



Institute for Health and Recovery

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Conducting Urine Screens in a Trauma-Informed Manner

Conducting urine screens with women who may be trauma survivors can be re-traumatizing, especially if chain-of-custody requires that the screens be observed. Women with histories of sexual abuse in particular may experience this as a violation of their boundaries, and may become extremely anxious or agitated. To minimize re-traumatization, women should be given as much choice and control over the process as possible. Women should also be given as much privacy as possible and offered time to recover after the event.

It is helpful if women are informed, when they enter a program, that urine screens will be conducted and how this will be carried out. The reason for doing urine screens should be spelled out. When explaining the process, it should be acknowledged that the procedure may be uncomfortable and upsetting for women, and that the staff wishes to do whatever they can to make the experience as comfortable as possible. Women should be informed how the decision to do a urine screen will be made. If they are random, how are they randomized? If they are given routinely under certain conditions, for example, when returning from weekend passes, the circumstances should be explained. If screens are conducted in response to certain signs and symptoms, the kinds of signs and symptoms should be discussed. It is preferable to conduct screens randomly or routinely, rather than in response to certain signs as symptoms, as the experience of not being trusted can be triggering for women. It should also be explained how positive urine screen results will be handled. It is important explain clearly that the urine screens are meant to provide both staff and clients with information about how treatment is going, and that a positive urine screen will be the occasion for problem-solving, rather than for automatic discharge from the treatment program.

Women should also be told in advance exactly how the screens will be done- who will do them, where, what the woman will be expected to do, what the staff member will do, etc. The more information women are given in advance, the more they can predict what is happening, the less triggering the event will be. Women should be given as much choice and control as possible. Can they choose which staff member will observe? Can they choose to be observed in a mirror, rather than be looked at directly? Women should not have to bring their samples into public areas. As much privacy as possible should be provided.

When a woman is asked to provide a sample for screening, it should be again acknowledged that this can be an uncomfortable experience. The procedure should be explained again, and the woman should be asked if she has questions. She should also be asked if there is anything staff members can do to make her more comfortable. When a woman has provided the sample, she should be thanked and then offered the opportunity to have some time to recover—for example sit and look at a magazine or do some other soothing activity, rather than being required to immediately return to her routine.