AFCC Georgia Chapter



Inaugural Seminar + 2026 Chapter Annual Meeting

October 23, 2026

AFCC GEORGIA CHAPTER

Substance Misuse, Psychological Testing, and Diagnosis in Child Custody Cases

C

Christy Bradshaw Schmidt, MA, LPC
Howard Drutman, Ph.D.



Gambling, Food, Cigarettes, Alcohol, Drugs, Internet

Any behavior that is excessive can be a problem in relationships and parenting



Can you get hooked on the internet?

Web Surfing, Online Porn, Chat Rooms, Dating Sites, Social Media, Gaming, Online Gambling. Let’s no forget my addiction, Reels!

Why do we care about substance use problems in family law cases?



Higher rates of child abuse

Physical, emotional, and sexual abuse

Higher rates of child neglect

Neglect of basic care of child. Emotional neglect

Child being exposed to household dysfunction and dangerous situations

Intimate partner violence, mental illness, incarceration, absent parents, substance abuse, compulsive behaviors like gambling, internet addiction, etc.

Molecules in Fluid Do Not Equal Parenting Capacity

Toxicology Reveals

Presence of chemical metabolites.
Historical substance exposure.
Approximate lookback window.

Courts Must Evaluate

Active caregiving supervision.
Emotional attunement and safety.
Daily routine consistency.

EVIDENTIARY STANDARDS

Forensic vs. Diagnostic Testing

Diagnostic Clinical Testing

Purpose: Clinical medical care.

Chain of Custody: Informal or unmonitored.

Confirmation: Screening only, rare GC-MS confirmation.

Court Value: High risk of legal challenge.

Forensic Testing

Purpose: Legal evidence generation.

Chain of Custody: Strict SAMHSA-certified protocol.

Confirmation: Mass spectrometry verification.

Court Value: Defensible in litigation.

Alcohol and Drug Testing

Hair Follicle or Nail

Drugs of abuse, many prescription medications. Very expensive.

Blood

Drugs of abuse, many prescription medications. Expensive, but less than Hair/Nail.

Urine

Drugs of abuse, many prescription medications. Less expensive but easy to fake.

TOXICOLOGY REFERENCE

Biomarker For Alcohol: Detection Windows

Specimen	Target Biomarker	Window	Primary Indication
Urine (EtG)	Ethyl Glucuronide	20–80 Hours	Recent alcohol exposure.
Blood (PEth)	Phosphatidylethanol	2–4 Weeks	Repeated heavy drinking.
Hair Follicle	Parent Drugs & Metabolites	Up to 90 Days	Historical substance patterns.
Oral Fluid	Parent Compound	24–48 Hours	Immediate recent intake.

Biomarker for Drugs of Abuse

Urine Testing

Alcohol: 3 - 5 Days

Marijuana: 7 – 30 Days or More

Cocaine: 3 – 4 Days

Amphetamine: 1 – 3 Days

Blood Testing

Alcohol: 12 Hours

Marijuana: 24 Hours

Cocaine: 1 – 2 Days

Amphetamine: 12 Hours

Urine testing often goes back further than blood testing:
Opiates in a Urine Test 2 - 3 Days VS. Opiates in a Blood Test 6 – 12 Hours

Hair Follicle Testing detects most drugs for up to 90 days

URINE CAN BE SWITCHED!!!!



(From their website): Each Whizzinator comes fully equipped with everything you need for a seamless experience, including:

- **A 100% cotton elastic belt with two comfortable leg straps**
- **A lifelike prosthetic in the color of your choice**
- **A medical-grade vinyl pouch**
- **Four organic heating pads**
- **One 60ml syringe**
- **One Golden Shower synthetic urine**
- **A set of comprehensive instructions**

Available on Amazon!

The Hidden Harm of Over-Testing

Financial Drain

Exorbitant lab costs deplete child resources.

Chronic Anxiety

Continuous surveillance elevates parent stress.

False Security

Clean results miss non-chemical parenting risks.

TOXICOLOGY PITFALLS

Understanding False Positives & Negatives



False Positive Triggers

Hand sanitizers, mouthwash, cosmetic treatments, prescribed medications.

False Negative Drivers

Lookback gaps, excessive fluid dilution, strategic testing timing.


WAKE UP
CALL


MY
Drug
OF
Choice

How are Substance Use Disorders Diagnosed?

- "Quick n Dirty" to Comprehensive
  - Multiple interviews with the client
  - Self-report questionnaires
  - Psychological testing
  - Drug/alcohol testing
  - Collateral Interviews
    - Spouses, family, physicians, colleagues, employers, etc.
  - Records Review
    - Pleadings
    - Motor Vehicle Records
    - Pharmacy Records/Medical Records

Assessment Questions

- When, what, and how much were they using?
- How old were they when they first used?
- Talk about the FIRST and LAST time you got intoxicated?
- How much alcohol/drug does it take to begin to feel its effect and to get you drunk/high?

- **When did you last have more than 4 drinks in an evening? How often do you do this?**

- **Have you had periods of time when you abstained from alcohol/drugs? When, why and for how long? Why did you start again?**



Self-Report Questionnaires

- **SASSI-3: The Substance Abuse Subtle Screening Inventory-3rd Edition**
- **MAST: Michigan Alcoholism Screening Test**
- **Drug Abuse Screening Test**

PROBLEMS WITH TRANSPARENT QUESTIONS

Psychological Testing

- **MMPI-2:**
  - **MacAndrew Addiction Scale-Revised (MAC-R)**
  - **Addiction Potential Scale (APS)**
  - **Addiction Admission Scale (AAS)**

  MMPI-3 has the Substance Abuse Scale (SUB)

- **PAI: Personality Assessment Inventory**
  - **Alcohol Problems (ALC)**
  - **Drug Problems (DRG)**

  Defensive Responding will often lead to false negatives on both tests.

So – I am not a psychologist, and I do not do psychological testing, now what?



Record Reviews

- **Arrest Records**
- **Motor Vehicle Records**
- **Pharmacy Records**
- **Medical Records**
- **Insurance Claim Records**

Collateral Interviews

- Spouse/Significant other
- Professionals
  - Psychotherapist
  - Physician
  - Alcohol/Drug Counselor
- Friends and Colleagues

We Hope You Are Still Awake???

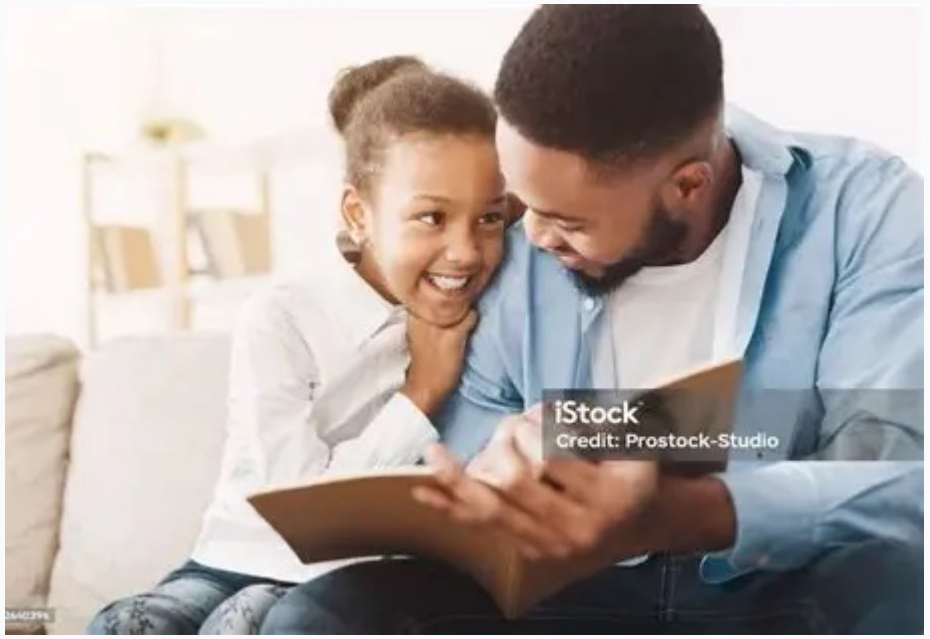


Does the excessive behavior impact the parent's ability to carry out the functions of parenting?



CLINICAL PARENTING ASSESSMENT

Evaluating Functional Parenting Capacity



Routine Stability
Consistent mealtime, school, and bedtime schedules.

Emotional Attunement
Responsive caregiving during distress and transition.

Crisis Preparedness
Clean home environment free of active impairment risks.

RECOVERY TRAJECTORY

Indicators of Sustained Recovery

1

Active Care

Consistent treatment compliance and recovery program participation.

2

Life Stability

Stable housing, verified employment, and healthy social support.

3

Safety Net

Backup caregiving plans during high-stress life transitions.



What Does Active Care Look Like?

How Do I Verify Life Stability – During and After Litigation



- Employment verification (pay stubs, W-2s, contact with employer)
- Home visits
- Personal collateral interviews
- Case management services in the form of Parenting Coordination
- Therapist oversight
- Regular reports to the court (if needed)



How Do We Create a Safety Net?

***Ensure a thorough Relapse Prevention Plan**

***Establish a clear behavioral contract**

***Identify supportive caregivers who ensure accountability and provide back-up childcare**

LEGAL DRAFTING

Designing Science-Backed Testing Orders

Precise Triggers

Require documented behavioral impairment before ordering tests.

Sunset Clauses

Define automatic end dates upon sustained negative results.

Lab Designation

Specify certified labs and strict chain-of-custody protocols.

PLAN STRUCTURE

Child-Centered Parenting Plan Blueprint

Graduated Schedule

Step-up parenting time linked directly to clinical stability milestones.

Supportive Protocol

Immediate safety buffers without permanent parental rights loss.

Objective Reviews

Scheduled clinical reviews to evaluate plan effectiveness over time.

What are our stair-step considerations for children of all ages?

- Verified sobriety/stability as a prerequisite for increased parenting time is the goal, though you must identify a date certain for parents to progress to the next Step
- Supervised visitation as a starting point:
  - Supervised visits (with a neutral third party or trusted family member or friend),
  - Monitored visitation, or
  - Therapeutic visitation
- Clear, measurable criteria for progression with a date certain for each Step to occur
- Child's condition after visits

Stair Step Developmental Considerations for Infants & Toddlers (0-3)



*Predictability

*Short Separations Initially
(which does not automatically mean no overnights with proper supervision)

*Consistent Caregivers

Stair Step Developmental Considerations for Preschool & Early Elementary (Ages 4-7)

- Increased ability to tolerate longer separations, but routine is still important
- Increased awareness of parental behavior and emotional climate
- Monitor school behavior, sleep, and emotional regulation post transitions
- Parents to maintain routines



Stair Step Developmental Considerations of Older Elementary & Preteen Children (Ages 8-12)

- Greater cognition understanding of recovery/mental health & parental limitations
- Increased resilience but still vulnerable to instability
- Child's expressed preferences may carry weight
- Parents demonstrate the ability to manage schoolwork, activities, and routines



Stair Step Developmental Considerations for Teenagers (Ages 13-17)

- **Increased autonomy and ability to articulate concerns – psychoeducation is increasingly important.**
- **Ability to tolerate more flexible schedules but also may experience more complex emotional responses**
- **Teen input is significant but not determinative (voice vs choice)**
- **Parent show emotional stability and ar ability to support the teen's activities and social life**



Specific Considerations for Parents with Substance Misuse

- Active vs past substance use or misuse
- Relapse Prevention Plan
  - Ideally - automatic return to supervised visits upon relapse
  - Testing considerations
  - Re-engagement in a higher level of care related to their treatment regime
  - Ideally - pause or reversal of schedule progression
- Treatment Compliance
- Impact on the Child



Goals in Structuring a Stair-Step Plan

- Clear Phases
- Objective Criteria
- Defined Timeframes
- Monitoring Mechanisms
- Child-Focused Review Points
- Relapse Response Procedures
- Transparency



Georgia Mucks Up a Stair-Step Plan

You create a perfect stair step plan and then you find out a Georgia judge won't approve of the plan……

- **Georgia courts view "self-executing" changes with strict limits, particularly regarding child custody and visitation**

- **The Supreme Court of Georgia generally strikes down self-executing custody or visitation changes if they act as a "material change" without evaluating the best interests of the child at the exact time the change happens.**

- **A court cannot delegate the authority to change custody or visitation to a third party (such as a therapist, PC, etc.)**



When is a Stair Step Plan Okay in Georgia?

- **Provisions tied to clear, objective developmental milestones—such as a child starting kindergarten—are sometimes permitted if they clearly serve the child's stability and best interest.**



I Practice in a Rural Community – Help!

- What do I do about limited treatment resources (including MHPs) & long waitlists?
- What do I do about limited testing facilities if needed?
- How might I be able to use technology to support visits?
- How do I manage transportation barriers?
- How do I manage the fact that everybody knows everybody?
- How do I manage limited financial resources?
- How do I manage limited knowledge about such issues from the judiciary and the public?




any question guys?
no hard question, please
meme-arsenal.ru

Thank you! If you ever need anything, please do not hesitate to contact us!

- **Howard Drutman, Ph.D.**
  - drdrutman@atlantanpc.com
- **Christy Bradshaw Schmidt, LPC**
  - christy@txfamilylawforencis.com



And – Congratulations to the New Georgia Chapter of AFCC!

