IMPLEMENTING TRAUMA-INFORMED DRUG-TESTING PROTOCOLS IN CHILD WELFARE AND FAMILY COURT PROGRAMS

A TECHNICAL ASSISTANCE BRIEF

DEVELOPED BY

Philip Breitenbucher, EdD, MSW;
Jerri Middleton, DSW; and
West Huddleston

ABSTRACT

Individuals with a substance use disorder (SUD) and those involved in the justice system, particularly within child welfare and family court systems, are at a heightened risk of experiencing trauma.

To address this issue, numerous programs and agencies have adopted trauma-informed practices, considering language, environments, and treatment services. However, the re-traumatizing potential of traditional drug-testing procedures has received limited attention. Many child welfare and family court systems employ intrusive human-observed urine collection, which can be unsafe, shaming, and invasive for individuals with trauma histories. This policy primer advocates for trauma-informed approaches to drug testing, emphasizing the preservation of dignity and worth while ensuring the integrity of toxicology data. By combining trauma-informed principles with best practices in drug testing, a more compassionate and supportive environment can be created within child welfare and family court systems, ultimately leading to improved outcomes for individuals and families affected by SUDs. The article aligns the Substance Abuse and Mental Health Services Administration's (SAMHSA) six trauma-informed principles with the Center for Substance Abuse Treatment (CSAT) Best Practices for Drug Testing in Child Welfare, offering a road map for agencies and programs to integrate trauma-informed drug-testing procedures and enhance support and empathy for all involved parties.

TABLE OF CONTENTS

IMPLEMENTING TRAUMA-INFORMED DRUG-TESTING PROTOCOLS IN CHILD WELFARE AND FAMILY COURT PROGRAMS: A TECHNICAL ASSISTANCE BRIEF

Trauma is known to disproportionately affect individuals with a SUD and those who are involved in child welfare and family court systems.

Consequently, many programs and agencies that serve this population have implemented trauma-informed procedures that consider specific language, environments, and treatment services. However, little attention has been given to the way in which traditional drug testing can often be re-traumatizing.

Most child welfare and family court systems continue to utilize traumatic drug testing protocols that involve human-observed urine collection. For individuals with a trauma history, having another person watch as they void into a cup is an unsafe, shaming, and invasive experience. As one of the foundational and crucial pillars of child welfare and family court systems, drug testing must also be performed in a trauma-informed manner where clients feel safe, in control, and respected.

BACKGROUND

The pivotal role of drug testing in Child Welfare and Family Court systems has been increasingly recognized as a critical tool for decision-making related to case plan completion and visitation rights. Endorsed by entities such as SAMHSA, drug testing is not only a compliance monitoring tool but also a decisive factor in determinations affecting the welfare and custody of children.

However, the current administration of drug testing is marred by significant challenges. Researchers such as Brook and Loyd (2019) have identified a critical gap in the adherence to best practice guidelines, leading to issues of re-traumatization, stigma, and inequities. The highly personal and often invasive nature of traditional drug-testing methods can be particularly traumatic for individuals with trauma histories, contributing to further marginalization and systemic disparities.

Acknowledging the prevalence of trauma, stigma, and inequity, there has been a concerted push within Child Welfare and Family Court programs toward embracing trauma-informed approaches. Leading organizations, including the National Council of Juvenile and Family Court Judges (NCJFCJ), Administration for Children and Families (ACF), and SAMHSA, have spearheaded initiatives to transform these systems into fully trauma-informed ones. This transformation is necessitated by the understanding that trauma-informed care should not be selectively applied but rather integrated across all services, including drug testing.

THE ROLE OF DRUG TESTING IN CHILD WELFARE AND FAMILY COURT PROGRAMS

Drug testing has become a cornerstone in Child Welfare and Family Court systems, widely utilized as a measure to predict the successful completion of case plans and determine visitation rights. SAMHSA, along with other key stakeholders such as NCJFCJ, have emphasized the critical role of drug testing in these settings. It serves not only as a tool for monitoring compliance but also as a key

determinant in decision-making processes regarding the welfare and custody of children.

CURRENT ADMINISTRATION OF DRUG TESTING AND ASSOCIATED CHALLENGES

The way drug testing is currently being administered raises significant concerns. Lloyd and Brooke (2019) highlight a troubling gap: a lack of substantial research on adherence to best practice guidance documents in drug testing. This gap has led to several critical issues:

1. **Re-traumatization:** Individuals with a history of trauma, particularly prevalent in these populations, may find the drug-testing process itself to be a source of additional trauma (SAMSHA., 2014). This is especially true in methods requiring invasive or highly personal procedures.
2. **Stigma:** The process and circumstances of drug testing often carry a stigma. This can lead to further marginalization of individuals struggling with SUDs, impacting their journeys toward recovery and reintegration.
3. **Inequities and Disparities:** The current approach to drug testing can exacerbate existing inequities and disparities. Vulnerable populations, already disproportionately affected by systemic challenges, may face additional hurdles because of unstandardized and potentially biased drug-testing practices.

ADVOCACY FOR TRAUMA-INFORMED APPROACHES

Recognizing these issues, there has been a growing push within Child Welfare and Family Court programs towards adopting trauma-informed approaches. Organizations such as NCJFCJ, ACF, and SAMHSA have been at the forefront of this movement. A pivotal report by the ACF stated, "Widespread recognition of trauma's harmful impacts and the related consequences for children, families, and society has resulted in Federal, State, and local initiatives over the last decade to promote trauma-informed care" (2000, p. 1).

This shift acknowledges that systems designed to protect and support children and families must be fully trauma-informed. It is not sufficient to implement trauma-informed services selectively; the entire spectrum of services including drug testing, needs to align with trauma-informed principles. This comprehensive approach is essential to address the diverse and complex needs of those served by these systems effectively.

THE NEED FOR TRAUMA-INFORMED DRUG TESTING

The recognition of these challenges and the shift towards a more empathetic framework underscore the need for trauma-informed drug testing. Such an approach would not only align with the broader movement toward trauma-informed care but also specifically address the unique sensitivities associated with drug testing. By redesigning drug-testing protocols to be trauma-informed, Child Welfare and Family Court systems can reduce the risk of re-traumatization, stigma, and inequities, ultimately leading to more equitable and effective outcomes for individuals and families (Estefan, L. et al., 2012).

The transition to trauma-informed drug testing is not just a procedural change; it is a necessary step in aligning Child Welfare and Family Court systems with the evolving understanding of trauma and its widespread impact. This alignment is crucial for the well-being of children, families, and society as a whole.

INTRODUCTION TO TRAUMA-INFORMED SYSTEMS

DEFINING TRAUMA-INFORMED CARE

Trauma-informed care represents a fundamental shift in approach, acknowledging the widespread impact of trauma and understanding paths for recovery. It involves recognizing the signs and symptoms of trauma in individuals and responding by fully integrating this knowledge into policies, procedures, and practices.

SAMHSA'S PERSPECTIVE ON TRAUMA-INFORMED CARE

SAMHSA defines trauma-informed care as a framework that involves understanding, recognizing, and responding to the effects of all types of trauma (2019). It emphasizes physical, psychological, and emotional safety for providers and survivors, helping rebuild a sense of control and empowerment.

CHILD WELFARE'S APPROACH TO TRAUMA-INFORMED CARE

Child Welfare systems emphasize the prevalence of trauma and traumatic stress reactions among children, families, caregivers, and professionals involved in the system. As noted by the National Child Traumatic Stress Network (NCTSN), it is critical for child welfare professionals to link families with trauma-informed treatment and services and integrate an understanding of trauma into their own practices (n.d). The Children's Bureau/ACYF/ACF/HHS (2020) further elaborates that trauma-informed child welfare staff members are attuned to how clients may perceive practices and services and how certain actions and physical spaces could re-traumatize or trigger behaviors in families.

ESSENTIAL ELEMENTS OF A TRAUMA-INFORMED CHILD WELFARE SYSTEM

The NTCSN identifies several essential elements for a trauma-informed child welfare system, including:

- Maximizing physical and psychological safety for children and families.
- Identifying trauma-related needs of children and families.
- Enhancing child well-being and resilience.
- Enhancing family well-being and resilience.
- Enhancing the well-being and resilience of those working in the system.
- Partnering with youth and families.
- Partnering with agencies and systems that interact with children and families (NCTSN, n.d.).

NCJFCJ'S DEFINITION FOR TRAUMA-INFORMED FAMILY COURTS

The NCJFCJ defines trauma-informed courts as environments that foster safety, trust, choice, collaboration, and empowerment, while minimizing the risk of re-traumatization (2023, p. 13–15). NCJFCJ highlights key components for a trauma-responsive family court:

1. **Acknowledging Prevalence of Trauma:** Trauma-informed courts understand that many involved in the justice system, especially marginalized individuals, have faced traumas such as violence, abuse, or discrimination. These courts aim to recognize and address these experiences, striving to avoid causing further trauma.
2. **Enhancing Safety:** These courts focus on ensuring a secure environment that encompasses physical, emotional, and cultural safety. This approach aims to alleviate fear and anxiety among those who have experienced trauma, fostering trust and a sense of belonging.
3. **Promoting Agency and Empowerment:** Trauma-informed courts emphasize empowering individuals to make their own decisions. They provide necessary information and support to help people from diverse backgrounds navigate the legal system and have their voices heard and respected.
4. **Providing Support:** Offering social support is a key aspect of a trauma-informed approach. This includes connecting individuals to community resources, mental health services, and peer support, aiding in building resilience and overcoming challenges.
5. **Reducing Disparities:** These courts acknowledge the effects of systemic discrimination and work toward reducing outcome disparities for marginalized individuals, promoting fairness and inclusion in the justice system.
6. **Encouraging Cultural Awareness:** Understanding and respecting the cultural backgrounds of court users is crucial. Trauma-informed courts aim to include diverse perspectives, fostering a sense of inclusion and belonging.
7. **Building Trust in the Justice System:** By prioritizing safety and support, trauma-informed courts work to build trust among diverse communities. This trust is vital for ensuring comfortable and inclusive access to the justice system.
8. **Utilizing Universal Precautions:** Courts adapt their practices, policies, and environments to meet the needs of those who have been impacted by trauma, creating a nonharmful and less stressful institutional operation for both consumers and administrators of justice.

In summary, the transition to trauma-informed systems in Child Welfare and Family Court programs is a comprehensive approach that seeks to understand and address the impact of trauma on individuals and families, ensuring that the systems are not only supportive and effective but also contribute to the healing and empowerment of those they serve.

HISTORICAL USE AND GUIDANCE FOR DRUG TESTING IN CHILD WELFARE AND FAMILY COURTS

The utilization of drug testing in child welfare and family court systems presents a complex landscape marked by varying practices, overlooked research, and notable disparities. Despite its widespread use, the exact prevalence of drug testing in these systems remains unclear. Many child welfare agencies have adopted a policy of conducting drug tests on all parents under court jurisdiction, as noted by CSAT. However, this critical practice in child welfare decisions has not received adequate attention from researchers, leading to a significant gap in a comprehensive understanding and standardized implementation of drug-testing protocols (Lloyd & Brooke, 2019).

Moreover, the application of drug testing extends beyond assessing substance abstinence, impacting a range of decisions in child welfare contexts. The studies reveal substantial disparities in the mandates for drug testing, with variations observed based on parent gender and race/ethnicity. The frequency of these tests and compliance rates also varies widely, affecting the outcomes, including maltreatment substantiation and parent-child reunification decisions.

Concerning guidance and standards, practices recommended by organizations such as the National Center on Substance Abuse and Child Welfare (NCSACW) and the National Drug Court Institute (NDCI) are rarely implemented in traditional child welfare and family court settings. This inconsistency and the lack of comprehensive, generalizable research contribute to risks such as stigma, inequities, and potential trauma within the child welfare process (Estefan, et al., 2012). The highlighted need for child welfare-specific research underscores the urgency to fill the gaps in knowledge, particularly regarding the implications of drug test results at various stages of the child welfare trajectory and for diverse child-welfare-involved populations.

DRUG TESTING IN CHILD WELFARE: PREVALENCE, RESEARCH GAPS, AND DISPARITIES

- **Prevalence and Practice:** Drug testing, though its true prevalence is unknown, is a common practice in child welfare systems. Some agencies conduct drug tests on all parents under court jurisdiction, as suggested by the CSAT (2010).
- **Research Overlook:** This practice, critical in child welfare decisions, has been largely overlooked by researchers, leading to a gap in comprehensive understanding and standardized implementation.
- **Drug Test Application and Disparities:** Studies have shown that drug testing in child welfare settings is used to measure a range of concepts beyond mere substance abstinence. The proportion of parents required to undergo drug testing varied significantly, ranging from 29% to 88% across samples. Notably, disparities in drug-testing mandates were observed, particularly concerning parent gender and race/ethnicity (Lloyd & Brook, 2019).
- **Frequency and Compliance:** The frequency of drug tests administered varied widely, from 1 to 10 tests over 15 months to as often as three times per week. Noncompliance rates with testing mandates ranged from 23% to 62% (Lloyd & Brook, 2019).
- **Outcomes of Drug Testing:** The results of drug tests were linked to various outcomes, including maltreatment substantiation and decisions regarding parent-child reunification.

In summary, the historical approach to drug testing in these critical systems is characterized by variability, a lack of standardized practices, and significant disparities. This situation demands an urgent need to develop research-driven, consistent, and equitable drug-testing practices, aligning them more effectively with the needs and rights of those involved in child welfare and family court systems.

GUIDANCE AND STANDARDS

1. **CSAT and NDCI Standards:** Despite the existence of best practices for drug testing outlined in family treatment court, criminal justice, and substance use treatment literature, these practices are infrequently implemented in traditional child welfare settings (Lloyd & Brook, 2019).
2. **Lack of Research and Inconsistency:** A notable lack of generalizable studies leads to a lack of knowledge about the adherence to these best practices and standards. This lack of consistent adherence contributes to risks of stigma, inequities, and trauma in the child welfare process. (Lloyd & Brook, 2019).
3. **Need for Child Welfare-Specific Research:** The review emphasizes the need for future child welfare-specific research to address the gaps in knowledge regarding the implications of drug test results at various stages of the child welfare trajectory and for different child-welfare-involved populations. (Lloyd & Brook, 2019).

In conclusion, the historical approach to drug testing in child welfare and family courts has been marked by variability, lack of standardized practices, and significant disparities, underscoring the urgent need for research-driven, consistent, and equitable drug-testing practices in these systems.

SHIFTING TOWARDS TRAUMA-INFORMED DRUG TESTING: A CROSS-WALK

Trauma-informed child welfare systems are increasingly recognized for their ability to more effectively address the needs of children in terms of safety, permanency, and overall well-being. The U.S. Department of Health and Human Services (HHS) in 2013 highlighted that such systems lead to tangible service improvements. These include an increase in trauma screenings, assessments, and evidence-based treatments (EBTs) tailored to children's needs. The impact of these improvements is significant, manifesting in various positive outcomes:

1. **Reduced Need for Crisis Services:** There is a noticeable decrease in the number of children requiring emergency department visits or residential treatment.
2. **Decreased Use of Psychotropic Medications:** A decline in the prescription of psychotropic medications for children in the system.
3. **Fewer Foster Home Placements and Reentries:** A reduction in the number of children placed in foster homes and a decrease in reentries into the system.
4. **Enhanced Child Functioning and Well-being:** Children exhibit improved functioning and a greater sense of well-being.

To ensure the integrity, authenticity, and accuracy of any drug test specimen type (e.g., urine, oral fluid, hair, blood, patch) and its toxicology data, the specimen must be directly matched to the individual providing the sample. This typically requires human-observed specimen collection, which creates a unique problem in treatment courts and child welfare where there is such a high percentage of individuals who have a trauma history.

Creating a trauma-informed drug-testing protocol within child welfare departments is essential to minimize the negative impact on individuals who have experienced trauma. Such an approach recognizes the unique needs and vulnerabilities of trauma-affected clients and seeks to provide a more compassionate and supportive environment throughout the drug-testing process.

SAMHSA'S PERSPECTIVE ON TRAUMA-INFORMED PRACTICE

SAMHSA outlines four key achievements of trauma-informed practice (2014):

1. **Realizing the Impact of Trauma:** Acknowledging how trauma affects individuals and groups.
2. **Recognizing Trauma Signs and Symptoms:** Identifying trauma indicators in clients, families, staff members, and others.

3. **Responding with Integrated Knowledge:** Incorporating a comprehensive understanding of trauma into all policies, procedures, and practices.

4. **Resisting Re-traumatization:** Actively working to avoid causing additional trauma, especially to children and their caregivers.

APPLYING TRAUMA-INFORMED DRUG-TESTING PRINCIPLES MINIMIZES

- **Exposure to Secondary Traumatization:** Trauma-affected clients and their families should not be subjected to additional trauma through the drug-testing process. A trauma-informed approach reduces re-traumatization.
- **Disruption to Parental Responsibilities:** Child welfare departments should strive to minimize disruptions to parental responsibilities during drug testing, including providing alternative care arrangements or flexible testing schedules.
- **Disruption to Employment:** A trauma-informed approach acknowledges the importance of employment and strives to minimize disruptions to work responsibilities, allowing individuals to maintain their livelihoods.
- **Exposure to Stigmatization and Discrimination:** By avoiding independent collection sites and utilizing more private testing methods, individuals are less likely to face stigmatization and discrimination, which can exacerbate trauma.

POTENTIAL IMPROVED OUTCOMES WITH A TRAUMA-INFORMED DRUG-TESTING APPROACH

1. **Increased Compliance:** Trauma-affected clients and family members are more likely to comply with each drug test when they feel that their needs and sensitivities are considered.

2. **Enhanced Engagement in Case Plans:** A trauma-informed approach fosters trust and collaboration between individuals and caseworkers, resulting in better engagement with the case plan.

3. **Greater Treatment Engagement and Completion:** By addressing trauma and minimizing re-traumatization during drug testing, there is a higher likelihood of trauma-affected persons engaging in and completing treatment programs effectively, leading to improved outcomes for both individuals and their families.

CONSIDERATIONS FOR A TRAUMA-INFORMED DRUG-TESTING PROTOCOL

To incorporate trauma-informed care into drug-testing practices, a cross-walk between NDCI and SAMHSA's trauma-informed care principles can be helpful. The cross-walk involves aligning key practices and principles of trauma-informed care with drug-testing protocols:

1. **Urine Collections:** When urine testing is used, DNA-matched urine collections should be implemented. This technology ensures that the sample belongs to the donor without the need for intrusive human observation.

2. **Oral Fluid Collections:** When oral fluid testing is used, the collection should be facilitated via a recorded process that is then reviewed, authenticated, and confirmed by a trained proctor. This can be done in a private and noninvasive manner, respecting the individual's dignity.

3. **Avoidance of Invasive Methods:** Hair, blood, and patch drug-testing methods should generally be avoided because of their invasive and potentially re-traumatizing nature.

4. **Client Choice:** If hair, blood, or patch testing is deemed necessary for specific cases, individuals should be given a choice as to their preference. This empowers them and helps mitigate potential trauma triggers.

5. **Testing at Home or Workplace:** Whenever possible, drug testing should permit individuals to test from their homes or places of work. This approach reduces the potential for shaming or embarrassing experiences, promoting a sense of autonomy while also reducing no-shows due to a lack of transportation or child care.

6. **Trauma-Informed Language:** Language is crucial when explaining the reasons for a particular drug-testing method. Trauma-informed scripts should be followed to communicate why a specific method is chosen and how the individual's trauma is being considered and respected with sensitivity.

7. **Dignity and Worth of the Individual:** Emphasizing noninvasive drug-testing methods that respect the individual's privacy and dignity.

8. **Cross-Systems Collaboration:** Working together with various systems and stakeholders involved in child welfare to ensure a cohesive and supportive approach to drug testing.

9. **Risk and Safety Planning:** Developing plans that consider the safety and well-being of children and families during the drug-testing process.

10. **Cost Considerations and Training Needs:** Evaluating the financial implications of trauma-informed drug testing and identifying training requirements for staff members to effectively implement these practices.

TRAUMA-INFORMED PRINCIPLES

Incorporating trauma-informed principles into drug-testing protocols within child welfare departments not only respects the dignity and well-being of individuals and families but also has the potential to yield more positive and sustainable outcomes in the context of substance abuse intervention and child welfare services (Berliner & Kolko, 2016).

Combining trauma-informed principles with best practices in drug testing within child welfare departments is essential for ensuring that individuals and families involved in the system are treated with sensitivity and respect. SAMHSA developed six trauma-informed principles, which can be integrated into drug-testing procedures in child welfare departments to create a more supportive and empathetic environment (2014). Here is how these principles can be overlaid with best practices in drug testing:

1. Safety

- Ensure that drug-testing procedures prioritize the safety and emotional well-being of children and families.
- Use noncoercive language and techniques during drug-testing discussions.
- Offer emotional support and resources for individuals facing drug testing.

2. Trustworthiness and Transparency

- Clearly communicate the purpose and process of drug testing to all involved parties.
- Maintain transparency about the potential consequences of positive drug test results and the steps that will follow.

3. Peer Support

- Provide access to peer support or counseling services for individuals undergoing drug testing.

- Connect individuals with support groups or organizations that can assist them in their recovery journeys.

4. Collaboration and Mutuality

- Involve families and individuals in the decision-making process regarding drug testing whenever possible.
- Collaborate with substance abuse treatment providers to ensure that individuals receive appropriate care and support.

5. Empowerment, Voice, and Choice

- Allow individuals to have a say in the timing and location of drug testing whenever possible.
- Encourage individuals to voice their concerns or needs regarding the drug-testing process.
- Provide information on treatment options and empower individuals to make choices about their recovery journeys.

6. Cultural, Historical, and Gender Issues

- Be culturally sensitive and aware of historical trauma that may affect individuals and families.
- Ensure that drug-testing procedures respect gender identity and are conducted in a manner that is sensitive to gender issues (Marsh, et al., 2023).

Best practices in drug testing within child welfare departments should be adapted to align with these trauma-informed principles. This may include:

- Using experienced and trained personnel to conduct drug tests who are knowledgeable about trauma and its effects.
- Offering alternative drug-testing methods that minimize the intrusion and discomfort of human observation, such as oral swabs or DNA-matched samples.
- Providing information on the potential effects of substance use on parenting and child well-being as part of a broader education and prevention program.
- Ensuring that drug-testing results are confidential and used solely for the purpose of determining the need for support and services rather than punitive measures.

TABLE 1. ADVANTAGES AND DISADVANTAGES OF DRUG-TESTING SPECIMENS WITH A TRAUMA-INFORMED PERSPECTIVE (ADAPTED FROM THE FUNDAMENTALS OF DRUG TESTING, 2017).

SPECIMEN	DETECTION PERIOD	ADVANTAGES	DISADVANTAGES	TRAUMA-INFORMED CONSIDERATIONS
Urine	Provides a profile of both recent and historical substance usage. Detection time is generally calculated in days for most drugs (excluding alcohol).	• Sample is generally available in large quantities for testing. • Drugs and metabolites are highly concentrated; therefore, easily detectable. • Uniform forensic criteria supported by years of court/legal case law and adjudication. • Established cutoffs.	• Drug concentration is influenced by fluid intake; savvy clients may consume copious fluids to alter testing results. • Sample collection process can be time-consuming. • Urine drug levels provide no interpretive data (no dose/concentration relationship). • Invasive "witnessed" collection procedures are required, which necessitates same-gender observed collections. • Specimen is susceptible to tampering via dilution or adulteration estimates using both laboratory-based and on-site testing devices.	• Invasive "witnessed" collection can be triggering, especially for individuals with a history of trauma. • Having another person watch during urine collection may lead to feelings of vulnerability and shame.

SPECIMEN	DETECTION PERIOD	ADVANTAGES	DISADVANTAGES	TRAUMA-INFORMED CONSIDERATIONS
Sweat (Patch)	Measures current (ongoing) drug use following patch application; past exposure not detected. Patch Is FDA approved to be worn for up to 7 days.	• Ability to monitor 24/7 for extended periods, which provides a significant adjunct to the therapeutic process. • Relatively client tamper-proof • Use has participant acceptability because of noninvasive approach. • Increased deterrent to drug use. • Cross-gender collections.	• Cannot detect prior drug exposure. • Limited collection devices and testing laboratories. • Potential risk of contamination during patch use. • Can be removed. • Limited number of drugs detected. • No on-site testing.	• Ensure that patch application and removal are conducted sensitively. • Patch application and removal may be uncomfortable or triggering, particularly for individuals who have experienced physical trauma. • The need to wear the patch continuously can be a constant reminder of past trauma.
Oral Fluid (Saliva)	Provides recent usage detection and can also show impairment. Drugs may be detected from 12 to 36 hours after use.	• Noninvasive, cross-gender collections. • Specimen tampering reduced. • Data may relate to behavior/performance. • On-site testing is available (but not recommended).	• Short detection window. • On-site testing devices pose forensic concerns regarding accuracy and reliability.	• The presence of testing devices may create stress, since clients may feel under scrutiny.
Hair	Provides past drug usage only; detection period up to 90 days. Does not provide recent drug-use information (hair required to grow out of scalp prior to sample acquisition).	• Extended detection period. • Noninvasive, cross-gender sample collection. • Reduced specimen tampering. • No biohazard issues. • No poppy seed interference.	• Increased cost per sample tested. • Inability to detect recent drug usage. • Limited number of testing facilities. • No on-site testing. • Continuing concerns regarding ethnic hair-color bias. • Use of "body" hair forensically controversial. • Testing may not detect a single drug use event. • Date of drug use cannot be assessed.	• The extended detection period may cause distress for clients with concerns about privacy and the revelation of past drug use. • Clients may be concerned about potential bias or cultural insensitivity related to hair color or ethnicity in the testing process.
Blood	Detects very recent usage of abused substances; detection time is often measured in hours following use.	• Results both qualitative and quantitative may provide behavior/performance data in select circumstances such as driving while impaired (DWI). • Specimen tampering eliminated.	• Invasive sample collection—venipuncture required by medical staff. • No on-site testing. • Traditional urine-testing methods not applicable to blood analysis. • Limited sample volume can be obtained. • Detection of abused drugs in blood difficult for many laboratories because of low levels of drug. • High potential for false negative results. • Specimen not recommended for drug court abstinence monitoring.	• Invasive sample collection via venipuncture could trigger anxiety or traumatic memories for some clients. • Fear of needles and the discomfort of the procedure may lead to distress. • High potential for false negative results may create added stress for clients.
Eye Scanning/ Pupilometer Instruments	Designed to determine impairment, recent use monitoring client only. Detection time measured in hours.	• No specimen collection. • On-site devices, immediate results. • Ease of operation.	• Monitors impairment rather than abstinence. • Short detection window. • May require additional specimen collections to confirm positive. • Not peer reviewed. • Devices may detect client fatigue as "positive."	• The monitoring of impairment rather than abstinence may not align with clients' goals, leading to feelings of frustration or disappointment. • Clients may experience discomfort or anxiety during the eye-scanning process, impacting their emotional well-being. • The potential for false positives, such as detecting client fatigue, could create misunderstandings and frustration.

SPOTLIGHT PRACTICES: SELF-COLLECTED TESTING

Implementing self-collected drug-testing methods can significantly reduce the stress and potential re-traumatization associated with traditional drug-testing settings. These unobserved testing methods empower individuals with SUDs to provide accurate and effective drug testing with dignity while providing invaluable support to professionals in their mission to provide compassionate care. These tests can be self-collected anytime, anywhere, without human observation:

- **DNA-Matched Urine Testing**: DNA-matched urine collections replace the human-observed collection process while ensuring the integrity, authenticity, and accuracy of the sample.
- **Oral Fluid Testing**: Oral fluid testing can be less triggering and more respectful of individual privacy and comfort. Oral fluid testing should utilize a video-recorded process that is reviewed and verified by a dedicated proctor while providing the tester with straightforward results utilizing trauma-informed language.

In conclusion, shifting towards a trauma-informed approach in drug testing within child welfare systems is not just a procedural change but a profound transformation in the ethos of how child welfare services are rendered. By aligning drug-testing practices with trauma-informed principles, child welfare systems can ensure more humane, effective, and respectful treatment of children and families, ultimately leading to better outcomes and a more supportive environment for those in need of care and assistance.

CONCLUSION

Efforts to implement and evaluate trauma-informed practice over the last decade have resulted in a greater recognition of the extent, reach, and impact of trauma and an understanding that addressing it requires a coordinated, systemwide approach. Left unaddressed, trauma may have serious consequences for children, families, and communities. As trauma screening and assessment practices become more widespread and data become more available, child welfare professionals will have an enhanced awareness of those most in need and an understanding of how best to address trauma histories. These developments, combined with an emphasis on building resiliency in children and families, can help the child welfare system become a place of healing and hope.

The traditional methods of drug testing, often characterized by invasive and stigmatizing practices, have long stood in contrast to the principles of trauma-informed care, inadvertently perpetuating cycles of trauma and inequity. The compelling need to align drug-testing practices with trauma-informed principles is more than an ethical imperative; it is a practical strategy to enhance the effectiveness of child welfare and family court systems. By incorporating trauma awareness into drug-testing protocols, these systems can actively contribute to the healing and empowerment of individuals and families impacted by trauma and SUDs.

This technical assistance brief has underscored the importance of recognizing the prevalence of trauma, especially among marginalized communities involved in the justice system. Adopting approaches that prioritize safety, empowerment, and support and integrating trauma-informed principles into all facets of practice and policy

can make child welfare and family court programs more responsive, equitable, and effective.

The integration of trauma-informed practices in drug testing—ranging from noninvasive testing methods to considerate language and supportive environments—is crucial in reshaping how justice-involved individuals are treated. It is about respecting the dignity and worth of each person, acknowledging that person's unique experiences, and providing a path toward recovery and reintegration devoid of further trauma.

As we move forward, it is imperative that these systems continue to evolve and adapt, guided by ongoing research and best practices in trauma-informed care. The ultimate goal is to create systems that not only address society's legal and safety needs but also foster the healing, resilience, and well-being of all its participants.

In closing, the transition to Trauma-Informed Drug Testing in Child Welfare and Family Court Programs is a crucial step toward a more humane, effective, and just society. It represents a commitment to understanding and mitigating the impacts of trauma and building systems that support, rather than hinder, the journeys of recovery and empowerment for those most in need.

REFERENCES

Berliner, L., & Kolko, D. J. (2016). Trauma-Informed Care: A Commentary and Critique. Child Maltreatment, 21(2), 168–172. https://doi.org/10.1177/1077559516643785&#8203

Cary, P. (2017). The Fundamentals of Drug Testing. In The Drug Court Judicial Benchbook (pp. 115–140). National Drug Court Institute. Alexandria, VA.

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.

Child Welfare Information Gateway. (n.d.). Safety and risk assessment. Children's Bureau, Administration for Children and Families, and U.S. Department of Health and Human Services. https://www.childwelfare.gov/topics/systemwide/assessment/family-assess/safety/

Children's Bureau/ACYF/ACF/HHS. (2020, May). The Importance of a Trauma-Informed Child Welfare System. https://www.childwelfare.gov/pubpdfs/trauma_informed.pdf

Estefan, L. F., Coulter, M. L., VandeWeerd, C. L., Armstrong, M., & Gorski, P. (2012). Receiving Mandated Therapeutic Services: Experiences of Parents Involved in the Child Welfare System. Children and Youth Services Review. https://doi.org/10.1016/j.childyouth.2012.09.002

Lloyd, M. H., & Brook, J. (2019). Drug Testing in Child welfare: A Systematic Review. Children and Youth Services Review, 104. https://doi.org/10.1016/j.childyouth.2019.104389

Marsh, S. C., Cameron-Wedding, R., Gueller, M., & Ling, T. (2023). Improving Diversity, Equity, Inclusion, and Belonging Through a Race Equity Lens: A Toolkit for Juvenile and Family Court Judges. https://www.ncjfcj.org/publications/improving-diversity-equity-inclusion-and-belonging-through-a-race-equity-lens-a-toolkit-for-juvenile-and-family-court-judges/

McWey, L. M., Acock, A., & Porter, B. (2010). The Impact of Continued Contact With Biological Parents Upon the Mental Health of Children in Foster Care. Children and Youth Services Review, 32(10), 1338–1345. https://doi.org/10.1016/j.childyouth.2010.05.003

SAMHSA. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Substance Abuse and Mental Health Services Administration. Enhancing Motivation for Change in Substance Use Disorder Treatment. Treatment Improvement Protocol (TIP) Series No. 35. SAMHSA Publication No. PEP19-02-01-003. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019.

U.S. Department of Health and Human Services, Administration for Children and Families. (2013). Resource Guide to Trauma-Informed Human Services. https://www.acf.hhs.gov/trauma-toolkit

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. https://store.samhsa.gov/product/SAMHSA-sConcept-of-Trauma-and-Guidance-for-aTrauma-Informed-Approach/SMA14-4884.html