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Case managers' perceptions of the association between methamphetamine and child neglect

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ABSTRACT

SCHOOL OF SOCIAL WORK

JONES, LASHONDA P. B.S.W. ALBANY STATE UNIVERSITY, 2003

CASE MANAGERS' PERCEPTIONS OF THE ASSOCIATION BETWEEN METHAMPHETAMINE AND CHILD NEGLECT

Advisor: Susan Kossak, Ph.D.

Thesis dated May 2008

This study describes case managers’ perceptions of the association between methamphetamine and child neglect. The analysis indicates that out of 30 women, 100.0% agreed that the use of methamphetamine is associated with child neglect. Children are being neglected due to methamphetamine causing impairment in the parents’ ability to appropriately care for their children. The study findings note a statistically significant relationship between the variables at the .05 level of probability.
CASE MANAGERS' PERCEPTIONS OF THE ASSOCIATION
BETWEEN METHAMPHETAMINE
AND CHILD NEGLECT

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
LASHONDA P. JONES

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CHAPTER I

INTRODUCTION

Children are persons who are not yet at the legal age of 18 years old to consent to or make decisions about life choices (Campbell & Weithorn, 1982). Children are considered a vulnerable or special population because of their physical and cognitive capacities. Children develop decision making skills and other related capabilities over a period of time. They depend on adults to care for them, protect them, and defend their rights. Children are being neglected due to physical abuse, sexual abuse, verbal abuse, abandonment, and/or drug use by their parent(s). This causes mild to severe changes in a child’s life both mentally and physically. The purpose of presenting this research is due to the influx of methamphetamine.

The methamphetamine epidemic has caused a devastating effect on children. The progressively widespread production, distribution, and use of methamphetamine is affecting urban, suburban and rural communities nationwide (National Association of Counties [NACO], 2005). Methamphetamine users compared to cocaine users, which has also had an impact on children, exhibit similar characteristics. Methamphetamine users begin using at a young age. They are also more likely to use multiple drugs. However, methamphetamine users are more likely to be female (Boles, Dennis, Otero, & Young, 2006). This indicates a greater risk for children of mothers who use methamphetamine.
Methamphetamine is an extremely addictive stimulant that has an effect on the central nervous system. Methamphetamine works on the brain and spinal cord by interfering with normal neurotransmitters. “Neurotransmitters are chemical substances naturally produced within nerve cells used to communicate with each other and send messages to influence and regulate thinking and all other systems throughout the body” (KCI-The Anti-Meth Site, 2007, p. 3). Dopamine, which is the main neurotransmitter affected by methamphetamine, is involved with the natural reward system.

Methamphetamine can be smoked, snorted, orally ingested, and injected. Once a user takes methamphetamine, it alters the mood in different ways depending on how it is taken. Instantly after smoking or injection, the user experiences an intense rush that lasts only a few minutes and is described as gratifying. Smoking or injecting generates the fastest reaction, within five to ten seconds. Snorting and ingesting produces euphoria, which is a high but not a powerful rush. Snorting produces effects within three to five minutes. Ingesting orally produces effects within 15 to 20 minutes. Methamphetamine is known as meth, speed, ice, crystal, crank, chalk, and glass (Ells, Sturgis, & Wright, 2002). The substance is a white odorless bitter-tasting crystalline powder.

Statement of the Problem

Child welfare workers are seeing a great number of children and families affected by the use of methamphetamine. There is an increasing number of children in the United States exposed to methamphetamine and methamphetamine labs (National Drug Intelligence Center [NDIC], 2002). These children are often abused or neglected by their
parents, guardians, or other individuals operating methamphetamine labs. The methamphetamine labs contain toxic chemicals and waste in addition to drug paraphernalia. Children in these homes often inhale dangerous chemicals, fumes, gases, or ingest toxic chemicals. It is noted in the Drug Week Article (2004) that children living in homes with methamphetamine labs may as well be taking the drug directly because of its dangerous chemicals. Exposure to these substances causes serious short and long term health problems including damage to the brain, liver, kidneys, lungs, eyes, and skin.

As of May 2002, the number of children present at seized methamphetamine lab sites increased from 950 in 1999 to 2,028 in 2001. “In 2001, approximately 35% of the 2,028 children found at methamphetamine lab sites tested positive for toxic levels of chemicals in their bodies (NDIC, 2002, p. 2).” The states reporting the highest number of children present at methamphetamine labs in 2001 were California, Washington, Oregon, and Missouri.

Chemicals used in methamphetamine labs are extremely hazardous. The risk of exposure may be much greater for children than adults. Children engage in behavior that can lead to increased occurrences of exposure such as placing their hands and objects in their mouth and playing on tabletops, floors, or counter tops. Common household products including utensils, dishes, appliances, and linens are used when making methamphetamine. These items may become contaminated and fall into the hands of children (NDIC, 2002).

Children at methamphetamine labs may absorb chemicals into their bodies by means of ingestion, inhalation, skin contact, or accidental injection. To add to health
problems discussed, ingesting toxic chemical or methamphetamine may result in potentially fatal poisoning, internal chemical burns, damage to organ function and development, and harm to neurological and immunologic developmental functioning (NDIC, 2002).

Methamphetamine abusers become so preoccupied with the drug that they abuse or neglect their children. Children whose parents or guardians abuse methamphetamine usually lack proper immunizations, medical care, dental care, and other necessities such as food, water, and shelter. The journal, Obesity, Fitness, and Wellness Week (2004), notes that children living in homes where methamphetamine is found are subjected to indescribable filth. This journal states that children are pulled from homes where vomit and human feces littered the carpet and the remains of animals are present due to methamphetamine abuse in the home. Children began to fend for themselves and older siblings become like parents.

Babies born to methamphetamine addicts have exhibited several problems. The child welfare system has also been overcrowded due to babies born to meth-addicted mothers ("Mothers Addicted to Meth," 2005). Some babies have low birth weight, small head circumferences, and cerebral infarctions. Exposure to methamphetamine in the uterus causes increased heart rate and blood pressure in both the fetus and the mother and may cause premature separation of the placenta from the uterine wall (Hohman, Oliver, & Wright, 2004). This results in a sudden abortion or premature delivery. Other babies born addicted to methamphetamine and often go through withdrawals. Once the babies
become older, they often have difficulty expressing themselves; however, babies could
develop normally with extra services.

Purpose of the study

The purpose of this study is to address case managers’ perceptions of the
association between methamphetamine use and child neglect. A great deal of information
is in the literature about methamphetamine and its effects. However, there has not been a
focus on the perception of case managers in government agencies working with victims
of methamphetamine use.

Research Question

The primary research question of the study is as follows:

1. Do Case managers perceive an association between methamphetamine use
   and child neglect?

Hypothesis

Case managers’ perceive an affect on the physical well-being, medical well-being,
and proper supervision of children whose parent(s) are using methamphetamine.

Null Hypothesis

Case managers’ do not perceive an affect on the physical well-being, medical
well-being, and proper supervision of children whose parents(s) are using
methamphetamine.
Significance of Study

This study is designed to gather information on the perceptions case managers' have on methamphetamine and the association with child neglect. It is important to understand case managers’ perceptions since they work with this population. Importantly, this study will inform readers that methamphetamine is a dangerous drug that has seriously affected our nation.
CHAPTER II
REVIEW OF LITERATURE

The purpose of the literature review is to provide insight as to the prevalence of methamphetamine and its impact on children. Child welfare caseloads of children removed from the home is rising due to methamphetamine. Boles et al. (2006) found that in 2004, 1.4 million persons had used methamphetamine in the past year. In the Southwest of the country, 76% of the counties rate methamphetamine as the number one drug problem and 75% in the Northwest say the same. In the Upper Midwest, 67% of the counties rate methamphetamine as their number one drug problem (NACO, 2005).

NACO (2005) found that out of 500 counties in the country, 58% said that methamphetamine is the largest drug problem, followed by cocaine at 19%, marijuana at 17% and heroin at 3%.

Historical Perspective

Methamphetamine was developed early last century from its “parent drug” amphetamine and was originally used in nasal decongestants and bronchial inhalers. The National Institute on Drug Abuse mentions that most of the methamphetamines used in the United States come from foreign or domestic superlabs (National Institute on Drug [NIDA], 2007). It is also noted that methamphetamines are made easily in small
clandestine laboratories with inexpensive over-the-counter ingredients. Clandestine laboratories are labs found in a residents, hotels, and/or storage facilities (NIDA, 2007).

There are several signs of a methamphetamine lab. Unusual strong odors coming from sheds, fields, outbuildings, homes, apartments, and vehicles is an indicator of a possible methamphetamine lab. Possession of unusual materials such as a large quantity of over-the-counter allergy/cold medication, discarded items such as ephedrine bottles, coffee filters, antifreeze containers, propane tanks, heavy traffic during late hours, and residence with fans in windows in the winter time are all indicators of possible methamphetamine labs (National Institute on Drug [NIDA], 2000).

Methamphetamine is a Schedule II drug, which is a drug with little medical use and a high potential for abuse. There are short term effects of methamphetamine to the central nervous system. Small amounts of methamphetamine can produce euphoria, increased alertness, paranoia, decreased and increased physical activity. Other symptoms of effects to the central nervous system include irritability, extreme nervousness, confusion, tremors, insomnia, anxiety, aggression, hyperthermia, and convulsions. Cardiovascular side effects include chest pain and hypertension which can result in collapse or death. Methamphetamine also causes increased heartbeat, elevated blood pressure, and damaged blood vessels in the brain (NIDA, 2007).

The destruction of a methamphetamine user's physical appearance can happen within three to six months. Other physical effects include pupil dilation, respiratory disorders, teeth grinding, dizziness, impaired speech, dry or itchy skin, loss of appetite, sores sweating, and numbness. Psychotic behavior such as intense paranoia, visual and
auditory hallucinations, and out of control rages can also develop when using methamphetamines. Long term use of methamphetamines may result in fatal kidney and lung disorders, liver damage, brain damage, chronic depression, blood clots, hallucinations, aggressive behavior, malnutrition, disturbed personality development, and a mental disorder that may be paranoid psychosis or mimic schizophrenia (KCI-The Anti Meth Site, 2007). “After methamphetamine use is stopped, several withdrawal symptoms can occur, including depression, fatigue, paranoia, aggression, and an intense craving for the drug” (Methamphetamine FAQ’s, 2007, p. 2).

Impact of Methamphetamine on Children from State to State

Child Welfare agencies face a variety of problems as they respond to the increase in methamphetamine use. Substance Abuse has been one of the primary reasons for child welfare involvement; however, methamphetamine independence now joins alcohol abuse and a long list of other drugs as the latest threat to the safety of children (Generations United, 2006).

According to the Policy and Practice Journal, the number of children in foster care in Boise, Idaho has increased 40 percent over the last four years due to the growing use of methamphetamine (American Public Welfare Association [APWA], 2006). It is noted that methamphetamine has always been a problem more with parents than young, single people. Majority of the parents arrested in Boise, Idaho have children that essentially enter foster care due to methamphetamine.
According to the Anniston Star Newspaper (2004), Calhoun County Department of Human Resources in Calhoun County, Alabama stated that between 75% and 90% of children placed in foster care each month have come from homes where methamphetamine is a part of life. It is noted that these children have more physical and psychological problems than other foster children. Furthermore, it was mentioned by a caseworker that children who are victims of methamphetamine addicts also tend to stay in the system longer because their parents have almost no chance of breaking the addiction (Jordan, 2004).

The article expounds on the fact that methamphetamine has become an epidemic that threatens to overwhelm the system and cause permanent damage to an untold number of children, as reported by the caseworker. According to the author, John James, a Child Welfare Administrator at the Department of Human Resources, stated that “with about 300 children in foster care-more than 10 per 1,000 residents-Calhoun County ranks first in the state in foster children per capita” (Jordan, 2004, p. 2). The caseload in Calhoun County has doubled due to methamphetamine related cases from an average of between 8 to 12 children a month to more than 20.

Mesa County, Colorado Department of Human Services reports methamphetamine has impacted the child welfare system. Methamphetamine has been a contributing factor in removal of children from homes. During the first 11 months of 2004, there were 644 open cases in foster care with 483 involved with methamphetamine. In July 2005, 212 children were in foster care as a result of their parents’ involvement with methamphetamine. Of the 212 children, 27 children were taken into foster care
in just one month due to methamphetamine (Mesa County Department of Human Services, 2007). Two babies died in Colorado when their mothers mistakenly fed them from bottles in which they refrigerated liquid meth next to other baby bottles.

In 1995 in Riverside, California, three children were killed after a home laboratory exploded. Before that year, little thought was given to prosecuting the parent for child endangerment if children were removed during a laboratory seize. The mother of the three children was convicted of second-degree murder. In California, exposing children to methamphetamine production was ruled “an inherently dangerous felony” (Hohman et. al. 2004, p. 373). “Subsequent California legislation has provided for prison enhancement for those caught manufacturing methamphetamine in the presence of children younger than 16, with a five-year enhancement for those who injure children because of manufacturing” (p. 373).

In recent years in Minnesota, children have been present in at least 30% of cases and reaching as high as 50%. A baby in Grant County Minnesota was removed from a mother who was so paranoid from taking methamphetamine that she stole a car and fled town, leaving the baby alone in the apartment. Children removed from these homes in Minnesota have been physically harmed due to this harmful drug. The chemicals used to make methamphetamine have burned children’s hands and faces. They were also at risk for organ and brain damage, respiratory ailments, and other problems. Cases of acute hepatitis and acute kidney damage have been seen in children coming out of the methamphetamine lab homes (Children of Methamphetamine, 2004).
North Carolina user profile consists of “young, white, small-town residents with limited education and a blue collar career” (Cooke, Kirk, & McMahon, 2005). In North Carolina, the majority of the users are male. However, many women find the drug striking. Forty-seven percent of the women using methamphetamine are in treatment admission programs for the drug. This percentage is much higher than any other drug. The child welfare policy in North Carolina stated that allegations of children exposed to methamphetamine labs must be investigated by the Department of Social Service in addition to law enforcement. In North Carolina, labs have been found in homes, apartments, hotel rooms, vehicles, and in close proximity of schools. These labs are mobile using duffle bags and the trunk of cars.

Methamphetamine labs seized in North Carolina has increased in the last four years. Thirty-four methamphetamine labs were found in 2001. In 2003, there was an increase to 177 labs found. Cooke et al. (2005) found that in 2004, the number almost doubled, seizing 322 labs. Rural communities have been noted to be particularly at risk. The researcher found that teens age 12 to 14 living in small towns are 104% more likely to use methamphetamine than those who live in a larger city. A number of methamphetamine labs have been found in small towns in western and eastern North Carolina, with few being found in larger cities such as Charlotte and Raleigh North Carolina.

North Carolina’s Department of Social Service’s policy covers the many details agencies must take into consideration when removing children from homes where
methamphetamine is present; they include, intake screening of methamphetamine labs reports, procedures for conducting assessments at lab sites, follow-up intervention, and worker safety. North Carolina received $312,000 grant through the federal Drug Endangered Child program to fund meth-response efforts (Cooke et al., April 2005).

In October 2003, Attorney General Ray Cooper developed a strategy to fight methamphetamine. Several new laws were passed as a result of the development. Penalties for making methamphetamine increased, in addition to penalties for making methamphetamine in the presence of children. If someone died as a result of methamphetamine consumption, there could be a charge for murder. Additional funding was provided for Child Protective Services workers for development and training.

In 2005, North Carolina passed a law stating that property owners may not occupy a residence formerly used as a methamphetamine lab until it has been decontaminated. "North Carolina Department of Social Service policy states that prior to any child’s return to the home where the meth lab was located, the home must have been decontaminated in accordance with the rules in N.C.G.S. 130A-284 effective January 1, 2005" (Cooke et al., 2005). These rules are set to protect children and other homebuyers from any harm or danger caused by methamphetamine. Every health department in North Carolina is required to maintain a list of local properties contaminated by methamphetamine.

In Pennsylvania, methamphetamine abuse is beginning to spread rapidly across the state which could increase abuse and neglect of children and the need for foster care homes (Clash, Kass, Kirsch, & Schaefer, 2006). In 2005, the Drug Law Enforcement
Division was on track to reach 160 operations that year for raiding labs or dealing with the chemicals or wastes produced by a lab. Law enforcement officials who deal with raiding methamphetamine labs and apprehending methamphetamine users witness first hand the neglect of children in these labs. In July 2005, law enforcement raided a methamphetamine lab and apprehended two children. During the search of the home, officers discovered a small table in the bathroom with a powdery substance, which turned out to be methamphetamine. This substance was in reach of the children (Clash et al. 2006).

Methamphetamine has impacted all regions of Georgia with the fastest growing in North and Central Georgia. In 2004, 485 methamphetamine labs were seized in Georgia. In that same year, 69 children were found at methamphetamine labs. In 2005, 328 methamphetamine labs were found in Georgia which was a decrease from the previous year. The counties with the largest number of children found at methamphetamine labs were Lanier, Barrow, Haralson, Catoosa, and Dade. Reports from the Georgia Bureau of Investigations (GBI) reports that that majority of methamphetamine available is imported from Mexico (Applied Research Services Inc., 2006). Atlanta, Georgia. is reported to be a major distribution for Mexican ice for the entire eastern seaboard. The GBI estimates that 95% of the methamphetamine in Georgia is from Mexico.

The number of methamphetamine arrests have increased 132% since 2002. Prison data reveals that two-thirds of methamphetamine users in prison have children. It is estimated that 30-35% of methamphetamine labs seized in Georgia are in homes where...
children are present. The hazards to these children include exposure to toxic chemicals and toxic fumes, contact with chemical wastes, and the potential for fire and/or explosions. In addition, methamphetamine has negatively impacted a person’s ability to parent. The consequences for these children include abuse, anger issues, neglect, depression, poverty, and attachment disorder (Applied Research Services Inc., 2006).

In 2003, Georgia’s general assembly increased criminal penalties for manufacture, sale, or possession of marijuana. The Georgia’s law made it a felony to possess anhydrous ammonia for the purpose of manufacturing drugs. It is also a felony to possess more than 300 tablets of cold medicine. In 2004, the Georgia general assembly passed a child endangerment bill which makes criminal negligence a felony punishable for up to ten years in prison and adds additional penalties for making methamphetamine in the presence of children. GBI officials are training the Department of Family and Children Services Agencies child protection caseworkers to recognize signs that drugs are being made in home with children (Applied Research Services Inc., 2006).

The number of children present at methamphetamine labs is expected to continue to increase at an even higher rate. As the number of children present at methamphetamine labs increase, more will suffer the physical and psychological effects associated with exposure. The number of related abuse and neglect case will also increase (National Drug Intelligence Center [NDIC], 2002).

Case Manager/Child Welfare Response to Intervention

Drug Court is a combination of an intensive drug rehabilitation services for addicts with legal requirements to complete treatment. Drug court has been a major tool
for fighting methamphetamine addiction and trafficking. It offers longer treatment periods, intensive community supervision and monitoring, ongoing accountability with increased court hearings, implementation of evidence-based treatment, and an emphasis on addressing co-occurring mental health disorders (Bureau of Justice Assistance [BJA], 2005). Drug court also helps children who are exposed to methamphetamine use by providing health care, educational, and child protective services.

Many drug courts have been effective in stopping the spread of addiction in many methamphetamine affected areas. Federally funded drug courts in Oregon, Hawaii, California, Nevada, Kentucky, and Oklahoma have been using the drug court model. Georgia is also using the drug court model. The states listed, along with other states that are implementing drug court, provide the added accountability and service coordination that methamphetamine addicts need to recover (BJA, 2005).

The role of the court is to bring ongoing accountability to the methamphetamine user. Participants must frequently appear in court before trained judges. For the first 90 days of the program, participants usually attend drug court weekly. As stated in the Bureau of Justice Assistance Bulletin “during hearings, the judge explores the participants compliance with treatment, random drug screenings, and other requirements” (BJA, 2005, p. 3). In the event of noncompliance, judges have the ability to expedite the bench warrant process, therefore, when participants fail to appear in court, law enforcement officers quickly bring the offender before the judge for continued treatment and ongoing community supervision. Participants of drug court are monitored by law enforcement and probation officers through community supervision.
Treatment plans are provided to methamphetamine addicts that are more intensive. These plans are based on a sound assessment, individualized to meet the clients specific needs, and designed to be easily understood by the client. Treatment services are structured and supportive.

To name a few, Butte County, California, Orange County, California, Salt Lake County Utah, and Thurston County Washington have displayed exemplary drug court practices. For nearly 30 years, methamphetamine has been the drug of choice in Butte County. Butte County Drug Court began operation in June 1995. Approximately 500 participants have graduated for the Butte County Drug Court over the past nine years. The Orange County Drug Court Program began March 1995. More than 1,000 participants have successfully graduated in the past nine years of operation. The drug courts retention rate is at 72%. Eighty-Percent of graduates have no rearrest for a drug related crime and 74% have no rearrests at all. Thurston County Drug Court was implemented in March 2000. In 2004, 168 cases were filed by the Department of Family and Children Services. Seventy-Percent of those cases were methamphetamine cases. In 2000 to October 2003, drug court served 54 adults and 82 children. Of the children, 75% have been placed with the birth family or pending return from foster care to the birth family. Drug courts are noted for building safer communities, reducing recidivism, reuniting families, and promoting abstinence (BJA, 2005).

Behavioral therapies such as cognitive behavioral and contingency management interventions are also effective treatments. An example of behavioral therapies is the
Matrix Model which is a comprehensive behavioral treatment approach that combines behavioral therapy, family education, individual counseling, 12-step support, drug testing, and encouragement for nondrug-related activities has been shown to be effective in reducing the use of methamphetamine (NIDA, 2007).

There are not any specific medications that prolong abstinence from and reduce the abuse of methamphetamine by an individual addicted to the drug. However there are a number of medications for illnesses that might be useful in treating methamphetamine addiction. Recent research shows that bupropion, the anti-depressant advertised as Wellbutrin, reduced the methamphetamine-induced high.

Role of Case Managers

Case managers provide services to help families learn healthier ways of parenting their child(ren). Case managers engage the family in addressing the issues that led to the neglect or abuse of the child, and provide them with support and services to address the needs of the family. The responsibility of the Case manager is to ensure that the child has a permanent stable family situation. Attaining permanency involves many things such as, visits to foster homes, supervising visits between children and their parents, testifying in Court regarding the status of the agency and/or parent’s progress towards the court approved placement. The goal of Case managers is to strengthen the family so that the needs of the child can be met.
Afrocentric Perspective

The Afrocentric Perspective focuses on ways in which African culture and heritage affect the worldview and behavior and values of people. This perspective takes into account the African origins of African Americans in America and America’s response to their quest for freedom, equality and justice. The Afrocentric Perspective emphasizes that differences in culture, worldview, and historical experiences exist between African Americans and European Americans. Similarly, there are differences between other people of color and Europeans.

The Afrocentric Perspective is essential as it relates to methamphetamine crisis. This study shows case managers’ from different ethnicity giving their perspectives on the association of methamphetamine and child neglect. Due to the increase in the number of parents using methamphetamine, more children are being neglected. Case managers are then forced to place the child in foster care placement if relative placement is not possible. This drug has severely devastated families, especially children. Children then take on the responsibility of caring for themselves to survive. The focus of the Afrocentric Perspective is seeing the community work together as a family unit to help protect the lives of children in danger.

Theoretical Approach

Social Learning Theory states that people learn from one another, via observation, modeling, and imitation. Social learning theory explains human behavior in terms of continuous mutual interaction between cognitive, behavioral, and environmental
influences. Social learning theory has sometimes been linked between behaviorist and
cognitive learning theories because it includes attention, memory, and motivation.

The theoretical foundation for this study is the Social Learning Theory.
Social learning theory focuses on the learning that occurs within a social environment. It
considers that people learn from one another. Children learn by observing the behavior or
actions of their parents. Parents using methamphetamine in the presence of their
child(ren) can negatively impact a child’s behavior and physically damage body
externally and internally. Children can learn behaviors that could directly harm them.
Children react to things that they are taught in the home and in their environment. As a
result, in most cases, children become a product
CHAPTER III
METHODOLOGY

This section will present the methods and procedures that were used. The following are described: research design, description of the site, sample and population, treatment of data, and limitations of the study.

Research Design

The descriptive research design was used in this study. The study was designed to obtain information in order to describe case managers’ perceptions of the association between methamphetamine use and child neglect.

Description of the Site

The study took place at the Cobb County Department of Family and Children Services at 325 Fairground Street Marietta, Ga. 30060. The participants were recruited between the hours of 1:00 p.m.-3:00 p.m. This site was selected because it is a social services agency that deals with children who have been neglect by their parents due to physical abuse, sexual abuse, emotional abuse, and substance abuse.

Sample and Population

The participant sample was selected via convenience sampling. This sampling method allowed cases to be selected based on accessibility. The sample in this study...
included 30 case managers ages 21-55. The sample included both males and females who are in the foster care, adoptions, and child protective service units at Cobb County Department of Family and Children Services. This sample was selected because the case managers have first hand information about the reason children are neglected (i.e. methamphetamine use by the parent).

Instrumentation

The instrument used to collect the data in this study was a survey. The survey consisted of 13 closed ended questions divided into two major sections that include demographics and case managers’ perceptions of the association between methamphetamine use and child neglect. There were seven questions pertaining to the participant’s demographics and six questions pertaining to case managers’ perceptions. The Likert Scale was used, which produced ordinal level responses. The Likert Scale allows participants to indicate their level of agreement with each item to indicate the intensity of their feelings.

Treatment of Data

The study was approved by the Clark Atlanta University IRB. Case managers were recruited by the researcher by approaching and asking them to participate in the study. Once the case managers agreed to participate, the researcher informed the case managers of the purpose of the study. The participants were then given an informed consent to sign (see appendix). The survey took 10-15 minutes to complete; however participants were granted more time if needed. Once a case manager completed a survey, he/she returned them to the researcher. The researcher kept the survey in a sealed
envelope to ensure confidentiality. The data were collected and analyzed using the Statistical Package for the Social Science (SPSS).

Limitations of the Study

External Validity is the extent to which results of a study are generalizable. The external validity of this study is weak. In this study the case managers were chosen from Cobb County Department of Family and Children Services only. All of the metro counties of Atlanta were not represented. The results were not generealizeable due to the focus of the study only being in Cobb County, which is only one out of 20 metro counties. Another threat to this study includes the amount of case managers completing the surveys are only a small proportion of the case managers employed in the child protection, foster care, and adoption areas statewide.

Potential for reliability exists, but is not supported since the instrument is a new instrument. The instrument used was based upon careful research. The instrument was pilot tested for readability by individuals of similar educational backgrounds. The construct validity threat in this study is that the survey items have not yet been supported as valid measurements of the hypothesis.
CHAPTER IV

PRESENTATION OF FINDINGS

The purpose this chapter is to present the findings of this study addressing case managers' perceptions of the association of methamphetamine and child neglect. The study was submitted to case managers at the Cobb County Department of Family and Children Services (DFCS). The findings are organized into two sections: demographic data and research question and hypothesis.

Demographic Data of Sample

A demographic profile was developed of the participants. Descriptive statistics were used to analyze the following: section of DFCS employed, agency job title, highest education, major, age group, ethnicity, and clients on caseload using methamphetamine.

The study population was composed of thirty (30) female case managers between the ages of 21 and 55 years who indicated the section of DFCS in which they are employed (46.7% Foster Care and 53.3% Child Protective Services), job title (56.7% Social Service Case Manager, 16.7% Social Service Case Manager Advanced, and 26.7% Social Service Case Manager Specialist), highest education (66.7% Bachelors, 30.0% Masters, and 3.3% Doctoral), and major (10% Sociology, 23.3% Psychology, 33.3% Social Work, and 33.3% Other). The ethnicity of the participants were African-American (70%), Euro American (26.7%), and other (3.3%).
Table 1

*Demographic Profile of Study Participants*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section of DFCS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster Care</td>
<td>14</td>
<td>46.7</td>
</tr>
<tr>
<td>Child Protective Services</td>
<td>16</td>
<td>53.3</td>
</tr>
<tr>
<td><strong>Job Title</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Service Case Manager</td>
<td>17</td>
<td>56.7</td>
</tr>
<tr>
<td>Social Service Case Manager Advanced</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>Social Service Case Manager Specialist</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td><strong>Highest Level of Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Associates</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Bachelors</td>
<td>20</td>
<td>66.7</td>
</tr>
<tr>
<td>Masters</td>
<td>9</td>
<td>30.0</td>
</tr>
<tr>
<td>Doctoral</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Major</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sociology</td>
<td>10</td>
<td>10.0</td>
</tr>
<tr>
<td>Psychology</td>
<td>23</td>
<td>23.3</td>
</tr>
<tr>
<td>Social Work</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td><strong>Age Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 24</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>25-30</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>31-36</td>
<td>6</td>
<td>20.0</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><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African-American</td>
<td>21</td>
<td>70.0</td>
</tr>
<tr>
<td>Euro-American</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Clients on caseload using methamphetamine</strong></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>
As shown, Table 1 is a profile of the study participants. It represents the frequency distribution of the demographic variables. As indicated in Table 1, the majority (80%) of the participants indicated they have clients on their caseload using methamphetamine.

Table 2

*Methamphetamine has caused parents to neglect their child’s medical needs*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Agree</td>
<td>28</td>
<td>93.3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 2 is a frequency distribution of 30 case managers indicating whether they agree or disagree that methamphetamine has caused parents to neglect their child’s medical needs. Of the 30 respondents shown in Table 2, 93.3% indicated that methamphetamine has caused parents to neglect their child’s medical needs and 6.7% indicated that methamphetamine has not caused parents to neglect their child’s medical needs.
Table 3

*The use of methamphetamine by parents has led to neglect of children*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Agree</td>
<td>28</td>
<td>93.3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 3 is a frequency distribution of 30 case managers indicating whether they agree or disagree that the use of methamphetamine by parents has led to neglect of children. Of the 30 respondents shown in Table 3, 93.3% indicated that the use of methamphetamine by parents has led to neglect of children and 6.7% indicated that methamphetamine has not led to neglect of children.

Table 4

*Children have been physically abused 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>6</td>
<td>20.0</td>
</tr>
<tr>
<td>Agree</td>
<td>24</td>
<td>80.0</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 4 is a frequency distribution of 30 case managers indicating whether they agree or disagree that children have been physically abused due to parent’s use of methamphetamine. Of the 30 respondents shown in Table 4, 80.0% indicated that children have been physically abused due to parent’s use of methamphetamine and 20.0% indicated that children have not been physically abused due to parent’s use of methamphetamine.

Table 5

*Methamphetamine use has caused parents to neglect their 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 5 is a frequency distribution of 30 case managers indicating whether they agree or disagree that methamphetamine use has caused parents to neglect their child’s physical well being. Of the 30 respondents shown in Table 5, 90% indicated that methamphetamine use has not caused parents to neglect their child’s physical well being and 10% indicated that methamphetamine use has not caused parents to neglect their child’s physical well being.
Table 6

*Methamphetamine has caused parents to have their child living 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 30 case managers indicating whether they agree or disagree that methamphetamine has caused parents to have their child living in hazardous conditions. Of the 30 respondents shown in Table 6, 90.0% indicated that methamphetamine has caused parents to have their child living in hazardous conditions and 10.0% indicated that methamphetamine has not caused parents to have their child living in hazardous conditions.

Table 7

*Methamphetamine use has caused parents to provide improper supervision to their child*

<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 7 is a frequency distribution of 30 case managers indicating whether they agree or disagree that methamphetamine use has caused parents to provide improper supervision to their child. Of the 30 respondents shown in Table 7, 90.0% indicated that methamphetamine use has caused parents to provide improper supervision to their child and 10.0% indicated that methamphetamine use has not caused parents to provide improper supervision to their child.

The primary research question of the study is as follows.

Research Question
1. Do Case Managers' perceive an association between methamphetamine use and child neglect?

Hypothesis

Case Managers' perceive an affect on the physical well-being, medical well-being, and proper supervision of children whose parents(s) are using methamphetamine.

Null Hypothesis

Case Managers' do not perceive an affect on the physical well-being, medical well-being, and proper supervision of children whose parents(s) are using methamphetamine.

Table 8 illustrates a crosstabulation of two variables, which are the use of methamphetamine by parents has led to neglect of children and more children have been physically abused due to methamphetamine. It shows the relationship between the two variables and indicates whether there was a perceived relationship by case managers'
between methamphetamine causing neglect and more children being physically abused due to methamphetamine.

Table 8 illustrates a crosstabulation of two variables, which are the use of methamphetamine by parents has led to neglect of children and more children have been physically abused due to methamphetamine. It shows the relationship between the two variables and indicates whether there was a perceived relationship by case managers’ between methamphetamine causing neglect and more children being physically abused due to methamphetamine.

<table>
<thead>
<tr>
<th>The use of methamphetamine by parents has led to neglect of children.</th>
<th>Disagree</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>More children have been physically abused due to methamphetamine use.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>33.3%</td>
<td></td>
<td>6.7%</td>
</tr>
<tr>
<td>Agree</td>
<td>66.7%</td>
<td>100.00%</td>
<td>93.3%</td>
</tr>
<tr>
<td>Total</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Chi square = .003

Table 8 indicates that of the 30 case managers, 100.00% agreed there was a strong association between methamphetamine causing parents to neglect their children and that more children have been physically abused due to methamphetamine use. When the chi
square test was applied, the null hypothesis was rejected. As shown in table 7, the chi square test indicated that there was a statistically significant relationship between the variables at the .05 level of probability.

Table 9 is a crosstabulation of two variables, which are methamphetamine use has caused parents to neglect their child's physical well-being and methamphetamine use by parents has caused a child to live in hazardous conditions. It shows the relationship between the two variables and indicates whether there was a perceived relationship by case managers' between methamphetamine causing neglect of a child’s physical well-being and more children living in hazardous conditions.

<table>
<thead>
<tr>
<th>Methamphetamine use has caused parents to neglect their child's physical well-being.</th>
<th>Disagree</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melatonin use by parents has caused a child to live in hazardous conditions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>66.7%</td>
<td>3.7%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Agree</td>
<td>33.3%</td>
<td>96.3%</td>
<td>90.0%</td>
</tr>
<tr>
<td>Total</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Chi square= .001
Table 9 indicates that of the 30 case managers, 100.00% agreed there was a strong association between methamphetamine use has caused parents to neglect their child’s physical well-being and methamphetamine use by parents has caused a child to live in hazardous conditions. When the chi square test was applied, the null hypothesis was rejected. As shown in Table 9, the chi square test indicated that there was a statistically significant relationship between the variable at the .05 level of probability.
CHAPTER V
DISCUSSION OF FINDINGS

Summary of the Study

The study was designed to obtain information in order to describe case managers’ perceptions of the association between methamphetamine use and child neglect. The conclusions and recommendations of the research findings are presented in this chapter.

Case managers’ were asked if methamphetamine has caused parents to neglect their child’s medical needs. Of the 30 case managers, 28 agreed that methamphetamine has caused parents to neglect their child’s medical needs. This indicates that majority of the participants perceive the medical needs of children exposed to methamphetamine are disregarded by parents.

Another question addressed the use of methamphetamine by parents leading to neglect of children. Twenty-eight out of the thirty participants agreed that children are neglected as a result of methamphetamine use by parents, which indicates that case managers perceive neglect as a negative impact on children.

The question of whether children have been physically abused due to parent’s use of methamphetamine was addressed to 30 case managers. Of the 30 case managers, 24 agreed that children have been physically abused due to parent’s use of methamphetamine. This shows that over half of the participants perceive children are physically harmed as one of the results of methamphetamine use by parents.
Another question addressed methamphetamine use causing parents to neglect their child’s physical well-being. Twenty-seven of the thirty participants agreed that a child’s physical well-being is neglected, which indicates that case managers perceive a child’s physical well-being could be deprived due to the parent’s use of methamphetamine.

Methamphetamine has caused parents to have their child living in hazardous conditions was another question addressed to case managers. As a result, 27 of the 30 participants agreed that the use of methamphetamine causes parents to have their child living in hazardous conditions. This indicates that case managers perceive methamphetamine as a deterrent to parents which leads to children living in hazardous conditions.

Case Manager’s were also asked if methamphetamine use has caused parents to provide improper supervision to their child. Of the 30 case managers, 27 agreed that methamphetamine use has caused parents to provide improper supervision to their child. This indicates that majority of the participants perceive methamphetamine use as a devastating drug that is causing impairment in parents to properly supervise their child.

A crosstabulation was tabulated in order to determine if there was an association between case managers’ perceptions of the association between methamphetamine and child neglect. The analysis indicated that out of 30 case managers 100.0% agreed that the variables were associated. When the test statistic (chi square) was applied, the results indicated that there was a statistically relationship at the .05 level of probability.
The results of the findings suggest that case managers perceive methamphetamine as a drug that is debilitating the minds of parents. This debilitation causes parents that are using methamphetamine the inability to care for their child. Consequently, these children are suffering due to neglect of their well-being.

Implications for Social Work

Social Work is a diverse field. When working in the field with individuals who have substance-related issues, it is important to be aware of all illegal substances that may cause impairment to an individual which leads to neglect of children. It is important for social workers to partner with the treatment or rehabilitation agencies to help parents through the process of getting what they need. Social Workers need to be aware of each individual’s ability or inability so that they can best serve them. Social Workers should stay current with information pertaining to illegal substances so that they could effectively serve parents and children who are both directly and indirectly affected by illegal substances. Social Workers should additionally be aware of causes and effects, treatment and prevention of illegal substances and how they impact physical, emotional, social, psychological and family life. Current issues in chemical dependency are explored using various types of research reports and other professional literature that Social Workers should be knowledgeable about.

The results of this study provided insight into the case managers’ perceptions of the association between methamphetamine and child neglect. Utilizing the outcome of the study will allow social workers to advocate on behalf of children exposed to methamphetamine. Social Workers could advocate for these children by speaking to the
courts and possibly state representatives about how dangerous methamphetamine is affecting the well-being of children exposed. Social Workers working with these children could provide ongoing services to help them develop physically and mentally. Lastly, social workers could assist the parent(s) in inquiring about treatment. Parent(s) in treatment and overcoming methamphetamine addiction have a better opportunity of providing a child with a stable life than a parent not in treatment.
APPENDIX A

Informed Consent

I, Lashonda Jones, am a MSW student at the Whitney M. Young School of Social Work at Clark Atlanta University and I am conducting a study entitled “Case Managers’ Perceptions of the Association Between Methamphetamine and Child Neglect.”

The purpose of this study is to address case managers’ perceptions of the association between methamphetamine and child neglect. A great deal of information is in the literature about methamphetamine and its effects. However, there has not been a focus on the perception of case managers working with victims of methamphetamine use. I seek to find out from the case managers employed at Cobb County DFCS their perceptions as to the association between methamphetamine and child neglect.

I ask you to participate in my study. I will provide you with contact information (which will be included in the copy of the consent form to contact me if there are any questions regarding the study). You are asked to complete a survey. The survey will take 10-15 minutes to complete. The survey will include 7 demographic and 6 case manager perception questions.

All information collected in this study will be confidential. There will be an assigned participant ID number instead of your name. I will keep all surveys and consent forms collected in this study in a sealed envelope.

I do not expect that you will experience any discomfort from completing this survey; however, if such a situation occurs, you have the right to discontinue the completion of this survey without penalty.

If there are any questions in regards to the survey, I can be reached at lashonda_jones@hotmail.com or you can contact me at 678-206-9180.

_____ Yes I consent to the survey
_____ No I do not consent to the survey

Signature of Participant/Date

Signature of Researcher/Date
APPENDIX B

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 the Association
Between Methamphetamine and Child Neglect” in Cobb County.

Signature: __________________________________________________

Title: _________________________________________________________

Date: _________________________________________________________
APPENDIX C

Survey Questionnaire

Demographics and Case Managers’ Perceptions of the Association Between Methamphetamine and Child Neglect

Dear Sir or Madam:

I am a student in the MSW Program at the Whitney M. Young, Jr., School of Social Work at Clark Atlanta University. I invite you to participate in a study addressing the Demographics and Case Managers’ Perceptions of the Association Between Methamphetamine and Child Neglect through a questionnaire that will take ten to fifteen minutes to complete. The purpose of the study is to learn if case managers perceive the association between methamphetamine and child neglect. The findings will be used in an analysis for my thesis. I would appreciate your cooperation. Because I want all responses to remain confidential, please do not put your name on the questionnaire answer sheet. Choose only one answer for each question. Please respond to all questions. Again, thank you for your time and cooperation.

Place a mark (X) next to the appropriate item. Choose only one answer for each statement.

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

40
Appendix C (continued)

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. _____No
   2. _____Yes

Demographics and Case Managers’ Perceptions of the Association Between Methamphetamine and Child Neglect

The following statements are designed to get your professional opinion about the use of methamphetamine. Write the appropriate number (1 thru 4) in the blank space in front of each statement on the questionnaire. Please respond to all of the statements.

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

_____ 8. Methamphetamine has caused parents to neglect their child’s medical needs.
_____ 9. The use of methamphetamine by parents has led to neglect of children.
_____ 10. Children have been physically abused due to parent’s use of methamphetamine.
Appendix C (continued)

11. Methamphetamine use has caused parents to neglect their child’s physical well-being.
12. Methamphetamine has caused parents to have their child living in hazardous conditions.
13. Methamphetamine use has caused parents to provide improper supervision to their child.
APPENDIX D

SPSS Program

TITLE 'CASE MANAGERS PERCEPTION ON THE ASSOCIATION BETWEEN METHAMPHETAMINE USE AND CHILD NEGLECT'.
SUBTITLE 'Lashonda Jones'.

DATA LIST FIXED/
ID 1-3
SECTION 4
JOB 5
EDUC 6
MAJOR 7
AGEGRP 8
ETHNIC 9
CASE 10
PARENT 11
THEUSE 12
ABUSED 13
CAUSED 14
HAZARD 15
PROVIDE 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'
PARENT 'Q8 Meth has caused parents to neglect their child’s medical needs'
THEUSE 'Q9 The use meth by parents has led to neglect of children'
ABUSED 'Q10 More children have been physically abused due to Meth use'
CAUSED 'Q11 Meth use has caused parents to neglect their child’s physical well-being'
HAZARD 'Q12 Meth use by parents has caused a child to live in hazardous conditions'

43
Appendix D (continued)

PROVIDE 'Q13 Meth use has caused parents to provide inadequate supervision'.

Appendix D: SPSS Program continued

VALUE LABELS
SECTION
  1 'Adoptions'
  2 'Foster Care'
  3 'Child PS/'
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/'
PARENT
  1 'Strongly Disagree'
  2 'Disagree'
Appendix D (continued)

3 'Agree'
4 'Strongly Agree'

THEUSE
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'

ABUSED
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'

PROVIDE
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'

RECODE PARENT THEUSE ABUSED CAUSED HAZARD PROVIDE (1 THRU 2.99=2) (3 THRU 4.99=3).

MISSING VALUES
SECTION JOB EDUC MAJOR AGEGRP ETHNIC CASE PARENT THEUSE ABUSED CAUSED HAZARD PROVIDE (0).

BEGIN DATA
0012223212443444
0022122222443444
0032124424434444
0042223312342343
0052333112443333
Appendix D (continued)

0062122212443444
0072333211443333
0082224412443344
0092333112334344
0103334622444444
0112333252334444
0122121212444444
013212312343444
0142124312443444
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0273232212443444
028333512111111
0293122311443444
0303121412444444
END DATA.

FREQUENCIES
/VARIABLES SECTION JOB EDUC MAJOR AGEGRP ETHNIC CASE PARENT THEUSE ABUSED CAUSED HAZARD PROVIDE
/STATISTICS =.
REFERENCES


National Institute on Drug Abuse. (January 2000). *No Place to Hide: Substance Abuse in Mid-Size Cities and Rural America*. The Drug Enforcement Administration.


