OMB #: 0970-0XXXX
Expiration Date: XX/XX/XXXX

Prenatal Alcohol and Other Drug Exposures: A Child Welfare Practice Toolkit

Survey of Attitudes

Thank you for considering participation in this survey, a component of the U.S. Department of Health and Human Services' evaluation of the *Prenatal Alcohol and Other Drug Exposures: A Child Welfare Practice Toolkit*. This survey is an opportunity for the evaluation team to understand how agency staff feel about screening for prenatal substance exposure, as well as identifying and caring for prenatally exposed children. This information helps us to understand whether any changes need to be made to the toolkit content in the future to improve its usefulness to child welfare professionals such as yourself.

We realize how limited your time is; the survey should take approximately 10 minutes to complete. Your participation in the survey is voluntary. You may decline to answer any question you do not wish to answer, and you may exit the survey at any time. There are no risks involved in participating in the survey. While you will not receive any direct benefits from participating in this survey, your responses will help us learn more about the usefulness of the toolkit.

Your survey responses will be stored in a password-protected electronic database. Only evaluation team members from contract staff of JBA and ICF will be able to access survey data. Your name or any other personally identifying information will not appear in any report. Be assured that your individual responses will not be shared with your colleagues, supervisors, leadership, or any other staff of your agency. Your survey responses will remain private to the full extent permitted by law.

If you have questions or concerns about the survey or the evaluation, you may contact Project Director Erin Ingoldsby at Ingoldsby@jbassoc.com.

Please select your choice below. You may print a copy of this consent form for your records. Clicking on the "Agree" button indicates that:

- You have read the above information;
- You voluntarily agree to participate;
- You are 18 years of age or older.

o Agree
o Disagree

Section A. Attitudes toward screening for parental substance use and prenatal substance exposure

For this set of items, please indicate the extent to which you agree or disagree with the following statements related to parental substance use and prenatal substance exposure.

		Strongly Disagree	Disagree	Neutral or Unsure	Agree	Strongly Agree
A-1	Screening substance use disorders can get a parent-to-be on the path to recovery before the baby is born.					
A-2	Screening for prenatal substance use is not a good use of time because those who use alcohol and drugs are likely to lie about their use.					
A-3	Screening for possible prenatal substance exposure is the first step in getting a child into services to aid their development.					
A-4	Regardless of the child's age, gathering information about the mother's prenatal care and prenatal substance exposure will help identify needs in the case.					
A-5	Offering services to both caregivers (including bioparents) and children is beneficial when prenatal alcohol exposure is identified.					
A-6	Nothing can be done to make up for it when a child suffers from prenatal alcohol exposure so screening for it during infancy or childhood is unnecessary.					
A-7	If any illicit substance or prescription medication (opioids) is detected in tests of newborns, screening for alcohol exposure should be conducted as well.					

Section B. Attitudes about the role of child welfare in identification and care of prenatally exposed children

For this set of items, please indicate the extent to which you agree or disagree with the following statements related to the role of the child welfare system in identifying and caring for prenatally exposed children.

		Strongly Disagree	Disagree	Neutral or Unsure	Agree	Strongly Agree
B-1	Child welfare workers have a responsibility to ask questions about potential prenatal alcohol exposure.					
B-2	Agency staff can spot a baby with a fetal alcohol spectrum disorder.					
B-3	I know what questions to ask to screen for prenatal exposure to alcohol.					
B-4	I know what questions to ask to screen for prenatal exposure to drugs.					
B-5	I want to ask questions about possible prenatal alcohol exposure so I can help families access services.					
B-6	As a child welfare worker, I have an obligation to be on the lookout for prenatal use of substances so I can protect the family's future children.					
B-7	I feel it is my duty as a child welfare worker to be alert to anything that would endanger a child's safety, including prenatal substance abuse.					
B-8	I deal with the problems that a case file requires me to address; I don't go looking for additional problems.					
B-9	If there is any indication that a child has prenatal exposure(s) the newborn or infant should be removed from their parents' custody.					
B-10	Collecting information about possible prenatal alcohol exposure isn't useful in child welfare practice since alcohol use is highly prevalent in this population.					
B-11	When a parent's substance use is a reason for initial referral to child welfare for older children, it's not worth it to go back to get prenatal history of substance use.					
B-12	Because it's not child welfare's purview, looking for prenatal use of alcohol or possible indicators of effects in the child is not something that child welfare staff need to consider in safety assessments.					

Section C. Attitudes toward parental substance use

The next set of items will ask about you to reflect on the extent to which you agree with statements related to parental substance use.

		Strongly Disagree	Disagree	Neutral or Unsure	Agree	Strongly Agree
C-1	Parents should not be allowed visitation with children removed from their care until they demonstrate abstinence from *alcohol*.					
C-2	Parents should not be allowed visitation with children removed from their care until they demonstrate abstinence from *drugs*.					
C-3	A parent's relapse should result in the child's removal from a parent or a change in the case plan goal if reunification efforts are in place.					
C-4	Newborns with positive tests for illegal drugs should be removed from their parent's custody.					
C-5	Children who are abused and neglected are better off in foster care.					
C-6	Parents should be reunified with their children only if they abstain from using *alcohol*.					
C-7	Parents should be reunified with their children only if they abstain from using *drugs*.					
C-8	When a parent refuses substance use disorder treatment they should face penalties.					
C-9	Parents with a substance use disorder should have a voice in decisions about their child/ren's safety, custody, and living arrangements.					
C-10	Parents who abused or neglected their children can be effective parents.					
C-11	Mothers who used alcohol in their prenatal period can be effective parents.					
C-12	Negative drug tests are the best indicator of parents' progress in recovery from substance use disorders.					
C-13	Substance use disorder treatment will only be effective if a parent wants treatment.					
C-14	Parents who truly love their children would just stop using addictive drugs.					
C-15	Substance use disorder treatment professionals involved with parents					

	should have a voice in decisions about child safety, custody, and living arrangements.					
C-16	Child welfare professionals should have a voice in decisions about treatment needs for parents with a substance use disorder.					
C-17	Parents with substance use disorders often fail to complete treatment because they face real barriers such as poverty, mental illness, family violence, or transportation.					
C-18	A parent's relapse should be a private matter between the parent and their substance use disorder treatment provider.					
C-19	The need to protect client confidentiality will always be a significant barrier to case planning between our partner agencies.					
C-20	The stigma associated with addiction prevents parents from seeking treatment.					
C-21	Programs that provide methadone or other medication assisted treatment are just substituting one addiction for another.					
C-22	Medication assisted treatment, prescription drugs that treat opioid addiction, should be made available to pregnant women.					
C-23	A parent with co-occurring mental health issues must first receive mental health treatment before substance use disorder treatment can work.					
C-24	If parents with an addiction had enough will power, they would not need substance use disorder treatment.					
C-25	Parents with substance use disorders can be effective parents.					
C-26	Persons in sustained recovery from a substance use disorder should be hired and paid to support and mentor parents with a substance use disorder.					