



National Center on
Substance Abuse
and Child Welfare



BRIEF 2

DRUG TESTING FOR PARENTS INVOLVED IN CHILD WELFARE: THREE KEY PRACTICE POINTS

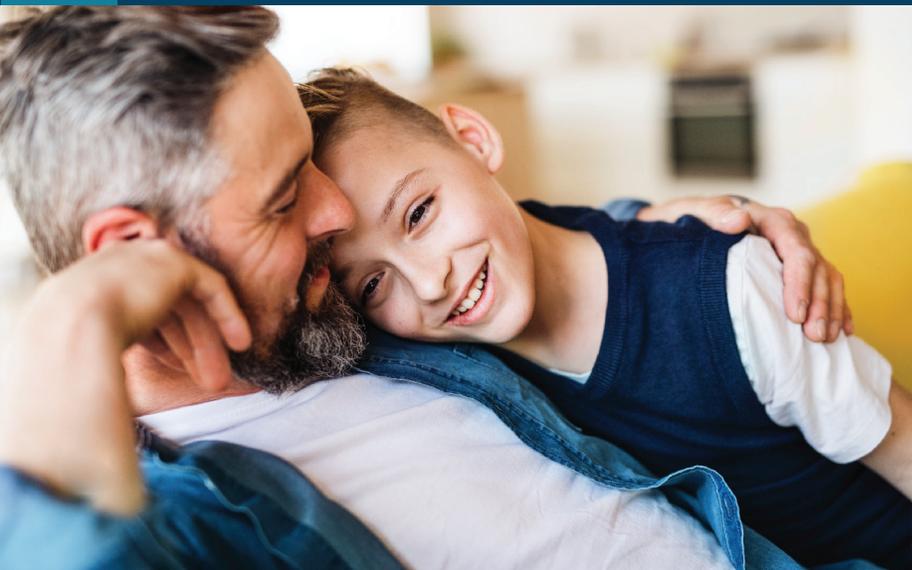




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Purpose

Child welfare, charged with ensuring the safety and well-being of children, must determine whether parents' substance use jeopardizes a child's safety or creates risk. Child welfare professionals face the difficult task of collecting adequate information about families, making insightful decisions based on this information, and taking timely and appropriate action to safeguard children. Drug testing is one tool that child welfare can use as an overall approach when working with parents who use alcohol and other drugs.

This is the second in a series of briefs. The first, *Brief 1*, offers key steps for child welfare agency policymakers to consider when developing a drug testing policy for the use of drug testing in child welfare practice. *Brief 2* outlines drug testing practice considerations for child welfare workers and supervisors. These fall under three key practice points gleaned from National Center on Substance Abuse and Child Welfare's (NCSACW's) experience working with child welfare jurisdictions across the country, a thorough review of existing guidelines from the Substance Abuse and Mental Health Service Administration (SAMHSA) and the American Society of Addiction Medicine (ASAM), and a comprehensive literature review. *Brief 2* can help child welfare workers use an engagement approach to drug testing that promotes family recovery and well-being.

Why is it important to understand drug testing in the context of child welfare?

Drug testing is costly and limited in terms of determining child risk and safety.

Agencies risk relying too much on drug test results to inform decisions on child removal, parent-child family time, reunification, and termination of parental rights.

When administered inappropriately or inconsistently (e.g., punitively), drug tests can perpetuate stigma or create bias based on race, ethnicity, or socioeconomic status.

Background

A drug test detects the presence or absence of specific substances in the body, and whether that substance, or its metabolite, is present at or above the established concentration cutoff level for a certain period. Drug tests cannot diagnose a substance use disorder (SUD) or provide enough information for substantiating allegations of child abuse or neglect.

Child welfare workers, supervisors, SUD treatment providers, parent and child attorneys, and judges all make decisions using drug test results every day. Even though limited information exists on how best to apply drug testing in the context of child welfare practice, professionals use it to make critical decisions about families. Due to the seemingly objective results of drug tests, child welfare workers often rely on them to inform decisions regarding abuse or neglect allegations, case planning, parenting time, and permanency. However, an overreliance, coupled with the stigma associated with parental substance use and having a SUD, can prove harmful to families and create barriers to accessing services and supporting recovery.

Child welfare workers need a working knowledge of SUDs and the potential risk they pose to child safety. It is equally important for child welfare workers to understand their role in identifying substance misuse, collaborating with SUD treatment and court professionals, and working with affected families. This knowledge and coordination will help create an engagement and therapeutic approach to drug testing that ultimately supports family recovery.

Training and Resources

These can assist professionals working with families affected by SUDs:

The [Tutorial for Child Welfare Professionals](#) provides insight on the effects alcohol and drug use may have on parenting, engagement strategies, the treatment and recovery process, and services for families—along with ways to improve collaboration between systems.

The three *Child Welfare Tip Sheets* cover SUDs, engaging families, and screening and assessment.

- [Understanding Substance Use Disorder—What Child Welfare Staff Need to Know](#)
- [Understanding Screening and Assessment of Substance Use Disorders](#)
- [Understanding Engagement of Families Affected by Substance Use Disorders](#)

**PRACTICE
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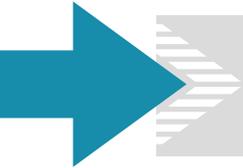
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Drug testing is just one tool used to guide case planning and permanency decisions with families affected by SUDs

The results of a single drug test cannot determine, or rule out, a SUD. While a series of tests can establish a pattern of use, they do not alone provide information on the severity of an individual's substance use, the effects on parenting capacity, or an individual's progress in recovery.

A drug test determines whether an individual has used a specific substance during a particular window of time. A positive result indicates a substance (or its metabolite) is present at or above the established concentration cutoff level in the test specimen. A negative result indicates the test did not detect the drug (or its metabolite), or that its concentration falls below the established cutoff level in that specimen. Test results only reveal those substances the test was designed to detect during a specified period.

Since drug testing results alone cannot identify a SUD, ensure child safety, or identify child safety concerns, child welfare workers must rely on other indicators to determine these factors. A worker should use all gathered information to determine if substance use exists, and whether it creates risk and safety concerns for a child. Information comes from the use of standardized screening tools and assessments, observations of the physical environment, behavioral indicators, and collateral details.



Drug testing results alone cannot identify a SUD, ensure child safety, or identify child safety concerns.



Toolbox: Identifying and Assessing Parental Substance Use in Child Welfare

Tool	Description	Purpose
SCREENING TOOL	Brief set of standardized questions	Determine if substance use is a concern and identify the need for a clinical SUD assessment by a SUD treatment provider
SIGNS AND SYMPTOMS	Observations of physical, behavioral, and environmental indicators of substance use or misuse	Assist in gathering information to determine whether substance use is a concern
DRUG TESTING	Biological sample	Determine whether an individual has used a particular substance within a specific timeframe
CHILD RISK AND SAFETY ASSESSMENT	Systematic collection of information	Determine immediate threats of danger to the children and identify factors that may contribute to future child maltreatment



State Example: **Indiana**

The [Indiana Department of Child Services Child Welfare Policy](#) includes a section on drug testing that provides guidance on how to use multiple screening and assessment tools in practice with families. The guidance identifies signs, symptoms, and other factors to consider before administering a drug test. The policy also specifies that the Department of Child Services will consider drug test results as only one component in the identification of protective capacities, strengths, safety, and needs of a family.

Screening, Assessment, and Partnering with SUD Treatment Providers

When a child welfare worker identifies potential parental substance misuse through screening, observations, or a drug test, the next step is to refer the parent to a SUD treatment professional who can conduct a biopsychosocial assessment to determine any SUD-related needs and develop an individualized treatment plan. Early identification and referral to SUD treatment are critical for successful outcomes. Helping a parent schedule the assessment, remember their appointment, and arrange transportation allows them to navigate the treatment system, reduce anxiety, and engage successfully.

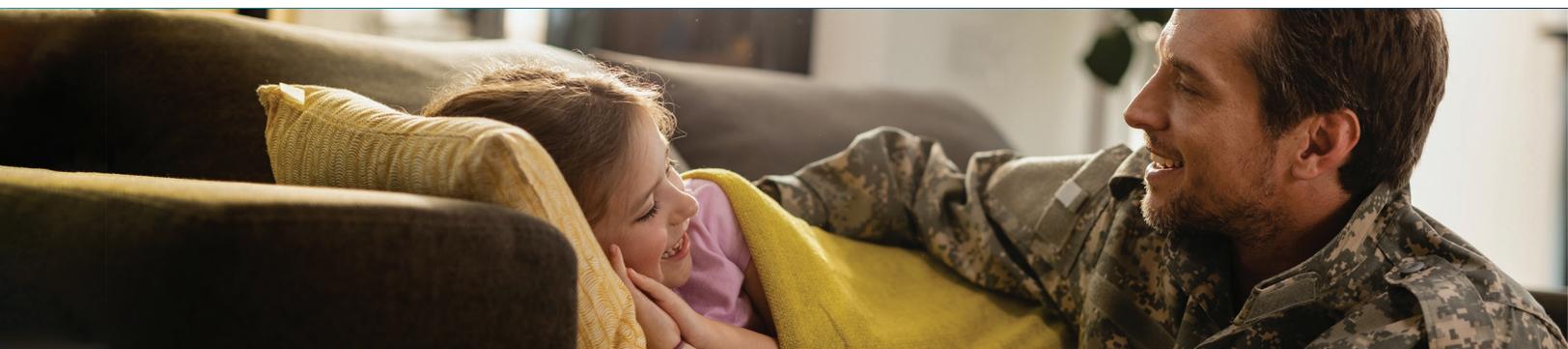
Prior to the assessment, the child welfare worker can obtain a Release of Information from the parent. The Release enables staff to provide the treatment agency with collateral information regarding the parent's involvement with child welfare and concerns of the child welfare worker. This allows the SUD treatment professional completing the assessment to learn about the parent's referral, mitigate minimization by the parent (if possible), and determine an appropriate level of care.

The SUD treatment professional and child welfare worker need to communicate regarding the results of the assessment and recommendations for treatment as well as key aspects of the case plan. Either can complete the Release of Information form so the treatment agency can provide SUD assessment recommendations, treatment progress, and drug testing results—while the child welfare worker can communicate with the SUD treatment professional about the child welfare case. Together they will determine whether the parent needs additional referrals or other services, and who will coordinate the care.

Frequent, consistent communication between the child welfare worker and SUD treatment provider allows the agencies to align case and treatment plans, supports the parent in the recovery process, and minimizes duplication of services and/or miscommunication. When child welfare workers obtain timely and accurate information on a parent's progress in treatment, they can make informed decisions on next steps, including the need for ongoing drug testing. When treatment professionals receive information on how the parent is progressing, as well as any ongoing concerns by child welfare, they can make informed recommendations.



Early identification and referral to SUD treatment are critical for successful outcomes.





Treatment providers and child welfare can share drug testing results and communicate any concerns that could affect the child’s safety in a timely manner. SUD treatment professionals can develop one-page summaries of parents’ progress toward recovery (e.g., participating in counseling, results of drug tests, and other components of SUD treatment) and share them with child welfare and dependency court professionals who can then make better case planning decisions. This comprehensive approach reduces the reliance on drug testing results as the sole indicator of a parent’s substance use.



If a parent revokes their Release of Information, child welfare workers can meet with the parent to understand why. Carefully explaining the reasons child welfare needs to communicate with treatment providers helps parents understand how the information affects their case. Without access to a parent’s SUD treatment details, workers may have to rely more heavily on drug test results or other behavioral indicators and make critical decisions based on limited information.

It’s important to remind parents that child welfare is there to help them reach and maintain recovery while addressing the needs of the family. If a parent still refuses to reinstate their Release of Information, the child welfare worker will need to work with their supervisors and possibly engage the parent’s attorney to determine next steps.

**PRACTICE
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Drug testing can provide a chance to discuss a parent’s substance use and motivate them to follow their case plans and engage in treatment.

Test results provide an opportunity for child welfare workers and court professionals to engage parents and families in the treatment and recovery process. Sharing results provides an opportunity to have a conversation with parents that reduces overall shame and stigma. During this conversation, it is important to use “person-first” language and avoid labels.



Training and Support

View NCSACW’s [*Understanding Engagement of Families Affected by Substance Use Disorders – Child Welfare Practice Tips*](#) for more information about how to have destigmatizing conversations with parents that promote recovery and well-being. Child welfare workers can use this quick resource guide to help engage families in open communication.

When a drug test fails to detect any substances (negative result), it provides an opportunity for child welfare workers and court professionals to offer positive reinforcement, recognize the parent’s accomplishments, and offer continued support. Still, a drug test only determines whether a person has used a particular substance during a specific period of time. A negative result may indicate a parent is not currently using; however, it may also indicate that a parent is still actively using but did not engage in substance use within the specific detection window. In other words, a drug test alone cannot determine if a parent is abstinent or in recovery. Results are only one part of the ongoing assessment of a parent’s substance use.

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Behavioral and physical indicators of substance use, collateral information, and parent interviews also play an important role in the ongoing assessment. Physical signs of substance use, missing appointments, agitation, or sudden change in behavior may be signs of current misuse. If a parent’s appearance or behaviors do not align with a “substance not detected” drug test, the worker can explore those concerns with the parent and SUD treatment professional, while determining if there is a need for other supports and services. However, the child welfare worker should not simply assume the parent is using even when test results do not align with a parent’s behavior. Ongoing engagement with parents can explore progress in parent’s recovery journey and how to best support them in the process.

A “substance detected” result could mean a one-time use, a lapse, or an ongoing chronic use of substances. Either way, results create an opportunity for engagement and intervention that encourages parents to make progress on their case plan or engage in SUD treatment.

When discussing a drug test result, consider the following approach:



Discuss the results with parents in a timely manner (within 48 hours) to assess the child’s safety and risk. Results are only one indicator of potential safety and risk concerns. Determine the child’s location when the parent engaged in substance use, if the parent used the existing safety plan to protect the child, and what protective factors are present that can mitigate any potential safety/risk concerns.



Use a strength-based approach to provide the parent an opportunity to discuss the results, either admitting to substance use, or challenging the results, in which case, a lab would need to confirm.



Provide responses geared toward motivating the parent to engage or re-engage with SUD treatment and recovery supportive services. If a parent is attending a recovery support group (e.g., Alcoholics Anonymous, Narcotics Anonymous, Celebrate Recovery, etc.), encourage them to attend a meeting that day.



If the parent currently receives SUD treatment, ask their provider to discuss the drug test results and treatment progress. Explore how to develop a shared and consistent response that supports both child safety and parent recovery, and if the parent should be reassessed for a higher level of care.



Help the parent connect to a SUD treatment provider for an assessment if they are not currently engaged in SUD treatment services using motivational strategies.



Consider meeting with the family’s informal (e.g., relatives, friends, etc.) and formal supports (e.g., therapist, other professionals, etc.) to discuss the return to use, potential safety and risk factors, the child’s safety and well-being during family time, as well as next steps.



Help the parent determine next steps and talk through any challenges or anticipated barriers.



A lapse can ideally provide the parent with a chance to learn from the experience. It is a potential time for a parent to figure out what helps or hinders their recovery efforts while they still have a supportive network.

When a drug test detects prescription medications, child welfare workers need to determine if the parent is using them as prescribed. Misuse of prescription medication can place a child at risk of harm. Examples of misuse may include:



Use of prescriptions for non-medical reasons



Use of non-prescribed medications



Medications obtained through diversion or deception



Using more than the prescribed dosages

If the parent has obtained prescription medications through a physician, ask the parent to sign a Release of Information to verify. Then, speak with the physician to determine 1) the reason for the medication, 2) if they believe the parent is using the prescription in an appropriate manner, and 3) if they have any concerns regarding side effects that may impede daily living skills.



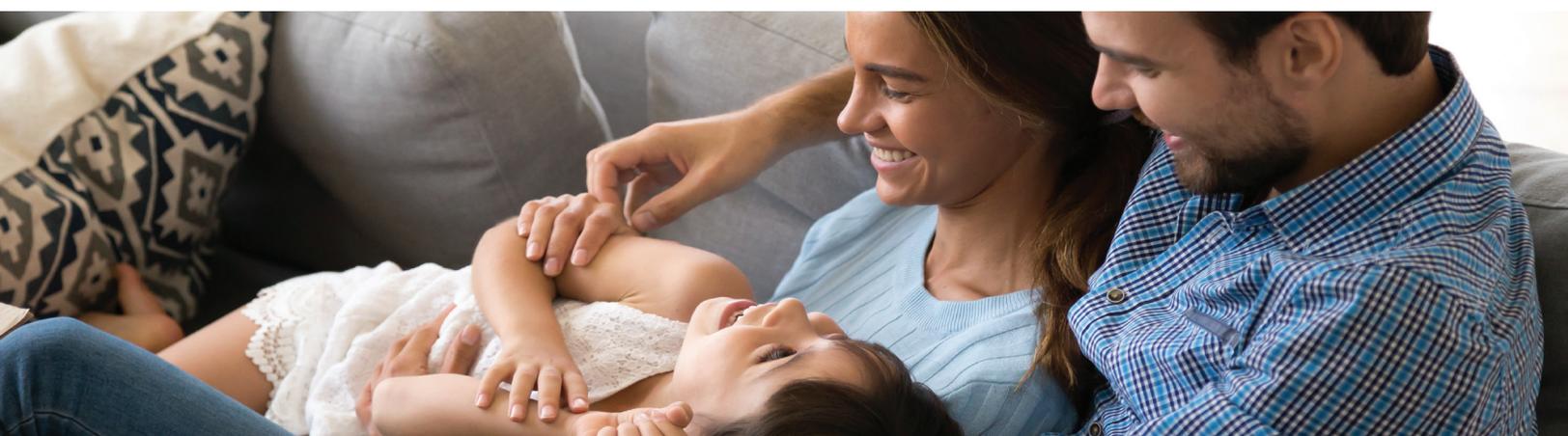
When a parent refuses a drug test, does not show up for a test, or provides a diluted sample, the child welfare worker needs to have an open and honest conversation with the parent to understand why. It is important to help the parent work through feelings of fear, guilt, and anxiety about what may have occurred. If parents are unable to meet the goals of their case plan, a transparent conversation on potential next steps (e.g., having to file the case in court, returning to supervised visits, etc.) can help them make decisions on their recovery and overall case. Child welfare workers can help the parent determine if the behavior is a pattern or a new situation. There are reasons a parent may dilute a sample, not show up for a test (e.g., lack of transportation), or refuse a drug test (e.g., trauma experiences or distrust of authority); thus, child welfare workers cannot automatically assume a return to use.

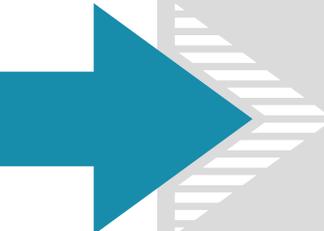
It's critical to base case decisions on facts—not assumptions—about parents.

Program Strategy for Parent Engagement in SUD Treatment Services

Some child welfare agencies use peers and recovery support specialists to encourage SUD treatment engagement, reduce barriers to recovery, and provide support to parents and families. A peer is a person in recovery who may also have prior child welfare involvement. The shared history with the peer allows the parent to have a relatable ally with whom they can develop trust.

Recovery support specialists can offer SUD expertise often lacking among child welfare staff. While these individuals may have multiple roles and responsibilities, one of their tasks is often to conduct random drug tests with parents. Employing peers and recovery support specialists for this task can provide a more therapeutic approach to drug testing. For more information on peer and recovery support specialist programs, see the NCSACW resource, [*The Use of Peers and Recovery Specialists in Child Welfare Settings*](#).





Protective Factors

When substance use is present, child welfare workers need to determine if it constitutes a safety concern or risk, and if there are adequate protective factors to mitigate safety concerns. They can help their SUD treatment partners recognize areas of concern as well as family strengths and protective factors. Safety factors refer to current conditions presenting an immediate threat of harm to the well-being of the child. Risk occurs when there are current or previous parental behaviors or circumstances that increase the likelihood of child abuse and/or neglect in the future.¹

SAMHSA defines protective factor as “characteristics associated with a lower likelihood of negative outcomes, or which reduce a risk factor’s impact.”² Parental substance use alone does not constitute a safety factor. Child welfare workers need to decide if parents can create safety, reduce risk, and secure a child’s well-being.

Safety planning can help manage impending danger to children in the home when there is current parental substance use. Checking on existing protective factors, or those that can be put in place, can help determine if a child can safely remain in the home with their parent. Child welfare workers can use these talking points to help guide identification of protective factors with the family:³

- Parental Resilience – What are your strengths and how do they support your parenting?
- Social Connections – Are there family, friends, and persons in recovery who can provide support to your family? What support are they able to provide?
- Knowledge of Parenting and Child Development – How would you describe your child? Do you have any concerns about your child’s development or behavior?
- Concrete Support in Times of Need – What do you and your family need?
- Social and Emotional Competence in Children – How would you describe the relationship between you and your child?

Identifying safety and risk factors while assessing the existing protective factors will inform family case planning. For more information see [Protective Factors to Promote Well-Being](#).

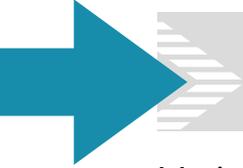
**PRACTICE
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A strength-based motivational approach to engaging families supports the well-being of children and families.

It is important for child welfare workers, SUD treatment staff, and dependency court professionals to view drug testing as a therapeutic tool that can inform decisions, help parents recognize the need for treatment, and/or promote discussions about what is and is not currently working for them to support recovery. Substance misuse often stems from trauma and acts as a coping mechanism. When the coping mechanism disappears, it can result in fear, anxiety, guilt, and a return to substance use. Individuals with a SUD need time to fully heal and learn how to handle everyday life stressors using new, healthy coping skills.

Child welfare workers can use a strength-based, non-punitive approach with parents if there is a discrepancy between a test result and a parent's self-report. Start by asking the parent what they think would happen if the drug test was accurate in detecting a substance. Based on the parent's response, help them understand why there may be errors in their thought process. Stress that child welfare is there to support them and ensure their family receives the help and support they need. Using an empathetic approach of, "I am worried about you, how can I help?" may allow the parent to feel safe enough to confide.



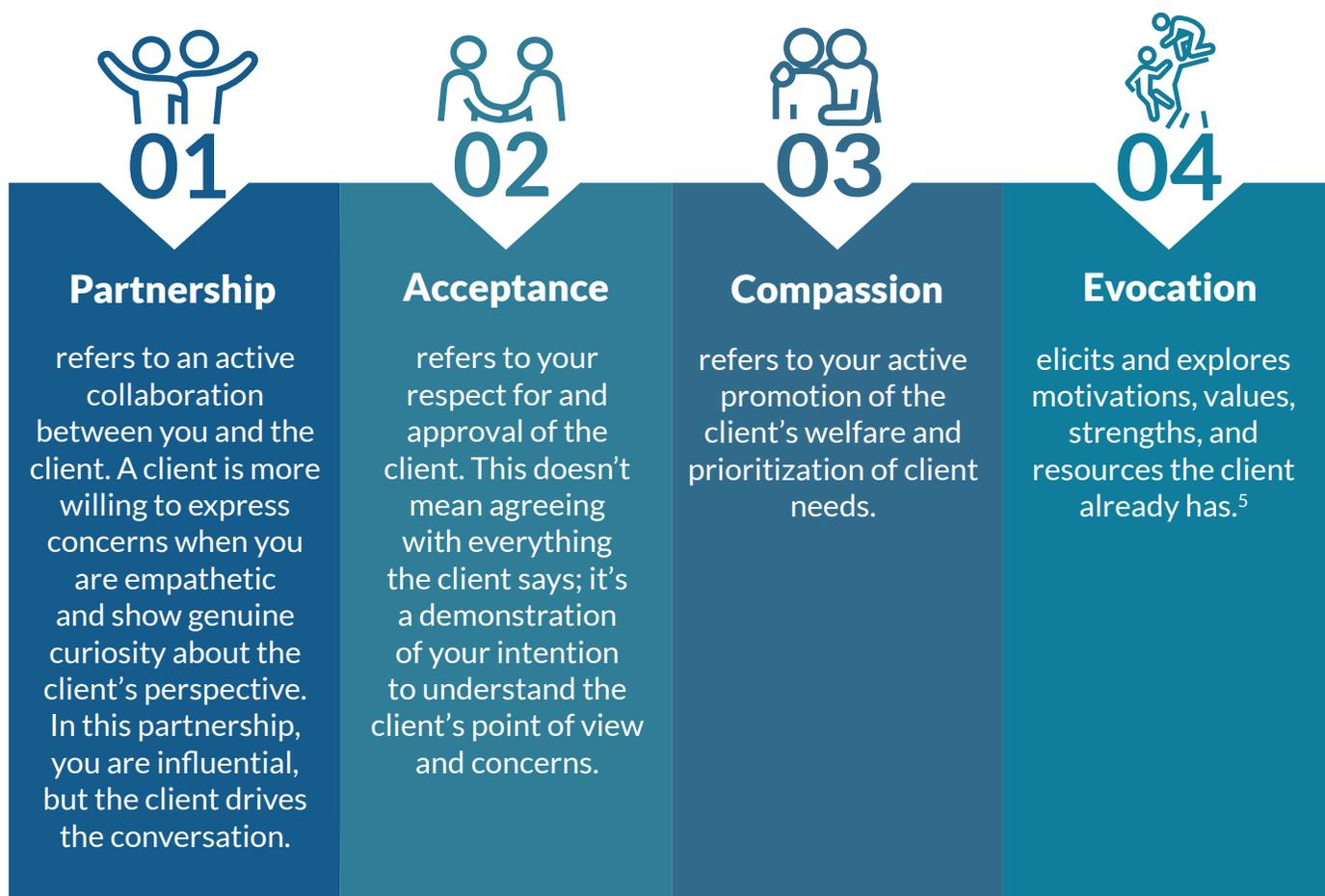
Motivational Interviewing can enhance engagement and retention in SUD treatment.

Motivational Interviewing is a technique child welfare, SUD treatment, and court professionals can use to promote behavior change among parents experiencing ambivalence about their substance use issues.

" I AM WORRIED ABOUT YOU, HOW CAN I HELP? "



The spirit of Motivational Interviewing comprises the following elements:⁴



For more information on motivational enhancement techniques, see SAMHSA's [Treatment Improvement Protocol 35: Enhancing Motivation for Change in Substance Use Disorder Treatment](#).

Using a strength-based motivational approach to ask exploratory questions can help parents realize how their behaviors are either pushing them closer to, or further away from, their goals. Ask parents what is going well and what they would like to see happen. Examples of exploratory questions include:

- What is working well for your family?
- Tell me more about . . .
- I'm noticing that . . .
- How can I help you with . . .?
- I'm concerned about you because . . .
- What would you like to see happen?

After gathering information through exploratory open-ended questions, follow up by identifying specific action steps needed to reach desired outcomes. Remember that consistent family time (visitation) is critical to maintaining the parent-child relationship when a child is in out-of-home care. Research shows that children who visit frequently with parents while in placement typically have higher rates of well-being and lower levels of depression.⁶ Other studies show that quality family time, with its focus on preserving the parent-child bond, leads to fewer out-of-home placements, reduced rates of recurrence resulting in re-entry, and overall improved permanency outcomes.⁷

Drug tests do not provide information on factors that could affect child safety during family time (visitation), particularly supervised family time. If testing detects substances, and/or existing concerns pose an immediate safety risk to the child, then staff should reschedule the visit. However, if there are no risks and the visit is supervised, staff should allow the parent and child to have time together.

Absent other safety concerns, substance use should not prohibit family time. Visitations empower parents by promoting accountability while providing an opportunity for them to learn new parenting skills and behaviors. Family time also allows child welfare staff to continually assess for safety, risk, and protective factors to help inform future placement decisions.



Assure frequency or length of family time will not be used as punishment or reward, as it is a right of all family members unless child safety is jeopardized.⁸

Conclusion

Drug testing is the use of a biological sample to detect the presence or absence of specific drugs within a specific period of time. It can be a valuable tool when working with families in child welfare; however, drug tests alone cannot diagnose a SUD and do not yield all necessary information to make decisions about child safety. The punitive use of drug testing can inhibit recovery and prove harmful to families. Child welfare and dependency court professionals should use an array of screening tools, assessments, collaborative approaches, effective and efficient communication among staff and parents, and therapeutic practices to effectively engage parents and promote family well-being.





Key Points to Remember:

- Drug test results are just one indicator to consider when determining child maltreatment or whether to remove a child. It is important to explore child safety, risk, strengths, needs, and protective factors. Explore what strategies can keep families together when safe and possible (e.g., parent moves in with another caregiver who does not use substances). If drug tests reveal substance use, frame the results as an opportunity to engage the parents.
- It is important to attach meaningful responses to all drug test results. Positive tests can spur conversations with the message of “How can we better support you?”
- Work collaboratively and communicate with SUD treatment providers.
- Do not give up on a parent; recovery is always possible.

Once child welfare and court professionals understand the principles of effective drug testing practices, they can ensure proper identification of parental substance misuse and appropriate engagement into SUD assessment, treatment, and recovery. Please review the other product in this brief series, *Action Steps to Develop a Child Welfare Drug Testing Policy*, which provides concrete steps child welfare professionals can take to develop such policies.

CONTACT US

 Email NCSACW at ncsacw@cffutures.org

 Visit the website at <https://ncsacw.samhsa.gov>

 Call toll-free at (866) 493-2758

Acknowledgement: This resource is supported by contract number HHSS270201700001C from the Substance Abuse and Mental Health Services Administration (SAMHSA), co-funded by Children’s Bureau (CB), Administration on Children, Youth and Families (ACYF). The views, opinions, and content of this resource are those of the authors and do not necessarily reflect the views, opinions, or policies of SAMHSA, ACYF or the U.S. Department of Health and Human Services (HHS).



References

- ¹Child Welfare Information Gateway. (n.d.). *Safety and risk assessment*. Children’s Bureau, Administration for Children and Families, and U.S. Department of Health and Human Services. <https://www.childwelfare.gov/topics/systemwide/assessment/family-assess/safety/>
- ²Substance Abuse and Mental Health Services Administration. (2019). *Risk and protective factors*. [Fact sheet]. <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>
- ³Center for the Study of Social Policy. (2018). *Parental resilience*. [Fact sheet]. <https://cssp.org/wp-content/uploads/2018/08/ProtectiveFactorsActionSheets.pdf>
- ⁴Miller, W. R., & Rollnick, S. (3rd ed.). (2013). *Motivational interviewing: Helping people change*. Guilford Press.
- ⁵Substance Abuse and Mental Health Services Administration. *Enhancing Motivation for Change in Substance Use Disorder Treatment*. Treatment Improvement Protocol (TIP) Series No. 35. SAMHSA Publication No. PEP19-02-01-003. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019.
- ⁶McWey, L. M., Acock, A., & Porter, B. (2010). The impact of continued contact with biological parents upon the mental health of children in foster care. *Children and Youth Services Review*, 32(10), 1338–1345. <https://doi.org/10.1016/j.childyouth.2010.05.003>
- ⁷Hess, P. (2003). *Visiting between children in care and their families: A look at current policy*. The National Resource Center for Foster Care and Permanency Planning. http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/visiting_report-10-29-03.pdf
- ⁸Lund, T. R. & Renne, J. L. (2009). *Child safety: A guide for judges and attorneys*. ABA Center on Children and the Law.