



Northern California Training Academy



Rural and Tribal Issues in Child Welfare Research



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Rural and Child Issues in Child Welfare Research

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The child welfare research agenda for California is part of an ongoing effort to promote evidence-based practice based upon rigorous empirical research and reflecting the priorities identified by practitioners and consumers of the child welfare system. This agenda is grouped into three conceptual areas: Safety, Permanence and Well-Being. The specific goals and research questions of the agenda are presented in Appendix A. This agenda attempts to account for a variety of factors and variables within the child welfare system and at a number of levels including agency, caseworker, family and child.

A key component of the California Child Welfare Research Agenda is an emphasis on the implementation of differential response. Differential response (DR) is a child welfare approach that is designed to broaden and diversify the tools available. With DR, social workers approach child welfare cases with several philosophical principles in mind: 1) Families are part of the solution rather than part of the problem, and 2) community partnerships are important for success. Furthermore, the DR approach favors responding early to signs of trouble, rather than late, and also sees voluntary, rather than mandatory, actions taken by parents toward problem solving as the most productive.

Another key difference in the DR approach versus traditional child welfare practice is the distinction between investigation and assessment (Child Welfare Information Gateway, 2008). Investigation involves the gathering of forensic evidence and a more formal and strict approach to examining reports of possible abuse and neglect. In DR methodology, investigations are typically limited to the most serious and potentially dangerous cases. In contrast, assessments refer to an evaluation of child welfare from a family strengths perspective. Services that may improve the welfare circumstances are offered and efforts of evidence gathering are less emphasized. The assessment approach is used in cases with a low to moderate level of risk to the child.

The benefits of the assessment method are that it can be perceived as less adversarial to the parents, its focus is on maintaining family cohesiveness (whenever possible) and attempts to see the family situation from a position of strengths rather than weaknesses. Furthermore, as mentioned above, this approach attempts to use community partnerships as a resource to building stronger families. In California, the DR approach

can lead to one of three response paths: community response, child welfare services and community response, and child welfare services response.

The first path is chosen when reports do not warrant a standard definition of abuse or neglect. However, there is still evidence of difficulties that the family is experiencing which can be addressed by community services. The second path is taken when a standard definition of abuse and/or neglect has been met, but the family appears willing and capable of making the necessary changes to improve child welfare. In such cases, community resources work with child welfare services to provide the necessary tools. However, if the welfare situation fails to improve or worsens, then the child welfare agency will intervene more formally. The final path is used in cases of moderate to high levels of risk. Here, child welfare agencies work, regardless of families' willingness to collaborate, to improve child welfare.

In summary, the California child welfare research agenda is focused on evidence-based practices involving differential response. Overall, we acknowledge the importance and value of such an approach and the need for rigorous empirical research in the field. However, we feel that a number of issues are not well addressed in the current research agenda. Specifically, issues related to rural and tribal populations are not included. Failure to consider these issues when designing, conducting and evaluating research in child welfare will contribute to difficult or erroneous comparisons among different populations.

In this position paper, we will describe seven key principles that should be addressed regarding child welfare practice and research in rural and tribal populations. These principles include legal, political and cultural factors contributing to differences in practice and outcomes as well as suggestions for child welfare research philosophy and practice.

Research in Rural Child Welfare

In this section, we will put forth three principles we feel should be considered in a broader statewide child welfare research agenda. They address issues unique to rural areas that may influence the child welfare practice and thus the ability to design, conduct and analyze valid child welfare research statewide. We feel that neglecting these

principles or excluding them during the research process may lead to an inaccurate or skewed picture of child welfare processes or outcomes in rural areas, especially when compared to larger, more populated counties. We feel this issue is especially important since 97.5% of US land is considered rural (Bureau of the Census).

Principle 1: Small samples in rural counties make comparisons difficult

An obvious limiting factor in studying child welfare in rural areas is the overall small number of children served. By definition, rural areas are those with lower levels of population size or density. However, despite smaller populations, child welfare services are often utilized in rural areas. Between 1990 and 1999, foster care caseloads grew more quickly for rural areas when compared to urban areas (Strong et al., 2005). In part, because of this growth, rural counties in California have struggled to meet the needs of their populations.

How do small samples adversely impact child welfare research? A clear limitation is the inability to make quantitative comparisons to other areas or counties, especially larger, urban population centers. One child out of 4 and 50 out of 200 lead to the same percentage (25%), yet this kind of comparison is neither valid nor helpful. How then should we conduct child welfare research in rural areas? We suggest two possible strategies. First, it may be possible, at least on some measures, to aggregate data across a number of smaller counties with similar demographic appearances. While this may overlook a number of distinguishing characteristics among smaller counties, the reward would be a more robust and comparable sample for quantitative analyses. A second strategy would be to employ differing research protocols and techniques in rural areas. Specifically, qualitative methods such as case studies or open-ended interviews could provide a richer picture of child welfare practices, even in the face of small service populations.

Principle 2: Rural and non-rural populations are qualitatively different

In addition to small sample sizes for child welfare research, it may be that rural populations are qualitatively different from those served in more populated areas. For

example, children from rural areas placed in foster care are more likely to be returned home instead of being adopted (Strong et al., 2005). The exact nature of this difference is difficult to ascertain. However, it is not well understood if access and use of child welfare services plays a causal role or if the makeup of the population is related.

Rural areas may be more difficult to serve and study for other reasons. Rural populations are more concerned with privacy and less likely to ask for outside help (Harding et al., 2000). However, because of higher acquaintance density among the population, maintaining anonymity during service provision may be harder (Weisheit & Donnermeyer, 2000). These features may influence who asks for help voluntarily, which may then inflate the need for mandatory interventions later on. In summary, both the environment and makeup of the populations in rural areas may influence the research picture and make comparison with other areas difficult.

Principle 3: The roles and responsibilities for rural and non-rural child welfare staff are not the same

The final principle deals not with the impact of the rural environment or factors on the service population but rather on the service providers. Characteristics and factors related to case workers and agency staff are repeatedly listed under the agenda goals of safety, permanence and well-being. Comparing these characteristics among differing areas may provide an incomplete or inaccurate picture of the efforts and accomplishments of child welfare practitioners. Rural workers often need to fulfill multiple roles or duties, travel longer distances and work without support or backup staff. In addition, rural child welfare practitioners are often more professionally isolated and struggle to find adequate mentoring and continuing education resources (Strong et al., 2005). Contrarily, there is also evidence that rural workers report greater autonomy, job satisfaction and desire to remain in their positions longer (Landsman, 2002).

Given the potentially vast differences in roles and responsibilities for child welfare practitioners in rural areas, it may be very difficult to compare worker characteristics in rural and non-rural areas. At the very least, data regarding the number and nature of these responsibilities should be considered during the research process. Ignoring this may unfairly bias research against rural service providers.

Research in Indian Child Welfare

In this section, we will present four key principles that should be considered in a research agenda for studying child welfare in tribal communities. We would also note that many, if not all, of the rural principles listed above apply to tribal populations as well, given the high proportion of tribal communities in rural locations.

Principle 1: Adherence to the Indian Child Welfare Act may vary across regions

To begin, it is important to understand the Indian Child Welfare Act (ICWA) of 1978. It is the purpose of this act to, “protect the best interests of Indian children and to promote the stability and security of Indian tribes and families by the establishment of minimum Federal standards for the removal of Indian children from their families and the placement of such children in foster or adoptive homes which will reflect the unique values of Indian culture, and by providing for assistance to Indian tribes in the operation of child and family service programs” (25 U.S.C. Sec 1902). The purpose of the act was to end the “wholesale separation of Indian children from their families” (US. House Committee, 1977, p. 9) and overcome non-Indian influences in tribal culture (Gross, 2003). (For review of the Act, see NARF, 2007) Prior to the enactment of the ICWA, between 25% and 35% of all tribal children were raised, at least temporarily, by non-Indians homes and institutions that were unaware and/or unconcerned with Indian culture and the needs of the tribal communities (Madrigal, 2001). A primary impact of the ICWA has been to “raise the bar” for termination of parental rights in cases involving Indian children. This has been done by raising the judicial standard to “beyond a reasonable doubt” from “clear and convincing evidence.” Furthermore, the ICWA contains preferential guidelines for foster and adoptive placement of children. These preferences are, in ascending order of preference the following: (1) an extended family member, (2) other members of the same tribe, (3) other tribal families outside of the child’s tribe.

Though the ICWA specifies child welfare principles involving Indian children, the application of these principles is sometimes murky. An example of this relates to the nature of the child’s membership with his or her tribe. Specifically, the court has interpreted the ICWA as being only concerned with “removal of Indian children from an existing Indian family unit.” However, the interpretation of the act is complicated by the so called, “Existing Indian Family exception.” This is a judicially-created exception to the

ICWA that originated in re Baby Boy L., 643 P.2d 168 (Kan. 1982). In this case, the court found that the ICWA did not apply to children who had never been a participating member of a tribal community or culture. Following the creation of this exemption, it has been the burden of the party attempting to apply the ICWA to prove the child's involvement with community and culture.

Another complicating factor for implementation of the ICWA is the time limit for applying its principles. Though the act states a preference for placement with extended family or within the tribal community, it does not indicate how much time should be allowed to try to achieve these placement objectives. Specifically, ICWA is silent about how long agencies should wait to try to find another member of the child's tribe or another Indian family before attempting to place the child outside the preferences of the ICWA (Barth, Webster & Lee, 2002). However, the ICWA does state that long term foster care placements should be avoided. Balancing the needs for environmental stability and the need for access to tribal heritage creates unique challenges in child welfare cases involving Indian children.

In summary, differences may exist across welfare agency staff in efforts to apply the principles of the ICWA. Differences regarding the application of the ICWA and the timeline over which it is applied, may impact the resulting research picture. Furthermore, the degree to which welfare staff understand the ICWA may also be a related factor. Work by Limb and colleague (2004) surveying child welfare practitioners' understanding of the mandates and principles of the ICWA suggests that individual differences exist. Put another way, there may be room for improvement. Measuring differences in this understanding may bear explanatory fruit in Indian child welfare research.

Principle 2: Competence of practitioners and researchers on tribal cultural, political and legal issues can impact research

The most common theme in research in Indian child welfare is the need for understanding and sensitivity of a number of issues facing tribal communities in the 21st century. Indian cultural competence requires knowledge of the unfortunate history of tribe/state relations, the current state of tribal legal rights as well as appreciation of the

tribal traditions and a respect for tribal values. These issues were addressed at the First Symposium of the Work Group on American Indian Research and Program Evaluation Methodology (AIRPEM) and subsequently published by Caldwell and colleagues (2005). Work from this group stressed the importance of cultural competence among researchers. Two key principles for conducting research with tribal populations were identified: respect for tribal sovereignty and tribal diversity. The former refers to an understanding that tribes are separate political entities from the state. Both practitioners and researchers need to recognize this sovereignty and work to meet the needs of both parties. The latter refers to an understanding that the tribal community is not a single entity but rather a heterogeneous alliance of various cultures, traditions and values. The work group further noted that culture is a contextual “lens” through which social and behavioral processes are understood. Those who ignore this lens risk repeating the mistakes of previous efforts to examine and improve relations between the tribe and state.

Though this principal may seem obvious or self-explanatory, it should be noted that all the subsequent principles to be discussed are based on it. Adherence to this principle should reflect more than a general philosophical stance. Rather, competency characteristics of practitioners serving tribal populations should be considered in research. Thibodeau and Peigan (2007) found that mistrust of staff because of historical abuses can impede the effectiveness of welfare initiatives. Developing greater sensitivity and understanding of tribal issues could improve trust in the community. Furthermore, developing staff level variables to assess understanding and sensitivity would be of benefit in Indian child welfare research.

At this point, please note that this paper addresses variables and factors that need to be considered in Indian child welfare research such as child welfare workers’ tribal cultural competence. However, it is important to note that researchers conducting evaluations of Indian child welfare also require the “lens” of tribal understanding in order to conduct and evaluate research effectively (Caldwell et al. 2005). This also needs to be considered when creating and implementing a research agenda.

Principle 3: Tribal involvement in the research process is important

Another important factor to consider in an agenda on Indian child welfare is the degree to which the tribal community is involved in the process. Several published studies have described techniques to conduct valid and culturally sensitive research. For example, Fisher and Ball (2002) discussed the philosophy and methodology of the Indian Family Wellness Project. This methodology is based upon a model of tribal participatory research (TPR). Critical to this model is the inclusion of tribal oversight on the research process. Tribal committees approve of all methods used in the research strategy and oversee its implementation. The TPR model also includes a role for a tribal facilitator. The facilitator is an Indian social scientist who is not a member of the participating tribe but who acts as a mediating link between researchers and the community. Finally, the TPR stresses the training and employing community members as research project staff. This is included to further the tribal community's investment in the research process and help overcome issues of cultural and political bias in the project.

The TPR model demonstrates an ideal framework for conducting child welfare research in the tribal community. A take home message of this paper should be that increasing involvement by tribal community groups during the research process will lead to improved participation during data collection and reduced suspicion and mistrust by the tribal community. Unfortunately, such a mandate may be beyond the scope of the research agenda. However, given the three path method that is used in California's differential response model, the level and nature of the community involvement may differ for tribal groups compared to other populations. Presumably, there are differences across counties in California in terms of the extent of collaboration between welfare agency staff and tribal community groups. These differences need to be accounted for across counties and tribal groups since they may significantly impact child welfare outcomes. For example, areas with increased tribal involvement in differential response reporting may advocate for a lengthier placement process in an effort to keep the child with extended family or tribe members. This could influence outcome variables under the research agenda goal of permanence, making it very difficult to compare tribal children to other populations.

In summary, we suggest that tribal community involvement in differential response and in the child welfare research process is a positive direction to take.

However, variability across the state regarding this involvement exists and therefore needs to be taken into account for evaluation purposes.

Principle 4: Culturally sensitive research goals and tools need to be used in Indian child welfare research

As suggested in the previous section, differences in the relationship between tribal communities and the welfare staff that serve them may have an impact on Indian child welfare research. More generally, it is important to consider that the goals stated in the research agenda may not always be appropriate for tribal communities. A key example of this, described briefly above, is the issue of permanency. For tribal communities, a core principle guiding decision making in child welfare cases is the concept of community permanency (Child Welfare Information Gateway, 2006). According to tribal philosophy, a child is not simply a member of a family but is a member of a much larger tribal community. From this perspective, developing and maintaining a sense of tribal identity and connectedness should be of primary consideration in Indian child welfare practice. Though the Differential Response approach to child welfare emphasizes permanency as a core principle, in practice this may not be synonymous with tribal philosophy. This difference in perspective between tribe and state may contribute to resentment and difficulties in implementing existing child welfare practice and, subsequently, difficulties in conducting valid research on Indian child welfare.

In addition to the research goals, the measures and tools used to assess Indian child welfare processes and outcomes must be carefully considered and chosen. Caldwell and colleagues (2005) point out that all Indian research activities, including the selection of data instrumentation, should be focused on the strengths and protective factors of tribal communities rather than traditional efforts focused on weaknesses and deficits. Furthermore, they suggest that methods and protocols be selected after tribal consideration and input has been given. This should be done in order to control for possible risks to the tribal community and to maximize the potential utility of the data to the tribe as well.

Summary and Conclusions

The preceding material suggests a number of principles related to rural and tribal issues that should be considered in the California child welfare research agenda. These are important if the goal of the agenda is to maximize generalizability of collected data, provide the most accurate picture of child welfare processes and outcomes throughout the state, and identify unmet needs. To reiterate, these principles are as follows:

Rural principles

Principle 1: Small samples in rural counties make comparisons difficult

Principle 2: Rural and non-rural populations are qualitatively different

Principle 3: The roles and responsibilities for rural and non-rural child welfare staff are not the same

Tribal principles

Principle 1: Adherence to the Indian Child Welfare Act may vary across regions

Principle 2: Competence of practitioners and researchers on tribal cultural, political, and legal issues can impact research

Principle 3: Tribal involvement in the research process is important

Principle 4: Culturally sensitive research goals and tools need to be used in Indian child welfare research

These principles are meant to guide future efforts at forming a complete and coherent research agenda for California, helping us better study and, ultimately, better serve our very diverse state population.

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Appendix A: Evidence Based Practice: A Child Welfare Research Agenda for California

Background

This research agenda is part of an ongoing effort to promote evidence-based practice by bringing the practice and the research communities together in California. Through a series of symposia beginning in July, 2005, practitioners and researchers learned about evidence-based practice. Activities during and between the symposia focused on how to move toward a system in which research conducted across the state reflected the priorities identified by the practice community and consumers of the child welfare system. Focus groups were convened with line staff, parents involved in the system, foster youth and foster parents to elicit the areas that they felt were important for research. The research agenda was intentionally divided into the areas of Safety, Permanence and Well-Being, to reflect the broad federal and state outcomes for child welfare. The research and practice community then worked together to refine and prioritize these areas. The result is the research agenda below.

SAFETY

Priority questions

1. What is the impact of differential response implementation on safety?
Differential response implementation factors may include these:
 - Changes in agency caseload characteristics
 - Changes in complexity of family issues
 - Changes in demand for agency services
2. How do case management services provided by CWS agencies affect child safety outcomes?
Specific aspects of case management services may include these:
 - System of care vs. traditional models of service provision
 - Frequency/intensity/timing of case management services
 - Quality and frequency of home visits
 - Who provides case management services (community-based organizations paraprofessionals, clinical staff, CWS case management staff)?
3. What is the relationship between worker characteristics and the decision to remove children?
(Suggested characteristics are at the end of this document)

Other questions:

1. *What is the impact of the use of assessment tools on racial/ethnic disparities in the child welfare system?
2. What is the relationship between the use of assessment tools and safety outcomes for children and families?
 - Specific aspects of assessment tool studies could also include aspects of assessment tool implementation (e.g. full vs. partial implementation, model fidelity, attitude toward use/effective use by social workers, support of supervisors, validity and reliability of assessment tools for child welfare population, etc.)
3. What is the impact of relative placement vs. foster care vs. group care vs. foster family agency placement on safety outcomes?
4. What is the relationship between child/family characteristics and the decision to remove children?

- (Suggested characteristics are at the end of the document)*
5. What is the comparative impact of team decision making vs. family group decision making vs. standard practice of decision-making on child safety?
 6. What is the relationship between agency/organizational characteristics, worker characteristics, and child/family characteristics and safety outcomes?
 - Priority areas include studies involving parental substance abuse, and studies about the impact of the characteristics listed below on foster care reentry
(Suggested characteristics are at the end of the document)
 7. What is the relationship between agency/organizational characteristics and the decision to remove children?
(Suggested characteristics are at the end of the document)

PERMANENCE

Priority questions

1. Which mental health and substance abuse services are most effective in promoting permanency within ASFA time frames?
2. * What constellation of services and interventions is most effective in attaining one or more permanency outcomes (i.e. reunification, adoption, guardianship, long term kinship care)?
Factors to study related to services and interventions may include:
 - Cost of services
 - Availability of community based organizations and service providers
 - Availability and amount of time of post-permanency supports (post-reunification and post-adoption)
 - Funding allocation methodologies
3. What is the comparative impact of team decision making vs. family group decision making vs. standard practice of decision-making on child permanence?

Other questions

1. What is the relationship between worker characteristics and permanency outcomes?
(Suggested characteristics are at the end of the document)
2. What is the relationship between child/family characteristics and permanency outcomes?
(Suggested characteristics are at the end of the document)
3. What is the relationship between agency/organizational characteristics and permanency outcomes?
(Suggested characteristics are at the end of the document)

WELL-BEING

Priority questions

1. Which mental health and substance abuse services are most effective in promoting child and family well being within ASFA time frames?
2. What is the impact of placement-related factors (e.g., long-term placement vs. guardianship vs. adoption, kin vs. non-kin placement), family-related factors (e.g., involvement of bio families with foster families; attitudes of foster parents toward parents, biological family) and child and family well-being for children and youth in out-of-home care?
3. * How does infant health and well-being impact removal and multiple placements? What strategies are successful in reducing the number of multiple placements for infants in the child welfare system?

Other questions

1. What is the relationship between agency/organizational characteristics and child and family well-being outcomes?
(Suggested characteristics are at the end of the document)
2. Are there differences in child and family well-being outcomes based on level of training of community service providers (BSW, MSW, MFT, etc.)?
3. What is the relationship between child/family characteristics and child and family well-being outcomes?
(Suggested characteristics are at the end of the document)
4. What is the comparative impact of team decision making vs. family group decision making vs. standard practice of decision-making on child and family health and well being?
5. What is the relationship between worker characteristics and child and family well-being outcomes?
(Suggested characteristics are at the end of the document)

Future Directions

This research agenda is designed as a “living document” that will be updated and revised as research is conducted and new priorities are identified. The research priorities are intended to guide child welfare research at all levels throughout the state, including graduate student research, research and curricula sponsored by CalSWEC and other independent and university-based research. Ongoing efforts will be made to include consumers as well as practitioners, researchers and other leaders in developing and refining the research agenda.

*These areas were deemed of highest priority by the CWDA Children's Committee, and were identified as research priorities for CalSWEC's 2007-2008 Request for Proposals.

Master List of Agency/Organizational, Worker, and Child and Family Characteristics

Agency/Organizational characteristics

- Workforce characteristics
- Caseload size/complexity
- Inter/intra agency communication
- Agency culture
- Response times
- Implementation of “promising practices” such as Team Decision-Making, Parent Partner Programs, Unified Family Assessments, etc.
- Policies and procedures related to decision to remove or return children, criminal background checks, etc.

Worker characteristics

- Language ability
- Education level and type (BSW, MSW, etc.)
- Content/amount of training (in substance abuse and addictions)
- Cultural competence
- Cultural identification
- Value systems
- Amount of field experience
- Parenting experience vs. no parenting experience
- Supervisory relationship & support
- Personal experience with substance abuse
- Experience working with substance-abusing clients
- Attitudes toward substance abuse
- Caseload size/complexity

Child/Family characteristics

- Parental substance use/abuse vs. non use/abuse
- Substance of choice
- Family, parent and caregiver support of intervention
- Age and ability-level of child, parent and caregiver
- Ethnicity and other child/family demographics (child, parent and caregiver)
- Availability of type of service or intervention
- Child, parent and caregiver health characteristics
- Child, parent and caregiver mental health status