

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Prenatal Alcohol and Other Drug Exposures:
Key Interview Questions for Local Agency Staff: Ongoing Workers**
(e.g., ongoing case management 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 talk about typical practices for working with ongoing cases where prenatal substance exposures would be suspected and explored. It may be helpful for you think specifically about 1-2 cases involving prenatal exposures. 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. 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. *If not mentioned:* To the best of your knowledge, how, if at all, do judicial court orders influence the identification of prenatal substance exposure?
 - f. 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?

11. When staff are working with families in ongoing case management and service provision, what information would staff look for to learn about a child's potential prenatal exposure to alcohol or other drugs?
 - a. How would staff at this agency obtain this information? (*If needed:* For example, would information be in the investigation documentation, under child's medical records, screening results, court reports, etc.)

12. To the best of your knowledge about typical practice, would knowing that a child was prenatally exposed to **alcohol or other drugs** change the way that staff at this agency work with or recommend services for the child?
 - a. Why or why not?

 - b. *If unclear:* What would look different about how you work with that family versus what you would typically do in a case where there wasn't prenatal exposures?

 - c. Would the type of substance exposure, alcohol versus other drugs, influence your service recommendations or case plan?

13. Once it is **suspected** during ongoing case management 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 does, or the way in which you do this?

 - b. *If unclear:* Is this information consistently documented anywhere? If so, where?

 - c. *If unclear:* Who is responsible for entering this information into your data system?

 - d. Does this process differ once a child is **known** to have been prenatally exposed to substances (and not just suspected)?
 - i. *If yes:* How so?

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

These next few questions are about policies or practices related to services available to children with special needs or prenatal substance exposures. Please remember that we're not evaluating anyone or checking to make sure things are being conducted in a certain way.

15. To the best of your knowledge, what services are available to children with prenatal exposure to alcohol or other drugs?
 - a. Does this vary by the type of substance exposure? For example, illicit drug exposure?
 - b. Do these services require specialized assessments or referrals?
 - c. To the best of your knowledge, are these services impacted by judicial court orders? If so, in what ways?
16. How do agency staff typically communicate to service providers about children's needs, in general?
 - a. How do agency staff typically communicate specific information about prenatal substance exposure to service providers?
 - i. *If unclear:* What information is typically shared about **prenatal exposure to alcohol**?
17. To the best of your knowledge, how do staff at this agency communicate to caregivers about suspected or identified prenatal exposure to alcohol or other drugs among children in their care? In this instance, caregivers would include foster parents, pre-adoptive parents, or relatives who are serving this role. It might also include institutional caregivers.
 - a. What information is typically shared with these caregivers? (*If needed:* For example, does this include the substance of exposure, or information on the implications for the child and family?)
18. Is there general training offered to foster care providers or other caregivers about caring for children with prenatal substance exposure?
 - a. What about training specifically about caring for children with prenatal **alcohol** exposure?
 - b. *If unclear:* Is this part of the training required for all foster parents/caregivers?
19. Based on your knowledge, are there any specific support services offered to caregivers who care for a child with prenatal exposure 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.)

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

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

21. 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 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