2-27-2025

Constraints Interfering with the Goals of Child Maltreatment Programs in Northwestern Wyoming

Barbara Andersen
Walden University

Walden University

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

Barbara Andersen

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Kimberley Blackmon, Committee Chairperson,
Criminal Justice Faculty

Dr. Gregory Koehle, Committee Member,
Criminal Justice Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2025

Abstract

Constraints Interfering with the Goals of Child Maltreatment Programs

in Northwestern Wyoming

by

Barbara Andersen

MS, University of Phoenix, 2015

BS, Brookline College, 2011

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

Walden University

February 2025

Abstract

Child abuse and neglect occurs in the United States and Wyoming. There are numerous variables that influence caregivers to abuse, and if unresolved, these variables can contribute to future events of child maltreatment. This study focused on the programs assigned to achieve reunification and the constraints observed by the program providers that interfere in resolving the variables that cause child maltreatment. The research questions were: What specific factors or constraints impede the successful achievement of program goals? In what ways do the identified constraints hinder the effectiveness of the programs? What strategies could be implemented to overcome constraints and improve the performance of the programs? The theoretical framework for this study was based on strain theories to examine the influences of child abuse. The phenomenological approach was used to collect the lived experiences of 12 program providers to understand the constraints they faced delivering their programs. Data were thematically analyzed to identify patterns and themes. Key results indicated that face-to-face delivery of the program worked best utilizing body language. The main finding showed several constraints, some functional or policy, and others were internal, such as communication and cooperation between teams. Recommendations include holding meetings and discussions to work through communication issues between teams as well as holding meetings with lawmakers to work on funding and policy issues. The implications for positive social change include improving the efficiency and ability of programs to address the influences of child abuse and neglect to reduce and/or prevent recidivism.

Constraints Interfering with the Goals of Child Maltreatment Programs in Northwestern Wyoming

by

Barbara Andersen

MS, University of Phoenix, 2015

BS, Brookline College, 2011

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

Walden University

February 2025

Dedication

I wish to dedicate this to some very special people in my life. Three, who have passed on to rest high on that mountain: My mom Vicki, it was while I was caring for her that I began my collage journey at 50 years old. To my Grandma Irma, who was such an inspiration to us all, right up until she passed at 103 years old, she never backed down and never let up. My dear, sweet, son Austin, I am finally at the end of this. I wanted to be a mom he could be proud of. I wanted to show him, and all the young people in my life, it is never too late to go for it, make your dream come true.

Now for those who are still with us: My dad, my rock, the one who silently stood beside me and held me up through all these years. My son, Jason, what a fine man and dad. We have shared this graduation milestone together more than once. This time you will be a teacher, working with our youth. They are lucky to have you. Thank you for pushing me to keep up. And finally, to all my family and friends, your love and encouragement along the way, for all these years, has been amazing. You never let me give up on this dream of mine. This is for you, thank you all!

Acknowledgments

I would like to thank Dr. Kimberley Blackmon for all her help, she believed in me, and saw me through the end of this long journey. I am forever grateful to you for your guidance. I would also like to thank a cohort, Dr. Jessica Jude Ziegler. She provided silent in the background encouragement. She never pushed me but often offered words of assurance and help if I needed it. Thank you, ladies, for being there to get me over this finish line.

Table of Contents

List of Tables

Chapter 1: Introduction to the Study

The policy of family reunification in child welfare refers to the process of returning children in foster care with their birth parents as a priority (Wyoming Stat §14-3-429, 2017; Wyoming Stat §14-3-440, 2017), and the timeline for permanency in the state of Wyoming mirrors that of the rest of the country (Wyoming Stat §14-3-431, 2017). In cases where authorities believe the safety of the child/children is priority, the child/children will be removed from the home, and protective services will take custody and place the child/children with a suitable foster family. Reuniting a family torn apart by child abuse or neglect in the shortest amount of time is the desired outcome. Addressing the influences that lead to the abuse/neglect is critical to preventing it from happening again. Each case is as unique as the people involved, and the programs administered need to address each unique influence. Many studies have been conducted concerning the effectiveness of the programs from the perspective of the parents, and many from the perspective of child protection/Department of Family Services, but there is a gap in the literature from the perspective of the program providers. The amount of time involved to get through the court procedures and have programs recommended, then finding the programs and working out a schedule that works for both the program provider and the parents can be large.

The focus of this study was program providers' perspectives as to the perceived constraints they encounter and how they affect the program's goal. I looked at what the challenges are and asked program providers in Northwestern Wyoming their perspective

on their ability to effectively address all unique constraints and reach the goal of their organization's program.

In 2019, Wyoming's population was estimated at 572,381 persons (World Population Review, 2019). This amount computes to about 5.85 persons per square mile compared to the national average of 86.8 per square mile. The Fifth Judicial District consists of Park, Washakie, Big Horn and Hot Springs counties in Wyoming. There are three judges assigned to this district. Two judges in Park County and one judge that oversees the courts in the other three counties (Wyoming Judicial Branch District Courts, 2021). The Wyoming Department of Family Services has offices in Park County: Cody and Powell, Washakie County: Worland, Big Horn County: Greybull, and Hot Springs County: Thermopolis. In this study, I concentrated on these four counties and the programs offered within these areas. The local municipalities each have programs aimed at addressing the influences that contribute to child abuse and neglect, but not all have every program, and some of the smaller communities within the district have none.

Background

In 1912, the Children's Bureau was founded, but it was not until Senator Walter Mondale urged Congress to pass the Child Abuse Prevention and Treatment Act of 1974 that the government stepped up and provided funding to address physical abuse, neglect, and sexual abuse (Myers, 2008). By the late 1970s, the number of children in long-term foster care raised alarms, and Congress passed the Adoption Assistance and Child Welfare Act of 1980 (AACWA) requiring "reasonable efforts" to maintain the family unit unless removal was necessary. Every child removed and placed in foster care was to

have a permanency plan that either returned the child to the family or terminated the parental rights so the child could go up for adoption (Myers, 2008). In 1993, Congress authorized $930 million over 5 years for family preservation and support aimed at preventing out of home placements of abused and neglected children (Erickson, 2000). Gelles (1994) challenged the Adoption Assistance and Child Welfare Act of 1980, saying it led to social workers and judges leaving children in dangerous situations in the attempt to preserve the family. In 1997, Congress passed the Adoption and Safe Families Act that maintained family preservation as a priority and established timelines for returning the children to the family or terminating parental rights. Permanent placement for adoption would then be available to the children. The act also authorized states to dispose of efforts to reunite in cases of sexual abuse or chronic physical abuse (Myers, 2008).

Problem Statement

Child abuse and neglect is a real problem across the United States, Wyoming, and the Fifth Judicial District of Wyoming. There are numerous variables that influence caregivers to abuse, and if unresolved, these variables can contribute to future events of child maltreatment. In 2020, it was reported that there were 618,000 victims of child abuse/neglect and estimated that 1,750 children died from abuse/neglect, 46.4% of whom were younger than 1 year old (U.S. Department of Health and Human Services Children's Bureau, 2020). The national number of victims from 2012 (656,000) compared to the national estimate of victims in 2016 (676,000) showed an increase of 3.0% (U.S. Department of Health and Human Services, 2018). Numbers have risen and fallen over the years but remained well over 600,000 from 2016 through the current

reports in 2020. In 2016, the four risk factors analyzed for child maltreatment were alcohol abuse, drug abuse, financial problems, and inadequate housing, (U.S. Department of Health and Human Services, 2018). The highest rates come in the drug and alcohol abuse factors, especially for infants under 1 year of age. In the last 3 years of recording, the rates for both have increased (U.S. Department of Health and Human Services, 2018). Each case is unique, and with each case having its own influences on child abuse or neglect, the programs that are recommended each have their own unique curriculum and ways of addressing these issues. According to the State of Wyoming Judicial Statistics (2023), in the Fifth Judicial District, there were 57 total abuse/neglect cases for the year of 2018, while there were 38 cases in 2019, 34 cases in 2020, 32 cases in 2021, and 37 for the year of 2022. Park County has often had the most cases, except in 2019 when two other counties within the district had more, (State of Wyoming Judicial Statistics 2023) A significant drop in cases occurred across the board between 2019 and 2021 (possibly attributed to the COVID-19 pandemic), with Park County just beginning to see an increase.

The United States, the state of Wyoming, the Wyoming Department of Family Services, and the Fifth Judicial District of Wyoming judges all put family preservation and reunification as a priority. In this study, I considered the programs assigned to achieve reunification and the constraints observed by the program providers that interfere in resolving the variables that cause maltreatment.

Purpose of the Study

In this study, I looked at the programs that the Wyoming courts and Department of Family Services determined necessary for caregivers that address the policy of family preservation through reunification. The goal of the study was to determine the constraints, if any, that program providers encounter that hinder them from achieving their goals regarding cases of child abuse or neglect and discuss ideas on how to address them in the future. These constraints may have agencies pushing for reunification before resolution of the issues that influenced the abuse or neglect. Caregivers who have a history of child abuse/neglect, had parental rights terminated, or have given up their rights previously show that there are unresolved issues when abuse or neglect happens again.

Research Questions

RQ1: What specific factors or constraints impede the successful achievement of goals in child maltreatment programs implemented in Wyoming?

RQ2: In what ways do the identified constraints hinder the effectiveness of intervention programs aimed at addressing child maltreatment in Wyoming?

RQ3: Based on your experience and insights, what potential strategies or approaches could be implemented to overcome the identified constraints and improve the performance of child maltreatment programs in Wyoming?

Conceptual Framework for the Study

Emile Durkheim first developed the theories on crime and deviance that Robert Andrew refined in 1992 to develop general strain theory. According to strain theories,

stressors will increase the possibility of criminal activity, (Agnew, 2015). Many stressors can lead to emotional frustration and anger, and a person who is dealing with stressors or strains may take their frustrations out on family members. For example, the stress of unemployment may lead a person to sell drugs or steal things to make money (Agnew, 2015). Drug use or abuse are often a result of stresses or strains that have a person wanting to escape the strain. Stress can also affect rational choice, providing the illusion that criminal behavior is the only way to deal with the situation, (Agnew, 2015). In this study, I used the classic or general strain theory as a lens through which to view the motivation/s for recurrence of child abuse or neglect following reunification if the interventions did not fully address these issues.

Nature of the Study

In this qualitative study, I employed the phenomenological research design to explore the lived experiences of program providers that have been assigned by the court and Department of Family Services to be caretakers of children who had parents or guardians who have been found responsible for abuse or neglect. Phenomenological researchers look to understand phenomena through the perceptions of the actors in a situation (Ravitch, 2016). The actors in this study were individuals who provide programs aimed at addressing the influences of child abuse/neglect. This type of design involves working with either a single individual or a group of individuals and collecting data through interviews.

Definitions

Abuse: Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm. (American Psychological Association 2009)

Data saturation: The point at which the researcher is no longer finding new themes in the data (Ravitch, 2016).

Emergent: Qualitative research not typically following a fixed design. It can evolve or change and the results or understandings from the data can produce an emergent theory (Ravitch, 2016).

Family reunification: The process of returning children in foster care to their original family (Child Information Gateway, 2011)

Foster care: Any 24-hour, out-of-home care for children placed away from their parents or guardians, when the child welfare agency has placement responsibility until they are returned home, or other permanent arrangement made (Children's Bureau, 2024)

Maltreatment: may involve emotional, sexual, or physical action or inaction, the severity can result in significant harm or injury. Maltreatment also includes exploitation and denial of basic needs such as food, shelter, medical attention, (APA Dictionary of Psychology, 2018)

Neglect: A failure or refusal by those responsible for the child's welfare to provide adequate care, food, clothing, safe shelter, maintenance, supervision, guidance,

education, medical care, surgery, or any other care necessary for a child's well-being (Child Welfare Information Gateway, 2016).

Permanency: An individualized, most appropriate, permanent home for the child, including, but not limited, to family reunification; relatives; adoption; guardianship; or Another Planned Permanent Living Arrangement, which is a permanency goal for youth who are 16 years or older, (Child Welfare Information, Gateway, 2016).

Preventive services: An accepted referral where there are no allegations of abuse or neglect, but there are identified risk factors that might indicate the need for services to prevent abuse or neglect. Child welfare agencies partner with communities and other systems to provide services to help prevent maltreatment and family separation, strengthen families and promote children's well-being (Child Welfare Information Gateway, 2024)

Qualitative research: A research approach that attempts to understand individuals, groups, and phenomena in their natural settings. Qualitative research findings are commonly expressed in verbal or written text, whereas quantitative research findings are expressed in numerical data (Ravitch, 2016).

Reasonable efforts: Because the term, reasonable, generally means fair, proper, just, moderate, or stable under the circumstances, reasonable efforts refer to doing what is reasonable. It does not mean doing everything that is possible.

Theory of constraint: An operation concept used to focus on limitations, barriers, or constraints to goals of any kind. It is used to research and systematically improve the process to achieve a positive goal outcome (Goldratt & Cox, 1984).

Scope and Delimitations

I conducted this qualitative study to develop a better understanding of the constraints or barriers that program providers feel inhibit their ability to obtain the goals of the programs they provide within the time frame the courts and Department of Family Services provide. For this study, program providers in Northwestern Wyoming were interviewed to determine any specific constraints that each program faces. The information obtained from these interviews is transferable to future studies with an objective of determining ways to address the constraints to improve the chance of positive program goal achievement.

Limitations

There were some limitations to this research study. Program providers may have felt uncomfortable acknowledging the constraints or barriers they face because this would be an admission that they do not always obtain their goals or that recidivism is possible because of the inability to provide a positive outcome to their program. The individuals interviewed may have also feared repercussions from their employers for putting the program in a bad light. Additionally, they may have feared their identities would be revealed and thus lose any confidentiality.

Significance

This study was conducted using the theory of constraints to open a dialogue concerning constraints that hinder program providers' ability to meet their goals. The programs and interventions used to address child abuse and/or neglect are attempting to provide resolution within a suggested 22-month timeframe, Wyo.§14-3-431 (2017). Due

to the uniqueness of each case and the different variables that influence child abuse/neglect, the intervention or program requires an adequate amount of time to address the issue. I conducted this study to gather the perspectives of those providing the programs on what constraints obstruct their effectiveness, how the barriers affect the program, and what recommendations they have that will address these constraints.

Summary

Child abuse/neglect is a real concern with the numbers of children suffering from them remaining above 600,000 per year instead of decreasing despite the growing number of programs available to address the influences that contribute to it (U.S. Department of Health and Human Services Children's Bureau, 2019, 2020). In Chapter 2, I will provide a review of the literature that demonstrates the types of influences of child abuse/neglect, and some of the programs that are meant to address them. While the literature reviewed describes the programs and some limitations, there has been little research from the viewpoint of the program providers as to what they feel are the constraints they face and how they feel these issues should be addressed. There are plenty of assumed limitations and constraints; however, the state of Wyoming Fifth Judicial District had not conducted a qualitative study in this area.

Chapter 2: Literature Review

The United States, the state of Wyoming, the Wyoming Department of Family Services, and the Fifth Judicial District judges all prioritize family preservation and reunification. In this study, I explored the constraints that affect the assigned program's ability to address the influences and variables that cause maltreatment so children can be safely reunited with their parents. To understand the problem of child abuse/neglect and need for programs, first the influences of child abuse/neglect should be understood; therefore, I discuss the numerous issues that influence people to abuse/neglect children in this chapter. Drug and alcohol use, domestic violence, financial issues, and a lack of parenting skills are the main influences of child abuse/neglect (U.S. Department of Health and Human Services, 2018). The programs assigned strive to address these issues. The conceptual framework of this study, the theory of constraint, is a new theory in comparison to many that have been in existence for hundreds of years. A deep review of the literature about the theory shows that although originally developed for the manufacturing industry, the theory is now being used in many other industries and fields. In this study, I applied the theory of constraints to intervention programs aimed at addressing the influences of child maltreatment.

Literature Search Strategy

I used the following keyword search terms in databases, such as ProQuest and Ebsco Host, accessible through the Walden University Library: *child abuse, child maltreatment, interventions, substance abuse, intimate partner violence, violence, poverty, parenting, qualitative, theory of constraint,* and *constraint*. The topics of the

articles reviewed dealt with many of the influences that are attributed to child abuse and neglect and the programs assigned by the courts and Child Protective Services (CPS) to address the abuse and neglect. In conducting the literature review, I found a gap in the literature when it comes to the perspectives of program providers and what they perceive as constraints or challenges. The extant literature focuses on the perpetrators and their influences from the perspective of both CPS, and the perpetrators.

To search for literature regarding the conceptual framework of the theory of constraint, I employed the keywords of *constraint, roadblock, hindrance,* and *slowdown*. The theory of constraint is widely used in manufacturing, but it has also been applied in the medical field and more recently in education. The literature found on the theory of constraint described the development of the theory by Eli M. Goldratt to improve systems within manufacturing organizations. (Goldratt and Cox, 1984). In this study, I applied the theory to intervention programs assigned to caregivers involved in child protection from the perspective of program providers.

Conceptual Framework

The theoretical foundation of this study was the theory of constraints. According to a book written by Goldratt and Cox, (1984) an Israeli physicist, Eli Goldratt, who became a business management leader and author, is recognized as the driving influence of the theory of constraint, Goldratt and Cox (1984) wrote *The Goal: A Process of Ongoing Improvement*, a book that provides examples of how constraints can affect the ultimate goals or finished product. Goldratt encourages first defining the goal of the organization. In product manufacturing, that goal would be to make money. Everything

else done is a means to achieve that goal. There are three measurements that connect to the goal.

1. Throughput: The rate at which the system generates money through sales. Sales have to happen.
2. Inventory: All the money that the system has invested in purchasing things that it intends to sell.
3. Operational expense: All the money the system spends to turn inventory into throughput.

In this study, I applied the theory of constraints and each aspect to providing successful programs aimed at addressing child abuse and neglect prevention. The questions I asked of program providers attempted to understand the constraints each program faces and the bottlenecks and other situations that require attention. I used the theory to specifically focus on the constraints that are problematic to these program providers. The theory of constraints has been successfully applied to other fields outside of manufacturing. At the end of their book, Goldratt and Cox (1984) held interviews with various business executives who had applied the theory of constraints concept to their organization. In an interview, Richard Putz, a former CEO of Security Federal Bank, described the process of putting loans together as being the same as a production line, saying that once they figured out what their bottlenecks were, they were able to exploit them and place them ahead of the line to press through them while working the nonbottlenecks as necessary (Goldratt & Cox, 1984).

In another interview, David Harrison, founder of Positive Solutions, a firm that employs financial advisors, when applying the theory of constraints, said that they seek to identify the constraint in any problem first and apply the five focus steps.

After reading *The Goal* (Goldratt & Cox, 1984). and attending a 2-week course focusing on the theory of constraint, Dr. Antoine Van Gelder, from a South African hospital at the University of Pretoria also applied the theory to managing departments at the hospital. Dr. Van Gelder attributed identifying the constraints and applying the steps to address them changed the chaos of managing the paperwork in his two departments into a smoother process.

Bauer et al. (2019) used the thinking process of the theory of constraints to support decision makers, managers, and other professionals in the health care field. They improved health care systems by focusing on the service quality given to the patients.

In *The Goal*, Goldratt and Cox (1984) used a fictional character as an example to illustrate the concepts of the theory of constraints. The character, Alex Rogo, is a plant manager, who is given a 3-month deadline to make the operation profitable or face closing. Rogo reached out to one of his past professors and mentors to help him work through this challenge. Professor Jonah does help him, not by giving him the answers, but by giving him a series of questions to answer for himself. The first one is to define what the goal of the organization is. Alex ponders this question while on a camping trip with his son along with some other boys to bring understanding to the theory of constraints. The pace of the hike and the constraint they faced was described by examples of how fast each person was able to hike and that the slowest one dictated the pace. Rogo assembled

a team in his plant to gather information and assess the performance of each area. From there they decide what the bottlenecks are. They discuss whether they are true bottlenecks or are results of a previous issue that causes the bottleneck. After gaining perspective, they determine how to use and exploit the bottlenecks to create a smoother, performance-minded schedule aimed at achieving the goal. The team then continues to monitor and adjust to assure the performance stays at an optimum level.

The five steps Goldratt and Cox (1984) identified to follow when considering the theory of constraints were:

1. Identify the systems constraint(s).
2. Decide how to exploit the system's constraint(s).
3. Subordinate everything else to the above decision.
4. Elevate the system's constraint(s).
5. Warning!! If in the previous steps a constraint has been broken, go back to Step 1, but do not let inertia cause another constraint.

In *The Goal*, many of the constraints were a product of policies (Goldratt & Cox, 1984). The authors recommended to always be aware that the real constraint may not be machines or processes in achieving the goal but may be the actual policies.

Examples of the Theory of Constraints Outside of Manufacturing

Financial

Goldratt and Cox (1984) used the end of their book to showcase other industries and organizations that have used the theory of constraints to achieve their goals. One such organization was discussed through an interview with Richard Putz, a former CEO

of Security Federal Bank. Putz used a tailored version of theory of constraints to work through client concerns, such as all customer servicing not just the wealthy; streamlining the loan approval process by concentrating on the three main aspects that affected loan approval and the following approval, filling in the other blanks; and including tellers in the customer service problem resolution. By developing a worksheet for the tellers to use, Putz's organization found they were often able to work through the customers' problems faster and more efficiently, allowing for a smoother throughput to the goal.

Medical

In *The Goal*, Goldratt and Cox (1984), Dr. Van Gelder, who was head of both the department of internal medicine at Pretoria University and Pretoria Academic Hospital, was invited to attend one of Eli Goldratt's courses and decided to go out of curiosity. By attending, Dr. Van Gelder learned the best way to deal with the chaos of both of his departments was to look at the key points and address them. Dr. Van Gelder reported discovering that things were not so complex and unmanageable and that it was possible to look at processing patients in the same manner as a production line. By implementing a process in line with the theory of constraints, Dr. Van Gelder was able to decrease patient waiting lists and improve patient throughput, which helped to retain surgeons who were leaving to find better hospitals.

Education

Kathy Suerken was a new middle school teacher who began to teach the concept to her students, (Goldratt and Cox, 1984), Suerken applied the principles to a world cultures class that dealt with perspectives, a critical thinking class, and a cause-and-effect

class using the conflict cloud to analyze real-life conflicts, which was also applied in counseling at risk students. A student coming into the office would be asked to use the negative and positive branch (another tool for the theory of constraints). The students were told to list the negative branch as: If I get in trouble, I get grounded, I get sent to the counselor, and my parents get called. Next, they list the positive branch, which is the same concept used to determine a constraint. The tool in this case was used as a thinking process to determine the cause and effect of a particular life event.

Applying the Theory of Constraints

This application of the theory of constraints to education is probably the most aligned with the current study topic of program constraints and how the tools can be applied to them. The key to the theory of constraints is to understand the importance of the questions asked in a process to determine if there are any constraints, where they are, and what they are. In the beginning of the *The Goal*, the main character, Alex, accompanies his son and some other boys on a hike (Goldratt & Cox, 1984). As Alex is walking along the trail, with the troop in front of him, he starts pondering the concepts his mentor, Jonah, has brought up, including dependent events and statistical fluctuations. He understands where they fit into his manufacturing plant and then begins to adapt them to the hike he is on. The dependent event in this case was that each person must follow the person in front and that progress depends on each person moving forward before the next person can pass a certain point and eventually achieve the goal of getting to the end of the trail. Statistical fluctuations were the pace at which a person can walk, but as they walk, they may have to slow to take a drink or adjust a pack, which fluctuates their pace and

slows progress, widening the gap. The entire hike is a set of dependent events and statistical fluctuations that can affect the forward progress to the goal. The last person in the line was who determined the achievement of the goal, not the first. The entire line of boys must pass the point of the goal for it to be completed; therefore, the best way to accomplish that is to put the slowest on up front and distributing his load, so he can move faster, and that way the line moves faster and at an even pace. When Alex gets back to the plant on Monday, he is confronted with a deadline of 100 parts in 4 hours, starting at 12:00 p.m. There are two steps to the assembly, and the second step is welding done by a robot who can do exactly 25 parts per hour. The first step is done by people who say they can average 25 parts per hour, which computes to the 100 parts needed by 5:00 p.m. Alex has his department foreman keep track of exact numbers completed each hour by each step, which should show them any statistical fluctuations. The numbers for the first step were: In the first hour, they completed 19 parts; the second hour, they completed 21 parts; the third hour, they did better and completed 28 parts; and their final hour, they did 32 parts, bringing them to the required 100 parts. In Step 2, the robot completed the 19 parts delivered in Hour 1; in the second hour, it did the 21 parts delivered; in the third hour, the robot could only do its max capacity of 25 parts per hour; and in the fourth hour, the robots, again, could only do the max capacity of 25 parts in the hour, which ended the run with 90 parts. The statistical fluctuations and constraint of the robot's max capacity had them fall 10 pieces short of the desired goal (Goldratt & Cox, 1984). This example shows how fluctuations and constraints can hinder the achievement of a goal.

In his next conversation with the mentor, Jonah, Alex discussed bottlenecks and nonbottlenecks (Goldratt & Cox, 1984). Jonah defined a bottleneck as any resource whose capacity is equal to or less than the demand placed on it, and a nonbottle neck is any resource whose capacity is greater than the demand placed on it. Alex and the team then reflect on the hike with the troop, how Herbie was the bottleneck, and how by putting him at the front, it smoothed out the rest of the line. The next assignment of the team at the plant was to find the bottlenecks and nonbottlenecks and position them so as to run a smoother, more predictable flow towards their goal. In the remainder of the book, the authors explained the rest of the team's discovery of how they can identify and use the constraints to improve their throughput. They work through the series of questions posed to them to understand the cause and effect of the steps and then implement the five steps to be continuously followed.

Recent Research Adapting the Theory of Constraints

A Waldon University research dissertation written by Francis (2018) applies the theory of constraint to a study concerning ex-offenders and the job search process. The study was meant to identify constraints or barriers to the job search process and what could be done to address those issues. The research used qualitative methodology, purposeful sampling was done and an online open-ended questionnaire distributed to volunteers who worked with exoffenders (Francis, 2018). The questions asked reflected the research questions, what are the perceived constraints, what needs to be done to remove the constraints and recommendations on how the process could be improved. This is in line with the process described by Goldratt to address the constraints in

manufacturing. The research was a good example of the theory of constraints being applied to afield other than business and manufacturing. As the use of this theory grows, researchers will find many applications to expand the theory.

In another research study incorporating the theory of constraints, Clark (2021) inquiries about the Supplemental Nutrition Assistance Program and the work policy in place and how it affects new, low-income college students. The work policy is one in which full time students, are required to work at least 20 hour per week to qualify for Supplemental Nutrition Assistance Program benefits. The research applies the theory of constraints right off, implying that the work policy constricts the students' ability to perform well as a student.

In a research study by Shashi, (2022), the theory of constraints was applied to th**e** performance of pharmaceutical supply chains to reduce costs and add to effectiveness. The research explains that a slow supply chain makes it hard to be competitive. A list if the constraints that pharmaceutical companies face was provided. Acknowledging and addressing these constraints is necessary for success

The study is a qualitative, multiple case study with the purpose of enabling pharmaceutical managers to identify and address their need for digitalization to manage their supply chains. The research applied Eliyahu Goldratt's theory of constraint that allows digital supply chain managers to design a strategy that addresses constraints and adapt new strategies as more constraints arise.

This study is yet another example of the theory of constraints being applied to research. Although it is applied in a business setting, it is used as a concept to illuminate

constraints so managers can use the five steps suggested by Goldratt and Cox (1984) in their book *The Goal* to deal with constraints in order to have a business meet its goals.

Applying the Theory of Constraints to This Research

I investigated and brought about discussion by applying the theory of constraint to the programs assigned by the court to caregivers implicated in child abuse/neglect. Northwestern Wyoming encompasses many square miles with long distances between communities. Program availability is also widely scattered. Frequently, there are multiple influences that cause a person to abuse or neglect children. Each program will address different influencers. Some have prerequisites that must be achieved before moving on to the next one. The ability of these programs to achieve their goals is interdependent on the other assigned program's successful completion. If one program is facing constraints, it bottlenecks their ability to achieve their goal and the remaining programs just like Goldratt's examples. Interviewing the program providers to understand what constraints they perceive should be addressed will open this discussion. Like Alex in Goldratt's example each department should provide their input so the data can be reviewed, and conclusions drawn wherever that may lead

Literature Review Related to Key Variables and/or Concepts

Studies list the various influences that increase the risk for child maltreatment. Poverty, substance abuse, poor housing and depression are listed by Ridings et al. (2017). mental health, intimate partner violence (IPV) and substance abuse are discussed by Estefan et al. (2013). The absence of community socialization and parenting skills are the focus of a study by Negash and McGuire-Jack (2016). Parents childhood experiences

with abuse and neglect are also an influence addressed by a quantitative study done by Harel and Finizi-Drottan (2018). Because of the number of different influences, and the possibility of multiple factors that could exist, multiple forms of programs are available to address these influences.

Child Welfare

Caseworkers within the child welfare system greatly influence the decision process relating to reunification of children removed from homes or if those children are not reunified with the family. There are standardized tools available and policies in place, often there is a tailoring of those tools at the case workers discretion and presumptions. This leaves the system with inconsistent decision making for children and their families (Ulrich, 2022). The caseworkers' influence can also affect the interventions that are applied to the case, the determination of reunification, the timeline available for program completion, and whether children are removed from custody to begin with. This decision-making process can create bottlenecks in the process. In some jurisdictions, case workers have more power than others in determining the outcome of a case. In Wyoming's Fifth Judicial District, although case workers do hold influence, the cases have a team, multidisciplinary team that provides a wider viewpoint and determination regarding the family, reunification and the program recommendations.

Domestic Violence

Ridings et al. (2017) showed risk factors for child maltreatment as IPV, depression, poverty, poor housing and substance abuse. Protective factors include social support from family and friends, support for basic needs such as food, housing and

clothing, parent education, households with both parents present and faith/religion. Their article builds on social support and concrete family support as protective factors against the IPV and depression which are the two most common risk factors found in the literature. For the families where IPV is present, child abuse is found in approximately 40% of the cases. A slightly higher percentage of women caregivers (dealing with child welfare) have experienced IPV some time in their lives and 29% within the previous year. The numbers could be even higher due to a reluctance to acknowledge the IPV for fear of child welfare involvement. The impact of social support is encouraging, with two aspects being apparent. Common couple violence or mild partner violence tends to reach out to community social support including friends and family, where more intense violence tends to gravitate more to the legal or law enforcement support to lessen the impact. Social support of friends and family assists with making better choices and temporary interventions to relieve some of the stressors while issues are resolved whereas formal professional support looks for a more definite permanent intervention. Family resources as a risk intervention provide basic needs such as housing, food, help with utilities and job searches. By addressing these stressors, the risk of child maltreatment also diminishes. This article looks at the programs and their effectiveness but does not delve into the perspective of the program providers for effective completion, nor does it look at any constraints that hinder the goal.

Animal Cruelty

A link has been found between animal cruelty and violence against people (Macias-Mayo, 2018). People who are violent towards animals are predicted to also

commit or are committing acts of violence against people and/or children. Children and pets are vulnerable to stress within a household and depend on adults to provide for them. In 2019, around 656,000 children were confirmed victims of maltreatment (Children's Bureau, 2019) Where child abuse is usually hidden from society, animal abuse is often more visible (Macias-Mayo, 2018). When there are reports of animal abuse, a closer look at what is happening within the family should occur. Educating officials who investigate animal abuse could help identify more child abuse.

Substance Abuse

Substance abuse is considered one of the major risk factors influencing child abuse and neglect. Scrutiny of the programs provided to caregivers is important to begin to understand timeline for completion and effectiveness. In the United States and estimated 8.3 million children live with one or both parents who are dependent on substances. (5.4 million fathers and 3.4 million mothers) are substance dependent (Substance Abuse and Mental Health Services Administration, 2009, 2015.) More than three million child abuse/neglect reports are sent to child welfare agencies each year, (Child Welfare Information Gateway, 2021) In 2021, nationally over 360,000 involved alcohols, and nearly 444,000 involved drugs. Being raised by parents who abuse substances increases the risk of living in unsanitary conditions, being exposed to domestic violence, hospitalization, poverty, and homelessness (Taylor et al., 2017.)

Hollis et al. (2019) researched and evaluated substance abuse in probationers in Texas. The collaborative team approach attempts to increase compliance with supervisors, promote offender accountability, and reduce recidivism. Treatment plans

were individualized due to the uniqueness of each of the offender's situations. This also means that each timeline would correspond with the length of their probation. The results indicated that the program decreased the chance for recidivism, but whether it reduced future substance abuse was not conclusive. The article again, failed to account for any constraints the providers encountered, how they may have affected the successful completion of their program, and how to address any of those constraints.

Risk Assessment

Henry et al (2018) provide a qualitative data mining study that looks at the ways child welfare workers use child maltreatment statutes, risk assessment tools and practice guidelines to present evidence to convince the court that parental substance use (PSU) poses a substantial risk of child maltreatment. Using cases from two counties in California, the study revealed that case workers were able to use multiple sources and evidence to show that due to PSU, parents had failed to provide for basic need and/or did not protect their children from harm or the risk of harm. PSU alone is not enough, there must be at least one other factor such as physical abuse, sexual abuse or neglect of basic needs.

PSU can directly affect a parent's ability to provide children's basic needs and children whose parents use substances are at a higher risk of child maltreatment. In 2021 there was an estimated 40,000 prenatal exposures to drugs and alcohol nationally. Federal law brings about policy mandates for child welfare agencies but the statutes for child welfare are created by the individual states, they are then interpreted and enforced by the state or local child welfare agencies. Because the federal agencies establish

guidelines or benchmarks, but the states and local jurisdictions implement them policy and practice vary across the nation (Child Welfare Information Gateway, 2018). Even after decades of concern about substance abuse and the corresponding risk of child maltreatment, very few states have defined PSU as an influence for risk of child maltreatment although most states do incorporate PSU into child maltreatment statutes. (U.S. Department of Health and Human Services, Administration for Children and Families, 2018)

Programs That Address Influences

Employment

A study by Donahue and Barchard et al (2017), looked at the relationship between employment factors and the potential to reduce both drug use and therefore child maltreatment. The results of this quantitative study showed a significant relationship between job satisfaction and the use of drugs. Most abuse/neglect is brought on by mothers, many who are impoverished and/or substance abusers. Supplementing the impoverished with money helps to reduce the number of reports to CPS but found that women who earned some or all their income showed a significant decrease in child abuse/neglect risk factors. The study helps to substantiate the importance of including vocational services with rehabilitation programs to reduce the potential for child maltreatment. The study by Donohue and Barchard et al provides my research with questions for the interviews of drug abuse program providers for assessing the presence of vocational services within their programs and the possible contraints the programs face

Social Services

The availability of social services and their ability to lessen the potential for child maltreatment is the focus of research by Negash and McGuire-Jack (2016). The author's point out that community socialization and its potential to lessen the occurrence of child maltreatment are significant. Parents supported by the community develop better parenting skills because of interaction with others who provide tips on coping skills, childcare, and family management. While social support is important, the availability of social services is the focus of the research to fill the gap on how it affects the potential for child maltreatment and neglect. The report showed that the increase in social services availability did provide a decrease in child maltreatment, but it also showed less reliance on social support. The availability of services provided a protective factor for families. The results of this research are important to my topic as it shows that the services offered are important to reducing child maltreatment. The Fifth Judicial District of Wyoming has limited services available. Some of the counties or towns within this district have little to none which further hinders efforts to provide community involved services. The study conducted by Negash and McGuire-Jack provides clarity that these services are productive, but it leaves a gap into how constraints affect effectiveness of their services. Donahue et al. (2017) looked at contingency management in which the avoidance of negative behaviors that may result in child abuse or neglect are rewarded with a select reinforcement by a team member or family member.

Parenting Education

Not only is child abuse and neglect an erroneous public health issue with adverse consequences but the economic burden to society is estimated to be approximately $124 billion. This cost is spread across health care, criminal justice, child welfare, and intervention and prevention programs (Rostand & Moreland, 2018).

Parenting education is one of the programs most ordered or suggested to parents who find themselves involved with child welfare. Many families may never even begin a family based mental health service while others may never complete the program once started. Between 35 and 50% of parents do not attend even the first session and 50% do not complete the entire course (Rostand & Moreland, 2018).

Families at risk who have been referred or mandated to attend show an even greater risk of non-completion because they may not perceive they have parenting problems. There are other stressors that may make participation or completion difficult such as resource limitations. Various studies have arrived at numerous factors that interfere with participation and coming up with solutions to combat these issues has proved difficult. Logistic and resource barriers that interfere consist of scheduling constraints, childcare needs, and transportation to and from. Time and scheduling are a consistent factor in why parents do not enroll, attend, or complete programs. Another factor is the perception of the program, most programs are designed as education and telling parents how to be parents rather than being a group sharing experience to discuss the everyday things that cause stress and issues within their homes. Stress and/or parenting stress also contributes to parents not attending or completing programs by

making existing barriers seem even more significant and harder to overcome (Rostand & Moreland, 2018).

In the Fifth Judicial District of Wyoming, the class lengths run anywhere from 2 weeks to 12 weeks. One to 2 hours per session and the costs range from $25 dollars per session up to hundreds of dollars if parents opt for a private counseling service. Because Wyoming is such a rural environment, and programs can require travel there is an online option that ranges from 4 hours to 16 hours for $25–$85 dollars and is accepted by most courts. Again, internet must be available for the parents to use. If none is available within the home, they must find somewhere such as a library and contend with other factors like childcare while attending the online course and travel to and from a location that has internet.

Parenting/Training

Estefan et al. (2013) discussed multiple influences to child abuse such as intimate partner abuse, mental health issues, substance abuse and how parenting education programs address them. In child welfare, an estimated 50%–80% of cases involve caregivers who abuse substances (SU) (Moreland, 2022). Supporting literature associates parental SU and negative child treatment indicating the need for promoting positive parent-child relationships. Normal parenting programs do not fully address the unique challenges and stressors faced by parents who have SU issues. Moreland et al. (2022), parents with SU tend to lack in infant skills, positive affection behavior towards infants and children, responding to behaviors of children and healthcare and nutritional needs. Parenting classes, even the basic classes lack any consistency as far as curriculum.

Parenting programs addressing SU are usually lumped in with basic programs, so they do not concentrate strictly on the caregivers dealing with SU. Treatment programs and drug courts sometimes provide SU specific programs, but not all.

Safe Babies Court Team

A report from the National Survey of Child and Adolescent Well Being showed children from 0-2 years old are likely to be reported for physical neglect (19%), substance exposure (9%), and domestic violence (14%), Casanueva et al., (2019). A national nonprofit organization, Zero to Three developed the Safe Babies Court Team (SBCT) to give this youngest group of abused and neglected children a better chance. The SBCT was evaluated and showed a positive result compared to national practices and standards. It was found that most children were reported as safe, experiencing no more than two placements and both parents and children received the necessary programs and evidence-based programs they needed.

The SBCT is made up of stakeholders for each case, a lot like a multidisciplinary team except that the court is much more involved. The team holds monthly court hearings to provide close judicial oversight to the challenges and progress of the individualized case. The Adoption and Safe Families Act of 1997 (P.L. 105-89) calls for one hearing every 6 months and a permanency hearing at 12 months. More frequent parent-child contact is preferred with visits occurring at least three times per week, some even daily. Not all states even have contact policies and of the 40 states nationwide that do, 1 (2.5%) requires daily contact and 12 (30%) require contact at least once per week (Spieker et al., 2018).

The research conducted by Casanueva et.al. (2019) identified the SBCT approach as being flexible and adaptable. There was an overall better outcome for cases in a shorter turn-around time, usually right about the 1-year mark for either reunification or permanent placement outside the home. O'Conner (2020) healthcare providers in 26 states are required by law to report to CPS any infants who exhibit symptoms of exposure to controlled substances including alcohol. Women who use substances during pregnancy may fear accessing prenatal care due to a fear of being reported to CPS. However, it has been found that women enrolled in integrated and prenatal substance abuse treatment deliver fewer premature infants and the infants experience shorter hospital stays.

Family Drug Court

The Family Drug Court in Lancaster County, Nebraska is a mandatory dependency court for families who are in the system due to child abuse or neglect related to substance abuse. The program provides a voice for the individuals, it allows them to have some input into their program plans. Approximately 50%–80% of child abuse cases involve substance abuse by at least one parent. Family drug courts coordinate plans with CPS, the court and all programs assigned. The goal is to treat the substance abuse, reunify with the children, and reduce recidivism (Malanie, Hazen, et al., 2020). This research evaluated whether mandatory family drug court would still promote participants viewpoint of procedural justice and lead to a positive case outcome. It is proposed that voluntary participation produces a better outcome versus mandated. The quantitative research showed voluntary, that completed the programs had a more positive outcome

and the mandated participants, although they completed the programs, did not always have the long-term success.

Park County Drug Court

Park County Drug Court and Supervised Treatment Programs mission statement is to stop the abuse of alcohol, drugs and related criminal activity (Wyoming Social Resources, 2019). Drug or alcohol addicted people may be assigned to Drug Court rather than go through the traditional justice system. The Drug Court program offers supervised treatment long enough for it to work. Some participants attend out-patient treatment while others are required to receive inpatient rehabilitation. The program usually lasts a minimum of 1 year. Participants are held accountable by the judge and are required to meet specific obligations, undergo frequent, random drug testing, attend progress reviews and are rewarded or sanctioned for their progress or infractions.

Prevention Program Effectiveness

The study by Maquire et al. (2018) opened a discussion along the same focus of the research within this paper. The effectiveness of the programs provided to prevent child maltreatment, my research will look at the challenges or constraints that interfere with the effectiveness of the programs. The research by Maquire et al. displays a close reflection to the framework and process of the one used for my research.

A qualitative focus group study by Maquire et al. (2018) explored the local prevention needs in twelve counties in a midwestern state. The prevention needs focused on issues such as intergenerational issues, (cycle of violence), poverty, social isolation and behavioral health issues. They discussed that the prevention programs should meet

the needs of the communities and address the individual needs as well. The design of the programs is essential to the prevention of child maltreatment. Home visitation programs and parental education have shown their effectiveness. Home visitation focuses on the individual family needs and parental education is a group setting which focuses on child development and positive parenting (Maquire et al., 2018).

The research questions were very basic:

1. What are the identified needs of the local citizens and practitioners related to child maltreatment?
2. Do the available programs meet the needs of the community?

The qualitative method used focus groups of individuals and agencies. There were 107 individuals divided into 13 focus groups. The targeted individuals consisted of biological and foster parents, CPS, children's hospital wards, law enforcement, child welfare, councils, schools, judges and/or lawyers who oversee child abuse/neglect cases, non-profit agencies who work with parents referred by CPS, families who work with agencies, behavioral health agencies (both substance and mental health).

For an analytical tool in grounded theory the research used constant comparative analysis. Two independent reviewers analyzed the data and discussed emergent categories generating a final list of broad themes. The final list of barriers to service were:

- Funding discussion as a barrier to providing services
- Transportation
- Behavioral health and respite services

- Waitlists for services
- Program engagement
- Lack of affordable childcare and housing.

Researching Prevention Programs

The numbers from the most recent report in 2020 reflect 618,000 victims of child abuse/neglect. For 2020, it was estimated that 1,750 children died from abuse/neglect, 46.4% were younger than 1 year old (U.S. Department of Health and Human Services Children's Bureau, 2020). The numbers show in 2019, 656.000 cases (U.S. Department of Health and Human Services Children's Bureau, 2019). From this number, the breakdown is 75% neglected, 18% physically abused, and 8 % sexually abused. Many of these were subjected to more than one type of abuse or neglect and most of the perpetrators were known to the victim in the form of parents or parental figures. In the recording year 2018, it is estimated that 61% or 4.5 million children experienced neglect from a caregiver. Data from 2017 states there were approximately 676,000 confirmed cases of child maltreatment, Reported or not, 15% within their lifetime and over 1,700 children died from maltreatment in 2017. Data collected in 2020 reflected numbers during the lockdowns of the COVID-19 pandemic. It reflects a decrease in the numbers from 2019. There could be many contributing factors to that decrease including but not limited to children not physically in schools where teachers have eyes on them, doctor's offices having tighter restrictions that deterred parents from taking children to the hospital, or office, and child protection/family services doing many of their intakes and interviews remotely. The lockdowns also kept children out of the public eye, meaning

neighbors, friends, and family reporting was hindered. Now that things are "normalizing," it will be interesting to see how future data appears.

Previously, pressure from politicians was put on child welfare and other agencies to change responses from reactive to more proactive, focusing on prevention programs. This is a push for both public and private program providers accountability and more positive outcomes (Mark & Dori, 2020). In 2009, the Rigorous Evaluations of Existing Child Abuse Prevention Programs was developed to assess community-based child maltreatment prevention programs. Funding from this allows for randomized control trials that aid in accountability. These concepts and means of accountability have been available for over 2 decades and where the data may provide a look at what is working and what is not, it does not provide a perspective from the program providers as to what the specific constraints are they face and how to address those roadblocks so they can achieve their goals.

Safe Haven Laws

In the aftermath of the disposal of the Roe V. Wade and the onset of the *Dobbs V Jackson Women's Health* (2022), Safe Haven Laws and policies across the country were moving to provide avenues for mothers to surrender infants without the fear of criminal liability. The research by Wagner (2024) investigated where this trend is going, what constraints it is facing, constitutionality, child and father rights, medical and biological information availability and a wide range of other issues encountered state by state.

While doing my research, this is one topic that came up in conversations involving prevention measures for child abuse/neglect. Understanding the reasons a

mother would give up a child, why they would fear doing so, and taking away those fears so they could give their child a home free of the possibility of abuse or neglect is a constraint that should be knocked down. Several participants discussed preventative measures, and the lack there of being a constraint.

Program Retention Rates

This study by Timpe and Winokur (2019) was focused on the cost-benefit of prevention programs, or interventions. The programs were voluntary and for the program to be successful, retention through the entire program was hoped for. Retention rates have been shown to be very low when attendance is voluntary. Clients who were assigned and mandated to attend, although they did attend, the success of the programs are marginal. Volunteer clients who do attend until completion prove to have more success. This study shows that for a program to have successful outcomes, retention is critical. The purpose of my study is to understand what the roadblocks are, in this example, what would be the constraints the program providers see that would be in keeping volunteer client's attendance through the entire program for a successful completion and what the providers feel can be done to address the constraints.

Barriers to Program Participation

Costs from health care, child welfare, criminal justice, and special education overall are estimated at $124 billion. Parenting interventions annually are approximately 800,000 families. Intervention programs are set up in various manners. Some are voluntary, some are preventative, others are mandated or referred, and some are because of detected child maltreatment in any form. Retention and completion of these programs

is critical to a successful outcome. Rostad et al. (2018) studied barriers including stress and the relationship to program completion.

At-risk parents generally have a lower attendance and completion rate than lower-risk parents. The at-risk, mandated, or referred families are considered an even higher risk of noncompliance due to the idea that they do not identify with problems that need changing. They do not question their own behaviors therefore do not see that they need intervention. Low-risk, voluntary, preventive caregivers acknowledge questionable behaviors generally accepting intervention curriculum.

Barriers that interfere with program success and completion are the subject of this study by Rostad et al. (2018). Previous studies have identified stressors and limited resources as top barriers. Acknowledging and addressing these barriers early in the program may increase participation. Studies of potential barriers and then recognizing their relationship to intervention success have been lacking. There has been very little research that identifies them early on and then follows them through the program to see which ones exist, how they affect the participant and if they have an effect all the way through the program. Study results that have been done have been inconsistent when researching the links between engagement, sociodemographic qualities such as income, number of children, caregiver education, and marital status. Other constraints identified by parents are scheduling, childcare, and transportation. Some program providers do attempt to alleviate these barriers by offering flexible schedules, transportation, and on-site childcare (Rostad et al., 2018).

Parenting classes hold other barriers, the “bad parent” stigma may deter some from attending. Another constraint is that the parent could feel as if the topics are irrelevant or nonapplicable to their situation. Some do not feel as if their behavior is unacceptable, it is how they were raised, or they have already raised other kids.

This study revealed stress, or parenting stress, as being the most contributing barrier. The different forms of stress and then add them to the other barriers form an insurmountable barrier. If parenting stress is looked at alone, it can be dealt with, but when you add to it all the other barriers, it blocks the caregiver’s mindset into an overwhelming feeling so that they cannot open their mind to accepting the curriculum of the program. Alleviating all the other barriers allows for a more positive outcome (Rostad et al., 2018).

Additional Barriers to Services and Programs

A study by Rosenthal et al. (2022) looked at barriers and the need of services and the unmet services for interventions directed at caregivers involved with the court system for child maltreatment. This study focused on services that were not readily available to them, why they were not available and what could be done to address that problem. This study was very closely tied to my research except that mine focused on northwestern Wyoming.

Summary and Conclusions

In this literature search, the first thing to understand is the influences that are attributed to child abuse/neglect. In both the United States and around the world, the primary influencers are drug and alcohol abuse, financial (income level or lack of

employment), and domestic violence including childhood exposure to violence within the home, and bad parenting. Understanding the influences leads to finding literature on the programs that are recommended to caregivers to address these. Finally, the research was framed with the conceptual theory of constraints. This theory is a relatively new concept, developed by Eli Goldratt to address slowdowns in the manufacturing process. Literature shows that this is now being applied to other industries. This research is another opportunity to apply the theory of constraint. The literature was extensive in the perspective of child protection and the caregivers assigned the programs, but there is a gap in the prospective of the program providers and what constraints or roadblocks they feel inhibit or block their progress towards a successful outcome and its goal to address the child maltreatment to reunify the family.

Chapter 3: Research Method

In this qualitative study, I explored the perspectives of program providers on the constraints or bottlenecks they encounter while attempting to address the influences caregivers face that lead to child abuse/maltreatment. The purpose of this study was to uncover underlying meanings and patterns in the perspectives of the program providers to understand the roadblocks that may be encountered and means of addressing them to assist the programs in achieving their goals. Data analysis allowed for the identification of constraints and nonconstraints as well as opened the discussion about the theory of constraints as applied to fields other than manufacturing. Qualitative research utilizes verbal data collection, such as face-to-face interviews and focus groups, Ravich & Carl (2016). Due to the uniqueness of each case, I conducted participant interviews with open-ended questions to gain the perspectives of program providers on if and how the theory of constraints may affect their ability to address the influences that attribute to child abuse/neglect. The participants were program providers in the Wyoming Fifth Judicial District, such as parenting classes, behavioral health professionals, child protection, Department of Family Services, and rehabilitation.

The following research questions guided this study:

RQ1: What specific factors or constraints impede the successful achievement of goals in child maltreatment programs implemented in Wyoming?

RQ2: In what ways do the identified constraints hinder the effectiveness of intervention programs aimed at addressing child maltreatment in Wyoming?

RQ3: Based on your experience and insights, what potential strategies or approaches could be implemented to overcome the identified constraints and improve the performance of child maltreatment programs in Wyoming?

During the literature review, I found multiple cases where this topic, or a form of this topic, was researched using the perspectives of child protection as well as cases where the perspective was from caregivers to the children who were assigned the programs. This study was conducted from the perspectives of the program providers because the process they use will ultimately determine the time frame required to successfully complete the programs. Applying a qualitative method to this study provided the opportunity to understand what the various programs are, what methods they use, and what the providers feel are the constraints their program faces. As the researcher of this study, I conducted interviews, digitally recorded the data, analyzed the results, and relayed the findings. I kept my personal beliefs and bias out of the interviews and assured confidentiality through coded identification.

Research Design and Rationale

There are three basic methods of research, with quantitative being the numerical means of expressing data, qualitative the verbal or written word expression of data, and mixed-method research incorporating both, Babbie, (2015). In this qualitative study, I employed the phenomenological research design to discuss the lived experiences of program providers that have been assigned by the court and Department of Family Services to caretakers of children, such as parents or guardians, who have been found responsible for abuse or neglect. Phenomenological research is conducted to understand

phenomena through the perceptions of the actors in a situation (Ravitch, 2016). This type of design involves working with either a single individual or a group of individuals and collecting data through interviews. Analyzing the lived experience data most often is performed through the process of bracketing, which is also referred to as epoch or phenomenological reduction (Ravitch, 2016). Data reduction determines the key phenomena that the researcher wishes to understand through the data collection. Using open-ended questions, the data collected should begin to provide certain patterns or themes, and the researcher reduces or eliminates repetitive statements as well as data that are not pertinent to the phenomenon being researched; the collected data is reorganized and grouped into categories and then coded using specific features and codes (Ravitch, 2016). Some data may fit into a specific theme, while other data may not fit in and require its own category. I used multiple data sources, each with their own unique approaches to the end goal of providing a program that addressed the influence contributing to child abuse/neglect. This goal requires the successful completion of these programs within the time allotted by the courts and the Department of Family Services.

Role of the Researcher

My role as the researcher in this study was to provide analyzed data to the public and fellow scholars to assist in the understanding of a particular topic. For several years now, I have been involved with the Court Appointed Special Advocate (CASA) organization, which has provided me with a deeper understanding of the process that occurs when children have been removed from custodial care and placed in the care of

child protection, foster system, and the courts. I understand the programs assigned and the uniqueness of each case due to the various influences on child abuse.

Using qualitative, phenomenological design to explore this topic allowed the participants to provide the data. As the researcher, I led the interview, asked a preset line of questions, and recorded the participants' responses. When clarification was necessary, as the researcher, I asked additional questions.

Personal bias is a concern when conducting research; therefore, I adhered to the line of questions that was preapproved by the Walden University Institutional Review Board (IRB). Any previous relationship I had with any of the program providers would come in the form of being equal stakeholders on a team for a particular case. As the researcher, I could see where my bias may have come in that I wanted to interject constraints or holdups to the process that are not there or deny them to turn theory to my advantage in this study. To address these biases, I used my guided questions and reiterated to myself that I want the data to reflect the true outcome of this study so that the talking points can be used by all stakeholders to inform policy and laws in the state and Fifth Judicial District of Wyoming. Other ethical issues arising from this study were that as a CASA advocate, I may have had a bias against the caregivers that would reflect on the program providers who seemed sensitive to the caregivers. I may have felt some program providers could be willing to give leniency to caregivers to reunite a family before the program goal has been achieved. My plan to address these instances was to just stay on task and allow the data to reflect the outcome.

Methodology

Instrumentation

I provided a specific interview letter/consent form to participants that included an introduction to me as the researcher, a description of the project, and a statement of confidentiality. The letter explained that participation was voluntary and gave an estimated length of time for the interview. Participants were recruited via emails sent to directors of the programs or to someone who could approve and pass on the option for recruitment. I designed the interview questions to align with the conceptual framework for the study. Interviews were conducted face to face, on the telephone, or through Zoom meetings in a private setting and recorded for future reference during data analysis. Before the interviews began, the interview protocol was approved by the Walden University IRB. Each participant was required to sign or verbally acknowledge their consent to be interviewed, and they were advised the interview would be recorded.

Interview

The list of interview questions can be found in Appendix B. To collect data for this study, I used in-depth, qualitative interviewing that explored the experiences of those knowledgeable in the area of research. I asked in-depth interview questions, listened to the participants' responses, and asked more questions for clarification. This method of interviewing resulted in rich, detailed information. I asked the participants questions looking for their experiences, narratives, and stories as responses. The open-ended questions left the interviewee to respond any way they wanted, even possibly raising new issues. Although there was a list of questions, they were not fixed and would follow the

direction of the participants' responses (see Rubin & Rubin 2012). The location of the interviews was decided at a time convenient for the participant, and the interviews were approximately 45–60 minutes in length. To provide confidentiality to the participants, the location and interviews were private. I assured the interviewees that their answers were confidential so they could be honest and not fear reprisal on the job. To keep confidentiality, each program was assigned a code. I enlisted an audio recording of the interviews but only used the code name when referring to that interview. Each of the programs included in the study provide family counseling, individual counseling, and substance abuse counseling or educational services. The interview questions were service specific, but all the same questions allowed for different answers for each service provided. During the audio-recorded interviews, I took some light notes to provide for follow-up questions and clarity on some answers. At the end of the interview, there was an opportunity for the participants to ask any questions they had and provide me with feedback. I thanked them and advised them that I would send them a copy of their transcript to review and respond to if they so desired, before it was coded and analyzed.

Data Collection

Within the four counties of the Fifth Judicial District in Wyoming, I identified nine resources for the programs most often assigned by the courts and Department of Family Services. Because the district is mainly rural, consisting of smaller communities, some resources have locations in more than one community and share personnel while some communities do not have any. The list of programs was broken down into the counties and then the communities within the county

Participants

Qualitative researchers employ purposeful sampling as a means of selecting participants who provide rich data from the specific population needed for that research (Ravitch, 2016). The participants in this study were instructors and counselors directly involved with clients selected from intervention programs within the Fifth Judicial District that provide services referred to by the courts and Department of Family Services. The programs included in the study provide services, such as counseling for caregivers and/or children, parenting classes, family life classes, anger management, drug and/or alcohol rehabilitation. Some of the communities have limited resources, so the best scenario was to recruit at least two participants from each of the four counties, plus a few more for better saturation. Understanding that not all the counties have the same types of programs, one county may only have had one possible participant, whereas another county may be able to provide more than two. I determined that a total of 12 participants for the entire Fifth District should be sufficient for the study.

To conduct recruit participants, I sent a recruitment letter email to each of the programs listed and inquired about the person to direct my request for an interview. I was transparent and allowed the possible participants to decide if they wanted to take part in the study. My request explained the research purpose was to determine if they felt there are constraints they face, what those constraints are, and what suggestions they have to address them. All information gained can be used to assist lawmakers and policy makers to develop an understanding of the obstacles that interfere with the programs' abilities to reach the goals set by the courts and Department of Family Services.

Data Analysis Plan

My plan for data analysis involved using thematic analysis, which is a method used to identify patterns and themes in a data set, (see Miller, 2020). Thematic analysis is a simple, stepped plan used by researchers of all levels that establishes themes and shows validity. The first step involves reading or listening to the data repeatedly. (see Miller, 2020). During this step, I took notes to ensure I clearly understood the data. In Step 2, I began by grouping the data, highlighting themes either in support of the majority themes or contradicting data themes. Step 3 is to discern the broad themes, move them around, and review and refine the themes through further analysis and make sure they all fit in the proper category, (see Miller, 2020). Recoding can be done in this step, if necessary, and once the codes all fit logically, a map that reflects the connections can be created. In the fourth step, I assigned meaning and defined the themes, letting the data emerge within each theme and across the data set. These connections were clear and rational. The final step was to create a formal report that documents the themes, including examples from the data that clearly demonstrate what the themes signify in relationship to the data (see Miller, 2020).

There are pros and cons to using thematic analysis. The data processing portion of any research is critical to providing a clear, unbiased reflection of the data collected in a study. The pros of thematic analysis include the flexible approach, simplicity in to execution, and the ability to accommodate variability in an insightful interpretation, (see Miller, 2020). The downside of this method is that there are few parameters allowing the results to be subjective. Data selections, coding, and themes are determined by the

researcher; therefore, the method could lead to unintentional bias as the researcher tries to prove or disprove a specific theory (Miller, 2020).

Issues of Trustworthiness

Triangulation

According to Flick, (2007) triangulation involves using different perspectives from different sources to develop themes within the study. In this study, I interviewed program personnel from multiple agencies within the Fifth Judicial District of Wyoming that the courts and/or the Department of Family Services utilize as interventions who dealt directly with caretakers of children who have been abused/neglected. The goal was to gather data relating to the constraints they may or may not encounter while attempting to achieve the goals of their programs. Because each program addresses a different influence on child abuse and/or neglect, the triangulation came in the form of the participants' responses to the open-ended interview questions related to the research questions. Triangulation provides data that is rich and allows checks that provide integrity to the themes (Nester & Schutt, 2018). Creswell (2022) also suggested using interviews and observations from multiple sources.

Credibility

Credibility is imperative to good research. Validity is one way to provide credibility by accurately reflecting the concept being measured (Babbie, 2016). The research shows validity by using certain procedures such as member checking. Member checking is accomplished by allowing the participants who were interviewed, review their data to verify the accuracy of their responses. Once they have been provided with a

copy of their responses, it is important that they are allowed ample time to respond or assume they are satisfied with the data. A date was specified (15 days) to hear back from them by. Each participant will be offered a summary of the research once it is published, (Creswell, 2020).

Transferability

To assure transferability, the contextual factors of the study have been discussed. Enough data and framework will be provided for other researchers to understand the study's meaning and findings. The data will be interpreted and displayed in such a way that makes sense and displays authenticity. The participants are program providers in the Fifth Judicial District in Wyoming. Participants were interviewed in a private setting in the community in which they are located such as a library, or quiet room in a restaurant or coffee shop. The space required enough privacy to afford the participant enough sense of security that their responses would not be overheard and repeated. Most of the cases they deal with are considered confidential and I wanted them to be comfortable enough that they could respond fully and honestly. To ensure transferability, the data collected during the interviews must be provided honestly to provide authenticity. The data findings must be clear and show that they may be applied to further research (Ravitch, 2016).

Ethical Procedures

Qualitative research is very personal, it involves a give and take, a discussion between the researcher and the participant whether through vocalization or observation, the researcher must interpret the data. It is very important that the researcher reflects on

their own knowledge and beliefs of the subject they are researching to determine what is true responses from the participant[s] and what is interjected bias from the researcher.

I have spent many hours reflecting on my subject and my own thoughts and feelings. I want to be sure that I can recognize what my perceptions are, so I provide true data to the findings.

Before collecting any data, approval from Walden University IRB was granted (IRB Approval # 09-18-23-0655228). All the guidelines of the IRB were followed. All agencies involved gave prior authorization to allow interviews of their participants. All participants read, comprehended and signed a consent form. The participants understood there would not be any compensation awarded to them and that I would have no vested interest in the outcome of the study. The agencies and participants were provided with a brief description of the study.

Identities were protected by providing each participant a code depicting which district, community, agency, and participant. The participants were randomly assigned numbers and letters and only the researcher knew their identity. The recordings and files are kept locked in a file to ensure privacy and safety, accessible only to the researcher for the required 5 years. There was contingency plan in case a participant withdrew from the study. The first was to attempt to overcome any issue that would cause the withdrawal, second was to recruit another participant from the same agency, or an agency of similar program.

Summary

This qualitative research used a phenomenological approach to understand the theory of constraint and apply it to the programs referred to caregivers who have abused/neglected children and are involved with the courts and Department of Family Services. The research utilized face to face interviews with program providers to get their lived perspective of any constraints that may impede their programs goals and any suggestions they have to address them. Eli Goldratt's theory of constraint and the five steps Goldratt (1980) identified to follow when considering the theory of constraint are:

1. Identify the systems constraint(s).
2. Decide how to exploit the system's constraint(s).
3. Subordinate everything else to the above decision.
4. Elevate the system's constraint(s).
5. Warning!! If in the previous steps a constraint has been broken, go back to step one, but do not let inertia cause another constraint.

I conducted interviews of personnel who work directly with clients enrolled in programs available in the Fifth Judicial District of Wyoming that are interventions designed to address the influences of child abuse/ neglect. The research will provide discussion for the stakeholders in this area that may affect policy and possibly laws that help the process of reunification of families run smoother and faster. The program directors received Emails asking permission to recruit participants from their organization who work directly with the clients. The participants were then provided with a research guide and all necessary information and consent forms. Confidentiality was protected,

and coded identification utilized. Any biases and limitations were addressed, discussed and minimized. The interviews were conducted face to face, by telephone, or by zoom in a private setting, recorded and notes taken, then the data was coded and analyzed. Participants were offered a copy of the results to approve before completion of the report. This research will provide an example of applying the theory of constraint to yet another topic besides manufacturing. Constraints occur in many aspects of life, by acknowledging them, addressing them and continuously monitoring for other blockages, a process can run smoother and more efficiently.

Chapter 4: Results

The purpose of this qualitative study was to determine what, if any, constraints were encountered by program providers whose clients were assigned by the courts and/or the Department of Family Services to address instances of child abuse or neglect. I used interviews to gather the program providers' perspectives of what they felt were constraints to the successful completion of their programs. The following research questions guided this study:

RQ1: What specific factors or constraints impede the successful achievement of goals in child maltreatment programs implemented in Wyoming?

RQ2: In what ways do the identified constraints hinder the effectiveness of intervention programs aimed at addressing child maltreatment in Wyoming?

RQ3: Based on your experience and insights, what potential strategies or approaches could be implemented to overcome the identified constraints and improve the performance of child maltreatment programs in Wyoming?

In this chapter, I describe the setting, participant demographics, data collection and data analysis processes, and evidence of trustworthiness before presenting the study results and concluding with a summary.

Setting

I sent emails to 25 programs in the northwest area of Wyoming. Programs included substance abuse programs, faith-based and personal counselors, behavioral health, child programs, family/home services, child educators, guardian ad linum, and

CASAs. Responses were received from 13 of those emails, which resulted in a total of eight participant interviews.

Demographics

The programs emailed were taken from a list provided by the Department of Family Services, which is distributed to anyone in need of services and includes senior services, food, shelter and utility assistance. Of the 13 responses I received, some programs did not agree to an interview but were able to suggest other contacts; therefore, the snowballing strategy provided some of the participants. Wyoming is a mostly rural state with scattered small communities that proved to make recruitment challenging. Interviews were conducted in person and on the telephone. In-person interviews were done at a place the interviewee was comfortable with, and telephone interviews were conducted with me at home in a personal office when no one else was home.

The participants came from different backgrounds: Two were faith based, one was a lawyer, two were substance and mental health counselors, two were educators who focused on children from homes where abuse/neglect occurred, one from public schools, one from a preschool program, and the final interviewee was a CASA advocate. All participants were involved in programs assigned by the courts, Department of Family Services, or referred to and approved by Department of Family Services. The participants also attended multidisciplinary team meetings to provide progress reports. Participants were also encouraged to attend or submit reports to all court hearings. Table 1 displays the demographics of the participants.

Table 1

Participant Demographics

Participant	Gender	Age range	Program	Location
P1	Male	50–60	Faith based	Park County/Powell
P2	Male	70–80	Faith based/foster	5th Judicial District
P3	Female	40–50	CASA	5th Judicial District
P4	Female	30–40	Substance abuse/mental health	Bighorn Basin
P5	Female	30–40	Educator	Washakie County
P6	Female	60–70	Educator	Park County
P7	Male	70–80	Substance abuse/mental health	Western United States
P8	Female	40–50	Lawyer	5th Judicial District

Data Collection

Recruiting participants was a bit challenging. One program provider responded that they were hesitant to participate because their responses may expose issues with their program. Interviews were performed on a one-on-one basis at a location and time agreed upon by the participant. Of the eight interviews, five were in person and three were telephone interviews. I reminded the participants that their participation was voluntary, their identities would be kept confidential, and that the interview would be audio recorded to allow for transcription. They were told that if at any time they did not feel

comfortable with the interview, they were welcome to discontinue. They were also reminded that the interview questions were not case specific and were only intended to identify any constraints that the programs encountered as well as what they felt could be done to alleviate those constraints to make the whole case process smoother and more successful. Data collection and recruitment began following Walden University IRB approval.

The timespan from the start of participant recruitment until the last interview was October 2023 through July 2024. Each interview lasted on average 30 minutes. The participants were eager to discuss their perspectives concerning any constraints their program encountered and any constraints they felt impeded the whole process for the case as it maneuvered through the system. The interviews were audio recorded on a standard tape recorder then transferred to the sound recorder on my computer. I then transcribed each interview myself and offered the participants a copy. Interestingly, none of them desired one and said they were happy with the way the interview went; they were, however, interested in what the data indicated at the completion of my research.

Data Analysis

I conducted thematic analysis, which is a method used to identify patterns and themes in a data set (see Miller, 2020). Thematic analysis is a simple step plan, and coding began by reading each interview and highlighting key words or phrases that related to each interview question. I developed a Microsoft Excel spreadsheet listing each participant's code and the words or phrases that were highlighted. Each interview was re-read to verify a proper understanding of the word as it applied to the interview question.

On the next sheet, the words or concepts that appeared more than once were sorted into categories, such as parental, team, program, policy, nonpolicy, cooperation, and communication. Finally, I combined them into manageable themes that produced workable suggestions to address the constraints. Analysis began with reading each transcript and highlighting responses that applied directly to the research questions.

Evidence of Trustworthiness

Credibility

Credibility is imperative to good research. Validity is one way to provide credibility by accurately reflecting the concept being measured (Babbie, 2016). Validity can be established by using certain procedures, such as member checking. Member checking is accomplished by allowing the participants who were interviewed to review their data to verify the accuracy of their responses, (Babbie, 2016). Triangulation is another means to show credibility and add to the validity, (Babbie, 2016). Triangulation refers to the ability to have the findings compare or align with that of other similar studies, (Babbie, 2016). The interviews allowed enough time for the participants to fully respond to each question. I asked follow-up questions to clarify responses and concluded the interviews with the opportunity for the participants to ask any questions they had. I kept my own journal throughout the study. In it, I reflected on any biases I may have, including any thoughts, agreements, or disagreements I may have had with the data. Then, as I was analyzing the data, I was able to put all of that aside and just let the data speak for itself and not interject my own thoughts or feelings into the analysis.

Transferability

To assure transferability, I have previously discussed the contextual factors of the study. I provided enough data and a framework for other researchers to understand the study's meaning and findings. The data were interpreted and presented in such a way that makes sense and displays authenticity. The participants were program providers in the Fifth Judicial District in Wyoming. I interviewed them in a private setting in the community in which they are located. To ensure transferability, the data collected during the interviews must be provided honestly to provide authenticity, and the data findings must be clear and show that they may be applied to further research (Ravitch, 2016). Not only did the participants responses align, but they were supported by the literature review that related to programs in other areas of the country and some of the constraints they faced.

Dependability

Dependability is the process and responsibility of the researcher to ensure that the entire process was completed in a logical and documented manner, Ravich (2016). ensured that the data can be traced, and they were coded and analyzed in a structured manner. I followed the interview, data collection, transcription, coding, and analysis procedures in this study. Each step was documented for transparency and dependability.

Confirmability

Bringing together the findings and analysis of the data collected ensures the establishment of credibility (Nestor & Schutt, 2018). It is important to spend a significant amount of time with each participant during data collection to fully explore their

experiences to get in-depth detail. To accomplish this, each participant was encouraged to choose where and how they would like to conduct their interview. I wanted to be sure they were comfortable and were able to be open and honest about their responses. In a phenomenological study, the data are lived experiences, and the data are best collected through interviews using open-ended questions, which is the method I employed (see Ravich, 2016).

Results

With the first two interview questions, I inquired as to the means in which their program was delivered to the client and any advantages or disadvantages.

The participants' responses allowed for the identification of constraints within the delivery of their program. Table 2 presents each program's delivery method along with the advantages and disadvantages of each.

Table 2

Program Method of Delivery

Method	Category	Disadvantage	Advantage
Online Zoom	Technology	Need internet	Remote availability Eye to eye contact Visual
Phone	Technology	No eye contact Talking over Don't know whose talking	No Transportation Issues No internet issues Available anywhere Open time frame
In-patient	Personal	No basic home life issues Transportation Financial	Best control of program Body language/eye contact Focus
Out- patient	Personal	Accountability Influences Commitment Transportation Schedule	Live normal life Work/keep job Work on family life Family/community support

The COVID-19 pandemic brought out more the usage of more technology methods, and participants related how it was hard to pull back from using it when they were no longer required to because it became such a common way of providing their program. One disadvantage discussed was a privacy issue. When meeting with the children or the other family member, the program may have another person in the room who is monitoring what they say so their true feelings do not come out. In the Fifth Judicial District, it was hard to get back to the in-person court. Most participants felt this was a constraint because of the lack of eye contact and body language. The lack of eye contact and body language was an across-the-board constraint for program providers. Multidisciplinary team meetings were mostly held by conference phone, which again

involved the lack of eye contact/body language. Members taking over each other and not knowing who was talking created confusion. Advantages to the technology category were remote availability; no transportation required to program location; and in the case of Zoom meetings, eye contact and body language are available.

In-patient constraints involved the lack of real life/real-time family interaction. Wyoming is a mostly rural state, so in-patient programs tend to require transportation to and from and the loss of an income while attending the program could lead to a loss of job, home, vehicle, and insurance. Advantages of in person were that it provided more focus, eye contact and body language come into play, and timed program control.

Out-patient disadvantages included accountability for completing tasks; outside influences; and a commitment to complete the program in a timely manner, if at all. Advantages of out-patient included the real-time life functioning, home life, family, job and finances, and support from community and family.

I felt it was important to first establish the method of delivering the program to obtain a better understanding of the constraints the participants were describing. While each method had both advantages and disadvantages, they all play an important and ongoing role in providing programs aimed at addressing child abuse and neglect. Flexibility is important to each case and a successful reunification.

In Interview Question 3, I asked what the average length of time for the successful completion of your program was. The general theme here is that length is very case specific. Length generally depends on client commitment, influences being addressed, program availability, and scheduling. Programs addressing substance abuse

usually last longer than 24 months, cases where incarceration is involved are dependent on time served. While the preferred length is less than 24 months, some do pass by that mark and some run on indefinitely. It is about building a relationship and earning trust so the program can begin to work on the influence that they are intended to address.

In Interview Question 4, I then inquired if that was in line with the intended time of successful completion. The answer is that the intended time for completion for all programs other than Participants 1 and 7 are within the 24-month Wyoming statute preference. Participant1 responded 12 weeks as the usual and Participant 7 was about two sessions. All participants related to the case specific deviation with many passing the 24-month preferred time. Next, the researcher described the theory of constraint to the participants so they would understand what was meant when they were asked about constraints. The theory of constraints is an operation concept used to focus on limitations, barriers, or constraints to goals of any kind. It is used to research and systematically improve the process to achieve a positive goal outcome (Goldratt & Cox, 1984).

Question 5 wanted to know: How would you define constraints as it pertains to your program? This question was responded to in three categories, parental, (referring to the constraints the program providers feel clients face that affect the program completion) and the second category relates to the program itself and the third is multidisciplinary team and constraints they create or face that affect the successful completion. Question 6, at times was answered by responses to Question 5. The definition given in most cases was “any influence to the process of providing the program.” Table 3 shows the three categories and specific constraints.

Table 3

Program Constraints

Parental	Program	Multidisciplinary team
Finances	Funding	Team cooperation
Shame	Program availability	Department of Family
Availability/schedule	Training	Service
Transportation	Number of personnel	Courts
Accountability		Scheduling
Want it their way		
Playing the system		
Cultural		
Residence		
Job loss		
Stigma		

The program constraints come more from the personal or client's constraints. The program has the constraints of funding, training, number of personnel, and availability to the client (Wyoming's rural status contributes to this), and program constraints also come from the multidisciplinary team in the realm of cooperation, Department of Family Services, courts, scheduling meetings, and court dates.

Question 7 was: Which if any of these constraints are policy constraints and how would you change them if you could? The faith-based participants described an unwillingness to refer to them due to a lack of licensing. They expressed frustration concerning this because they are trained and attend continuing education courses within the realm of faith-based counseling but are not licensed through the state. They would like to see recognition for what they can offer and provide essential programs to areas where programs are lacking.

The participants also indicated that there is a lack of prevention in Wyoming. A lack of mental health awareness and drug addiction prevention. By addressing these issues ahead of time, the possibility exists that some cases of child abuse and neglect could be prevented. Smaller caseloads with more case managers in the Department of Family Services. They would be able to devote more time to each case and help it through the system with successful results. Less liability and more confidentiality for reporters of child abuse/neglect cases and those who work with them. Although this is already addressed with Wyoming statutes, there is still backlash sometimes for educators especially. Small towns, everyone knows everyone. Funding is an all-around policy issue. Prevention and addressing of child abuse requires money and programs aimed at family basics, mental health, and substance abuse prevention.

Questions 8 (If the constraint(s) are not a policy one, what would you suggest as a change?) and 9 (How would the change affect the outcome?) also ended up being responded to as one. When discussing the suggested change, the affected outcome goes along with it. Faith-based participants felt disconnected from the system, no credibility in court and the system, and suggested including them more because of the long-term availability and community support they offer. The no fee counseling provided by the church relieves the financial burden, The outcome allows the client a relaxed, faith attached means of understanding the path they should be on that includes continuous follow through and support.

More programs for children who have been abused/neglected that assist them with long term stress and the influences that cause generational abuse. Children who are

stressed have a harder time in school, P3 was not positive of the statistic but believed it was three quarters of the children in a classroom experience some sort of violence, abuse or neglect in their homes. As a researcher I felt it was important to provide direct statistics on this topic and I found that according to the U.S. Department of Justice, Office of Justice Programs (2020). A national sample of U.S. children showed over the past year 60% of them were exposed to violence, crime, or abuse in their homes, schools, and communities. Almost 40% of U.S. children were direct victims of two or more violent acts, and 1 in 10 were victims of violence five or more times. The participant felt that addressing the constraint of not enough if any programs aimed at children and their mental health would help ease stress at home and school making better future adults.

It was discussed that there is a need for programs for mothers who are using substances to get them clean and prepare them for the stresses that come with a baby, so they do not use again, and programs that help mothers who have babies that are born addicts. Programs for a mother who uses substances and cannot control herself, let alone a newborn who is addicted.

Participants also felt the teams (each individual program, including Department of Family Services) try to protect their turf, they only tell what they feel is safe, there is no real cooperation between team members. It was wished that the team would work together for the benefit of the family and not to just “get through the case.” They need to freely share information both with the team and the courts, so the parents get the help they need to prevent future recidivism and keep the children safe.

Participants felt that policy constraints affect the nonpolicy constraints**.** Many times, there is a gap left by policy, such as funding that make the other constraints come out. Funding could provide more cross training and personnel. Allowing programs to cross train and assist in areas with where services are lacking. The results would allow more support for the kids and the families. The families would accomplish more and grow. These programs are aimed at parents but are working for the benefit of the children. Day cares and educators are a part of that family so the more they all work together, the more well-rounded the children's lives will be. Participants responded that individualizing the programs and considering each of the circumstances is a must. Cookie cutter molds do not work. Each individual case is different and to truly benefit the family and have a positive ending, the team should tailor the plan according to the needs.

Question 10 asked: How would you describe the completion or noncompletion of another assigned program(s) effect on the completion of your program? Could this cause a constraint to your program and how? All programs except one felt that the completion or noncompletion of other programs could potentially affect the successful completion of theirs. Commitment by the client was critical to completion. Self-commitment to becoming a better person for the well-being of the children was a determining factor in completion. The desire to complete for the good of the children was also important in the recidivism factor. Completing strictly to get out of the system and away from the courts was not as strong of a reason to complete. It is important to remember this is all from the perspective of the program providers and not the clients themselves.

In Question 11, I asked: What do you feel could be done to address these constraints? Table 4 displays the participants' responses.

Table 4

Addressing Constraints

Suggested change	Outcome
Communication	Understanding between all members
Cooperation	Family flourishing
Team cooperation	Child flourishing
Sharing information	Fewer baby addictions
Prenatal substance care	Long-term sustainability
Long-term care	Less recidivism
Outsource to CASA, Faith based, etc.	Safer children
Training and cross training	More programs available
Align goals	
More program availability	
More judge intervention	
More case-by-case program plans	
Funding	

The purpose of this qualitative research was to gain the perspective of program providers in predominantly northwestern Wyoming who are assigned by the courts or Department of Family Services to help people in the system for abuse or neglect of children. The research looks to understand the constraints faced by the programs that

hinder the successful completion of their programs. Interviews were conducted either face to face, or over the phone and tape recorded for future transcription. Northwestern Wyoming is mostly rural, farm, ranch, and tourist communities. According to the U.S. Census Bureau (2023) the median household income in Wyoming is $74,815. The largest employers are in the education and healthcare sector, retail and agriculture. Many influences contribute to child abuse and neglect, so are the programs necessary to address these influences. Large metropolitan areas, and public transportation provide more options. Understanding the options and availability in this area of Wyoming has proven key to obtaining participants for this research.

Summary

While conducting these interviews, I found those who were willing to participate were open and honest about the constraints they encountered. When I was having difficulty obtaining willing participants, I was afraid the ones I did get would be reluctant to be so open. The top three themes (i.e., communication, cooperation, and accountability) surprised me because they were aimed mostly at the system, their program, and other programs. Another thing I found interesting was the methods of delivering the programs. During the COVID-19 pandemic, technology became the way to process these cases and programs. There are many advantages to this method, but there are also constraints that interfere with confidentiality and personal interactions. This research provides talking points for the programs, Department of Family Services, lawyers, the courts and all concerned parties. It provides information necessary to

administer programs that address the influences on child abuse and neglect with minimal constraints or the capability of addressing the constraints as they arise.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative study was to gain the perspectives of program providers in predominantly northwestern Wyoming who are assigned by the courts or Department of Family Services to help people in the system for abuse or neglect of children. My goal was to develop an understanding of the constraints that hinder the successful completion of the programs. Participant interviews were conducted either face to face or over the phone and audio recorded for transcription. Northwestern Wyoming is mostly rural, farm, ranch, and tourist communities. According to the U.S. Census Bureau (2023), the median household income in Wyoming is $72,415. The largest employers are in the education, health care, retail, and agriculture sectors, (U.S. Census Bureau, 2023). any influences contribute to child abuse and neglect, so a diversity of programs is necessary to address these influences. Understanding the options and availability of programs in this area of Wyoming proved key to obtaining participants for this study.

Interpretation of the Findings

Several studies have been completed concerning the parents' perspectives of program effectiveness and the program itself, but very little research has been conducted from the perspective of the program providers about the constraints they face when providing their program. For the programs to be successfully completed, the constraints must be dealt with and be minimized. The preferred timeline for cases of child abuse and neglect in the state of Wyoming is 24 months or less, and for this to happen, the programs must all align, and everyone should be comfortable with family reunification within that time, (Wyoming Stat §14-3-431, 2017). This study was not about whether

the timeline can be met but was conducted to open discussions concerning what constraints the programs encounter and what recommendations the program providers suggest for mitigating those constraints.

When it came to method of delivery, each method had its pros and cons. The pro of technology was accessibility, except when it came to internet access. A significant con to technology, such as Zoom, Face Time, or the telephone, was privacy for children or an abused spouse. Outpatient delivery allows the person to go about their daily life, work, school, and home and still receive support, but there are also bad influences. In-patient delivery provides focused care but daily life is affected with possible job loss, home loss, and/or car loss.

Rostad et al. (2018) identified constraints for the parents, such as scheduling, childcare, transportation, and generalized educational topics, being reasons parents struggled to complete parenting class programs that are not conformed to individual cases. The participants in the current study also identified these constraints along with constraints, such as a lack of available programs and program providers in all the communities in northwestern Wyoming. Other identified nonpolicy constraints included: availability, referrals to faith based, communication, cooperation, follow through, court schedules, team schedules, training, and cross training. Policy constraints identified were funding, case load, referrals, licensing for faith based, liability, sharing case information, accountability, and follow through. The lived experiences of the program providers identified the theory of constraints as being aligned to this study due to their desire to

identify the constraints, acknowledge them, and attempt to isolate and address them to alleviate the slow down or blockage they cause in the process of reunification of families.

The availability of programs, or lack thereof, slows down the timeline of the case; for example, if there are no beds available in rehab or no counselors available, it is just a waiting game. Communication and cooperation between team members, court, and team schedules were also constraints. Surprisingly, participants felt that much of the constraints came from the programs and teams themselves and that the program providers listed this as a constraint. Some also felt that because of the lack of available programs at times, some cross training and utilizing the faith-based resources could help with that. The policy constraints, such as lack of funding, decrease the training, the number of programs, caseloads, funds for cases, and victim funds allow for lenient punishments and punishment when not necessary.

As seen in Table 2 in Chapter 4, the participants felt that communication and cooperation were main constraints. This was true of not just the client or parents but the teams as well. Participants expressed frustration when it came to working together with other teams. Information is not shared and that would benefit the process. All team members sign a confidentiality agreement, and any information a program has that would be important to the process should be shared to all team members so they can devise the correct plan that ensures the safe reunification of the children to the family. By sharing information, the teams are better able to align goals. In the more difficult cases, more judge interaction between court dates, such as check ins between court dates, would provide accountability.

Policy strategies involve funding for several aspects. Funding was considered an important constraint. Participants overwhelmingly felt more funding was needed in substance abuse and mental health. Parents in their programs who abuse substances were in the system because they either abused or neglected their children, and preventative programs are important to slow the possibility of this happening in the first place. Prenatal drug testing and policies could be implemented to address infant addiction and the effects on early development and stress in the home. Mental health was discussed by participants as being a broad topic, but one that requires funding for programs that address it.

The faith-based participants and a couple others talked about how policy is needed that allows for licensing for them. They are a large untapped resource in northwestern Wyoming. Cross training for other programs and their volunteers that would allow certified, licensed counselors or those with a degree to be used in other areas is needed. The participants felt that program availability is a constraint to the timely resolution of a case, so funding and creativity were suggested strategies.

The program providers were able to give important feedback that will open discussions benefiting the children in northwestern Wyoming.

The participants were from the substance abuse, education, faith based, counselor, and legal fields. The common themes identified in their responses were communication, cooperation, and availability. They also discussed the role that the COVID-19 pandemic has played in the methods the programs and the courts have used in the Fifth Judicial District of Wyoming. They felt this area has been very slow to return to in-person

meetings and court, which takes out the face-to-face and body language aspects of the interactions. Conducting telephone multidisciplinary team meetings and court sessions over the phone was difficult because it was hard to identify who was speaking, people would speak over each other, and there was no visual reference. This has just recently begun to change in Park County, which is going back to more in-person interactions. and Some of the other areas have been doing it more often before this depending on the case, the Department of Family Services worker, or the judge.

Before the COVID-19 pandemic, the other constraints still included communication, cooperation, and availability between both program providers and clients. Accountability and consequences across the board was another constraint. The participants discussed that many times there was no accountability for actions or inactions, so the case could just go on.

The availability of programs or providers in northwestern Wyoming is a constraint because each community may not have all the programs available, or the wait list may be long, transportation to a community where there is a program may be a constraint, and funding for transportation may be a constraint. Scheduling for the few program availabilities may also be a constraint if it interferes with an employment schedule, causing an individual to lose employment due to attending programs, which may also result in loss of transportation and/or housing for the client. There may also be a cultural or religious constraint on the part of the family that interferes with programs or how the system will handle that case. Policy-wise, the participants agreed that funding,

case load, referrals and licensing for faith-based programs, liability, and sharing of case information were the main topics that could be addressed at the state level.

Most of the providers felt that the constraints hindered the successful completion of their programs because they did not feel as though they were getting a complete picture of the clients' needs. To help the children, they had to help the parents or caregivers, and to do that, they need to have all team members working together to share information that could make their program more successful and completion time faster. Understanding the whole picture of the case, including the events that led up to the onset of the case, the children's backgrounds, and family dynamics, would be beneficial to all. The providers discussed that if the team cooperation and communication were positive, then the rest of the constraints could be dealt with through funding, training, and long-term support.

To address the constraints, a couple of participants suggested team meetings that did not involve cases. These meetings could be moderated by an independent source so they could all make suggestions, discuss those suggestions, and possibly vote on them if they were not something that was policy related but more structural. Accountability and consequences for both actions and in actions were another suggested strategy. Clients are given tasks and programs to complete, and the program providers are just as responsible for seeing to it that those are completed as the client, so both should be held accountable. As this study has shown, uncompleted programs slow the completion of other programs and the closing of the case. Aligning the goals and possibly cross training and combining programs for greater availability in areas with fewer options would also help. Licensing

faith-based programs to utilize them is another strategy because they are a long-term community support available in communities where other programs may be lacking. Other approaches suggested were making more programs long-term support and providing more preventative programs, such as drug testing for expecting mothers, prenatal classes teaching mothers who used drugs how to cope with the stresses of a baby addicted to drugs, job search skills, finance and budget, and household skills. Participants suggested programs for mothers and fathers of toddlers, parents of teens, with free childcare offered for those attending.

These participants had many suggestions, but when it came to policy, the number one suggestion was funding. They reported that so much funding has been pulled recently making it difficult, especially in an area like northwestern Wyoming where there are not many other options to obtain money from. The need is there for funding programs; more case workers so there could be smaller caseloads; and help for transportation, housing, and other expenses to ease stress on families that can lead to child abuse or neglect. The funding could also help with providing access to phones and internet connections for rural families to connect them to programs that are available online. Several participants also expressed the need for free or sliding fee online classes and preventative classes, making them more accessible to everyone.

Limitations of the Study

I identified some limitations to this study. Program providers may have felt uncomfortable acknowledging the constraints or barriers they face because this would be an admission that they do not always obtain their goals or that recidivism is possible

because of the inability to provide a positive outcome to their program. The individuals interviewed may have also feared repercussions from their employers for putting the program in a bad light. Additionally, they may have feared their identities would be revealed.

Upon completing my research, I found the limitations I originally perceived in Chapter 1 were fairly accurate. I did not realize it would make participant recruitment as difficult as it was. Of the participants I was able to recruit, they did not seem to have any issues with any of these limitations and were happy to be interviewed, discuss the constraints they encountered, and provide suggestions they felt would help mitigate the constraints.

Recommendations

This study was about opening a discussion concerning the constraints faced by program providers in northwestern Wyoming assigned by the courts and/or the Department of Family Services to parents or caretakers in the system for abusing or neglecting children. I gathered the perspectives of program providers regarding what constraints they faced that affected the successful completion of their program. The state of Wyoming has a desired timeline of 24 months for completion, with some cases much shorter than this, and other cases running far longer. The findings of this study showed what worked and what did not, what constraints were small and could be worked around, and what constraints were almost absolute roadblocks. To understand how to fix these constraints, I suggest applying the five steps Goldratt and Cox (1984) laid out to address them:

1. Identify the systems constraint(s).
2. Decide how to exploit the system's constraint(s).
3. Subordinate everything else to the above decision.
4. Elevate the system's constraint(s).
5. Warning!! If in the previous steps a constraint has been broken, go back to Step 1, but do not let inertia cause another constraint.

The participants had many recommendations on how to address these constraints as well. My hope is that this study can open the discussion for the purpose of addressing these constraints.

Implications

As the researcher, my reason for doing this research was selfish, I am passionate about keeping kids safe. Children deserve a safe environment to live and grow in. They deserve to be provided with food, clothing, a safe place to sleep, medicine and education. We do not all envision that as the same thing, some envision a mansion, some envision a tent or a car, some envision ramen noodles, others envision steak, the intent and attempt is more important than the actual item. Nurturing, even if there is no love, is so important. Spending time with children, listening to them, teaching them, helping them grow into productive adults, that is what is needed. Our country, the state of Wyoming, the Big Horn Basin, northwestern Wyoming is where I reside and focus my attention. The social change I would like to see here is a kinder, safer life for the children of this area. I would like to work with county and state policy makers to work on funding for preventative programs, cross training and licensing for faith based. I want to start to dissolve some of

the constraints these program providers face, so they may achieve their goals. I would like to do some public speaking to program providers and open discussions to help with communication across the programs. Starting here and growing as I go forward will help change and keep the children of this area safer.

Conclusion

According to the National Children's Alliance (2024), an estimated 550,000 children are known to U.S. authorities to have been abused. Child welfare investigated 7.5 million kids annually, and an estimated 3 million ended up receiving some help within the system. In 2022, it is estimated that 1,990 children died from abuse and neglect, which is a number that has been steady increasing over the last 5 years. In Wyoming, which was the focus of this research, there were 6,618 referrals for child abuse and 2,418 went forward for investigation (Child Welfare League of America, 2020). In 2020, 12 infants were screened in with prenatal substance abuse exposure, they also had no plans of safe care or screened-in infants. Child fatalities increased from 0 in 2019 to 3 in 2020.

Child abuse and neglect is a real problem and the influences that are attributed to it are many and varied. Providing programs that address all the different influences can be difficult in smaller, rural communities such as those of Northwestern Wyoming. The focus of this research was to determine the constraints the programs faced that inhibit them from successfully completing the goal of their program. The goal, through the theory of constraints is to identify the constraint, discuss ways of fixing the constraint, be sure that is not going to cause another constraint and if all is good, hopefully the change

can be initiated to alleviate the constraint. The first step is identification, this research identified constraints, communication and cooperation which are also part of the steps to fixing the constraints. The other constraints are not so human based, transportation, funding, program availability, licensing, those are systematic constraints. Those can be fixed through policy and legislation. Fixing the human based, communication, cooperation, accountability, cultural, information sharing, these need to come through common ground between the team. This research was a means of pinpointing what constraints were there so the discussion could begin with data to back it up. The goal of the team is to reunite, if possible, children with their parents when it is safe to do so. The goal is a safe, nurturing environment. The programs assigned to the parents are designed with that in mind whether it is substance abuse care, parenting skills, anger management, personal counseling, or financial budgeting, they are all part of the plan designed by the court and Department of Family Services to get the family back together. The timeline is dependent on the programs, the parents, and the team. Cooperation, communication, information sharing and accountability for both team members and the clients were constraints expressed by the participants. The systematic constraints, such as transportation, program availability, and funding, will require discussions with legislators and local policy makers. With this data in hand, that will hopefully be my way of effecting positive social change.

References

Agnew, R., Scheuerman, H., Grosholz, J., Isom, D., Watson, L., & Thaxon, S. (2011). Does victimization reduce self-control? A longitudinal analysis. *Journal of Criminal Justice, 39*(2).

APA Dictionary of Psychology, (2018) *Maltreatment,* https://dictionary.apa.org/maltreatment

American Psychological Association. (2009, September 8). *Understanding and preventing child abuse and neglect.* https://www.apa.org/pi/families/resources/understanding-child-abuse

Appleton, J. V. (2012). Perspectives of neglect. *Child Abuse Review, 21,* 77-80. https://doi.org/10.1002/car.2208

Babbie, E. (2015). *The basics of social research.* Cengage Learning.

Casanueva, C., Harris, S., Carr, C., Burfeind, C., & Smith, K. (2019). Evaluation in multiple sites of the safe babies' court team approach. *Child Welfare, 97*(1), 85-107.

Cash, S. J., & Wilke, D. J. (2003). An ecological model of maternal substance abuse and child neglect: Issues, analyses, and recommendations. *American Journal of Orthopsychiatry, 73*, 392 –404.

Childhood Domestic Violence Association. (2014) *10 startling statistics about children of domestic violence.* https://cdv.org/2014/02/10-startling-domestic-viloence-statistics-for-children

Children's Bureau (2024) Foster Care https://www.acf.hhs.gov/cb/focus-areas/foster-care

Child Welfare Information Gateway. (2016). *Parental drug use as child abuse.* https://www.childwelfare.gov/

Child Welfare Information Gateway, (2016). *Permanency, https://www.childwelfare.gov/topics/permanency/?top=116*

Child Welfare Information Gateway, (2016) *Definitions of Abuse and Neglect* https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/define/

Child Welfare Information Gateway. (2021). *Child maltreatment 2021*https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2021.pdf

Child Welfare Information Gateway, (2021) *Prevention Continuum* https://www.childwelfare.gov/topics/prevention/prevention-continuum/?top=1484

Child Welfare Information Gateway. (2011) *Family Reunification: What the Evidence Shows* www.childwelfare.gov/pubs/issue_briefs/family_reunification

Child Welfare League of America (2020). *Wyoming fact sheet.* https://wla.org/-content/uploads/2020/Wyoming-fact-sheet-2020.pdf

Christmas, A., Wodarski, J., & Smokowski, P. (1996). Risk factors for physical child abuse: A practice theoretical paradigm. *Family Therapy, 23*, 233–248.

Clark, A. (2021). *The Supplemental Nutrition Assistance Program work policy and its influence on college students' academic success* (Publication No. 2526855042). ProQuestion Dissertations & Theses @ Walden University.

Creswell, J. W. (2022). *Research Design: Qualitative, quantitative, mixed methods approaches* (4th ed.). SAGE Publications, Inc.

Cox, J.F., Robinson, T.M., Maxwell, M. (2014). Applying the “theory of constraints” to solve your practices most vexing problem. *Family Practice Management*, *5*, 18-22.

State of Wyoming, Department of Family Services Child Protection, (2024) *CPS rules, Chapter 1, Section 4(b).* https://wyo.gov/about/policy-manuals/glossary-of-terms

Donohue, B., Plant, C. P., Barchard, K. A., & Gillis, D. J. (2017). Examination of the extent to which employment factors are associated with reduced child maltreatment potential and drug use. *Journal of Child and Family Studies*, *26*(1), 168-175. https://doi.org/10.1007/s10826-016-0540-4

Donohue, B., Plant, C., Loughran, T., & Torres, A. (2017). Family assisted contingency management within the context of evidence-supported treatment for child neglect and drug abuse. *Journal of Child & Family Studies*, *26*(8), 2224–2236. https://doi.org/10.1007/s10826-017-0739-z

Donohue, B., Romero, V., & Hill, H. H. (2006). Treatment of cooccurring child maltreatment and substance abuse. *Agression and Violent Behavior*, *11*, 626–640.

Dufour, S., Lavergne, C., Larrivée, M., & Trocmé, N. (2008). Who are these parents involved in child neglect? A differential analysis by parent gender and family structure. *Children and Youth Services Review*, *30*, 141–156.

Erickson, P. E. (2000). Federal child abuse and child neglect policy in the United States in 1974: A review and critique. *Criminal Justice Review*, *25*(1), 77-92.

Estefan, L. F., Coulter, M. L., Vanderweerd, C. L., Armstrong, M., & Gorski, P. (2013). Relationships between stressors and parenting attitudes in a child welfare

parenting program. *Journal of Child and Family Studies, 22*(2), 199-208. https://doi.org/10.1007/s10826-012-9569--1

Flick, U., (2007) Concepts of triangulation. *Managing Quality in Qualitative Research,* 38-54.

Francis, C.R., (2018). *Reentry practitioners' perceptions of constraints during ex-offenders' job search process* (Publication No. 2071826868). ProQuestDissertations and Theses @ Walden University.

Gelles, R. J. (1997). *The book of David: How preserving families can cost childrens' lives. Basic Books*.

Goldratt, E. M. (1990). *What is this thing called theory of constraints and how should it be implemented?* https://s3.amazonaws.com/academia.edu.documents/33740344/Theory_of_Constraints._Eliyahu_M._Goldratt.pdf?AWSAccessKeyId=AKIAIWOWYYGZ2Y53UL3A&Expires=1546898222&Signature=0AmLfB5UUU6zNFbhMi8MhWWNAPo%3D&response-content-disposition=inline%3B%20filename%3DTheory_of_Constraints._Eliyahu_M._Goldra.pdf

Goldratt, E. M., & Cox, J. (1984). *The goal-A process of on-going improvement.* North River Press.

Harel, G., & Finzi-Dottan, R. (2018). Childhood maltreatment and its effect on parenting among high-risk parents. *Journal of Child and Family Studies, 27*(5), 1513-1524. https://doi.org/10.1007/s10826-017-0994-z

Henry, C., Liner-Jigamian, N., Carnochan, S., Taylor, S., & Austin, M. J., (2018) Parental substance use: How child welfare workers make the case for court intervention. *Children and Youth Services Review, 93*, 69-78. https://doi.org/10.1016/j.childyouth2018.07.003

Hollis, M. E., Jennings, W. G., & Hankhouse, S. (2019). An outcome evaluation of a substance abuse program for probationers: Findings from a quasi-experimental design. *American Journal of Criminal Justice, 44*(3), 395-408. https://doi.org/10.1007/s12103-019-9472-z

Lee, K. (2010). Effects of maternal employment and receiving welfare on family outcomes among low-income families. *Families in Society, 91*, 178–185.

Lee, L., Kotch, J. B., & Cox, C. E. (2004). Child maltreatment in families experiencing domestic violence. *Violence and Victims, 19*(5), 573-91.

Levey, E. J., Gelaye, B., Bain, P., Rondon, M. B., Borba, C. P. C., Henderson, D. C., & Williams, M. A. (2017). A systematic review of randomized controlled trials of interventions designed to decrease child abuse in high-risk families. *Child Abuse & Neglect*, *65*, 48–57. https://doi.org/10.1016/j.chiabu.2017.01.004

Macias-Mayo, A. (2018). The link between animal abuse and child abuse. *American Journal of Family Law, 32*(3), 130-136.

Maguire-Jack, K., Negash, T., & Steinman, K. J. (2018). Child maltreatment prevention strategies and needs. *Journal of Child and Family Studies, 27*(11), 3572-3584. http://doi.org.ezp.waldenulibrary.org/10.1007/s10826-018-1179-0

Mark, E., & Dori, S. (2020) Rigorous research on existing child maltreatment prevention programs: Introduction to the special section. *Prevention Science, 21*(1), 1-3 http://dx.doi.org/10.1007/s11121-019-01058-6

Miller, S. P. M. (2020) Thematic Analysis, *Salem Press Encyclopedia*

Melanie, F., Hazen, K., Jamie, B., Cole-Messman, J., Heideman, R., & Eve, B. (2020) Mandatory, fast and fair: Case outcomes and procedural justice in a family drug court, *Journal of Experimental Criminology, 16*(1), 49-77 http://dx.doi.org/10.1007/s11292-019-09361-6

Moreland, A., Crum, K., Rostad, W.L., Stefanescu, A., & Whitaker, P. (2022) Examining an in-home behavioral parent training protocol among parents who use substances. involved child welfare: Effectiveness of safe care. *Child Maltreatment*, *27*(4), 671-682 https://doi.org/10.1177/10775595211046940

Myers, J. E. B., (2008) A short history of child protection in America, *Family Law Quarterly, 42*(3) 449-463.

National Children's Alliance. (2024). *National statistics on child abuse* https://www.nationalchildrensalliance.org/media-room/national-statistics-on-child-abuse

Negash, T., & Maguire-Jack, K. (2016). Do social services matter for child maltreatment prevention? Interactions between social support and parent's knowledge of available local social services. *Journal of Family Violence, 31*(5), 557-565. http://doi.org.ezp.waldenulibrary.org/10.1007/s10896-015-9788-5

Nester, P. G., & Schutt, R. K. (2018) *Research methods in psychology: Investigating human behavior.* SAGE Publications, Inc

O'Connor, A.B., O'Brien, L. M., Staring, K., Gurenlian, L., & Alto, W. (2020). Infants born to mothers in buprenorphine treatment during pregnancy: Involvement with Child Protective Services. *Child Welfare, 99*(6) 27-39.

Patton, M. (2015). *Qualitative research & evaluation methods* (4th ed.). SAGE Publishing, Inc.

Ravitch, S. M., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical, and methodological.* SAGE Publications, Inc.

Ridings, L. E., Beasley, L. O. A. & Silovsky, J. F. (2017). Consideration of risk and protective factors for families at risk for child maltreatment: An intervention approach. *Journal of Family Violence, 32*(2), 179-188. http://dx.doi.org.ezp.waldenulibrary.org/10.1007/s10896-016-9826-y

Rosenthal, A., Diminitrieva, J. & DePrince A. (2022) Development of the Checklist of Service Needs and Barriers (C-SNAB) measures for caregivers involved in child maltreatment investigations. *Journal of Child and Family Studies, 31*(12), 3405-324. https://doi.org/10.1007/s10826-022-02462-3

Rostad, W. L., Moreland, A. D., Valle, L. A., & Chaffin, M. J. (2018). Barriers to participation in parenting programs: The relationship between parenting stress, perceived barriers, and program completion. *Journal of Child and Family Studies, 27*(4), 1264-1274. http://.doi.org.ezp.waldenulibrary.org/10.1007/s10826-017-0963-6

Rutman, D. (2016). Article commentary: Becoming FASD informed: Strengthening practice and programs working with women with FASD. *Substance Abuse: Research and Treatment, 10*(1). https://doi-org.ezp.waldenulibrary.org/10.9137/SART.S34543

Salana, J. (2016) *The coding manual for qualitative researchers.* SAGE Publishing Inc.

Shashi, M. (2002). *Digital strategies to improve the performance of pharmaceutical supply chains* (Publication No. 2633000037). ProQuest Dissertations & Theses @Walden University.

Spieker, S. J., Oxford, M. L., Fleming, C. B., & Lohr, M. J. (2018). Parental childhood adversity, depressive symptoms, and parenting quality: Effects on toddler self-regulation in child welfare services involved families. *Infant Mental Health Journal, 39*(1), 5-16. https://doi:10.1002/imhj.21685

Substance Abuse and Mental Health Services Administration. (2009). *The NSDUH Report: Children living with substance-dependent or substance-abusing parents: 2002-2007.* http://ok.gov/odmhsas/documents/Children%20Living%20with%20Substance%20Dependent%20or%20 Abusing%20Parents%202002-2007.pdf

Substance Abuse and Mental Health Services Administration. (2015). *Study: More than 1 in 10 children live with a substance abusing parent.* http://www.samhsa.gov/newsroom/press-announcements/200904290500

Taylor, M. F., Marquis, R., Coall, D., & Wilkinson, C. (2017). Substance misuse-related parental child maltreatment. *Journal of Drug Issues, 47*(2), 241-260. http://.doi.org.ezp.waldenulibrary.org/10.1177/0022042616683670

Theory of Constraints Institute. (2017). *Tribute to Dr. Eliyahu Goldratt (1947-2011).* https://www.tocinstitute.org/Eliyahu-goldratt.html

Timpe, Z., & Winokur, M. (2019) Integrating retention rates into economic analysis of prevention interventions. *Prevention Science, 20*(4), 566-574. http://dx.doi.org/10.1007/s1112-018-0958-6

Ulrich, S. D. (2022). *Perceptions and practices of child welfare caseworkers and decision-making related to reunification* (Publication No. 2611987973). ProQuest Dissertations and Thesis @ Walden University.

U.S. Census Bureau (2023), State of Wyoming Quick Facts, https://data.census.gov/profile/Wyoming?g=040XX00US56#populations-and-people

U.S. Department of Health and Human Services. (2012). *Child maltreatment 2011.* Government Printing Office. https://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2011

U.S. Department of Health & Human Services (2019).*Child abuse report.* Child Maltreatment 2019 (hhs.gov)

U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2018).

Child maltreatment 2016. https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment.

U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2022). *Child maltreatment 2020.* https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2020.pdf

U.S. Department of Health and Human Services, Children's Bureau(2019). *Child welfare outcomes 2019 report to Congress.* https://www.acf.hhs.gov/sites/default/files/documents/cb/cwo-report-to-congress-2019.pdf

Wagner, R. M. (2024). Creating a safer haven: A Post Dobbs proposal for a model Safe Haven Law. *Columbia Journal of Law and Social Problems, 54*(4), 737-792.

West, B., & Antrobus, T. (2014). *Navigating trauma and FASD: ethics, practice and perspective*. Presentation at the 6th National Biennial Conference on Adolescents and Adults with Fetal Alcohol Spectrum Disorder – FASD: Changing the Conversation, Vancouver, British Columbia.

Wyoming Social Resources. (2019). *Park County Drug Court supervised treatment program.* https://www.wyosocialresources.info/social_resources/parkcounty-drug-court-supervised-treatment-program

Young, N. K., Gardner, S., Otero, C., Dennis, K., Chang, R., Earle, K., & Amatetti, S. (2009). *Substance- exposed infants: State responses to the problem*. Substance

Abuse and Mental Health Services Administration09-4369.

https://www.ncsacw.samhsa.gov/files//Substance-Exposed-Infants.pdf

AACWA – Pub. L. No. 96-272, 94 Stat. 500 (1980)

ASFA – Pub. L. No. 105-89, 111 Stat. 2115 (1997)

CAPTA – Pub. L. No. 93-247, 88 Stat. 4(1974)

Wyoming Stat §14-3-429 (2017)

Wyoming Stat §14-3-431 (2017)

Wyoming Stat §14-3-440 (2017)

Appendix: Interview Questions

Questions

1.) For each of the methods used to provide your service (In- patient, Out-patient, On-line program, etc.) list any advantages.
2.) For each of the methods used to provide your service, list any disadvantages.
3.) What is the average length of time for the successful completion of your program?
4.) Is that in line with the intended time of successful completion?
The researcher will give a definition of the Theory of Constraint

Theory of Constraints: is an operation concept used to focus on limitations, barriers, or constraints to goals of any kind. It is used to research and systematically improve the process to achieve a positive goal outcome (Goldratt & Cox, 1984).

5.) How would you define constraints as it pertains to your program?
6.) Name constraints you perceive as hindering the successful completion of your program.
7.) Which if any of these constraints are policy constraints and how would you change them if you could?
8.) If the constraint(s) are not a policy one, what would you suggest as a change?
9.) How would the change affect the outcome?
10.) How would you describe the completion or noncompletion of another assigned program(s) effect on the completion of your program? Could this cause a constraint to your program and how?
11.) What do you feel could be done to address these constraints?