Check for updates

Received: 30 June 2022 | Revised: 1 December 2022 | Accepted: 6 February 2023

DOI: 10.1111/cfs.13009

ORIGINAL ARTICLE

CHILD & FAMILY SOCIAL WORK WILEY

Experiences of child welfare social workers in addressing substance use among maltreated young mothers to prevent child maltreatment

Amara Channell Doig MPH[1] | Michelle Jasczynski PhD, EdM[1] | Danielle R. Phillips MSW[2] | Jennifer L. Robinson MPH[1] | Faduma Aden B.S.[1] | Maisha Huq MSPH[1] | Kaitlyn Lee MPH[1] | Gary Jones PhD[3] | Chloe Bernardi MSW, LCSW-C[4] | Elizabeth M. Aparicio PhD MSW, LCSW-C[1]

[1]Department of Behavioral and Community Health, University of Maryland, College Park Maryland, USA

[2]School of Social Work, University of Maryland, Baltimore, Maryland, USA

[3]Social Work, Tennessee State University, Nashville, Tennessee, USA

[4]Hearts and Homes for Youth, Burtonsville, Maryland, USA

Correspondence
Amara Channell Doig, Department of Behavioral and Community Health, University of Maryland, 4200 Valley Dr, College Park, MD, 20742, USA.
Email: acdoig@umd.edu

Funding information
University of Maryland

[Correction made on 24 May 2023 after first online publication: Third affiliation was changed to Social Work, Tennessee State University, Nashville, Tennessee, USA.]

Abstract

Substance use during the perinatal period and while parenting can pose a significant risk to children's safety and well-being. Mothers who have experienced child maltreatment are more likely to use substances than mothers without a history of maltreatment. This study explores how child welfare social workers experience supporting young, maltreated mothers struggling with substance use to prevent the intergenerational transmission of child maltreatment. Semi-structured in-depth interviews were conducted with four social workers working with young mothers with a history of maltreatment and substance use. Interpretative Phenomenological Analysis revealed two themes: (1) grappling with system challenges and (2) supporting strategies for disrupting intergenerational transmission of child maltreatment. The results highlight the need for systemic changes around support for social workers who work with young mothers who use substances and have a history of maltreatment, and substance use treatment and mental health programs themselves. Mothers need access to prenatal programs that are trauma-informed, non-judgemental and that support participants' basic needs and parenting skills.

KEYWORDS
child maltreatment prevention, child welfare, mental health, substance use

> *"The issue with a lot of our clients is that you need to support them in their own recovery, which can be very difficult when you are trying to parent. And I think that because we get cases from the hospital, at delivery. So, they may have been using [substances] their whole pregnancy, and now not only do you have to stop using, but you also have to parent an infant. And a lot of times, if the children are going through withdrawal, which we see a lot, then you are having a child that is a little bit more difficult than other children. And again, a lot of our moms have family tension too, because they have been using. So it just makes it all very difficult."* (Wilma)

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.
© 2023 The Authors. *Child & Family Social Work* published by John Wiley & Sons Ltd.

1 | INTRODUCTION

The opioid crisis and the legalization of medicinal and recreational cannabis have led to increased substance use among pregnant people (Hirai et al., 2021; Jarlenski et al., 2017). Substance use in pregnancy has potentially severe health implications for both the mother and foetus (Forray & Foster, 2015) and can lead to impaired parenting, including child abuse and neglect, if continued into the postpartum period (Borelli et al., 2012). Current regulations around perinatal substance use stipulate the creation of safe care plans with child protective services, which has led to a higher burden of caseloads for the child welfare system (Ghertner et al., 2018). The current phenomenology study explores the experiences of social workers working with mothers who have tested positive for substances at delivery.

1.1 | Perinatal substance use

Perinatal substance use is associated with an increased risk for poor maternal and foetal health outcomes, affected by the type of substance, quantity, frequency of use and stage of foetal development (Forray & Foster, 2015). Mothers who use tobacco, alcohol, cannabis, stimulants and opiates during pregnancy are at higher risk for preterm birth and low birth weight compared to non-substance using parents (Ion & Bernal, 2015; Patra et al., 2011; Quesada et al., 2012; Srikartika & O'Leary, 2015). Children with prenatal substance exposure are more likely to have cognitive deficits (Day et al., 2011; Jaques et al., 2014). Alcohol, tobacco and stimulants are also associated with miscarriage (Avalos et al., 2014; Brecht & Herbeck, 2014; Pineles et al., 2014). The use of tobacco and opiates is associated with infant mortality (DiFranza et al., 2004; Minozzi et al., 2013). Further, alcohol and opiate use are associated with neonatal abstinence syndrome (NAS) (Hudak et al., 2012; Minozzi et al., 2013). NAS results from prenatal exposure to substances and can lead to severe irritability, difficulty feeding, respiratory problems and seizures (Hudak et al., 2012; McQueen & Murphy-Oikonen, 2016).

1.2 | Parenting while using substances

In addition to the physical effects of perinatal substance use, postnatal substance use can affect parental behaviours. Parenting behaviours and practices play a critical role in children's well-being and health outcomes (Rogers et al., 2018). Research indicates potential risks associated with parents who misuse substances and child maltreatment. According to the U.S. Department of Health and Human Services' National Survey on Drug Use and Health, as of 2014, 8.7 million children reside in households where at least one parent had a substance use disorder in the last 12 months (Lipari & Van horn, 2017). Borelli et al. (2012) posit that children with parents who abuse substances are more likely to experience physical and verbal abuse when compared to their peers. Compared with parents without substance use disorder, parents with substance use disorder are at greater risk of insufficient and impaired parenting practices, and their children are at increased risk for adverse developmental and health outcomes (Borelli et al., 2012; Lander et al., 2013; Romanowicz et al., 2019). Evidence suggests an association between child maltreatment and adverse adult outcomes such as decreased conscientiousness (e.g. dependability, self-discipline) (Lee & Song, 2017) and increased psychosis (e.g. schizophrenia, hallucinations and delusions) (Adanty et al., 2022; Inyang et al., 2022; Rogers et al., 2018).

Parents who use substances often struggle to regulate their emotions and find it difficult to identify and respond to their children's needs (Borelli et al., 2012). Parental substance use often reduces parents' ability to provide a safe and nurturing environment for children due to their inability to monitor external environments while under the influence (Kuppens et al., 2020). Kuppens et al. (2020) explain that parental substance use correlates with a weakened parent–child relationship. Although research suggests that parental substance use has been associated with negative social, emotional, behavioural and health outcomes among children (Kuppens et al., 2020) further research is needed to explore the nature of the relationship.

1.3 | Experiences of child maltreatment and substance use

Mothers with a history of maltreatment are more likely to report substance use than mothers without such a history. It is well documented that childhood maltreatment is a risk factor for subsequent substance use disorders or in the life histories of individuals in substance use treatment (Buckingham & Daniolos, 2013; Cicchetti & Rogosch, 2018; Hamburger et al., 2008; Huang et al., 2011; Oshri et al., 2011; Rogosch et al., 2010; Wendland et al., 2017). Although less explored, there is recent research on the developmental pathways from childhood maltreatment to substance use disorders later in life (Cicchetti & Handley, 2019).

The pathways to substance use in this population include externalizing pathways of risk, internalizing pathways, neuroendocrine mechanisms, neurobiological pathways and allostatic load-related mechanisms (Cicchetti & Handley, 2019). Externalizing pathways begin as early as infancy and can be marked by a difficult temperament in infancy, behavioural disinhibition, aggression, poor self-regulation and rule-breaking throughout childhood (Cicchetti & Handley, 2019). Internalizing pathways are denoted by inhibited temperaments and internalizing symptoms throughout childhood, positive beliefs about substance use and/or motivations to use substances as a coping mechanism (Hudson et al., 2017; Mezquita et al., 2014).

1.4 | Substance use and the child welfare system

The Child Abuse Prevention and Treatment Act (CAPTA) guidelines require that each state's child protective services have specific procedures in place for reporting suspected or confirmed perinatal substance use (Child Welfare Information Gateway, 2019). CAPTA

13652206, 2023, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/cfs.13009 by University Of Maryland, Wiley Online Library on [04/10/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

mandates that mothers and their infants who have been affected by substance use are required to have a safe care plan upon their release from the hospital (Child Welfare Information Gateway, 2019). Although the legislation does not specify that substance use is abuse, about half of the U.S. states consider it abuse and require reporting of any suspected prenatal drug use (Substance Use During Pregnancy, 2016).

Although CAPTA mandates plans of safe care for substance-exposed newborns and their mothers, in practice, there are wide gaps in the way that they have been implemented by states (Lloyd et al., 2019). As of 2019, only two states were compliant with all five of the CAPTA domains, and only thirteen states were compliant with two or three domains (Lloyd et al., 2019). The inconsistent application may lead to more involvement with the child welfare system in states that do not employ the CAPTA guidelines as intended (Lloyd et al., 2019). Because of the gaps in implementation of safe care plans, there is very little outcome data or evaluations of efficacy (Deutsch et al., 2021; Lloyd Sieger et al., 2022).

As the use of opioids and other substances has increased over time, as well as NAS, there has been an increase in child welfare reports, leading to a higher burden on the child welfare system and increased caseloads for social workers (Ghertner et al., 2018; Lynch et al., 2018). Child welfare workers report having limited resources to help clients address substance use, which can lead to a sense of frustration for the workers (He & Phillips, 2017; Orsi et al., 2021). Previously, child welfare workers have also shared that a lack of access to care for their clients and difficult reporting processes make supporting clients using substances extremely challenging (Orsi et al., 2021). Considering many of the state policies do not include support for connecting pregnant or parenting women with substance use disorder treatment nor additional healthcare support for their children (Thomas et al., 2018) the challenges faced by social workers are amplified as they are navigating both the legal and medical systems with either non-existent or punitive policies that do not reduce barriers for their clients.

1.5 | Current study

There is limited literature that looks at the experiences of social workers working with young mothers using substances during the perinatal period. This study explores how child welfare social workers experience supporting young, maltreated mothers struggling with substance use to prevent the intergenerational transmission of child maltreatment.

2 | METHODS

2.1 | Setting and sample

The study occurred in the greater Baltimore-Washington D.C., metropolitan area. The sample for this study was drawn from a larger study examining the mental health and parenting needs of young parenting mothers with prior experiences with childhood maltreatment (Aparicio et al., 2022). Participants in the current study worked within child welfare services units tasked with assisting parents struggling with substance use, and all had extensive experience working specifically with young parents with a history of child maltreatment. All participants were female, and their mean age was 29 years. Three (75%) participants identified as White, and one (25%) identified as African-American. The participants had worked with a mean of 25.3 parenting and maltreated youth during their careers and had been working in their current unit for a mean of 3 years.

2.2 | Data collection

Interviews were conducted one-on-one between one member of the research team and a social worker using a semi-structured interview guide. Before beginning the interview, research team members read aloud the informed consent and provided the opportunity for participants to ask questions before signing. The interview guide prompted social workers to reflect on their own experiences in the field, their perceptions of what is and what is not effective in terms of intervention and policy, and what content they believe would be essential to creating a successful intervention to support parenting youth who had their own experiences of maltreatment in childhood. Questions specific to addressing substance use among maltreated parenting youth were not originally included in the semi-structured interview guide the research team developed; however, the social workers brought up the topic when discussing their work experiences, sharing concerns with current protocols, and what content or other supports would be needed for future interventions. In response to the social workers' discussion of this topic, the interviewers followed up with further questions regarding current protocols, laws and programs specific to how this agency and the jurisdictions it operates within manage substance use among parents and those who are pregnant. Each participant selected a pseudonym and was compensated $50 for their time.

2.3 | Data analysis

This study employed a critical Interpretative Phenomenological Analysis (IPA) approach (Aparicio et al., 2019; Smith et al., 2009). IPA is a qualitative, phenomenological method in the Husserlian tradition that emphasizes the interpretive nature of experiencing and understanding phenomena. IPA studies examine a particular phenomenon (i.e. addressing substance use to prevent intergenerational transmission of child maltreatment among young families) among a particular group of people experiencing the phenomenon (e.g. social workers). IPA was selected for this study because of the rigour of the method, and it allowed the research team to explore in-depth the experiences of the phenomenon. IPA involves a highly detailed analysis of each case to develop a case-level structure of how each person in the study

13652206, 2023, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/cfs.13009 by University Of Maryland, Wiley Online Library on [04/10/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

experiences the phenomenon under study before examining points of convergence and divergence across the full dataset. Because of the in-depth nature of this method, four participants is an appropriate sample size (Smith et al., 2009). IPA can be used with or without an explicitly critical approach. In this study, we sought to examine systems of power and oppression as part of our examination of substance use and the intergenerational transmission of child maltreatment among young families.

There are six steps to IPA, which we followed carefully. First, the lead author immersed herself in the story of one participant, listening to the audio while reading the transcript (IPA step one: reading and re-reading (Smith et al., 2009)). Next, she coded the transcript using descriptive, linguistic and conceptual notes (IPA step two: initial noting (Smith et al., 2009)). Descriptive notes are codes that capture how the participant is experiencing the phenomenon of interest. Linguistic notes are codes regarding how the participant is speaking about the phenomenon of interest. Conceptual notes are used when the IPA analyst wants to note potential connections across the transcript regarding their emergent understanding of the participant's experience of the phenomenon of interest. At this point, the lead author met with the senior author and the other research team members for peer debriefing to discuss their initial noting and impressions of the case, the transcript of which the rest of the team had read. Next, the lead author developed emergent themes in the social worker's experience from the initial notes (IPA step three: development of emergent themes (Smith et al., 2009)). Finally, the lead author developed a thematic structure of superordinate themes and subthemes characterizing how the social worker/participant experienced addressing substance use to prevent intergenerational transmission of child maltreatment among young families (IPA step four: searching for connections across emergent themes (Smith et al., 2009)). The team again met to discuss the case. The lead author then repeated this process with each of the remaining three social workers' cases, meeting regularly with the rest of the research team for peer debriefing throughout and comparing the cases through memos (IPA step five: moving on to the next case (Smith et al., 2009)). In the final step, the lead author analysed the thematic structures of the entire dataset, across all social workers' transcripts, to develop the final set of themes and subthemes presented in this manuscript (IPA step six: analysing across cases (Smith et al., 2009)). Throughout the analysis and writing process, the research team reflected on how participants' responses connected to systems of power and oppression as a part of the critical approach.

2.4 | Positionality statement

Our team consists of six graduate students, one undergraduate student, a university professor and community-based partners. We have experience as public health researchers and social workers. Throughout the research process, we worked to reduce our bias through reflexivity. We reflected on our own experiences with and beliefs around substance use and loved ones' struggles with substance use as well as the child welfare system and pregnancy and parenting.

3 | RESULTS

3.1 | Theme 1. Grappling with system challenges

As participants shared their experiences working with young maltreated mothers who use substances, a sense of frustration emerged. Participants described how they had to grapple with system challenges to be able to truly help the mothers that they work with, with Purple describing it as getting 'stuck in the short terms of the fix' rather than a way to 'maintain it long term'. Subthemes included judgement, mental health diagnosis and treatment, regulations and the multiple roles of social workers.

3.1.1 | Subtheme 1.1. Judgement

Participants reported that judgement in hospitals kept young mothers from getting the care that they wanted and from sharing fully with the hospital staff. Wilma mentioned that "people that work in hospitals can sometimes be judgment—more judgmental, I think, than we are." Participants explained that hospital policies and staff did not permit or highly discouraged breastfeeding after a mother's positive toxicology results, which conflicts with the recommendations and best practices for breastfeeding developed by the American College of Obstetrics and Gynaecologists (ACOG). Participants stated that they felt that both not being able to breastfeed and the way that the hospital treated their clients harmed them. Megan explained that allowing mothers to choose if they breastfeed is:

> Hard because I know medically, that's not what's promoted and I know that you know there's a lot of stigma around not breastfeeding. People feel very judged by that, and then people also feel like they have to do it because this is the way it goes, but if it's not you know fitting in their life, or if biologically and physically for some reason, "mom cannot you know breastfeed", it often creates a lot of like mental health issues.

In addition to the experiences of being judged at the hospital, participants described the judgement and stigma that their clients faced, at the interpersonal and individual levels, as a barrier to getting help, making it more difficult for participants to work with the mothers. They described multiple levels of judgement that their clients faced, including being young mothers, using substances, living in Baltimore, and wanting to breastfeed despite substance use. Megan described judgement as a way of setting young mothers up for failure:

> I just have so many people complain about a therapist that came in their home and criticized this, or a nurse that was judgmental to them for this and so. Knowing the immediate judgment is very hard for people. I work with people who are judged all the time. They're drug addicts and they have kids, so there's a lot of room for

13652206, 2023, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/cfs.13009 by University Of Maryland, Wiley Online Library on [04/10/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

> judgment, but you know when you have nurses that are treating them differently than the one next door just because they use drugs, like you are automatically setting these people up to like to be down on themselves and to fail in certain ways.

Judgement and stigma were also connected with a lack of support for the young mothers and their perceived lower quality of support. As Megan shared:

> The moms that I work with, they get very minimal support. I do not know if it's the same with other young moms who you know are not using substances of any sort, but I know that um in controversial cases such as marijuana ones, it's just a large lack of support, and not just not supported, but very judgmental.

3.1.2 | Subtheme 1.2. Mental health diagnosis and treatment

Participants described the challenges in helping their clients access mental health care and appropriate treatment as system issues. Barriers included the lengthy referral processes, multiple steps to access therapy as barriers to care and the work the participants had to do to support their clients during the process. Purple explained how long the process is and how it can prevent clients from seeking care:

> We see that sometimes we'll do a referral. They may take three weeks to process the referral. Intake is set up a week later, and then they still do not see the psychiatrist for another two to three months. I think just havin' a more streamlined process where it's quicker to get people in would benefit because sometimes after—after that second week, if they did not hear back from that agency, they are not—they are no longer interested. They do not feel like they have that issue that they were having two weeks ago—sometimes.

In addition to waiting for the referral to process, participants described how clients having to recount their stories multiple times before they could meet with a therapist functioned as a barrier to getting care. Wilma discussed the break in care between the intake person and treatment:

> I also hate, like I said, about these treatment providers that are sending one intake therapy and then another therapist to start the session. Because it's, like, okay, I already told my whole thing to you. I've had that happen with hospitals sometimes, because the hospital social worker will do their assessment, and then I have to go in and do the exact same assessment. And they do not want to talk about all of the same stuff that they always— that they already just talked about. I get it. Like, no one wants to keep talking about stuff. So then you are adding a therapist into it. And then if you are in substance treatment, you are talking to your provider there about it. So it just—it just sucks.

Another frustration that was mentioned was the high rate of turnover among providers that serve this population, which leads to a lack of continuity of care.

Finally, participants stated that they strongly felt that there was a need for more choice and flexibility in mental health care for their clients. Purple described how clients who had been 'forced into treatment as a child' felt that receiving mental health services as an adult would not be helpful for them. Better mental health treatment practices that integrate trauma-informed care and review and reassessment of current and childhood diagnoses were mentioned as important factors to be addressed when evaluating the current strengths and weaknesses of the mental healthcare system. Additionally, the need for more flexible care to accommodate young mothers' circumstances and tailoring care to mothers' needs was mentioned as a way of supporting young mothers seeking care. Megan explained:

> I think the flexibility of being able to meet in the person's home or being able to meet in an office, 'cause some of our moms can never leave their home and do not wanna leave the home for various reasons, whether it's transportation or child care. And then other people, like 'cause most of the agencies we contract with go in the home, they are like, "Well I do not wanna say here. There's too many ears listening." So just the flexibility on location and maybe allowing the client to pick you know the location, I think, would be good for them too. And then I think you know if it's with moms who have experienced like neglect or abuse in their own, um I think that being trauma-focused is super, super important like from the get-go, and then you know maybe exploring other therapy options, but being trauma-focused and kinda getting that impact would be important.

3.1.3 | Subtheme 1.3. Regulations

Participants expressed that it could be difficult to work with the state's current regulations. They are required to be a part of a safety plan for mothers who use substances. However, the participants felt that being part of a safety plan was not always necessary. Purple discussed her frustration with these policies:

> I think that sometimes we have to acknowledge that a substance-usin' parent is going to be able to care for their child or at least make a safe plan for their child to

13652206, 2023, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/cfs.13009 by University Of Maryland, Wiley Online Library on [04/10/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

> be cared for by someone else. But sometimes we have to continue our involvement, simply because that parent is still using substances. And I think that sometimes it's a disservice to the family because some of those families are able to manage, even with a substance-usin' parent, without agency involvement.

Participants were also frustrated with limitations on the type of formal support that their clients could get because of regulations around substance use, especially regulations around breastfeeding services for mothers. This was particularly important for mothers who had legally registered as medical cannabis patients but were still denied lactation support in the hospital and referred to social services as clients.

Participants also discussed the challenges associated with being part of the child welfare system and building rapport with clients who did not trust the authorities. Anna mentioned that:

> Since I work for Social Services, it's difficult to build that relationship, and that rapport, um, because these parents already come in, like, having that trauma, which already causes so many trust issues. … So at first, you know, they are either trying to do everything to—they are just scared we are gonna take the baby. So they are trying to do everything they can to make sure that either they are very compliant, or that they are giving us, like—or the opposite, like, they are not giving us information.

3.1.4 | Subtheme 1.4. Multiple roles of social workers

When working through the mentioned regulations and challenges, the participants are also are the ones providing mental health support. Participants discussed the multiple roles of social workers, including crisis support and felt that burnout was inevitable. Megan discussed the many roles she plays:

> And then, at least in my position, like we are often the ones that people call when they are in crisis, so we are the ones that are responding to them … I find that we do that work all the time and it's just very hard because we become people's therapist. We become the family therapist. We become you know spiritual guidance. We become relationship guidance to people. We become medical professionals. I mean we just like take on so many roles in these people's lives because we have to be there, so we keep showing up.

Participants also mentioned some of the downfalls of providing this kind of care, as the various roles they fulfilled can complicate the therapeutic relationship with their clients. Wilma discussed how 'awkward' it could be if you provided mental health support to someone when you could also be in the position of determining if removal of children from their home is necessary. As young mothers who use substances can have little support, the participants described how difficult it is to have to end their relationship following case termination. Anna discussed one of her experiences:

> One of my biggest issues is, like, I had a mother who was, like, 24 when I came in, and she had three children, and one of them had been in foster care for, like, two years. Um, and I came in about a year and a half in. And the next two years, I was with her, through the whole way. She relapsed. She had gone to treatment, came back from treatment, case closes. And I was, like, her main support. Um, and it's—so then when I left, it's, like, oh, I wish I could be in your life still, but I cannot.

3.2 | Theme 2. Supporting strategies for disrupting intergenerational transmission of child maltreatment

The second theme was supporting strategies for disrupting the intergenerational transmission of child maltreatment. Participants discussed the need for clients to understand and address childhood experiences or trauma and how it can impact parenting. The subthemes of strategies included basic needs first, dual substance use treatment and parenting needs and working within intergenerational family systems.

3.2.1 | Subtheme 2.1. Basic needs first

One of the critical factors that participants identified for their clients to have stability was to have their basic needs met before addressing any other issues, such as mental health issues and substance use. Wilma discussed the need for concrete support such as: "a place to live, maybe transportation, help financially. Um, and then kind of depending on the relationship and the history of the trauma, there might be some emotional support, too." Purple discussed the importance of meeting their needs first:

> I think that the biggest is the social supports with things like housing, their base—meeting their basic needs are some of the biggest issues because a lot of times they aren't able to focus on some of those things that we deem important, like substance use issues and mental health, because their basic needs, needs are not bein' met. So those housing programs or those people that are offering them a place to live with them, that kind of stuff like that is, is, a lot of the times, what people are seeking first.

Participants discussed how a lack of essential resources such as transportation, cell phones, childcare and other support prevented clients from addressing their mental health and taking care of themselves during the postpartum period.

13652206, 2023, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/cfs.13009 by University Of Maryland, Wiley Online Library on [04/10/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

3.2.2 | Subtheme 2.2. Dual substance use treatment and parenting needs

Participants highlighted the need for more substance use treatment programs that addressed the unique mental health needs of parents of infants. Participants discussed some of the gaps in current programs that focused on a more punitive approach and how difficult it was to help their clients find good mother-baby programs. Purple mentioned that young mothers wanted to continue to 'stay connected' with their child while still receiving treatment. Wilma discussed some of the downsides of programs she was familiar with:

> Where the staff are more focused on punishment and rule following, and stupid rules. Like, you cannot wear leggings, or you cannot wear flip-flops. Like, stupid rules, that if you are breaking those rules, then you get kicked out—- or punished, or whatever.

She also discussed programs where her clients had not succeeded for different reasons, including relapse and the quality of care that their children were receiving:

> I've had clients at [program] that have not succeeded. Their daycare is just awful. And they force the kids to go to daycare. I had one client there, like, they would get—they would get bad diaper rashes because the diapers were not being changed. And then my client ended up leaving before her six months were up, because her daughter was sick and they would not let her take her to the ER, or the doctor.

Residential programs and those that allowed mothers to begin to address their struggles before giving birth were outlined as best practices. Anna discussed additional challenges that her clients faced in the postpartum period and why it would be beneficial to begin earlier:

> Because once they have that baby, and then we are trying to refer them, they are just, shutting down, because they are, like, new mom, new baby—- usually. Or they have other children, but it's still like, oh wow, now another baby getting to the appointments, if they are substance exposed they may have more things to deal with, going on. Parents are dealing with their own mental health.

3.2.3 | Subtheme 2.3. Working within intergenerational family systems

As part of their work with clients with a history of maltreatment, participants discussed the complexity of working within intergenerational family systems. They reflected on the importance of understanding the family dynamics and the role of family support for new mothers using substances. They also mentioned the difficulty in working with families with a history of abuse and difficult dynamics. Purple discussed the need for understanding what is happening in the household:

> I just task people with understandin' that it may take a few times for you to, to go out to see what that family system is really like and what that family dynamic is really like. Um, and just talkin' with other people who may be in the home about what that, that looks like on a daily basis because we get a snapshot. So I think that sometimes we have to understand that what we are seeing may not be what's happening on a regular basis.

Family relationships are also complicated by the substance use, which can lead to little support, as Anna discusses: "unfortunately, a lot of the moms I work with don't have those supports. It feels—um and if they're substance using, the people who they're closest with, unfortunately, are usually using substances as well."

Anna reflected on the fact that clients with support are less likely to have their child removed or stay in the system for too long:

> The ones who are [getting help], the ones that the cases do not stay open long, because they do have such a strong support system. But then the ones who do not have the support system, and— the ones who usually are transferred to foster, their extent of drug use is that bad.

4 | DISCUSSION

IPA with four social workers working with mothers who use substances and their infants revealed two themes: 'grappling with system challenges' and 'supporting strategies for disrupting intergenerational transmission of child maltreatment.'

4.1 | Grappling with system challenges

Participants expressed their frustration with the regulations, their inability to help with longer-term fixes, and how their clients were treated compared to other women. Judgement and regulations were barriers to appropriate care. These concerns are not unique to our participants but rather a systemic problem in the USA. Although regulations (e.g. policies limiting lactation support for mothers with positive toxicology reports) are not explicitly racist, classist or xenophobic, the regulations are especially concerning because they amplify health inequities driven by current and historical racism, classism, xenophobia and negative perceptions of unmarried pregnant women (Amundson & Zajicek, 2018; Kravitz et al., 2021; Perlman et al., 2020). Research has demonstrated the decision to screen for substance use during pregnancy is frequently the result of the healthcare providers' social profiling of patients (Kravitz et al., 2021; Perlman et al., 2020;

13652206, 2023, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/cfs.13009 by University Of Maryland, Wiley Online Library on [04/10/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Perlman et al., 2022). Without standardization of care or prioritizing treating substance use disorder as a health issue rather than a criminal justice issue, it is unlikely that the adoption of equitable screening practices or substance use disorder treatment for pregnant women will occur.

Women of colour are disproportionately more likely to be screened for substance use during pregnancy, despite no difference in positivity rates by race (Kravitz et al., 2021). In one study, Black and Latinx women were 4.3 times as likely to be tested for perinatal substance use when compared to White women (Perlman et al., 2022). Perlman and colleagues have also found that Indigenous women are also far more likely to be screened than their white counterparts (aOR: 4.43, 95% CI: 1.88–10.43) (Perlman et al., 2020). These disparities persist even in areas where recreational cannabis use is legal, such as Washington State, where African American, Latinx and Asian women are screened more frequently than white women (Pflugeisen et al., 2020).

Women of colour, particularly Black and Latinx women, are also less likely to receive medication for opioid use disorder during pregnancy (Peeler et al., 2020; Schiff et al., 2020), even though treatment is recommended for all pregnant women with an opioid use disorder (ACOG, 2017). Direct discrimination plays an additional role as women who experience discrimination during mental health and substance use treatment are less likely to find it helpful and frequently end their treatment early (Mays et al., 2017). Inequities beyond race and ethnicity include where someone lives, income, insurance type and maternal age and education. Women who deliver in hospitals with larger percentages of Medicaid recipients, women who are using subsidized insurance, young, unmarried and less educated mothers are more likely to be tested for substance use (Patel et al., 2021; Pflugeisen et al., 2020; Rebbe et al., 2019).

Judgement and stigma at multiple levels were challenges the participants found were barriers to their clients addressing their substance use issues. Systemic stigma leads to poorer care for pregnant people, including more judgement and stigma at the individual level. Pregnant people can begin to believe that they are a 'bad person' due to internalized stigma at the individual level, making them less likely to seek care and address their substance use (Weber et al., 2021). At the community and institutional levels, stigma can lead to a lack of support and unrealistic expectations of women (Weber et al., 2021; Wolfson et al., 2021), which can make both enrolling and sustaining participation in a substance use treatment plan challenging. At the policy level, stigma has translated into punitive policies and the criminalization of substance use (Weber et al., 2021). Those who experience stigma can begin to fear and distrust the healthcare and child welfare systems, preventing them from seeking help (Wolfson et al., 2021). Fear of provider judgement and legal consequences such as CPS involvement can lead women to avoid prenatal care and attempt to decrease substance use independently (Roberts & Nuru-Jeter, 2010).

Although there are serious risks associated with perinatal substance use, the assumption that substance use leads to 'maternal unfitness' hurts mothers and can prevent them from seeking care or receiving non-judgmental, respectful care (Terplan, Kennedy-Hendricks, & Chisolm, 2015). The participants described the stigma that mothers felt when hospitals refused lactation care after a positive toxicology report despite current recommendations. Punitive practices can drive substance use 'underground' and prevent women from receiving appropriate prenatal care (Poland et al., 1993). States with punitive policies to prevent substance use have significantly lower rates of use but lower rates of prenatal substance use treatment compared to those with policies around supportive care and treatment (Kozhimannil et al., 2019; Roberts et al., 2019). Despite ACOG recommendations for universal screening, there are also lower levels of prenatal substance use screening in states that designate it as child abuse or neglect (Patel et al., 2021). Rather than punitive practices and policies, there is a need for policy that supports better evidence-based treatment programs, better insurance coverage and increased access to prenatal substance use treatment (Haffajee et al., 2021). This is particularly true for women with a personal history of child maltreatment, substance use can be a way of coping with trauma and mental health struggles. The participants in this study emphasized the need for better services in this area and better support for these mothers.

The study findings emphasize the need for clearer policies and communication of the risks of use to people who are or plan to become pregnant in light legalization of recreational cannabis becoming more common. The movement to legalize recreational use has led to the unintended consequences of increased perinatal use (Brown & Hasin, 2020). In one study of postnatal women, only about a quarter of women had been counselled about avoiding marijuana use during breastfeeding by their provider, although women who believed it was unsafe were less likely to continue use (Coy et al., 2021). The inconsistent counselling is deeply concerning, as the National Survey on Drug Use and Health has tracked that the prevalence of any cannabis use during the last month while pregnant doubled from 3.4% in 2002–2003 to 7.0% in 2016–2017 (Volkow et al., 2019).

An integrative review of pregnant and postpartum women's perceptions of cannabis risk use has also indicated that the lack of counselling from healthcare providers has often been incorrectly interpreted as meaning there is little to no risk of adverse health outcomes for themselves during or after their pregnancy or for their baby (Bayrampour et al., 2019; Jarlenski et al., 2017). The review also found that healthcare providers are uncertain of the most appropriate guidance for pregnant patients due to conflicting research findings about cannabis use during pregnancy. Instead of emphasizing health effects, providers are turning to warnings about the legality of cannabis use to discourage use (Bayrampour et al., 2019; Jarlenski et al., 2017). With a shifting legal landscape on the legality of recreational cannabis, improved training and support are needed for providing support to pregnant women. The training should equip professionals to be able to discuss the issue of cannabis use and risk perception across both the legal and medical domains to help patients discontinue use (Bayrampour et al., 2019; Jarlenski et al., 2016; Mark et al., 2017).

13652206, 2023, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/cfs.13009 by University Of Maryland, Wiley Online Library on [04/10/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

4.2 | Supporting strategies for disrupting intergenerational transmission of child maltreatment

Participants emphasized the importance of basic needs support for mothers struggling with substance use, as it is extremely difficult to focus on substance use and mental health treatment without safe housing, food and a secure environment for their child. Integrated programs for substance use should include transportation, childcare and residential options (Ramage et al., 2018). In addition, social safety nets can help support mothers in recovery and their children, as they have been shown to help reduce childhood poverty and improve children's health and well-being (Hardy et al., 2019).

Participants also highlighted the need for substance use treatment programs that address parenting and mental health needs. For example, specialized substance use programs such as women-only programs can be more successful (Niv & Hser, 2007). Yet there is a gap between the number of programs that are available and the need for treatment, especially given that substance use has increased among women in the USA (Terplan, Longinaker, & Appel, 2015). Substance use programs focusing only on drug use are less effective than integrated programs including parenting components such as childcare and prenatal care, mental health support, other topics/workshops (e.g. sexual health and contraception counselling) and comprehensive programming (i.e. interventions that includes their children, teaches life skills like budgeting) (Ashley et al., 2009). Existing programs that focus on both parenting and substance use include Parents Under Pressure, which includes a focus on family functions (Dawe & Harnett, 2007), The Mother and Toddler Program, which includes attachment-based parenting interventions (Suchman et al., 2011) and Mothering from the Inside Out, which is an intervention focused on maternal reflective functioning (Suchman et al., 2017). CARE Plus connects mothers to mental health care, basic needs services (including food, housing and transportation), and parent coaching (CARE Plus | Indiana health | IU School of Medicine, 2022). Programs that focus on the parent–child relationship can help mothers process the experience and work through both the challenges and joys of being a new parent while in recovery (Peacock-Chambers et al., 2021).

Another strategy identified by participants was the need to shift from stigma to support for young mothers who are using substances and to follow a trauma-informed approach. Ways to decrease stigma in perinatal substance use treatment include using person-first language, emphasizing systems-level causes of a substance use disorder, advocating for harm reduction programs, increasing supportive policies that help parent–child relationships and helping improve parenting capacity (Weber et al., 2021). The inclusion of a trauma-informed approach and motivational interviewing are also beneficial for mothers (Weber et al., 2021). A trauma-informed approach is particularly important when working within intergenerational families with a history of child maltreatment. These women need to be able to recognize that it was not their fault, address the past and begin to heal from it. There is a new path forward, but it is hard with parents still involved who are not letting them forge a path. There needs to be a focus on healing that includes the entire family.

Pregnancy is a motivator for some women to decrease substance use and seek care, giving them the motivation to work with providers and their support network to get the care they need and overcome barriers (Goodman et al., 2020). Thus, earlier prenatal treatment and harm reduction approaches to substance use can help improve infant outcomes, especially when substance use treatment is integrated into prenatal care (Armstrong et al., 2003). Prenatal access is particularly important because postpartum programs can be overwhelming to mothers in recovery as they need to balance their treatment, caring for their child, child protective services appointments and medical appointments (Peacock-Chambers et al., 2021).

Finally, this study highlights the need for better support for social workers in this role. Most social workers get into the field to help people and express job satisfaction when they can make a difference in their clients' lives, but heavy workloads and systemic challenges make that difficult (Schelbe et al., 2017). Systemic challenges put the burden on social workers at the individual level and can lead to the inevitable burnout that was mentioned in this study. Better trauma-informed care from organizations and employers can help social workers take care of themselves in a stressful work environment, where burnout and secondary trauma are common (Peacock-Chambers et al., 2021). Improving training on how to work with intergenerational families and substance use can help at the individual level, but there is a need to improve the referral system and regulations for lasting changes that support both social workers and their clients.

4.3 | Conclusions

Findings from this exploratory study highlight the need for additional support for both young mothers with a history of maltreatment who use substances and the social workers that work with them. Systemic barriers like the mental health referral system and stigma make it difficult to connect mothers to the treatment and care that they need. In addition, the implicit bias experienced by mothers when interfaced with healthcare and human service professionals may impact how often they utilize various services. Formal guidelines for healthcare providers on when to screen for substance use are needed given the ongoing social profiling. Additional programs that provide integrated support, including basic needs, parenting and mental health and allow mothers and infants to stay together as much as possible are needed. Community-based programs with an asset-based lens can promote holistic well-being and how to address discrimination as a consumer. These programs should be trauma-informed, non-judgemental and ideally start prenatally.

ACKNOWLEDGEMENTS

This study was funded by the University of Maryland Division of Research through the Maryland Catalyst Fund New Directions Proof of Concept Program (PI Aparicio).

CONFLICT OF INTEREST STATEMENT

The authors declare they have no conflicts of interest.

13652206, 2023, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/cfs.13009 by University Of Maryland, Wiley Online Library on [04/10/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

DATA AVAILABILITY STATEMENT

Research data are not shared.

ORCID

Amara Channell Doig https://orcid.org/0000-0002-1546-3003
Michelle Jasczynski https://orcid.org/0000-0001-8479-6779
Danielle R. Phillips https://orcid.org/0000-0002-5487-1747
Jennifer L. Robinson https://orcid.org/0000-0003-4241-5290
Maisha Huq https://orcid.org/0000-0003-1840-0099
Gary Jones https://orcid.org/0000-0002-3952-136X
Elizabeth M. Aparicio https://orcid.org/0000-0001-8924-5757

REFERENCES

ACOG. (2017). Opioid use and opioid use disorder in Pregnancy - ACOG. American College of Obstetricians and Gynecologists. Accessed January 10, 2020. https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Opioid-Use-and-Opioid-Use-Disorder-in-Pregnancy?IsMobileSet=false

Adanty, C., Qian, J., Wang, Y., Remington, G., Shakeri, A., Borlido, C., Gerretsen, P., Graff-Guerrero, A., & de Luca, V. (2022). Childhood trauma exposure and personality traits in schizophrenia patients. *Schizophrenia Research*, *241*, 221–227. https://doi.org/10.1016/j.schres.2022.01.039

Amundson, K., & Zajicek, A. (2018). A case study of state-level policymakers' discursive co-constructions of welfare drug testing policy and gender, race, and class. *Sociological Inquiry*, *88*(3), 383–409. https://doi.org/10.1111/soin.12208

Aparicio, E. M., Birmingham, A., Rodrigues, E. N., & Houser, C. (2019). Dual experiences of teenage parenting and homelessness among native Hawaiian youth: A critical interpretative phenomenological analysis. *Child & Family Social Work*, *24*(2), 330–339. https://doi.org/10.1111/cfs.12618

Aparicio, E. M., Channell Doig, A., Jasczynski, M., Robinson, J. L., Huq, M., Yoo, J. H., Hillig, E., Lee, K., Berkowitz, A., Guastaferro, K., Jones, G., & Bernardi, C. (2022). Parenting and mental health needs of young, maltreated parents: implications for porevention of intergenerational child maltreatment. *Journal of Family Violence*. https://doi.org/10.1007/s10896-022-00387-5

Armstrong, M. A., Gonzales Osejo, V., Lieberman, L., Carpenter, D. M., Pantoja, P. M., & Escobar, G. J. (2003). Perinatal substance abuse intervention in obstetric clinics decreases adverse neonatal outcomes. *Journal of Perinatology*, *23*(1), 3–9. https://doi.org/10.1038/sj.jp.7210847

Ashley, O. S., Marsden, M. E., & Brady, T. M. (2009). Effectiveness of substance abuse treatment programming for women: A review. *The American Journal of Drug and Alcohol Abuse*, *29*(1), 19–53. https://doi.org/10.1081/ADA-120018838

Avalos, L. A., Roberts, S. C., Kaskutas, L. A., Block, G., & Li, D. K. (2014). Volume and type of alcohol during early pregnancy and the risk of miscarriage. *Substance Use & Misuse*, *49*(11), 1437–1445. https://doi.org/10.3109/10826084.2014.912228

Bayrampour, H., Zahradnik, M., Lisonkova, S., & Janssen, P. (2019). Women's perspectives about cannabis use during pregnancy and the postpartum period: An integrative review. *Preventive Medicine*, *119*, 17–23. https://doi.org/10.1016/j.ypmed.2018.12.002

Borelli, J. L., West, J. L., Decoste, C., & Suchman, N. E. (2012). Emotionally avoidant language in the parenting interviews of substance-dependent mothers: Associations with reflective functioning, recent substance use, and parenting behavior. *Infant Mental Health Journal*, *33*(5), 506–519. https://doi.org/10.1002/imhj.21340

Brecht, M. L., & Herbeck, D. M. (2014). Pregnancy and fetal loss reported by methamphetamine-using women. *Substance abuse: research and treatment*, *8*, SART.S14125. https://doi.org/10.4137/SART.S14125

Brown, Q. L., & Hasin, D. S. (2020). Possible unintended consequences for pregnant women of legalizing cannabis use. *Addiction*, *115*(8), 1411–1412. https://doi.org/10.1111/add.14890

Buckingham, E. T., & Daniolos, P. (2013). Longitudinal outcomes for victims of child abuse. *Current Psychiatry Reports*, *15*(2), 342. https://doi.org/10.1007/s11920-012-0342-3

CARE Plus | Indiana health | IU School of Medicine. (2022). Accessed November 22, 2022. https://medicine.iu.edu/expertise/indiana-health/opioid-crisis/care-plus

Child Welfare Information Gateway. (2019). Mandatory reporters of child abuse and neglect. U.S. Department of Health and Human Services, Children's Bureau.

Cicchetti, D., & Handley, E. D. (2019). Child maltreatment and the development of substance use and disorder. *Neurobiology of stress*, *10*, 100144. https://doi.org/10.1016/j.ynstr.2018.100144

Cicchetti, D., & Rogosch, F. A. (2018). A developmental psychopathology perspective on substance use: Illustrations from the research on child maltreatment. In *Alcohol use disorders: A developmental science approach to etiology* (pp. 17–29). Oxford University Press.

Coy, K. C., Haight, S. C., Anstey, E., Grant, A. M., Ruffo, N., & Ko, J. Y. (2021). Postpartum marijuana use, perceptions of safety, and breastfeeding initiation and duration: An analysis of PRAMS data from seven states, 2017. *Journal of Human Lactation*, *37*(4), 803–812. https://doi.org/10.1177/0890334421993466

Dawe, S., & Harnett, P. (2007). Reducing potential for child abuse among methadone-maintained parents: Results from a randomized controlled trial. *Journal of Substance Abuse Treatment*, *32*(4), 381–390. https://doi.org/10.1016/j.jsat.2006.10.003

Day, N. L., Leech, S. L., & Goldschmidt, L. (2011). The effects of prenatal marijuana exposure on delinquent behaviors are mediated by measures of neurocognitive functioning. *Neurotoxicology and Teratology*, *33*(1), 129–136. https://doi.org/10.1016/j.ntt.2010.07.006

Deutsch, S. A., Donahue, J., Parker, T., Paul, D., & De Jong, A. R. (2021). Supporting mother-infant dyads impacted by prenatal substance exposure. *Children and Youth Services Review*, *129*, 106191. https://doi.org/10.1016/j.childyouth.2021.106191

DiFranza, J. R., Aligne, C. A., & Weitzman, M. (2004). Prenatal and postnatal environmental tobacco smoke exposure and children's health. *Pediatrics*, *113*(4), 1007–1015. https://doi.org/10.1542/peds.113.S3.1007

Forray, A., & Foster, D. (2015). Substance use in the perinatal period. *Current Psychiatry Reports*, *17*(11), 91. https://doi.org/10.1007/s11920-015-0626-5

Ghertner, R., Waters, A., Radel, L., & Crouse, G. (2018). The role of substance use in child welfare caseloads. *Children and Youth Services Review*, *90*, 83–93. https://doi.org/10.1016/j.childyouth.2018.05.015

Goodman, D. J., Saunders, E. C., & Wolff, K. B. (2020). In their own words: A qualitative study of factors promoting resilience and recovery among postpartum women with opioid use disorders. *BMC Pregnancy and Childbirth*, *20*(1), 178. https://doi.org/10.1186/s12884-020-02872-5

Haffajee, R. L., Faherty, L. J., & Zivin, K. (2021). Pregnant women with substance use disorders — The harm associated with punitive approaches. *The New England Journal of Medicine*, *384*(25), 2364–2367. https://doi.org/10.1056/NEJMp2101051

Hamburger, M. E., Leeb, R. T., & Swahn, M. H. (2008). Childhood maltreatment and early alcohol use among high-risk adolescents. *Journal of Studies on Alcohol and Drugs*, *69*(2), 291–295. https://doi.org/10.15288/jsad.2008.69.291

Hardy, B., Hill, H. D., & Romich, J. (2019). Strengthening social programs to promote economic stability during childhood. *Social Policy Report*, *32*(2), 1–36. https://doi.org/10.1002/sop2.4

He, A. S., & Phillips, J. (2017). Interagency collaboration: Strengthening substance abuse resources in child welfare. *Child Abuse & Neglect*, *64*, 101–108. https://doi.org/10.1016/j.chiabu.2016.12.011

Hirai, A. H., Ko, J. Y., Owens, P. L., Stocks, C., & Patrick, S. W. (2021). Neonatal abstinence syndrome and maternal opioid-related diagnoses in

13652206, 2023, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/cfs.13009 by University Of Maryland, Wiley Online Library on [04/10/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

the US, 2010-2017. *Journal of the American Medical Association*, *325*(2), 146–155. https://doi.org/10.1001/jama.2020.24991

Huang, S., Trapido, E., Fleming, L., Arheart, K., Crandall, L., French, M., Malcolm, S., & Prado, G. (2011). The long-term effects of childhood maltreatment experiences on subsequent illicit drug use and drug-related problems in young adulthood. *Addictive Behaviors*, *36*(1–2), 95–102. https://doi.org/10.1016/j.addbeh.2010.09.001

Hudak, M. L., Tan, R. C., The Committee on Drugs, The Committee on Fetus and Newborn, Frattarelli, D. A. C., Galinkin, J. L., Green, T. P., Neville, K. A., Paul, I. M., van den Anker, J. N., Papile, L. A., Baley, J. E., Bhutani, V. K., Carlo, W. A., Cummings, J., Kumar, P., Polin, R. A., Wang, K. S., & Watterberg, K. L. (2012). Neonatal drug withdrawal. *Pediatrics*, *129*(2), e540–e560. https://doi.org/10.1542/peds.2011-3212

Hudson, A., Wekerle, C., Goldstein, A. L., Ellenbogen, S., Waechter, R., Thompson, K., & Stewart, S. H. (2017). Gender differences in emotion-mediated pathways from childhood sexual abuse to problem drinking in adolescents in the child welfare system. *Journal of Child and Adolescent Trauma*, *10*(1), 19–28. https://doi.org/10.1007/s40653-016-0125-9

Inyang, B., Gondal, F. J., Abah, G. A., Minnal Dhandapani, M., Manne, M., Khanna, M., Challa, S., Kabeil, A. S., & Mohammed, L. (2022). The role of childhood trauma in psychosis and schizophrenia: A systematic review. *Cureus*, *14*, e21466. https://doi.org/10.7759/cureus.21466

Ion, R., & Bernal, A. L. (2015). Smoking and preterm birth. *Reproductive Sciences*, *22*(8), 918–926. https://doi.org/10.1177/1933719114556486

Jaques, S. C., Kingsbury, A., Henshcke, P., Chomchai, C., Clews, S., Falconer, J., Abdel-Latif, M. E., Feller, J. M., & Oei, J. L. (2014). Cannabis, the pregnant woman and her child: Weeding out the myths. *Journal of Perinatology*, *34*(6), 417–424. https://doi.org/10.1038/jp.2013.180

Jarlenski, M., Koma, J. W., Zank, J., Bodnar, L. M., Bogen, D. L., & Chang, J. C. (2017). Trends in perception of risk of regular marijuana use among US pregnant and nonpregnant reproductive-aged women. *American Journal of Obstetrics and Gynecology*, *217*(6), 705–707. https://doi.org/10.1016/j.ajog.2017.08.015

Jarlenski, M., Tarr, J. A., Holland, C. L., Farrell, D., & Chang, J. C. (2016). Pregnant women's access to information about perinatal marijuana use: A qualitative study. *Womens Health Issues*, *26*(4), 452–459. https://doi.org/10.1016/j.whi.2016.03.010

Kozhimannil, K. B., Dowd, W. N., Ali, M. M., Novak, P., & Chen, J. (2019). Substance use disorder treatment admissions and state-level prenatal substance use policies: Evidence from a national treatment database. *Addictive Behaviors*, *90*, 272–277. https://doi.org/10.1016/j.addbeh.2018.11.019

Kravitz, E., Suh, M., Russell, M., Ojeda, A., Levison, J., & McKinney, J. (2021). Screening for substance use disorders during pregnancy: A decision at the Intersection of Racial and Reproductive Justice. *American Journal of Perinatology*, s-0041-1739433. https://doi.org/10.1055/s-0041-1739433

Kuppens, S., Moore, S. C., Gross, V., Lowthian, E., & Siddaway, A. P. (2020). The enduring effects of parental alcohol, tobacco, and drug use on child well-being: A multilevel meta-analysis. *Development and Psychopathology*, *32*(2), 765–778. https://doi.org/10.1017/S0954579419000749

Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. *Social Work in Public Health*, *28*(3–4), 194–205. https://doi.org/10.1080/19371918.2013.759005

Lee, M. A., & Song, R. (2017). Childhood abuse, personality traits, and depressive symptoms in adulthood. *Child Abuse & Neglect*, *65*, 194–203. https://doi.org/10.1016/j.chiabu.2017.02.009

Lipari, R. N., & Van horn, S. L. (2017). *Children living with parents who have a substance use disorder*. https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.htm

Lloyd, M. H., Luczak, S., & Lew, S. (2019). Planning for safe care or widening the net?: A review and analysis of 51 states' CAPTA policies addressing substance-exposed infants. *Children and Youth Services Review*, *99*, 343–354. https://doi.org/10.1016/j.childyouth.2019.01.042

Lloyd Sieger, M. H., Nichols, C., & Chasnoff, I. J. (2022). Child abuse prevention and treatment act, family care plans and infants with prenatal substance exposure: Theoretical framework and directions for future research. *Infant and Child Development*, *31*(3), e2309. https://doi.org/10.1002/icd.2309

Lynch, S., Sherman, L., Snyder, S. M., & Mattson, M. (2018). Trends in infants reported to child welfare with neonatal abstinence syndrome (NAS). *Children and Youth Services Review*, *86*, 135–141. https://doi.org/10.1016/j.childyouth.2018.01.035

Mark, K., Gryczynski, J., Axenfeld, E., Schwartz, R. P., & Terplan, M. (2017). Pregnant women's current and intended cannabis use in relation to their views toward legalization and knowledge of potential harm. *Journal of Addiction Medicine*, *11*(3), 211–216. https://doi.org/10.1097/ADM.0000000000000299

Mays, V. M., Jones, A. L., Delany-Brumsey, A., Coles, C., & Cochran, S. D. (2017). Perceived discrimination in health care and mental health/substance abuse treatment among Blacks, Latinos, and Whites. *Medical Care*, *55*(2), 173–181. https://doi.org/10.1097/MLR.0000000000000638

McQueen, K., & Murphy-Oikonen, J. (2016). Neonatal abstinence syndrome. *The New England Journal of Medicine*, *375*(25), 2468–2479. https://doi.org/10.1056/NEJMra1600879

Mezquita, L., Ibáñez, M. I., Moya, J., Villa, H., & Ortet, G. (2014). A longitudinal examination of different etiological pathways to alcohol use and misuse. *Alcoholism, Clinical and Experimental Research*, *38*(6), 1770–1779. https://doi.org/10.1111/acer.12419

Minozzi, S., Amato, L., Bellisario, C., Ferri, M., & Davoli, M. (2013). Maintenance agonist treatments for opiate-dependent pregnant women. Cochrane Drugs and Alcohol Group, ed. *Cochrane Database Syst Rev*. Published online December 23, 2013. doi:https://doi.org/10.1002/14651858.CD006318.pub3

Niv, N., & Hser, Y. I. (2007). Women-only and mixed-gender drug abuse treatment programs: Service needs, utilization and outcomes. *Drug and Alcohol Dependence*, *87*(2–3), 194–201. https://doi.org/10.1016/j.drugalcdep.2006.08.017

Orsi, R., Boissy, L., Yuma, P., Palmer, F., & Torres-Molinar, S. (2021). Child welfare in non-metro and rural communities: Experiences of child-serving professionals addressing substance use. *Child & Family Social Work*, *26*, 696–707. https://doi.org/10.1111/cfs.12850

Oshri, A., Rogosch, F. A., Burnette, M. L., & Cicchetti, D. (2011). Developmental pathways to adolescent cannabis abuse and dependence: Child maltreatment, emerging personality, and internalizing versus externalizing psychopathology. *Psychology of Addictive Behaviors*, *25*(4), 634–644. https://doi.org/10.1037/a0023151

Patel, E., Bandara, S., Saloner, B., Stuart, E. A., Goodman, D., Terplan, M., McCourt, A., White, S., & McGinty, E. E. (2021). Heterogeneity in prenatal substance use screening despite universal screening recommendations: Findings from the pregnancy risk assessment monitoring system, 2016–2018. *American journal of obstetrics & gynecology MFM*, *3*(5), 100419. https://doi.org/10.1016/j.ajogmf.2021.100419

Patra, J., Bakker, R., Irving, H., Jaddoe, V., Malini, S., & Rehm, J. (2011). Dose-response relationship between alcohol consumption before and during pregnancy and the risks of low birthweight, preterm birth and small for gestational age (SGA)-a systematic review and meta-analyses: Alcohol and the risk of low birthweight, preterm birth, and SGA. *BJOG: An International Journal of Obstetrics & Gynaecology*, *118*(12), 1411–1421. https://doi.org/10.1111/j.1471-0528.2011.03050.x

Peacock-Chambers, E., Schiff, D. M., & Zuckerman, B. (2021;Publish Ahead of Print). Caring for families with young children affected by substance use disorder: Needed changes. *Journal of Developmental and Behavioral Pediatrics, Publish Ahead of Print*, 408–410. https://doi.org/10.1097/DBP.0000000000000942

Peeler, M., Gupta, M., Melvin, P., Bryant, A. S., Diop, H., Iverson, R., Callaghan, K., Wachman, E. M., Singh, R., Houghton, M., Greenfield, S. F., & Schiff, D. M. (2020). Racial and ethnic disparities in maternal and infant outcomes among opioid-exposed mother–infant

13652206, 2023, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/cfs.13009 by University Of Maryland, Wiley Online Library on [04/10/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

dyads in Massachusetts (2017–2019). *American Journal of Public Health*, *110*(12), 1828–1836. https://doi.org/10.2105/AJPH.2020.305888

Perlman, N. C., Cantonwine, D. E., & Smith, N. A. (2020). Toxicology testing in pregnancy: Evaluating the role of social profiling. *Obstetrics and Gynecology*, *136*(3), 607–609. https://doi.org/10.1097/AOG.0000000000003986

Perlman, N. C., Cantonwine, D. E., & Smith, N. A. (2022). Racial differences in indications for obstetrical toxicology testing and relationship of indications to test results. *American Journal of Obstetrics & Gynecology MFM*, *4*(1), 100453. https://doi.org/10.1016/j.ajogmf.2021.100453

Pflugeisen, B. M., Mou, J., Drennan, K. J., & Straub, H. L. (2020). Demographic discrepancies in prenatal urine drug screening in Washington state surrounding recreational marijuana legalization and accessibility. *Maternal and Child Health Journal*, *24*(12), 1505–1514. https://doi.org/10.1007/s10995-020-03010-5

Pineles, B. L., Park, E., & Samet, J. M. (2014). Systematic review and meta-analysis of miscarriage and maternal exposure to tobacco smoke during pregnancy. *American Journal of Epidemiology*, *179*(7), 807–823. https://doi.org/10.1093/aje/kwt334

Poland, M. L., Dombrowski, M. P., Ager, J. W., & Sokol, R. J. (1993). Punishing pregnant drug users: Enhancing the flight from care. *Drug and Alcohol Dependence*, *31*(3), 199–203. https://doi.org/10.1016/0376-8716(93)90001-7

Quesada, O., Gotman, N., Howell, H. B., Funai, E. F., Rounsaville, B. J., & Yonkers, K. A. (2012). Prenatal hazardous substance use and adverse birth outcomes. *The Journal of Maternal-Fetal & Neonatal Medicine*, *25*(8), 1222–1227. https://doi.org/10.3109/14767058.2011.602143

Ramage, M., Ostrach, B., Fagan, B., & Coulson, C. C. (2018). Stabilizing the mother-infant dyad for better outcomes from OB to FM: Caring for patients with perinatal opioid use disorder through the 4th trimester. *North Carolina Medical Journal*, *79*(3), 164–165. https://doi.org/10.18043/ncm.79.3.164

Rebbe, R., Mienko, J. A., Brown, E., & Rowhani-Rahbar, A. (2019). Hospital variation in child protection reports of substance exposed infants. *The Journal of Pediatrics*, *208*, 141–147.e2. https://doi.org/10.1016/j.jpeds.2018.12.065

Roberts, S. C. M., Mericle, A. A., Subbaraman, M. S., Thomas, S., Treffers, R. D., Delucchi, K. L., & Kerr, W. C. (2019). State policies targeting alcohol use during pregnancy and alcohol use among pregnant women 1985–2016: Evidence from the behavioral risk factor surveillance system. *Women's Health Issues*, *29*(3), 213–221. https://doi.org/10.1016/j.whi.2019.02.001

Roberts, S. C. M., & Nuru-Jeter, A. (2010). Women's perspectives on screening for alcohol and drug use in prenatal care. *Women's Health Issues*, *20*(3), 193–200. https://doi.org/10.1016/j.whi.2010.02.003

Rogers, M. M., McKinney, C., & Asberg, K. (2018). Substance use predicted by parental maltreatment, gender, and five-factor personality. *Personality and Individual Differences*, *128*, 39–43. https://doi.org/10.1016/j.paid.2018.02.030

Rogosch, F. A., Oshri, A., & Cicchetti, D. (2010). From child maltreatment to adolescent cannabis abuse and dependence: A developmental cascade model. *Development and Psychopathology*, *22*(4), 883–897. https://doi.org/10.1017/S0954579410000520

Romanowicz, M., Vande Voort, J. L., Shekunov, J., Oesterle, T. S., Thusius, N. J., Rummans, T. A., Croarkin, P. E., Karpyak, V. M., Lynch, B. A., & Schak, K. M. (2019). The effects of parental opioid use on the parent–child relationship and children's developmental and behavioral outcomes: A systematic review of published reports. *Child and Adolescent Psychiatry and Mental Health*, *13*(1), 5. https://doi.org/10.1186/s13034-019-0266-3

Schelbe, L., Radey, M., & Panisch, L. S. (2017). Satisfactions and stressors experienced by recently-hired frontline child welfare workers. *Children and Youth Services Review*, *78*, 56–63. https://doi.org/10.1016/j.childyouth.2017.05.007

Schiff, D. M., Nielsen, T., Hoeppner, B. B., Terplan, M., Hansen, H., Bernson, D., Diop, H., Bharel, M., Krans, E. E., Selk, S., Kelly, J. F., Wilens, T. E., & Taveras, E. M. (2020). Assessment of racial and ethnic disparities in the use of medication to treat opioid use disorder among pregnant women in Massachusetts. *JAMA Network Open*, *3*(5), e205734. https://doi.org/10.1001/jamanetworkopen.2020.5734

Smith, J., Flowers, P., & Larkin, M. (2009). *interpretative phenomenological analysis: Theory, method and research*. SAGE publications.

Srikartika, V., & O'Leary, C. (2015). Pregnancy outcomes of mothers with an alcohol-related diagnosis: A population-based cohort study for the period 1983–2007. *BJOG: An International Journal of Obstetrics & Gynaecology*, *122*(6), 795–804. https://doi.org/10.1111/1471-0528.12983

Substance Use During Pregnancy. (2016). Guttmacher Institute. Published March 14, 2016. Accessed July 29, 2021. http://www.guttmacher.org/state-policy/explore/substance-use-during-pregnancy

Suchman, N. E., Decoste, C., Mcmahon, T. J., Rounsaville, B., & Mayes, L. (2011). The mothers and toddlers program, an attachment-based parenting intervention for substance-using women: Results at 6-week follow-up in a randomized clinical pilot. *Infant Mental Health Journal*, *32*(4), 427–449. https://doi.org/10.1002/imhj.20303

Suchman, N. E., DeCoste, C. L., McMahon, T. J., Dalton, R., Mayes, L. C., & Borelli, J. (2017). Mothering from the inside out: Results of a second randomized clinical trial testing a mentalization-based intervention for mothers in addiction treatment. *Development and Psychopathology*, *29*(2), 617–636. https://doi.org/10.1017/S0954579417000220

Terplan, M., Kennedy-Hendricks, A., & Chisolm, M. S. (2015). Article commentary: Prenatal substance use: Exploring assumptions of maternal unfitness. *Substance abuse: research and treatment.*, *9s2*, SART.S23328–SART.S23324. https://doi.org/10.4137/SART.S23328

Terplan, M., Longinaker, N., & Appel, L. (2015). Women-centered drug treatment services and need in the United States, 2002–2009. *American Journal of Public Health*, *105*(11), e50–e54. https://doi.org/10.2105/AJPH.2015.302821

Thomas, S., Treffers, R., Berglas, N. F., Drabble, L., & Roberts, S. C. M. (2018). Drug use during pregnancy policies in the United States from 1970 to 2016. *Contemporary Drug Problems*, *45*(4), 441–459. https://doi.org/10.1177/0091450918790790

Volkow, N. D., Han, B., Compton, W. M., & McCance-Katz, E. F. (2019). Self-reported medical and nonmedical cannabis use among pregnant women in the United States. *Journal of the American Medical Association*, *322*(2), 167–169. https://doi.org/10.1001/jama.2019.7982

Weber, A., Miskle, B., Lynch, A., Arndt, S., & Acion, L. (2021). Substance use in pregnancy: Identifying stigma and improving care. *Substance Abuse and Rehabilitation*, *12*, 105–121. https://doi.org/10.2147/SAR.S319180

Wendland, J., Lebert, A., de Oliveria, C., & Boujut, E. (2017). Links between childhood maltreatment or adolescence and consumption of hazardous substances in young adults. *L'Évolution Psychiatrique*, *82*(2), 383–393. https://doi.org/10.1016/j.evopsy.2016.06.011

Wolfson, L., Schmidt, R. A., Stinson, J., & Poole, N. (2021). Examining barriers to harm reduction and child welfare services for pregnant women and mothers who use substances using a stigma action framework. *Health & Social Care in the Community*, *29*(3), 589–601. https://doi.org/10.1111/hsc.13335

How to cite this article: Channell Doig, A., Jasczynski, M., Phillips, D. R., Robinson, J. L., Aden, F., Huq, M., Lee, K., Jones, G., Bernardi, C., & Aparicio, E. M. (2023). Experiences of child welfare social workers in addressing substance use among maltreated young mothers to prevent child maltreatment. *Child & Family Social Work*, *28*(3), 846–857. https://doi.org/10.1111/cfs.13009

13652206, 2023, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/cfs.13009 by University Of Maryland, Wiley Online Library on [04/10/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License