Case managers' perceptions of parental methamphetamine use on the Cobb county child welfare system

Avius A. Owens
Clark Atlanta University

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ABSTRACT

SCHOOL OF SOCIAL WORK

OWENS, AVIUS A. B.A. ALCORN STATE UNIVERSITY, 1995

CASE MANAGERS' PERCEPTIONS OF PARENTAL METHAMPHETAMINE USE ON THE COBB COUNTY CHILD WELFARE SYSTEM

Advisor: Susan Kossak, Ph.D.

Thesis dated May 2008

This study examines the impact of parental methamphetamine use on the child welfare system in Cobb County Department of Family and Children Services. This study was based on the premise that methamphetamine is contributing to an increase in the number of children entering the child welfare system in large numbers. Data was gathered and analyzed from surveys completed by case managers in the Department of Family and Children Services in Cobb County, Georgia.

Findings from the study revealed that of the thirty participants, ninety-three percent agreed that parental methamphetamine use is impacting the child welfare system greatly. The conclusions drawn from the finding suggest that additional research and services are needed in child welfare systems to assist the parents in successful recovery and lessen the burden on the system.
CASE MANAGERS’ PERCEPTIONS OF PARENTAL METHAMPHETAMINE USE
ON THE COBB COUNTY CHILD WELFARE SYSTEM

A THESIS
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK

BY
AVIUS A. OWENS

WHITNEY M. YOUNG, JR., SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
MAY 2008
ACKNOWLEDGEMENTS

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CHAPTER I

INTRODUCTION

The recent increase in methamphetamine use endangers the lives and security of our nation’s children. Methamphetamine is possibly the most devastating drug ever for the well-being of children. Children growing up in a home and environment afflicted with the use and abuse of alcohol and drugs threatens the youth of this nation because substance abuse, on top of being a root cause of child abuse and neglect, is often a pattern and generational curse within families.

Biological parents using methamphetamine are constantly seeking the sensation from their initial use of methamphetamine, while their children suffer the consequences. There are also nonbiological parents who are the care providers of children who have exposed the children to the abuse and neglect of methamphetamine use. A parent is a person who has begotten or borne offspring; a father or mother (Oxford American Dictionary, p. 1083, 2003).

Methamphetamine is an amphetamine derivative with quicker and longer actions than other drugs (Oxford American Dictionary, p941, 2003). Methamphetamine is highly addictive and comes in different forms; most often it is a powder that dissolves easily in water, though it can also come in clear, chunky crystals called “ice”.

1
Methamphetamine can be swallowed, snorted, injected or smoked and is known by many names, including speed, methamphetamine, crystal, crank, biker's coffee and chalk (Cooke, et al., 2005). One of the effects of methamphetamine use is the loss of dopamine transporters in the brain. Dopamine is a brain chemical that facilitates critical brain functions. Methamphetamine triggers the release of large amounts of dopamine in areas of the brain that regulates feelings of pleasure and body movement. Dopamine transporters are structures on the neurons that clear dopamine from the space between neurons (SAMHSA, 2006).Earlier studies speculated that the loss of dopamine transporters represented irreversible degeneration in the brain.

However, recent reports show that the number of dopamine transporters increased significantly after twelve and seventeen months of substance abstinence (SAMHSA, 2006). After prolonged use, methamphetamine users may exhibit nosebleeds, itching, skin welts and lesions and infected injection sites. They may also experience nausea, vomiting, and diarrhea (NCSACW, 2006). Chronic methamphetamine use can lead to psychotic behavior, including intense paranoia, confusion, visual and auditory hallucinations, and violent behavior. Psychotic symptoms can sometimes persist for months or years after use has stopped (NCSACW, 2006). In addition, methamphetamine is an almost instantly addictive stimulant that produces intense highs and elevated levels of euphoria that often last hours, and can extend into days and weeks.
Methamphetamine is very habit forming and immediately after smoking or intravenous injection, the methamphetamine user experiences an intense sensation, called a “rush” or “flash”, which is described as extremely pleasurable (CWLA, 2007). Moreover, users go on binges for long periods of time seeking the rush of the methamphetamine use and trying to maintain their high. According to the US Drug Enforcement Agency (2005), methamphetamine has an extremely high level of addiction because often one use results in addiction.

Consequently, methamphetamine abuse is increasingly used by females of child bearing age, which could contribute to the number of newborns entering the child welfare system. Parental addiction is one of the common reasons for children entering the child welfare system. As a result, children with a substance abusing parent show greater adjustment problems, as well as conduct and attention-deficit disorders than children without substance abusing parents. Compared to other children, children whose parents use drugs or alcohol are three times more likely to be abused and four times more likely to be neglected (CWLA, 2007).

Therefore, children living in environments with methamphetamine labs may face hazards such as dangerous chemicals and the risk of explosions. Probably the major reason for the concern about methamphetamine is that it can be produced in home kitchens, which may expose children to abuse and neglect. These children often become victims of abuse and neglect as drug addiction takes priority over food, supervision, shelter and medical care.
The researcher attempted to extract from previous research that there is a number of children entering the foster care system due to methamphetamine use by parents and found limited literature on the parent’s perspective.

Statement of the Problem

A problem with methamphetamine use is the number of children entering the child welfare system as well as the number of families affected by the use of the drug. Unfortunately, there is limited information provided to case managers within the system on what methamphetamine is as well as signs and symptoms of the drug.

As a result, the number of case managers with adequate knowledge of the drug is not increasing as quickly as the number of children entering the system, across the country. Because meth is highly addictive, the parents are not completing case plans in an appropriate enough timeframe to be reunited with their children. In the meantime, the number of children in the child welfare system continues to increase and the number of case managers continues to decrease causing an overloaded system.

Purpose of the Study

The purpose of this study is to describe the impact that methamphetamine is having on children, parents and especially on the child welfare system in Cobb County, Georgia. The study analyzed the case managers’ views on methamphetamine use by parents and the effects on the child welfare system.
Research Question

Research Question1: How do Case managers view the effect of parental methamphetamine use on the child welfare system?

Hypothesis

Methamphetamine use is impairing parent's ability to care for their children as a result more children are entering the child welfare system and thus causing system overload. The null hypothesis is Methamphetamine use has no effect on the parent’s ability to care for their children as a result there are no more children entering the child welfare system due to methamphetamine use and the system is thus not overloaded.

Significance of the study

The recent increase in methamphetamine use and the ease in manufacturing the drug is overwhelming the child welfare system. The system is being overwhelmed due to the growth of children entering the system while the number of case managers and foster homes are not increasing. The children are entering the child welfare system with a myriad of behavioral and emotional issues that are unable to be addressed in an efficient and purposeful manner. Increased knowledge of the impact meth is having on the state and the country will foster discussion to implement change in the child welfare system.
This study is designed to provide awareness of the behavior of methamphetamine users, the symptoms and signs of meth use along with the dangers to the children and the case managers. The study will also analyze the rate at which meth is impacting various states throughout the country and overloading the welfare system.
CHAPTER II
REVIEW OF THE LITERATURE

Historical Perspective

Methamphetamine was first produced in the 1930’s to treat asthma, schizophrenia, and narcolepsy, among other conditions (Hohman, et al., 2004). During World War II, Americans, Japanese, Germans and British used methamphetamine to fight fatigue in soldiers. By the 1950’s, students and truck drivers used the drug to stay awake (Hohman, et al., 2004). Initially thought to be a relatively benign drug, problems from its use in the 1960’s and 1970’s led to federal legislation that severely restricted legal production, which caused an increase in illegal methamphetamine production laboratories.

The purpose of this review of literature is to set the stage for awareness of the methamphetamine epidemic that all fifty states are facing from the use. The use is devastating children, parents and the child welfare system, which is east to the west coast. This chapter is a review of the current literature on how and why methamphetamine impacting child protective service workers and police officers. The review covers the various ways to use methamphetamine, the impact on the child welfare system, the effects on children and parents and the various treatment resources that are available in the United States.
Initially, children living in environments with methamphetamine labs may face hazards such as dangerous chemicals and the risk of explosions. Inhaling chemical vapors and gases resulting from the methamphetamine production process causes shortness of breath, cough, and chest pain. Exposure to these vapors and gases may also cause intoxication, dizziness, nausea, disorientation and a lack of coordination, pulmonary edema, chemical pneumonitis, and other serious respiratory problems when absorbed into the body through the lungs (National Drug Intelligence, 2002).

Now, the United States Drug Enforcement Administration (2005) states from 2000 to 2003, eight children died and ninety-six were injured through home meth production. Child protective services in Clermont County had two hundred and fourteen children in custody in January 2003 a number that has increased to fifty percent to about three hundred and twenty children. Of that number, forty-five children were in custody directly because of methamphetamine lab busts (NAC, 2005).

Next, the National Center of Substance Abuse and Child Welfare (2006) stated that federal data shows that from 2000 to 2003 about ten thousand children were affected by meth manufacturing, including four thousand six hundred and sixty-two who lived in homes where methamphetamine was produced and of that number, two thousand eight hundred and eighty-six entered foster care. These children often become victims of abuse and neglect. Drug addiction takes precedence over food, supervision, shelter and medical care. Also, exposure to parents intoxicated by methamphetamine may compromise child safety when high users, exhibit poor judgment, confusion, irritability, paranoia, and increased violence (NAC, 2005).
The United States Department of Health and Human Services states that the number of methamphetamine users addicted to stimulants has more than doubled (SAMHSA, 2005). According to National Association of Counties (2005), methamphetamine is the leading drug-related law enforcement problem in the country. Fifty-eight percent of the forty-five counties in this survey said that methamphetamine was their largest drug problem.

Additionally, the significant rise in the number of children entering out-of-home care due to parental drug use over the last two decades represents one of the most serious policy and practice challenges to the field of social work. The already strained child welfare agencies cannot stand alone in serving the complex needs of children and families struggling with substance abuse.

In addition, forty percent of all child welfare officials in a survey reported an increase in out-of-home placements because of methamphetamine use since July 2004, and fifty-nine percent indicated methamphetamine is making family reunification more difficult (National Association of Counties, 2005). According to Policy and Practice (2006), the number of children in foster care in Idaho is up by forty percent over the last four years because of the growing use of methamphetamine. The Department of Health and Welfare officials say about seventy percent of foster care cases involve some sort of substance abuse. Additionally, seventy percent of the foster care cases involve various forms of substance abuse and thirty percent of those cases are related to methamphetamine (Policy & Practice, 2006).
Next, the long-term negative physical effects of chronic use include lung and nerve damage, heat attack, kidney failure, extreme weight loss, tooth loss and cavities, stroke, seizures, and death (Boles, et al. 2006). Because they may engage in risky behaviors, there is also a higher rate of hepatitis, HIV, and STD's among methamphetamine users (NIDA, 2000). Methamphetamine is also showing up in the workplace. Between 1999 and 2003, the percentage of positive workplace drug stress containing amphetamines doubled, from 4% to 5% to 9% (Cooke, et al., 2005).

During 2000, four percent of the U.S. population reported trying methamphetamine at least once in their lifetime (NIDA, 2000). Long-term psychological effects of chronic methamphetamine abuse can include delusions, hallucinations, homicide, suicide, psychosis, and bizarre and violent behaviors (Boles, et al., 2006). About one-fourth of the group indicated having been hospitalized for mental health problems and two-thirds of the women reported financial problems because of their use of methamphetamine. The psychological side effects of methamphetamine use include hostility, impulsivity, irritability, insomnia, paranoia, and behaviors such as skin picking, pacing, chattering, and repetitive movements.

In conclusion, part of the reason for the rise in methamphetamine use is attributed to its affordability. The literature reports that one hundred dollars would purchase enough crack cocaine for a high lasting through the night but the same one hundred dollars could sustain a methamphetamine high for days (Cooke, et al., 2005). Additionally, most methamphetamine users tend to be poly-substance users who commonly use tobacco, alcohol, and marijuana (Hohman, et al., 2004).
The Role of Case Managers

Case Managers are a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual’s health needs through communications and available resources to promote quality cost-effective outcomes (Case Management Society of America, 2007). In Cobb County Department of Family and Children Services case managers focus on providing treatment services to parents and reuniting families as it relates to drug related issues. The case managers seek to obtain history on the drug use, refer the parent to drug treatment programs for drug assessments, inpatient, outpatient and residential treatment needs. These assessments will gather information on the time frames of the drug use, the impact methamphetamine has on employment, housing, family relationships, health and custody of children in a hope of treating the issues in a timely manner for the sake of the children and families.

The Impact of Methamphetamine in the United States

In Grant County, Minnesota, authorities permanently took a baby away from a mother who got so paranoid from taking methamphetamine that she stole a car and fled town, leaving the infant alone in the freezing apartment (Obesity, Fitness & Wellness Week, 2004). In another case, authorities tracking methamphetamine arrests in Minnesota in recent years say that children have been present in at least thirty percent of the cases, with the figure reaching as high as fifty percent in some years. Methamphetamine was a factor in thirty-one percent to eighty-one percent of child-protection cases reported in a recent survey of counties in Minnesota (Drugs Week, 2004).
In California, a study was completed in 1996 with a group of thirty-seven women who were methamphetamine (ice) abusers. The women in the study reported drug related symptoms such as weight loss (eighty-nine percent), depression (seventy percent), anxiety (fifty-four percent), paranoia (fifty-one percent) and relationship problems with their spouse or partner (sixty-five percent). During the past 5 years, seventy-one percent of the responding counties in California reported an increase in out of home placement because of methamphetamine and seventy percent of Colorado counties reported an increase (Hohman, et al., 2004). Throughout Oregon, seventy percent of the children removed from their homes for child abuse and neglect were removed due to parents drug use and methamphetamine is the dominant drug (Brooks, et al., 2006). In Colorado, forty-eight percent of the families in the counties are unable to reunited families and fifty-six percent state that methamphetamine families take much longer to reunify than in the past (Alcoholism and Drug Abuse Weekly, 2005).

More than sixty-nine percent of counties in Minnesota reported a growth in out of home placements because of methamphetamine during the last year, as did fifty-four percent of the responding counties in North Dakota. There has been a great increase in methamphetamine related arrests over the past five years primarily in Upper Midwestern, Southwestern and the Northwestern states increasing upwards of ninety-three percent. Lower Midwestern states increased methamphetamine use by ninety percent and the lowest reported increase was found in the Northeastern states at fifty-four percent. Kentucky is experiencing a rapid threat due to problems with methamphetamine, particularly in the rural areas.
The number of treatment admissions for methamphetamine abuse increased forty-two percent from 1998 to 2000 (National Drug Intelligence Center, 2002).

In the study state of Georgia, reportedly ninety-six percent increase in methamphetamine related arrests in the past five years (National Association of Counties, 2005). As many as 900,000, children are at risk of being removed from their families and becoming wards of the juvenile justice system due to their parents’ abuse of methamphetamine and other drugs (GADEC, 2007). According to the Georgia Division of Family and Children Services, sixty-five percent of child deprivation cases involve parents either manufacturing or abusing drugs. It is also estimated that ninety-nine percent of youth assessed by the Georgia Department of Juvenile Justice report having an alcoholic or drug addicted parent. Reportedly, methamphetamine use in Georgia has grown fastest in north and central Georgia and is a primary threat to Dalton and Macon.

Research shows that children of parents abusing drugs are highly likely to be exposed to physical, sexual, emotional abuse than children in non-substance abusing households. They may also encounter toxic chemicals, unsanitary and unsafe living conditions, medical neglect and lack of basic care taking a toll on living and public finances.

Methamphetamine treatment resources

Initially, good assessment, early intervention, and comprehensive treatment are important to determining when and if a child can safely stay at home or be reunited with family.
Methamphetamine does have legitimate medical uses. It is sometimes prescribed for the treatment of narcolepsy, attention deficit disorders, and obesity (NIDA, 2002).

Subsequently, in Georgia, there are resources available in the amount of five hundred thousand dollars per year for each of the three years to expand treatment services for three hundred and two adults, ages twenty-five to sixty with methamphetamine abuse and associated problems. The project intends to use intensive outpatient therapy that integrates treatment elements from a number of strategies, including relapse prevention, motivational interviewing, education, family therapy and a twelve-step program. Medical methamphetamine is sold in the United States under the trade name Desoxyn (SAMSHA, 2005). It is essential that agencies work together to prevent and effectively treat substance abuse in families involved in the child welfare system.

Nationally, methamphetamine was the drug of choice for seven percent of people who sought treatment in 2003. Alcohol abuse accounted for almost forty-two percent of treatment admissions, opiates for almost eighteen percent, marijuana for almost sixteen percent and cocaine for almost fourteen percent (Shrik, 2005). Subsequently, congress is being asked to provide additional funding for Section 756 of the USA Patriot Act to help extend methamphetamine treatment to pregnant and parenting women offenders who are involved with the criminal justice system, including family-based treatment programs where women and their children can receive the services they need at the same time. Nationally treatment rates for methamphetamine have been increasing, with treatment admission rates rising by more than 42,000 between 2000 and 2003 (CWLA, 2007).
Rates of methamphetamine abuse have continued to grow rapidly, as the number of past month methamphetamine users who met criteria for illicit drug dependency or abuse in the past twelve months increased from 64,000 in 2002 to 346,000 in 2004.

Alarmingly, the percentage of female admissions for methamphetamine abuse is higher than the percentage of female admissions associated with any other drugs except tranquilizers, sedatives and opiates. Woman represented forty-five percent of the total number of individuals admitted to treatment in 2003 for methamphetamine addiction (CWLA, 2007). In conclusion, methamphetamine has the most negative effect on the child welfare system of any other drug.

The Afrocentric Perspective

The Afrocentric Perspective puts a lot of attention on how the African culture affects the thinking process, behavior of individuals, and values, in a search for freedom and equality. The Afrocentric Perspective points out the survival patterns of African Americans and Africans in the Diaspora in order to increase perception of the human condition. In teaching and learning, significance is given to the ability to understand the importance of the role of culture in determining how African Americans view their ability to address power, position, and resources in relation to the larger societal system. This perspective is pivotal in this time of crisis in the child welfare system. As a result of this devastating drug, parents and the child welfare workers will be forced to seek caregivers outside of the availability of the welfare system.
The affects of this drug is over crowding foster homes and overwhelming foster parents. It is devastating the families and forcing grandparents, aunts, uncles and godparents to step in at a critical time in the lives of children. This drug is so debilitating to the parents that these caregivers will possibly have to provide long-term care for the children.

This assistance from nontraditional family members is the primary focus of the Afrocentric Perspective in seeing the community as a family unit, in order to provide an equitable standard of living for the children in the system. The community must step forward to impact the life of one in hopes of impacting a nation.

Theoretical Framework

The Systems Theory is an “interdisciplinary field of science and the study of the nature of complex systems in nature, society, and science. This could be a single organism, any organization or society that produces results” (Wikipedia, p.1, 2007). This theory is related to the child welfare system because it opens itself to the interactions and actions of individuals and is an organization.

The impact that methamphetamine is having on the child welfare system (the organization) is forcing the system to adjust to the needs of children and families in order to continue and evolve and not collapse. The child welfare system is forced to create smaller systems (drug units, treatment centers, etc.) within the welfare system to keep up with the demand.
This theory is ideal in addressing the methamphetamine using parents focus on the drug and not the child. As a result, the amount of abused and neglected children is creating a massive problem for the child welfare system.
CHAPTER III

METHODODOLOGY

This chapter reviews the methods and procedures used in conducting this study. The following areas will be described: research design, description of the site, sample and population, instrumentation (measure), treatment of the data (statistical analysis), and limitations of the study.

Research Design

The research design in this study is descriptive. This study was designed to obtain data in order to describe case managers’ perceptions of parental methamphetamine use and the impact on the child welfare system.

Description of the Site

This study took place at Cobb County Department of Family and Children Services at 325 S. Fairground Street, Marietta, Georgia, 30060 on the third floor. Majority of the participants completed their surveys in their offices. A major reason for selecting this site is due to the availability of case managers who work with parents using methamphetamine.
Sample and population

The sample in this study consisted of thirty (30) case managers who are employed at Cobb County Department of Family and Children Services (DFCS). These case managers were part of the child protective service, foster care or adoption unit. The populations consisted of male and female case managers in the various areas of the Department of Family and Children Services.

Instrumentation

The instrument used to collect data in this study was a survey. The survey included thirteen questions covering two major sections that include participants, demographics and case managers' views on methamphetamine effects on the system. The questionnaire measured level responses of strongly disagree, disagree, agree and strongly agree completed by the case managers. This survey covered areas such as methamphetamine impact on the child welfare system, the amount of children entering the child welfare system due to methamphetamine use, and the user's inability to maintain employment. The independent variable in the study addresses case managers' views on the child welfare system. The dependent variable is the parent's use of methamphetamine.

The study was approved by the Clark Atlanta University Institutional Review Board. Case managers were asked to participate in the study. Once the case managers agreed to participate in the study, the researcher informed them of the purpose of the study.
The case managers were given an informed consent form to sign (see appendix). The survey took thirty minutes or less to complete, however, the participants were allowed extra time as needed. After the case managers complete the survey, they returned the survey to the researcher. The researcher kept the survey in a sealed envelope to ensure confidentiality and locked in a cabinet.

Treatment of Data

The data gathered was analyzed by using Statistical Package for the Social Sciences (SPSS). A Likert scale was used to score the results of 1 = strongly disagree, 2 = disagree, 3 = agree and 4 = strongly agree. The survey was divided into two sections; demographics and case managers' views on methamphetamine. The survey addressed areas that would enlist the case managers professional opinion on the impact methamphetamine use by parents is having on the child welfare system. Questions addressed such topics as methamphetamine use causing more children to enter the child welfare system, methamphetamine use causing parents to be unable to maintain employment, and methamphetamine use is causing parents to neglect their children.

Limitations of the Study

The first limitation was the sample size due to the limited number of case managers participating in the study. The study was not random and can not be generalizable. The researcher relied on available participants for convenience sampling data collection.
The instrument was tested for readability and not validity. The construct validity threat in this study is that the survey was not used before. The survey used was constructed by the researcher.
CHAPTER IV

Presentation of Findings

The purpose of this chapter is to present the findings of how methamphetamine use by parents is impacting the child welfare system. The study was submitted to case managers at Cobb County Department of Family and Children Services (DFCS). The questionnaire was provided to workers in the Cobb County Department of Family and Children Services office with the intent of improving the awareness of methamphetamine’s impact on the system, according to case managers and to ascertain their views on this topic. This chapter displays the findings of parental methamphetamine use on the child welfare system. The findings are categorized into two sections: demographic data and case manager’s views on methamphetamine.

The study was designed to gain worker perception on how the parental use of methamphetamine is impacting the child welfare system in Cobb County. The researcher found that most of the case managers believed parental methamphetamine use was impacting the child welfare system. Among the thirty participants of the study from Cobb County Department of Family and Children Services a crosstabulation of the two questions was tabulated.
Table 1
Demographic Profile of the Study Participants

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</tr>
<tr>
<td>31-36</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>37-41</td>
<td>7</td>
<td>23.3</td>
</tr>
<tr>
<td>42-46</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>47-51</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>52 and up</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>21</td>
<td>70.0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Clients using Methamphetamine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>Yes</td>
<td>24</td>
<td>80.0</td>
</tr>
</tbody>
</table>
Table 2

More children are entering the child welfare system due to methamphetamine

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>4</td>
<td>13.3%</td>
</tr>
<tr>
<td>Agree</td>
<td>26</td>
<td>86.7%</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 2 is a frequency distribution of the thirty study participants indicating whether they disagreed or agreed that more children are entering the child welfare system due to methamphetamine. As shown in Table 2, 86.7% of the participants agreed that more children are entering the system due to methamphetamine. Only, 13.3% of the thirty participants disagreed to methamphetamine contributing to the increase in the child welfare system.

Table 3

Methamphetamine use hinders a parent from taking care of his/her child’s physical well-being

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>3</td>
<td>10.0%</td>
</tr>
<tr>
<td>Agree</td>
<td>27</td>
<td>90.0%</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 3 is a frequency distribution of the thirty study participants indicating whether they disagreed or agreed that methamphetamine use hinders a parent from taking care of his/her child’s physical well-being. As shown in Table 3, 90% of the participants agreed that use of methamphetamine hinders parents from taking care of their child’s physical well-being. Only, 10.0% of the thirty participants disagreed to methamphetamine use hindering parents from taking care of his/her child’s physical well-being.
Table 4

Children remain in the child welfare system longer due to parent’s use of methamphetamine

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>Agree</td>
<td>22</td>
<td>73.3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4 is a frequency distribution of the thirty study participants indicating whether they disagreed or agreed that children remain in the child welfare system longer due to parent’s use of methamphetamine. As shown in Table 4, 73.3% of the participants agreed that children remain in the child welfare system longer due to parent’s use of methamphetamine. Only, 26.7% of the thirty participants disagreed.

Table 5

Methamphetamine has caused an increase of children in the child welfare system

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Agree</td>
<td>26</td>
<td>86.7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 5 is a Frequency distribution of the thirty study participants indicating whether they disagreed or agreed that methamphetamine has caused an increase of children in the child welfare system. As shown in Table 5, 86.7% of the participants agreed that methamphetamine has caused an increase in the child welfare system. Only, 13.3% of the thirty participants disagreed to methamphetamine causing an increase of children in the child welfare system.
Table 6
Methamphetamine use by parents has caused a child to live in hazardous conditions

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Agree</td>
<td>27</td>
<td>90.0</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 6 is a frequency distribution of the thirty study participants indicating whether they disagreed or agreed that methamphetamine use by parents has caused a child to live in hazardous conditions. As shown in Table 6, 90.0% of the participants agreed that meth use by parents has caused a child to live in hazardous conditions. Only, 10.0% of the thirty participants disagreed to methamphetamine use by parents has caused a child to live in hazardous conditions.
Table 7
Methamphetamine use has led to parent’s inability to maintain employment

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Agree</td>
<td>26</td>
<td>86.7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 7 is a frequency distribution of the thirty study participants indicating whether they disagreed or agreed that methamphetamine use has led to parent’s inability to maintain employment. As shown in Table 7, 86.7% of the participants agreed that methamphetamine use has led to parent’s inability to maintain employment. Only, 13.3% of the thirty participants disagreed to methamphetamine use leading to parent’s inability to maintain employment.

Table 8
Crosstabulation of more children are entering the child welfare system due to methamphetamine by methamphetamine use of parents has caused a child to live in hazardous conditions (N=30)

<table>
<thead>
<tr>
<th>Methamphetamine use by</th>
<th>More children are entering the child welfare system due to methamphetamine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Disagree</td>
</tr>
<tr>
<td>Disagree</td>
<td>6.7</td>
</tr>
<tr>
<td>Agree</td>
<td>3.3</td>
</tr>
<tr>
<td>Total</td>
<td>10.0</td>
</tr>
</tbody>
</table>

Chi square = .004
Table 8 indicates that of the thirty study participants, eighty-three percent agreed that there was a relationship between more children entering the child welfare system due to methamphetamine and methamphetamine use of parents causing their children to live in hazardous conditions. As shown in Table 8, chi square test indicates that there was a statistically significant relationship (.004) between children entering the child welfare system and parents use of methamphetamine causing the child to live in hazardous conditions.

Research Question and Hypothesis

Research Question: How do case managers view the effects of parental methamphetamine use on the child welfare system?

Hypothesis: Methamphetamine use is impairing parents’ ability to care for their children as a result more children are entering the child welfare system contributing to system overload.

Null Hypothesis: Methamphetamine use has no effect on parents ability to care for their children as a result there are no more children entering the child welfare system contributing to system overload.
CHAPTER V
Discussion of Findings

Summary of the Study

The study was designed to present the findings of how methamphetamine use by parents is impacting the child welfare system in Cobb County, Georgia. The study also analyzed the research question of how case managers view the effects of parental methamphetamine use on the child welfare system. The analysis indicated that case managers in the child welfare system believed that parental methamphetamine use is impacting the child welfare system by 86.7%. As indicated by the increase of children in the system in various cities throughout the United States.

The literature addresses the impact that methamphetamine plays on children living in hazardous conditions in several different cities in the United States. The study found that 90% of the case managers believed that children are living in hazardous conditions as a result of parental methamphetamine use. In order to determine if there was a relationship between more children entering the child welfare system due to methamphetamine and parental methamphetamine use causing children to live in hazardous conditions among thirty case managers of the study from Cobb County a crosstabulation of the two variables was tabulated. The analysis indicated 86.7% agreed that there was a relationship between the two variables.
Also, when test statistic (chi square) was applied results indicated that there was a
statistically significant relationship (.004) between the two variables. There was a
significant impact on the child welfare system due to parental methamphetamine use in
the area of abuse, neglect, and hazardous environment. The overall analysis of this study
points out that the majority of the thirty participants believe that methamphetamine is
impacting the child welfare system greatly.

Implications for Social Work Practice

The results of this study provide additional information on how methamphetamine
is impacting the child welfare system in the United States, in Georgia and more
specifically in Cobb County social workers who use this information may gain a better
understanding of methamphetamine and how to provide services to the parents and
children impacted by this devastating drug. This study makes social workers more
knowledgeable about the signs and symptoms of parental methamphetamine use. The
study showed that if this issue of parental methamphetamine use is not addressed, the
system will be overloaded due to over worked case managers.

The perception of social workers about methamphetamine and methamphetamine
using parents will likely influence the way service is delivered. There will be a need to be
aggressive in providing services to the parents, maintaining contact with the parents
throughout their recovery and decreasing the load on the welfare system.
Social workers should seek to be advocates in the lives of parents and provide preventive methods of methamphetamine use and give the parents hope. Advocacy impacts everyone, the client, worker, agency, county, state, and the nation.
APPENDICES
APPENDIX A: SITE CONSENT

Site Consent Form

I/We, ____________________________________________________________,

give permission for the Whitney M. Young, Jr. School of Social Work, Clark Atlanta

University student to conduct a survey with the Department of Family and Children

Services case managers, regarding “CASE MANAGERS’ PERCEPTIONS OF

PARENTAL METHAMPHETAMINE USE ON THE CHILD WELFARE SYSTEM” at

the Cobb County location.

Signature/title: _______________________________________________________

Date: ________________________________________________________________
APPENDIX B: INFORMED CONSENT

Informed Consent Form

I am an MSW student in the Whitney M. Young School of Social Work at Clark Atlanta University and I am conducting a study entitled “CASE MANAGERS’ PERCEPTIONS OF PARENTAL METHAMPHETAMINE USE ON THE COBB COUNTY CHILD WELFARE SYSTEM”.

The purpose of this study is to exam the case managers’ views of the effects parental methamphetamine use is having on the child welfare system. I am seeking to find out from the case managers employed by Cobb County Department of Family and Children Services (DFCS) their views concerning the impact methamphetamine is having on the number of children and families involved with the child welfare system.

I invite you to participate in the study. I will provide you with an opportunity to ask any questions regarding the study prior to participation. I will also provide you with my contact information, if there are any additional questions regarding the study. I will use a survey to conduct this study. The survey will take an estimated time of 30 minutes or less to complete. The survey will include 7 demographic questions, and 6 questions related to case managers’ views on methamphetamine.

I will keep all the information collected in this study confidential. We will assign a participant ID number instead of using your name. I will keep all surveys and consent forms collected in this study in a sealed envelope in a locked cabinet.

I anticipate the risk in participation to be very minimal, if any. If a situation occurs, you have the right to discontinue the completion of this survey without any penalty. I hope that this survey will provide you with a better awareness of the impact that methamphetamine is having on the child welfare system based on professional perceptions. If there are any additional questions in regards to participation and this survey, I can be reached at aviusowens@yahoo.com or you can contact Avius Owens at 404-729-5549. Consent Statement: My signature below verifies that I agree to participate in this study. I have read this consent form in its entirety and I had an opportunity to ask questions. I have also received a copy of this consent for my personal records.

Signature of Participant/Date: __________________________
Signature of Researcher/Date: __________________________

(Please keep a copy of the consent form for your personal record and return a copy to the researcher.)
APPENDIX C: SURVEY QUESTIONNAIRE

Demographics and Case Manager Views on Methamphetamine

Mark an X by the answer that applies.

Demographics

1. In which section of DFCS do you work?
   1. ____Adoptions
   2. ____Foster Care
   3. ____Child Protective Services

2. What is your agency job title?
   1. ____Social Service Case Manager
   2. ____Social Service Case Manager Advanced
   3. ____Social Service Case Manager Specialist

3. What is your highest level of education?
   1. ____Associates
   2. ____Bachelors
   3. ____Masters
   4. ____Doctoral

4. What is your major?
   1. ____Sociology
   2. _____Psychology
3. Social Work
4. Other
5. What is your age group?
   1. under 24
   2. 25-30
   3. 31-36
   4. 37-41
   5. 42-46
   6. 47-51
   7. 52 and up
6. What is your ethnicity?
   1. African American
   2. Caucasian
   3. Hispanic
   4. Asian
   5. Other
7. Do you have any clients on your caseload using methamphetamine?
   1. Yes
   2. No
Case Manager Views on Methamphetamine

Circle the number of the answer that best reflects your own personal opinion of the listed statements.

1=Strongly Disagree  2=Disagree  3=Agree  4=Strongly Agree

8. More children are entering the child welfare system due to methamphetamine than any other drugs.

9. Methamphetamine use hinders a parent from taking care of his/her child’s physical well-being.

10. The use of methamphetamine by parents has caused a child to live in hazardous conditions.

11. Methamphetamine use has led to parent’s inability to maintain employment.

12. Children remain in the child welfare system longer (if no relatives are available) due to parent’s use of methamphetamine.

13. The use of methamphetamine has caused an increase of children in the child welfare system statewide.
APPENDIX D: SPSS PROGRAM

TITLE 'CASE MANAGERS VIEWS ON METHAMPHETAMINE'.
SUBTITLE 'Avius Owens'.

DATA LIST FIXED/
ID 1-3
SECTION 4
JOB 5
EDUC 6
MAJOR 7
AGEGRP 8
ETHNIC 9
CASE 10
MORECHIL 11
HINDER 12
REMAIN 13
CAUSED 14
HAZARD 15
LED 16.

VARIABLE LABELS
ID 'Case'
SECTION 'Q1 Which section of DFCS do you work in'
JOB 'Q2 What is your agency job title'
EDUC 'Q3 What is your highest level of education'
MAJOR 'Q4 What is your major'
AGEGRP 'Q5 What is your age group'
ETHNIC 'Q6 What is your ethnicity'
CASE 'Q7 Do you have any clients using methamphetamine'
MORECHIL 'Q8 More children are entering the child welfare system due to meth'
HINDER 'Q9 Meth use hinders a parent from taking care of his/her child’s physical well being'
REMAIN 'Q10 Children remain in child welfare longer due to parent’s use of meth'
CAUSED 'Q11 Meth has caused an increase of children in the welfare system'
HAZARD 'Q12 Meth use by parents has caused a child to live in hazardous conditions'
LED 'Q13 meth use has led to parent’s inability to maintain employment'.

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VALUE LABELS

SECTION
- 1 'Adoptions'
- 2 'Foster Care'
- 3 'Child PSI/

JOB
- 1 'SSCM'
- 2 'SSCMA'
- 3 'SSCMS'

EDUC
- 1 'Associates'
- 2 'Bachelors'
- 3 'Masters'
- 4 'Doctoral'

MAJOR
- 1 'Sociology'
- 2 'Psychology'
- 3 'Social Work'
- 4 'Other'

AGEGRP
- 1 'under 24'
- 2 '25-30'
- 3 '31-36'
- 4 '37-41'
- 5 '42-46'
- 6 '47-51'
- 7 '52 and up'

ETHNIC
- 1 'African American'
- 2 'Caucasian'
- 3 'Hispanic'
- 4 'Asian'
- 5 'Other'

CASE
- 1 'No'
- 2 'Yes'

MORECHIL
- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'

HINDER
- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
4 'Strongly Agree' /
REMAIN  
1 'Strongly Disagree'  
2 'Disagree'  
3 'Agree'  
4 'Strongly Agree' /
CAUSED  
1 'Strongly Disagree'  
2 'Disagree'  
3 'Agree'  
4 'Strongly Agree' /
HAZARD  
1 'Strongly Disagree'  
2 'Disagree'  
3 'Agree'  
4 'Strongly Agree' /
LED  
1 'Strongly Disagree'  
2 'Disagree'  
3 'Agree'  
4 'Strongly Agree' /

RECODE MORECHIL HINDER (1 THRU 2.99=2) (3 THRU 4.99=3).  
RECODE REMAIN CAUSED HAZARD LED (1 THRU 2.99=2) (3 THRU 4.99=3).  

MISSING VALUES  
SECTION JOB EDUC MAJOR AGEGRP ETHNIC CASE MORECHIL HINDER  
REMAIN CAUSED HAZARD LED (0).
BEGIN DATA
0012223212444443
0022122222444443
0032124422444444
0042223312332342
0052333112333334
0062122124444444
0072333211431333
0082224412332443
0092333112331243
0103334622444444
011233252343444
0122121212444444
013212312343444
0142124312444444
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0223124711243344
0233124212111111
0243124411323333
0253144622344444
0263223122333323
027322124444443
028333512111111
02931231144444
03031211244444
END DATA.

FREQUENCIES
/VARIABLES SECTION JOB EDUC MAJOR AGEGRP ETHNIC CASE MORECHIL HINDER REMAIN CAUSED HAZARD LED
/STATISTICS =.
REFERENCES


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