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Prenatal Alcohol and Other Drug Exposures: Interview Protocol Key Interview Questions for Local CW Agency Directors

[NOTE: Text in ***BOLD ITALICS*** are introductory/explanatory text that should be read aloud by the interviewer. Text in plain (not bold) *ITALICS* are interviewer directions that should NOT be read aloud.]

1. I have your title as _____, is this correct?
 - a. How long have you been in your current role?
 - b. Could you briefly describe your roles and responsibilities?

For the next set of questions, I'd like to learn about your local agency policies, practices, and procedures related to prenatal exposure to alcohol and other drugs. Here's a quick summary sheet of how we're defining policies and a few other key terms for our study. The main purpose of this reference sheet is to facilitate a common understanding of terms across all people that we are interviewing. I know that many of the terms may seem self-explanatory at first glance, but the sheet helps us make sure that everyone we talk to is using those terms in the same way. I'll give you a minute to look this over.

[Pause to let respondent look over the reference sheet]

Just as a quick overview, we're using "policy" as an umbrella term that encompasses state or local legislation and formal or informal policies and procedures at the state, local or agency level. Please remember that it is perfectly fine if some of the items I ask you about are not outlined in official policies. We're not evaluating anyone or checking to make sure things are being conducted in a certain way. We have very little information related to what agency practice is related to this issue, so knowing what is and is not happening will be very helpful for us in understanding how child welfare agencies address these issues.

First, I have just a few questions about your own level of understanding about prenatal substance exposure. Please remember that we are not evaluating you in any way and everything that you share with us will be kept private.

2. What percentage of children in this child welfare agency would you estimate are prenatally exposed to substances? Just your best guess is fine.
 - a. Narrowing this down to alcohol, what percentage of children in this local child welfare agency would you estimate are prenatally exposed to alcohol?
 - b. Do you think your staff members would give a similar estimate? Would answers vary among staff?
 - i. *If yes:* How, and why? (e.g. role, experience, training)
3. How would you rate your level of understanding about the effects of prenatal substance exposure on children's development? Would you say: no knowledge, beginner, intermediate, or advanced?
 - a. To what extent does your understanding vary across substances?
 - i. *If unclear:* How would you rate your level of understanding specifically about the effects of prenatal **alcohol** exposure on children's development? Would you say: no knowledge, beginner, intermediate, or advanced?
 - ii. Please tell me more about the effects of prenatal alcohol exposure on children's development – what sort of effects were you thinking of?
 1. *If not mentioned:* What about long-term effects of alcohol exposure on children's development?
4. In your opinion, what type of prenatal substance exposure do you think is most harmful?
 - a. Tell me more about that.

I'd like to ask about the investigation policies and practices of your local agency. My next few questions are about cases that are screened in for additional review and action taken by the child welfare agency. This could include a risk/safety assessment, an investigation, and/or other more intensive activities.

5. What is typical practice at this local agency on collecting information related to a child's birth history during assessments or investigations?
6. What is typical practice at this local agency related to collecting information on whether a child is known or suspected to have been prenatally exposed to substances during investigations?
 - a. Does this practice vary depending on the substance? For example, if the child is prenatally exposed to alcohol versus other drugs?
 - b. What circumstances would lead an investigator to consider gathering information to assess whether a child was prenatally exposed to substances?
 - c. How would information on prenatal substance exposure be collected?

- d. Where would this information be documented in the case notes or record?
- 7. Can you tell me about typical agency practice related to collecting information about a mother's use of substances during initial assessments or investigations?
 - a. What about information about a mother's use of **alcohol**?
 - b. What are typical agency practices for collecting information about a mother's substance use **during past pregnancies**?
 - i. What about a mother's use of **alcohol** during past pregnancies?
- 8. Thank you for describing the assessment and investigative process. Are any of these practices that you've described guided by formal policies and/or instruments?
 - a. *(If yes, note and ask for how to obtain copies of policies at end of interview)*

My next few questions are about typical practices after a case has been investigated or a family has initially had its needs evaluated (in the case where an alternative response seemed most appropriate). This could include a child who was removed from home, or a child who remains at home and whose family receives services from the child welfare agency. I'd like to learn more about the details of what the initial needs assessment and referrals for a child would look like.

- 9. Thinking about the initial needs assessment of a child and the family's needs, would this routinely involve collecting information related to maternal substance use?
 - a. *If not routine:* Under what circumstances would the information be sought?
 - b. What about maternal **alcohol** use?
 - c. How would this information be collected and where would it be documented?
- 10. Would the initial needs assessment of a child and the family's needs routinely involve collecting information related to maternal substance use during past pregnancies?
 - a. *If not routine:* Under what circumstances would the information be sought?
 - b. What about maternal alcohol use during past pregnancies?
 - c. How would this information be collected? Where would it be documented?

Now I have a few questions related to assessment of a child's needs, this includes screening and referrals that could be made for a child early in the case.

- 11. What information would typically be collected related to a child's prenatal exposure to substances?
 - a. Does this typically vary by the age of the child? *(For example: is this information more or less likely to be collected for a newborn vs. a 10-year-old?)*
 - b. How would this information be collected?

- ii. Besides the mother, who might provide this information?
 - iii. Where would it be documented?
 - c. *(If information is not routinely collected)*: What circumstances or characteristics might lead a caseworker to consider the possibility that a child was prenatally exposed to substances, and collect information that could clarify whether or not that exposure took place?
- 12. If information related to a child's prenatal exposure to substances is not specifically collected for any given case, are there indirect methods that are used to identify a child who might have been prenatally exposed to substances? For example, DUI arrests during or around the time of pregnancy?
- 13. If a child is known to have been prenatally exposed to substances, under what circumstances might a caseworker refer the child to a service provider for further diagnosis or services?
 - a. *(If unclear)*: Would this vary based on the age of the child?
- 14. Thank you for describing the initial family needs assessment process and process for child referrals. Do formal policies or instruments exist that could guide the initial family needs assessment and referral process?
 - a. *(If yes)*: To what extent would you say that those formal policies and/or instruments guide the initial family needs assessment and referral process? Would you say never, occasionally, almost always, or always?
 - i. Can you say more about that?

(If policies/instruments exist, note and ask for how to obtain copies of policies at end of interview).

My next few questions are about typical practices within your agency when a child has had an open case at the agency for at least six months.

- 15. Could you describe under what circumstances a caseworker might review a case to consider if a child was prenatally exposed to substances?
 - a. What circumstances, or case factors, might lead a caseworker to believe that information related to a child's prenatal substance exposure is important to know more about?
 - b. How might a caseworker obtain this information?
- 16. To what extent, and how is information about a mother's use of substances during pregnancy or a child's prenatal exposure to substances typically shared between the child welfare agency and other medical or service professionals?
 - a. Does this process vary depending on the substance? If so, how?

- b. Are there any legal restrictions on what information related to a mother's health can be shared both within and external to the agency? For example, does it matter if the mother's substance use disorder is classified as a disability?
17. To what extent and how is information about prenatal substance exposure used in supervision or internal case planning meetings?
18. To what extent, and how this information about prenatal substance exposure shared with the child's caregivers when a child is placed out of the home?
- c. Does this process vary depending on the type of placement? (e.g., kinship care, pre-adoptive parents, foster care)
19. Are there formal policies or guidance related to the sharing of information with service providers, in internal case planning, or with caregivers?
- d. *(If so, note and ask for how to obtain copies of policies at end of interview).*
20. Relative to other background information that staff at your agency gather on a child, what priority would staff typically place on assessing a child's prenatal substance exposure history?
- a. Can you tell me a little bit more about your thinking on that?
 - b. *(If unclear):* Are assessing exposure to some substances of higher priority than others?
 - c. *(If unclear):* Does the priority of assessing this differ depending on the age of the child?

Now I want to ask about agency training, focusing on prenatal substance exposure.

21. What training, if any, is available to child welfare agency staff related to prenatal substance exposure? *(If none, skip to question 18)*
- a. To the best of your knowledge, what content is covered in that/those training(s)?
 - i. *(If unclear):* Is any of that training specifically related to prenatal alcohol exposure?
 - ii. *(If unclear):* Are there other specific substances covered? Which ones?
 - b. *If appropriate:* To the best of your knowledge, how is the training delivered (e.g., in-person, virtual/remote)?
 - c. Please describe any suggestions you have for ways this training could be enhanced *(then skip to question 19).*
22. What training, if any, do you think *should* be available for agency staff regarding children with prenatal substance exposure?

- a. What staff (e.g., case worker, clinical, data, etc.), if any, do you think might benefit from training on development of children with prenatal substance exposure?

23. What training is available to resource families/pre-adoptive families related to prenatal substance exposure?

- a. To the best of your knowledge, what content is covered?
- b. How are these training needs determined and prioritized?

Concluding thoughts:

24. Thinking about the things we've discussed so far and the various policies and practices you have shared, when do you think is the most ideal point in your agency's process to obtain information about a child's history of prenatal **alcohol** exposure?

- a. What about prenatal exposure to other drugs? Would there be an ideal time to obtain that information?
- a. Does age of the child play a role in your thinking on this topic?

25. What future policies could support more consistent/reliable collection and documentation of information related to maternal substance use during pregnancy? Identification of prenatal substance exposure?

25. What other thoughts, if any, do you have about the identification, documentation or service referrals for children with prenatal substance exposure?

27. The information you have provided is really helpful for advancing our understanding of current policies and practices around prenatal substance exposure. Is there anything else that you would like to share about prenatal substance exposure that we haven't already discussed?

[REQUEST POLICY DOCUMENTS FOR REVIEW]: As part of our data collection effort, we are requesting to review agency policies or training documents that describe agency processes for identifying prenatal substance exposure in children. (If policies were mentioned above) You mentioned during our discussion policies guiding (insert one or more that apply: investigation/ child and family needs assessment/referrals to services/ documentation/ sharing information). Can you share copies of these policies with us - or let us know how we might obtain copies of these policies and/or instruments?

Thank you very much for taking time to share your thoughts. Please remember what you shared is private and you will not be identified in any reports or publications. If we have follow-up questions or clarifications, may we contact you for that information? [Confirm contact information used for scheduling.] You may also reach out with additional

information if you wish using the contact information included in your copy of the consent form.

End