

Trauma-Responsiveness in Drug Testing Practices

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Presenter



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Dr. List is a program director for Behavioral Health and Child Welfare at the National Council of Juvenile and Family Court Judges (NCJFCJ). Allison leads the various behavioral health and child welfare grants that intersect across all of NCJFCJ's programs that include Child Welfare, Juvenile Law, Family Violence Domestic Relations, and the National Center for Juvenile Justice. Dr. List also oversees the Judicial-Wellness-Connection-Leadership Initiative which focuses on judicial wellness through the lens of leadership and compassion.

She serves on projects that are nationally expanding TA services addressing homeless youth, adolescent development, forensics in Child Welfare, court improvement, data capacity, Juvenile Drug Treatments Courts, early childhood, and trauma-informed and responsive courts. Dr. List began working at the NCJFCJ in 2023. Prior to joining the NCJFCJ Allison was in public education for close to two decades as a teacher, administrator, and school counselor.

She has been full time and adjunct faculty at Oregon State and Portland State University. Dr. List developed the trauma, grief and loss course, has advised over 10 doctoral students on their dissertations, and was nominated twice for the E Campus Professor of the Year at Oregon State.

Washington AOC Disclaimer

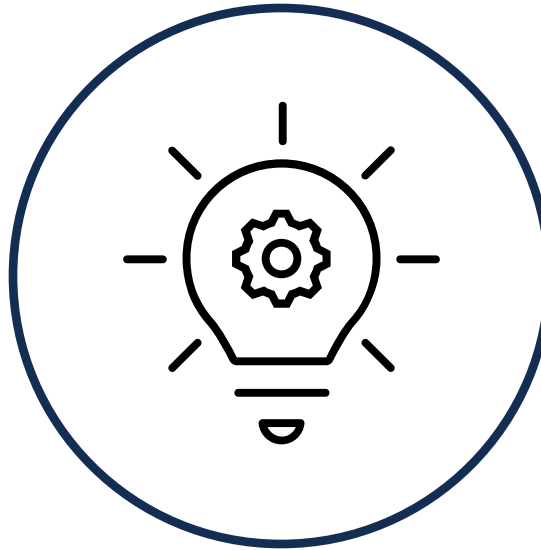
The National Council of Juvenile and Family Court Judges (NCJFCJ) is offering this training to the Washington Administrative Office of the Courts, and their partners as they engage in the critical work of providing trauma-responsive approaches to drug testing.



NCJFCJ Impact



Oldest Judicial
Membership
Organization



30,000
Judges &
Professionals
Served



4 Million
Families Affected By
Our Work

Our Values

Compassion

Leadership

Education

Community

Areas of Focus

Behavioral
Health

Child Sex
Trafficking

Child
Welfare

Court
Leadership

DEI &
Justice

Domestic
Violence

Family
Law

Federal Policy
Education

Juvenile
Justice

Research
& DATA

Military-
Connected
Families

Tribal Courts
& ICWA

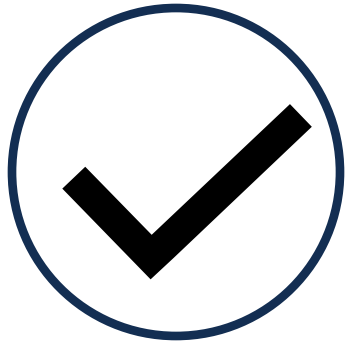
What Are We Doing Today?

Together we will explore the foundational language of trauma to build a shared understanding that informs and elevates practice. We will go beyond the surface level of plug and play approaches and embrace responding to trauma as a best practice, not a trend. We will examine the nuanced differences in trauma-related terminology, clarifying how our language choices shape perception, policy, and response. Participants will consider how courts can adopt trauma-informed and responsive principles in practical, measurable ways—especially in the sensitive and often overlooked area of drug testing.



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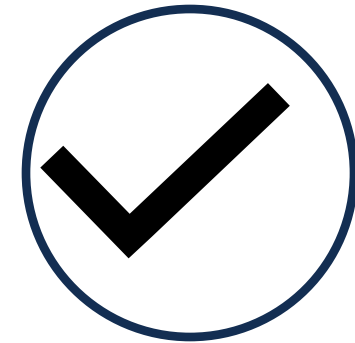
Learning Objectives



Examine the similarities and differences within trauma terminology to create a common understanding.

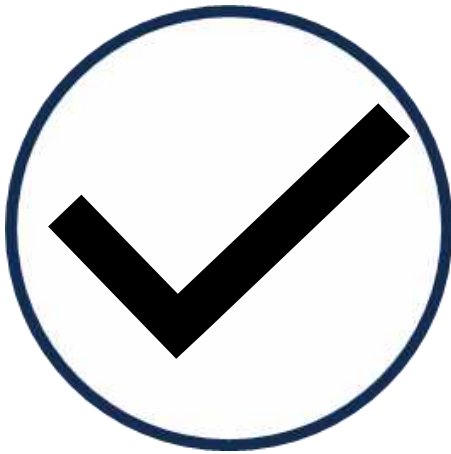


Discuss how trauma language drives our understanding and practices.



Identify best practice standards for courts to be more trauma responsive surrounding drug testing.

Objective 1



Examine the similarities and differences with trauma terminology to create a common understanding.

Let's Talk

1

Trauma

2

Trauma-Centered

3

Trauma-Informed

4

Trauma-Responsive

5

Generational Trauma

6

Secondary Trauma/Vicarious Trauma

Trauma Types Defined

- Trauma: can be defined as any event that poses a threat to our life or body (frightening, dangerous, violent).
- **Trauma-Informed**: AWARENESS of the consequences of trauma and how survivors may respond to words and actions. Foundation to change.
- **Trauma-Responsive**- ADAPTING responses along with systems that meets the unique needs of those who have experienced trauma. Action taking knowledge to care.
- Generational Trauma – consequences of economic, cultural, and familial distress that gets passed down through generations and is sustained systemically.
- Secondary Trauma/ Vicarious Trauma- emotional responses to the exposure of someone else's trauma.

Informed To Responsive...

Trauma-Informed: AWARENESS of the consequences of trauma and how survivors may respond to words and actions. Foundation to change.

Trauma-Responsive: ADAPTING responses along with systems that meets the unique needs of those who have experienced trauma. Action taking knowledge to care.



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Informed To Responsive

Trauma-Informed

- Creates the **foundation** for understanding and working with trauma
- Creates **awareness**
- Integrated in procedures, policies, environment, and culture to create safety
- Takes into account experiences both past and present
- Creates understanding that trauma impacts behavior

Trauma-Responsive

- Uses foundational principles to turn awareness to action
- Application and incorporation in action directly to persons and systems
- Creates sustainability and safety in real time

Awareness



Action

Practices are built with the human experience in mind. Your own personal experiences are integral, but shouldn't dictate the level that you can be compassionate.



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Being Trauma-Responsive Requires A Level of Compassion.



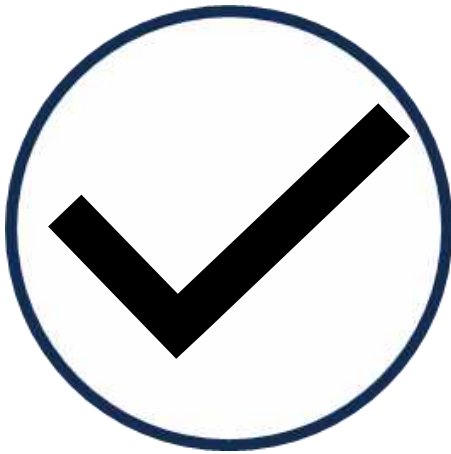
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Objective 2



Discuss how trauma language drives our understanding and practices.

Language → Behavior → Practice

The world of corpus linguistics analyzes language for patterns and how it corresponds with behaviors.

How we understand language impacts our behavior.

Misunderstanding of key terms and language can negatively impact work performance, commitment, and trust in the workplace.



Informed To Responsive

Trauma-Informed

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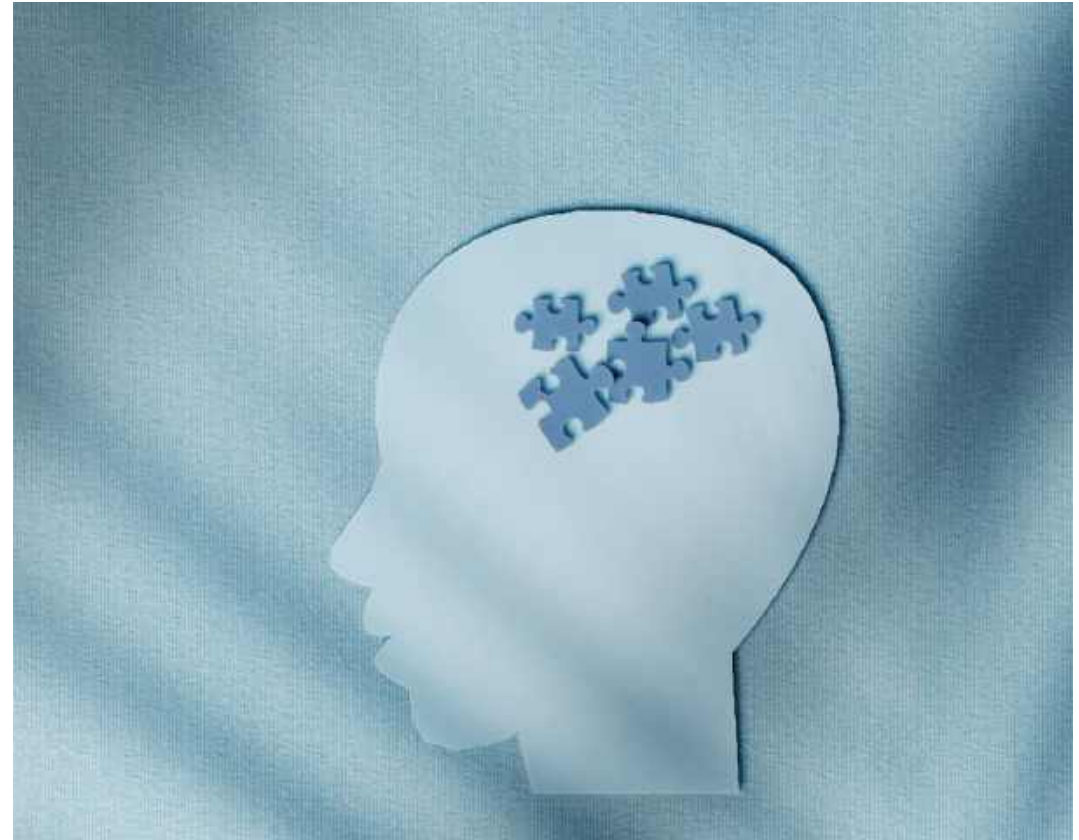
Thinking Traps

We create meaning constantly. There are times we solidify meaning around repeated situations and that excludes us from thinking about it any other way.



We ALL Get Trapped

Where Does Yours
Happen?



The Importance of Effective Response

- Our brains are wired to make sense of what we observe.
- Bias and judgement are inherent as humans due to cognitive categorization.
- Automatic thoughts and actions are not always accurate and need to be checked.
- Ineffective responses will not render positive outcomes.

Be patient and accepting with yourself, but remain curious.

The Importance of Effective Response



Objective 3



Identify best practice standards for courts to be more trauma responsive surrounding drug testing.



Being trauma-informed aims at prevention, but you can't account for it all.



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Re-traumatization

- Reliving a prior experience (no matter the timeline)
- Predictable or out of the blue (planned for or surprising)
- Our nervous systems are stamped- they know
- Post trauma experiences are managed mostly
- Scent, color, voices, tones, mannerisms, behaviors, lighting, memories, similar interactions, similar relationships
- **People don't want to relive these experiences**



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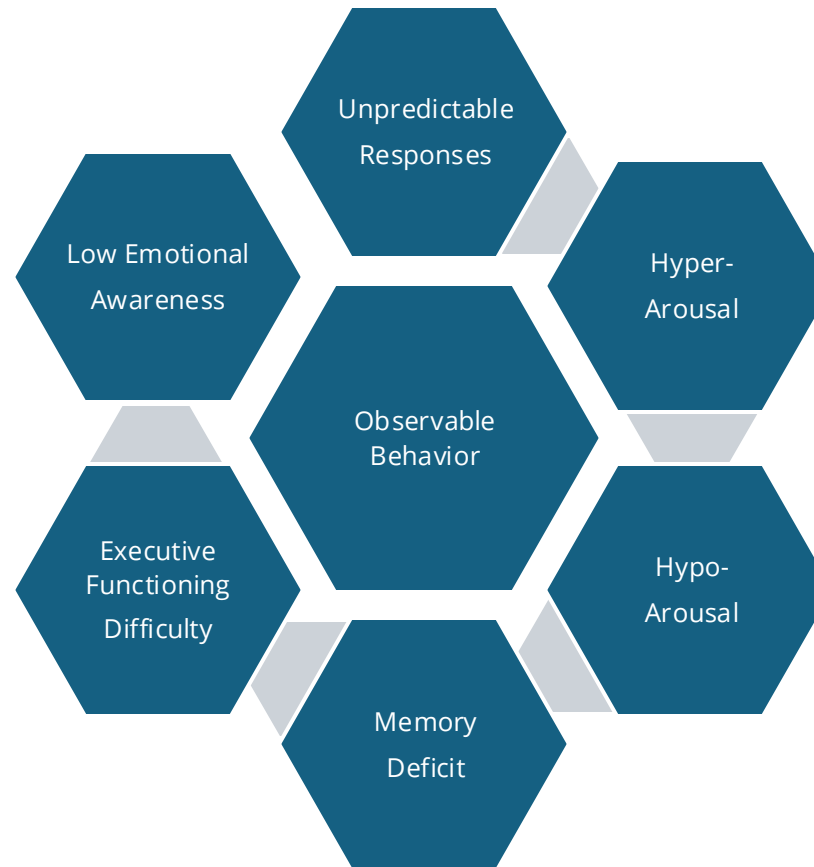
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PTSD or PTSD (type) Observations



Other Observable Behaviors To Spark Curiosity

- Showing up late
- Talking out of turn
- Frequent Interruptions
- Refusal to listen or comply
- Reactions not matching the situation (e.g. laughing, crying)
- Avoiding eye contact
- Being argumentative
- Flat affect or appears emotionless
- Frequent “I don’t know” responses
- Rapidly shifting the body back and forth
- Refusing to follow recommendations
- Not showing up for appointments

There is Power in Simplicity

1. Make them feel heard- *"I understand this feels really uncomfortable."*
2. Create safety- *"Let's work together to find a way to do this differently."*



Helpful Tips

Over 80% of youth in delinquency/child welfare have been trauma exposed

Children become adults


New data reflect 90%

Research has found that girls are 2x's as likely to have experienced sexual abuse

Behavior is communication


4 x's more likely to experience sexual assault

BIG 3



Youth and
Person-
Centered

- Develop and ensure a safe testing environment
- Focus on least invasive methods
- Familiar with research around identity groups and trauma prevalence



Emphasis on the
Therapeutic
Alliance

Trauma-Informed Approaches

- ✓ Oral swabbing
- ✓ Unobserved testing
- ✓ DNA-verified urine screens
(reduces intrusiveness)
- ✓ Person-choice if hair, blood, or
patch testing is required
- ✓ Testing at home or workplace
- ✓ Trauma-informed language usage
training (justifications, rationale)
- ✓ Focus on privacy and dignity

DNA-Matched Urine and Oral Fluid Collection

- ✓ Reduces stress
- ✓ Reduces re-traumatization
- ✓ Provides empowerment
- ✓ Protects dignity and privacy
- ✓ Provides compassionate care
- ✓ Reduces shame and embarrassment
- ✓ Reduces time and burnout

Now, To The Innovators

What Are We Doing in
Washington?





What Are We Thinking...



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Slido: Just ONE Thing



Thank You

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Inside-Outside Work As Best Practice

Secondary/Vicarious Trauma:
emotional responses to the
exposure of someone else's
trauma.

“The expectation that we can be
immersed in suffering and loss daily
and not be touched by it is as
unrealistic as expecting to walk
through water without getting wet.”

~Rachel Remen (1996)

Inside-Outside Work As Best Practice

“ As presiding judge of the Pima County Juvenile Court, I had led the effort to transform our court into a trauma-responsive one. I required everyone working at the court to learn about vicarious trauma before they were trained about the trauma affecting our consumers. So how could I have been so affected by something that had happened two years earlier? I did this work for more than three decades without flinching. It wasn't that the work didn't affect me; it profoundly affected me. But I had taught myself how to manage it.

Or so I thought before reporting for jury duty that day.

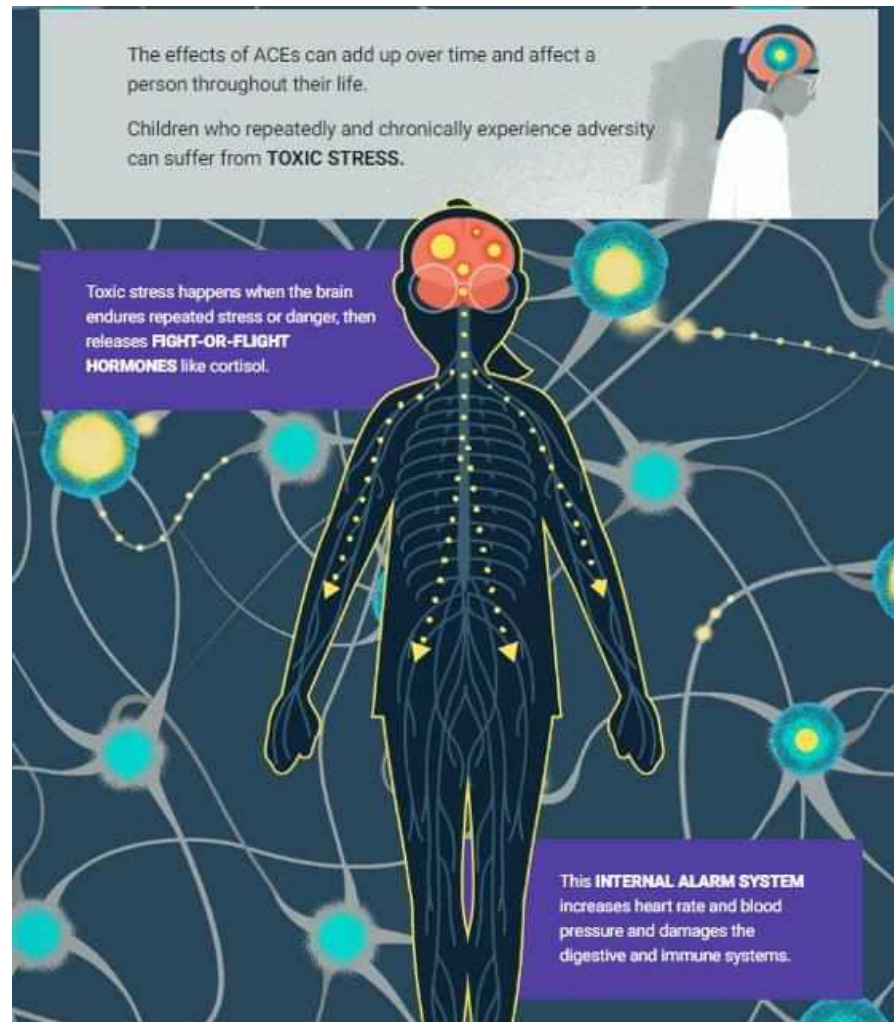
Vicarious trauma is real. It can affect anyone who encounters those who have suffered trauma of any kind, from auto accidents to child abuse to serious medical conditions. Law enforcement officers, doctors, nurses, child-welfare investigators, firefighters, and other first responders are the most obvious potential victims of vicarious trauma.

What isn't so obvious is what happens when, day after day and case after case, a judge is required to hear about terrible things that happen to people but cannot respond physically or emotionally in a naturally human way.”

-Judge Karen Adam

The Price I Paid for Being a 'Good Judge'

Early Childhood, Trauma, and the Brain



Toxic stress can disrupt ORGAN, TISSUE, AND BRAIN DEVELOPMENT.

Over time this can limit a person's ability to process information, make decisions, interact with others, and regulate emotions. These consequences may follow a person into adulthood.



Toxic stress is engrained in systems of oppression.

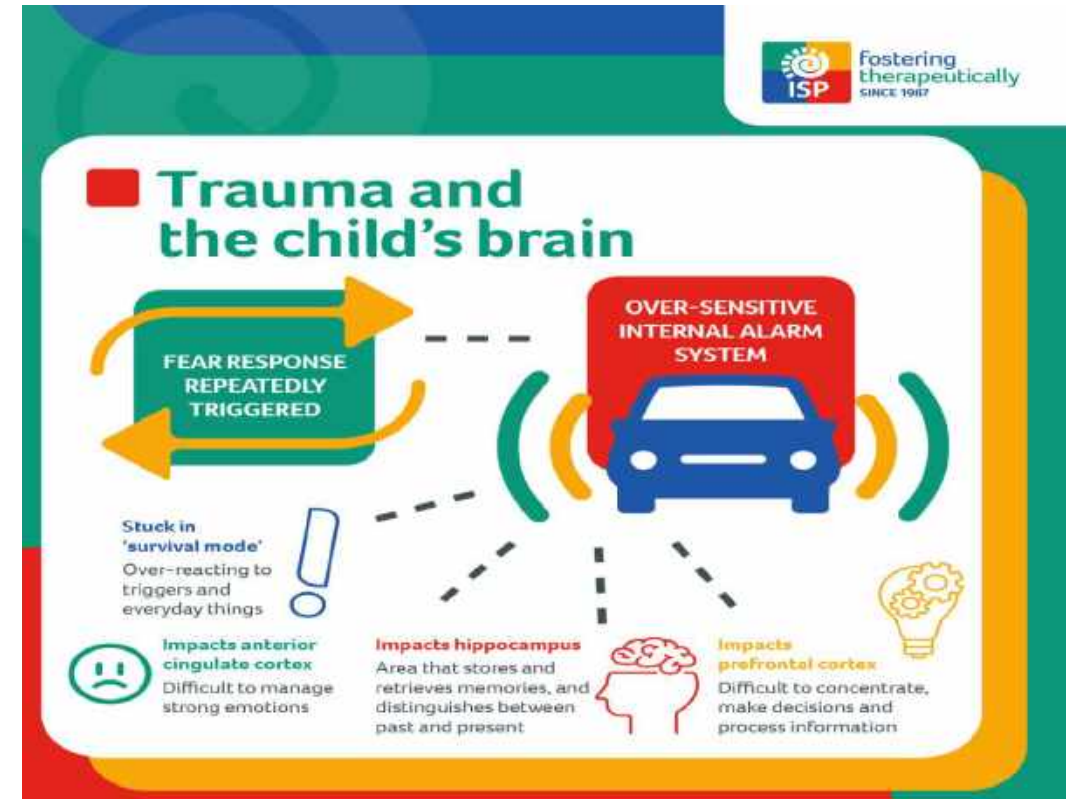
Source: <https://vetoviolence.cdc.gov/apps/aces-infographic/>

Early Childhood, Trauma, and the Brain

A child who is exposed to trauma over time, such as abuse and neglect experiences a rewiring of the brain which adapts to “thinking” it is always in danger.

“Research and clinical experience demonstrate that a baby’s earliest relationships and experiences with their parents and other caregivers dramatically influences brain development, social-emotional and cognitive skills, and future health and success in school and life.”

Source: <https://www.zerotothree.org/why-0-3/>



Source: <https://ispfostering.org.uk/childhood-trauma-brain-development/>

Early Childhood, Trauma, and the Brain

Children aged 0-2 exposed to trauma may	Children aged 3-6 exposed to trauma may
<ul style="list-style-type: none">• Demonstrate poor verbal skills• Exhibit memory problems• Scream or cry excessively• Have poor appetite, low weight, or digestive problems	<ul style="list-style-type: none">• Have difficulties focusing or learning in school• Develop learning disabilities• Show poor skill development• Act out in social situations• Imitate the abusive/traumatic event• Be verbally abusive• Be unable to trust others or make friends• Believe they are to blame for the traumatic event• Lack self-confidence• Experience stomach aches or headaches

Source: <https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma/effects>

What Do We Do Now?

Trauma-responsive approaches-
let's hear it!



slido



What type of trauma-responsive supports do you use?

① Start presenting to display the poll results on this slide.

Early Childhood Trauma-Responsive Supports



- ✓ Children in court (direct observations)
- ✓ Children in court (practice parenting skills)
- ✓ Time certain calendaring (routines)
- ✓ Mitigate continuances (time in infant years is of the utmost importance)
- ✓ Frequent and consistent meetings

Early Childhood Trauma-Responsive Interventions

- One of the most important factors is a caring, positive, and protective caregiver.
- Communicate expectations in court to caregivers prior to, to reduce surprises that result in stress
- Routines in court to reduce stress
- Holding the baby in court





QUESTIONS EVERY JUDGE AND LAWYER SHOULD ASK ABOUT INFANTS AND TODDLERS IN THE CHILD WELFARE SYSTEM BENCH CARD

PHYSICAL HEALTH

- Has the child received a comprehensive initial health assessment and ongoing health assessments? Were referrals generated or services initiated based on the identified deficits of the health assessment?
- Are the child's immunizations complete and up-to-date for his or her age?
- Has the child received hearing and vision screening? Has the child received regular dental screening and follow-up services? Has the child been screened for lead exposure? Communicable diseases? Do the current caregivers have the results of these screens and know how to follow up?
- Does the child have any allergies? Birth defects?
- Is the child receiving any over-the-counter or prescription medications, vitamins, or supplements?
- Does the child have a "medical home" coordinating comprehensive, continuous health care? Is medical information accessible to parents, caregivers, and providers?
- What type of medical and dental insurance does the child have? Is it sufficient? Do the parents have medical and/or dental insurance?
- How will the need for emergency care be met? Who are the people and/or agencies that can authorize care if a parent cannot be reached?
- Does the parent or caregiver have any concerns about the child's health or development?
- How is the agency or the foster placement assisting parents with participating in medical appointments?



This bench card is intended to accompany *Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System Technical Assistance Brief*.

NCJFCJ and ZERO TO THREE

DEVELOPMENTAL HEALTH

- Has the child received a developmental evaluation by a provider with experience in child development?
- Are the child and his or her family receiving necessary early intervention services, e.g., speech therapy, occupational therapy, education interventions, family support?
- Does the child have a consistent routine (for eating, bedtime, medications, etc.) and has the parent shared that information with the caregiver? How much time does the child spend watching TV or playing video games? How much time is spent reading to the child?
- How can the parent or caregiver be supported in creating a consistent routine for the child? How are the parents and caregivers communicating changes in routine and the child's preferences?

implemented? What additional interventions are being used? How is it being monitored? Are any of the prescribed medications secondary to ameliorate the side effects of a primary medication?

FETAL ALCOHOL SPECTRUM DISORDERS (FASD)

- Is there any evidence to suggest that the mother of the child drank alcohol or used drugs during pregnancy?
- Has the child been assessed for fetal alcohol spectrum disorders?
- If FASD is indicated, what services are being offered to the child and caregivers?

EXPOSURE TO DOMESTIC VIOLENCE

- Has the child been exposed to domestic violence? What are the consequences of the violence exposure for the child?
- Has an assessment been initiated or mental health services provided to the child exposed to domestic violence?
- Can the child be kept safe and together with the non-offending parent?
- Is there a safety plan in place to address domestic violence concerns related to the family, co-parenting, and visitation?

MENTAL HEALTH

- Has the child received a mental health screening, assessment, or evaluation?
- Is the child receiving necessary infant or early childhood mental health services?
- Is the child receiving any psychotropic medications? Has the reason for the medication been explained to the parent? Has a behavioral intervention been

This bench card is intended to accompany *Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System Technical Assistance Brief*.

TRAUMA AND PARENTING

- Has a parent experienced unusual challenges related to poverty, childhood abuse, interpersonal violence, substance abuse, and mental health disorders?
- What additional services or assistance does the parent need in order to achieve reunification?
- Who does the parent depend on when he or she needs support or help?
- If the parent suffers from a mental health problem, has he or she had a psychological or psychiatric evaluation? Is the parent attending therapy sessions on a regular basis? If the parent is on medication, is he or she taking it as prescribed?
- Does the parent/caregiver use alcohol and/or illegal drugs? If so, when was the last time he or she used drugs? Is the parent attending a drug rehabilitation program?
- How has the parent made the home safe for the child?

(To the parent) Tell me about your last visit with (child's name). What did you do together?

EDUCATIONAL/ CHILD CARE SETTING

- Is the child enrolled in an early childhood program that supports both cognitive and social/emotional development? If so, how many hours per week does the child attend? Is the schedule consistent? Does the program include a family component?
- Does the staff have a working knowledge of trauma-informed practices as they relate to children in child welfare in order to minimize or eliminate changes in the child care or educational setting and support the child and the family?

PLACEMENT

- Is the child placed with caregivers knowledgeable about the social and emotional needs of infants and toddlers in out-of-home placements, especially young children who have been abused, exposed to violence, trauma, neglect, or other adverse experiences?
- Do the out-of-home caregivers have access to information and support related to the child's unique needs?
- Are the out-of-home caregivers able to identify problem behaviors in the child and seek appropriate services?

This bench card is intended to accompany *Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System Technical Assistance Brief*.

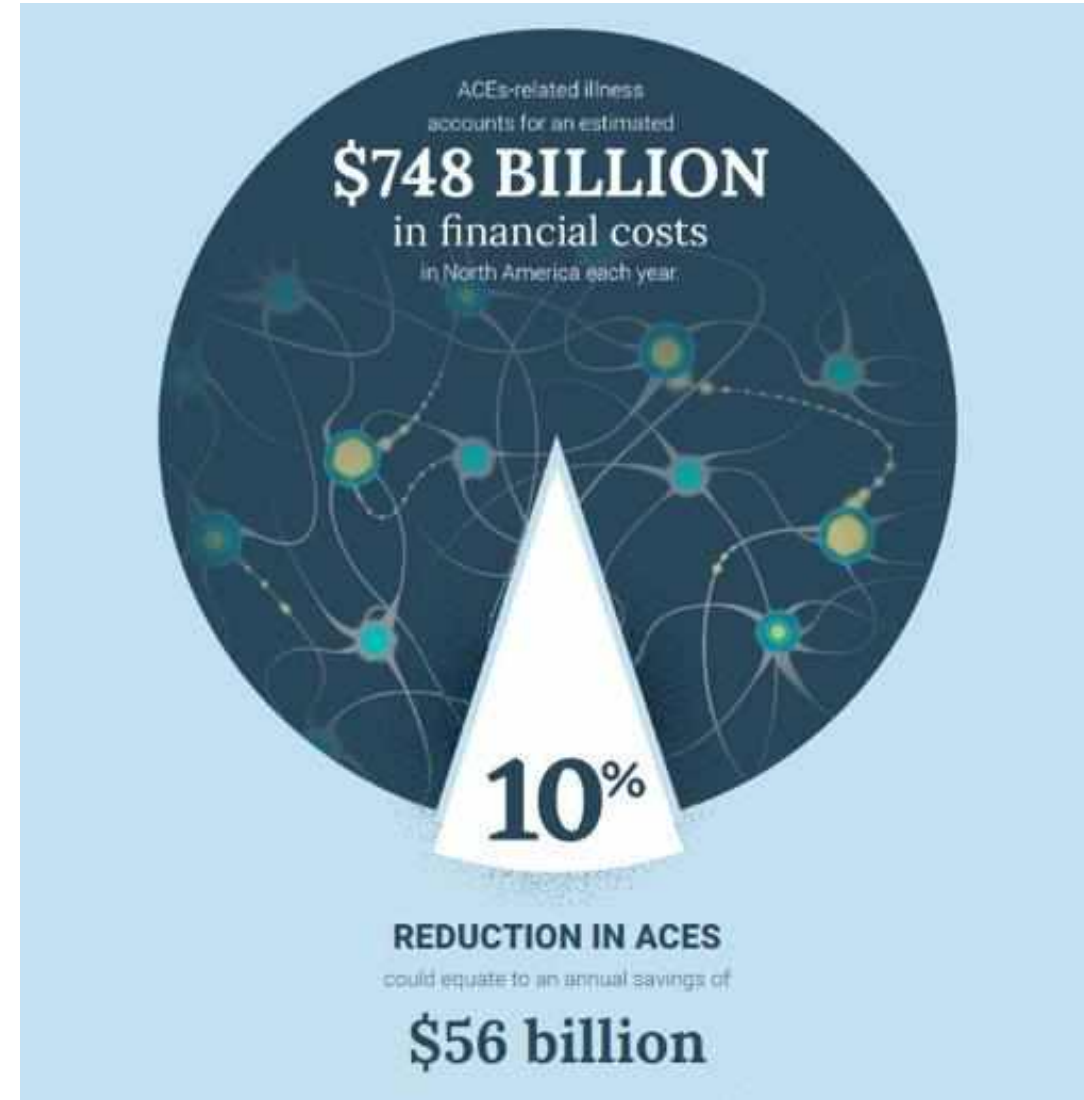
Prevention Supported by Science

- Aligning policies and practices
- Prioritizing safety
- Predict outcomes and address triggers
- Educate
- Build trust
- **Implement culturally competent strategies- ask, listen, LEARN, and challenge your own biases**
- Normalize



What if We Don't Intervene?

- Decreased life expectancy by 20 years
- Anxiety
- Depression
- PTSD
- Insomnia
- Mood Disorders
- SUD
- Eating Disorders
- Heart Disease
- Cancer
- High Blood Pressure



Source: <https://vetoviolence.cdc.gov/apps/aces-infographic/>

Prevention Means Health



Source: <https://vetoviolence.cdc.gov/apps/aces-infographic/>

Beyond EAP

- Must be supported as a whole, especially by leadership!
- Safe spaces to debrief
- Trusted colleagues to process with
- Felt-sense to take care of oneself
 - Breaks
 - Coverage
 - Time Off
 - Request for Accommodation
- Personal responsibility
 - Journaling
 - Hydration
 - Reduce Caffeine and Alcohol
 - SLEEP
 - Exercise
 - Protein
 - Reduce Screen Time
 - Grounding
 - Be Honest with Yourself
 - Awareness is the catalyst to healing

NCJFCJ and ZERO TO THREE

- Trauma Audit Process
 - 3 Day Process
 - Interviews and Data Collection of Court Team
 - Environmental Audit
 - Court Observations
 - Immediate Judicial Debrief
 - Report/Recommendations/Debrief
 - Follow Up/Supports

What Are We Thinking?

