

10-2016

When Systems Collide Collaboration Experiences between Child Protection Workers and Substance Abuse Counselors

Nicole L. Streff

St. Cloud State University, nicolestreff@gmail.com

Follow this and additional works at: https://repository.stcloudstate.edu/msw_etds

Recommended Citation

Streff, Nicole L., "When Systems Collide Collaboration Experiences between Child Protection Workers and Substance Abuse Counselors" (2016). *Culminating Projects in Social Work*. 2.
https://repository.stcloudstate.edu/msw_etds/2

This Thesis is brought to you for free and open access by the Department of Social Work at theRepository at St. Cloud State. It has been accepted for inclusion in Culminating Projects in Social Work by an authorized administrator of theRepository at St. Cloud State. For more information, please contact rswexelbaum@stcloudstate.edu.

**When Systems Collide.... Collaboration Experiences between Child Protection Workers
and Substance Abuse Counselors**

by

Nicole L Streff

A Thesis

Submitted to the Graduate Faculty of

St. Cloud State University

in Partial Fulfillment of the Requirements

for the Degree

Master of Social Work

October 2016

Thesis Committee:

Gary Whitford Holey, Chairperson

Sara DeVos

Joseph Melcher

Abstract

Chemical dependency is a leading cause of children being placed on out of home care by child protective services. Because chemical dependency affects so many parents in the child welfare system this study focused on the collaborations experiences of child protection workers and Licensed Alcohol and Drug counselors while working with substance abusing parents under the Adoption and Safe Families Act permanency timelines. Findings from in-depth qualitative interviews with child protection workers and substance abuse counselors are reported in story form based on the workers experiences in their position. Finding suggests that there are many barriers to collaboration between child protection workers and substance abuse counselors. Differing job responsibilities and philosophies was a major contributor to poor communication. Discussion about co-occurring conditions such as mental health also played a role as a barrier to collaborations. There was also discussion about unrealistic expectations of the Adoption and Safe Families Act and how that affected substance abusing parents. The study also focused on the benefits to collaboration which included open and timely communication and changes that could be done on both micro and macro level social work practice.

Table of Contents

Chapter	Page
I. Introduction	6
Scope of the Problem	7
Definition of Terms	9
II. Literature Review	11
Adoption and Safe Families Act of 1997	12
The Importance of Timelines	14
ASFA and Substance Abuse	16
ASFA and the Effects of Substance Abuse	17
Service Availability	19
Factors Substance Abusing Parents Face	20
Entry into Treatment Services	21
The Children Affected by ASFA	22
Supporting Recovery	24
Professional Collaboration	25
Conclusion	27
Theoretical Approach	28
A Systems Perspective for Substance Abusing Parents	28
III. Methodology	30
Participants	30

	4
Chapter	Page
Sample	31
Data Collection	31
Data Analysis	33
Instrument	34
Human Ethics and Considerations	35
Limitations and Benefits	35
IV. Data Analysis	37
Communication is Key	38
Theme 2: Know Your Role	40
Theme 3: Co-Occurring Disorders	43
Unrealistic Expectations	44
V. Discussion	47
Communication is Key	47
Know Your Role	48
Co-Occurring Disorders	49
Unrealistic Expectations	49
Benefits of Collaboration	50
Challenges	51
Systems Perspective	51
Implications of the Study	52

	5
Chapter	Page
Limitations of the Study	53
Recommendations for Future Research	53
Summary and Conclusion	54
References	57
Appendices	
A. Informed Consent	63
B. Interview Questions	66

Chapter I: Introduction

According to the U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, at the end of 2013, there were 397,122 children are living in foster care without permanent families in the United States. The average length of a foster care stay is two and half years. Of these children, 101,666 were waiting to be adopted. Many children, especially those who spend more than 2 years in care, experience multiple placements and lack the ability to connect with a permanent family (Minnesota Department of Human Services, n.d).

While working as a child protection social worker I recognized the significance of these numbers and also identified a particular challenge many child welfare workers and families were facing, and that was the prevalence of substance abuse. Studies indicate that problems with alcohol and drug use are present in 40-80% of the families known to child welfare agencies (Green, Rockhill, & Furrer, 2006). With substance abuse accounting for such a high number of children in foster care I began to wonder how I, as a child protection worker, could face these challenges with the ultimate goal of meeting the best interests of the children in foster care. While working with substance abusing families whose children were placed in the foster care system it soon became apparent there were many complex challenges that lay ahead. The waiting lists, lack of funding, and a significant amount of parental relapse quickly stalled efforts to assist clients. This was a complicated problem for many substance-abusing parents who were faced with permanency timelines due to the Adoption and Safe Families Act (ASFA). ASFA is a federal mandate requiring all parents with

children in out-of-home placement reunify with their children within the permanency timelines (Fox, Berrick, & Frasch, 2008). With several complicated barriers already in place I wondered how do substance abusing parents reunify with their children in the time frame required, and if this timeline is realistic given the complexity to substance abuse recovery?

Scope of the Problem

There are various struggles that child protective services (CPS) face while working with substance abusing parents. First, child protective services remove children from their parent's care based on three different criteria: physical abuse, sexual abuse, or neglect (medical or non-medical). A review of child protection literature found no clear statistics on the percentage of substance abusing parents with children in out-of-home care. These statistics were difficult to identify because the removal of a child from the home due to substance abuse is categorized as non-medical neglect. Non-medical neglect can include emotional neglect, failure to thrive, prenatal drug exposure, or chronic substance abuse (State of Minnesota, 2012). With substance abuse being one of many factors indicated in non-medical neglect, identifying statistics solely based on parental substance abuse can prove difficult. It should also be noted that substance abuse could also be present in cases of both physical and sexual abuse.

Once a child has been placed in out-of-home care CPS workers face the federally mandated requirements of The Adoption and Safe Families Act. In 1997, Congress passed the Adoption and Safe Families Act (ASFA). This act clarified the fundamental goals of the child welfare system with now would consist of safety, permanency and wellbeing (Fox,

Berrick, & Frasch, 2008). This act was passed due to an increased need to find permanent homes for children in out-of-home care. This law required child welfare workers to establish permanency within 12 months of out-of-home placement. Many states have adopted their own version of ASFA and shortened the timelines for children 8 and younger. While this law had good intentions for children in out-of-home placement, it failed to look at the implications surrounded special populations such as substance abusing parents (Semidei, Radel, & Nolan, 2001).

The timelines ASFA requires is one of many challenges substance abusing parents face. Recovery is an ongoing process that is often plagued with difficult tasks and multiple setbacks (Rockhill, Green, & Furrer, 2007). Because of the many obstacles, providing services for parents with substance abuse disorders can be challenging. Substance abuse is often accompanied by initial denial, obstacles entering into treatment, many treatment attempts and significant risk of relapse during the process. With these factors contributing to slow recovery, the timelines of recovery may significantly differ from the timelines required by ASFA. In addition to questions on whether or not recovery times were adequate when facing ASFA permanency many were also questioning the impact that a lack of collaboration between the child welfare filed and substance abuse counselors can have on recovery and reunification efforts (Green et al., 2006).

The negative impact parental substance abuse has on children is a challenge that often frustrates the child welfare system as a whole. It is imperative we continue to evaluate the policies and procedures of both child welfare workers and substance abuse counselors

so we can improve current services or develop new services. With studies indicating that alcohol and drug is present in 40-80 percent of all families involved in child welfare services it is important that research be completed to find ways to best serve this population (Green et al., 2010).

Definition of Terms

Definitions of specific terms have been included to aid the reader in understanding what is meant by such terms and eliminate confusion regarding terms that may have more than one common definition in general use.

Substance—The term “substance,” when discussed in the context of substance abuse and dependence refers to medications, drugs of abuse, and toxins. The substances have an intoxicating effect, desired by the user, which can have either stimulating (speeding up) or depressive/sedating (slowing down) effects on the body. For the purposes of this study a substance will include alcohol, drugs, or prescription medications (Newton, 1996).

Substance Abuse—What the DSM-V refers to as a maladaptive pattern of substance abuse leading to clinically significant impairment or distress, as manifested by having difficulty with major life roles, obligations at work or home, or recurrent use despite significant life problems (American Psychiatric Association, 2013, p. 199).

Child Protective Services—Comprehensive child protective services are provided to help protect children from physical abuse, neglect, and sexual abuse. The program has a purpose to help families get the services they need to change the behaviors (Minnesota Statute 626.556, 2010).

Licensed Alcohol and Drug Counselor—Alcohol and Drug Counselors help clients recover from addiction to drugs and alcohol through a variety of techniques that range from one-on-one interaction to group therapy. Most States have a complex, multi-tiered licensing system for Drug and Alcohol Counselors to better identify the professional education, training and experience level (Newton, 1996).

In summary, I have thought about my time spent as a child welfare worker and my experiences working with substance abusing parents. I have wondered what impact collaboration between the child welfare system and substance abuse counselors would have on the children and families. This study intends to explore the personal experiences and stories shared by the workers in both the child protection and substance abuse fields. Through the personal experiences of child protection workers and substance abuse counselors I hope to answer my research question: What are the potential benefits and challenges to collaboration between child welfare and substance abuse workers, when working mutually with substance abusing parents facing ASFA permanency timelines?

Chapter II: Literature Review

It is important to study the current literature surrounding the history, process and job specific policies and procedures for both the child welfare field and chemical dependency field to have a better understanding of the effectiveness of these programs. A review of the literature was conducted to address the benefits and challenges substance abusing parents face while working with multiple systems under the Adoption and Safe Families Act (ASFA) permanency timelines. Research was reviewed with regards to the value of the ASFA, the importance of finding children permanent homes, the complexity of substance abuse and the benefits and challenges to collaborations within the systems of child welfare and substance abuse.

This literature review is organized into three main sections: The first section discusses the Adoption and Safe Families Act, which will focus on research identifying the purpose of the law, the requirements of the law, and the support and critique of the law. The second section will focus on research regarding substance abuse and parenting. This section will address research that includes the impact substance abuse has on the child welfare system, concurring conditions substance abusers often face, supporting recovery and the impact permanency timelines have on children. The third and final section will address research specific to the effect of collaboration, or lack thereof, between professionals while working with substance abusing parents. The research in this section will identify how collaboration can impact clients throughout out the process of having a child placed outside of the home.

Adoption and Safe Families Act of 1997

The Adoption and Safe Families Act of 1997 amended the 1980 Child Welfare Act and sought to move children in out-of-home-placement more quickly into permanent homes.

The Adoption Assistance and Child Welfare Act of 1980 encouraged preventive programming and reunification in order to replace costly and disruptive out of home placements (Roberts, 2002). This law also brought forth the reasonable efforts requirement that calls for states to make family reunifications efforts to enable children to remain safely in their home, prior to placing a child in foster care (Roberts, 2002).

D'Andrade and Berrick (2006) stated the specific goal of the Adoption Assistance and Child Welfare Act of 1980 was to establish reasonable efforts and this was to be obtained by preventing out-of-home placements whenever possible, reunify children in foster care with their families (D'Andrade & Berrick, 2006). The second goal of ASFA focused on permanency for children. This goal pushed for child welfare agencies to reduce children's length of stay in care, and increased efforts toward reunification (Gendell, 2001). ASFA also required child welfare agencies enforce concurrent planning. D'Andrade and Berrick (2006) describe concurrent planning as an effort to preserve and reunify families while finding alternative permanent options for children should reunification efforts fail. This law had several components, one of which offered financial incentive to child welfare agencies to move toward permanency through increasing reunification efforts and if that was not an option, agencies were to move towards adoption (Fox et al., 2008).

ASFA child welfare agencies are required to locate permanent placement for children based on the most stable, least restrictive permanency option. Permanency options include:

Reunification: Return of the child to parent under circumstances where the child's well-being will be secure. Reunification is the preferred option in most cases.

Adoption: A court petition is filed to terminate parental rights and the child is placed in an adoptive home.

Legal Guardianship: A judicially created relationship between child and caregiver that is intended to be permanent and self-sustaining. The legal guardian takes on the following parental rights with respect to the child: protection, education, care, custody and decision-making.

Relative Custody: Permanent legal custody of the child with family or extended family.

Long term foster care: Designation for children in out-of-home care for whom there is no goal for placement with a legal permanent family. Long term foster care is an acceptable permanency option only if there is sufficient reason to exclude all possible legal and permanent family options. (U.S. Department of Health and Human Services, 2013)

The third fundamental goal of ASFA is child well-being. "Child welfare workers may have always felt that child welfare practice supported the well-being of children, only because of ASFA has the importance of this goal been articulated into law" (Fox et al., 2008, p. 65). Child well-being laws required states to ensure children's educational needs are being met appropriately, and they receive adequate physical and mental health services (DHHS, 1999).

The ASFA included several rules and guidelines for child welfare workers who work with children in out of home placement. States are required to initiate permanency hearings for children in out of home care within 12 months of initial placement. At the permanency hearing a decision is made whether a child will be reunified with their parents, parental rights will be terminated, or another specific alternative permanent plan implemented.

Termination of parental rights should be filed for children who have been in care the last 12 consecutive months or for 15 of the last 22 months. This needs to occur unless the agency can give compelling reasons as to why a termination of parental rights is not in the child's best interest, or parents were not provided with services meeting the reasonable efforts standards (Potter & Klein-Rothschild, 2002).

The ASFA laws also gives child welfare agencies the ability to deny reunification efforts based on reunification exceptions. D'Andrade and Berrick (2006) described five specific conditions which allow States the ability to bypass reunification efforts which include: a parent who has committed murder of another child or of the parent of another child who has committed voluntary manslaughter, a parent that aided, and abetted, attempted , conspired or solicited to commit murder or manslaughter of another child of the parent, a parent who committed felony assault that resulted in serious bodily harm to a child of the parent, and if parental rights were terminated to a sibling involuntarily (D'Andrade & Berrick, 2006).

The Importance of Timelines

The importance of achieving a timely permanency has many benefits. The ASFA passed largely on concerns of "foster care drift" which describes children who experience multiple, unstable foster home placements over a long period of time. This essentially identifies these children as lost within the child welfare system (Rockhill, Green, & Furrer 2007). Due to the ASFA, a child's need for safety and permanency prevailed over family reunification. A supporter of timely permanency was Judge Leonard P. Edwards (2007) who

described the effect a slow court system has on permanency and children. Children have unique needs and timely permanency is one of them. Edwards elaborates on how children need quick stability. “A week or a month is only a small percentage of an adults’ life, but he same time is a large portion, even the majority of a child’s life” (p. 4). He then goes on to state, “Children cannot wait for Christmas, for their birthday, for anything that is important. Since children have not learned to anticipate the future, they cannot manage delay” (p. 4).

ASFA also examines reasonable efforts and holds agencies responsible. Edward Payne (2007) discusses the importance of judicial involvement, yet also addresses how agencies will be affected. The agency has responsibilities to ensure that it is appropriately and timely in providing services for children and families. The agency is responsible for its actions, recommendations and ensuring reports are meeting the standards and purposes of federal and state laws (Payne, 2007). Agencies and their workers are responsible in the permanency planning process, while assuring reasonable efforts are being made. Edna McConnell Clark Foundation (2000) described the goal of reasonable efforts as a way to ensure that:

- No child is to be placed in foster care if they can be protected in their own home.
- When removal is needed, reunification is always pursued unless the courts determine no reunification efforts are needed based on reunification exception.
- Children who cannot be reunified are placed in adoptive homes to ensure an expedited adoption. (Edna McConnell Clark Foundation, 2000)

Because ASFA’s goal is to reduce the number of children who experienced extended stays in foster care, child welfare workers need to provide safeguards for children who might otherwise be returned to unsafe homes (Leathers, 2002).

While the child welfare system simultaneously works toward reunification and permanency planning, birth parents and guardians have an increased pressure to regain custody of their children due to shortened timelines. The ASFA permanency timelines may have significant consequences for all parents. Nevertheless, the obstacles substance abusing parents face while their children are in out of home placement can be overwhelming (U.S. DHHS, 1999).

ASFA and Substance Abuse

Parental substance abuse has been considered a major contributing factor in cases that involve child abuse and neglect (Brook & McDonald, 2007). Children need parents who can provide them safety and stability. When parents abuse substances, their judgment and ability to parent may become impaired (Semidei et al., 2001). Few studies have specified the exact numbers of children in out of home placement due to parental substance abuse; rather they focus on the maltreatment such as neglect, physical and sexual abuse. According to the National Survey of Child and Adolescent Well-Being (NSCAW) estimates are that 61% of infants and 41% of older children in out-of-home care are from families with active alcohol or drug abuse (Wulczyn, Ernst, & Fisher, 2011). In addition to this high number, drug and alcohol abuse are associated with a higher degree of child abuse and neglect, and are indicated in a large percentage of child neglect fatalities. Research has also shown that children of parents who are struggling with substance abuse are almost three times more likely to be abused, and four times more likely to be neglected than of non-substance abusing parents (Kinny, Thielman, Fox, & Brown, 2001). A study of child welfare agencies

estimate that 67% of parents in the child welfare system required substance abuse treatment, but child welfare agencies were only able to provide it to 31% of their families (Banks & Boehm, 2001). Research suggests that children from families with substance abuse come into care younger than children who enter into care from non-substance abusing parents. Once in care, these children are likely to remain in care for a longer period of time (Semidei et al., 2001).

ASFA and the Effects of Substance Abuse

Not only is there criticism about specific details surrounding the ASFA, there also is criticism regarding particular groups it affects. Many professionals who work with substance affected families consider the time limits prescribed by the Adoption and Safe Families Act to be unrealistically short (Rockhill et al., 2007). Families with substance abuse issues face particular challenges under ASFA given the lack of adequate treatment services, the shortage of publically funded treatment slots, and the lack of ancillary services that women often need in order to succeed in treatment (U.S. DHHS, 1999).

Parents face many obstacles on the road to recovery. Recovery is an ongoing process beset with formidable tasks and multiple pitfalls and setbacks (Rockhill et al., 2007). Family reunification only increases pressure by adding responsibilities to recovering parents (Holman & Butt, 2001). With permanency timelines pushing reunification, child welfare workers face many difficult decisions while working with substance abusing parents (Semidei et al., 2001). One obstacle discussed is the unpredictability of parental behavior when influenced by substance abuse. The high likelihood of relapse during the early stages

recovery makes rushed reunification difficult. Parents in need of substance abuse treatment can be problematic because recovery from addiction is not a straight forward process (Rockhill et al., 2007).

Young (1998) suggests “ASFA pits two important clocks against each other; the developmental clock of the child and the recovery clock of the parents. These clocks are unlikely to run in synchrony” (as cited in Rockhill et al., 2007, p. 8). While substance abuse is one of many factors that prevent reunification, the length of time needed for recovery lead some to question whether substance abusing parents can complete reunification. Brook and McDonald (2007) state, “It has been noted throughout the literature that alcohol and other drugs and the ASFA are incompatible, and family reunification efforts have been negatively affected as a result” (p. 664).

Rockhill et al. (2007) identifies a shortfall regarding the ASFA and its lack of depth regarding a parent’s inability to care for their child due to substance abuse. While there is concern regarding the ASFA and substance abusing parent’s ability to reunify with their children, there is also concern that we have spent far too much time considering the parents’ needs, and if a parent is involved with substance abuse rather than parenting, their rights should be terminated. Bartholet (1999) stated that a weakness of ASFA is that substance abuse and neglect are not included in the list of reunification exceptions. She states, “Immediate TPR seems appropriate when parents are so caught up in their drug or alcohol addiction that they are unable to function as parents and are unable or unwilling to engage in treatment” (as cited in Rockhill et al., 2007, p. 8).

In contrast, Bartholet (1999) desires to see substance abuse included on the list of egregious circumstances and recognizes the struggles substance abusing parents have reaching the permanency deadlines given the complexity of recovery. The U.S. Department of Health and Human Services has noted that only one third of those in substance abuse treatment abstain permanently after their first recovery attempt, whereas another one third have multiple periods of abstinence and then relapse before achieving sobriety. Another one third have multiple periods of abstinence and then relapse before achieving sobriety. Another one third have chronic relapse and may never reach permanent abstinence (U.S. DHHS, 1999). With the struggles that substance abusing parents face, and the need for child permanency Roberts (2002) identifies the question "At what point should agencies give up on parents for the sake of place children in a permanent home?" (p. 3).

Service Availability

There is a significant amount of research focused on barriers to chemical dependency treatment, yet there is little research focused on the barriers chemically dependent parents face while working with the child welfare system. Porter (1999) suggests the number one barrier to treatment is motivation, "You have to want it" (p. 22). Yet parents working with child welfare services are often forced into treatment without recognizing their addiction. On the other hand, supporters of ASFA acknowledge the "hammer" that can be applied in terms of getting parents into treatment by limiting the time for parents to engage in services" (Green et al, 2006, p. 151).

Research also suggests that parents may look at the ASFA as a source of “positive coercion” (Green et al., 2006, p. 151). Being forced into chemical dependency treatment to get your children back may be the push some substance abusing parents need. However, Schultz (2001) found being court-mandated into treatment had no impact on the likelihood of treatment completion.

The difficulty in working with substance abusing parents could be a result of the many factors substance abusing parents may face. These factors may include but are not limited to mental illness, domestic violence, economic and housing insecurities.

Factors Substance Abusing Parents Face

Few studies have been conducted regarding co-occurring mental health and substance abuse cases working with child welfare. Wattenberg, Kelly, and Kim (2001) completed a study which looked at 97 Minnesota children whose parental rights were terminated, and found that 57.7% of the mothers had a history of multiple problems which included substance abuse, and 47.5% had persistent mental illness. The study was not able to give a definitive number of women who had co-occurring conditions of substance abuse and mental illness, rather the study identified that 80% had dual or multiple conditions (Wattenberg et al., 2001).

Stromwall et al. (2008) completed a study that assessed 71 parents with substance abuse conditions involved in chemical dependency drug court. This study found as many as 59% of the 71 parents identified co-occurring conditions. Stromwall (2008) described co-occurring conditions between mental health and substance abuse as “the norm” rather than

the exception among the parents in the child welfare system. With studies identifying the need to look at co-occurring conditions, Stromwall (2008) discussed the need to look at an integrated treatment model instead of separating mental health and substance abuse problems.

Substance abuse is often accompanied by a host of other difficult problems, which makes working with chemically dependent families difficult (Farley, Golding, Young, Mulligan, & Minkoff, 2004). A study found nine out of 10 people in substance abuse treatment reported at least one traumatic event. One third of all patients studied had reported domestic violence, serious accidents robberies or witnessing someone being killed (Farley et al., 2004).

Entry into Treatment Services

ASFA has brought forth strict reunification guidelines for parents. Considerable controversy has surrounded this particular law, indicating that families with substance abuse problems cannot access treatment immediately.

Very few studies have looked into treatment utilization by parents involved with child welfare, and those who did research this topic were not able to present a clear or comprehensive picture (Green et al., 2006). However, research has been overwhelming, with regards to the barriers substance abusing parents face while trying to access treatment in a timely manner. Worcel, Green, Burrus, and Finiga (2004) reported among substance abusing families who were involved with child welfare services, but not parenting in drug court intervention, only between 50%-75% received needed treatment services. It was also

pointed out that treatment, on average, took anywhere from 90-200 days between the start of their child welfare case and the parent entering into treatment (Green et al., 2006).

Although treatment availability is an obstacle for many parents working with child welfare, McCollister et al. (2009) identified the financial burden entering treatment can cost. It was reported that 31% of the individuals studied reported cost was a contributing factor when determining if they would pursue treatment. Poverty, inadequate transportation, poor communication and inadequate housing often accompany it, making accessing treatment unduly challenging for a large portion of individuals (Rockhill et al., 2007). While the cost of entering treatment can serve as a barrier, the loss of income during treatment can also be concerning for those seeking treatment.

The Children Affected by ASFA

While research has suggested permanency timelines regarding ASFA were incompatible with substance abusing parents, one study completed by K. L. Henry, used the 3-5-7 model and addressed ways to prepare children for permanency but, goes further to recognize the children impacted by permanency (Henry, 2005). Although there is little research giving exact numbers of children adopted from substance abusing parents there is research that substance abusing parents lose their children to permanency timelines, therefore children's needs should be considered. Whether substance abuse was by a parent or another caregiver in the home, behaviors while under the influence of alcohol or drugs can have life-long effects on children (Breshears, Yeh, & Young, 2004).

While removing children from substance abusing parents is needed at times, the impact of foster care on children should be considered. "Children living in out of home placements experience multiple losses due to traumas of abuse and separation" (Henry, 2005, p. 199). Termination of parental rights is the most extreme measure judges can impose on families. The idea of permanently severing all legal ties between parent and child, as well as ending physical custody which includes visitation rights, ability to communicate with, or the ability to ever regain custody of the child is a reality substance abusing parents with children in out of home placement face (Roberts, 2002). Because termination of parental rights is such an extreme measure there is a need for additional research regarding the amount of children adopted based strictly on substance abuse, and if successful completion of treatment within the permanency timelines was obtained.

Research has identified a child's need for family connection and its importance to their wellbeing. It is noted by Allen and Davis-Pratt (2009), that children who are not reunified with their parents tend to be more successful when they are placed with relatives rather than children placed in foster care or permanent homes with non-relatives. There is a high concern regarding the children who do not have family connections, which is estimated at a half a million children yearly.

Children without families lack comfort and security. Family connections offer children a sense of wellbeing and belonging that encompasses their racial, ethnic, and cultural heritage; a model of their own relationships when they become adults; and a personal safety net. (Allen & Davis-Pratt, 2009, p. 70)

ASFA's goal of permanency highlighted the importance for children to find permanent homes; yet finding those permanent homes appears to be challenging leaving many children in non-permanent foster homes.

Supporting Recovery

While co-occurring conditions make substance abuse more difficult, research does show a key step child welfare workers can take to assist in the recovery process is allowing parents to stay connected with their children. Leathers (2002), asks an important question, "What types of services increase a parent's chances of achieving reunification?" (p. 596). Parental visitation during out of home care appears to be an indicator of reunification. "If significant relationships are detected between practice patterns, and visitation frequency, structured interventions that replicate these practices may increase the rates of reunification" (Leathers, 2002, p. 596). This study also reports visitation frequency was a stronger predictor of family reunification than maternal substance abuse or mental illness (Leathers, 2002). With this study identifying the importance of parental visitation in terms of predicting reunification, additional research would be beneficial regarding the barriers to visitation, and if substance-abusing parents have higher reunification rates based on visitation frequency.

In addition to mental health, trauma and visitation, parents also struggle with resources. According to Marsh and Cao (2004) effective outcomes result from increased access, duration and comprehensive services for substance abusing parents. These services may include, but are not limited to child care, transportation, and mental health services.

Community services may not be organized to support clients within the child welfare system. These services may lack limited daytime hours, no child care or limited access to public transportation (Semidei et al., 2001). When community service may be a struggle for child welfare clients, collaboration between agencies can be a helpful tool in assisting clients in obtaining needed services.

Professional Collaboration

Professional collaboration appears to be a helpful tool when working with chemically dependent parents. The struggle chemically dependent parents face may not always be their personal addiction, but the conflict between professionals. The intertwined problems of substance abuse disorder and child abuse require systems collaborate if they are to break the intergenerational cycle that continues to cause so much damage to society (Breshears et al., 2004). As stated by DHHS (1999):

While both the substance abuse treatment and the child welfare fields have the vision of healthy, functional families resulting from their interventions, in moving from the families immediate situation to end result, different perspectives and philosophies sometimes impede cooperation, engender mistrust and can cause agencies to hamper another efforts and stymie progress...it has become obvious to observers of interactions between service providers in the child welfare and substance abuse treatment fields that in most instances, agencies do not work well together and that truly collaborative relationships are rare. (as cited in Breshears et al., 2004)

An exploratory study completed by Karoll and Poertner (2003) showed how judges, child welfare workers and substance abuse counselors weigh indicators for safe reunification with substance affected parents. This study identified shortening the time for substance abusing parents to demonstrate reasonable progress had a negative effect on the

reunification process. Lack of education between professional groups working with substance abusing parents, and different indicators of client growth were identified as barriers to the reunification process (Karoll & Poertner, 2003).

This study, like others, identified a need to develop collaboration between the judicial system, child welfare, and substance abuse facilities to be beneficial to client success. Substance abuse counselors and child welfare workers have different definitions of who “the client is,” and what outcomes are expected in regards to timelines (Breshears et al., 2004). Child welfare and substance abuse counselors face barriers when identifying the client. Child welfare workers recognize the child and seek to ensure child safety, while alcohol and drug counselors and focused on treating the parent’s addiction needs (Breshears et al., 2004).

There are additional differences in the values and philosophies between child welfare and substance abuse agencies. Child welfare workers have little if any training in assessment or treatment of substance abuse, yet they are expected to evaluate client progress as a part of reunification plans (Brook & McDonald, 2007). Karoll and Poertner (2003) also suggest substance abuse counselors need to understand the perspective of the case worker, and the judges by stating, “These professionals face serious repercussions if their decision to return a child to its mother results grave harm to the child or its death” (p. 155). Clients may benefit from more effective treatment if professionals worked collaboratively to support the client in all areas. While different perspectives between professionals may cause barriers to reunification there are several other barriers can be equally damaging.

The emphasis for collaboration between child welfare and substance abuse fields has been encouraged through programs such as integrated services. For example substance abuse Assessors may be located by county offices. There is also a growing push for cross-agency training, drug courts, and wraparound services (Green et al., 2006). While efforts are being made to encourage the collaboration between these two systems, continued evaluation is necessary.

Conclusion

The Adoption and Safe Families Act (ASFA) of 1997 has set forth goals to assist children in out of home placement. This act looks at the three goals of child safety, permanency and wellbeing. While the intention of ASFA was to expedite permanency for children, this leaves substance abusing parents with unrealistic recovery timelines. Substance abuse is a complex issue often accompanied by mental illness, domestic abuse and trauma. With co-occurring issues accompanying substance abuse, relapse is an unfortunate struggle many parents face. Although there is not a significant amount of research giving exact numbers of the children being adopted from substance abusing parents due to the ASFA, research does suggest chemical abuse affects a large portion of cases of children in out of home placement. There is much to learn about the factors that impact the ASFA when working with substance abusing parents. Despite the growing amount of literature on the Adoption and Safe Families Act and substance abuse in general, there continues to be a need to evaluate the benefits and challenges to collaboration between child welfare and substance abuse devoted to substance abusing parents impacted by ASFA.

There is growing research identifying specific knowledge or skills professional can use to assist substance abusing parents with reunification, however, additional research would be beneficial. It is the goal of this research study to identify the benefits and challenges to cross system collaboration through personal experiences of child protection workers and substance abuse counselors.

Theoretical Approach

Parental substance abuse continues to be a significant factor within the child welfare system. Due to multiple-levels that exist for substance abusing parents, systems perspective theory is helpful when analyzing the individual, the multi-agency collaboration, and connection between substance abusing parents and the federal mandate of the ASFA. Systems theory looks at the integration of mutual relationships and how individual subsystems function within larger systems; each subsystem has an effect on all other parts of the overall system which affects the balance of that system (Hutchison & Charlesworth, 2003). This perspective is helpful in identifying the multiple systems substance abusing parents face amongst the current literature.

A Systems Perspective for Substance Abusing Parents

Historically, Werner Lutz (1956) paved the way for a system model that could be successful for use in social work practice. A systems model works particularly well in social work practice due to the multi-organizational and intricate environments for which clients live (Zaplin, 2009).

This perspective is particularly useful when examining substance abusing parents due to the complex systems that often accompany substance abuse. Using this perspective gives the opportunity to not only look at the client as an individual, but the relationships they hold, and the agencies they are involved with Senge (1994) states:

Adopting a systems perspective goes beyond seeing the pattern of interrelationships inclusive of the attributes of people, institutions, agencies and the society at large. Systems perspective allows those working with substance abusing parent the ability to see how these forces interact, shape, affect and condition one another reciprocally. It also allows for the possibility to see patterns of causality, the cycles of cause and effect that make up systems. (Senge et al., 1994)

When identifying the many systems in which a substance abusing parent identifies with, the goal is to ensure services provided will not be hampered by opposing treatment philosophies, and will encourage the idea of multiple philosophies into a single model (Zaplin 2009). This may be especially helpful in identifying the importance of collaboration between agencies with substance abusing parents.

For the purpose of this study a system perspective is useful in understanding the significance of complex systems embedded in the life of a substance abusing parent. Overall, substance abusing parents can benefit significantly through the use of systems perspective if they are receiving services that are specific to their individual needs.

Chapter III: Methodology

The use of a qualitative method was particularly beneficial in this research, to gain an in-depth account of personal experiences regarding the collaboration between Child Protection workers and Substance Abuse Counselors, and its impact on substance abusing parents.

Qualitative researches believe that objective reality can never be fully understood or discovered and there exists many possible ways at looking at realities. Qualitative research is devoted to understanding specifics of particular cases and embedding their research findings into an ever-changing world. They value rich descriptions of the phenomena under an analysis and attempt to represent individuals' lived experience through writing and interpretations. (Heppner & Heppner, 2008)

This research has taken a particular interest in the experiences and perceptions of collaboration and its impact on substance abusing parents. The goal of this study was not to blame the substance abusing parent, but rather to explore the skills, professional knowledge and the practice reflections of Child Protection Social Workers, and the Substance Abuse counselors. Workers' and counselors' attitudes, beliefs, and stories are especially helpful in gaining insight into their perspective and experiences.

Participants

This qualitative study included eight participants consisting of four child protection social workers (CPS), and four Licensed Alcohol and Drug Counselors (LADC). The participants were chosen based on their significant roles working with substance abusing parents. While both CPS and LADC's work with substance abusing parents, they have different roles and job requirements, and perceptions. CPS and LADC's represent key systems involved with

substance abusing parents, giving them the ability to describe experiences with regards to collaborations and the impact on parental substance abusing parents. These key systems will also be able to contribute to the in-depth personal experiences by describing the complex challenges substance abusing parents may face.

Sample

This researcher located participants by using purposeful sampling. Rubin, Babbie, and Lee (2008) define purposive sampling as selecting a sample of observations or participants that the researcher believes will yield the most comprehensive understanding of the subject of study. Purpose sampling allowed adequate representation of the two systems. The CPS workers were determined as qualified for this study by having at least a bachelor's degree and work as a county child protection social worker. For this study the participant also had a year or more experience working at their county. Four LADC's were chosen based on their qualifications of having a bachelor's degree, and additional training and licensure required by the state of Minnesota. This researcher also required experience of a year or more of all LADC participants. Counselors will be located at multiple treatment centers in central Minnesota.

Data Collection

In collecting data, individual semi-structured interviews were conducted utilizing a semi-structured questionnaire. According to Rubin et al. (2008) in-depth interviews are excellent qualitative tools, that are beneficial in obtaining information regarding complex processes of interactions between systems and the insight of professionals embedded in

those systems. This type of interview is beneficial to this study due to the multiple systems working with substance abusing parents. Research was conducted face to face. According to researcher Anastas, interviews are conducted with the goal of using conversation to gather information from someone else. Interview use as a means to collect data is beneficial if the goal is to focus on “verbal behavior, on the words being used by people to describe the events, recollections, opinions, attitudes, feelings, motivations, intentions and meanings” (Anastas, 1999, p. 308). The interview locations were chosen by the participants with the goal of convenience, and protection of participant privacy. The interview lasted a minimum of one hour and a maximum of two hours. Data was tape recorded and later transcribed verbatim. In addition to the interview, observations and reactions of the participants were recorded immediately by hand written documentation following the interview. A description of all factors that may have influenced the interview were used to increase the validity of the study.

The researcher provided an explanation of the study, its purpose and answered any questions the participant had prior to and after interviews. The participants identified their personal experiences related to their practice with substance abusing parents, and the policy associated with permanency timelines. This researcher asked participants a variety of questions in a semi-structured format. Using a semi-structured interview allowed the researcher to organize the interview with key questions, yet promoted the ability to include open-ended question to gain further insight. According to Daly (2007) semi-structured interviews allow for the ability to focus on particular areas of interest without limiting the

interview to set interview questions. Because this approach starts structured with the ability to ask additional questions and probe for additional insights making this method effective in gaining insight into the personal experiences of child protection workers and substance abuse counselors (Daly, 2007).

This researcher provided a disclosure and permission statement that informed the participants that the identity of their employment and the study participant themselves would be kept confidential. In addition the participants were offered a copy of the completed study if desired.

Data Analysis

John Grahms (2007) practical analytical activities will be used to analyze the data.

These activities include:

1. Read and re-read the transcript to familiarize the researcher with the structure and content of the narrative Look for:
 - Events-
 - Experiences- Images, feelings, reactions, meanings
 - Accounts- Explanations, excuses
 - Narrative- The linguistic and rhetorical form of telling the events, the interactions between the participant and the interviewer, temporal sequencing, characters, employment and imagery.
2. Identify key features such as beginning, middle and end of stories.
3. Use the right hand margin of the transcript to note thematic ideas and structural points. Look for transition between themes. Find text expressive of a particular themes used at specific stages of the interview.
4. Take notes about ideas and then highlight where participants give accounts for their action to show the overall structure of the story. See if there are after episodes that seem to contradict the themes in terms of content, mood or evaluation by the narrator.
5. Mark embedded mini-stories or sub plots.
6. Highlight or circle emotive language, imagery, use of metaphors and passages about the narrator's feelings.

7. Code thematic ideas and develop a code frame.
8. Connect ideas that have developed within the narrative with the broader theoretical literature.
9. Undertake case-by-case comparisons. (p. 73)

Using these steps allowed for an in depth understanding of the experiences described by participants. Because child protection workers and substance abuse counselors have different roles, analyzing themes between the two systems provided additional insight into the examination of differences in experiences and practices and ideas related to collaboration. After all coding was complete, triangulation was used to ensure that other professionals would find the same results cross checking the transcripts. Triangulation was beneficial to identify and bias throughout the coding process. A journal was also used to identify an environmental factors that may have impacted the interviews.

Instrument

This researcher used a semi-structured interview for use during interviews with child protection workers and licensed alcohol drug counselors. The demographic data for each participant in this study included gender, age, race/ethnicity, occupation, number of years in current position and level of education. The interview consisted of 10 questions. The interview requested both structured questions, and open-ended questions to allow for more in-depth comprehensive information. The benefit of an in person interview allows more flexibility to gain additional information and the ability to observe reactions, facial expression and voice tone. The interview questions were reviewed by the Internal Review Board at St. Cloud State University prior to beginning the study.

Human Ethics and Considerations

To protect human rights, the Internal Review Board for St. Cloud State University will review the study questions. This researcher will begin the interview with a clear discussion regarding the purpose of the research, and the research question. Identifying clear expectations of the participants, such as interview length, and interview location will help reduce potential stressors. Participants were notified that involvement is voluntary, and they may withdraw at any time.

This study will not identify the participant's name or organization, and participants will be completely confidential including identification through other participants within the study. All audiotapes and transcripts will be kept on this researcher's computer, and kept in a password-protected file. The only individuals with access to the information will be my thesis committee and me. Once the thesis is completed and committee approved all information will be shredded, deleted, and destroyed. If at any time the participant feels there is a problem with the interviewer, or the research a name and contact information of the committee chair will be given to the participant.

Limitations and Benefits

This qualitative study has a limited scope due to the small amount of interviews conducted. This interviewer felt that face-to-face, semi-structured interviews would give more insight into the research question, and could identify a theory based upon data collected. This study may lack the ability to generalize results as it is limited to a small number of participants located only in central Minnesota. Lastly, the study did not include

the perspective of clients, which could possibly generate a more complete picture of the collaboration impact between these two systems.

The benefits to this study include a personal approach to the interview by having face-to-face semi-structured interviews allowing additional themes and ideas to emerge. In depth interviews can look at participant history, personal experiences and provide opportunity to adjust ones interview questions to gain clarification or insight. The research data obtained from this study could be beneficial to all professionals working with substance abusing parents and the clients themselves. Putting this knowledge to practice could facilitate services between agencies working with substance abusing parents.

Chapter IV: Data Analysis

The purpose of this study was to ask the question “What are the benefits and challenges to collaboration between child welfare and substance abuse workers, when working mutually with substance abusing parents facing ASFA permanency timelines?” This was accomplished by studying the perceptions and experiences of child protection workers and substance abuse counselors through a qualitative research designed to focus on the case study method of data collection. The interviews began with verbal and written consent, which was reviewed by the Internal Review Board at St. Cloud State University in St. Cloud, Minnesota. Following the signing of the consent form, a short demographic questionnaire was completed. Of the six participants three were county child protection social workers and three were licensed alcohol and drug counselors. All participants worked in central Minnesota, and have worked in their current position a minimum of two years and a maximum of thirty-six years. All participants identified as Caucasian.

This study posed unique challenges for me. As a former child protection social worker, it was essential I entered into each interview with a clear mind and no pre-conceived agenda of what I might discover. To do this I focused on the thoughts and experiences of each participant. During each interview a journal was kept to record additional information gathered from the interviews such as environmental distractions, emotional reactions, non-verbal responses and any other factor that may have given further insight into responses. This chapter will report the major themes that emerged from the interview transcriptions. The major themes were identified through repetition of key phrases

or words. The five major themes are *Communication is Key*, *Know Your Role*, *Co-occurring Conditions*, *Unrealistic Expectations* and *Close the Book and Move On*. These themes will not be addressed in any particular order as no theme had clear significance to this research over the other.

All participants spoke extensively regarding the importance of communication. *Communication is Key* discusses the significant role communication plays between child protection social workers and substance abuse counselors when mutually working with a client. *Know Your Role* focuses on the different job responsibilities and respecting each other's area of expertise when working together for the benefit of a client. *Co-occurring Conditions* focuses on mental illness and substance addiction and their impact on the client's ability to parent. *Who Is the Client* focuses on the difficulties that child protection workers and substance abuse counselors often face when having to consider the needs of clients when making decisions. *Unrealistic Expectations*, focuses on ASFA's impact on substance abusing parents attempting to reunify with their children. *Moving Forward*, discusses the changes that can be implemented to improve collaborations to better serve clients.

Communication is Key

Child protection workers and substance abuse counselors often carry high caseloads numbers, leaving their time limited and strained. Because of limited time, communication sharing between the substance abuse counselors and child protection workers is often impacted. Throughout the interviews participants identified communication and information sharing as a key theme to effective collaboration. Participants in this study experienced a

wide spectrum of success when attempting to communicate between the two systems. Participant 3 stated communication needs to begin when a client is admitted into a treatment program and described a positive communication experience, reporting, "Immediately upon, admittance the treatment center would give me a call and let me know that my client had gotten there; they're checked in, and who their primary counselor would be so I would have that information right away." While initial contact is important, continued communication is also essential for effective collaboration. Participant 3 discussed a disappointment with collaboration "I've had some experiences where I've gotten absolutely no progress notes about a client and I've had to call and ask for them and still never received them." This child protection worker is then left to make recommendations to the Court with no input regarding a client's sobriety.

Open communication encourages honesty and accountability for all involved. This is for both professionals and clients. Subject 6 indicated the child protection worker is an advocate for the child and the chemical dependency counselor is an advocate for their client but ultimately, their goals are the same. Subject 6 stated if there is a good and open rapport with the child protection worker about where parental reunification stands, it allows for more open communication regarding the client's progress in treatment.

Participants identify collaboration early and often as essential. Subject 2, "It is important to pull everyone to the table early so the social worker is on top of everything right from the get go or it will fall apart and you just receive a progress report at the end and you've missed your opportunity."

Not only is it important to be communicating through the treatment process, Subject 6 identified the benefits of having a team approach to discharge planning and having the child protection worker present during discharge in order to facilitate a “tight plan”. A discharge plan could include such things as, contact your social worker within 24 hours, where will the client be living and with whom, what is the sobriety plan, is there a sober support system in place and is there an aftercare program recommended.

If communication is not placed as a priority, there can be unavoidable consequences. Subject 3 related a story in which they had made multiple attempts to contact the treatment center to gain treatment progress and discharge recommendations. Child protection was denied the opportunity to speak with the client while in treatment. As the treatment center did not respond to these attempts the child protection worker had no other legal option but to terminate the parental rights of the client’s four children.

Theme 2: Know Your Role

The second theme that emerged from the data is *know your role*. When a child is removed from a parent with a substance abuse problem, child protective services and substance abuse counselors often find themselves working with mutual clients but with different expectations of the client. Child protection workers are obligated to enforce the Court’s order and have the safety and best interests of the children as the priority while substance abuse counselors focus on the client’s individual needs. Both professions have differing philosophies and expectations, which at times cause the systems to collide.

It would appear, from these interviews, when substance abuse counselors and child protection workers do not come together in collaboration they may find themselves making recommendations outside of their assigned areas of expertise. Both substance abuse counselors and child protection workers reported just such a crossover of systems, when substance abuse counselors gave incomplete or incorrect information to a parent regarding child protection matters and child protection workers gave information that contradicted what the client had learned from their treatment counselor. Incorrect information given by both parties resulted in recommendations that didn't meet the requirements of either professional.

Each party knowing and understanding their role is essential to collaboration. Subject 4 stated, "You need to focus on what your job is. In my role as a LADC, I believe it's my function to focus on the chemical dependency, the treatment, the addiction, recovery, you know all those aspects. When it comes to the home life, or the actual custody, those recommendations would be more in the realm of the child protection worker." Subject 4 summed it up by stating, "I think it's appropriate that chemical dependency related decisions should be made by the LADC and child protection decisions should be made by the child protection worker as opposed to people trying to step outside of their role"

Educational perspectives were discussed with the participants when discussing the specific roles of child protection workers and substance abuse counselors. It would appear as though there is no requirement in either discipline to be cross-trained. There are also differing educational requirements within the two professions. County child protection

requires a bachelor's degree in social work or a related field and substance abuse counselors, until recently, did not require a degree or post-secondary education. Currently the requirement to become an LADC is a four-year degree; however participants in this study were grandfathered in with a variety of educational backgrounds including criminal justice, elective studies and a two-year associate's degree.

Each side stated a need to cross train the differing professions. This realization, though voiced by both sides, seemed to indicate that the party on the *other* side of the debate was the professional in need of further cross education.

Subject 4, an LADC, stated,

I know there have been times when Child Protection people haven't had a really good understanding of addiction and what addiction means so they think when a person relapses they will never be able to quit, so let's just call it done. Whereas addiction counselors were trained that relapse is a part of addiction and you don't necessarily call it quits after one relapse, you have to assess their motivation and their commitment to change.

In contrast Subject 3, a Child Protection Worker reported,

Relapse, in substance abuse, is not considered that big of a deal. One client told me that relapse was going to happen, that's like setting her up, you know giving her a green light. If she uses once or twice it's not a big deal. Whereas with us, if they test positive, and they have their kids back, we are going to remove those kids again and that's a very big deal to us.

Child Protection Workers, unlike substance abuse counselors, are obligated to follow ASFA time lines and the requirements placed upon them by the Court. Relapse, while in recovery, may be an accepted part of the recovery process according to an addiction

counselor; however child protection workers may not have the option to give additional chances as they would be found in contempt of the Court's order.

Theme 3: Co-Occurring Disorders

Stromwell (2008) described co-occurring conditions between mental health and substance abuse as, "the norm" rather than exception among the parents in the child welfare system. Co-occurring conditions were also identified as a barrier for several participants in this study. The barrier was for the worker and accessing services and for the client in identifying need for services. Subject One described her position on the Family Dependency Treatment Court as, "A collaborative team made up of a child protection worker, a public defender who is an advisor, the county attorney's office, Rule 25 provider, mental health expert, a guardian ad litem and a parenting counselor." Subject 1 described the mental health worker as essential due to the co-morbid link between mental health and chemical dependency. The barrier for the client when there is no multidisciplinary team and the co-occurring conditions are not being addressed.

Subject 2 was able to identify specific treatment centers that addressed mental health as a part of their curriculum. In demonstrating the need for flexibility and the impact mental health has on successful treatment, the child protection worker told a story about a specific case where a client needed more help because she was not getting the mental health component, which was interfering with her recovery. Subject 2 was able to implement a plan that included the client transferring to a residential program with a mental health component. This program was better able to address and meet the needs of the

client. It can be helpful when a client enters treatment to know what if any co-occurring conditions they may have to find the most appropriate treatment facility. Some treatment facilities are able to a mental health component.

Unrealistic Expectations

Although the philosophies may be different between child protection and substance abuse participants all agree that ASFA timelines may be unrealistic for substance abusing parents. Unless treatment is available promptly, the opportunity for intervention may be lost and an intervention by child protection services may be the incentive for a substance-abusing parent to seek treatment. However, if a treatment center does not have the facility for the children to stay with the parent this can be a deterrent for the parent and their cooperation with the treatment program and child protection. Subject 2 described the barriers to finding housing for substance abusing parents and their children.

Realistically most of the people I work with have a significant issue with alcohol or drugs and they need that inpatient [treatment] but they may not want their kids to be in placement [foster care]. The barrier for them is finding a place where they can go that doesn't have a huge waiting list, and can take them and their kids together.

Subject 5 spoke of a difficulty a client faced when she entered a half-way house while her children were in placement 100 miles away due to the limited amount of family centered halfway houses in Minnesota. Having her children so far away from her in placement had an effect on her success at the half way house.

In addition to waiting lists and struggles to locate appropriate treatment programs the length of treatment is described as a barrier for reunification. As stated previously, ASFA

guidelines gives parents six months to a year to successfully complete their case-plan and reunify with their children.

Subject 1 described treatment as a “hurry up and get this done” and described the process parents face when entering treatment as:

You’re on a timeline and the time is short because of permanency. Treatment is saying, golly gee I only have funding for twenty-nine or thirty-five days. Everyone is telling the parent to do this, and do this at a time in their life when they are barely functioning and barely breathing without the use of drugs or alcohol. Meth users may have no organizational skills and for them to change their sleep patterns, get up, get dressed and get out of the house in the morning is huge.

Subject 3 stated: “It is hard sometimes because we have timelines that we have to work within” and described how it is determined whether or not a parent would get an extension on ASFA timelines.

Depending on when the client starts treatment, and the possibility of a halfway house, it also depends on the addiction. When a client enters a long-term program it has happened that a client has not finished either phase 1 or phase 2 and permanency timelines have expired. If a client is not working hard or just kind of doing the minimum allowed, or if they are on a behavior contract and close to being kicked out, I am not going to ask for an extension and they have had their chance.

Subject 4 described how overwhelming and stressful the treatment process can be on parents.

The stress, the anxiety, you know they feel like they’re going to tear their hair out and if a person gets too overwhelmed the two most common things are they want to give up, they want to use so, that can be a real dangerous thing. You obviously want to give them materials and education so they can learn and better themselves but you can’t push them too hard, too fast, or they are going to get overwhelmed and quit.

Dealing with substance abuse in itself is challenging and adding children to the equation may seem overwhelming. Subject 5 discussed the difficulty women face while learning new parenting skills in recovery including the need to “go back to the basics” in teaching daily living skills.

Most of them haven't had a daily structure. I mean we have to work with clients on getting them to bed, eating and exercising. By the time they come into this level of care they were pretty much doing drugs or drinking and they stopped functioning in life.

When things are going well, Subject 5 described it as, “Taking this tight rosebud, you don't even know what color the flower is, and you just watch it slowly blossom.”

Chapter V: Discussion

This study explored child protection workers and substance abuse counselors' perceptions of the benefits and challenges to collaboration when working with mutual clients. Based on the data collected and analyzed, this researcher has learned that there are several benefits and significant challenges in collaboration between the child welfare system and substance abuse counselors. Chapter V will summarize the information learned from the findings that was presented in Chapter IV, Findings. This chapter will discuss the similarities between the data presented in Chapter IV, Findings and Chapter II, Literature review. Within this chapter implications and limitations of the study will also be discussed as well as community recommendations for future development. From the data collected four themes emerged from the participant interviews. These themes appeared both in the literature review and with the eight participants that were interviewed for this study.

Communication is Key

Consistency appears amongst the literature review, participant responses and my personal experience as a child protection worker, specifically client's needs are best met when open communication happens within the child welfare and substance abuse systems. Setting up a cooperative environment between child protective services and the substance abuse counselors appears to be a necessity for effective treatment planning with substance abusing parents. Open communication and significant involvement of both systems is helpful in the recovery process. When all parties are communicating and working collaboratively as a team it affords the client the opportunity to meet the ASFA guidelines or qualify for an

extension on the timelines. When all systems cooperate there is less opportunity for miscommunication, differing messages being given to client, and manipulation of workers.

Know Your Role

Child protection workers and substance abuse counselors have very different roles. These differences have led to miscommunication and negative impact on mutual clients Green et al. (2006) and the participants of this study both agreed that the differing role and philosophies may produce challenges. The importance of positive working relationships between child protection workers and substance abuse counselors was stressed both by participants and throughout the literature review. When child protection workers and substance abuse counselors have positive working interactions with each other trust is built and communication is enhanced which directly benefits the mutual client. The literature review and participant responses also stressed the importance of professionals working together as a team. Multidisciplinary teams create a client-centered approach when dealing with substance abusing parent's, which are often a part of many systems and have a variety of expectations put on them.

Roles and responsibilities of each member of the multidisciplinary team need to be understood by each professional in order for the team to work cohesively together. Conflict can arise when between when child protection workers and substance abuse counselors are unaware of differing perspectives. Both the (Farley et al., 2004) and the participants recommended that regular training be facilitated in order to decrease the likelihood of these role conflicts occurring. Stereotypes, can be manifested by each profession when the

respective disciplines do not work well together due to bad experiences, lack of communication, lack of understanding of each service provider's role and create an untrusting working relationship.

Co-Occurring Disorders

The literature identifies mental health concerns as a significant co-occurring condition for those experiencing substance abuse. Like the literature suggested participants in this study felt an overwhelming amount of their clients were experiencing co-occurring disorders as well. Often times co-occurring conditions have led to the original use of chemicals or have been masked by the substance abuse. This can become a challenge for clients and providers because limited resources are available and it can prevent reunification. Substance abuse is often accompanied by a host of other problems, which make working with families who experience chemical dependency difficult (Farley et al., 2004). One study found that 9 out of 10 people in substance abuse treatment reported at least one traumatic event. One third of all patients studied had reported domestic violence, serious accidents, robberies or witnessed homicide (Farley et al., 2004). These factors were present in the client description of this study.

Unrealistic Expectations

Believing in the importance of family connections the Adoption and Safe Families Act of 1997 was established and it set forth time lines to ensure permanent families for children in the foster care system. AFSA maintains that children must be placed with a permanent family within 1 year of removal from the home. That family may be the child's family of origin

or an adoptive family. While one year may seem like a short period of time for an adult it is a significant portion of a child's life.

Although well-intended ASFA timelines appear unrealistic if chemical dependency is involved in the reason for removal. It is because of the differing timelines, and its impact on substance abusing parents, that research on the benefits and challenges to child protection workers and substance abuse counselors working collaboratively was necessary. Green et al. (2006) show that these disparities and client needs are best addressed when multi-discipline teams work together, as in the Family Drug Court setting, where child protection workers and chemical dependency counselors are considered of equal importance in treatment planning.

Benefits of Collaboration

Both the literature review and this study indicated several benefits to collaboration between child protection workers and substance abuse counselors while working with mutual clients. When clients are supported by both systems they are more likely to work their program and not feel torn by differing philosophies. This is consistent with the reports in the literature review. When both systems work together it can save clients valuable time which can be helpful when facing the ASFA timelines (Farley et al., 2004). A substance abuse counselor located within human services can be helpful in providing and referring clients to services with input from child protection workers.

The literature review documented that access to treatment and services can be difficult without child protection workers involved because honesty is necessary from the

client. Therefore, it is easier for treatment facilities and substance abuse counselors to rely upon a client with input from a child protection worker employed at the same agency since they may have a positive working relationship. This is consistent with reports from research participants.

Challenges

The literature review suggested that funding can be a massive hurdle in getting clients the full realm of treatment necessary. Often insurance pays for minimal stays and clients are forced out of treatment prior to them being ready. Participants in this study also reported funding as a challenge. Another challenge that was documented in the literature review was the idea of differing philosophies. The child welfare system is working for the child while the substance abuse counselor is working for the parent. Both clients have needs but sometimes they differ.

Systems Perspective

Systems perspective suggests that individual's function as part of many systems (Hutchinson & Charlesworth, 2003). In turn systems affect individual (smaller) systems and larger systems as part of a whole and vice versa.

Substance abusing parents are often a part of many systems. A parent who enters the child protection system for substance abuse will be interacting with child welfare, substance abuse counselors, the court systems and often times systems for co-occurring disorders. If parts of the system, i.e., child welfare and substance abuse counselors are in direct conflict or do not understand their differing philosophies (or do not have clearly

defined roles/expectations) and/or do not have a good working relationship, this will inevitably affect the victim which is why it is important to build good working relationships between the parts of the system as a whole. If a substance abusing parent does not have a positive experience working with their child protection worker, they may become distrustful of the system and more likely not to participate in the case plan or legal requirements to get their child/children back.

Implications of the Study

There are many implications for practice improvements. I will briefly summarize the suggestions that emerged as a result of the data gathered. For the court system, many implications can be identified. Timeline extensions should be granted if a substance-abusing parent is attempting to complete their case plan. Family Drug Court (FDC) funding should be considered as a way to increase successful reunification when appropriate.

A deeper look at the realistic timeframe the Adoption and Safe Families Act would be helpful when working with substance abusing parents.

For the parents, immediate and comprehensive support should be offered when they are facing ASFA timelines. Waiting lists and lack of financial ability should be considered when working with a substance-abusing parent. Additional supportive services such as referrals to agencies that provide housing, job search assistance, and respite for children, and parenting classes should be available to help with the transition of sober parenting. For service providers, extensive and specialized cross training for child welfare workers and substance abuse counselors is necessary. This could begin at the college level to prepare

students for understanding the differing needs of the clients we work with. This increased training will lead to increased understanding of differing perspectives while working as a multi-disciplinary team.

Limitations of the Study

This study has several limitations. Both child protection workers and substance abuse counselors were recruited to participate in interviews for this study. Substance abusing parents or their children were not recruited due to the potential harm that could arise from the interviewing process. This study had eight semi-structured interviews with four child protection workers and four substance abuse counselors who all seemed to be very supportive of any form of advocacy services. Because of this, this sample may not be representative of all child protection works and substance abuse counselors.

The literature clearly indicates that substance-abusing parents of different ethnic or racial backgrounds other than the majority culture may have different needs.

Recommendations for Future Research

Further research should consider the inclusion of substance abusing parents in the interviewing process in future qualitative research studies to gain more perspective from the parent's on how their needs can be best met. Additionally future studies should include both qualitative and quantitative data on the usefulness and or effectiveness of family drug court and its impact on reunification timelines. Drug court has now been utilized for a longer duration of time and research on the cost effectiveness and reunification success rates. This researcher suggests that future studies explore gaining data that addresses the impact of

funding costs treatment facilities and how this impacts substance abusing parent's facing ASFA timelines.

Summary and Conclusion

The research focus of collaboration was chosen based on this writer's professional experiences while working in the child protection system. Because substance-abusing parents often fail to meet the basic needs of their children child protection services gets involved based on neglect. Parental substance abuse is a serious problem for the child welfare system. With estimates at 61% of infants and 41% of older youth in foster care coming from families with substance abuse involvement it is clear that both systems will be working with mutual clients (Wulczyn et al., 2011). While working within the child protection system I realized families were often dealt consequences due to poor communication between child protection workers and substance abuse counselors. This writer had several negative experiences with substance abuse counselors, which brought to the forefront the need for open and honest communication. Although positive experience occurred while working with substance abuse counselor this writer also experienced substance abuse counselors falsifying reports, allowing a client, unbeknownst to this writer, to listen in on professional phone calls, and multiple incidents where the client reported one thing to this writer and another to the substance abuse counselor. In an effort to understand the barriers to collaboration this writer's research question was formed: What are the benefits and challenges to collaboration between child protection and substance abuse workers, when working mutually with substance abusing parents facing ASFA permanency timelines?

Due to the importance of family connections the Adoption and Safe Families Act of 1997 was established to set forth time lines to ensure permanent families for children in the foster care system. ASFA maintains that children must be placed with a permanent family within one year of removal from the home. That family may be the child's family of origin or an adoptive family. While one year may seem like a short period of time for an adult it is a significant portion of a child's life.

Although well-intended ASFA timelines appear unrealistic if chemical dependency is involved in the reason for removal. It is because of the differing timelines, and its impact on substance abusing parents, that research on the benefits and challenges to child protection workers and substance abuse counselors working collaboratively was necessary. Research shows that these disparities and client needs are best addressed when multi-discipline teams work together, as in the Family Drug Court setting, where child protection workers and chemical dependency counselors are considered of equal importance in treatment planning.

Overcoming substance abuse is a challenge in the best of circumstances, but adding the pressure of ASFA timelines may feel overwhelming for many parents.

In review, it would appear that the family drug court (FDC) concept is helpful in addressing the two differing philosophies of child protection workers and substance abuse counselors. The concept of FDC is rather new and gaining in popularity. The concept of family drug court was necessary due to research statistics, which show that "between 60% and 80% of substantiated child abuse and neglect cases involve substance abuse by a

custodial parent or guardian” (Young, Boles, & Otero, 2007). FDC appears to have embraced communication and collaboration in order to meet the best interests of families and reunify families if it is appropriate. This was apparent in a statewide study conducted in the state of Maine, which found that parents were five times more likely to be reunified with their children if they completed a substance abuse treatment program (Zeller, Hornby, & Ferguson, 2007).

If a majority of child protection cases involve substance abuse and FDC is not an option, it would appear imperative that cross-training workers in both systems would be beneficial. Throughout the study participants identified cross training of disciplines as important. It may be worthwhile for colleges to require a course of chemical dependency in child welfare requirements and a class of child welfare in chemical dependency coursework. The education system could give substance abuse counselors and child welfare workers an opportunity to understand both systems before they are mutually working with clients.

Another innovative approach may include stationing substance abuse counselors in child welfare offices. Knowing the limited amount of time the Adoption and Safe Families Act gives these parents giving parents involved in the child welfare system priority access to treatment facilities.

References

- Allen, M., & Davis-Pratt, B. (2009). The impact of ASFA on family connections for children. In *Intentions and Results: A Look at the Adoption and Safe Families Act* (pp. 70-82). Washington, Dc: Center for the Study of Social Policy.
- American Psychiatric Association (Ed.). (2013). *Diagnostic and statistical manual of mental disorders* (4th ed). Arlington, VA: Author.
- Anastas, J. W. (1999). *Research design for social work and the human services* (2nd ed.). New York: Columbia University Press.
- Banks, H., & Boehm, S. (2001, September). Substance abuse and child abuse. *Children's Voice*. Retrieved from <http://www.cwla.org/articles/cv0109sacm.htm>.
- Breshears, E. M., Yeh, S., & Young, N. K. (2004). *Understanding substance abuse and facilitating recovery: A guide for child welfare workers*. Washington, DC: U.S. Department of Health and Human Services.
- Brook, J., & McDonald, T. P. (2007, November). Evaluating the effects of comprehensive substance abuse intervention on successful reunification. *Research on Social Work Practice, 17*(6), 664-673.
- Daly, K. J. (2007). *Qualitative methods for family studies and human development*. Thousand Oaks, CA: Sage.
- D'Andrade, A., & Berrick, J. D. (2006). When policy meets practice: the untested effects of permanency reforms in child welfare. *The Journal of Sociology and Social Welfare, 33*(1), 31-52.

- Department of Health and Human Services (DHHS). (1999). Blending perspective and building common ground: A report to congress on substance abuse and child protection. Washington, DC: Author. Retrieved from <http://www.childwelfare.gov>.
- Edna McConnell Clark Foundation, 2000. (2010). Retrieved April 16, 2010, from <http://emcf.org>.
- Edwards, L. P. (2007). Achieving timely permanency in child protection courts: The importance of frontloading the court process. *Juvenile and Family Court Journal*, 58(2), 1-20.
- Farley, M., Golding, J. M., Young, G., Mulligan, M., & Minkoff, J. R. (2004). Trauma history and relapse probability among patients seeking substance abuse treatment. *Journal of Substance Abuse Treatment*, 27, 161-167.
- Fox, A., Berick, J. D., & Frasch, K. (2008). Safety, family, permanency, and child well being: What we learn from children. *Child Welfare*, 87(1), 63-90.
- Gendell, S. J. (2001). In search of permanency: A reflection on the first 3 years of The Adoption and Safe Families Act. *Family Court Review*, 30, 25-42.
- Graham, J. W. (2012). *Missing data: Analysis and design*. New York: Springer.
- Green, B. L., Rockhill, A., & Furrer, C. (2006). Understanding patterns of substance abuse treatment for women involved with child welfare: The influence of the adoption and safe families act. *The American Journal of Drug and Alcohol Abuse*, 32, 149-176.
- DOI: 10.1080/0095299052990500479282

- Henry, K. L. (2005). The 3-5-7 model: Preparing children for permanency. *Children and Youth Services Review, 27*, 197-212. Retrieved from <http://www.elsevier.com/locate/chilyouth>.
- Heppner, P. P., & Heppner, M. J. (2004). In J. Martinez, S. Gesicki, A. Lam, S. Harkrader, & J. Patterson (Eds.), *Writing and publishing your thesis, dissertation, & research, a guide for students in the helping profession*. Brooks/Cole-Thomson Learning.
- Holman, M., & Butt, R. (2001). How soon is too soon? Addiction recovery and family reunification. *Child Welfare, 80*, 54-67.
- Hutcheon, E., & Charlesworth, L. W. (2003). Theoretical perspective on human behavior. In E. Hutchinson (Ed.), *Dimensions of human behavior: Person and environment* (2nd ed., pp. 46-88). Thousand Oaks, CA: SAGE.
- Karoll, B. R., & Poertner, J. (2003). Indicators for safe family reunification: How professionals differ. *Journal of Sociology and Social Welfare, 15*(3), 139-160.
- Kinny, Thielman, Fox, & Brown. (2001). *Helping in child protective services, A competency-based casework*. Oxford University Press.
- Leathers, S. J. (2002). Parental visitation and reunification: Could inclusive practice make a difference? *Child Welfare League of America, 81*(4), 595-616.
- Lutz, W. A. (1956). Student evaluation: The critical contribution of voice. *Council on Applied Social Psychology, 38*(4), 919-946.

Marsh, J. C., & Cao, D. (2004). Parents in substance abuse treatment: Implications for child welfare practice. *Children and Youth Services Review, 12* (12), 1259-1278.

DOI:10.1016/j.chilyouth.2005.01.002

McCollister, K. E., French, M. T., Pyne, J. M., Booth, B., Raap, R., & Carr, C. (2009). The cost of treating addiction from the client's perspective: Results from a multi-modality application of the client DATCAP. *Drug and Alcohol Dependence, 104*, 241-248.

Retrieved from <http://www.elsevier.com/locate/drugalcddep>.

Minnesota Department of Human Services. (2016). Retrieved January 22, 2016, from <http://mn.gov/dhs>.

Minnesota Statute 626.556. (2010). The Reporting of Maltreatment of Minors Act.

Minnesota Department of Human Services.

Newton, C. J. (1996). *Interactive glossary of medical health and disability terms*. Retrieved 2006, from <http://FindCounseling.com>.

Payne, J. (2007). Reasonable efforts. *Policy and Practice, 65*(4).

Porter J. (1999). The street/treatment barrier: Treatment experiences of Puerto Rican injection drug users. *Substance Use & Misuse, 34*(14), 1951-1975.

Potter, C. C., & Klein-Rosthschild, S. (2002). Getting home on time: Predicting timely permanence for young children. *Child Welfare League of America, 81*(2), 123-150.

Rockhill, A., Green, B.L., & Furrer, C. (2007). Is the Adoption and Safe Families Act influencing child welfare outcomes for families with substance abuse issues? *Child Maltreatment, 12*(1), 7-19. DOI: 10.1177//1077559506296139

- Roberts, D. (2002). ASFA: An assault on family preservation. *The Color of Child Welfare*. New York, NY: Basic Civitas Books.
- Rubin, A., Babbie, E. R., & Lee, P. A. (2008). Survey research. In M. Baird, M. Staudt, & M. Stranz (Eds.), *Research methods for social work* (2nd ed., pp. 365-389). Belmont, CA: Wadsworth/Thomson Learning.
- Schultz, G. (2001). Substance-abusing child welfare parents: Treatment and child placement outcomes. *Child Welfare*, 53(4), 433-452.
- Semidei, J., Radel, L. F., & Nolan, C. (2001). Substance abuse and child welfare: Clear linkages and promising responses. *Child Welfare League of America*, 80, 109-128.
- Senge, P., Smith, B. J., Ross, R. B., Roberts, C., & Kleiner, A. (1994). *The fifth discipline fieldbook: Strategies and tools for building a learning organization*. Watham, MA: More than Words.
- State of Minnesota. (2012). Retrieved March 16, 2015, from <http://mn.gov/dhs>.
- Stromwall, L. K., Larson, N. C., Nieri, T., Holley, L. C., Topping, D., Castillo, J., et al. (2008). Parents with co-occurring mental health and substance abuse conditions involved in child protection services: clinical profile and treatment needs. *Child welfare League of America*, 87(3), 95-113.
- U.S. Department of Health and Human Services. (2009). *Understanding substance abuse and facilitating recovery: A guide for child welfare workers* (pp. 1-34). Retrieved from http://christians-in-recovery.org/resources/info/addiction_and_children.

- U.S. Department of Health and Human Services. (2013, November). *Adoption and foster care analysis and reporting system [ARCARS], FY2012*. Washington, DC: Author.
- Wattenberg, E., Kelley, M., & Kim, H. (2001). When rehabilitation ideal fails: A study of parent rights termination. *Child Welfare League of America, 80*(4), 405-431.
- Worcel, S. D., Green, B. L., Burrus, S. W. M., & Finigan, M. W. (2004, April). *Follow-up to the Family Treatment Drug Court Retrospective Evaluation*. Submitted to the Center for Substance Abuse Treatment.
- Wulczyn, F., Ernst, M., & Fisher, P. (2011). *Who are the infants in out-of-home care? An epidemiological and developmental snapshot*. Chicago: Chapin Hall at the University of Chicago. Retrieved from http://www.chapinhall.org/sites/default/files/publications/06_08_11_Issue%20Brief_F_1.pdf.
- Young, N., Boles, S., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment, 12*, 137-149.
- Zaplin R. T. (2009). *Female offenders: A systems perspective* (p. 85). Jones and Bartlett, Publishers.
- Zeller, D., Hornby, H., & Ferguson, A. (2007, January). *Evaluation of Maine's Family Treatment Drug Courts: A preliminary analysis of short and long-term outcomes*. Portland, ME: Hornby Zeller Associates.

Appendix A: Informed Consent

When Systems Collide: Collaborations experiences between child protection workers and substance abuse counselors.

Informed Consent

You are invited to participate in a research study that explores the benefits and challenges to collaboration between substance abuse counselors and child welfare workers. You were selected as a possible participant because of your professional experience and its relation to collaboration between child welfare workers and substance abuse counselors.

This research is being conducted by Nicole Streff as a part of the requirement for a Master's Degree in Social Work at St Cloud State University.

Background information and Purpose

The purposed of this study is to discuss what the benefits of collaboration and the challenges to collaboration when child welfare and substance abuse counselors worth together with a substance abusing parenting facing permanency timelines.

If you decide to participate, you will be asked to participate in a one-on one- interview in the location that is most convenient and comfortable to you.

Risks

Topics discussed during the interview may induce negative feelings or emotional discomfort.

If participants become extremely uncomfortable the interview will be discontinued. If participants need to process further after the interview counseling resources will be provided.

Benefits

The potential benefits of this study are to explore the personal experiences of both the child welfare worker and the substance abuse counselor regarding collaboration. While this is a heavily studied topic, few research gains in depth experiences of the workers themselves and their attitude and perceptions towards collaboration.

Research Results

At your request, I am happy to provide a summary of the research results when the study is completed.

Contact information

If you have questions right now, please ask. If you have additional questions later you can contact me at 320-202-1482 or pmi0102@stcloudstate.edu. You will be given a copy of this form for your records.

Voluntary Participation/Withdrawal

Participation is voluntary. Your decision whether or not to participate will no affect your current or future relations with St. Cloud State University, the researcher, or any cooperating professor or organization/group. If you decide to participate, you are free to withdraw at anytime without penalty.

This researcher may stop your participation any time without your consent for the following reasons: It appears emotionally harmful to the participant, if you fail to follow the directions for the participating study, if the study is cancelled, or for any other reason this researcher deems necessary to maintain subject safety and the integrity of the study.

Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw from the study at any time without penalty after signing this form.

Appendix B: Interview Questions

Occupation and job title
Level of education
Race/Ethnicity
Gender

Interview Questions:

- Tell a story and/or give examples of your experience working with substance abusing parents in collaboration with substance abuse counselors.
- Talk about the challenges of collaboration with substance abuse counselors. It is helpful if you can provide stories or examples of these challenges.
- Talk about the successes and benefits of working in collaboration with substance abuse counselors. Can you share stories or examples of these successful experiences.
- From your perspective, what are the important factors for effective collaboration? Give an example of an effective collaboration and talk about what made it so effective.
- What are some of the gaps to effective collaboration in your experience? Please share a story or example when these gaps were particularly present.
- What are the challenges and/or issues specific to collaborating with substance abuse counselors in regards to substance abusing parents? Are there ways in which this kind of collaboration is unique? Please provide examples of what you mean.
- Do you have a memory of a time when the differing philosophies of your work and child welfare collided? Can you share this story?

- Do the differing philosophies of your work and the substance abuse counselors work impact the lives of substance abusing parents? Can you tell me a story or share an example of when you have seen this happen?
- Can you think of a time when the differing philosophies have been successfully transcended for the benefit of a mutual client? Please share that story with us.
- Is there anything I missed or additional information you would like to provide?