, it appears that a great number of prenatally exposed infants are taken into the child welfare system without consistent assessments of the family. It seems this is a taboo topic for even the child welfare system, as social workers are afraid of the risks associated with allowing newborns to go home with parents who have tested positive for substance use or have a known history of substance use disorder. This study explored the factors associated with substance exposed infants and looked for best practices and assessments used in assessing for safety of these newborns.

Post Positive Paradigm

A post-positivist paradigm was utilized in this study. This paradigm accepts the existence of an objective reality but assumes that reality can never fully be understood because the researcher cannot remove oneself from the human experience and explore it in an objective manner (Morris, 2013). From the post positive perspective, the quantitative analysis of positivism is only a part of the whole picture. The qualitative approach of post-positivism is unique in the sense that data drives the course of the research when data is collected in the form of language rather than numbers (Morris, 2013). The researcher was committed to understanding the issue involved with substance exposed infants, the role of child welfare and current assessment practices in child welfare.

This type of study allowed the researcher to hear directly from the research subjects through interviews which is a methodology that allows the research to tell a story. (Morris, 2013). Data was collected by conducting semi-structured interviews in which child welfare social workers talked about their experiences working with families of prenatally exposed infants. While using this approach, it was essential to keep in mind that each participant's experiences were unique to themselves and their county's policy and practice. It was the researcher's responsibility to evaluate and formulate a conclusion that is based on the data collected (Morris, 2013). These personal narratives helped to formulate an objective reality that was based their unique experiences. The post positivist approach was chosen for this project because it is the most adequate approach that captures meaningful data based on first-hand experiences.

Literature Review

For this post-positivist study, the literature was seen as one part of the research and did not hold any more power than other source of data gathering (Morris, 2013). The literature review addresses things such as statistics, substance exposed infants, child welfare assessments and best practices and the availability of services to parents.

Statistical Information

The estimated number of children born with effects from prenatal alcohol or illicit drugs is over 600,000 per year in the United States (SAMHSA, 2019). In 2017, California had 5,050 babies test positive at birth for substance use exposure, equating to 14 babies a day. Experts are concerned this number is drastically under reported due to California's vague direction on drug screening. There is no mandate for California clinics or hospitals to routinely test pregnant females, leaving the testing recommendations subjective. In the last decade California Medi-cal has spent over \$111 million on hospital care for drug exposed infants (Department of Health Care Services, 2018).

It is also important to understand that an infant testing positive for substance exposure at birth starts at conception of the newborn. Mothers who stopped using when they found out they were pregnant could still have a child test positive at birth, if tested. In 2019, one County had 66% of all children brought into the child welfare system from parents struggling with substance

abuse, and 46% of these children were newborns or siblings of newborns who tested positive at birth (personal statistics, 2020).

Child Welfare Agency

When child welfare is involved with a family who has delivered a newborn and the newborn tests positive for illegal substances, the social worker is required to make decisions about whether to intervene and if so, how to intervene. Child welfare social workers should be taking into account the mother's history, motivation and pattern of substance abuse. According to a legislative review of all 51 states in 2006, research found that often times agency policy did not clearly address prenatally exposed infants, or it conflicted with best practices and decisions were made on misinformation, leaving child welfare social workers to rely on their best judgement (SAMHSA, 2019).

Many parents who enter the California child welfare system due to a substance exposed infant lose their newborn children to adoption after six months (Murphy et al. 2017). If a hospital or clinic is concerned about substance use, they will drug test the mother and the infant, and if the results are positive they will call in a child welfare referral to the hotline. Current child welfare practice in the State of California is to interview the mother and father at the hospital after the child's birth, which is typically done within 24 hours of delivery (Lee et al. 2013). The face-to-face interview consists of a global assessment, which asks the parents a wide variety of questions that includes substance use, domestic violence, housing and current support systems in place. In a number of

these cases, the mother is still under the influence or detoxing from the illicit drugs and or alcohol during this interview. The child welfare social worker encourages the mother to enter a substance abuse treatment facility; however the worker simultaneously explains to the mother that the child is being placed into protective custody and that she has the chance of the child being placed with her after completing several months of inpatient treatment (Lee et al. 2013).

In most cases the substance exposed infant is immediately placed into protective custody while an appropriate foster home can be located, whether it be with paternal or maternal relatives or an agency foster family placement. The parents of the substance exposed infant are handed a telephone number and encouraged to call for a substance abuse treatment assessment. In California, this assessment can take anywhere from 4 to 10 weeks for admittance. The parents are court ordered by a child welfare Judge to participate in treatment 4 days later at a detention hearing. In one California County that the researcher is familiar with, the court orders a minimum of two, one hour visits a week with the newborn. Typically, the visits take place at the child welfare office and a stranger is in the room supervising the parents 100% of the time.

There are limited studies on social worker assessments and or best practices when dealing with prenatally exposed infants. Although, one study in Illinois, Budde and Harden (2003) reported only 14% of SEI reunified with their parents compared to 33% of all children who were not identified as SEI.

Best Practice and Policy Consideration

In 2005-2006, the National Center on Substance Abuse and Child Welfare completed a review and analysis of State policies in order to provide some guidance to local, State and tribal governments. The goal was to get a better understanding of current policies and practice but to also identify possible opportunities and best practice policy. What they found was that each state, region, county had very different ideas about how to deal with substance abusing parents, most importantly, substance exposed infants (SAMHSA, 2016). In fact, in a National Survey of 200 Counties, 47% of the participating counties filed petitions on substance exposed newborns 41% of the time, 25% filed 75% of the time and 21% never filed petitions on this population. (SAMHSA, 2016).

In response to this review, Federal Legislature amended the Child Abuse and Treatment Act to include The Comprehensive Addiction and Recovery Act of 2016. This act gives clearer directions to help states address the effects of substance abuse disorders and prenatal substance exposure on newborns. It removed the word “illegal” substance abuse and requires a plan of safe care to include both the needs of the infant and the parent. It also requires specific data be gathered by each state (Young et al., 2016). Each state has taken a different approach to this issue, even after this law was passed. For example, Delaware implanted child welfare social workers to be co-located in hospitals in order to assist with developing plans of safe care. New York placed peer supports at doctor’s offices and hospitals to engage women in substance use disorder

treatment as a preventative measure as well as follow up after birth (Young et al., 2016).

Burlington, Virginia has incorporated a best practice approach they call CHARM Collaboration. This collaboration includes 11 organizations including the child welfare agency, medical clinics and hospitals, mental health facilities and substance abuse treatment centers across the state. The collaboration focuses on coordinating services for substance abusing mothers who are pregnant or delivered a prenatally exposed infant. They jointly develop plans for the infant and the family's safety and wellbeing, ideally prior to the birth of the child in order to reduce the number of cases Children Welfare has to be involved with (Young et al., 2016).

Rhode Island has developed A special Family Treatment Drug Court designed specifically for the families of drug- exposed infants called VIP (Young et al, 2016). The program allows mothers the opportunity to get the treatment with need while caring for their infant in order to facilitate the development of the mother-infant attachment relationship. VIP is voluntary and mothers get more comprehensive services including drug treatment, mental health treatment, and parent training. Fathers are invited to participate in VIP as well (Young, et al., 2016).

Two states (not named) have implemented Safe Harbor laws that states pregnant women will not have their child removed for seeking medical assistance and/or treatment for their substance use disorder (Young, et al., 2016). Currently

18 States consider prenatal substance use a criminal act and assault charges can be filed on the mother, leaving mothers scared to seek medical treatment and prenatal care (Practice and Policy, SAMHSA, 2016).

Substance Abuse Treatment

According to SAMHSA, 2018 California has invested in residential treatment programs for pregnant and parenting women through its own general funds, a major portion of its TANF funding, and a new tobacco tax dedicated to 0–5 early childhood programs (SAMHSA, 2018). Waiting lists for residential care for women with their infants remain significant. In a California based survey of 31 Counties in 2002, they found that only 19% of clients with children had immediate access to treatment compared to 31% of those who had no children (SAMHSA, 2018).

The emerging themes in the literature is that states, counties and regions are doing things drastically different from one another in terms of substance exposed infants. Some states are doing more than others, and some have established some best practice techniques, assessments and programs. However, long waitlists remain for substance abuse treatment, and more needs to be done to coordinate between agencies. There is very little research on reunification rates on substance exposed infants who were removed from their parents at birth.

Theoretical Framework

System theory assesses the “client-in-situation”. Utilizing systems theory as a framework, the study will show how various systems affect family’s ability to reunify just as much as the systems that are set to help the social workers effect the outcome of the families they serve. Some of the systems mentioned in this study include the individual, the family system as well as the systems that interact with them including the micro and macro systems of the child welfare agency, substance abuse programs and the medical systems. Systems theory will address how the systems are organized and set up and their impact to the mother, child and family (Bowers, 2017).

Potential Contribution to Social Work Field

The contribution this study would make to the social work field would be to better understand the services or lack of services in relation to substance abuse and child welfare policy. Research is lacking on the long-term effects of removing a newborn from its mother at birth, however, research shows that parents have a lower chance at reunification with the child, if it is removed at birth (Jones et al., 2011). This study will attempt to see how child welfare social workers assess for the safety of these newborns and what their thoughts are on how to improve the current system. The study is looking for patterns, best practices and assessment tools that can be utilized and helpful to social workers who work directly with this population.

Currently, as many as 78% of all children in this County's' foster care system can be traced back to substance abuse by one or more of the primary caretakers (Personal Statistics, 2020). It appears this county lacks an effective strategy to assess the safety of newborns being left in the care of the mother after birth, resulting in nearly 92% of all newborns testing positive for illegal substances being removed from the parents and placed into protective custody (Personal Statistics, 2020).

Foster care and substance abuse treatment are expensive and have no guarantees of success. Furthermore, studies have shown that foster care induces trauma to both the children and the parents (Jones et al., 2011). Removal of a newborn often times has immediate negative and often times irrevocable consequences for the families, including interference with the mother-infant attachment process (Murphy et al., 2017). This can have long lasting effects on the infant's emotional growth and development (Murphy et al., 2017). This research paper is aimed to streamline a system or a process to minimize the trauma to the mother and child and assess for safety with mother and child together.

Summary

This post-positivist research project focuses on substance exposed infants being removed from their parents at birth by child welfare services. It covers the effects it has on parents as well as the child. It looked at literature review and statistics involved in the reunification process for this target population. Systems

theory was explained and tied to the issue and lastly the potential contribution this research will have in the social work field moving forward was reviewed.

CHAPTER TWO

ENGAGEMENT

Introduction

This chapter discusses details about the study site, including location and who the study participants are. It describes how the researcher engages the participants and explains how the researcher prepared and carried out the study, including addressing any diversity issues that arose. Lastly this chapter discusses the role that technology played in all phases of the study.

Study Site

Two social media groups for social workers were utilized as well as the researcher's personal contacts for people in the child welfare field who have had experience working with this population. Both of these online groups are safe places for social workers to get support, find resources and ask questions about the social work field. Both groups have a combination of social workers from around the world who must have a least a Bachelor's of Social Work in order to join the group (honor system).

Engagement of Gatekeepers. The researcher utilized micro social worker skills to engage the gatekeepers at potential research sites (Morris, 2014). The researcher is a personal member of both of these social worker groups, therefore the initial contact took place with the gatekeepers via online messaging. The researcher sent a message to the host of each site with information about the

study and asked for permission to post a request for California child welfare social workers to voluntarily participate in Zoom interviews and to contact the researcher directly. Participants were not contacted directly by the researcher during the initial recruitment. The researcher explained the importance of understanding the scope of the issue and getting the social workers' concerns, thoughts and ideas as well as suggestions that would benefit the social work field. The researcher explained informed consent, privacy guidelines and confidentiality to the gatekeepers but would apply to those that chose to participate in the study.

Self-Preparation

During the research study, the researcher was prepared to address issues that arose. The researcher was flexible and ready to adapt as needed during interviews and throughout the research process. Once the key participants had been established, the researcher explained the timeframes and confidentiality issues. As the study rolled out, no unexpected issues arose.

The researcher had completed a thorough literature review in order to better understand the issues surrounding substance-exposed infants as well as Child Welfare policy around the issue. The researcher has a broad understanding of relevant information including attachment issues, substance abuse issues, substance abuse treatment and current practice in child welfare regarding newborns.

The researcher was prepared for child welfare social workers to have a wide range of opinions and suggestions regarding prenatally exposed newborns and what steps should be taken with the parents. Opinions on substance use varies greatly, but adding a developing fetus and a newborn withdrawing from the mother's substance use is another level of fear and uncertainty for most people working with this population.

Diversity Issues

There are issues of diversity that could have arisen throughout the research process (Morris 2014). It was expected that all participants would have various backgrounds including but not limited to experiences, knowledge and socio-economic differences. The research was aware of personal biases and consulted with research supervisor regarding these biases to ensure they were not altering the study.

When addressing the issue of substance abuse, especially when you are adding in the complicating factor of a newborn, it was expected that participants may be uncomfortable talking about the issue. Issues regarding age, race, ethnicity, gender, religion, ability, and sexual orientation did not arise as the researcher was expecting. The researcher asked questions about the expectations for fathers' and the answers were insignificant to the final study. Some issues of diversity did arise in the literature review. The researcher

acknowledged and respected each participants ideas as well as the unique identities of the study participants throughout the research process.

Ethical Issues

This post-positivist study had the opportunity to consider and respond to ethical issues posed by participants during the initial engagement process (Morris, 2013). Informed consent was discussed in detail, and participants were made aware of the interview's study population as well as given an estimate length of time for the interview process. Participants were informed at the start of the interview that they can skip any questions or terminate the interview at any time.

Some ethical issues the study considered were informed consent which would included confidentiality and anonymity to the best of the researcher's ability. Moral values were thought out such as doing no harm when asking sensitive questions that had the potential to cause any trauma. Community morals regarding the subject of prenatal substance exposure is often an ethical debate, and also needed some consideration and patience. The researcher considered moral values, competency values, and terminal values throughout the research project. Names were not used in the study and anonymity was considered a priority. With the use of videoconferencing, additional precautions were made to ensure confidentiality. Before recordings began, participants turned off their videos so that only audio recordings were made. The participants were named interview 1, 2, 3, etc. to further ensure confidentiality.

Political Issues

Due to the high chance of political issues arising from a child welfare system, it was important for the researcher to address the potential politics at the beginning of the study. This topic is highly sensitive and is a highly debated subject, it was expected that political issues would arise. It was important to the researcher to anticipate and assess any potential harm that may be done by the study itself prior to starting data collection (Morris, 2014). "Post-positivist studies attempt to curb the influence of their values on the research project and maintain the positivist stance that the researcher, if careful, will not affect the research setting" (Morris, 2014 p. 258). The researcher of this project is employed by a child welfare agency in California and is a child welfare social worker. It was important the researcher maintain neutrality and not present any leading questions or personal influence in the interview. Each participant was assured the purpose of the study is to find best practices, assessment tools and ideas on how to better serve this population.

The Role of Technology

Technology had a major role in conducting this study. It was first used to conduct literature review on the internet. Facebook, Facebook Messenger, and emails were all used to engage with participants and gatekeepers. Zoom teleconferencing was used to interview all participants.

Summary

Engaging gatekeepers and participants was a critical piece in completing this post positivist research project. The researcher used micro practice strategies to engage the gatekeepers and the participants. The researcher prepared for the study by doing an in-depth literature review as well as professional experience to understand the issues around prenatal substance use. Throughout the research project the researcher continually assessing cross cutting issues such as diversity, political and ethical issues that arose and worked to maintain a neutral participant.

CHAPTER THREE

IMPLEMENTATION

Introduction

This chapter focuses on the implementation of the study. It discusses things such as who the participants are, how they were selected and what sampling strategy were used and why. It also discusses how data was gathered and how it was analyzed. It concluded with a plan for termination and dissemination of the study.

Study Participants

For this study, the research participants are child welfare social workers from counties across California. Each participant chose to voluntary participate in the study and contacted the researcher directly through a social media account (Facebook). The researcher made it clear that the study was voluntary and there were no personal gains for the participants other than the contribute to the field of social work through their stories.

All participants were English speaking for the purpose of the interview, however several reported to be bilingual in Spanish and English. There was a total of seven participants ranging in ages from 20-46. Four participants described themselves as Hispanic and 3 Caucasian. Six of the participants were female and one was male. This is a good representation of gender ratio for child welfare social workers in California.

Selection of Participants

Purposive sampling was utilized for this study as this type of sampling identifies specific types of participants who have similar experiences (Morris, 2013). In this study, it was child welfare social workers who have experience working directly with the families of prenatally exposed infants. After gatekeepers of the two social media accounts approved the research project request, the researcher posted information about the study and asked for participants to contact the researcher directly if they were interested in sharing their thoughts, stories and experience. Respondents messaged the researcher to get more information and potentially set up a scheduled zoom interview. Many people expressed interest in the original post, and it even started an online discussion about the topic, however a limited number of respondents contacted the researcher.

Snowball sampling was also utilized to a small degree, as participants were encouraged to share the names of other child welfare social workers' they thought might have a similar or different opinion on the subject. The researcher is a child welfare social worker and has been a current member of this online group for several years and has benefitted from the connections and gained potential interviewees through networking.

The researcher was able to gather subjects who represent the age, experience and ethnicity of California child welfare workers, the researcher was limited to California and the sample size was small and is limited to heterosexual,

Caucasian and Hispanic workers. The study is also limited to the experience of field social workers and did not include the voices of supervisors or managers, who may have different ideas and experiences.

Data Gathering

This post-positivist study gathered data by using micro skills of engaging participants in personal interviews. The post-positivist approach assumes the researcher had already laid the foundation for data collection by doing extensive research on prenatally exposed infants in the child welfare system (Morris, 2013). While doing the literature review, the researcher started to develop and formulate some basic questions that might help in understanding the issue from a social worker perspective on substance abuse and newborns as well as what assessments and tools the participants used in decision making. The guideline questions helped to keep the interview focused and helped the researcher stay focused on facts related to the study.

Interviews

The researcher started the interviews by having a set of guideline questions. The interviews were divided into four strategies called preparation, beginnings the interview, maintaining the interview and closing (Morris, 2014). Time lengths for each of the sections varied depending on the comfort of the person being interviewed and what the prior relationship, if any was established prior to the first interview. Topics ranged from personal experiences working with substance

using mothers, self-rating knowledge of substance use disorders, substance use treatment and knowledge of assessments and tools being used.

Specific questions helped the researcher identify facts, similarities and differences in the interviews. The questions themselves were a tool for gathering data, but also a way for the researcher to generate ideas and start conversation. All questions were asked in a casual conversational style, so that a conversation ensues in a comfortable and open environment.

During the course of the interview four types of questions were used for each interview, these included throw away questions, extra questions, essential questions and probing questions. Throw away questions were used in the engagement section of the interview and when a change of topic was needed. Some of these questions included demographic information, however most were about getting to know the person being interviewed. Essential questions were asked throughout the interview and were focused on the research topic. Extra questions were similar to essential questions but reframed the essential questions to ensure the researcher was capturing the information correctly. Probing questions were used to get more information out of an interviewee's statement. Probing asked questions such as, "tell me more about that" were used several times throughout the interview.

Some questions were asked about the study participants experiences working with families struggling with substance abuse and have had their child/children removed at birth. In what capacity (daily duties) do they work with

the family or child? There were also a variety of opinion and value questions such as: What do you think about prenatal substance use? Do you think newborns should be removed from parents who used drugs while pregnant? What do you think the fathers' role in the mother using drugs is?

Knowledge questions asked such as: What local services are you familiar with that help pregnant mothers? What local policies or best practices do you think are helpful in working with this population? What tools do you use in making decisions about the newborns safety when assessing for removal? What do you think would help this issue? What could be put in place to help you better assess the situation? Background and demographic information was important data to gather because it helped to validate the diversity of the data and to ensure the widest variety of participants as possible. See questionnaire attached for more details. Cultural humility was considered throughout the interviews and the researcher adjusted based on how the interview was progressing.

After each interview, the researcher reflected on the interview, verify the accurate opinions and viewpoints on the participant and clarified to make sure the researcher had a correct understanding of their perspective. Some of the reflection work was done through journaling.

Data Recording

Interviews were recorded on a personal laptop computer via Zoom video conferencing, audio only. All participants were comfortable with this method and

agreed to be interviewed and recorded. Each interview was done as confidentially as possible. Immediately after each interview the researcher completed a reflective journal where the researcher reflected on thoughts, patterns, questions about the research and the data. Research was also recorded in a narrative journal that recorded everything the researcher was doing including data gathering.

Data Analysis

The evaluation phase of the research project is an important process because it is where the qualitative data begins to take shape and starts to form the research into findings. Before evaluation phase took place the researcher organized, reflected on and analyzed the data. According to Morris (2013), data collection and data analysis are entwined in the post-positivist research process. What is discovered during the analysis dictates how the researcher will gather additional data (Morris, 2013).

The constant comparison method was utilized to analyze the data. Open coding was then used to assist the researcher in separating the units into categories as well as finding common ground between emerging themes in the individual data. The data was dissected and placed into units. The researcher looked for emerging themes in the data so that they can be listed in categories (Glaser, 2008).

After each interview was completed, it was analyzed using a bottom-up approach via open coding, by means of categories that were used to group

similar units. Further analysis through open coding created categorical data which linked information to similar themes aimed at analyzing similarities and categorizing them together. Categories were continuously refined until a theory was developed (Glaser, 2008).

Summary

The participants in this study were Child Welfare Social Workers who work with prenatally exposed infants. The participants were identified using purposive sampling and snowballing sampling to ensure a diverse as possible opinions and backgrounds. A qualitative “top-down” approach was used along with the constant comparative method to analyze the data. The researcher gathered data through personal interviews completed through zoom teleconferencing. Data review was utilized through narrative and reflective journaling to keep records, thoughts, questions and reflections. Once the data was gathered the researcher analyzed the data and wrote up the findings. The researcher concluded the study by contacting all of the social workers and notifying them as to where the study could be found once approved and posted.

CHAPTER FOUR

EVALUATION

Introduction

This chapter illustrates the findings of this research project. It describes the interviewing process, participant demographics and an explanation of the themes noted in the data analysis (Morris, 2013). The themes described include barriers that social workers encountered while assessing for safety of prenatally exposed infants, safety factors they identified to help keep the infant with the family and lastly, tools used to assist social workers in the decision making process. The final section includes a discussion on the limitations of the findings, and how the data can be utilized to assist future policy and practice in the child welfare sector.

Data Analysis

Data Collection

The data was collected through virtual interviews where participants were given consent forms and a detailed explanation of the study. All participants agreed to the interview being recorded and had the opportunity to ask questions before the recording began. All participants were instructed they could choose to not answer a specific question or to terminate the interview at any time. The interview started with the researcher gathering demographic information, and a series of open-ended questions followed (See Appendix A). The open-ended

questions were focused on obtaining information on the participant's experiences about working with families of prenatally exposed infants.

The interviews were all completed virtual via the Zoom platform. This platform allowed the researcher to digitally record the interview's audio on a computer. Afterwards the audio was transcribed into a word document. The transcriptions were then analyzed and reviewed for any errors in the transcription process. The word document containing the transcriptions was edited to remove identifying information and was saved into a password-secured Microsoft Word file (Morris, 2013). This process was duplicated with each subsequent interview.

Data analysis started during the interview process as notes were taken during the interview. As interviews progressed some changes were made to the questions to help better guide the interviews and to clarify some of the questions that were being asked. An in-depth analysis was conducted immediately after each interview was concluded. The researcher used open-coding processing to assist in analyzing the data and locating emerging themes.

Study Participants

All participants were English speaking for the purpose of the interview, however several are bilingual in Spanish and English. There was a total of seven participants that represented three Counties in California. Their ages ranged from 20 to 46. Four participants described themselves as Hispanic and three Caucasian. Six of the participants were female and one was male. Three of the participants highest level of education was a bachelor degree and five had

Masters in Social Work degrees. Their child welfare experience ranged from three and a half years to five years. Three declared they were married and four not married. Three identified with having had children and four did not.

Table 1. Demographic Information of Study Participants

	Gender	Ethnicity	Age	Highest Level of Education	Years of experience in CW	Married Single Divorced	Children?
Interview 1	female	Hispanic	42	BA	3.5	Divorced	Yes
Interview 2	female	Hispanic	21	BA	4.5	Single	No
Interview 3	female	Hispanic	46	MSW	4	Single	Yes
Interview 4	male	Caucasian	40	BA	4	Single	No
Interview 5	female	Hispanic	29	MSW	5	Married	No
Interview 6	female	Caucasian	34	MSW	4	Single	No
Interview 7	female	Caucasian	42	MSW	4.5	Married	Yes

Data Interpretation

The data findings were interpreted based on the initial research questions; “Is the child welfare agency missing any opportunity to engage new parents into entering substance abuse treatment with their newborn? Is it possible to keep a newborn safely bonded to the mother when substance use during pregnancy is confirmed? What are best practices in child welfare that keep newborns safely with the mothers and/or fathers after birth? And what assessment tools are social workers using to make a safety determination with this population? Interpretation was done through evaluating the social workers experiences, thoughts and ideas for how to decrease the number of prenatally exposed infants that are removed at birth from their parents.

Barriers for Social Workers

The most common theme found in this study was the child welfare social workers timeline for making an assessment. Six out of the seven participants mentioned having a small window of time to make an assessment due to the hospital wanting to discharge the mother and child so quickly after the birth. Discharge typically is 24-48 hours after birth, depending on how well the mother and or child are doing. This leaves the social workers with limited time to assess the situation and make a decision. This is a unique issue for this population, as other referrals have unspecified amount of time to safety plan, assess, re-assess, have mappings, have multi-disciplinary team meetings and investigate further. This barrier is best described by Interviewee seven stating the following:

Timing is an issue for us, we have maybe 1-2 days to do a complete assessment and a lot of times the parents are still actively high or the mother is detoxing and in no shape to be answering our intense and invasive questions. It's actually kinda sad, because a lot of times they are labeled as uncooperative or problematic because they can't have an open conversation with us in the time allotted after the birth. I think if we had more time, like our other referrals where we can talk to collaterals, have Child and Family Team Meetings, and maybe even give the parents a chance to bond with the newborn we would see different results.

(Interview 7, 2021).

Interview number two also discussed the barrier of time for the social worker to properly assess and gave a personal example of not only the social worker time constraints when working with a mother who is still in the hospital after giving birth but the time constraints for other systems in place that cause further barriers.

I run into a lot of problems if I'm going out on a Thursday for a 24 hour (referral) and the baby is scheduled to be released on Friday or Saturday and mom can even get her assessment (substance use treatment) till Tuesday. We need more time, twenty-four hour isn't enough to safety plan or even properly assess, we also need a lot more time to try to get these parents into treatment (Interview 2, 2021).

Interview 4 discussed their decisions making process based on the time constraints.

We have so little time often to make these decisions, you're not making these decisions over the course of weeks or months. You're making the decision within 72 hours or often times less, which is one of the reasons we detain babies so much. Time frames are a real hinderance. You're often having to make a decision whether or not to put a hold on the child in a day or two, which means you're going to probably take the most conservative approach that you'd rather be wrong about (interview 4, 2021).

Barriers for Families

The participants in this study reported several barriers for families with substance use disorders including but not limited to lack of housing, wait times to enter treatment, bureaucratic process, lack of local providers and mental health issues. The most common theme mentioned when working with the parents of newborns was the lack of stable housing and unaddressed mental health issues and the difficult process of accessing services.

Interview 2 described a recent investigation where she made a decision to detain the newborn based on a homeless parent.

So, I had a mother who, again, was actively using methamphetamines, she was homeless on the streets, had lost all disconnection from family members, friends and really had no support when we met with her. I think

housing is a really big issues for a lot of families that we come into. I mean, I'm not saying every family that I've dealt with this homeless, but a majority of them, you know, that are using on the streets are homeless.

(Interview 2, 2021)

Where interview 7 describes the difficult bureaucratic process as well as the emotional impact of entering treatment without their infant after giving birth and portrays the helplessness that a lot of parents must go through.

Think about all the barriers that parent has to go through at that point in their life, it's going to be overwhelming for them to get into treatment immediately after giving birth and usually without a lot of support. The paperwork and all the assessments and interviews. It's got to be scary and they may not be 100% ready to get clean so it would be easy to give up. It's hard (as a social worker) to be like "we're going to separate you. We're not going to let the baby go to treatment with you, even though treatment with your newborn is available. But we still expect you to go to treatment" even though we know we are hindering their bonding.

(Interview 7, 2021)

Interview 3 also describes the difficult process that parents are expected to go through with little to no help.

The programs that we have available require a person to be able, ready and willing to. Like jump through major hoops to get help. I think that's an obstacle. So if a person says, I, I want to stop using drugs, it's very, very

hard. They have to go through a lot to get help. So, the people that are getting help are the people that either have somebody sitting there with them, making them do it, or it's someone that has already gone through the process. They need to be physically and mentally capable of making the calls and getting to the assessment and taking care of business. They basically have to have no other barriers, other than drug use. A lot of clients are not at the point of being able to do a lot of these things alone. so I think that hurts people (Interview 3, 2021).

Interview 7 talked about the barriers to getting into treatment because of the lack of providers. Interview 7 stated, "I don't think there's enough treatment programs, like the services that are provided. We don't have enough of them. The wait times for treatment and even assessments are way too long." (Interview 7, 2021). Interview 5 supported the argument of lack of services as well as the difficult bureaucratic process for parents by stating,

It's a lot of unaddressed mental health that ends up being treated by them with the use of substances, that's common also just the resources that are available and the service providers. And also just overall, I think at least here, my experience in this county is there's not that many service providers that accept Medicare, which is what most families are on. And there's just not enough facilities or beds, and sometimes the requirements are very counterproductive as sometimes there are some places that won't

take you unless you're under the influence and then there's some that won't take you if you're medicated. If you're being medicated with certain medication to address the substance abuse and or mental health stuff, you can't even get into some treatment programs. (Interview 5, 2021).

Social workers in this study reported on the difficulty of dealing with mental health issues for parents who have substance use disorder and the lack of resources for the parents to access. Interview 1 summed this issue up in their statement.

We have we have treatment programs, you know, for drug and alcohol, and maybe the child can go with them when they get released and a lot of times they can't. What we don't have is mental health facilities that have programs for new moms that are dual diagnosis. I can do the best job possible, I can be the most experienced, I can have the best team. But if there's no resource for this parent to go to or to receive the type of service they need, it's useless (Interview 1, 2021).

Number 4 also gives a great example of what this looks like in the field.

housing instability, arrests or other concurrent drug or alcohol use is a major concern. I had a 19 year old mother recently who had a significant history of mental health and associated methamphetamine use. She also had an active warrant for her arrest during the investigation. The hospital had released her and the newborn prior to the test results coming in positive and making a referral. I worked with her for a few days and

realized she had significant mental health issues and we removed at the office when the child was 8 days old. She did have physician support for medication and follow-ups, but when we contacted the physician, it appeared that she had kind of started that plan, but then left services had a history of sort of having manic moments where she was going to do everything and made all the plans and did all the paperwork and got everything set up that then she would have periods where she would disappear and not participate. She was taking some strong medication prior to becoming pregnant for Schizophrenic like elements and some mood instability, and after she delivered the baby in that particular medical trauma that it is, she kind of held it together for a day or two. But then we began to see real evidence of the fact that she had some delusional aspects and some severe mood impacts which impacted her ability to participate in the safety plan to a degree that she needed to be the primary caregiver of the child. We determine basically that she needed a period of sobriety, consistent mental health treatment to get her to a baseline to see where she was at because she did not appear capable. It appeared that she was self-medicating because she wasn't able to take her psychotropic medication during her pregnancy but she couldn't go into substance abuse treatment on the psychotropic medication, so it was a no win situation for her and the newborn (Interview 4, 2021).

Safety Factors

Several factors were identified as safety factors for social workers that seemed to help them to make better assessments and consider leaving the child in the care of the parents. These included a strong support network, being enrolled in substance use treatment prior to the birth and being open, honest, cooperative and ready to address their substance use through professional assistance. Each of the participants gave examples of what they look for when making safety determinations on infants who have been prenatally exposed to substances. Interview 1 gave the following example.

So we engaged the support network and all that, that mom could only leave the city center (Transitional Living Center) with the kids if someone from her support network was there....it was a lot for the support network, they really stepped up, and I'm not saying that that's what they would have to do. It wouldn't go as far to say that mom would have to move in or a support network person would have to move in, but just like that kind of level of commitment from the support network changes the game (Interview 1, 2021).

Interview 2 discussed and gave a great example of successful case where she did not detain the substance exposed newborn and she contributes this decision to the support network.

The mom, when I met with her was actually from Oregon, had only been in town for about seventy two hours and was homeless in Oregon

and actively using methamphetamines. Her family brought her to Ventura County and as soon as she got to the county, she had already contacted prototypes to get into an inpatient program. She also had already applied for Medi-Cal in California so that she could go to the program. So when I got out there, both urine screens were positive, the umbilical cord was pending and mom already had things lined up and she had support from her paternal family members. One family member was bedside with her until she was going to be discharged and entering treatment. The family had come up with this plan and I was comfortable leaving the newborn with mom and her support network (Interview 2, 2021).

Interview 3 also supported this idea but stating, “It helps when the parents are living with other adults in the home that are safe and sober.” They went on to state that they consider a safety factor when,

Parents that are willing to follow through like, to call right away and try to get into like prototypes or tender life, they're willing to get into a program so that they can keep their child safe. We can work on their sobriety at the same time. I think the clients that are really highly motivated to keep their baby with them and are willing to, like, follow through with the referrals that we give to them, that really helps (Interview 3, 2021).

Interview 4 concurs with the other participants and adds the importance of parents being open and honest about their addiction to the support network by stating

They had a plan for their support and safety, individuals, family, whatever, who were going to provide that support for the child to ensure its ongoing safety and ensuring that the mother and father were executing their plan for keeping a child safe. The biggest outcome changer is the parent being direct with their support network and getting as many of those support networks on board. And it doesn't matter if they don't have to be perfect people or anything like that, but we can change outcomes with support network even in pretty severe cases. Parents being able to be honest and say, I'm going to tell everybody what's going on and bring in everybody to the table (Interview 4 2021).

Assessment Tools

The most common assessment tools identified in this study included the use of Circles of Support, Standard Decision Making (SDM) and open-ended questions.

Standard Decision Making (SDM) The SDM handbook, which is an online tool for social workers to use in order to help calculate safety and risk has a defined section for drug and alcohol exposed infants. The definitions used to determine safety and risk for this population is listed below.

SECTION 1: SAFETY THREATS

1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:

Drug/alcohol-exposed infant.

“There is evidence that the mother used alcohol or other drugs during pregnancy AND this has created imminent danger to the infant.

» Indicators of drug use during pregnancy include: drugs found in the mother’s or child’s system, mother’s self-report, diagnosed as high-risk pregnancy due to drug use, efforts on mother’s part to avoid toxicology testing, withdrawal symptoms in mother or child, or pre-term labor due to drug use.

» Indicators of imminent danger include: the level of toxicity and/or type of drug present, the infant is diagnosed as medically fragile as a result of drug exposure, or the infant suffers adverse effects from introduction of drugs during pregnancy.” (California Structure Decision Making Policy and Procedure Manual 2017 p. 41-42).

Social workers in this study seemed to have mixed ideas about how effective SDM was in actually assisting them to make a decision. Interview 2 discussed this dilemma, however all participants in the study did make mention of SDM as a tool in assisting in their decision making process.

I think sometimes as a whole we get a little stuck on SDM, the parent use drugs, but we don't know how it affects the child. And I think sometimes for me, I mean, when we check that box, we also have to like look at the impact at that point to the child. I mean, was it a normal birth and delivery? Does the newborn have withdrawals or any medical conditions to worry about? I think a lot of social workers forget this is part of the SDM assessment (Interview 2, 2021).

Circles of Support/Circles of safety was also discussed as an assessment tool for most of the participants. This tool is useful for listing all of the networks someone is associated with in order to identify any support systems that are in place. These circles can include family members, friends, community resources, school, local community involvement and has no limits or boundaries. Interview 1 discussed the use of the tool as helpful for the parents and the social worker.

I like to use circles of support for substance use because relapse is a part of substance abuse and it's going to happen. Knowing that the parents have a strong support network so that if they feel like they're going to use, there's someone that they can follow care for the kids (Interview 1, 2021).

Interview 2 (2021) describes circles of safety as a way of “helping to a family see where they're at in regards to knowing about what's going on with the parent and then there and how accountable they we can see on paper like where they would be at to know if they can step in that tool. Also, I feel like is such a

visual aid for parents, I think sometimes they forget, like who actually is there for them.”

Honorable Mentions

Breast Feeding appeared to be a controversial topic in this study as participants were very passionate about the subject but seemed to have distinct opinions on the matter. One participant went as far as to say they “always detain, if mom says she will be breastfeeding”. Others encouraged mothers to breastfeed and saw it as a strength of a parent if she wanted to breastfeed.

Interview 2 had an example of a breastfeeding mother who was able to breastfeed even after detaining the newborn.

One of my scenarios is about babies who are exposed and then being removed and then going through a significant withdrawal. I think sometimes we miss that, that. We're removing them immediately from the parent after birth, if they had been exposed to this drug for a while, this can be very harmful for infants and cause serious harm. So I think the breastfeeding or the breast milk from the moms, I think sometimes gets missed. If the mother wants to breastfeed and like, it's beneficial to the baby, like we need to really, like, allow that to happen so that the child doesn't experience bad withdrawals you know, like is in the hospital for like months or having to be put on methadone. One mom had made arrangements with the foster mom to have quite a bit of contact, including

continuing to breastfeed with continued drug tested, of course (Interview 2, 2021).

Social Worker Self-Rating

Participants were asked to self-rate their knowledge on substance use disorders. 10 being an expert and 0 being no knowledge at all. The average for all 7 participants was 5.5. This is significant for the study because social workers are making life altering decisions for others based on their knowledge and expertise of substance use disorders and their effects on newborns.

Interview 1 (2021) stated, "I'm probably like a four. And I'm hoping that that will greatly increase as I gain more experience." Interview 3 reported very similar reasoning behind their rating, "I don't think I am like an expert in this field. I don't think I know everything, but I know enough to kind of lead me to asking people questions" (Interview 3, 2021).

Implication of Findings for Micro and/or Macro Practice

The implications for this study for the micro practice social workers is that social workers may need to advocate to remove barriers for families they work with as well as barriers that are presented to them while working with this particular population. Social workers need to work closer with substance use treatment centers to advocate for changes in their processes and to prioritize pregnant and or new mothers with infants.

One the macro level, change needs to be made at all levels of service to better serve the families that we work with. Social workers need to be better equipped at assessing substance use and its effects on newborns as well as the cycle of addiction. Agency directors and managers need to take a closer look at how this population is being assessed based on the social workers hurried judgements without having the time to fully assess the risk and safety of the infant.

Limitations and Strengths of Study

The findings in this study cannot be applied to the overall population of child welfare social workers or child welfare practices due to some noted limitations. One of these limits being that only seven social workers were interviewed. A larger pool of social workers' sharing their experiences could have helped the study obtain a more robust narrative on how social workers are assessing and working with families that have a prenatally exposed infant. A broader study would have potentially provided more insight into more assessment and or best practices that are being utilized in the field.

A second reason this study cannot be applied to the broader child welfare social worker is that all of the participants were either Caucasian or Hispanic, which left out other cultures and ethnicities to consider. These demographic factors alter the experiences of social workers and different cultures, ethnicities

and a broader age range and child welfare experience might have offered a different perspective to the study.

Some strengths of the study include that all child welfare social workers that participated felt supported by their peers and supervisors in their decisions to remove the infant or not.

Summary

This chapter covered the steps completed during the evaluation process. It included information about the interviewing process, participant demographics, and an explanation and discussion of each of the themes noted in the data analysis. The last sections included a brief discussion on the limitations of the study, and how the data can best be applied to future child welfare research.

CHAPTER FIVE

TERMINATION AND FOLLOW-UP

Introduction

This chapter provides a brief overview of the stages of termination, follow-up, and the dissemination plan. These concepts are further discussed in the next sections.

Termination

During the termination phase, the researcher contacted each participant directly and thanked them for their time and participation in the study. This post-positivist paradigm made a commitment to the participants to share the final study (Morris, 2013). The researcher answered questions from the study participants, discussed the findings and thanked them all for their time and involvement.

Communication of Findings

The researcher is the person responsible for making sure the study is transferable. The final research project consisted of a written report that was presented to the School of Social Work at California State University, San Bernardino, and will be available on the Scholarworks website. This website is open to the public for reading and reviewing. All of the social workers who contributed to the study have been advised on where they can access the final study on Scholarworks and given detailed instructions on how to find the study.

Summary

This chapter reviewed the process of termination. Research study participants were child welfare social workers who have experience assessing families for the safety of newborns who were born exposed to drugs in utero. Termination has been completed by destroying all documents related to the study including but not limited to hard files and electronic files. All participants have been informed of the completion of the study and where to find the materials if they were interested in reading the conclusion of the project through the Scholarworks site.

APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL

September 9, 2020

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2020-235

Amber Todd Carolyn McAllister
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Amber Todd Carolyn McAllister:

Your application to use human subjects, titled "BEST PRACTICE AND ENGAGEMENT WHEN WORKING WITH PARENTS OF PRENATALLY DRUG EXPOSED INFANTS" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino . An exempt determinations 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. The exempt determination does not replace any departmental or additional approvals which may be required.

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.

- 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-FY2020-235 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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