OMB control Number

Expiration Date: October 12, 2020

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0421. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:  U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201,   Attention: PRA Reports Clearance Officer

**Community Burden Study**

**Parent Interview Guide**

**Background**

Thank you for agreeing to participate in this interview today. Before we begin, I’d like to learn a little about you.

1. To start, please tell me about yourself. How long have you lived in this county?
2. How many children do you have? What are their ages?
3. Are you married or do you live with a partner or are you single?

**Trajectory into Opioid/Substance Misuse**

As you know, we are here to learn about, and better understand, the challenges faced by families and parents who have been impacted by substance use. During our time today, I’ll be asking you about your experiences with substance use and how that has impacted you and your family. It can be difficult to talk about these experiences, but we appreciate your openness. As a reminder, we will never use your name in any of our reports and you can choose to not answer any questions that may make you feel uncomfortable

1. I’d like to start by asking you some questions about opioids. Opioids are drugs commonly used to treat pain and include drugs such as Vicodin, Lortab, codeine, OxyContin, morphine, and fentanyl. What has been your experience using opioids?
	1. Have you ever used opioids outside of a doctor's prescription/guidance? Please describe.
	2. **[If no opioid issues]** Please tell me about your experiences using other substances?

*Probe opioids/heroin, cocaine, crack, meth/methamphetamine, amphetamine, hashish, etc.*

1. Thinking back, what was going on in your life at that time when you first started using opioids/other substances?

*Probe for the main reasons they first began using opioids if it doesn’t come out. Probe for pain management/medical reasons, financial stressors, relationship issues, death of a loved one, and so forth.*

*Probe for age of first use [if not mentioned].*

* 1. How did you first obtain opioids (or other substances)?

*Probe on whether opioids were prescribed, received/taken from friends or family, obtained from other sources, a prescription from their doctor, etc.*

1. How did your opioid/substance use change over time?

*Probe on when opioid/substance use may have crossed the line into misuse (e.g., they took it without a doctor’s prescription or they did not comply with the doctor’s dosage/frequency, (i.e., whether prescription opioids were taken not as prescribed), etc.*

*Probe for whether they increased frequency or switched to other drugs [if not mentioned].*

1. During this time, can you describe how your opioid/substance use impacted you?

*Probe for job loss, impact on relationships, finances, any dangerous or risky situations.*

1. I know this may be difficult to talk about, but generally speaking, how did your opioid/substance use affect your children? What has been the impact on them?

*Probe about whether their children witnessed them taking substances, whether the children saw them “high,” witnessed parental fights, and whether the children were separated from them due to neglect, abuse, etc.*

**Help Seeking**

Now I’d like to talk about when and how you sought treatment for opioid/substance use issues.

1. Did you find yourself involved with the child welfare or foster care system as a result of your using opioids/other substances? If so, please explain how you were involved with the CW system.
	1. Did your children remain with you during this time, or were they placed with a relative or foster parent?
	2. **[If children have been removed]** And are your children currently back in your care, or are they being cared for elsewhere?

*Probe whether children adopted, whether they have their child(ren) back in their custody, and if so, how long they were out of their home*

* 1. **[If children removed and not yet in home]** Tell me more about your child welfare case plan. Are there case plan goals for reunification or something else?
1. What services or supports did you seek for your opioid/drug use issues (*e.g. help from a physician, counseling, treatment*)? Please describe how any friends or family members stepped in to help.
	1. What were the key factors or circumstances that led you to seek help for your opioid/drug use issues?

*Probe child welfare caseworker;/judge mandated; impact on children; impact on health, job, relationship, or finances; intervention staged; etc.*

* 1. How did you learn about these services?

*Probe about whether learned from physician, child welfare caseworker, family/friends, etc.*

* 1. Were there any services or supports that you received that were mandated services, or services that you did not voluntarily seek out? (e.g. judge mandated)
	2. Were there particular factors that made it easier for you to receive the services and supports you mentioned such as accessibility by public transportation, childcare, etc?
	3. What barriers or challenges were there to receiving these services and supports?

*Probe for challenges such as waitlists, transportation, child care, stigma, etc.*

1. In your opinion, how much did these services help you? Please describe.
	1. What was most helpful? What was least helpful?
	2. Were there any services you needed that were not available? Why were they not available?
2. At any point, were you worried about what others might think of you if you were using opioids/substances or sought drug treatment?
	1. How, if at all, did this affect how you asked for support from family, friends, and formal services?
	2. At any point were you worried what others might think of you because of how your children were affected by your substance use?
	3. At the time, what kinds of things—like supports or information—might have helped to calm your fears or concerns and encouraged you to seek help sooner?

*Probe support from family/friends, resources, information on treatment, information/support from child welfare caseworker, privacy information, etc.*

***Awareness/Touch Points***

1. Thinking back to when you first started using opioids/drugs, were there certain points in time or opportunities when you or others could have helped to stop your opioid/substance use?

*Probe interventions by doctor, receiving information/warnings about addictive nature of opioids, conversations with doctor, etc.*

**Closing**

1. Is there anything else that you would like to tell us?