



ARIZONA DEPARTMENT of CHILD SAFETY

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Inform parents that multiple missed or diluted tests will raise concerns but will not be reported to the Court as positive tests

- Assess and address barriers with the parent, such as transportation issues and scheduling conflicts
- Communicate with the substance use treatment provider to evaluate the parents' efforts at achieving recovery

Remind the parent that drug tests are an opportunity to demonstrate progress toward recovery and that repeated missed or diluted tests will likely cause people to think that the tests would have been positive

Drug testing should not be used punitively

Never use a positive test to cancel parenting time unless there are safety threats that cannot be controlled by any available means.

Parenting Time is critical for maintaining the parent-child relationship, the child's well-being, and the parent's motivation to participate in treatment. If necessary, use supervision to modify the parenting time plan to ensure the child's safety during parenting time.

Drug Testing

Drug and alcohol testing is one component of a comprehensive assessment of safety threats, protective capacities, and treatment needs.

- Appropriate uses of drug testing include motivating a parent toward readiness for treatment interventions
- Drug testing results can provide positive reinforcement and deter substance use, particularly early in recovery
- Drug tests only measure a narrow window of current use.
- Evaluate whether drug use is present through a combination of drug tests, self-reports, collateral sources, and observation of behavior.
- If alcohol or drug use is suspected, consider the effect on the child:
 - ▶ How does the parent's use of alcohol or other drugs affect his/her ability to keep the children safe?
 - ▶ What behaviors result from the parent's alcohol and/or drug use that create safety threats or risks?
- A positive test does not, on its own, mean that parental capacity is impaired to the level that a child is unsafe and needs to be removed. A negative test does not, on its own, mean that a child is safe or indicate recovery.

Drug tests do not measure parental capacity or impairment, existence or severity of a drug problem, or the adverse effects to children.

Do not use drug and alcohol testing:

- When the parent informs the Child Safety Specialist or treatment provider of a relapse, or admits to a relapse (however, an assessment of child safety and risks must be done, especially for any child in the care of the parent or having unsupervised visitation)
- To "rule out" drug use when none is alleged or suspected of the person
- As a stand-alone tool to assess a parent's progress toward recovery or to determine the permanency goal

Meet with the parent before testing begins.

- Ask the parent about their drug use, including history, frequency, triggers and trauma history, types of substances, and methods of use.
- Inform the parent about the purpose of testing, how the results will be used in assessing safety and risk, and the court will receive the results.
- Notify the parent of the procedures and location for testing.
- Inform the parent of the need for complete disclosure of medical conditions and use of prescription and over-the-counter drugs and medication because these may result in a positive test.

Discuss drug screen results with the parent.

Discuss negative tests to encourage and motivate the parent to continue in treatment. Use positive drug screens to discuss the parent's path to recovery.

It is not unusual for a parent to relapse; relapse is an expected part of the recovery process.

Positive tests should be viewed as indicators that the treatment plan needs adjusting, rather than as proof of treatment failure. A positive test might mean a one-time lapse or a return to chronic use.

- Provide the opportunity for the parent to explain.
- Consult with the treatment provider about the test and relapse prevention plan.
- Reassess the services being provided.
- Consider modifying the testing frequency.

Discuss how the overall recovery program is working.

Discuss any changes or events in the parent's life, whether positive or negative. Discuss the relapse prevention plan, parent coping skills when there is pressure to relapse, and whether the parent has made changes in the environment that supported addiction

Determine the testing schedule with your supervisor.

- With your supervisor, evaluate the need for a schedule of random drug testing or an initial single test for assessment, assessment, then submit a Service Request through Guardian.
- Drug testing is conducted at the assessment and continues during treatment participation to detect and respond to relapse.
- Clients will be provided a drug testing plan as part of the Service Plan and will be tailored based on the individualized needs of the client.
- The initial random testing service should not be authorized for any longer than 30 days.
- If an additional period of testing beyond the initial 30 days is desired, consult with your supervisor and the substance abuse treatment provider (if applicable). Supervisor approval is required. (See *Service Approval Matrix*)

Select the right panel to get the most meaningful results:

- Only request the panel(s) that test for those substances the parent/caregiver is suspected or known to use and the type of test (urine, hair) that will best assist in assessment of the substance abuse issue. One-time specialized tests (i.e., 10-panel, ETG, fetanyl) require PM approval, whereas recurring specialized tests require Program Administrator approval. (See *Service Approval Matrix*)
- Consider that parents may be poly-substance users.
- Consider random testing over a period of time.
- If urinalysis is the method, the collection should be supervised.

Determine and modify testing frequency or intensity with parent and team input.**Consider these factors:**

- The type of substance used and length of time it can be detected
- Clinical diagnosis regarding the severity of the substance use
- Patterns of use (weekends, after stressful events)
- Results of testing – both positive and negative
- Consistent attendance/participation in substance abuse treatment and other services
- Observed changes in affect and physical appearance
- Level of cooperation and engagement in case plan activities

The following frequency is recommended when a parent is progressing well in treatment and behaviorally:

Time from testing start	Suggested frequency
0 – 30 days	2 times per week
31 – 60 days	1 time per week
61 – 120 days	2 times per month
121+ days	Monthly (until behaviors indicate no further use)

For more information on assessing substance use and child safety, see the *DCS Policy and Procedures Manual, Chapter 3, Sec. 8.3, Related Information*.

Refer to the *Parent Readiness for Change Practice Guidelines* for additional information on assessing a parent's stage of change.

Discontinue drug testing when:

- The parent no longer exhibits substance abuse behavior and has consistent negative testing.
- The parent is in residential treatment.
- The parent has random tests of sufficient frequency through another agency (such as probation) that shares the results with DCS.
- The parent is arrested, or whereabouts become unknown for 30 days.
- The parent has consistent positive and/or missed/diluted drug tests for 60 days or more and has not engaged in treatment services.

Do not rely on the parent's self-report of inactive substance use/abuse; documentation must be gathered to support the parent's statements.

If drug testing is court-ordered, be sure to discuss the parent's circumstances with the assigned AG before discontinuing drug testing.

Remember to notify the lab provider when testing is discontinued.

- Perform a drug test after testing has discontinued if you suspect the parent has relapsed, unless the parent informs you of, or admits to, the relapse.
- Medical Review Officer: The decision to appropriately request a review of test results should be made by the PM in situations when results are questioned, such as suspected tampering with the sample or when a parent credibly protests the findings.

Adapted from: Center for Substance Abuse Treatment, *Drug Testing in Child Welfare: Practice and Policy Considerations*. HHS Pub. No. (SMA) 10-4556 Rockville, MD: Substance Abuse and Mental Health Services Administration, 2010