



# Substance Use Assessments & Drug Screening

## CWS' Policy and Procedure

# Housekeeping

- ▶ The slide deck has been provided to participants for reference.
- ▶ Handouts have also been provided for reference.
- ▶ Please use the comment card to pose questions and share comments, which will be answered in a future posting.



# Background and Purpose

- ▶ As of 2022, DHS instated the CWS Policy on Drug Screening & Substance Use Assessments
- ▶ Informed by local, national experts, and evidence-base research
- ▶ Included voices of people with lived experience
- ▶ Engagement, Person-First Language, Respect, Family-Centered Practice
- ▶ Improve safety decision making while keeping families together





# Agenda

- 1 **Welcome and Housekeeping**
- 2 **Review Background, Purpose, and Objectives**
- 3 **Review Drug Screening Policy**
- 4 **Review Substance Use Assessment Policy**

# Collaboration

CWS – Staff  
Development &  
Program  
Development  
Offices

Hawaii Maternal  
and Infant Health  
Collaborative  
(HMIHC)  
Perinatal  
Substance Use  
Workgroup

National Center  
for Substance  
Abuse in Child  
Welfare  
(NCSACW)/Ce  
nter for Children  
and Family  
Futures (CFF)

Capacity  
Building  
Center for  
Sates (CBC)

Family Drug  
Court

Local  
People With  
Lived  
Experience

# Objectives

Understand the purpose & limitations of drug screening

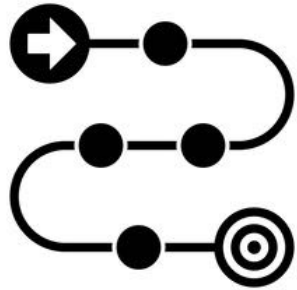
Recognize when to refer for drug screening and substance use assessments

Understand how to screen and assess for substance use in families

Increase knowledge of parent engagement strategies

Understand CWS' role in collaboration with treatment teams

Understand our role as CWS workers



# Introduction to the CWS Policy

- How do we, as CWS workers, engage with families and use assessment tools to gather information and assess how substance use is impacting a parent's protective capacity to keep their children safe?
- What information do we rely on to assess whether a parent's use of substances is impacting their ability to parent and care for their children?
- As parties to the case and members of family's support team, what do *you* do and prioritize in decision-making, and how do you think that compares or aligns with what CWS values in our policy?

# Drug Screening

- Use of biologic sources
- Determine presence or absence of specific substances or their metabolites in an individual's system
- Point in time only



# Do Not Use Drug Screening to:



Police/monitor/catch wrongdoing

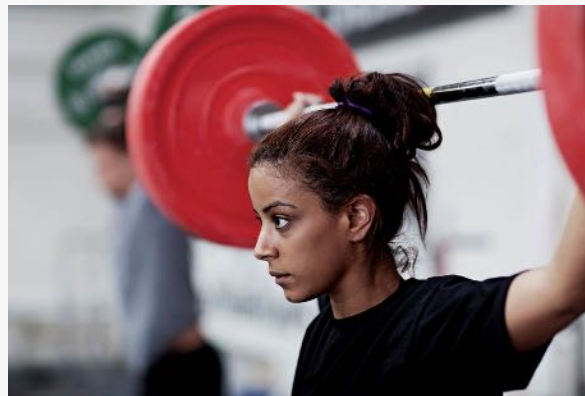
Punish or criticize parent/caregiver

Build case, provide “ammo”

# Purpose of Drug Screening



- 1 Info for Comprehensive Assessment
- 2 Gather info on continued use
- 3 Source of info toward reunification assessment and safety planning
- 4 Formal documentation *as needed by the courts*
- 5 Motivate and provide positive reinforcement



# Limitations of Drug Screening

Cannot determine diagnosis of disorder

Not a formal Substance Use Assessment

Does not reveal misuse or dependence on drugs or alcohol

Does not provide sufficient information to substantiate allegations of CA/N

Does not tell you what to do regarding decisions of case



## Practice Implications

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Collaboration with SMEs and Supervisor is critical

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Removals should not happen based on only the results of a drug screen

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A drug screen should not be the sole means of preventing reunification

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Cannot be a stand alone, single reason to determine the disposition of a case



# Practice Implications

**Substantial incapacity due to substance abuse or addiction.**

**Caregiver's use of substances results in inability to meet any of child's basic needs.**

**Use of substances results in emotionally abusive and/or violent behavior.**

**Drug-using or drug-making paraphernalia accessible to child.**

**Recent history of DUI/DWI and/or drug or alcohol related criminal activities.**

**Inability to maintain employment due to substance abuse.**

**Denial of impact of substance abuse on caregiver's ability to provide for child's needs.**

**History of extensive gestational substance abuse.**

**Reduced effectiveness due to substance abuse or addiction.**

**Caregiver's use of drugs and/or alcohol results in erratic and unreliable parenting of child.**

**Social and/or support network includes known abusers of drugs and alcohol.**

**Has failed treatment programs or has not completed treatment in past.**

**Successful completion of treatment and current regular use of alcohol or drugs.**

**History of DUI and/or drug or alcohol related criminal activities.**

**Has begun treatment although has not established consistent participation.**

**Heavy use is occasional, weekends or situational, rather than an established pattern indicating addiction.**

**History of substance abuse, but no current problem.**

**Has completed treatment and remained free from substance abuse for more than one year.**

**Is voluntarily involved in treatment, has regularly attended support groups or meetings for at least six months.**

**Infrequent use of drugs and/or alcohol which occasionally impairs parenting skills or abilities.**

**Caregiver does not abuse alcohol or drugs and is not involved in selling illegal drugs.**

**Caregiver has a strong sense of his/her own struggle in the area of drugs and alcohol.**

**Caregiver has sought treatment in the past.**

**Caregiver has a sponsor through AA or NA.**

# Practice Implications

## Safety Factors

|   |  |  |
|---|--|--|
| 1 | 5. The current abuse or neglect is severe and suggests that there may be harm/imminent harm/threatened harm to the child. If Yes, list the letter(s) from the Safety Factor Guidelines.  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| ★ | 6. Parent/caregiver's impairment due to drug or alcohol abuse is seriously affecting his/her ability to supervise, protect or care for the child. If Yes, list the letter(s) from the Safety Factor Guidelines   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   | 7. There have been reports of harm and the child's whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee or refuses access to the child. If Yes, list the letter(s) from the Safety Factor Guidelines | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |

# Drug Screening: Practice Implications – Newborns Exposed to Substances



- Does not indicate compromised infant growth or development
- Does not tell you about the parent's protective capacities
- Does not tell you when parent used, the amount used, severity or frequency of use
- Does not tell you how parent's use impacts their parenting or ability to protect and safely care for child

Removals should not happen based on only the results of a drug screen



# Building Relationships with Parents



Discuss Purpose of Drug Screen

Allow Opportunity to Self-Disclose History and Current Use

Use Person-first, Objective Language & Use a Trauma-Informed Approach

Refrain From Using Negative, Judgmental or Disrespectful Terminology

Discuss The Need For Full Disclosure of Medical history, Rx and OTC use

Advise Parent of Possible Case Planning and Assessment Outcomes for + or – Results, Inform Parent of Drug Screening Procedures, Locations and Office Hours



**PARENT ENGAGEMENT**



### ***Personal Appearance***

- Slurred speech
- Nodding off
- Disorientation
- Tremors
- Cold or sweaty palms
- Dilated or constricted pupils
- Bloodshot or glazed over eyes
- Needle marks
- Bruises
- Poor personal hygiene

### ***Behavioral Signs***

- Agitated behavior or mood
- Excessive talking
- Paranoia
- Depression
- Manic behavior
- Lack of motivation
- Criminal activity
- Financial challenges
- Missed appointments

### ***Physical Environment***

- Signs of drug paraphernalia (such as straws, rolling papers, razor blades, small mirrors, glass pipes, aluminum foil, lighters, needles, syringes, tourniquets, belts, shoelaces, spoons)
- Unusual smells
- Reluctance to allow home visits
- Unexplained visitors in and out of home

## Assessment of Current Use

- Self-report
- Professional Observations

- U** - Have you continued to use alcohol or drugs longer than you intended?
- N** - Have you ever neglected some of your usual responsibilities because of your alcohol or drug use?
- C** - Have you ever wanted to cut down or stop using alcohol or drugs but could not?
- O** - Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?
- P** - Have you ever found yourself preoccupied with wanting to use alcohol or drugs?
- E** - Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?

## Assessment of Current Use Tool

- Screen & Question

# When to Refer for Substance Use Assessments

Worker's assessment suspects or confirms current/recent use and there is concern for child safety, present or impending danger

Parent is NOT currently in Substance Use Treatment

# When to Refer for Random Ongoing Drug Screening

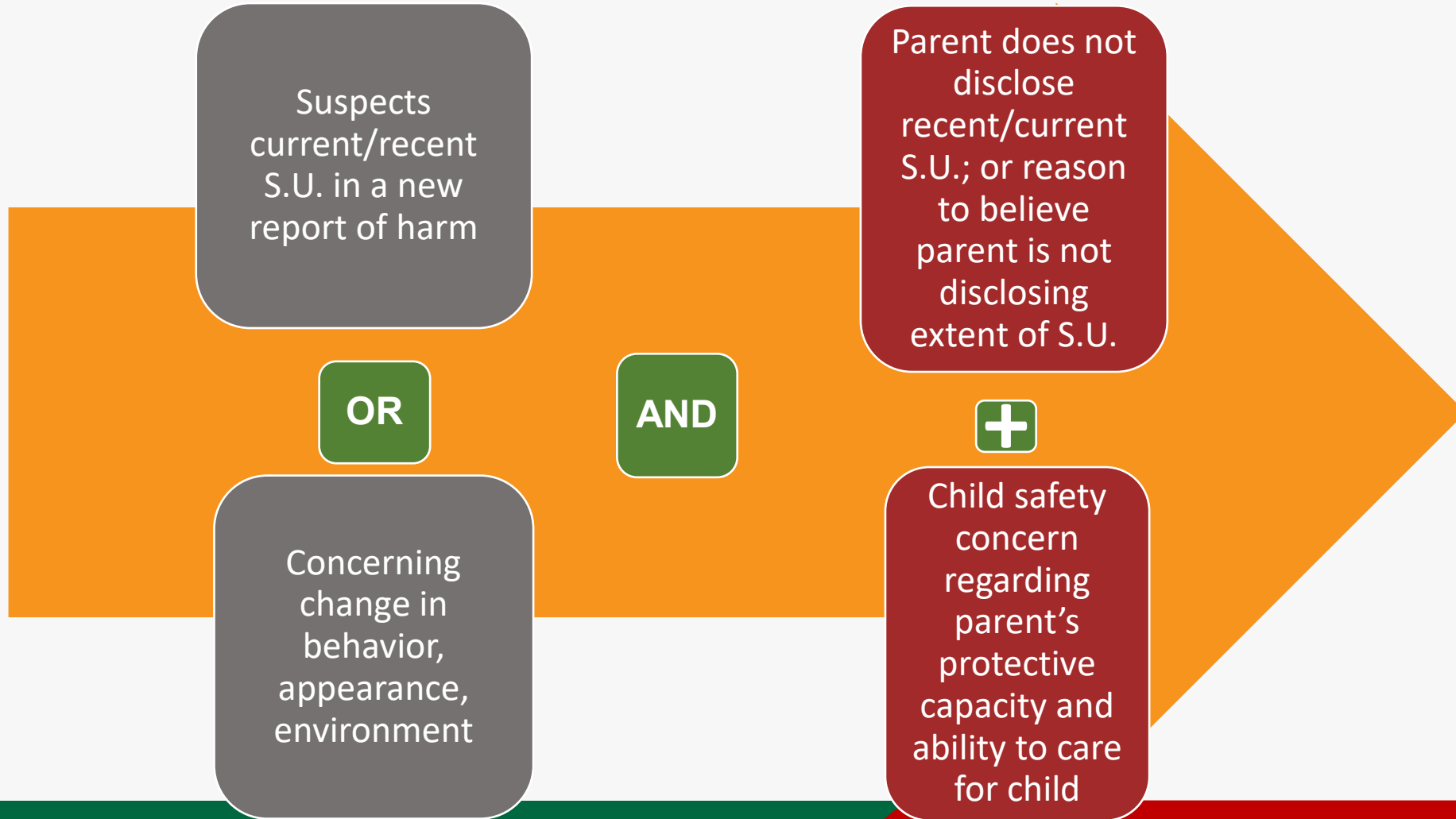
Completed Substance Use Assessment and provider recommends random ongoing drug testing as part of their treatment plan

Parent's Request

Ordered by Court

# 1x Drug Screening

Refer ONLY when worker's assessment:





## Results – What to Do with Them

Court Involvement – transmit all  
drug screenings

Positive and Negative Results –  
discuss with parents, full  
transparency, provide opportunity  
for engagement and open, non-  
judgmental discussion

Results –  
Negative Results (-)  
Important

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Discuss with parent

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Celebrate & acknowledge  
accomplishments,  
encouragement

## Results – Positive Results (+)

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Discuss with parent immediately upon receipt  
(NOT to scold, criticize, provide negative  
punishment)

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Offer & obtain lab testing to confirm

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Assess child's vulnerability & parent protective  
capacity; revisit the safety plan.

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Refer for S.U. Assessment, if not in treatment

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Consult with treatment provider

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# Collaboration & CWS Role



- Communicate with other agencies serving the family
- Reduce duplication of services
- Assists with when to/not to use screening
- CWS workers do not diagnose substance use disorders
- Engage and partner with the family
- Increase family's understanding of child safety
- Link family to needed services



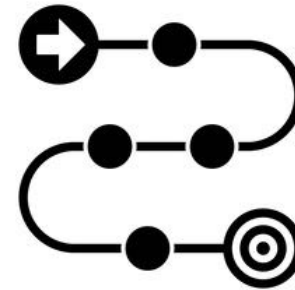
# No Shows & Refusals, Including Unable to Provide & Tampered Specimen

|         |   |
|---------|---|
| Provide | Provide opportunity to share            |
| Discuss | Discuss next steps & potential outcomes |
| Assess  | Assess for 1x drug screening            |
| Consult | Consult treatment provider              |
| Notify  | Notify parties                          |
| Consult | Consult supervisor                      |



# NO Presumptive Positive

- All drug screenings require a specimen to be considered “positive” or “negative.”
- Document ‘no shows’, ‘refusals to test’ and ‘tampered samples’ according to the parent’s behavior



# Other Considerations





# Final Thought

Drug testing can be an important addition to a child safety and risk assessment, family assessment, comprehensive substance abuse assessment, case planning, and substance abuse intervention and treatment services. Test results can provide useful information for determining whether a parent is using or abstaining from the use of illicit drugs or misuse or abuse of legal drugs. Agencies should not use drug testing as the sole or primary measure of the existence or absence of a substance use disorder, degree of impairment, or parent's ability to effectively care for his or her child; agencies can best make these determinations using a combination of ongoing assessment, random drug tests, observations of the parent's behavior and participation in the case plan, and parent self-reports.

When used effectively, drug testing can serve as a catalyst for the individual to stop using drugs, a deterrent to continued drug use, and positive reinforcement for continued abstinence. Drug testing results contribute to the full spectrum of client monitoring and support needed to ensure a child's safety, permanency, and well-being, as well as family recovery.



# Thank you!

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