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EXAMINING EXPERIENCES AMONG SOCIAL WORKERS WORKING WITH PARENTS WHO SUFFER FROM SUBSTANCE USE DISORDER

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EXAMINING EXPERIENCES AMONG SOCIAL WORKERS WORKING WITH
PARENTS WHO SUFFER FROM SUBSTANCE USE DISORDER

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
Alicia Alvarado
Eleno Zepeda
May 2024

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ABSTRACT

Background: Substance use disorders create physical and mental harm not only for themselves but also for their loved ones and those they interact with daily. **Objective:** This qualitative study aims to explore what are the factors that influence child welfare workers' decision to involve the state when working with substance-affected families. **Methods:** We used a phenomenology approach to gather qualitative data from child welfare workers and non-probability sampling techniques to recruit participants. Prospective participants were recruited by circulating a flier via email to our professional network, inviting individuals who meet the study's eligibility criteria to participate. Participants were asked a series of open-ended questions about the factors they consider when deciding whether or not to involve the state when working with families impacted by substance use. The data were coded, starting with first-level coding and ending with second-level coding. **Results:** We conducted interviews with nine participants. Responses from participants suggest that their decision to remove a child from a family impacted by parental substance use involves factors associated with children's developmental age, availability of social support, conformity with a safety plan, prior history with CPS, unsafe home environment, lack of basic necessities, and domestic violence.

Conclusion: For child welfare workers, continuing education regarding the decision-making process around parental substance use can be transformative.

They can significantly improve their comprehension of the effects that substance use has on families by keeping up with the most recent findings and best practices. With this information, they may evaluate cases more skillfully and decide in ways that genuinely put the welfare of the children at issue first.

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CHAPTER ONE

PROBLEM FORMULATION

Introduction

The aim of this chapter is to familiarize readers with substance use disorder. It begins with a definition of substance use disorder, and the prevalence of this issue, then it moves on to describing the impact of substance use disorder on individuals and families. It ends with a discussion on substance use disorder in the child welfare system.

Substance Use Disorder

The term “substance use disorder” describes the hazardous or compulsive use of drugs or alcohol that impairs a person’s physical, mental, and social functioning (Esser et al., 2016). It is characterized by a pattern of obsessive drug-seeking and drug taking activities, even in the face of drawbacks. Impaired control use, social and occupational impairment, risky use, and physiological impairment are often the symptoms of substance use disorder. In addition, it may cause a range of health issues, poor judgment and thinking, interpersonal connection problems, and challenges in the workplace or the classroom. Substance use disorders create physical and mental harm not only for themselves but around their loved ones and those they interact with on a daily basis (Esser et al., 2016).

Symptom: Impaired Control Use

The Diagnostic and Statistical Manual of Mental Disorders (5th ed; DSM-5-TR; American Psychiatric Association [APA], 2022) is used to accurately diagnose pertaining to the brain and health of an individual. There are levels that indicate severity, which include risk, mild substance use, moderate use, and ultimately addiction (5th ed; DSM—5; American Psychiatric Association, 2013). In terms of impaired control use, the DSM highlights this symptom as a strong urge for a substance where there have been numerous failed attempts at decreasing use. When there is a lack of restraint of a substance, it is easily for individuals to fall back urges they are used to.

Symptom: Social and Occupational Impairment

Substance use disorder might make it difficult to carry out important responsibilities at home, at work, or in school (5th ed; DSM—5; American Psychiatric Association, 2013). Individuals compromise obligations and when abusing substances, which can lead to withdrawing from family, friends, or activities that was possible to carry out before using. This can also be seen through increased interpersonal problems—the more the usage, the easier it is to become avoidant of such problems.

Symptom: Risky Use

Risky use of substances can be seen when used in physically and mentally hazardous situations (5th ed; DSM—5; American Psychiatric Association, 2013). Individuals may continue to abuse substances despite

knowing the dangers that are associated with substances. When looking at this criterion, it is important to note that when diagnosing an individual for risky use, there needs to be the factor of the individual's failure to refrain from substance use.

Symptom: Pharmacological

When an individual builds a high tolerance, it takes a noticeably higher dose to have the intended effect or a noticeably lower amount to produce the same effect as before (5th ed; DSM—5; American Psychiatric Association, 2013).

Prevalence

According to the National Survey on Drug Use and Health (NSDUH, 2021), 61.2 million people use substances and the prevalence of past year substance use disorder in 2021. Of those with a SUD, 52.5 million people used marijuana, 46.3 million people met criteria based on the DSM-5, and 29.5 million people were considered to have an alcohol use disorder (SAMHSA, 2019). According to NSDUH (2014), 8.7 million children under the age of 17 lived with a parent with a substance use disorder (SAMHSA, 2019). Being raised in a home environment where one parent has a SUD is associated with several negative outcomes. Substance use can be passed on as a generational cycle so that children learn from their parents that drug and alcohol disorders are normalized. Risk factors that contribute to the prevalence of SUDS include family history of addiction, mental health disorders, peer pressure, and lack of support systems.

Impact

The corollary of substance use disorder includes poor physical health, psychological health, cognitive abilities, legal issues, finances, and caregiving responsibilities.

Physical Health

Physically, substance abuse takes a toll on the body. It is common for people trapped in a vicious cycle of addiction to experience organ failure. From damaged lungs to heart problems and weakened immune systems, substance abuse chips away at one's health little by little, leaving a trail of ruin in its wake (NIDA, 2020). Nearly 92,000 Americans overdosed on drugs and died between April 2020 and April 2021, the greatest recorded death toll in a 12-month period. Over 20 million Americans are affected by substance use disorder whereas the general population are not battling with this specific issue putting their bodies at risk (Minkove, 2022).

Psychological Health

Addiction also has the power to exacerbate pre-existing mental health conditions or perhaps start entirely new ones. Mental disorders and substance use disorders frequently coexist. The mental disorders that commonly co-exist with substance use disorder are bipolar disorder, schizophrenia, depression, and anxiety disorders. “Roughly 50 percent of individuals with severe mental disorders are affected by substance abuse. 37 percent of alcohol abusers and 53 percent of drug abusers also have at least one serious mental illness. Of all

people diagnosed as mentally ill, 29 percent abuse alcohol or drugs” (Robinson, 2018, para 3). Substance misuse causes a rollercoaster of emotions emotionally. People may experience extreme happiness one minute and then descend into severe melancholy the next. In a recent qualitative study, it was reported that college students found difficulties regulating positive emotions to alcohol and drug misuse (Weiss et al., 2018).

Achieving a successful recovery requires addressing the complex web of problems created by co-occurring disorders. The use of drugs as a self-medication or coping strategy for underlying mental health conditions is one prevalent trend (Turner et., al, 2018). However, depending too much on drugs to get better might backfire and eventually make mental health conditions worse. Substance use has the unfortunate ability to intensify emotional instability. Individuals may experience heightened mood swings, increased agitation, or impulsivity as a consequence of substance use. Naturally, these emotional fluctuations can compound the symptoms of existing mental health disorders, making it even harder for individuals to find stability and balance in their lives (NIDA, 2021).

Cognitive Abilities

Addiction has a well-known detrimental effect on cognitive abilities. Attention spans shorten, memory gets hazy, and fundamental problem-solving abilities begin to deteriorate (Wani & Sankar, 2016). Substance abuse doesn't

just mess with the mind - it distorts one's perception of reality. Judgment becomes impaired, leading to risky behaviors.

Legal Issues

Substance abuse can lead individuals down a treacherous path of illegal activities, facing the wrath of the law. From arrests and fines to incarceration, the consequences are far-reaching and long-lasting. Up to 65% of American prisoners are thought to be actively suffering from a drug use disorder. Studies have indicated that a significant number of these prisoners will resume using drugs and face arrests within a few years of their release (Sy & Fritz, 2022). Instances of theft or engaging in other illegal activities to support addiction can lead to arrests. Some individuals with substance use disorder resort to theft, fraud, or other unlawful acts to finance their addiction. If caught, they can be arrested and charged accordingly.

Finances

But perhaps the most insidious impact lies in the realm of finances. Addiction is expensive – both financially and emotionally. It devours every available resource, draining bank accounts, accumulating debts, and sacrificing basic needs leaving individuals financially destitute and helpless (Lyman, 2013). The effects of substance use disorder on finances and living situations are intertwined. Financial hardship can lead to compromised living conditions, and unstable living situations can perpetuate addiction by creating an environment that enables substance abuse. One of the significant obstacles faced by

unhoused individuals seeking help is the scarcity of accessible substance abuse treatment and support services. The lack of resources, absence of healthcare coverage, pervasive stigma, and logistical challenges impact their ability to find the support that is needed. Furthermore, emergency shelters, which should ideally provide a safe haven, often fall short in providing adequate assistance to those grappling with substance use disorders (Harris et al., 2023)

Caregiving Responsibilities

Children often find themselves neglected and abused by parents who are consumed by their substance of choice. Four out of ten children who enter out-of-home care have parental substance use indicated as a concern, compared to just one in ten who enter with parental substance use as the only documented risk factor (Brewsaugh et al., 2023). Basic needs, like food, shelter, and supervision, go unmet, leaving the children to fend for themselves. Furthermore, it is important to recognize the psychological damage that children who live in homes where substance misuse is prevalent endure. Observing their parents partake in detrimental actions, drunkenness, or even overdosing can cause long-term psychological damage. They experience fear, worry, and a sensation of abandonment regularly, which makes them unstable and emotionally susceptible (Raitasalo & Holmila, 2017). Financial instability, frequent moves, and disrupted routines plague the lives of these children, robbing them of the foundational stability they desperately need. Education, too, becomes a casualty in these circumstances. The chaotic home environment, coupled with absent or

unengaged parents, sabotages a child's academic progress (Calhoun et al., 2015). Indeed, research has found that 39% of families impacted by substance use disorder are child welfare involved (NCSACW, 2020).

Child Welfare Involvement

Child welfare organizations step in when there are claims or reports of child abuse or neglect associated with drug misuse. They look into situations in which a parent's drug usage may expose their kids to dangerous surroundings, cause neglect, physical or emotional abuse, or both. Domestic violence can also lead to child welfare involvement. If children witness or are at risk of such violence within their family, agencies may intervene to ensure their safety and well-being. Although child welfare involvement is a common place among families impacted by substance use disorder, anecdotal evidence suggests that social workers have a harder time making clinical decisions on when it is most appropriate to remove a child from a family that is impacted by substance use.

Interventions

Child Welfare Policy

There are federal laws and mandates when it comes to the well-being of children, but it also varies across county and state as well as child welfare agencies and courts (Henry et al., 2018). In California, child welfare policy is produced at the state level and then it is up to county agencies' jurisdiction of how policies are administered. In terms of parental substance use, this instance alone is not enough grounds to detain children to become wards of the state.

There are a set of Welfare and Institution Codes that are closely reviewed that deal with how child maltreatment is revealed by parents. There are ten subtypes of Welfare and Institution Codes which include physical abuse, emotional abuse, sexual abuse, and neglect (Henry et al., 2018).

Intimate Partner Violence

Research pertaining to intimate partner violence indicated that when there is proof of both exposure to domestic violence and actual or threatened injury to the child, child welfare officials may think about removing the child from the home. However, exposure to domestic abuse as a child is insufficient justification for eviction from the household. According to state policy, a child must suffer a certain amount of injury or be in immediate danger before receiving out-of-home care (Mowbray, 2017). Child welfare services prioritize the safety and welfare of children while offering suitable assistance and resources to families impacted by domestic abuse. Parents who are involved in domestic violence relationships, especially women, oftentimes are at higher risk of solving these issues due to the lack of service delivery within the child welfare system. The services provided to families hardly recognize the coexistence of substance use and domestic violence, leaving their children exposed to the risk factors associated with both. Child welfare becomes involved once they investigate and substantiate enough evidence of a child being a target of the violence whether it was an accident or unintentional.

Parental Rights and Policy

The legal system's important decision to permanently break the legal connection between a parent and their kid is known as termination of parental rights (TPR). Both judicial court rulings and common law safeguard parental rights. When making TPR decisions, judges must take into account the child's best interests as well as clear and compelling evidence. Under the Adoption and Safe Families Act, the significance of parental rights are less evident. Substance abuse and mental disorders have historically been grounds for TPR. In contrast to the detrimental effects of TPR for families in the foster care system, more research is required to fully comprehend the implications of preserving a relationship between parents who struggle with alcoholism or drug abuse and their children. It was discovered that parents who actively participated in the treatment prescribed by the court were more likely to be able to keep their parental rights. But getting parents to participate in treatment was frequently difficult. Nearly half of the post-ASFA appeals sample, according to the report, either did not begin treatment or did not finish it. On the other hand, 36.6% of parents who made pre-ASFA appeals tried treatment more than once. It's possible that the time constraints placed by ASFA prevented post-ASFA instances from experiencing this tendency of multiple treatment attempts. These results demonstrate how difficult it is to treat parents who have substance use disorders and how it affects their capacity to uphold their parenting rights.

According to the study, removing these obstacles and giving parents resources and assistance may lead to better results (McKoy, 2014).

Conclusion

Substance abuse disorders have a profound effect on people, wreaking havoc in every corner of their lives. But there's still hope. The first step to taking back one's life, mending relationships, and creating a future free from the grip of addiction is to seek assistance and therapy. It's a challenging path, but people can overcome the darkness and rediscover the joy of a life free from substance misuse if they have the right help, persistence, and resolve.

CHAPTER TWO

LITERATURE REVIEW

This exploratory study seeks to understand social workers' decision-making process when working with families impacted by substance use disorder. This chapter will start off by reviewing past studies on this topic and then highlighting any gaps in knowledge.

Literature Review

Research on substance-affected families' involvement with the child welfare system has been limited to the following topics. Researchers have examined the characteristics of children removed from the home due to parent substance use (Mowbray et al., 2017), the experience of parenting while living with a substance use disorder (Dyba et al., 2019), the effects of parental substance use on children's development (e.g., Dyba et al., 2019), and how state policies impact foster care admission and family reunification (Sanmartin et al., 2020). The following sections provide a summary of some of these studies.

There has been research conducted on parents who have been victims of methamphetamine use and how it complicates their relationship with their children (Dyba et al., 2019). In this study, researchers aimed to look at how young parents cope with parenting while looking into the familial consequences of methamphetamine use. As a result of this research, researchers found that

parenting is challenging when young parents demonstrate emotionally neglectful, impulsive, and inconsistent behaviors due to their substance use. Researchers were also able to see how children of young parents pose great risk for postnatal substance exposure, psychosocial distress, hyperactivity, and behavioral problems (Dyba et al., 2019).

Research has also been made on how child welfare workers intervene when there are cases for parental substance use (Henry et al., 2018). This qualitative study found that child welfare workers framed parental substance use as an act of neglect. Workers argued parents' substance use prevented them from protecting their children from exposure to substance-use-related activities and adequately providing their children with basic needs. As a conclusion of this study, researchers found children were left unsafe with adults while parents were under the influence, parents were found unresponsive toward younger children, children were left fearful that their parents would die, and children would have to care for themselves while parents were impaired (Henry et al., 2018).

In another study, research was examined on parental substance use and the likelihood of reentry after reunification and looks at the characteristics of drug-abusing families when they first enter the foster care system. Findings from the study found that parents who use substances are more likely to have multiple allegations which allows the state to become involved repeatedly. Allegations such as exposure to domestic violence, inadequate supervision of children, physical or medical neglect, and threatening harm are all common factors that

bring negative attention to families dealing with substance use issues (Mowbray et al., 2017). Consequent to this study, it was determined that in order to prevent reentry, special training services should be offered to parents to teach them healthier ways to take care of their children and help overcome their addiction.

A separate study was conducted on parents who are contesting the loss of their parental privileges due to their substance use. Content analysis using mixed approaches in cases involving parental appeals was utilized to gather information on termination of parental rights before and after The Adoption and Safe Families Act (ASFA) (McKoy et al., 2014). The study found that parents struggle to begin or complete services in a timely manner which ultimately limits their ability to reunify with their children. Considering the duration of The Adoption and Safe Families Act, parents are not able to achieve sobriety making it difficult to comply with the requirements being asked by the Department of Social Services. Pre-ASFA, the Department focused more on the parent-child relationship, whereas Post-ASFA, the main goal is to promote adoption of children as quickly as possible. In conclusion, families suffering from substance use are more likely to lose their parental rights and find it difficult to reverse this decision.

Gaps in Knowledge

Given the dearth of studies on how child welfare workers make decisions about the need for state intervention when working with substance-affected families, this study aims to contribute to this body of knowledge by understanding the background experience of past and current CPS workers. In-depth

experiences will provide insight on how to work with families and how the state can provide resources to those working to regain their children. This enables further research to teach parents in the future how social workers can work with families with substance abuse issues and how they can recover. Thus far, research has been performed to understand risky behaviors associated with substance use among parents. However, no research has been done to understand how child welfare workers intervene with parents with a substance use disorder. Therefore, this exploratory research seeks to fill in this research gap.

Research Question

The aim of this study was to conduct in-depth interviews with child welfare workers to understand the decision-making process. This exploratory study applied a deductive approach to reasoning. Therefore, the study did not propose to test any hypothesis but seeks to conclude participants' experience working with substance-affected families.

Significance of the Study

Findings from this study have the potential to better inform how child protective services intervene with families impacted by substance use.

CHAPTER THREE

METHODOLOGY

Study Design

This exploratory study used a phenomenology approach to gather qualitative data from nine social workers who have experience working with substance-affected families.

Participants

Eligible participants were current or past social workers (who have left Child Protective Services for less than two years) who have worked with substance-affected families.

Recruitment Strategy and Study Procedure

We used non-probability sampling techniques to recruit participants. A flyer on the study (which is attached) was circulated via email to our professional network, inviting individuals who meet the study's eligibility criteria to participate. We also reached additional prospective participants by inviting our professional network to circulate the recruitment flyer to their personal networks. The flyer contained our email so that individuals can reach out to express their interest in participation. We then scheduled a time to conduct an interview on their experiences working with substance-affected families. During the meeting, we

administered a screening questionnaire to determine eligibility. Once eligibility had been established, we invited prospective participants to read the informed consent document. Individuals who were interested in participating also provided verbal consent. Additionally, they were asked if they were willing to be audio and video recorded as interviews were conducted through the use of Zoom.

Measurement or Interview Protocol

Individuals who provided consent were invited to participate in an online interview. The interview began with questions on participants' sociodemographic characteristics, such as their age, gender, race and ethnicity, educational level (BASW, BA, MSW, LCSW), years employed as a CPS worker, and their department within CPS (Family Maintenance, Family Reunification, Adoptions). Then, participants were asked a series of open-ended questions about the factors they consider when deciding whether or not to involve the state when working with families impacted by substance use (the interview protocol is attached). The interview took 30 to 45 minutes to complete. Participants were only required to complete the interview once and did not receive monetary compensation.

Data Analysis

The qualitative data was analyzed in the following order. First, the recordings were transcribed verbatim to prepare the data for analysis. Second, the transcripts were formatted for analysis. The transcript was transferred to a

word-processing program, and each line was numbered to identify specific interview sections easily. Third, the data was coded, starting with first-level coding and ending with second-level coding. The text data was scanned for meaning units when conducting a first-level coding. The constant comparison method was applied to organize these meaning units so that similar units were assigned a code. This was followed by synthesizing the codes so those sharing similar attributes were grouped into categories. Finally, the categories were compared to discover the types of relationships among them and combined into themes.

CHAPTER FOUR

RESULTS

This chapter summarizes the findings of this qualitative study. It begins by describing the participants' socio-demographic information. As we examined social workers' experiences working with parents who suffer from substance use disorder, several themes that emerged highlighted the challenges that CPS workers face when working with this population and the factors that impact their decision to remove a child. This chapter described the following themes: prevalence of parental drug use in CPS cases, supporting parents using substances is challenging, children's developmental age, availability of social support, conformity with safety plan, prior history with CPS, unsafe home environment, lack of basic necessities, and domestic violence.

Demographic Characteristics of Participants

Nine participants were interviewed for this study. All the participants identified as female (100%). The average age of the sample was 29.8 years ($SD = 5.4$, range = 22-38). The sample was diverse, including participants who were White ($n = 2$, 22.22%), Hispanic ($n = 5$, 55.55%), Asian ($n = 1$, 11.11%), and Native American ($n = 1$, 11.11%). Most of the participants held an MSW ($n = 5$, 55.55%). The average number of years participants have been with CPS was 4.0 ($SD = 2.9$, range = 1-10).

Thematic Analysis

Professional Experience

Participants were asked to describe their professional experience working with parents using substances. The themes that emerged highlighted the prevalence of parental drug use among CPS cases and the challenges that CPS workers faced when working with parents impacted by substance use.

Theme 1. Prevalence of Parental Drug Use in CPS Cases

Along with participants' experiences working with families with substance use is how often they see cases that pertain to parental drug use. Most of our participants ($n = 5$, 55.55%) have shared that parental substance use is very common in CPS. As we gathered information from our participants, it is clear that there is some element of drug and alcohol use when they come to the attention of the Department. It is very important to investigate thoroughly how substance use is impacting the family, for how long, and how social services would be able to help them. One participant shared:

A good amount of our cases ends up having substance abuse allegations, but interesting enough is that substance abuse does not actually equate to child abuse. Because we have a lot of parents that use drugs and alcohol, we want to ensure adequate monitoring of their usage before coming to the conclusion that it is doing harm to their family.

Some participants ($n = 3$, 33.33%) expressed that although substances alone are not the main reason to detain a child, substances play a huge role in parental actions that result in detention. Whether it may be abuse or neglect, substances are usually an element that influences these families. One participant said the following:

I would say that most of the families we work with have been impacted by addiction or substances in a way that led them to losing their children. In families that exhibit a lot of abuse, there's a key component of substance abuse somewhere within that.

Theme 2. Supporting Parents Using Substances is Challenging

Most participants ($n = 5$, 83.33%) reported the experience to be challenging. The most common challenge shared was respecting clients' self-determination ($n = 3$, 50.00%). Self-determination was a common challenge among our participants because changing their lives is intimidating. There are factors such as low self-esteem, not wanting to go into recovery, fear of repeating the same addictive actions, or fear of rejection when reaching out for support. Self-determination is crucial for clients because it starts with themselves on how they would like to see change and not by having social workers delegating them with tasks.

Other participants mentioned about the challenges related to red tapes that they have to deal with in order to secure services for their clients. In terms of

red tapes, it is important to note that these are obstacles that social workers face when enrolling clients into services. These obstacles include, filling out extensive documentation, having multiple people approve on decisions, and waitlists. For example, if a family has six months to enroll in services and they have been waiting for a few months to be accepted, it prolongs the family's time with CPS.

One participant said the following:

I think the county is really slow with getting resources. They want to make sure that you go through all these hoops in order to get inpatient treatment, for example, because that's a costly resource. So, we have to go through all these hoops. We have to make sure that the supervisor and manager approves.

Decision Making

Participants were asked to share their process in terms of decision-making when encountering families impacted by substance use disorder. Responses revealed that there are several factors that impact on CSP workers' decision to remove a child. These factors were children's developmental age, availability of social support, conformity with safety plan, prior history with CPS, unsafe home environment, lack of basic necessities, and domestic violence.

Theme 1: Children's Developmental Age

Some participants ($n = 6$, 66.66%) talked about the child's development age being a factor when deciding whether or not to remove a child from the home. Social workers take into account a child's developmental stage in order to evaluate their degree of susceptibility and capacity for handling difficult circumstances when determining whether or not they are at risk of damage in their home setting. Younger children are more vulnerable to bad experiences in their surroundings because they depend more on their caretakers for fundamental necessities, especially when they are infants and toddlers. On the other hand, more developed older children might be better able to identify and report any signs of abuse or neglect. One participant said the following:

The parents, the support system, and the children's ages are some of the variables that we would consider. The infrastructure of support. Just an example, let's say you have adolescents and all of their fundamental needs—such as food and shelter—are being addressed, we may still work things out at first without court involvement. However, when it comes to babies or infants, if there is no secondary caregiver available in that case, we are more likely to remove the child due to their inability to care for themselves.

Theme 2: Availability of Social Support

Some participants ($n = 4$, 44.44%) expressed that the availability of social support is an important factor to consider when deciding if it is appropriate to remove children from parents who are using substances. Parents are less likely to neglect their children when they have friends, family, or community resources they can depend on. This might lessen the likelihood that child welfare will become involved because these support networks can offer helpful advice, consolation, and support in navigating difficult situations that may come up. Parents struggling with substance abuse disorders are better able to prioritize their children's needs and maintain a stable and nurturing home environment when they have a safety net of people who care about their well-being. Chances are the child will be kept safe when there is someone healthy enough to care for the baby while they go out and use substances. One participant said the following:

I believe that when parents do not take the necessary precautions it influences our decision to remove their children. However, if a parent plans to get high over the weekend and drops them off at their mom or dad's house then that does not condone us to remove because they are actually being safe by placing them with their support system.

Theme 3: Conformity with Safety Plan

Most participants ($n = 6$, 66.66%) reported they are more likely to remove a child from parents engaged in substance use if they are not following the safety plan because it may indicate that they are continuing to engage in risky behaviors, such as substance abuse, that could endanger their children. Substance-using parents are effectively indicating that they are unable or unwilling to put their children's safety and well-being last when they deviate from the safety plan. When the safety plan is not followed, there is a greater chance that the kids will be harmed, which should alert child protective services. If a parent fails to conform to the safety plan, it suggests the parent's inability to remain clean and results in social workers doubting the parent's true desire to retain their children. One participant said the following:

If parents have a support system where the child could stay while they are using and are willing to get into substance use treatment, then there is no reason to remove the child. So, it's looking at their support system, their willingness to participate in services and their following through with services such as their safety plan to keep their child safe.

Theme 4. Prior History with CPS

Some participants ($n = 4$, 44.44%) expressed it is important to see whether or not a family has had a history with CPS. These participants expressed this is a factor that is closely examined when investigating a family

that has come to the attention of CPS. Prior history indicates that families were unable to address their substance use, which leads to issues that continue to harm their children. One participant said the following:

When we do detain right away, it's because the mom has a history with the department. I had a mom who had six children removed prior because of her substance abuse issue. She was unable to resolve her issue with the past six children, so that puts the baby at a similar risk of abuse. That is one of the factors that they take into consideration that I've seen.

Theme 5. Unsafe Home Environment

An unsafe home environment is one of the factors to consider in the decision-making process. Examples of unsafe living conditions include drugs and alcohol in areas of the home where it is within reach, dirty needles, mold growing in the kitchen due to old food, blocked safety exits, and debris on the floor that could result in injury. When the home environment is low in safety, CPS workers are more likely to recommend that the child be removed.

All participants ($n = 9$, 100%) shared that an unsafe home environment can be seen as whether or not there is a responsible adult present in the home. The presence of a responsible adult protects children as they are aware of their surroundings to scan for risk and safety and are able to tend to their basic needs such as providing food and water. They can also assist the child in overcoming

obstacles and provide valuable life lessons. The absence of a responsible adult harms the child in many ways. In the absence of a responsible adult, a child could find it difficult to manage their emotions and cultivate constructive coping strategies. Feelings of despair, anxiety, loneliness, and low self-esteem may result from this. One participant said the following:

I once encountered a scene where the mother and her 8-month-old child were both unconscious and had passed out in her room. It turned out that the infant had swallowed some of her mother's oxycontin pills that had been scattered around the bed. The child got taken away immediately that same day.

Theme 6. Lack of Basic Necessities

Participants were asked to describe behaviors that are concerning when dealing with child neglect among parental substance use. Some participants ($n = 4, 44.44\%$) shared that there are cases in which they notice children not getting the appropriate care that they need on a regular basis due to parental substance use issues. Children require a stable, safe atmosphere, a healthy diet, enough clothing, a place to live, and access to healthcare. To assist their emotional and social development, they also need caregivers to show them love, care, and positive attention on a regular basis. Children also gain from education, play and exploration opportunities, and a feeling of connection and belonging in their family and community. Unmet fundamental requirements during childhood can

hinder a child's ability to fulfill their potential and end the cycle of poverty.

Ensuring the fulfillment of children's fundamental needs is crucial for their overall health, happiness, and future prospects. One participant said the following:

Substances can cause behavior changes in parents in which they harm the child. This can be seen by not providing adequate care for their children such as food, clothing or hygiene. I know there's some children that will appear with their teeth rotten, due to the lack of medical attention.

Theme 7. Domestic Violence

Another factor influencing workers' decisions is intimate partner violence in the household, reported by four participants (44.44%). They expressed that when IPV is present, children may witness domestic violence among their parents who are using substances and may be physically harmed during altercations or may experience emotional distress from witnessing the violence.

One participant said the following:

I've also seen a lot of aggressive tendencies with parents who abuse substances, especially when it happens in domestic violence altercations. These are parents who can't get along or can't be on the same page when there's addiction involved. Children witness their parents scream and hit each other. They see violence first-hand in the home.

CHAPTER FIVE

DISCUSSION

This study aimed to understand the cognitive or decision-making processes among CPS workers when working with families impacted by parental substance use. Based on interviews conducted with nine participants, there were seven factors that participants had shared concerning the removal of children from families impacted by substance use. These factors were associated with children's developmental age, availability of social support, conformity with a safety plan, prior history with CPS, unsafe home environment, lack of basic necessities, and domestic violence.

The general security and stability of the home setting are important considerations when making decisions for CPS personnel. CPS staff evaluate a variety of criteria in addition to substance use, such as the existence of domestic abuse, mental health conditions, and the accessibility of necessities like food, shelter, and healthcare. CPS workers may decide that the child has to be removed if the home setting is hazardous or unstable because of parental substance use.

CPS personnel also have the child's safety and well-being as top priorities. Removal may be required to protect a kid whose safety is at risk because of their parent's substance misuse, such as when the child is exposed to drug

paraphernalia, witnesses aggressive conduct, or is ignored because of the parent's intoxication. To make decisions that are best for the kid's safety and well-being, CPS staff must evaluate the level of risk that the child poses.

The decision-making process of CPS employees may also be significantly influenced by the availability of resources and services. Removal might be the only way to protect a child if there aren't enough resources or support services to help parents deal with their substance addiction problems and give their kids a safe environment. CPS personnel are required to evaluate the family's degree of support and base their choices on what is practically possible to give the child a stable and safe environment.

When making decisions, CPS also considers the parents' capacity and willingness to participate in services and deal with their substance addiction issue. CPS staff may be more willing to work with the family to keep the child at home while offering support and monitoring if the parents are open to intervention and show a willingness to making changes in their behavior. However, CPS may have to put the child's safety first and think about removal if parents refuse assistance or show that they are unable to deal with their substance usage.

Limitations

Through the process of data collection, it was apparent that there were limitations to our research. Due to time constraints of being in a one year

accelerated MSW program, we interviewed nine participants. Had we had more time to interview more social workers and collect more data from their interviews, we would have yielded much more results. Therefore, a larger sample size would be beneficial when it comes to this type of research. It would be beneficial to learn from more social workers and see different perspectives when it comes to their decision-making processes. Another limitation encountered was that out of the nine participants that were interviewed, they all identified as female. In social work, it is evident that this is a female-dominated field and we have seen this first-hand through our participants. This is known as a gender bias and this is a limitation because without male input, the sample pool does not justly represent all social workers. The last limitation that we identified in our research is the fact that our participants had different levels of education ranging from either having a BSW compared to an MSW and the number of years employed in CPS. The diverse professional backgrounds and experiences may impact the decision-making process regarding the detention of minors and how to handle families with parental substance abuse.

Conclusion

To conclude, we offer several recommendations. It is important that we advocate for families impacted by substance use no matter what the circumstances. First, we recommend changes within the system of child welfare where attaining services does not take a substantial amount of time. This can be seen by hiring more professionals within outpatient treatment centers, decreasing

the amount of documentation to be filled out to be straight to the point, and reducing criteria of services that hinders families from reuniting at a quicker rate. It is important to consider parents who experience withdrawal symptoms, and we recommend these changes within the system to avoid relapse or hinder reunification. Second, we recommend requiring more training for social workers on the signs of alcohol and drug abuse as well as safety training that involves trauma-informed care. As we have seen in our limitations, there are social workers of different educational backgrounds and years of experience. It is essential to participate in mandatory training to stay up to date on warning signs and to ensure that there is quality case management in the least intrusive way possible. Third, due to the limitations faced throughout our research, it is recommended for further research to entail a larger population size so that more social workers' experiences can be examined and discover more information to help families dealing with parental substance abuse. Fourth, it is recommended to incorporate more male social workers into the sample. There may be differences in the decision-making process that differs between males and females and it would enhance the way we see their roles in CPS.

APPENDIX A:
INFORMED CONSENT

INFORMED CONSENT

You are invited to participate in a study on that seeks to understand how child welfare workers make decisions working with families impacted by substance use. This study is being conducted by Alicia Alvarado and Eleno Zepeda under the supervision of Assistant Professor Caroline Lim at the School of Social Work. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

PURPOSE: This research study examines how child protective workers make decisions on child welfare involvement of families impacted by parental substance use.

DESCRIPTION: You will be asked a few demographic questions (e.g., age, educational attainment, employment type, living situation, country of birth, years in the United States) in the beginning followed by your experiences working with families involved with parental substance use. You will complete an **interview** if you volunteer to participate in this study.

DURATION: Your participation in the study will last approximately 30-40 minutes.

POTENTIAL RISKS: Some questions ask you to provide sensitive and personal information, which may make you feel uneasy or embarrassed. You can skip or refuse to answer any questions that make you uncomfortable. You also have the right to terminate your participation at any point.

POTENTIAL BENEFITS: There are no benefits to your participation in this study. Nonetheless, your participation may help advance knowledge on how child welfare workers would work with families impacted by substance use.

COMPENSATION: You will not receive a compensation.

CONFIDENTIALITY: We will be gathering anonymous data. This means we will not collect any information identifying you (e.g., social security number and address). The data will be coded with a pseudonym, and we will present findings from this study in a group format only so that no results will be connected to a participant.

We will protect the data against inappropriate access by restricting data access to authorized study personnel. We will store the data on computers or laptops secured with individual ID plus password protection. Additionally, the folder containing the data will be protected with a password known to authorized study personnel. We will destroy the data three years after the project has ended.

PARTICIPATION: Your participation is voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time and discontinue participation without penalty. To do so, you can inform any research team member. The alternative to participation is to refrain from participating.

CONTACT: If you have any questions or concerns about this research study, please contact Assistant Professor Caroline Lim (caroline.lim@csusb.edu or 909-537-5184). You can also contact the California State University, San Bernardino, Institutional Review Board at 909-537-788.

RESULTS: After the completion and publication of the study, results can be found at California State University, San Bernardino, John M. Pfau Library (5500 University Parkway, San Bernardino, CA 92407; 909-537-5090/5091).

CONFIRMATION STATEMENT:

I read and understand the consent document and agree to participate in your study.
I agree to be audio recorded and video recorded

APPENDIX B:
INTERVIEW PROTOCOL

Grand Tour

- Would you please share with us your professional experience working with families impacted by addiction and substance use?

Core

- What factors do you consider when deciding if you want to remove a child from a family impacted by substance use?
- Would you please share how families have struggled with compulsive behaviors associated with substance use that had led to various financial problems?
- Would you please share your experiences working with families impacted by addiction and intimate partner violence?
- Based on your experience working with parents who suffer from substance use disorder, what are some of the behaviors that are concerning when dealing with child neglect?

Demographic Characteristics

- Age
- Gender
- Race and ethnicity
- Educational level (BASW, BA, MSW, LCSW)

- Years employed as a CPS worker
- Department within CPS (Family Maintenance, Family Reunification, Adoptions)

APPENDIX C:
IRB APPROVAL LETTER

January 12, 2024

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2024-124

Caroline Lim Alicia Alvarado, Eleno Zepeda
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Caroline Lim Alicia Alvarado, Eleno Zepeda:

Your application to use human subjects, titled "Examining experiences among social worker working with parents who suffer from substance use disorder" 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 weighed the risks and benefits of the study to ensure the protection of human participants.

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. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

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. You can find the modification, renewal, unanticipated/adverse event, study closure forms in the Cayuse IRB System. Some instructions are provided on the IRB [Online Submission webpage](#) toward the bottom of the page. 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-FY2024-124 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,

King-To Yeung

King-To Yeung, Ph.D., IRB Chair
CSUSB Institutional Review Board

KY/MG

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ASSIGNED RESPONSIBILITIES PAGE

This research project was completed as a collaboration between two partners: Alicia Alvarado and Eleno Zepeda. The following sections were completed as follows:

1. Data Collection and Data Analysis: Alicia Alvarado and Eleno Zepeda
2. Written Report and Presentation of Findings: Alicia Alvarado and Eleno Zepeda
 - a. Abstract: Alicia Alvarado and Eleno Zepeda
 - b. Chapter One, Introduction: Alicia Alvarado and Eleno Zepeda
 - c. Chapter Two, Literature Review: Alicia Alvarado and Eleno Zepeda
 - d. Chapter Three, Methods: Alicia Alvarado and Eleno Zepeda
 - e. Chapter Four, Results: Alicia Alvarado and Eleno Zepeda
 - f. Chapter Five, Discussion: Alicia Alvarado and Eleno Zepeda
3. Supplemental Materials
 - a. Informed Consent: Alicia Alvarado and Eleno Zepeda
 - b. Interview Protocol: Alicia Alvarado and Eleno Zepeda
 - c. IRB Application: Alicia Alvarado and Eleno Zepeda
4. Formatting and Edits: Alicia Alvarado and Eleno Zepeda