Trauma Informed Urine Drug Screenings

Purpose of this TIP sheet

Urine Drug Screens (UDS) can be activating or triggering experiences for some people, especially those with trauma histories. Trauma is disproportionately prevalent for individuals with substance use disorders and those involved in the criminal justice system. This tip sheet can be used to inform the UDS procedure, whether observed or not, with the goal of resisting re-traumatization and facilitating participants safety. Included in this tip sheet are guiding considerations, tips and examples offered by service users and experts in the field of substance abuse treatment.

> *"Trauma-informed care is a strengths based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment."*
> *(Hopper, Bassuk, & Olivet, 2010)*

UDS Considerations Using the Guiding Principles of Trauma Informed Care

Safety

What are we doing to support the physical and emotional safety of our service participants and staff, before, during and after a UDS? Examples include:

- Ensure staff is trained in UDS procedures and that they are aware of the potential to re-traumatize participants.
- Allow staff to decline conducting UDS's.
- Give participants information (verbal and written) about what to expect during a UDS and keep consistency each time a UDS is required.
- Do not rush the process; give participants ample time for the process.
- Ensure alternative means of testing are available such as mouth swabs.
- Ensure the facilities are clean, dry and free of hazards.
- Use proper signage in restroom that outlines processes, such as where to place sample, when it is okay to flush, and wash hands.
- Close off restrooms to others while UDS is in process.

Trust and Transparency

How does our UDS process promote trust between staff and participants? What can we do to provide context and transparency about this process? Examples include:

- Inform participant and provide documentation explaining why the UDS is being conducted, what it will be used for, what substances are being screened, when/how participants can access results and the potential outcomes of screening results.
- Give participants ample time before and after UDS to ask questions and obtain clarifications if needed.
- Allow participant to observe sample being closed and labeled to ensure accuracy
- Ensure participant has access to contact information of management and/or clinical supervisor in case they have questions/complaints or want to follow up on processes.

Collaboration and Mutuality

How are we working to share power and build relationships with participants? How can we promote accountability beyond punitive approaches? Do we give opportunities to hear and respond to feedback? Examples include:

- Provide a checklist of options available to participants that they can be given beforehand of decisions they can make about the process such as conversation during, having the water running, using a UDS hat, observing via mirror and music if available. See example here.
- Allow participants a method of providing feedback of their experience, what worked and what can be different/improved? See example here

Empowerment, Voice and Choice

How are we restoring power, voice & choice to participants? Examples include:

- Give participants choice of which trained staff is conducting the UDS.
- Allow the participant to choose who else they would like to be in the room as support.
- Ensure participant is aware of their rights as a service user, and provide in writing.
- Be mindful of the words to describe a positive or negative urinalysis, staying away from words or phrases that are demeaning and harmful. (i.e.: dirty UA)
- Allow participants to make choices in the process. Choosing to wear clothes, provide options for privacy gowns, hats or screens.
- Allow participants or staff to face opposite directions during the sample collection if participant is willing to be examined beforehand.
- Allow participants multiple options for time of day to provide UDS.

Peer Support & Mutual Self-help

How does peer support and lived experience inform the UDS process? Examples include:

- Ensure peer support is available for counsel before and after UA.
- If peer support during the UA is requested, ensure this option is accessible.
- Peers or others with lived experiences are involved in the trainings, protocols and facilitation of UDS.

Culture, Gender and History

In what ways do we consider the identities of our participants including culture, gender, historical disempowerment and systemic oppression of targeted communities and how may that inform our UDS process? Examples include:

- Require staff to participate in Trauma Informed Care, Cultural Humility and Equity training as part of their onboarding?
- Ensure that staff trained in UDS procedures represent the population being served, including racial identity.
- Notes for special accommodations necessary for UDS procedures should be visible in health records.
- Ensure easy access to menstrual products in UDS facilities.
- Ensure considerations of privacy in common areas.

Please note: It is expected that organizations will modify these recommendations to fit their needs and population. Please feel free to contact us at info@traumainformedoregon.org with feedback or ideas.

1. UDS Feedback (2019)
2. UDS Procedures and Optional Processes (2019)
3. Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the Storm: Trauma Informed Care in Homelessness Services Settings.
4. Substance Abuse and Mental Health Services Administration. (2012). SAMHSA Working Definition of Trauma and Principles and Guidance for a Trauma Informed Approach