OMB Control No: 0970-XXXX
Expiration date: XX/XX/XXXX

Prenatal Alcohol and Other Drug Exposures: Interview Protocol

Key Interview Questions for Local Agency Medical Staff

(*e.g., nurse care managers, nurse-family partner, care coordinator, staff nurse, etc.)*

[NOTE: Text in ***BOLD ITALICS*** represents introductory/explanatory text that should be read aloud by the interviewer. Text in *PLAIN ITALICS* represents interviewer directions that should NOT be read aloud.]

1. Please tell me about your current position within this agency.
    a. *If not mentioned:* And what is your formal job title?

2. Briefly describe your duties.
    a. Can you describe the typical way that children are assigned to you as clients?
        i. Is there a specific time during the case process that these cases are typically assigned to you?
            1. *If yes:* When are cases most likely to be assigned to you, for example, on intake, after specific identification of a child's needs, or after concerns by parents, foster parents or other professionals are brought to your attention?
        ii. What types of medical, social/emotional, and behavioral health challenges do children have in cases that are typically assigned to you?
        iii. *If unclear:* What ongoing interactions do you have with other case workers or agency staff once a case is assigned to you?

For the next set of questions, we'd like to learn more about any prior training or education that you may have received about prenatal substance exposure and your overall level of knowledge about prenatal substance exposures. We know that for many people, this may not be a subject included in trainings, so please know that it is okay if you haven't had any opportunities to learn about this topic. Everything you share with us will be kept private.

3. What, if any, courses, parts of courses, training, sessions, or continuing education have you received regarding children who were prenatally exposed to alcohol or other drugs?
    a. *If unclear:* Did [any of those/that] training talk specifically about **alcohol** exposure?

b. *If unclear:* When did you receive this training (i.e., was it included as part of your pre-service professional training or did you receive it since becoming a medical professional)?

c. Did that training discuss how to approach obtaining a child's history of prenatal alcohol and/or drug exposure?

d. What types of information were covered in that/those training(s)?
    i. *If unclear:* Were any adverse outcomes associated with prenatal exposure to alcohol covered in your training? Which ones?

e. Were those trainings offered in-house through this agency, or elsewhere? (*If needed:* Perhaps in graduate school or clinical training)?

f. To the best of your knowledge, were trainings, classes or sessions on this subject offered that you did not attend, or were no [other] opportunities available?

4. How would you rate your level of understanding about the effects of prenatal substance exposure on children's development? You can say: No knowledge, beginner, intermediate, or advanced.
    a. How would you rate your level of understanding specifically about the effects of prenatal **alcohol** exposure compared to other substances on children's development? You can say: No knowledge, beginner, intermediate, or advanced.

    b. Please tell me more about the effects of prenatal **alcohol** exposure on children's development – what sort of effects were you thinking of?
        i. *If not mentioned:* What about long-term effects of alcohol exposure on children's development?

    c. Overall, what contributed to your understanding? *(If needed:* for example, training, experience with clients, personal knowledge/research, etc.)

    d. Based on your current level of knowledge, are there any gaps or areas of interest that you would like to learn more about, specifically related to prenatal alcohol or other drug exposures?

5. In your opinion, what type of prenatal substance exposure do you think is most harmful?
    a. Tell me more about that.

The next set of questions is about current policies and practices at your local agency. Please remember that we're just trying to learn about current practices, and that it's perfectly fine if some of the things that I ask you about aren't in place, or you aren't sure how your agency would deal with certain situations. We're not evaluating anyone or checking to make sure things are being conducted in a certain way.

6. Thinking specifically about children **on your caseload**, what percentage of children would you estimate were prenatally exposed to **alcohol**? Just a guess is fine.
    a. What about other drugs?
    b. Of those that become part of your caseload, what percentage would you estimate come to you **already identified** as prenatally exposed to drugs? To alcohol?

7. Expanding out to think about all children that this local agency comes into contact with, what percentage of children would you estimate were prenatally exposed to substances? Just a guess is fine.
    a. Narrowing this down to alcohol, what percentage of children in this local agency would you estimate are prenatally exposed to **alcohol**?

    b. What percentage of children at this agency would you estimate have a formal medical diagnosis related to prenatal substance exposure?
        i. What types of diagnoses were you thinking of? Can you think of an example?

8. Are there any agency policies, procedures or assessments that are related to identifying or documenting prenatal substance exposure in children? If so, please describe those.

I want to move now to talk about typical practices for working with cases where prenatal exposure to alcohol or other drugs would be suspected or identified. It may be helpful if you think specifically about 1-2 cases involving prenatal exposure. Please remember to not use any names or other identifying information when talking about these cases.

9. How would you determine whether a child has been prenatally exposed to alcohol or other drugs? (*If needed:* For example, through medical records, screening, referral to doctor for diagnosis, maternal substance abuse history, etc.)
    a. Would this process differ in determining exposure to alcohol versus other drugs?
        i. *If yes:* How so?

    b. Are there opportunities that you have while interacting with a child or family to obtain information on prenatal exposures to alcohol or other drugs that may not be already documented?
        i. *If yes*: Could you give me an example?

10. If a child has **not** been already identified as prenatally exposed to alcohol or other drugs, can you walk me through when you might consider whether a child has such an exposure?
    a. What kinds of cases, or circumstances, would lead you to consider this possibility?
    b. When you are reviewing a child's case file, are there specific pieces of information that might make you suspect that the child may have been prenatally exposed to drugs or alcohol even if this is not noted at intake?
        i. If yes, please explain.

        ii. *If unclear:* What circumstances in the child's history might lead you to suspect a history of maternal drug or alcohol use?

11. Once a child is identified or even suspected as being prenatally exposed to alcohol or other drugs, what is the process for documenting this information?
    a. *If unclear*: Is this a formal process that everyone does, or the way in which you do this?

    b. *If unclear:* And where is this information documented? Is this in an electronic case file or in a hard copy file or chart somewhere?

    c. *If unclear:* Who is responsible for entering this information into your data system or case file/chart?
        i. And from your perspective, how consistently is this information recorded in the data system or case file/chart?

    d. Is this information accessible to all agency staff? If not, which staff have access to this information?

    e. Are there formal or informal policies or procedures for sharing this information with other staff that are part of the child's case team? If so, please describe those processes.
        i. *If not mentioned:* Is this information used in supervision or internal team meetings?
        ii. *If unclear:* Is this a formal process or an informal practice?

12. To the best of your knowledge about typical practice, would knowing that a child was prenatal exposed to alcohol or other drugs change the way that staff at this agency work with or recommend services for the child?
    a. Can you tell me more about that?

b. *If unclear:* What would look different about how you work with that child versus what you would typically do in a case where there wasn't prenatal exposure?
    iii. Would the type of substance exposure, alcohol versus other drugs, influence your service recommendations or case plan?

These next few questions are about policies and/or practices related to services available to children with special needs or prenatal substance exposures. Just like the last set of questions, it's perfectly fine if some of the things I ask you about aren't in place, or you aren't sure how your agency would deal with certain situations. We're not evaluating anyone or checking to make sure things are being conducted in a certain way.

13. I'd like to get your perspective on what services or services referrals are available to children with prenatal substance exposure. I am going to ask you about the availability of services for different age groups.
    a. First, to the best of your knowledge, what services or service referrals are available for **newborns or infants** who have been prenatally exposed to drugs? What about alcohol?
        i. *Note: If respondent seems unable to answer this series of questions without more specifics, please ask them to just describe the three most frequently referred services for each age group with prenatal substance exposure.*

    b. Are there then different services for children of different ages, for example, toddlers, school-aged children, or adolescents who were prenatally exposed to drugs? What about alcohol?

14. Are there any agency policies or assessments that are related to service referrals for children with prenatal substance exposure? If so, please describe those.
    a. *If unclear:* Do these policies vary by age?

15. To the best of your knowledge, do agency staff in your role typically communicate to foster parents, kinship caretakers, adoptive parents, or other caregivers about children's prenatal substance exposure?
    a. *If yes:* What information is typically communicated to these caregivers and how? (*If needed:* Such as information about the consequences of exposure, implications of prenatal substance exposure on decisions regarding interventions and supports)?

    b. *If yes:* Is this communication based on a formal policy or an informal practice?

c. Based on your knowledge, are there any specific support services offered to caregivers who take care of children who have been prenatally exposed to alcohol or other drugs? (*If needed:* Such as parenting strategies, information about support groups, directions to online or other resources, information about medical providers, etc.)

16. To the best of your knowledge, do agency staff in your role communicate to outside or external service providers about children's prenatal substance exposure?
    a. *If yes:* What information is typically communicated and how?
        i. *If unclear:* Would this information specifically include the type or types of substance exposure?
        ii. *If unclear:* And what information is communicated **by** service providers to the child welfare agency about a child's prenatal substance exposure?

    b. *If yes and unclear:* Does this communication vary by the type of substance exposure? For example, prenatal **alcohol** exposure or illicit drug exposure?

    c. *If yes:* Which service providers would have access to this information? (i.e., pediatricians, psychiatrists, psychologists, early intervention)

    d. *If yes:* Is sharing this information based on a standardized policy or an informal practice?

17. To the best of your knowledge, do agency staff in your role communicate to schools about children's prenatal substance exposure?
    a. *If yes:* What information is typically communicated and how?

    b. *If yes and unclear:* Does this communication vary by the type of substance exposure? For example, prenatal **alcohol** exposure or illicit drug exposure?

    c. *If yes:* Is sharing this information based on a standardized policy or an informal practice?

I just have a few more questions before we wrap up.

18. 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 to obtain information about a child's history of prenatal substance exposure?
    a. Does the age of the child play a role in your thinking on this topic?

19. Are there specific difficulties you find in working with families of children who have had prenatal alcohol and/or substance exposure? Can you describe those difficulties?

20. What recommendations, if any, do you have about supporting children with prenatal substance exposure?

21. The information you have provided is really useful in advancing our understanding of agency practices related to prenatal substance exposure. Is there anything else that you would like to share about prenatal substance exposure that we haven't already discussed?

Thank you so much for taking the time to share your thoughts. Please remember that what you've shared is private and you will not be identified in any reports or publications following this study. If we have follow-up questions or clarifications, may we contact you for that information? [Confirm contact information used for scheduling.] You can also reach out if you have additional questions using the contact information included in your copy of the consent form.

End