

ABSTRACT

CHILD WELFARE SOCIAL WORKERS' KNOWLEDGE OF SUBSTANCE ABUSE AND SELF-EFFICACY IN WORKING WITH SUBSTANCE ABUSING CLIENTS

Drug use in the United States is a growing epidemic whose consequences affect more than just users, but our most vulnerable- our children. Research suggests between 50 and 90% of all families involved with Child Protective Services agencies around the nation struggle with drug use issues (Osterling & Austing, 2008; SWERT, 2008). Madera County sits in a federally classified high intensity drug trafficking area, where child welfare social workers regularly encounter families who are involved with drugs. Child welfare social workers make decisions with these families that affect family separation or family preservation. Because of this, it is important for child welfare social workers to be familiar with substance abuse and have confidence in their ability to engage with and work effectively with drug using individuals and families; this confidence is described as self-efficacy.

This study used quantitative, descriptive methods to assess knowledge and self-efficacy in working with substance abusing clients in 19 Madera County child welfare social workers. The data suggest social workers have a general knowledge of substance abuse and moderately high self-efficacy; however, most respondents reported feeling they had received inadequate training on this topic.

Nicole Ashley Krahn
May 2017

CHILD WELFARE SOCIAL WORKERS' KNOWLEDGE OF
SUBSTANCE ABUSE AND SELF-EFFICACY IN
WORKING WITH SUBSTANCE
ABUSING CLIENTS

by

Nicole Ashley Krahn

A thesis
submitted in partial
fulfillment of the requirements for the degree of
Master of Social Work
in the College of Health and Human Services
California State University, Fresno
May 2017

APPROVED

For the Department of Social Work Education

We, the undersigned, certify that the thesis of the following student meets the required standards of scholarship, format, and style of the university and the student's graduate degree program for the awarding of the master's degree.

Nicole Ashley Krahn
Thesis Author

Jane Middleton (Chair) Social Work Education

Anne Petrovich Social Work Education

Gyanesh Lama Social Work Education

Kelly Woodard Madera County Department of Social Services

For the University Graduate Committee:

Dean, Division of Graduate Studies

AUTHORIZATION FOR REPRODUCTION
OF MASTER'S THESIS

 X I grant permission for the reproduction of this thesis in part or in its entirety without further authorization from me, on the condition that the person or agency requesting reproduction absorbs the cost and provides proper acknowledgment of authorship.

 Permission to reproduce this thesis in part or in its entirety must be obtained from me.

Signature of thesis author: _____

ACKNOWLEDGMENTS

This piece is dedicated to my mom and Bob, who have been my greatest sources of encouragement and strength since the beginning. And to my baby sister, Hannah – remember that you can achieve anything. Joe, you also deserve plenty of thanks for keeping me afloat during graduate school.

A huge thanks to my thesis committee, with special gratitude to Dr. Middleton, whose expertise and joyfulness have helped me to accomplish this. I have learned so much from Ms. Kelly Woodard and I appreciate the knowledge you have given me. Thank you dearly to Dr. Petrovich and Dr. Lama for dedicating your time to help complete this thesis and I also extend gratitude to Mr. Chuck Radke for his contributions that helped to perfect this piece.

I am grateful for this experience – so many people have touched me along the way and for that I will always be indebted.

TABLE OF CONTENTS

	Page
LIST OF TABLES	vii
CHAPTER 1: INTRODUCTION	1
Child Protective Services Agencies	2
Scope of the Problem	3
Theoretical Framework	5
Methods	6
Summary	7
CHAPTER 2: LITERATURE REVIEW	8
Theoretical Literature	8
Empirical Research	10
Summary	18
CHAPTER 3: METHODOLOGY	20
Purpose and Background	20
Subject Recruitment and Methods	20
Potential Benefits	21
Potential Risks	21
Precautions Taken to Minimize Risks	21
Compensation of Subjects	22
Academic Background and Experience of Investigators	22
Instruments	22
Research Design	23
Variables	24
Summary	24

CHAPTER 4: FINDINGS	25
Demographics	25
General Self-Rating.....	27
Training	28
Responses of Characteristics and Etiology of Drug Use	28
Knowledge of Substances	29
Self-Efficacy	31
Correlation Between Knowledge and Self-Efficacy	33
Self-Efficacy and Years as a Child Welfare Social Worker	33
Formal Training and Self-Efficacy	33
Summary	34
CHAPTER 5: CONCLUSION	35
Major Findings	35
Implications for Social Work Practice	37
Research Limitations.....	38
Recommendations for Policy	38
Conclusion.....	40
REFERENCES	41
APPENDICES	46
APPENDIX A: AGENCY LETTER OF SUPPORT	47
APPENDIX B: HUMAN SUBJECTS CERTIFICATION	49
APPENDIX C: QUESTIONNAIRE	51
APPENDIX D: CONSENT FORM	57

LIST OF TABLES

	Page
Table 1 <i>Demographics</i>	26
Table 2 <i>General Knowledge and Confidence in Working with Substance Abusing Clients</i>	27
Table 3 <i>Percentage of Total CPS Cases that Social Workers Believe are Affected by Methamphetamine Use</i>	30
Table 4 <i>Total Average Self-Efficacy Scores of Each Participant</i>	32

CHAPTER 1: INTRODUCTION

An increasingly alarming public health issue in the United States is illegal substance use. The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* has strayed away from using the term “substance dependence” and now considers these types of disorders “substance use disorders.” Substance use disorders are classified as recurrent use of drugs and/or alcohol that clinically and significantly impair functioning in areas such as employment, legal, social, and health. Substance use disorders are now classified in the DSM-5 by level of severity to indicate mild, moderate, or severe.

Illegal drug abuse is an epidemic because it is so widespread; drug abuse affects society as a whole, including our most vulnerable- our children. Drug use has powerful implications for families and is associated with many other problems, including homelessness or unstable housing, domestic violence, mental health issues, criminality, poverty, and child abuse (Social Welfare Evaluation, Research, Training Center [SWERT], 2008). Research has also suggested that drug use is uniquely damaging to women users, especially in relation to their social experiences. Women who abuse illegal drugs often did not have positive parental role models, have strained relationships with their family, and tend to have poorer interaction patterns with their children (Brady & Ashley, 2005). Several of these factors lend themselves to the increased likelihood of child maltreatment by substance abusing caregivers. Parents with substance use or dependency issues typically prioritize their addiction over everything else, including their child’s basic needs, such as shelter, food, and clothes (Maluccio & Ainsworth, 2003). In addition, female drug users tend to have a lack of knowledge in child development, insufficient parenting skills, difficulties in social and

behavioral interaction, and little familial or community support (Austin & Osterling, 2006; Maluccio & Ainsworth, 2003). These factors may increase the propensity for drug using caregivers to be unable to appropriately care for their children physically and emotionally, create additional stress, and increase the likelihood of abusive or neglectful behaviors towards the child (Rondero-Hernandez & Noriega, 2008).

Because the drug epidemic in America is essentially common knowledge, it is surprising that there is little information to accurately quantify the intersectionality between Child Protective Services intervention and caregiver drug use. There are no regulations or policies currently in place that require child welfare or substance treatment agencies to monitor and record information about children who enter the child welfare system due to illicit drug use by caregivers. Similarly, there are no requirements for tracking instances in which the entry of newborn babies into the system is due to prenatal drug exposure (Young, Boles, & Otero, 2007).

Child Protective Services Agencies

Each county in the United States has a child protection agency in some capacity that is intended to monitor physical, emotional, and psychological safety of children. Child Protective Services (CPS) social workers' primary goal is to protect children and to prevent future abuse or neglect, while also maintaining and creating healthy bonds between children and families. Child welfare social workers often come in contact with dysfunctional families that struggle with issues that increase the tendency for child abuse or neglect, such as poverty, domestic violence, and substance use issues. CPS agencies become alerted to possible safety threats to children by way of referrals from community members indicating a

threat to a child's physical or emotional safety. Every state in the U.S. has statutes mandating certain people, including school staff, medical personnel, mental health providers, law enforcement, and other persons, to report any and all suspected child abuse or neglect to an appropriate child protection agency (Child Welfare Information Gateway, 2016). Failure of a mandated reporter or other institutionally responsible individual to carry out these duties may result in criminal and legal charges. In addition, any other persons not identified as mandated reporters may also report information to CPS agencies, including relatives or friends of families who suspect a child is in physical or emotional danger as a result of inadequate caregiving.

Child abuse or neglect can present itself in many forms, including non-accidental physical injury, cruel or inhumane corporal punishment, negligent treatment of a child, sexual abuse or exploitation, child abandonment, or voluntary or involuntary failure to provide for a child's basic needs including shelter, food, water, necessary medical care, or supervision (California Department of Education, 2016; California Department of Social Services, 2007).

Scope of the Problem

It is estimated that allegations of abuse or neglect were received nationwide by child welfare agencies for 5.5 million children in 2004 alone. Of those, 3.503 million children were involved in investigations by child welfare agencies to assess for abuse or neglect. Further, it is estimated that two thirds of those families that were investigated were determined to have substantiated allegations of child maltreatment (Young et al., 2007). As aforementioned, there are currently no regulations that mandate child welfare agencies to accurately monitor the numbers of CPS cases that are impacted by caregiver substance abuse. Several studies have

attempted to measure this number by sampling certain regions, however much of the research gathered anecdotal information. The studies have suggested that between 61 and 90% of all child welfare cases cite parental substance abuse as a contributing factor to CPS intervention (The National Center on Addiction and Substance Abuse [CASA], 1999; Osterling & Austing 2008; SWERT, 2008).

The Central California Social Welfare Evaluation, Research, Training Center (SWERT, 2008) found that 47% of women who were admitted into drug treatment programs in California were also simultaneously involved with the child welfare system. Further, the rate of pregnant women admitted into drug treatment programs for methamphetamine use in the United States more than doubled in ten years from 8% in 1994 to 21% in 2004 (Amatetti & Young, 2006). The Office of Applied Research Analysis of the California Department of Alcohol and Drug Programs (2007) report that the rate of pregnant women admitted to treatment for methamphetamine use in the Central Valley, California was almost 9%, while the national average was 7.9%.

It must be noted, however, that drug or alcohol use by a caregiver is not legally considered a form of child abuse. Yet, due to the growing concern of substance use as it relates to detrimental impacts on children, some states have increased the definition of child abuse to incorporate some aspects of drug use. In California, in order to warrant CPS intervention due to substance use or abuse, California's Welfare and Institutions Code Section 300 (2016) states

The child has suffered, or there is substantial risk that the child will suffer, serious physical harm or illness, as a result of the...inability of the parent or guardian to provide regular care for the child due to the parent's or guardian's mental illness, developmental disability or substance abuse. (p.

1)

That is to say, drug use must have an *impact* on the caregiver's ability to provide a child with an appropriate level of care as indicated in the Welfare and Institutions Code 300. In addition, Penal Code section 11165.13 of California law states a positive toxicology screen at the time of a child's birth is neither child abuse or neglect, nor is it sufficient grounds to warrant CPS intervention. However, CPS intervention may be merited if it is determined that there are other risk factors present that may imply physical or emotional safety risk to a child as a result of inability to appropriately parent or meet a child's basic needs.

Theoretical Framework

This study aimed to measure the level of knowledge that Madera County child welfare social workers have on the topic of substance abuse. Additionally, the study sought to measure the level of self-efficacy the child welfare social workers have in working with clients who present with substance abusing issues. For the purposes of this study, the self-control theory was used to understand and was applied to individuals who resort to abusing illegal substances, while the self-efficacy theory was utilized in relation to Madera County's child welfare social workers' level of confidence in their ability to effectively work with substance abusing clients. The self-control theory was initially considered the "general theory of crime" and was used to describe the etiology of criminal and deviant behavior, including illegal drug use. Albert Bandura's self-efficacy theory stemmed from social cognitive theory. This theory suggests that one's evaluation of his or her own performance has powerful effects on actual task performance and future goals relating to that task. Bandura's self-efficacy theory has been adapted specifically to describe self-efficacy in relation to social workers and will be discussed further in depth in later chapters.

Methods

The following research was conducted using a descriptive quantitative approach and utilized a questionnaire to measure information pertinent to the following research questions:

What is the level of knowledge of social workers of substance abuse?

What is the level of self-efficacy of social workers in working with substance abusing clients?

All child welfare social workers in Madera County Department of Social Services were eligible to participate in this research study by way of taking the questionnaire at their desks, then placing completed questionnaire and consent form anonymously in a secured box located on the researcher's desk. Permission by this researcher was obtained by Madera County's Director of Social Services and the questionnaire was partially adapted from the social worker self-efficacy (SWSE) scale created by Dr. Gary Holden, who is affiliated with New York University's Silver School of Social Work.

The independent variables in this research design were gender, age, level of education, amount of training on substance abuse, and number of years working in public child welfare. The dependent variables were level of knowledge of substance abuse and level of self-efficacy.

This study has the potential to increase awareness of the importance of social workers' knowledge of substance use and may support the possible development and implementation of substance abuse trainings in education and in-agency settings. This may better equip social workers in their knowledge and ability to effectively work with this population.

Summary

Although there is limited and mostly anecdotal information available on the topic, evidence suggests that caregiver substance abuse is a widespread contributor to families' involvement in the child welfare system. Evidence suggests that certainly over half of all CPS cases involve the use of illegal drugs by parents as negatively affecting the psychological, emotional, and physical wellbeing of their children. Illegal drug use is also rampant in California's Central Valley, therefore local social workers are involved in the lives of substance abusers frequently. Due to this interaction, it is important for child welfare social workers to understand the nature of substance abuse. Perceived self-efficacy in working with drug using clients also plays an important role in actual performance and has implications for social workers in this field. This study aimed to assess knowledge and self-efficacy of Madera County child welfare social workers in working with families with substance use problems. The results showed that Madera County social workers have relatively accurate knowledge of substance abuse, as well as generally high levels of self-efficacy. Social workers in the study did indicate they did not feel they had enough training on substance abuse, which was also linked to lower sense of self-efficacy. The following chapter will present empirical literature related to substance abuse in families and its connection to public child welfare agencies, as well as gaps in the literature in this realm.

CHAPTER 2: LITERATURE REVIEW

Both substance abuse and child maltreatment continue to be growing public health concerns in the United States. Hundreds of thousands of children are forced out of the homes of their families and placed into the out-of-home care in the child welfare system, with illicit parental substance use as one of the primary causes of child removal. Because of this, social workers in child welfare agencies are frontline contact points for many parents and families experiencing substance use issues, therefore social workers must be acquainted with the complex mechanisms of how substance abuse manifests and operates in order to effectively and empathetically work with families who are in the midst of substance abuse crises.

Theoretical Literature

The following section will speak to theories and ideas that have been used to explain the propensity for some individuals to use illegal substances. This chapter will also examine the literature as it relates to substance-abusing parents, their parenting practices, and potential hazards. Theories that explain the perception of performance and actual performance in relation to social workers and substance abusing clients in child welfare agencies will also be discussed.

Self-Control Theory

In 1990, self-control theory, or the “general theory of crime,” was introduced as a major contemporary theory in an effort to explain deviant and criminal behavior. Self-control, a concept that has been around for several centuries, is best described as the ability to “adapt the self so as to produce a better, more optimal fit between self and the world” (Tangney, Baumeister, & Boone, 2004, p. 275). The fundamental idea of self-control is the ability of an

individual to “override” certain undesirable internal responses, or impulses, and refrain from acting on them (Tangney et al., 2004, p. 275). Gottfredson and Hirishi stated that the sole factor that causes people to engage in criminal behavior, including drug use, is low levels or complete lack of self-control (Gottfredson & Hirschi, 1990). The basis for Gottfredson and Hirschi’s self-control theory was the idea that people who have a lower sense of self-control tend to be more hedonistic, short-sighted, impulsive, pleasure oriented, and largely motivated by immediate gratification than people who have more internal control (Gottfredson & Hirschi, 1990). Self-control theory identifies these factors as leading an individual to be more likely to engage in criminal activity, such as indulging in drugs for the immediate gratification of the high, without acknowledging the array of physiological, psychological, interpersonal, and legal consequences that are associated with illicit drugs.

Self-Efficacy

In an attempt to find a unifying theory of behavior change, Albert Bandura developed the self-efficacy theory from the social cognitive theory. Self-efficacy is described as an individual’s appraisal of his or her own capabilities to perform a certain task; this perception is powerful and can itself be self-aiding or self-hindering (Bandura, 1989, 1993). Not only does a sense of self-efficacy of a task affect one’s ability about the self, but it also affects how one actually performs the task and future goals the individual will or will not set for his or herself (Bandura, 1993). It is important to note, however, that self-efficacy is not fixed; it is influential, adaptable, and also encompasses aspects of one’s cognition, social functioning, and behavior (Bandura, 1993).

In the realm of social work practice, self-efficacy may play a large role in how social workers function and adapt to clients of varying degrees of functioning. Bandura speaks to the idea of self-efficacy in relation to teachers, professionals with similar demands and burnout rates as social workers. Bandura suggests that lack of knowledge or training can contribute negatively to a feeling of accomplishment, and therefore reduce self-efficacy for the ability to accomplish, make a difference, and cope with stressors (Bandura, 1993). Occupationally, when an individual feels a low sense of self-efficacy, commitment to the job starts to weaken and burnout may occur (Bandura, 1993). This occupational experience may cause physical and emotional exhaustion, and further cause “depersonalization of the people with whom one is working and feelings of futility concerning personal accomplishments” (Bandura, 1993, p. 134). In relation to social workers in child welfare agencies, workers encounter clients with varying levels of functioning, including those with mental illness, poverty, developmental disabilities, and substance use issues. Self-efficacy theory posits that social workers must be educated and maintain a high sense of self-efficacy in order to increase chances of working successfully with these clients.

Empirical Research

The following section will point to empirical literature to explain various aspects of drug use and its relationship with child maltreatment and child welfare involvement. This section will address the following: the nature of substance abuse, parental substance abuse, prenatal drug and alcohol use, the relationship between drug use and parenting, human services agencies, social worker roles, and lastly, the prevalence of substance abuse issues in the Central Valley of California.

Nature of Substance Abuse

Similar to the cycle of violence that occurs in domestic violence relationships, the same pattern tends to occur with parental substance users. Parents who use drugs more often than not were also victims of substance abusing parents when they were children (CASA, 1998). Drug abuse tends to operate as a cycle. In addition, substance abuse typically occurs within the scope of other negative environmental issues, such as poverty. Families who earn incomes less than \$15,000 annually are 25 times more likely to abuse or neglect their children than families who earn over \$30,000 (CASA, 1998). In Madera County, it is estimated that 22.3% of the population is currently living below the poverty rate (United States Census Bureau, 2014).

Prenatal Substance Abuse

Prenatal substance abuse continues to be a growing public health issue in the United States. Although there are possible detrimental risks to a mother who uses illicit drugs during pregnancy, the unborn child is also at high risk for life-long health and developmental problems. Children who are prenatally exposed to drugs or alcohol may also tend to experience long-term negative behavioral, developmental, and cognitive effects that will impact them for life. These harmful impacts include congenital anomalies, prematurity, fetal death, cleft lip and palate, learning disabilities, neurological problems, poor social adjustment, and other developmental and cognitive deficits (Narkowicz, Plotka, Polkowska, Biziuk, & Namiesnik, 2013). In 2010, the Substance Abuse and Mental Health Services Administration (SAMHSA), under the U.S. Department of Health and Human Services, conducted a National Survey on Drug Use and Health, which found that 4.4% of pregnant women from 15 to 44 years of age were currently using illegal drugs during pregnancy (SAMHSA, 2010). Alarmingly, this study found that

16.2% of pregnant girls ages 15 to 17 were currently using illegal drugs during pregnancy (SAMHSA, 2010). These numbers suggest that annually, between 400,000 and 480,000 babies are born prenatally exposed to alcohol or drugs (Young, 2006). These numbers are believed to be low due to limited toxicology screenings by hospitals at time of birth, as well as the limited window of time urine and blood toxicology tests can detect drugs in the body (Anthony, Austin, & Comier, 2009).

Effects of Substance Abuse on Parenting

Studies have linked parental substance abuse and child maltreatment closely. The National Center on Addiction and Substance Abuse found that children of substance users are abused or neglected at more than double the rate of non-users (CASA, 1999), and approximately 30% of closed CPS cases were reopened due to reoccurring substance abuse issues that led to another episode of child abuse or neglect (CASA, 1999). Despite the urgency of this issue, there has not been a comprehensive study like the one previously done in 1999. Because of the compulsive and relentless nature of addiction, people who use or are addicted to drugs are more likely to engage in other illegal activity in order to obtain drugs, such as shoplifting. They are also physically and psychologically preoccupied with their drug of choice, regardless of negative effects on the self or others. Therefore, children of parents who are addicts or otherwise use illicit drugs are far more likely to be neglected (CASA, 1999).

Human Services Agencies and Substance Abusers

It was only in 1999 that Colombia University's National Center on Addiction and Substance Abuse conducted the first study on the intersection

between child welfare and addiction. The researchers interviewed frontline workers, conducted case studies, interviewed judges, and conducted data analysis. This study found that professionals in the child welfare system note alcohol combined with other drugs as the leading cause of child abuse and neglect (CASA, 1999). Because of barriers, including Health Insurance Portability and Accountability (HIPAA) laws, researchers have found it difficult to accurately estimate the number of CPS cases that involve substance use as a contributor to child abuse or neglect. However, CASA estimates 70 to 90% of child welfare financial spending can be attributed to parental substance use. Osterling and Austing (2008) have put the number of drug-related CPS cases between 50 and 80%. Using the median number of drug-related CPS cases from these numbers, 70%, this number translates to roughly \$20 billion spent annually on the federal, state, and local levels simply to sustain the child welfare system's operation and the operation of other professional units that also become involved in substance abuse-related child welfare cases, such as law enforcement, the judicial system, and supplemental mental health and educational services that abused or neglected children typically require (CASA, 1999).

Some studies have questioned social worker knowledge and preparedness to work effectively with substance using clients. It is estimated that approximately half of substance users also have a co-occurring mental health disorder. Because of this, comprehensive training and understanding in both substance abuse and mental health are important for social workers who come in contact with these clients every day. Fisher, McCleary, Dimock, and Rohovit (2014) conducted a study in the Midwestern United States that sought to measure self-reported preparedness, past experiences, and perceived training needs of both social workers and substance abuse counselors working with adults with co-occurring

disorders. This study found that social workers had more experience working with co-occurring disorders than substance abuse counselors, however social workers reported having significantly less training in substance use disorders and substance abuse assessment (Fisher et al., 2014). This study also suggested that social workers feel they are underprepared to assess and work with substance abusing clients.

Other studies that mirror the aforementioned research design have been conducted primarily in the United Kingdom in Europe. A study carried out in England attempted to assess newly qualified social workers' preparedness to work with clients who use illegal drugs. The prevalence of substance use is recognized in England as comparable to that of the United States. In fact, the National Occupational Standards for Social Work in England determined that substance abusers are one of the most common populations with whom social workers are involved (Galvani & Forrester, 2011). The researchers sent out an electronic self-administered survey that assessed social workers' perceived preparation and training to work with drug abusing clients. The survey also established a baseline of perceived level of preparedness by asking respondents about their preparedness in seven other areas, which included children and families, domestic violence, mental health, physical disabilities, learning disabilities, older people, and younger people. The study found that social workers rated their knowledge in drug problems as far below adequate and lower than any other issue, including alcohol problems (Galvani & Forrester, 2011). Less than 40% of social workers reported feeling adequately prepared to work with drug using clients (Galvani & Forrester, 2011).

Another study that was conducted in England aimed to assess training needs of social workers employed in substance abuse treatment facilities via self-

administered survey. The researchers found that 71% of social workers felt that they had a moderate, significant, or maximum need for additional training in the area of substance abuse (Hall, Amodeo, Shaffer, & Bilt, 2000). Nearly 77% of social workers sampled reported that receiving additional substance abuse trainings would increase their effectiveness as social workers in general (Hall et al., 2000).

The Project Research Network conducted a study that was funded by the Center for Substance Abuse Treatment surveyed members of the National Association of Social Workers (NASW) regarding social worker training and practice in substance abuse. Seventy one percent of respondents reported that they had engaged in substance abuse diagnosis or treatment within the last year. However, only 38% of respondents reported having formal academic training on substance abuse, and only 1% of respondents had been certified in substance abuse treatment (Smith, Whitaker, & Weismiller, 2006). This study demonstrates the severity of the gap between routine social work practice in substance abuse and the lack of formal training to work with these clients.

A study conducted by Bina et al. (2008) aimed to explore predictors of recent master's level social work graduates' perception of their own preparedness to work with substance abusing clients. The researchers mailed surveys to 359 former mid-Atlantic university students who graduated with an MSW within the last year. Nearly 66%, or 232, surveys were completed and returned. The mean age of respondents was 32 years old, 92% were female, and 68% were Caucasian. The survey consisted of subsections that addressed demographics, level of formal and informal training on substance abuse, and Likert scale questions to assess perceived preparedness and knowledge of substance abuse. The researchers then used a hierarchical multiple regression analysis to organize the data. The data

revealed that 36% of those surveyed had not received any formal or informal training on substance abuse. One third of those sampled stated that they believed they maximally needed substance abuse training in order to excel in their profession. The researchers also found a significant correlation between social workers' perceived level of knowledge with perceived level of preparedness. Despite a strong response rate (approximately 66%) this study was very limited in terms of demographics. Ninety two percent of respondents were female and a majority of the respondents were Caucasian. The narrowness of diversity could have influenced the data. Also, the study focused on perceived knowledge and preparedness to work with substance abusers, which does not necessarily predict future success with actual clients.

Social Workers' Roles with Substance Using Clients

Often times, social workers are not afforded proper training or education to effectively work with individuals who use drugs, a population that social workers routinely encounter. The Children's Bureau conducts routine Child Family Service Reviews (CFSRs) to assess outcomes of child welfare departments in each state and to ensure compliance with federal child welfare regulations. Recent CFSRs have determined that there are inadequacies in many child welfare agencies in relation to substance using clients (Young, Nakashian, Yeh, & Amatetti, 2006). In response, the National Center on Substance Abuse and Child Welfare (NCSACW) developed the Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR) model to guide social workers in child welfare agencies to better identify and respond to drug using clients (Young et al., 2006). The SAFERR model (2006) declares,

“At a minimum, child welfare staff should understand

- How and why people develop substance use disorders;
- Types of substance use disorders;
- How addiction affects a person's ability to function (particularly as a parent);
- How people are screened and assessed for substance use disorders;
- Types of treatment available to families;
- The role of relapse in the recovery process; and
- How treatment improves family stability, employment, and other outcomes" (p. 23)

Still, there is a lack of implementation strategies, particularly in the Central Valley's CPS agencies, to enforce training and education to support the standards set forth in the SAFERR model.

Illicit Drugs in the Central Valley

The Central Valley, located in the center of California, houses several agriculture-rich and culturally diverse counties, including Merced, Mariposa, Madera, Fresno, Kings, and Tulare counties.

The United States Department of Justice's National Drug Intelligence Center has identified California's Central Valley as a major part of a High Intensity Drug Trafficking Area (HIDTA), which has extremely high rates illegal drug use, and nation-wide scale production and distribution of drugs. The Central Valley HIDTA houses enormous rings of large-scale production and use of primarily methamphetamine, marijuana, and cocaine (U.S. Department of Justice, 2010). The Department of Justice National Drug Intelligence Center conducted a National Drug Threat Survey (NDTS) in the Central Valley HIDTA, which gathered information from 28 local law enforcement agencies regarding the use

and effects of the major drugs in the Central Valley. The survey found methamphetamine use was a contributor to a large portion of domestic violence and child neglect and abuse instances (U.S. Department of Justice, 2010). In 2008, Madera County Child Protective Services identified parental methamphetamine use to be a contributing factor to intervention in 61% of all CPS cases (SWERT, 2008). Children who live with substance using caregivers, especially those whose drug of choice is methamphetamine, typically live in unsanitary living environments (U.S. Department of Justice, 2010), which can cause health and developmental hazards for young children. In 2009 alone, the Fresno Methamphetamine Task Force placed 28 children into custody of child protective services under the drug-endangered children program due to drug users' inability to care for their children or exposing their children to dangerous living conditions (U.S. Department of Justice, 2010).

Summary

Substance use is a community issue that social workers face directly on a daily basis. Studies have suggested that social workers have both low perceived knowledge and preparedness and are also interested in gaining more training in this area to better assist clients. However, research has not been conducted in the Central Valley to assess training needs and perception of preparedness to work with substance using clients by child welfare social workers. This is an especially important issue to look at in depth because of the federally documented and widespread impact that illegal drugs have on the Central Valley. This is an issue that, if explored further and addressed, would benefit both clients and social workers alike.

This study sought to answer the following questions: What is the knowledge of substance abuse of Madera County child welfare social workers? What is the level of self-efficacy of Madera County child welfare social workers in working with substance using clients? The following chapter will address research and methodology employed to answer the research questions.

CHAPTER 3: METHODOLOGY

The goal of this study was to assess Madera County child welfare social workers' level of knowledge of substance abuse and level of self-efficacy in adequately and comprehensively working with substance abusing clients. The following chapter will offer detailed information on the methodology of this research study, including purpose and background, subjects, methods, research design, potential risks and benefits, and academic qualifications of the researchers.

Purpose and Background

There is currently a lack of research aimed at measuring the level of knowledge about substances of social workers in the Central Valley. Moreover, there is a gap in the literature concerning social workers' sense of self-efficacy in working with substance abusing clients. This study aimed to address those gaps and to explore social workers' level of knowledge of substance abuse and their associated sense of competency as social workers in Madera County, located in a federally recognized high intensity drug trafficking area.

Subject Recruitment and Methods

Madera County houses 42 child welfare social workers. The sole criterion for eligibility to participate in this research study was current employment as child welfare social worker for the Department of Social Services in Madera County.

The researcher's supervisor sent an email to all Madera County child welfare social workers to announce the questionnaire distribution date a week in advance. On the predetermined date of distribution, questionnaires and consent forms were placed on the desk of each child welfare social worker in envelopes. The envelope also contained instructions on returning surveys anonymously and

confidentially to a box on the researcher's desk. Once all participants' surveys were completed and handed in, the box was locked in a file cabinet that only the researcher had access to. A letter of support from Madera County's director of social services is displayed in Appendix A.

Potential Benefits

This study intended to measure the level of knowledge and self-efficacy of child welfare social workers on the topic of substance abuse. This study identified gaps that may perhaps guide the facilitation and implementation of future training programs to fill those gaps. This study also intended to provide Madera County child welfare social workers a chance for insight into their professional skills and knowledge on the topic of substance abuse that may lead social workers to engage in their own professional development activities to enhance their skill set and self-efficacy.

Potential Risks

There were minimal risks associated with participation in this research study. Madera County child welfare social workers were prompted to speak to their knowledge of substance abuse and their level of self-efficacy in working with substance abusing clients via anonymous survey. The answers provided were anonymous and were kept confidential. Each individual was informed that participation or nonparticipation had no bearing on his or her relationship with the California State University, Fresno or Madera County.

Precautions Taken to Minimize Risks

The anonymous surveys were kept securely in a locked file cabinet that only this researcher had access to. Upon the completion of this research study, all

surveys, consent forms, and other materials associated with research participants and any identifying information were destroyed to protect confidentiality.

Compensation of Subjects

Each participant in this research study was entered into a raffle to win one of two gift cards. Two winners were announced upon completion of the research study via email address provided on the raffle winners' consent form.

Academic Background and Experience of Investigators

The researcher of this study obtained a Bachelor's degree in cognitive psychology from the University of California at Irvine. The researcher is currently in the second and final year in the master's degree program in social work, with a specialty in public child welfare, at California State University, Fresno. In addition, the researcher successfully completed qualitative and quantitative research methods courses at Fresno State, as well as a Human Subjects certification through the National Institute of Health (see Appendix B). The supervisor and principal researcher of this research is Dr. Jane Middleton, who is a faculty member at California State University, Fresno in the Department of Social Work Education and former Vice President of the National Association of Social Workers. Dr. Middleton's specialty teaching areas include research, policy, practice, human behavior, and case management.

Instruments

The instrument utilized was a survey with multiple choice, Likert scale, and short answer questions. The instrument was partially derived from the Social Work Self-Efficacy Scale (SWSE) and was adapted to focus on self-efficacy in regards to substance abuse (see Appendix C). The SWSE scale uses Bandura's

guidelines and measures general self-efficacy for social workers (Holden, Meenaghan, Anastas, & Metrey, 2002). This researcher obtained permission from New York University Faculty Digital Archive member and developer of the scale, Dr. Gary Holden, to use and adapt the SWSE scale for the purposes of this research study. This instrument asked subjects to identify their level of confidence in performing various social work tasks on a scale of 0 to 10, with 0 meaning “cannot do at all” and 10 meaning “certain can do.” There is evidence of sound reliability and validity of the SWSE scale, which was maintained for this study (Holden et al., 2002). The questions in the survey that aimed to measure general knowledge of substance abuse (i.e. etiology and nature of addiction and illegal drug use, categorical information of drugs) were created by this researcher. This set of questions on the survey was not tested for validity or reliability prior to the commencement of the study, therefore validity and reliability cannot be guaranteed. However, this instrument did have a level of face validity, as the questions measured raw knowledge and correlate with the research questions. Participants also completed accompanied consent forms indicating acknowledgement of voluntary participation and protection of anonymity (see Appendix D).

Research Design

This study utilized a cross-sectional design and was interpreted using descriptive quantitative research methods. The data were derived from participating social workers in all child welfare subcategory units, which include the following: emergency response, family reunification, family maintenance, permanency planning, child family focus team, and adoptions. However, for confidentiality reasons, research participants were not asked to identify which unit

they belong to in the survey due to the small nature of the county and possibility for identification of the participant.

Variables

This research study intended to measure dependent variables, which were social workers' level of knowledge of substance abuse and level of self-efficacy in working with substance abusing clients. The independent variables in this study were gender, age, education level, amount of training, and years of practice as a child welfare worker.

Summary

The goal of this study was to gather information on the knowledge and self-efficacy of Madera County child welfare social workers in working with substance abusing clients through descriptive quantitative methods. The data were gathered by anonymous surveys taken by social workers employed with Madera County. The risks in participating in this study were low and the benefits included a contribution to the research on child welfare and drug use and possible implementation of additional trainings on substance abuse for social workers. The following chapter will present demographic information on research participants and major findings.

CHAPTER 4: FINDINGS

This chapter presents the main findings obtained through descriptive, quantitative data analysis of surveys completed by Madera County child welfare social workers. This chapter will provide information on participant demographics, general self-rating on knowledge of substance abuse and self-efficacy in working with substance abusing clients, training, participant responses on perceived etiology of addiction and characteristics of drug users, general knowledge of substance abuse, and self-efficacy of ability to successfully work with drug using clients. The chapter will also provide analysis on the correlation between knowledge and self-reported self-efficacy, as well as analysis on training and years working as a child welfare social worker in relation to perceived self-efficacy.

Demographics

The participants in this study included 19 child welfare social workers employed with Madera County Department of Social Services. There were 42 surveys distributed one to each of the child welfare workers in Madera County Social Services units. These were emergency response, family reunification/family maintenance, permanency planning, adoptions, and the child family focus team. Of the 42 child welfare workers, 19 chose to participate in this research and submitted a completed questionnaire with accompanying signed consent form, indicating a 45.2% return rate.

Of the 19 participants, 78.9% (n = 15) self-identified as female, while 21.1% (n = 4) self-identified as male. The average age of participants was 37.32 years old, with the youngest participate being 26 years old and the oldest participant being 55 years old. Most of the research participants (73.7%) stated

their highest level of education was a master's degree. In particular, over half (52.6%) of the total participants held a master's degree in social work. Twenty one percent of participants (n = 4) indicated a bachelor's degree as highest level of education and 5.3% (n=1) indicated having a doctorate degree. Of the 19 total participants, 42.1% (n = 8) indicated working as a child welfare social worker for less than one year, 31.6% (n = 6) indicated working in the field between 1 and 3 years, 0% (n=0) had been working 4 to 7 years, 10.5% (n = 2) had been working 12 to 15 years, and 5.3% (n = 1) indicated working as a child welfare social worker for 15 years or more. Because of the small nature of Madera County, participants were not asked to identify which unit they were placed in for confidentiality and anonymity reasons. Table 1 presents an overall view of the research participants' demographics.

Table 1

<i>Demographics</i>			
Category	Subcategory	Frequency	Percent
Gender	Female	15	78.9
	Male	4	21.1
Age	20-29	4	21.1
	30-39	8	42.1
	40-49	5	26.3
	50-59	2	10.5
	60+	0	0.0
Education	BA/BS	4	21.1
	MA/MS	10	52.6
	Doctorate	1	5.3
Years Working as Child Welfare Social Worker	Less than 1 year	8	42.1
	1-3 years	6	31.6
	4-7 years	0	0.0
	12-15 years	2	10.5
	15 or more years	1	5.3

General Self-Rating

Participants were asked to rate themselves on their general knowledge of substance abuse on a scale of 1 through 10, with 1 meaning “poor” and 10 meaning “excellent.” Forty seven percent (n = 9) of respondents rated their general level of knowledge of substance use and abuse as 8, 9, or 10, indicating high general self-rated knowledge (see Table 2). Similarly, 47% (n = 9) of respondents rated their general level of knowledge about substance abuse as 5, 6, or 7, indicating medium level of knowledge. The remaining 5% of respondents (n = 1) self-rated general knowledge of substance abuse as 4 or below, indicating low level of knowledge of substance abuse.

Participants were then asked to rate themselves on their confidence in their ability to work with substance abusing clients on a scale of 1 through 10, with 1 meaning “poor” and 10 meaning “excellent.” Sixty three percent of respondents (n = 12) rated their confidence in their ability to work with substance abusing clients as 8, 9, or 10, indicating high perceived self-efficacy in working with substance abusing clients (see Table 2). The remaining 37% (n=7) of respondents rated their self-efficacy in working with substance abusing clients as 5, 6, or 7, indicating medium level of self-efficacy in this area.

Table 2

Topic	<i>General Knowledge and Confidence in Working with Substance Abusing Clients</i>					
	High		Medium		Low	
	F	%	F	%	F	%
Knowledge of substance abuse	9	47	9	47	1	5
Confidence in working with substance abusing clients	12	63	7	37	0	0

Training

Participants were asked if they felt they had received adequate formal training on substance use and abuse, in which participants were nearly equally distributed. Of the 19 respondents, just over half (52.6%, n = 10) reported “yes,” indicating they felt they had received adequate formal training on substance use and abuse. The remaining 47.4% (n = 9) selected “no,” indicating they did not feel they had received adequate training on the topic of substance use and abuse.

Participants were also asked if they felt Madera County Department of Social Services, their place of employment, had provided them with adequate training on substance abusing clients. Nearly three quarters of participants (73.7%, n = 14) selected “no,” denoting that they did not think the agency had provided adequate information and training on substance abusing clients. The remaining 26.3% (n = 5) reported “yes,” indicating they felt the agency had provided them with adequate information on substance abusing clients.

Responses of Characteristics and Etiology of Drug Use

Respondents were asked if they believed there were typical characteristics of drug users or addicts. Of the 19 participants, almost 90% (n = 17) stated “yes,” there were typical characteristics of drug users or addicts, while the remaining 10% (n = 2) reported “no,” there were not typical characteristics of drug users or addicts. Of the 19 completed surveys, 17 participants provided written responses of their perception of typical characteristics of drug users or addicts. Participants provided a wide variety of answers describing their idea of typical characteristics of drug users, including “poor hygiene,” “blame others,” “manipulative,” “low self-esteem,” and “aggressive.” Twenty-four percent of participants stated homelessness was a typical characteristic of drug users and 18% of participants indicated mental health issues were also characteristic of drug users. Respondents

were then asked to identify some of the causes of drug use and dependency and 16 participants provided written answers. Forty four percent of survey participants stated they believed the etiology of substance use or abuse was due to genetic predisposition. Thirty eight percent of respondents indicated they believed the reason behind substance use was a way to self-medicate the symptoms of mental health issues and 24% of respondents stated past trauma was part of the etiology of substance use. One respondent indicated the cause of substance use or abuse results from an “inability to cope with life’s hurts” and a method of “self-medication.” A participant also indicated a “neurological propensity for quick structural changes” as the cause for drug use, while another respondent cited substance use as a way to “easily numb feelings without having to work through [them].”

Knowledge of Substances

Participants were also asked to complete nine multiple choice questions to measure their understanding and knowledge of substances. The lowest score recorded was two correct answers out of nine. The highest score recorded was eight correct answers out of nine. None of the respondents received a perfect score. Ninety percent (n = 17) correctly answered “opiate” as the correct answer when asked about the drug classification of heroin. Ninety five percent (n = 18) correctly answered “hallucinogen” as the correct answer when asked about the drug classification of phencyclidine (PCP). Only 31% of respondents (n = 6) correctly answered “decreased pulse rate” as the correct answer when asked to identify which of the presented symptoms were not associated with opiate withdrawal. The remaining 69% of participants’ responses were evenly distributed

between four incorrect answers, which were “intestinal issues (nausea, diarrhea, vomiting),” “irritability/anxiety,” “gooseflesh skin,” and “tremors.”

Of the 19 respondents, 95% (n = 18) correctly answered “heroin” when asked what type of addiction Methadone is used to help treat. Only 68% of respondents correctly answered “alcohol” when asked to select the appropriate type of addiction that Antabuse is used to treat.

Participants were also asked to indicate the percentage of total CPS cases in Madera County that cite caregiver methamphetamine use as a contributing factor in CPS intervention (see Table 3). Of the 19 participants, only 36.8% (n = 7) of respondents correctly identified “60%” as the correct percentage of total CPS cases in Madera County that indicate parental methamphetamine use as a contributing factor to CPS intervention. Twenty six percent selected “40%” as the correct answer and interestingly, nearly 37% (n = 7) overestimated the percentage of CPS cases in Madera County to 85% that cite caregiver methamphetamine use as a reason for CPS intervention.

Table 3

Percentage of Total CPS Cases that Social Workers Believe are Affected by Methamphetamine Use

Percentage of CPS cases that cite meth use	Frequency of social workers	Percentage of Respondents
85	7	36.8
60	7	36.8
40	5	26.3
25	0	0.0

Self-Efficacy

Self-efficacy was measured to assess the extent in which respondents felt confident in their ability to work successfully with substance abusing clients. Respondents were asked to complete a 20-item Likert scale to measure self-efficacy in various aspects of working with drug using clients. The self-efficacy portion of the questionnaire was adapted from the Social Worker Self-Efficacy Scale by Dr. Gary Holden at New York University's Silver School of Social Work. The instrument implemented minimal changes to the original scale and was adapted to focus on the specialized population of substance abusing persons. Participants were asked to rate their level of confidence that they could perform certain tasks relating to working with substance abusing clients on a scale of 0 through 10, with 0 indicating "cannot do at all" and 10 indicating "certain can do." For the purposes of data analysis, self-reported scores of 0 through 4 were coded as "cannot do at all," scores of 5 through 7 were coded as "moderately certain can do," and scores of 8 through 10 were coded as "certain can do."

Respondents were asked to rate their confidence in their ability to teach substance abusing clients skills to relieve their own stresses. A total of 47.4% (n=9) of participants scored their confidence level in performing this task as "certain can do," 36.9% (n=7) of participants self-rated their confidence level as "moderately certain can do," and the remaining 16% (n=3) rated their confidence level in performing this task as "cannot do at all."

Participants were also asked to rate their level of confidence in their ability to help substance abusing clients reduce dysfunctional ways of thinking that contribute to their problems, in which 63% (n=12) rated their confidence level as "certain can do," 26.3% (n=5) rated their confidence level as "moderately certain can do," and 11% (n=2) of respondents reported that they "cannot do at all."

Overall self-efficacy scores for all 19 participants were calculated by taking the mean of all the self-rated self-efficacy measures for each participant (see Table 4). The lowest average self-reported self-efficacy score was 5.65 out of 10, while the highest average self-reported self-efficacy score was a perfect score of 10. The mean of all self-efficacy scores was 8.72.

Table 4

Total Average Self-Efficacy Scores of Each Participant

Total Self-Efficacy Score	Frequency	Percent of Participants
5.6	1	5.3
6.5	1	5.3
6.6	1	5.3
6.95	1	5.3
7.0	1	5.3
7.5	1	5.3
8.0	1	5.3
8.05	1	5.3
8.1	1	5.3
8.55	1	5.3
8.85	1	5.3
9.0	3	15.8
9.25	1	5.3
9.75	1	5.3
9.9	1	5.3
10	1	5.3

As illustrated in Table 4, there was a variation of self-efficacy scores amongst Madera County child welfare workers, indicating heterogeneity amongst workers' confidence in their ability to effectively work and engage with substance using clients.

Correlation Between Knowledge and Self-Efficacy

A Pearson correlation was conducted to assess the relationship between participants' knowledge of substance abuse and their self-reported level of self-efficacy in working with substance abusing clients. This was done by running the answers from each participant from the first section of the questionnaire that measured knowledge with the total self-efficacy scores from the second section of the questionnaire. The results revealed that there is not a statistically significant relationship between knowledge of substance abuse and self-efficacy in working with substance abusing clients, $r(17) = .411, p = .08$.

Self-Efficacy and Years as a Child Welfare Social Worker

An analysis of variance (ANOVA) was conducted to assess differences in levels of self-efficacy in relation to the number of years worked as a child welfare social worker. This was done by analyzing and comparing the mean self-efficacy scores reported by participants to each of the levels of years working in public child welfare. The categories were less than 1 year, 1 to 3 years, 4 to 7 years, 8 to 11 years, 12 to 15 years, or 15 years or more working as a child welfare social worker. The results showed that there was not a statistically significant difference between number of years worked as a child welfare social worker and self-efficacy. Specifically, a person's self-efficacy did not depend on the amount of years working as a child welfare social worker, $F(4, 14) = .316, p = .863$.

Formal Training and Self-Efficacy

An independent samples t-test was conducted to determine if there was relationship between amount of formal training and level of self-efficacy in working with substance abusing clients. Training was grouped by those who felt they had adequate formal training ("yes") and those who did not feel they had

received adequate formal training on substance abuse (“no”). Those who felt they received adequate formal training ($M = 178.00$, $SD = 15.92$) had significantly higher self-efficacy scores than those who felt like they did not receive adequate formal training ($M = 147.33$, $SD = 22.90$), $t(17) = 3.42$, $p = .003$.

Summary

This chapter used quantitative data analysis to present findings derived from survey responses from Madera County child welfare social workers. The survey gathered information about demographics, knowledge of substance abuse, and self-efficacy in working with substance abusing clients through multiple choice, short answer, and Likert scale questions. The results revealed that Madera County child welfare social workers have a general knowledge of substance abuse and a relatively high level of self-efficacy. The following chapter will provide a discussion of major findings, their association with related theories, implications to social work practice, and research study limitations. The next chapter will also conclude with recommendations for policy and future research.

CHAPTER 5: CONCLUSION

This chapter provides an overview and discussion of major findings obtained in survey responses of Madera County child welfare social workers on level of knowledge and self-efficacy in working with substance abusing clients. This chapter also discusses limitations of the research, as well as implications to the social work profession and recommendations for policy and future research.

Major Findings

The study aimed to measure Madera County child welfare social workers' knowledge of substance abuse and self-efficacy in working with substance abusing clients. The first portion of the questionnaire assessed general level of knowledge of substance abuse through nine multiple choice answers, which asked respondents to categorize types of drugs, identify treatments and symptoms of withdrawal, and identify percentage of CPS cases affected by drugs. The second portion of the questionnaire utilized 20 Likert scale questions to assess for level of perceived self-efficacy in working with substance abusing clients.

Participants demonstrated a general knowledge of substance abuse. A majority of participants were able to correctly identify the drug classification of several different types of substances. Additionally, almost all of the participants were able to correctly indicate that Antabuse is a commonly used medication used to treat alcohol dependency. Nearly 70% of respondents failed to correctly identify the correct symptoms associated with opiate withdrawal. Also, only 36.8% of participants correctly identified 60% as the correct percentage of total CPS cases in Madera County that cite caregiver methamphetamine use as a contributing factor to CPS intervention. Moreover, nearly 74% of participants indicated that they believed 60% or 85% of CPS cases in Madera County were affected by

caregiver methamphetamine use, indicating that social workers generally believe that over half of cases that warrant CPS intervention have a caregiver who uses methamphetamine.

Additionally, respondents were asked to identify the etiology of substance use in short answer form. Nearly 40% of respondents indicated drug users use as a form of self-medication in an attempt to deal with mental health issues. Evidence suggests that the potential risks of self-medicating with alcohol or drugs include increasingly excessive use and risk of addiction (Bennadi, 2013). Additionally, one respondent also identified the cause of drug use as a way to obtain “quick” changes to one’s state of mind and another respondent identified drugs as a way to “easily numb feelings” without having to identify and resolve them. These answers are consistent with the self-control theory, which states people who engage in deviant behavior, including drug use, tend to be imprudent, pleasure-seeking, and have difficulty overriding impulses (Tangney et al., 2004).

The average self-efficacy score among all Madera County child welfare social workers was 8.72 out of 10, which indicates a number between “moderately certain can do” and “certain can do.” The minimum self-efficacy score was 5.6 and the highest self-efficacy score was 10 out of 10. The range of scores was wide, indicating a large variance of levels of perceived self-efficacy amongst child welfare social workers, ranging from moderate to high.

Madera County child welfare social workers were asked to indicate if they felt they had received adequate substance abuse training. Those who felt they had received sufficient training in substance abuse had significantly higher self-efficacy scores than those who indicated they felt they had not had sufficient training. This is consistent with Bandura’s self-efficacy theory, which suggests that insufficient training in the area of substance abuse contributes to a decrease in

self-efficacy in working with substance abusing clients. In turn, this may also decrease actual ability to work effectively with substance abusing clients. This theory also suggests that self-efficacy levels impact a social worker's ability to work effectively with clients with drug use issues, feelings of accomplishment, and future goal-setting. Self-efficacy is a malleable trait that has a powerful effect on true ability and can also be hindering if low.

Implications for Social Work Practice

Child welfare social workers are important partners to parents and have the ability to powerfully change the lives of struggling families and children. Social workers in child welfare agencies come in direct contact with children who are victims of abuse or neglect due to caregiver's negligence or inability to meet a child's basic needs. Social workers in the Central Valley, namely in Madera County, have an increased propensity to encounter families whose drug use or has cause significantly negative impacts in their lives and the lives of their children. Social workers have the ability to provide families with substance abuse, family reunification, and other services to enhance their chances for successful reunification with their children. Because social workers in Madera County child welfare services regularly come in contact with families who are affected by drug use, it is important for social workers to be familiar in this area in order to increase chances of working non-judgmentally, compassionately, and effectively with families affected by drugs. In addition, self-efficacy is also an important indicator in actual performance level (Bandura, 1989, 1993). Social workers who are confident in their training tend to have higher levels of confidence in actual ability to work with clients. Furthermore, the self-efficacy theory suggests that social

workers with a decreased sense of self-efficacy tend to depersonalize clients, feel physical and emotional exhaustion, and experience burnout.

Research Limitations

Although Madera County is a small county with only approximately 40 child welfare social workers, the response rate was 42%, so this study can speak to issues relative to Madera County. However, the sample size was small and therefore may not be generalizable to other child welfare agencies with differing demographics. In addition, nearly 80% of survey participants identified as female, which may also have distorted survey results or caused results to be inapplicable to other groups of social workers.

Furthermore, the first portion of the questionnaire that was used to measure raw knowledge of substance abuse was developed by the researcher and the questionnaire was not tested for reliability or validity. In this section, respondents were asked to indicate if they felt they had received adequate training on substance abuse. The term “adequate” was not defined, which allowed participants to answer the question based on perceived adequacy. This may have elicited different answers if the questionnaire operationalized the idea of adequacy.

Recommendations for Policy

Substance abuse is rampant and widespread in the realm of child welfare agencies. There is currently a drug epidemic in Madera County and neighboring regions in the Central Valley that contributes to CPS intervention with families. Because of this, there is a need for the child welfare system to track within its statewide Child Welfare Services/Case Management System online database the reasons for youth coming into the system. California would benefit from an additional component to the current child welfare system that tracks illegal drug

use with families who require CPS intervention. This would not only flag families that require continuous social worker intervention due to caregiver drug use, but it would also allow for a more accurate count of CPS cases that involve caregiver drug use and its impact in Central California, rather than relying on anecdotal information.

The data also suggested that an increase in amount of training will subsequently increase level of self-efficacy and confidence in working with families who struggle with substance use issues. Higher sense of self-efficacy is more likely to result in an increase in actual performance outcomes and decrease burnout and job turnover. Child welfare agencies should provide mandatory trainings for new social workers, as well as opportunities for continuing education for all workers yearly to keep all social workers up to date on recent trends and evidence-based practices related to drug use and methods to successfully engage substance using clients.

Furthermore, the lack of data collection of babies who are born drug exposed should also be examined. Prenatal exposure is a lifelong struggle, as drug exposed babies are more likely to experience abnormalities in muscle tone, tremors, poor alertness, higher likelihood for obesity, neurobehavioral and neurodevelopmental vulnerability, impulsivity, hyperactivity through infancy and into adulthood, and death (Behnke & Smith, 2013; Moe & Slinning, 2003). It would benefit our future generations to advocate for policies that enforce tracking instances of prenatal drug exposure to increase the knowledgebase. This will allow for concrete data that may bring awareness to the public and create stronger future preventative measures to counteract the dilemma of drug exposed babies.

Conclusion

Drug use and abuse among Madera County in the Central Valley, California is becoming an increasingly worrisome phenomenon that contributes to more than half of all CPS cases in the area. Because approximately 60% of all CPS cases indicate caregiver methamphetamine use alone as a contributing factor, it is clear that parental drug use has heavy influences on the negligent care and abuse of our community's children. Child welfare social workers act as investigators, protectors, and advocates for children and families and because a significant amount of families that encounter social workers struggle with substance use issues, social workers must be familiar in this area. It is also important for all child welfare social workers to be adequately trained in the area of substance abuse, as this research study has demonstrated that sufficient training is linked to higher levels of self-efficacy. Self-efficacy is an important concept that affects actual work performance, feelings of accomplishment, sustaining work ethic and compassion with clients, and the development and attainment of future goals. Child welfare social workers must carry out complicated and powerful duties and it is important that social workers in Child Protective Services agencies feel well-trained, empowered, and maintain a high level of self-efficacy to provide compassionate and knowledgeable client care.

REFERENCES

REFERENCES

- Amatetti, S. & Young, N. (2006). Women, children and methamphetamine. *Center for Substance Abuse Treatment Methamphetamine Summits*. Retrieved from <http://www.ncsacw.samhsa.gov/presentations.asp>
- Anthony, E. K., Austin, M. J., Cormier, D. R. (2010). Early detection of prenatal substance exposure and the role of child welfare. *Children and Youth Services Review*, 32(1), 6-12. Retrieved from <http://dx.doi.org.hmlproxy.lib.csufresno.edu/10.1016/j.childyouth.2009.06006>
- Austin, M. J., & Osterling, K. L. (2006). *Substance abuse interventions for parents involved in the child welfare system: Evidence and implications*. Berkeley, CA: University of California, Berkeley. Retrieved from http://cssr.berkeley.edu/bassc/public/EvidenceForPractice4_Substance%20Abuse_
- Bandura, A. (1989). Human agency in social cognitive theory. *American Psychologist*, 44(9), 1175-1184.
- Bandura, A. (1993). Perceived self-efficacy in cognitive development and functioning. *Educational psychologist*, 28(2), 117-148.
- Behnke, M., Smith, V. C., & Committee on Substance Abuse. (2013). Prenatal substance abuse: short-and long-term effects on the exposed fetus. *Pediatrics*, 131(3), e1009-e1024.
- Bennadi, D. (2013). Self-medication: A current challenge. *Journal of Basic and Clinical Pharmacy*, 5(1), 19-23. Retrieved from <http://doi.org/10.4103/0976-0105.128253>
- Bina, R., Hall, D. H., Mollette, A., Smith-Osborne, A., Joohee, Y., Sowbel, L., & Jani, J. (2008). Substance abuse training and perceived knowledge: Predictors of perceived preparedness to work in substance abuse. *Journal of Social Work Education*, 44(3), 7-20.
- Brady, T. M., & Ashley, O. S. (2005). *Women in substance abuse treatment: Results from the Alcohol and Drug Services Study (ADSS)*. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

- California Department of Education. (2016). *Child abuse identification and reporting guidelines*. Retrieved from <http://www.cde.ca.gov/ls/ss/ap/childabusereportingguide.asp>
- California Department of Social Services (2007). *Child Protective Services*. Retrieved from <http://www.dss.cahwnet.gov/cdssweb/PG93.htm>.
- Child Welfare Information Gateway. (2016). Mandatory reporters of child abuse and neglect. Washington, DC: *U.S. Department of Health and Human Services, Children's Bureau*.
- Fisher, C. M., McCleary, J. S., Dimock, P., & Rohovit, J. (2014). Provider preparedness for treatment of co-occurring disorders: Comparison of social workers and alcohol and drug counselors. *Social Work Education, 33*(5), 626-641. doi:10.1080/02615479.2014.919074
- Galvani, S., & Forrester, D. (2011). How well prepared are newly qualified social workers for working with substance use issues? Findings from a national survey in England. *Social Work Education, 30*(4), 422-439. doi:10.1080/02615479.2010.504981
- Gottfredson M.R., & Hirschi T. (1990). *A general theory of crime*. Palo Alto, CA: Stanford University Press.
- Hall, M. N., Amodeo, M., Shaffer, H. J., & Bilt, J. V. (2000). Social workers employed in substance abuse treatment agencies: A training needs assessment. *Social Work, 45*(2), 141-154.
- Holden, G., Meenaghan, T., Anastas, J. & Metrey, G. (2002). Outcomes of social work education: The case for social work self-efficacy. *Journal of Social Work Education, 38*, 115-133.
- Maluccio, A. N., & Ainsworth, F. (2003). Drug use by parents: A challenge for family reunification practice. *Children and Youth Services Review, 25*(7), 511-533.
- Moe, V., & Slinning, K. (2002). Prenatal drug exposure and the conceptualization of long-term effects. *Scandinavian Journal of Psychology, 43*(1), 41-47.
- Narkowicz, S., Płotka, J., Polkowska, Ż., Biziuk, M., & Namieśnik, J. (2013). Prenatal exposure to substance of abuse: a worldwide problem. *Environment international, 54*, 141-163.

- The National Center on Addiction and Substance Abuse. (1999). *No safe haven: Children of substance-abusing parents*. Retrieved from http://www.centeronaddiction.org/addiction_research/reports/no-safe-haven-children-substance-abusing-parents
- Office of Applied Research Analysis. California Department of Alcohol and Drug Programs [OARA-ADP]. (2007). Central valley treatment admissions, demographics (ten counties), *CalOMS data*. Sacramento, CA.
- Osterling, K. L., & Austin, M. J. (2008). Substance abuse interventions for parents involved in the child welfare system: Evidence and implications. *Journal of Evidence-Based Social Work*, 5(1/2), 157–189.
- Rondero Hernandez, V., & Noriega, L. (2008). Responding to the needs of children and families affected by methamphetamine abuse in Central California. *Fresno: Central California Social Welfare Evaluation, Research and Training Center*, California State University, Fresno.
- Substance Abuse and Mental Health Services Administration, Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: *Substance Abuse and Mental Health Services Administration*.
- Smith, M. W., Whitaker, T., & Weismiller, T. (2006). Social workers in the substance abuse treatment field: A snapshot of service activities. *Health & Social Work*, 31(2), 109–115.
- Social Welfare Evaluation, Research, and Training Center. (2008). *Methamphetamine and Child Welfare Services*. Retrieved from [http://www.fresnostate.edu/chhs/ccassc/documents/Meth Case-Review Briefing-9-02_08.pdf](http://www.fresnostate.edu/chhs/ccassc/documents/Meth_Case-Review_Briefing-9-02_08.pdf)
- Tangney, J. P., Baumeister, R. F., & Boone, A. L. (2004). High self-control predicts good adjustment, less pathology, better grades, and interpersonal success. *Journal of Personality*, 72(2), 271–324.
- United States Census Bureau. (2014). QuickFacts Madera County, California. *Census.gov*. Retrieved from <http://www.census.gov/quickfacts/table/IPE120215/06039>
- United States Department of Justice National Drug Intelligence Center. (2010). Central Valley California high intensity drug trafficking area. Retrieved from <https://www.justice.gov/archive/ndic/pubs40/40384/40384p.pdf>

Welfare and Institutions Code. Title 42 California code. § 300 (2016).

Young, N. K., Boles, S. M., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment, 12*(2), 137-149.

Young, N. K., Nakashian, M., Yeh, S., & Amatetti, S. (2006). Screening and assessment for family engagement, retention, and recovery (SAFERR). *Substance Abuse and Mental Health Services Administration, 1-66*.

APPENDICES

APPENDIX A: AGENCY LETTER OF SUPPORT



DEPARTMENT OF SOCIAL SERVICES
COUNTY OF MADERA

700 E. YOSEMITE AVENUE / MADERA, CALIFORNIA 93638
P. O. BOX 569
(559) 675-7841 PHONE / (559) 675-7603 FAX

KELLY WOODARD, Director

An Equal Opportunity Employer

November 16, 2016

Human Subjects Review Committee
California State University, Fresno
Henry Madden Library, 4th Floor
Mail Stop ML54
Fresno, CA 93740

Review Committee,

I am writing to indicate my support for the thesis research by Nicole Krahn in collaboration with the Department of Social Services in Madera County. I have reviewed Nicole's proposed methodology and she has been approved to survey Madera County social workers within the Child Welfare Division.

If I can offer you any further assistance, please feel free to contact me at (559) 675-7841 or via email at kwoodard@co.madera.ca.us.

Sincerely,

Kelly Woodard, MSW
Director

APPENDIX B: HUMAN SUBJECTS CERTIFICATION



Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Nicole Krahn** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 09/20/2015.

Certification Number: 1863032.

APPENDIX C: QUESTIONNAIRE

Please circle or check your answer.

- 1) Gender: Female Male
- 2) Age: _____
- 3) Highest level of education:
 - a. Bachelor's
 - BSW Other: _____
 - b. Master's
 - MSW Other: _____
 - c. Doctorate
 - d. Other
- 4) How many years have you been a social worker in child welfare?
 - a. Less than 1 year
 - b. 1-3 years
 - c. 4-7 years
 - d. 8-11 years
 - e. 12-15 years
 - f. 15 years or more
- 5) On a scale of 1 to 10, with 1 meaning "poor" and 10 meaning "excellent," how would you rate your level of knowledge of substance use/substance abuse? (Circle your answer)

1 — 2 — 3 — 4 — 5 — 6 — 7 8 — 9 — 10 —
- 6) On a scale of 1 to 10, with 1 meaning "poor" and 10 meaning "excellent," how would you rate your confidence in your ability to work with substance abusing clients? (Circle your answer)

1 — 2 — 3 — 4 — 5 — 6 — 7 8 — 9 — 10 —
- 7) Do you feel like you have received adequate formal training on substance use/abuse?
 - a. Yes
 - b. No
- 8) Do you feel like the agency has provided adequate information on substance abusing clients?
 - a. Yes
 - b. No
- 9) Do you think there are typical characteristics of drug users/addicts?
 - a. Yes
 - b. No

If yes, in your opinion, what are some of the typical characteristics of drug users/addicts?

- 10) What do you think causes an individual to develop an addiction/dependency on illegal drugs or alcohol?
- 11) What is the drug classification of heroin?
- Stimulant
 - Barbiturate
 - Narcotic
 - Hallucinogen
 - Opiate
- 12) What is the drug classification of crack cocaine?
- Stimulant
 - Barbiturate
 - Narcotic
 - Hallucinogen
 - Opiate
- 13) What is the drug classification of phencyclidine (PCP)?
- Stimulant
 - Barbiturate
 - Narcotic
 - Hallucinogen
 - Opiate
- 14) What is the drug classification of OxyContin?
- Stimulant
 - Barbiturate
 - Narcotic
 - Hallucinogen
 - Opiate
- 15) What is the drug classification of methamphetamine?
- Stimulant
 - Barbiturate
 - Narcotic
 - Hallucinogen
 - Opiate

- 16) What is *not* a symptom of opiate withdrawal?
- Intestinal issues (nausea, diarrhea, vomiting)
 - Decreased pulse rate
 - Irritability/anxiety
 - Gooseflesh skin
 - Tremors
- 17) Methodone is a medication that is typically used to treat what type of addiction?
- Heroin
 - Crack cocaine
 - Methamphetamine
 - Alcohol
- 18) Antabuse is a medication typically used to treat what type of addiction?
- Heroin
 - Crack cocaine
 - Methamphetamine
 - Alcohol
- 19) What do you think is the percentage of CPS cases in Madera County that cite caregiver methamphetamine use as a contributing factor to CPS intervention?
- 60%
 - 25%
 - 40%
 - 85%

<i>How confident are you that you can...</i>	<i>Cannot do at all</i>	<i>Moderately certain can do</i>						<i>Certain can do</i>			
	0	1	2	3	4	5	6	7	8	9	10
1. initiate and sustain empathetic, non-judgmental, disciplined relationships with substance abusing clients?	0	1	2	3	4	5	6	7	8	9	10
2. apply developmental, behavioral science and social theories in your work with substance abusing individuals and families?	0	1	2	3	4	5	6	7	8	9	10
3. understand the dialectic of internal conflict and social forces in a particular case involving substance abusing clients?	0	1	2	3	4	5	6	7	8	9	10
4. intervene effectively with substance abusing clients?	0	1	2	3	4	5	6	7	8	9	10
5. maintain self-awareness in practice with substance abusing clients, recognizing your own personal values and biases, and preventing or resolving their intrusion into practice?	0	1	2	3	4	5	6	7	8	9	10
6. critically review and understand the scholarly literature about substance abusing clients?	0	1	2	3	4	5	6	7	8	9	10
7. teach substance abusing clients skills to relieve their own stress?	0	1	2	3	4	5	6	7	8	9	10
8. help substance abusing clients to reduce dysfunctional ways of thinking that contribute to their problems?	0	1	2	3	4	5	6	7	8	9	10
9. help substance abusing clients understand better how the consequences of their behavior affect their problems?	0	1	2	3	4	5	6	7	8	9	10
10. help substance abusing clients to practice their new problem-solving skills outside of treatment visits?	0	1	2	3	4	5	6	7	8	9	10

11. show substance abusing clients how to set limits with others' dysfunctional behavior?	0	1	2	3	4	5	6	7	8	9	10
12. monitor the delivery of services to substance abusing clients provided by several other providers?	0	1	2	3	4	5	6	7	8	9	10
13. advocate on the behalf of substance abusing clients?	0	1	2	3	4	5	6	7	8	9	10
14. analyze social problems and policies relevant to substance abusing clients' problems?	0	1	2	3	4	5	6	7	8	9	10
15. reflect thoughts and feelings to help substance abusing clients feel understood?	0	1	2	3	4	5	6	7	8	9	10
16. employ empathy to help substance abusing clients feel that they can trust you?	0	1	2	3	4	5	6	7	8	9	10
17. provide emotional support for substance abusing clients?	0	1	2	3	4	5	6	7	8	9	10
18. help substance abusing clients like they want to open up to you?	0	1	2	3	4	5	6	7	8	9	10
19. employ the treatment relationship so substance abusing clients can feel accepted for who they are?	0	1	2	3	4	5	6	7	8	9	10
20. point out substance abusing clients' successes to increase their self-confidence?	0	1	2	3	4	5	6	7	8	9	10

Thank you- your time and participation are greatly appreciated.

APPENDIX D: CONSENT FORM

Consent Form

You are invited to participate in a research study conducted by Nicole Krahn, a graduate student with the Department of Social Work Education at California State University, Fresno, and principal researcher and supervisor of this study, Dr. Jane Middleton.

The purpose of this study is to explore your knowledge of substance abuse and your self-efficacy in working with substance abusing clients. You were selected as a participant in this study because you are a current child welfare worker in Madera County.

The potential benefits with participating in this study include your contribution to the knowledge base of substance abuse and its ties to social work in the Central Valley. Your feedback will help to identify potential gaps in knowledge in substance abuse and substance abusing clients that could facilitate prospective modifications or increases in trainings and education in areas of substance abuse to social workers in child welfare agencies. There are minimal risks associated with your participation in this study. Your decision to participate in this research will have no influence on your current employment with Madera County Department of Social Services and your responses will remain confidential and will not be shared with your employer. If you do decide to participate, you may withdraw your consent and discontinue participation at any time without penalty.

If you decide to participate, you will complete a onetime survey during a division meeting in December that will include open- and closed-ended questions. You will also be entered in a drawing to win one of two gift cards. Winners will be announced after all surveys are submitted. Any information that is obtained in this study will remain confidential and anonymous. The information obtained will only be utilized by this researcher for purposes of data analysis. No identifying information will be used or presented in the study results and all information collected will be destroyed at the completion of this study.

If you have any questions or concerns regarding this study, please feel free to contact me by email at nkrahn@mail.fresnostate.edu. If you have any additional questions, feel free to contact Dr. Middleton at jmiddlet@csufresno.edu. Questions regarding rights of research subjects may be directed to Dr. Kris Clarke, Chair, CSUF Committee on the Protection of Human Subjects, (559) 278-4468.

I, _____, have read the above and had the opportunity to discuss any questions or concerns with the researcher. I understand the study and I agree to voluntarily participate in the study. I also understand that I will be provided a copy of this consent form to keep for my personal records.

Participant Signature: _____ Date: _____

Email address: _____ (Will be used solely to contact you in the event your name is picked for one of the raffle prizes.)

Thank you for your participation in this study!