

SUBSTANCE USE RESPONSE CHECKLIST

Participant Information

Name: _____ Date: _____

Immediate Response

Aligned with your organization's policies, ensure participant is safe.

- If acutely intoxicated and there are concerns about medical stability, support participant in receiving medical clearance via ER or getting current UDS/vitals at a CRC/Assessment Center.
- If clinically indicated, request alternate level of care (withdrawal management, etc.).
- If intoxicated and no acute medical concerns, put plan in place for additional support and monitor the person's condition until improvement is observed (e.g., person may stay in common area with staff check-ins every 30 minutes).

Aligned with your organization's policies, ensure community is safe.

- Search for contraband/paraphernalia in a person-centered way.
- Check-in with members, staff, and others who may be upset by the situation. Help them process emotions related to the event. Validate their emotions and maintain a neutral stance to model non-judgmental approach.
- Offer support and opportunities for skill building to impacted individuals as it relates to their own coping skills.

Stabilization

Welcome participant back.

- Emphasize non-judgement.
- Allow for some time to rest (particularly if the person was out on a binge or is not feeling well physically from the lapse).
- Self-assess for any emotional responses you or other staff may be experiencing, seek support from supervisor to process thoughts/emotions.
- Promote resiliency and emphasis on strengths.

Treatment Intervention

- Return to earlier treatment phase for greater therapist access and increased treatment (Orientation/Stabilization).
- Determine length of time for stabilization period (e.g., 1 week, 2 weeks) and communicate this to participant.
- Allow for a brief period of time to rest (particularly if the person is not feeling well physically from the lapse).



- Conduct chain analysis of events leading to relapse.
 1. Vulnerability
 2. Prompting Event
 3. Links
 4. Problem Behavior
 5. Consequence
- Identify components of the relapse.
 - Emotional
 - Cognitive
 - Physical
- Identify member's current stage of change.
- Tailor interventions and assignments to the person's current stage of change.
- Evaluate current treatment plan and develop a therapeutic agreement; collaborate with member to adjust treatment plan.
 - Identify progress.
 - Identify specific services that are needed/wanted.
 - Identify realistic/attainable goals. (Keep it concise and clear; avoid setting too many goals at one time.)
 - Identify what the program/staff will do differently to support the person (e.g., putting someone on "restriction" is not a stand-alone response; what other supports/therapeutic interventions are we putting in place to help the person learn skills?)

Community Reintegration

- Create safety in the house/community with trauma-informed focus.
- If person is comfortable and the community is receptive, encourage member to share their experience in group.
- In a safe and contained space with only key staff and other members, facilitate respectful, healing dialog (no shaming or disrespectful discussions) about how new use affects the entire community.
- Use experience as teaching moment for community and member on relapse prevention, resiliency, and skill building.
- Emphasize natural consequence, not punishment. Be aware of and prevent punitive responses.

Further Intervention (If Necessary)

- If use continues, refer to New Use Protocol for procedures.
- Reach out to Journey of Hope leadership and your agency's leadership to discuss discharge.
- If discharge is necessary, ensure secure aftercare plan is in place, including residential placement and continuity of treatment. Discharges to the street are not appropriate.