PERCEPTIONS OF CHILDREN'S LIVES: CHILD WELFARE AND POLICY IN THE WAKE OF METHAMPHETAMINE

by

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ABSTRACT

The link between substance abuse and child maltreatment has only reached the policy level in the last decade. Methamphetamine abuse surged recently, and was particularly dangerous for children because of high rates of female caregiver use, the existence of home laboratories, and increased violence and neglect in the home. Policy makers responded with varying success through different legislative initiatives. In this study, in-depth interviews of 13 stakeholders (legislators, child welfare agency representatives, judges, and addiction counselors) have indicated first-hand understanding of what aids or hinders substance abusing parents involved in the child welfare system. Through in-depth, semistructured interviews, this study investigated how policy makers and implementers perceive methamphetamine abusing parents and child welfare from an insider's perspective. Method triangulation was used to examine relevant policy changes, qualitative interviews, and content analysis of public service campaigns. A unique illustrated timeline was constructed to capture the history of policy, methamphetamine surges, public perceptions, and the burden on child welfare. The purpose of this study was to examine substance abuse and child well-being from the perspective of experts who were in the field of government, child welfare, criminal justice, and addiction treatment in the intermountain west. There are implications of this research on working with substance using parents as well as family preservation and reunification as it provides stakeholders the critical ability to plan for future drug surges as they impact the treatment of children.

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CHAPTER 1

INTRODUCTION AND BACKGROUND

Methamphetamine users typically experience an initial rush, that increases their heart rate and metabolism, and that can last up to 30 minutes. The methamphetamine high leads to an intense focus and may manifest itself anywhere from 4-16 hours. The urge to maintain their high will often lead users to binge on the drug. As they begin to come down from the high, they may start "tweaking," wherein they experience delusions (i.e. bugs crawling on their skin), and are unable to sleep. Later, the crash leads to prolonged periods of sleep that can last anywhere from 1-3 days. Hangover symptoms set in from 2-14 days after use and can lead to the user functioning at a deteriorated state. Withdrawal can lead to depression and suicidal ideation, which leads the user to seek the drug again (The Stages of the Meth Experience, 2013).

Since the development of methamphetamine as a pharmaceutical drug, the United States has experienced three surges of the substance. Weisheit and White (2009) laid out a history of the surges, explaining that the first occurred from 1959-1962, when heroin addicts were medically treated with injectable methamphetamine, similar to the prescription of methadone to treat narcotic drug dependencies. Addicts became dependent on methamphetamine and began obtaining and distributing it illegally. The second surge, from 1968-1972, was due in part to the multidrug "hippie" culture originating in California, and the most recent surge began in the western United States

during the 1990s and peaked in the mid-2000s (Weisheit & White, 2009). Following the 1968-1972 surge, methamphetamine had been made illegal, and individuals began cooking methamphetamine in makeshift "labs."

The National Survey on Drug Use and Health reports that methamphetamine initiates (or first-time users) peaked in 2004 at 318,000 users. In another measure, taken by the Treatment Episode Data Set, methamphetamine users in treatment rose from 21,073 in 1992 to 172,108 in 2005 (US Department of Health and Human Services, 2012). These methamphetamine surges put great numbers of children in precarious situations, increasing foster care caseloads from 280,000 in 1986 to 408,000 in 2010 (Cunningham & Finlay, 2013).

While illegal substances are known to be risk factors for child maltreatment by caregivers, methamphetamine abusers are particularly dangerous to children for various reasons. When compared with crack users, methamphetamine users are more likely to be violent within the home (Sommers & Baskin, 2006). Women are drawn to methamphetamine as a way to lose weight, aid self-confidence, and increase energy to deal with childrearing (Semple, Grant, & Patterson, 2013). High rates of methamphetamine-abusing mothers meant that children's safety was often put at risk by their primary caregiver (Grella et al., 2006). Additionally, methamphetamine is more likely than other substances to be cooked in home laboratories, making methamphetamine much more dangerous to those living with an addict or substance abuser (Nicosia, Kilmer, Lundberg, & Chiesa, 2009) because of potential explosions and exposure to harmful chemicals.

These issues contributed to as many as 18,545 children entering foster care in 2005, which created a financial burden estimated between $110 and $695 million on

child welfare agencies (Nicosia et al., 2009). In addition to the initial increase of children entering foster care, substance-abusing caregivers have lower reunification rates than other caregivers involved in the child welfare system (Rockhill et al., 2007). As a result, children of substance-using parents tend to enter the foster care system and either stay there, or transition to an adopted family. The lack of reunification could be due to the fact that child welfare caseworkers do not believe that substance-abusing parents are able to effectively raise children, or because parents are not able to get and stay clean and sober in a timely manner.

During the peak of the most recent surge, from 2002-2005, the three states with the highest percentage of methamphetamine users were in mountain western states: Nevada, Wyoming, and Montana (US Department of Health and Human Services, 2005). Utah led the nation in meth lab seizures per capita in 1999 (Gardiner, 2006); according to the most recent data, the current leader is Missouri (United States Department of Justice 2012).

Various laws have been enacted to curb methamphetamine use in the United States. The Drug Abuse and Control Amendments of 1965 limited prescription use of methamphetamine, and The Controlled Substances Act of 1970 made it illegal to possess methamphetamine without a prescription. The Anti-Drug Abuse Act of 1986 enacted mandatory minimum sentences for drug-related offenses, including offenses related to methamphetamine. The Domestic Chemical Diversion Control Act of 1993 regulated ephedrine products and the Comprehensive Methamphetamine Control Act of 1996 required the chemical registration of most forms of pseudoephedrine. Both ephedrine and pseudoephedrine can be used as precursors to cook methamphetamine. More recently, the Combat Methamphetamine Epidemic Act of 2005 began to regulate the sales of ephedrine

and pseudoephedrine by limiting the amount an individual could purchase in a given month, and requiring that these substances move behind pharmaceutical counters. Following the enactment of this legislation, methamphetamine lab seizures have decreased dramatically, because production of the drug has moved out of the United States and into Mexico (Garriott, 2010).

To understand the response to substance abusing parents during the most recent methamphetamine surge, context can be provided by key child welfare legislation. Attention to child abuse was heightened in the 1960s, due in part to Dr. C. Henry Kempe's work on "battered child syndrome" (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). This syndrome describes the complex injuries of abused children. The United States government responded to this national attention to abused children with the passage of the Child Abuse Prevention and Treatment Act (CAPTA) in 1974. This legislation required mandatory reporting of suspected abuse and provided federal dollars to fund states' child welfare activities, enabling them to investigate, treat, and remove children as they saw fit. Foster care admissions grew as a response to CAPTA (Murray & Gesiriech, 2004). As it is important for the development of children that they have the permanency of a family structure and grow an attachment to a primary caregiver, the issue of "foster care drift," where children enter foster care and drift from home to home until they aged out of the system, became a real social concern.

Foster care drift remained a problem until the passage of the Adoption and Safe Families Act (ASFA) of 1997. Part of this legislation required child welfare agencies to create a permanency case plan for children who enter foster care, a plan that might include reunification with a former substance abusing parent, or adoption by family

members or foster parents. Additionally, ASFA requires the termination of parental rights if a child is in foster care for 15 of the most recent 22 months (Carnochan, Samples, Lawson, & Austin 2013). The child welfare system in the United States experiences a tension between children's rights to safety, and parents' rights to raise children free from government intrusion (Berry, 1997). Over time, child welfare has experienced a gradual movement away from fostering and towards family permanence.

Policy makers at the federal and state levels have responded to child welfare and substance abuse with varying success. This has been done primarily through different legislative initiatives, engaging individuals from child welfare, judicial, law enforcement, and substance abuse treatment sectors to implement these policies. Child welfare workers, judges, and substance abuse treatment providers have first-hand understanding of what aids and hinders substance abusing parents involved in the child welfare system. I investigated how these two groups, policy makers and policy implementers, perceive these policies. Through in-depth interviews, I obtained insiders' perspectives of the most recent methamphetamine surge, and how policy makers, child welfare agencies, and substance abuse treatment providers have responded. Focus was placed on lawmakers and practitioners from the west, where the latest methamphetamine surge originated.

The purpose of this study was to retroactively reflect upon perceptions of methamphetamine and child welfare as well as provide a framework of knowledge for policy makers, child welfare workers, judges, and substance abuse treatment providers moving forward. These perceptions can inform actions, not only to prepare for a potential resurgence of methamphetamine use, but for surges of other substances that affect the welfare of children.

CHAPTER 2

LITERATURE REVIEW

Foster-care caseloads grew considerably during the most recent methamphetamine surge (Cunningham & Finlay, 2013). Swann and Sylvester (2006) found that female incarcerations have been the most significant factor increasing foster care caseloads. This is due in large part to the Anti-Drug Abuse Act of 1986 that established mandatory minimum sentences for drug offenses. Following the enactment of this legislation, the number of women incarcerated for drug-related offenses rose by 888% compared with an increase of 129% for women incarcerated for non-drug-related offenses during the same time period.

Because of the specific properties associated with methamphetamine use, including high rates of women users, children in homes with a methamphetamine-abusing parent are at an increased risk of maltreatment. While men abuse methamphetamine more often than women, the drug is more alluring to women than other controlled substances (Weisheit & White, 2009), perhaps as a weight-loss option or as a way to increase energy for daily household tasks. As women are most often the primary caregivers for children in the United States, this poses real concerns for child safety.

It is important to look at the relationship between gender and methamphetamine in order to understand the links among female substance abuse, incarceration, and the foster care placement of children. One study found that women were more likely than

men to access methamphetamine through romantic partners, indicating that their drug use is deeply integrated in their family and social network (Brecht, O'Brien, von Mayrhauser, & Anglin, 2004). This means that women who use methamphetamine are already entrenched in the culture. Additionally, compared to male counterparts, meth-using women were more likely to be a parent, and to have longer treatment episodes (e.g., rehabilitation, hospitalization, etc.) than men (Brecht et al., 2004).

Meth-exposed mothers are more likely to have lower socio-economic status, to be without a partner, and if pregnant, they are more likely to attend their first prenatal visit later in gestation. Further, they are more likely to use other controlled substances, such as alcohol and marijuana, during pregnancy. Studies have found that mothers in Child Protective Services (CPS) investigations were more likely to name methamphetamine as the primary substance that they abuse (Grella et al., 2006).

Children are negatively impacted by these attributes of methamphetamine-using mothers, starting with unborn children exposed in utero. Newborns subjected to methamphetamine during pregnancy were found to be more lethargic, and possess poorer muscle movement quality (Smith et al., 2008). Methamphetamine exposure to the fetus in utero may be a factor in externalizing behavioral problems by age 5. Though environmental factors play a role in child outcomes, it was shown that children subjected to methamphetamine in utero and who were living with their biological mothers had more behavioral problems at the age of 5 than methamphetamine exposed children who were not living with their biological mothers (Twomey et al., 2013).

Children with methamphetamine-abusing parents are at risk of exposure, since it can be cooked in home laboratories, which differentiates it from other substances

(Nicosia et al., 2009). The chemicals used to cook methamphetamine are dangerous if inhaled and can cause explosions if not handled properly. From 2000–2002, of the 2,506 children found at methamphetamine labs had been exposed to toxic chemicals, 52 were injured, and 5 were killed (US Department of Justice, 2003). One study found that those with meth lab injuries have higher skin graft and intubation rates than traditional burn victims (Santos, 2005). The complex nature of methamphetamine lab explosion injuries led to a longer recovery, longer involvement in the healthcare system, and additional financial burden on families and taxpayers if families do not have the resources.

It is expected that foster care rates would be connected to methamphetamine surges because of the specific issues related to methamphetamine-abusing caregivers. Scott Cunningham and Keith Finlay (2013) examined foster care admissions during the shocks to the methamphetamine supply following The Domestic Chemical Diversion Control Act (1993) and The Comprehensive Methamphetamine Control Act of 1996. For California, Illinois, Massachusetts, New Jersey, and Vermont, foster care admissions fell from over 8,000 removals per month to approximately 5,500 per month following The Domestic Chemical Diversion Control Act, then removals increased slowly for the next 3 years, before falling again to under 6,000 per month following The Comprehensive Methamphetamine Control Act. This not only demonstrated that access to methamphetamine impacts foster care caseloads but also that policy can influence behaviors causing foster care fluctuation.

When examining the application of child welfare policies on substance-abusing parents, various concerns begin to surface. Because of ASFA’s rigid time constraints, services need to be executed on a schedule (Carlson, Matto, Smith, & Eversman, 2006).

Unfortunately, parents who became involved in the child welfare system because of substance abuse issues face challenges beyond "getting clean." Finding housing and employment are primary issues that can be problematic for these parents. In some cases, parents may meet the reunification case plan requirements but, due to lack of adequate housing or difficulty finding employment, they may not have their children returned (Boles, Young, Moore, & DiPirro-Beard, 2007).

Another concern with regard to the application of child welfare policies on substance-abusing parents relates to the costs and benefits of removing children from homes in which substance abuse is a problem. It can be difficult to determine whether negative behaviors are related to the home environment or to the child's removal. Growing up in a home in which abuse or neglect is commonplace can have a negative impact on a child. However, placing a child in foster care can also be a traumatic event that leads to delinquent behaviors (Doyle, 2007). One study found that children from methamphetamine-abusing homes were no more likely to be emotionally maladjusted than their peers in non-methamphetamine-abusing homes (Asanbe, Hall, & Bolden, 2008). While these homes are not optimal, Asanbe, Hall, and Bolden's study suggests that removing children from homes is a more complex issue than may be commonly understood by society.

For parents who must interact with child welfare and substance abuse treatment systems, the bureaucracy can feel overwhelming. Dealing with multiple agencies can create stress for parents who are court ordered, or ordered by CPS to obtain services (Carlson et al., 2006). In addition, employees of various agencies may have differing values and concerns regarding substance-abusing parents. For instance, substance abuse treatment providers are more likely than child welfare workers to define chemical

dependency as a disease and are also more likely to feel that drug-abusing individuals cannot be effective parents (Drabble, 2007). Many child welfare workers believe that substance abuse treatment providers should incorporate practices that recognize the intense feelings of substance-using mothers, such as shame, guilt, and stress in managing difficult parent-child relationships without turning to substances as a coping mechanism (Carlson, et al., 2006).

Stake-holders should work together to best address these concerns and establish similar goals, procedures, and definitions. Drabble (2007) found that child welfare employees and substance abuse treatment providers did form a consensus about the importance of confronting substance abuse and child welfare issues in tandem, which was a good starting point for developing policies and creating collaborative efforts. My study expands the idea, including policy makers in the circle of invested individuals in the discussion. Just as child welfare workers, judges, and substance abuse treatment providers must work together to implement policies, policy makers should collaborate with those stake-holders to ensure that those policies are working on the ground. While research exploring the relationship between perceptions of substance abusing parents by child welfare workers and by substance abuse treatment providers exists, there appears to be a gap in the research when it comes to the perceptions of policy makers and policy implementers.

My study explores definitions and values held by legislators, child welfare employees, judges, and substance abuse treatment providers. A better understanding was gained regarding changing attitudes within federal and state governments, and within CPS, that relate to dealing with the methamphetamine surge of the 1990s–2000s. This research has contributed to an understanding of common goals and ideals held by these parties.

To this end, qualitative analyses were conducted through historical and legislative documentation, examination of archived media reports and public service campaigns, and interviews with informants, including child welfare workers, legislators, judges, and substance abuse treatment providers. The research questions guiding this study were:

1 How did child welfare agencies deal with Child Protective Services (CPS) investigations as a result of the methamphetamine epidemic?

2 Do lawmakers see connections between the methamphetamine epidemic and child endangerment?

3 Do federal and local substance abuse and child welfare policies create harmony or conflict in the mission of child welfare agencies and substance abuse treatment providers?

4 Have child welfare agencies and substance abuse treatment providers had to make adjustments because of these policies?

The inquiry focused on how policy makers perceived and understood certain legislation, and what stake-holders in that legislation saw as the successes or limitations in child welfare or substance abuse policies. While not required by IRB, I conducted pilot interviews at the beginning of the study to ensure that interviews used in my analysis are comprehensive and on point.

As a former employee of a federal legislator and intern at the Division of Child and Family Services (DCFS) in Utah, I am a networked insider in both policy and child welfare circles. This gives a unique perspective and the ability to connect with both stake-holding groups.

CHAPTER 3

METHODS

Model and Strategy of Inquiry

This study retrospectively examined the most recent methamphetamine surge of the 1990s and 2000s, specifically with regard to its influence on child welfare systems. Values placed on abilities of substance-using parents, effectiveness of legislation and policies, foster parenting, adopting, and family reunification were the focus of this study. Perspectives held by policy makers, child welfare employees, substance abuse treatment providers, and those in the judicial system were discovered via open-ended inquiry. Common values and differences among child welfare workers, judges, and substance abuse treatment providers were analyzed.

Grounded theory was used to generate interpretations and themes from gathered data (Strauss & Corbin, 1990). In conducting qualitative research, rich data can be gathered by interviewing experts in the field. This study has been submitted to the Institutional Review Board (IRB) and was deemed exempt (IRB Study number 00066582). Consent and authorization procedures were reviewed at the onset of the interview and identifiers linking individuals were stripped prior to transcription. Voluntary participation was reviewed with interviewees and it was noted that they may choose to forgo answering any question without penalty.

Stake-holders in child welfare and substance abuse policy were identified and contacted to determine willingness to participate in the research. Appointments were made and interviews were conducted with 13 respondents. Twelve interviews were conducted in person and one interview was conducted over the phone. Two policy makers refused to participate because they felt as though they did not have enough information about the subject to contribute. Policy makers were the least willing to participate, and one participant mentioned that if they did not know me, they would not have participated in the study.

Interviews were transcribed, and a two-person research team from the Department of Family Consumer Studies at the University of Utah analyzed data to better ensure reliability and validity. Emergent themes were explored and concepts were coded by the research team and relevant quotes have been included in the text to support those themes.

Questions were open-ended and tailored to each participant. Introductory questions explored subjects' beliefs of what challenges they saw in the child welfare system. Further inquiry examined individuals' understandings of child welfare and substance abuse policy and feelings towards the effectiveness of such policies. Informants were also asked to describe shifts that they noticed both in the child welfare and substance abuse treatment communities. Finally, participants were asked to share their evolving reactions to the methamphetamine surge.

Interview Participants

Interview participants of this study included current and former child welfare workers, family and drug court employees, substance abuse treatment providers, and current and former legislators. Participants were obtained through mixed sampling

methods: snowball sampling, and statistically nonrepresentative stratified sampling; and informants were split in two informant groups: policy informants and practice informants.

Policy informants were chosen through statistically nonrepresentative stratified sampling to distinguish between federal/state boundaries (Trost, 1986). Because 2004 was the year of highest methamphetamine initiates in this latest surge (U.S. Department of Health and Human Services, 2012), a list of legislators that were in office during that year was generated using public records to determine time in office.

Policy informants included current and former federal and state legislators in mountain western states, providing their understanding of the problems of child welfare and substance abuse policies. Legislators from this region were chosen because the latest methamphetamine surge originated in the west. Using the United States Census Bureau's definition of mountain western states, I have comprised a list of 44 federal legislators from Montana, Wyoming, Colorado, New Mexico, Arizona, Nevada, Utah, and Idaho (U.S. Department of Commerce, 1994) in order to create my stratified list of 44 federal legislators (see Table 1 for summary). Furthermore, I have generated a list of 104 Utah state legislators that were in office in 2004 and stratified this too along party lines (see Table 2 for summary).

Letters were sent to the 44 legislators using public records (individual website of Congressman or Senator). Written correspondence was followed up with office phone calls. After repeated efforts to reach these legislators, 2 federal legislators agreed to discuss the study, and 1 of those federal legislators agreed to the interview. Likewise, emails were sent to 104 state legislators and while some legislators responded, ultimately just 2 state legislators agreed to be interviewed. Interviews continued until data saturation

was met. Overall, interviews were obtained with 3 legislators, 2 at the state level, and 1 at the federal level.

Practice informants included current and former child welfare workers, judicial employees, and substance abuse treatment providers. They provided insight about successes and failures of policies as experienced through front-line participation. For practice informants, snowball sampling was utilized. Practice informants known to the researcher were contacted and asked to participate in the research. Upon completion of each interview, subjects were asked if they are aware of any other individuals who could be interviewed. This method produced 6 participants of the 10 total practice informants. Those included 3 judicial informants, 2 substance abuse treatment providers, and 5 child welfare workers.

By splitting research participants into these groups, common ideas held within both groups were compared and an understanding of potential connections between policy and practice developed.

Data Collection: The Interviews

In-depth, semistructured interviews were conducted using a digital recording device. Rapport as a cultural insider (Brenner, 2006) was built with the interviewee. Interview time ranged from 14 to 55 minutes, the average time being approximately 36 minutes. Interviews were conducted until the point of data saturation, and research continued as findings were interpreted. Data saturation was considered to be met once no new information was being gathered from informants.

Consent and authorization procedures were discussed with the informant at the onset of the interview. Voluntary participation was reviewed and it was noted that

informants may forgo answering any question and interviews were conducted one-on-one in a private location with minimal distractions. Qualitative interviewing techniques were used for semistructured and open-ended questions. Follow-up questions were used to ensure that themes are fully explored. Participants were asked about their perceptions of substance abuse and about child welfare policies in recent decades. Specialty questions were added based on interviewees, and prompts were used to encourage further exploration. All identifying information was removed prior to coding. A copy of each interview schedule is located in Appendix A.

Using search engines, I conducted legislative and institutional policy research from 1990–present. Key words and phrases such as methamphetamine public service campaign, faces of meth, mothers on meth, methamphetamine legislation, methamphetamine policy, and meth labs were used as search terms to produce results. This media, legislative, and institutional policy research included written, spoken, and televised media reports, advertisements, and public service campaigns in the western United States. Further, public legislation and policies were reviewed to contextualize informants' responses.

Analysis

Interview content was transcribed verbatim and grounded theory methods were applied to analyze respondents' opinions about the relationship between methamphetamine and the welfare of children. Informants have been given approximate job titles or descriptions of their work. Through data immersion and systematic grounded coding procedures, codes were constructed in developing hypotheses. As categories emerged from the data, open coding was conducted to conceptualize and categorize data.

Axial coding was conducted to make connections between existing categories. Finally, selective coding was conducted to create a narrative about key concepts from the data (Strauss & Corbin, 1990). Interview transcripts were shared with research participants to confirm their interpretations of the questions and answers (Brenner, 2006).

Interview data were triangulated with media and policy analyses. For media and policy research, content analysis was used to ensure in-depth examination is administered (Krippendorff, 2004). A research team read these data and meetings were held to discuss and measure agreement on themes, concepts, and codes that describe the social perceptions of methamphetamine use and child maltreatment (Brenner, 2006). Public legislation and policies were reviewed to contextualize informants' responses.

Results have been documented through the use of a narrative discussion as well as block quotes. Using information gathered from interview participants, and through legislative research, a comprehensive timeline of methamphetamine and child welfare policies and outcomes has been produced. The timeline includes major child welfare, as well as methamphetamine hallmarks included in the text of this paper. This provides readers with a visual snapshot of the social phenomenon for easy reference. This timeline can be found in Appendix B.

CHAPTER 4

RESULTS

Sample Characteristics

The 13 participants in this study included child welfare workers, substance abuse treatment providers, legislators, a judge, drug court coordinator, and guardian ad litem. There were 7 female and 6 male participants with ages ranging from 43 to 69, the average age being 55.62. All participants had at minimum a bachelor's degree, with 11 holding an advanced degree. Informants were all still working in the field that qualified them to participate in the study, and had been employed with that entity, on average, for 17.15 years. The years on the job ranged from 10 to 26 years.

Common Themes: An Adapting System

The interviews conducted help construct a comprehensive timeline and understanding of a time range during which the child welfare system became increasingly aware of issues related to substance-using parents. Issues posed by the latest methamphetamine surge provided a unique opportunity for insiders to examine how substance abuse contributes to child maltreatment. The timeline in Appendix B was created by legislative research and these interviews, and gives us the ability to contemplate changing philosophies, policies, and responses to substance-using parents involved in the child welfare system.

Substance Abuse: Journey from Criminalization

to Public Health Concern

In recent decades, there has been a movement towards viewing substance abuse as a mental health problem within the substance abuse treatment community. The Anti-Drug Abuse Act of 1986 facilitated the criminalization of substance abuse behaviors and put many parents behind bars. This promoted an already-present cultural stigma of substance abusers and brought a level of shame and secrecy to substance abuser's behaviors. The current sentiment within the community is that we should be much more open about these struggles, empowering families to seek help.

Many interviewees considered the "war on drugs" to be a failure of focus and resources. Former legislation criminalizing substance abuse was seen as negative and ineffective. This sentiment was expressed from both practice and policy informants.

State legislator:

> The war on drugs, the "Just Say No campaign," just hasn't been successful. Our prisons are filled with people that were using or distributing illegal drugs, but weren't guilty of violent crimes. A lot of people are in prison because they did something while under the influence of drugs have mental illnesses as well. So, we have jails and prisons filled with people with untreated mental illnesses…the idea was that these scumbags were using drugs, it's nasty stuff, and let's get them off the streets.

The general sentiment of interviewees is that the public perception of substance abusers has softened over time. Additionally, according to individuals within the mental health treatment community, there is a shift towards taking pride in recovery. However, there is still some "stigma residue" regarding substance abuse, and users, and those in recovery may feel the need to hide their addictions from the public. Practitioners expressed that this stigma residue could be eliminated if we normalized the conversation

- even requiring family doctors to ask questions related to substance abuse when doing wellness checks.

This shift towards treating substance abuse as a mental health issue seems to be a relatively new phenomenon and the effects have yet to be truly teased out. However, it seems as though stakeholders feel like the transparency that comes with this lack of shame creates avenues for changing individual and family situations.

Child Welfare and Substance Abuse Link

Surprisingly, according to participants in the study, there was not a lot of interaction between the child welfare and substance abuse communities prior to the latest methamphetamine surge. Perhaps the environmental dangers associated with methamphetamine labs posed an obvious and imminent threat to the welfare of children that had not been present in previous drug surges. The methamphetamine surge created an awareness of the link between substance abuse and child welfare, which led to a beneficial partnership between the child welfare and substance abuse treatment communities.

Child welfare program manager:

> When I first started working in law enforcement, and then came to work in child welfare, there was no direct, obvious correlation between substance use and the ability to care for the child…It wasn't until methamphetamine labs were raided, and we were seeing children in these environments, that law enforcement and child welfare realized that kids are being affected by being in drug environments...it took meth for us to get involved.

Were it not for methamphetamine, child welfare agencies may not have recognized the ties between substance abuse and the welfare of children within these homes. Further, some child welfare workers may have perceived substance abuse as a

legal issue, and that they did not need to get involved in situations where substance abuse was a factor. When methamphetamine came on the scene, it seems as though the two systems were forced to work together because of the unique circumstances that methamphetamine created.

Social worker:

> One of the things that we've seen happen as a result of the substance abuse treatment community partnering with child welfare is an awareness that [substance abuse] is an illness...You know, it's illegal to use some substances, but if it's not impairing your ability to parent your child, it's not a child welfare issue. We're not the police; we don't lay judgment of people who choose to drink alcohol, or to smoke pot. There is a legal issue, and there's the issue of being capable to care for your child, and that's where we get involved...I'd say from 1996-2008, we were focused on the shift of substance abuse as a child welfare issue. In the early 2000s, maybe 2002-2010, there was a big push on understanding substance abuse and child welfare, and linking the two systems together... The destruction of meth, and the effects on the brain, and physical health, you probably see that the most. That's where child welfare really collided with the substance abuse world, and things started to happen.

According to a public information officer at a child welfare agency in a mountain west state, substance abuse was a factor in 62% of the cases in which children came into custody in FY 2012. These numbers make it clear that the partnership between substance abuse treatment and child welfare is necessary and beneficial. It can be argued that this latest methamphetamine surge created a partnership that will benefit many families to come.

Parental Termination Mandates within The Adoption and Safe Families Act

Half of the respondents mentioned concerns for the timelines set by the Adoption and Safe Families Act (ASFA) or similar legislation that requires the termination of parental rights. There was a sense of conflict with regard to ASFA. One social worker

succinctly stated, “I’m sure ASFA has changed a lot of things, but I’m sure that it’s ripped a lot of families apart too.”

With regard to substance abuse and child welfare, the timelines seem particularly challenging. It can be difficult to get treatment, get sober, and find stable employment and housing within a year. Individuals that worked directly with families felt as though this created a hopeless cycle for some parents who were working towards getting clean for the sole purpose of getting their kids back.

DCFS Program Manager:

> I think mandating termination of parental rights after a year is a little harsh sometimes. As far as a drug issue goes, a year isn’t enough to work through that drug issue and make sure the kids are safe. It’s just not enough, and it isn’t going to work...there are some times when I think that termination is absolutely correct: when there’s danger, when you can’t keep them safe. Terminating rights is, to me, a really big thing; the mandating of that to get permanency is a bit distasteful to me.

Timeline mandates is a complex issue that respondents felt conflicted about. Everyone agreed that children did not deserve to languish in the foster care system. But many respondents seemed to feel as though these children would continue to pine for their parents, regardless of where they lived. Those within the judicial system felt as though by the time they interfaced with families, the situation was too dire, and they often had a less positive view about the parent rehabilitating than those within child welfare or substance abuse treatment communities. The best case scenario, everyone agreed, was that the parent(s) would rehabilitate, and be able to care for their children again. But the amount of time to give these parents to rehabilitate was a grey area, and most people felt conflicted about whether the mandated timeline in ASFA is a generally positive or negative policy.

Women and Methamphetamine

About one third of the respondents mentioned a connection between women and methamphetamine. The general understanding was that women began taking it as a way to lose weight or to get their housework done, but quickly became addicted. This seems to be specific to methamphetamine and the child welfare, substance abuse treatment, and policy making communities did not anticipate this dynamic.

Director of a Division of Behavioral Health Services:

> The interesting thing is that women don't use ANY drug more than men do. All of the sudden, we see these women that were in the county jail, and in terms of the percentage of them that were using meth compared to the percentage of men that were using, women were using at higher rates. We had never seen anything like that before. It was sort of a gender bias toward a drug.

Women were crowding the jails at much higher rates, and it seemed as though it was largely due to the latest methamphetamine surge. This was likely compounded by The Anti-Drug Abuse Act that set minimum sentences for drug offenses. As jails began crowding with women and mothers who identified methamphetamine as a primary substance that they used, child welfare agencies responded by directing public service campaigns towards women.

Public Information Officer:

> When we decided to do a public awareness campaign, we targeted an audience that we don't typically target when we do public awareness campaigns for substance abuse...We needed to draw that attention to females and get them to pay attention and let them know that treatment is available...Meth was just strange because it really did seem to impact the moms.

Content analysis of public service campaigns revealed that states largely used one of two approaches. Some used scare tactics, such as the "Faces of Meth" campaign that

showed the rapid deterioration of users. Other campaigns cultivated a more hopeful message for users. Specifically focusing on mothers was a strategic move to reach out to not only abusers, but the families impacted by their use. There was a drive to get them into treatment so that their homes would stabilize and children could remain safely with their families of origin.

Household Disorganization and Tweaker Projects

Subjects explained that while methamphetamine caused the user to experience an increase of energy, continued use over time would lead to the deterioration of focus. After repeated use, individuals would start projects, get distracted, and move on to the next project. This type of energy contributed to a general turmoil within the home.

CEO of Nonprofit Substance Abuse Treatment Facility:

> After some time, their house is in chaos. It's just more pulling things apart than putting anything back together...There would be obsessive behaviors that are of no consequence or are of harmful consequence, like shaving your head because you feel prickles on your head. It's these really obsessive, destructive types of tasks that don't look anything like what it looked like when they first started using and were able to get things accomplished. Now it's a big, take it apart mess. People would call them "tweaker projects."

This kind of disorganized energy extends beyond benign clutter. A typical meth home was described as being filthy, with little or no food. Further, harmful objects such as electrical wires, drug paraphernalia, and even firearms are not kept out of reach of children within these homes.

Several interviewees mentioned the presence of pornography and/or prostitution in the homes of methamphetamine users. Methamphetamine increases energy and libido of the user, which explains this phenomenon. A former law enforcement official said that

pornography was present in every methamphetamine home that he entered. The exposure of pornographic materials and to traffic within the home related to prostitution posed additional negative influences on the lives of children living with methamphetamine users.

Rapid Deterioration

Methamphetamine was seen as an alarming substance when it reemerged in the 1990s partially because of how quickly it took a toll on users and their families. Respondents mentioned alcohol as being almost as detrimental to families as methamphetamine, but the disintegration within the family was gradual. This slow regression could be filled in by support systems and community structures surrounding the families. With methamphetamine, there was little warning or preparation for families and their support systems. Users crashed and wiped out their resources in a short amount of time.

Guardian Ad Litem:

> These parents would, in a 3-month period, go from dad being a high wage earning truck driver and mom running a daycare out of her home to nobody working, and living in a shack. It really was almost a plague.

The system seemed to be overwhelmed by the rapidity of these changes to a family structure. Not only did the drug permeate communities quickly, but the drug itself took its toll in very little time. It seemed to shock the child welfare and substance abuse treatment communities.

Parentified Children

One of the effects of substance-using families appears to be the reversal of parent-child roles. When parents are indisposed, not only do the children have to fend for

themselves, but they are often left to care for their parents. This role-reversal can wreak havoc on the family unit for years, even after a parent is in recovery.

Public Information Officer:

> You saw a lot of behavioral problems because the parents were just absent...So the kids tend to be neglected. You see a lot of parentified kids that end up taking care of their parents...The parents get clean, and they want the kids to follow the rules. They've already watch their parents not act like a parent, and they've had to be in charge. They just have these tug-of-wars as far as who is in charge.

Parentification of children poses a problem, not only while the family is in distress, but afterwards while the family is rebuilding. The child grows accustomed to caring for themselves, and creating structure in their own lives. As the parent is in recovery and the family is reunited, both parent and child have to adjust to role reversals as parents begin to set boundaries and rules for their children.

Pendulum Swing of Family Preservation

Subjects discussed the differing responses of the child welfare system over time. Many described this phenomenon as a pendulum swinging between child removals, and family preservation. Often, as it was described by one respondent, some high-profile event leads to increased child removals. This could be the death of a child who is receiving child welfare in-home services, or it could be something like the sudden surge of a harmful drug or substance. For years, the child welfare communities will remove children until parents and the community push back or until the system is flooded and cannot sustain the number of child removals.

Program Manager:

> We went from one side of the pendulum to another where we decided that anyone using drugs, society just said to get those kids out. Now we're

> seeing that any time a child is removed, it does have a traumatic effect on the child so you have to balance the parental substance abuse vs. the effect of what action you may take on the child to make sure that you're not causing more harm.

Over time, child welfare systems move back towards family preservation. This could be because the effect of child removal is seen as detrimental in the lives of these kids. But the cost of child removal is greater than the cost of in-home services, and that likely plays a role in policy making. The latest methamphetamine surge provides a snapshot of this phenomenon. Child Protective Services would remove kids because they were alarmed by the state of the home, and the parents' physical appearance, and this flooded the child welfare system.

The idea that a child has a bond with a parent, in spite of the presence of abuse or neglect, causes individuals within the child welfare system to make serious considerations prior to removing a child from a home. Most, but not all, of interviewees felt as though the bond is resilient, and most children do better with their parents, in spite of turbulence within the home. The fact that there is disagreement about the success of children staying with parents, or being removed, leads to tension within the legal and child welfare systems.

Guardian Ad Litem:

> Social scientists or social workers will say that we have the data to prove that if kids are adopted into different families, they will want to come back and find their families. That's fine, but we have to acknowledge that sometimes placements within that family are still detrimental to the child. I understand that we might be creating other or additional problems, but sometimes we still have to weigh that...For the most part, the practices of the various agencies go in the right direction. But if I'm sitting with a DCFS worker, and she is trying to have the kid remain in the family, I'll disagree because to me, permanency in a certain case may mean NOT having the kid remain with the family. So, there is a lot of tension. It can be a very antagonistic system.

These tensions could be attributed to the fact that situations that reach the judicial system are the most dire. The child welfare community had a much more positive view of a family's ability to care for a child. Those in the judicial system were much more suspect of those abilities.

"Drug Du Jour"

Drugs will fade in and out of popularity. Respondents seemed to feel as though individuals who have a propensity to use substances will just use what is convenient to them. Each drug trend fades out with the onset of a new trend.

State Senator:

> People are going to heroin because it's easier to get and it's cheaper. It just seems like they go from one thing to the next, whatever the illicit drug du jour is. You don't hear so much about meth anymore because it's shifted over to some other substance.

While methamphetamine was in the headlines from the late 1990s to the mid-2000s, the trend has moved on. This fluid state of substance use makes it difficult to anticipate issues that come along with new surges. However, lessons from different drug surges can be applied to the substance use treatment communities.

Lasting Effects

According to participants, methamphetamine users experience negative health outcomes long after their use has stopped. It is possible for an individual to experience paranoia, or even early-onset Alzheimer's, which suggests that methamphetamine use significantly alters brain function.

CEO of Nonprofit Substance Abuse Treatment Facility:

> We saw it create mental health conditions - even when they stopped using meth. The paranoia and delusions continued for those people that had been on it for 10-15 years at that point. They end up in the mental health system because of the toxicity of the methamphetamine.

The fact that individuals move from substance abuse treatment to the mental health system further complicates parental termination timelines for families. If a parent is engaging with the mental health system for years after their use has stopped, the child welfare community needs to maintain wrap-around services if the child is to remain at home.

Marijuana Legalization and Implications

Some individuals mentioned the changing landscape of substance legalization. Our country has a history of legalizing some chemical substances while restricting others. Alcohol was mentioned by several people as a substance that is legal, but has a detrimental effect on families. The current legalization of marijuana in several states is an interesting experiment regarding the legal regulation of a formerly illegal substance.

Director of Division of Behavioral Health Services:

> I think there are some drugs that need to be legalized and regulated like crazy. The experiment in Colorado is interesting; we'll see what happens there. When we just make this stuff a legal issue, it doesn't go away...we've got to mainstream this stuff somehow and get more prevention and more people in treatment earlier.

The sentiment that the issue with substance abuse should not be punitive but rather therapeutic plays into the legalization issue. By legalizing and regulating substances, perhaps the stigma would be removed, and focus can be placed on treatment. This view is in harmony with the opinions expressed by many respondents that substance abuse is really a mental health issue.

In the end, it was expressed by many that it is not the substance that is being abused; it is the addiction that has the negative impact on a family. Because of this, legalization is an interesting component of the story. Marijuana itself is going through an image transition that will perhaps change the way we view those who use it. While our perceptions change, addiction can occur and that is where most stakeholders feel we should be focusing our energy.

Sympathy for Parents

Attitudes towards methamphetamine-using parents have gone from shock and disgust to sympathy and understanding. Many individuals mentioned that at first, they were so alarmed by the nature of the situations that led to these families interfacing with the child welfare system that their gut reaction was to remove the kids and punish the parents. After working with these types of families for years, it became apparent that these parents did not want to be in the situation that they were in, but that they were no longer in control.

Judge:

> Over time, I've really grown more sympathetic to parents...I don't think I've ever seen a parent in court that has said, "I don't love my kids, and I don't want to be a parent." They all really love their kids but they don't know how to parent, or they're not able to.

A more sympathetic view took form for many individuals after the shock wore off. Those who work with these families have grown to see the many facets of the issue of child welfare and substance abusing parents. There was a move away from black and white thinking, to a more nuanced approach to dealing with those in substance abuse treatment.

CHAPTER 5

STRENGTHS AND WEAKNESSES

This research was built around policy analysis and retrospective data. There is an understanding that participants may struggle to accurately remember events in the past. Studies have shown that respondents misreport in order to appear consistent with their current beliefs (Torelli & Trivellato, 1993). However, Alesandro Portelli (1991) states that while historical oral sources may not be completely factual, individuals' perceptions move beyond facts to the meanings of certain events. While qualitative research is not typically understood to generate high generalizability, it contributes to the establishment of social understanding through trustworthiness (Patton, 2002). Trustworthiness of the study was increased by using techniques such as sharing interview transcripts with participants, utilizing multiple coders, and establishing rapport as an insider (Brenner, 2006).

Contemporary policies relevant to current decisions made with regard to child welfare and substance abuse conduct were analyzed. Qualitative data are suited to legislative monitoring, as they provide program descriptions that are detailed and evocative and can give legislators an idea of whether groundwork matches legislative intent (Patton, 2002). Additionally, the qualitative data gathered affords a rich understanding of values and beliefs held by key participants in child welfare and substance abuse policy.

One of the most unique contributions of this study is the timeline of events surrounding child welfare and methamphetamine. After extensive research for such a snapshot, this may well be the first time a timeline of this sort appears in the literature. This can be used to easily see legislation that was passed and the effects of that legislation not only on methamphetamine consumption, but child welfare outcomes as well.

This study is a policy analysis that will examine policies and their effectiveness. Suggestions on improving the system moving forward are made and can be implemented on a systemic or legislative level. The response to methamphetamine produced legislation and child welfare policies that varied in their effectiveness, and this study examines those laws and policies.

CHAPTER 6

DISCUSSION

The most recent surge can tell us many things about the way child welfare agencies, legislators, and substance abuse treatment providers interact with substance abusing parents. The system adapted over time and found solutions that worked. The Combat Methamphetamine Epidemic Act coincided with a dramatic decrease of meth labs, followed by a decrease in methamphetamine labs. This is a tremendous legislative success that likely altered the methamphetamine surge.

The evolution of the bureaucracy that interfaced with families has been positive, transitioning from a punitive approach towards a more treatment-centered approach. This could be attributed to a number of factors including the pendulum swing of family preservation, wherein we are in a phase of trying to maintain the family unit. It could also be attributed to the changing sympathies towards parents who use substances. After the initial shock wore off, stakeholders could see the methamphetamine users as individuals with individual mental health needs. The previous system bred stigmas, and stigma leads to isolation, which opportunity for abuse and neglect.

One of the more surprising pieces of information to come from this study was the fact that the child welfare agencies were not working with the substance abuse treatment providers prior to the latest methamphetamine surge. The link seems obvious now, but the methamphetamine surge was a catalyst for change. In that way, the surge provided a positive

outcome. The link between substance abuse and child welfare became more apparent, and the partnership between these two communities has arguably created a safety net for families.

The timelines for termination of parental rights has been controversial from the time it was implemented in the Adoption and Safe Families Act (ASFA). Today, individuals still feel uneasy about mandating termination of rights and call for more flexibility on the part of the child welfare and legal systems. Placing more discretion in the hands of child welfare agencies and the judicial system would give them the ability to work with families who might be able to rehabilitate over a longer period of time.

Rapid deterioration of a family's functioning created dire situations before policy makers and child welfare workers could implement a strategy. Because drugs trend, and we see the "drug du jour" change, policy makers are not always able to make policies quickly enough to keep up with the ever-changing scene. By 2005, Congress had implemented policies that seemingly impacted methamphetamine production in the United States. By that time, it had been a major issue for a decade or more. A swift response to a drug that seems to be trending upwards could make a difference.

The "antagonistic system" of the child welfare and judicial systems is one that could be explored further in future investigations. Getting these stakeholders on the same page is an important step towards improved outcomes with families involved in the child welfare system. The positive strides made by the substance abuse treatment and child welfare communities should extend in to the judicial community where the fates of many families are determined.

However, individuals that work with substance-abusing parents have evolved to a more sympathetic approach over time. This may mean that initial reactions may not be

the best or most effective approach. Seemingly, children were taken from their homes, and parental rights were terminated at a higher rate towards the beginning of the surge, but that died out as those involved came to see substance abuse as a mental health issue, as opposed to a moral issue.

The lasting effects of methamphetamine, causing individuals to continue to be involved with the mental health community, leads to a much larger question regarding parental rights and mental health disorders. This is a question that was not addressed in this study, and appears to be a hole in the overall literature, but could be included in future investigations.

Overall, this study uncovered the dynamics of a changing system during a time of great upheaval and disturbance. The lessons that can be learned of adaptability and partnership can be carried out and applied to coming drug surges, and other child welfare-related issues. Developing partnerships with other agencies in expanding wrap-around services for families can benefit individual families, and society at large. Fostering a sympathetic and adaptable system can help keep families together, which is a guiding principle for modern child welfare agencies.

The latest methamphetamine surge created a situation that was so dire, that it forced people to take notice. The physical ramifications of the drug were so apparent, that people paid attention to the drug and its effects. Further, the dangers of home meth labs posed an immediate threat that made communities try to find solutions. In many ways, in spite of the time it took, the response by the child welfare, substance abuse treatment, and policy making communities is a success story that taught many important lessons that can be applied elsewhere.

APPENDIX A

INTERVIEW SCHEDULE

Practice Informant

1 Tell me about how you came to be in this profession.

2 What do you believe to be the top 3 challenges to child welfare in the state?

3 Do you believe that these challenges have remained constant over time?

4 Do you think there is a disconnect between child welfare policies and practices?

5 Are there state and/or federal policies that make it difficult to address these challenges?

6 Tell me about changes you would make to these policies.

7 In recent decades, have you witnessed a shift in the way substance abuse is viewed and treated?

8 In recent decades, have you witnessed a shift in the way child welfare agencies have interacted with families involved in the system?

9 What do you think about parental substance abuse as it relates to child welfare?

10 Do you have an opinion on which illicit drug has been most detrimental to the welfare of children?

11 When did you first begin to see methamphetamine show up in child welfare cases?

12 Tell me about your reactions to these cases over time.

13 Tell me about differences in homes where methamphetamine is being produced as opposed to homes where a parent or parents are using, but not producing methamphetamine.

14 Can you think of a particular case that illustrates the connection you see between methamphetamine use and child welfare?

15 Is there anything else you think is important to share about this subject?

Policy Informant

1 Tell me about how you came to be in this profession.

2 What do you believe to be the top 3 challenges to child welfare in the state?

3 Do you believe that these challenges have remained constant over time?

4 What federal and state policies do you believe best address these challenges?

5 Do you think there is a disconnect between child welfare policies and practices?

6 In recent decades, have you witnessed a shift in the way substance abuse is viewed and treated?

7 In recent decades, have you witnessed a shift in the way child welfare agencies have interacted with families involved in the system?

8 What do you think about parental substance abuse as it relates to child welfare?

9 Do you have an opinion on which illicit drug has been most detrimental to the welfare of children?

10 When did you first notice methamphetamine as a social issue?

11 Tell me about your reactions to this issue over time?

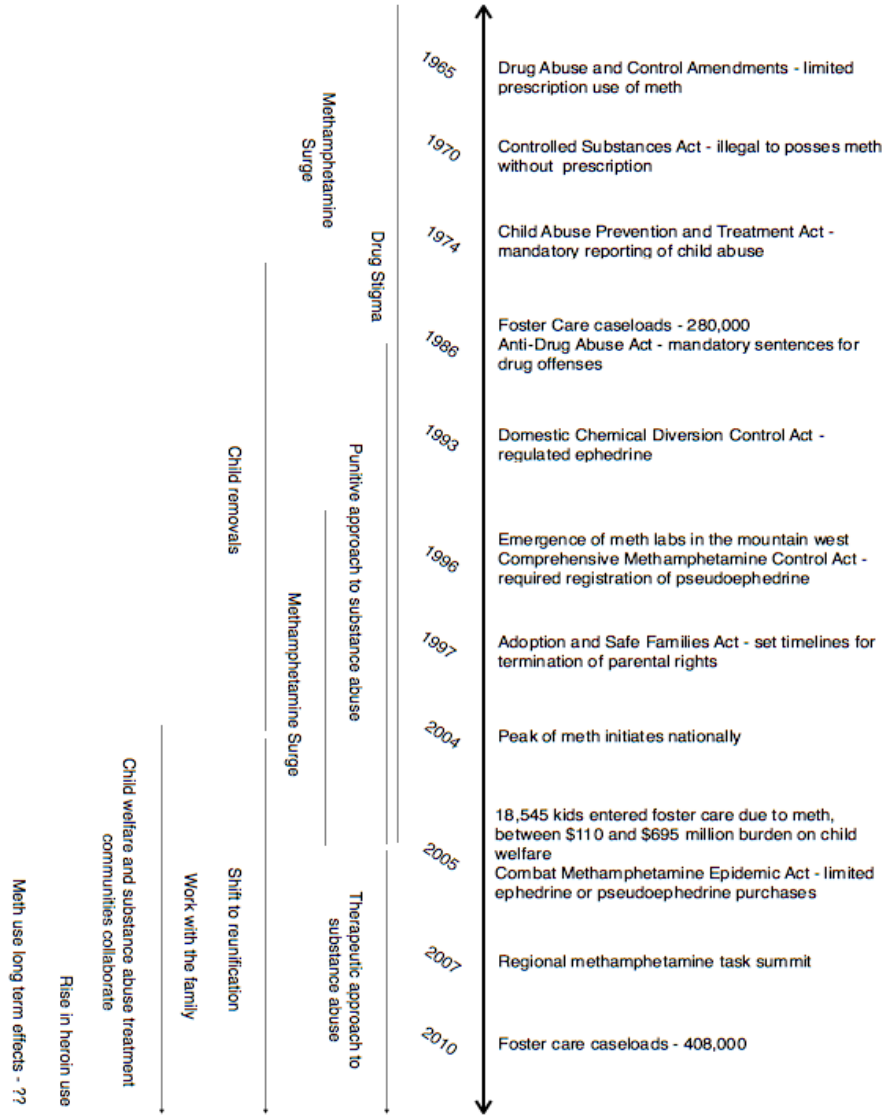
12 Tell me about your understanding of the differences in homes where methamphetamine is being produced as opposed to homes where a parent or parents are using, but not producing methamphetamine.

13 Can you think of a particular case that illustrates the connection you see between methamphetamine use and child welfare?

14 Is there anything else you think is important to share about this subject?

APPENDIX B

METHAMPHETAMINE AND CHILD WELFARE: A TIMELINE



REFERENCES

Asanbe, C. B., Hall, C., & Bolden, C. (2008). The methamphetamine home: Psychological impact on preschoolers in rural Tennessee. *The Journal of Rural Health, 24*(3), 229-235.

Berry, M. (1997) *The family at risk: Issues and trends in family preservation services.* Columbia, SC: University of South Carolina Press.

Boles, S. M., Young, N. K., Moore, T., & DiPirro-Beard, S. (2007). The Sacramento dependency drug court: Development and outcomes. *Child Maltreatment, 12*(2), 161-171.

Brecht, M., O'Brien, A., von Mayrhauser, C., & Anglin, M. D. (2004). Methamphetamine use behaviors and gender differences. *Addictive Behaviors, 29*(1), 89-106.

Brenner, M.E. (2006). Interviewing in educational research. *Handbook of complementary methods in education research,* 357-370

Carlson, B. E., Matto, H., Smith, C. A., & Eversman, M. (2006). A pilot study of reunification following drug abuse treatment: Recovering the mother role. *Journal of Drug Issues, 36*(4), 877-902.

Carnochan, S., Samples, M., Lawson, J., & Austin, M.J. (2013). The context of child welfare performance measures. *Journal of Evidence-Based Social Work, 10*(3), 147-160.

Cunningham, S. & Finlay, K. (2013). Parental substance use and foster care: Evidence from two methamphetamine supply shocks. *Economic Inquiry, 51*(1), 764-782.

Doyle, J. (2007). Child protection and child outcomes: Measuring the effects of foster care. *American Economic Review, 97*(5), 1583–1610.

Drabble, L. (2007). Pathways to collaboration: Exploring values and collaborative practice between child welfare substance abuse treatment fields. *Child Maltreatment, 12*(1), 31-42.

Gardiner, D. (2006, May 28). Meth-lab seizures drop 84% since '99. *Deseret News.* Retrieved from: http://www.deseretnews.com/article/635210988/Meth-lab-seizures-drop-84-since-99.html?pg=all

Garriott, W. (2010). Targeting the local: Policing clandestine methamphetamine production in a rural US community. *Canadian Journal of Law and Society, 25*(1) 1-19.

Grella, C., Hser, Y., & Huang, Y. (2006). Mothers in substance abuse treatment: Differences in characteristics based on involvement with child welfare services. *Child Abuse & Neglect: The International Journal, 30*(1), 55-73.

Krippendorff, K. (2004). *Content analysis: An introduction to its methodology.* Thousand Oaks, CA: Sage Publications.

Murray, K., Gesiriech, S. (2004). *A brief legislative history of the child welfare system.* Pew Charitable Trusts. http://www.pewtrusts.org/uploadedFiles/wwwpewtrustsorg/Reports/Foster_care_reform/LegislativeHistory2004.pdf

Nicosia, N., Pacula, R. L., Kilmer, B., Lundberg, R., & Chiesa, J. *The economic cost of methamphetamine use in the United States, 2005*. Retrieved from http://www.rand.org/pubs/monographs/MG829.html

Patton, M. Q. (2002). *Qualitative research & evaluation method* (3rd ed.) Thousand Oaks, CA: Sage Publications.

Portelli, A. (1991). *The death of Luigi Trastulli, and other stories: Form and meaning in oral history.* Albany, NY: State University of New York Press.

Rockhill, A., Green, B.L., & Furrer, C. (2007). Is the Adoption and Safe Families Act influencing child welfare outcomes for families with substance abuse issues? *Child Maltreatment, 12*(1), 7-19.

Santos, A.P., Wilson, A.K., Hornung, C.A., Polk, H.C., Rodriguez, J.L., & Franklin, G.A. (2005). Methamphetamine laboratory explosions: A new and emerging burn injury. *Journal of Burn Care & Rehabilitation, 26*(3), 228-232.

Semple, S.J., Grant, I., & Patterson, T.L. (2013). Female methamphetamine users: Social characteristics and sexual risk behavior. *Women & Health, 40*(3), 35-50.

Smith, L., LaGasse, L., Derauf, C., Grant, P., Shah, R., Arria, A., Huestis, M., Haning, W., Strauss, A., Della Grotta, S., Fallone, M., Liu, J., & Lester, B. (2008). Prenatal methamphetamine use and neonatal neurobehavioral outcome. *Neurotoxicology and teratology, 30*(1), 20-28.

Sommers, I., & Baskin, D. (2006). Methamphetamine use and violence. *Journal of Drug Issues, 36*(1), 77-96.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research.* Newbury Park, CA: Sage Publications.

Substance Abuse and Mental Health Services Administration: Center for Behavioral Health Statistics and Quality. Treatment Episode Data Set. Retrieved from http://wwwdasis.samhsa.gov/webt/tedsweb/tab_year.choose_year_web_table?t_state=UT

Stages of the meth experience. (2013). Retrieved December 27, 2013 from http://www.drugfreeworld.org/drugfacts/crystalmeth/the-stages-of-the-meth-experience.html

Swann, C., & Sylvester, M. (2006). The foster care crisis: What caused caseloads to grow? *Demography, 43*(2), 309-335.

Torelli, N., & Trivellato, U. (1993). Modelling inaccuracies in job-search duration data. *Journal of Econometrics, 59*(1-2), 187-211.

Trost, J. (1986). Statistically nonrepresentative stratified sampling: A sampling technique for qualitative studies. *Qualitative Sociology, 9*(1), 54-57.

Twomey, J., Lagasse, L., Derauf, C., Newman, E., Shah, R., Smith, L., Arria, A., Huestis, M., Dellagrotta, S., Roberts, M., Danserau, L., Neal, C., & Lester, Barry. (2013). Prenatal methamphetamine exposure, home environment, and primary caregiver risk factors predict child behavioral problems at 5 years. *American Journal of Orthopsychiatry, 83*, 64-72.

United States Department of Commerce: Economics and Statistics Administration: Census Bureau. (1994) *Geographic Areas Reference Manual*

United States Department of Health and Human Services: Substance Abuse and Mental Health Services Administration. (2005). *Methamphetamine use, abuse, and dependence: 2002, 2003, and 2004.* The National Survey on Drug Use and Health Report. http://www.samhsa.gov/data/2k5/meth/meth.htm

United States Department of Health and Human Services: Substance Abuse and Mental Health Services Administration. (2012). *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings*

United States Department of Justice: Drug Enforcement Agency. *Methamphetamine lab incidents, 2004-2012.* Retrieved April 29, 2014 from http://www.justice.gov/dea/resource-center/meth_lab_maps/2012.jpg

United States Department of Justice: Office of Justice Programs. (2003) *Children at Clandestine Methamphetamine Labs: Helping Meth's Youngest Victims*

Weisheit, R. & White, W. (2009). *Methamphetamine: It's history, pharmacology, and treatment.* Center City, MN: Hazelden.