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**Prenatal Alcohol and Other Drug Exposures:
Key Interview Questions for Local Agency Staff: Frontline Workers**
(e.g., hotline/intake, investigation, and their supervisors)

[NOTE: Text in ***BOLD ITALICS*** represent introductory/explanatory text that should be read aloud by the interviewer. Text in *PLAIN ITALICS* represent 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. *[If unclear, specify if they regularly conduct intake/initial assessments/investigations or conduct ongoing case management. If they work in supervision, clarify if they supervise intake/initial assessments/investigations or ongoing case management. Adjust to the correct protocol if needed.]*

Throughout this interview, 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.

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 formally learn about this topic.

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 received training and unclear:* Did [any of those/that] training talk specifically about **alcohol** exposure? What did those training discuss?

 - b. *If received training and unclear:* Did [any of those/that] training talk specifically about other drug exposures? If so, what drugs were discussed?

- c. *If received training and unclear:* Were those trainings offered in-house through this agency, or elsewhere (*If needed:* Perhaps in graduate school or clinical training)?
 - d. 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. 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? You can say: No knowledge, beginner, intermediate, or advanced?
 - ii. What about other drugs?
 - b. 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** exposure?

The next set of questions is about current policies and practices at your agency.

5. 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.
- a. To the best of your knowledge, do any of these relate specifically to prenatal **alcohol** exposure?
6. Would you say that prenatal exposure to substances is something that staff assess with most, some, or relatively few children in contact with your agency?
7. Among children for whom a case is opened at that this local agency, what percentage of children would you estimate were prenatally exposed to alcohol and other drugs? Just a guess is fine.
- a. Narrowing this down to alcohol, what percentage of children in your local agency would you estimate are prenatally exposed to **alcohol**?
8. Do you think that your agency typically identifies children who have been prenatally exposed to alcohol or other drugs?
- a. Can you walk me through how staff at this agency would typically (*or:* would ever) identify prenatal substance exposure, whether they were specifically assessing for its presence or not?
 - i. Would this process differ for identifying alcohol versus other drugs?

1. *If yes:* Please describe how this would be different.
 2. *If unclear:* At what point during the case would this typically happen?
- ii. How would prenatal substance exposure typically be identified for infants vs. older children?

9. When do you think is the 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?

I want to move now to talking about typical practices for working with cases where prenatal exposures would be suspected and explored during

- *child abuse and neglect investigations, and/or*
- *when the agency is evaluating or assessing the family for needed services.*

It may be helpful if you think specifically about 1-2 typical cases involving prenatal exposure to alcohol or other drugs. Please remember to not use any names or other identifying information when talking about these cases; everything you share with us will be kept private.

10. Would you say that prenatal exposure to substances is something that staff focus on assessing or understanding with most, some, or relatively few children during the child intake, abuse and neglect investigation, and/or initial family assessment phase?
11. If you discovered that a child experienced prenatal exposure to alcohol or other drugs, how would that information affect the safety and risk assessments?
- a. What specific information would be relevant and how would this be collected?
 - i. Would this information be the same for alcohol as well as other types of prenatal substance exposures?
 1. *If different:* How would this information differ?
12. Are there circumstances, or family or child characteristics, that would make it more likely that staff would identify prenatal substance exposure?
- a. *If not mentioned:* Does this identification process differ based on the age of the child? If so, how?
 - b. *If not mentioned:* How, if at all, would a mother's self-report about alcohol or drug use or other's reports of mother's alcohol or drug use affect the identification of a child with prenatal substance exposure?

- c. *If not mentioned:* If the mother reports drug use, do staff at your agency routinely ask about alcohol use?
- d. *If not mentioned:* How, if at all, does a child's progress through key developmental milestones affect the identification process of prenatal substance exposure? [*e.g., ages of crawling, walking, first words, age-appropriate social skills, reasoning ability, etc.*]
- e. In thinking about your answers to this set of questions, would you say that any of your answers would be different when thinking specifically about identifying prenatal alcohol exposure versus prenatal exposure to other drugs?

13. If it is **suspected** during the intake, investigation, or assessment process that a child was 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 uses, or the way in which you do this?
- b. *If unclear:* And where is this information documented?
- c. *If unclear:* Who is responsible for entering this information into your data system?
 - i. And from your perspective, how consistently is this information recorded in the data system?
- d. Does this process differ by substances, for example, for alcohol versus other drugs?
- e. Does this process differ once a child is **known** to have been prenatally exposed to alcohol or other drugs (and not just suspected)?
 - i. If yes, how so?

14. Is information related to prenatal substance exposure used in supervision or internal case planning meetings? How so?

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

15. What recommendations, if any, do you have about identifying and supporting children with prenatal exposure to alcohol and other drugs?

16. The information you have provided is really helpful for advancing our understanding of current practice around 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 will be kept 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