



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 4: Assessment

Section 16: Medical Examinations, Psychological Testing, Drug Screens, and Substance Use Evaluations

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POLICY OVERVIEW

Medical examinations, psychological testing, drug screens, and substance use evaluations may be completed on an alleged child victim, any child who lives in the home of the alleged child victim, and/or any parent, guardian, or custodian of an alleged child victim during an Indiana Department of Child Services (DCS) assessment to determine the health and well-being of the child.

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PROCEDURE

DCS will pursue a medical examination of the child victim when one (1) or more of the following conditions exist:

1. The child has an injury that would cause a reasonable person to believe medical attention is necessary;
2. The allegations include sexual abuse involving penetration, and it is believed the information gathered during the examination of the child will assist in making an assessment finding;

Note: The extent and type of evaluation for allegations involving sexual abuse will be determined by a medical doctor. The doctor will likely consider such things as the length of time that has passed since the incident and the age of the child, in relation to the trauma of an invasive exam.

3. The child has been removed from a property that contains a contaminating controlled substance; or
4. The child is under two (2) years of age and shaking or a head injury is alleged even if there are no visible injuries.

DCS will pursue psychological testing of the child victim when approved by the DCS Local Office Director (LOD) and one (1) or more of the following conditions exist:

1. The child's Child and Adolescent Needs and Strengths (CANS) assessment indicates a need for a full mental health assessment. See policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment; or
2. The child exhibits behaviors that would cause a reasonable person to believe the child is a danger to self and/or others.

DCS will pursue a drug screen and/or a substance use evaluation of the child victim when one (1) or more of the following conditions exist:

1. The alleged child victim may have had access to illegal substances;
2. The alleged child victim's behavior indicates the child may have used or been exposed to illegal substances; and/or
3. There are allegations or other indications that the child victim may have used or been exposed to illegal substances.

DCS may ask the alleged victim's parent, guardian, or custodian to voluntarily submit to a medical examination, psychological testing, drug screen, and/or substance use evaluation, if there is an indication of Child Abuse and/or Neglect (CA/N) or the allegations involve CA/N which may be due to:

1. Illegal substance use;
2. Alcohol use; or
3. Mental incompetence.

The Family Case Manager (FCM) will:

1. Ensure all child victims who are or will be under the supervision of DCS receive a CANS assessment to determine if a full mental health assessment is needed. See policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment;
2. Confirm written consent is provided by the child's parent, guardian, or custodian for a medical examination, psychological testing, drug screen, and/or substance use evaluation, if applicable;
3. Seek a court order, if consent is not given and the child is alleged to be a Child in Need of Services (CHINS);

Note: If the parent, guardian, or custodian is unable to be contacted or located; or refuses to provide consent to the examination, testing, or evaluation, the FCM will contact the DCS Staff Attorney to seek a court order. The parent, guardian, or custodian should be notified before or as soon as possible after a court order is obtained.

4. Consult with the FCM Supervisor to determine the need for psychological testing. If psychological testing is deemed necessary, obtain approval from the DCS LOD;

Note: The Clinical Services Specialist (CSS) may be contacted for consultation regarding psychological testing.

5. Arrange for necessary medical examinations, approved psychological testing, drug screens, and/or substance use evaluations, if needed;

Note: Per IC 31-32-12-2, the juvenile court may order that the child be temporarily confined for up to 14 days, excluding Saturdays, Sundays, and legal holidays, for the completion of mental or physical examinations of the child.

6. Ask the alleged child victim's parent, guardian, or custodian to voluntarily submit to a medical examination, psychological testing, drug screen, and/or substance use evaluation, if appropriate.

Note: If the child's parent, guardian, or custodian does not agree to voluntarily submit to medical examinations, psychological testing, drug screens, and/or other substance use

evaluations, DCS may pursue a court order if such examinations, tests, and evaluations are necessary to complete the assessment.

7. Seek access to medical, mental health, and/or substance use records of the child's parent, guardian, or custodian as part of an assessment and completing a Preliminary Inquiry (PI), if needed, when a child is alleged to be a CHINS. DCS may petition the juvenile court for an order to release the records if the parent, guardian, or custodian does not consent;
8. Complete a Pediatric Evaluation and Diagnostic Services (PEDS) referral, if required.

Note: A PEDS referral is mandatory for all reports involving:

1. A child less than six (6) years of age with allegations of suspected CA/N involving the head or neck (e.g., facial bruising, scratches, and red "marks" on the face/neck; mouth or eye injuries; head bleeds; skull fractures; and fractures or burns involving the head/neck);
 2. A child less than three (3) years of age with allegations of suspected CA/N resulting in fractures or burns or suspected fractures or burns anywhere on the body; or
 3. Any skin injury on a child under 12 months of age.
9. Utilize critical thinking to evaluate and discuss the allegations with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with an injury or suspected injury to the head or neck or with fractures or burns or suspected fractures or burns. See Practice Guidance; and
 10. Request written findings upon the medical examination, approved psychological testing, drug screens, and/or substance use evaluations and follow procedural steps outlined in policy 4.17 Accessing Child's Medical, Psychological and Substance Abuse Records to obtain copies of the records.

Note: If the FCM has not received the results by the end of the assessment deadline, the FCM should proceed with making a finding, unless the results may impact the outcome of the assessment. See policy 4.22 Making an Assessment Finding.

The FCM Supervisor will:

1. Consult with the FCM to determine if psychological testing is necessary; and

Note: The CSS may be contacted for consultation regarding psychological testing.

2. Assist the FCM, as needed, regarding medical examinations, psychological testing, drug screens, and substance use evaluations completed during the assessment.

The CSS will consult with the FCM and FCM Supervisor to determine if psychological testing is necessary, if requested.

The DCS LOD will approve psychological testing for a child, if deemed necessary.

The DCS Staff Attorney will seek a court order if the parent, guardian, or custodian is unable to be contacted or located; or refuses to provide consent to the examination, testing, or evaluation.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Consent to Release of Medical, Mental Health and/or Substance Use Records \(SF 51128\)](#)
- [PEDS Program Referral](#)
- Preliminary Inquiry (PI) - available in the case management system
- [Psychotropic Medication Guidelines for Youth in Care with the Indiana Department of Child Services](#)

Related Policies

- [4.17 Accessing Child's Medical, Psychological and Substance Abuse Records](#)
- [4.22 Making an Assessment Finding](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)

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LEGAL REFERENCES

- [IC 16-39-3-8: Child in need of services; petition for emergency hearing on request for records of parent, guardian, or custodian](#)
- [IC 31-32-12: Chapter 12. Mental or Physical Examinations](#)
- [IC 31-32-12-2: Temporary confinement of child](#)
- [IC 31-33-8-7: Scope of investigation by department of child services; order for access to home, school, or other place, or for mental or physical examinations; petition to interview child; order; requirements](#)

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PRACTICE GUIDANCE- DCS POLICY 4.16

Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.

Differences Between Psychological Evaluation and Psychiatric Evaluation

A psychological evaluation and psychiatric evaluation are distinct services. When requests or court orders for these services are made, it is important to ensure the testing type is correct.

A psychological evaluation is completed by a psychologist or a Health Service Provider in Psychology (HSPP) and uses clinical observations, collateral information, record review, interviews, and standardized tools. A psychological evaluation may provide the following information:

1. An intelligence quotient (IQ) and cognitive functioning;
2. A diagnosis;
3. The impact of trauma on the individual's functioning;
4. Identification of personality disorders; and
5. Assistance in determining eligibility of services (e.g., Bureau of Disabilities Services [BDS], Supplemental Security Income [SSI], or vocational rehab).

A psychiatric evaluation (commonly referred to as a medication evaluation) is completed by a psychiatrist or psychiatric nurse practitioner. Findings from a psychiatric evaluation are based on clinical observation and collateral information. A psychiatric evaluation is a medical evaluation for the purpose of determining if psychotropic medication is appropriate and which psychotropic medication will be the most effective for the individual (see Psychotropic Medication Guidelines for Youth in Care with the Indiana Department of Child Services for additional guidance).

Pediatric Evaluation and Diagnostic Service (PEDS) Referrals

All intake reports with allegations of suspected abuse or neglect involving the head or neck of a child, as well as, allegations of suspected abuse or neglect resulting in fractures and burns regardless of age will be identified in the case management system with a denotation of "PEDS allegation is included in this Report". Evaluations of all reports identified as having PEDS allegations should include any information obtained from the child and/or family. FCMs should utilize critical thinking skills to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck, fractures or burns, or suspected fractures or burns. A referral should also be considered if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse.

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