SUBSTANCE USE TREATMENT, HARM REDUCTION, & RECOVERY SYSTEMS PROTOCOL

Trauma-Informed Organizational Assessment: Substance Use & Recovery Programs

Institutional Self-Audit for Detox, Residential SUD, Outpatient/IOP, MAT, and Peer Recovery Settings

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> **Substance Use & Recovery Program Scope:** Trauma exposure and substance use disorders frequently co-occur, as alcohol and drugs often function to regulate hyperarousal, numbing, sleep disruption, and relational pain **(SAMHSA, 2014a; SAMHSA, 2020)**. Traditional confrontational tactics, punitive urine drug screen (UDS) discharges, and rigid compliance rules can inadvertently recreate coercion and trigger treatment dropout. Readiness requires physical and psychological safety, non-punitive recurrence responses, integrated trauma/SUD care, and recovery empowerment **(SAMHSA, 2014b)**.

Program / Agency Name & Level of Care: _____	**Assessment Date / Review Cycle:** _____
Clinical / Program Director & Assessment Lead: _____	**Populations Served (Youth/Adult, MAT, Recovery Housing):** _____

Part 1: Recovery Program Self-Audit Standards & Core Principles

1. **Include All Program Roles & Lived-Experience Voices:** Conduct the review with clinical counselors, medical/MAT prescribers, nursing, intake/front-desk staff, overnight recovery technicians, certified peer recovery specialists, and program alumni.
2. **Replace Confrontational & Punitive Practices with Relational Safety:** Audit drug-testing procedures, intake searches, attendance rules, and discharge criteria to ensure recurrence of substance use is met with clinical reassessment rather than shaming or immediate expulsion.
3. **Honor Multiple Pathways of Recovery & Bodily Autonomy:** Ensure participants have genuine voice in treatment goals, medication decisions (MOUD/MAT), and pacing of trauma work without forced narrative disclosure.

Part 2: Substance Use & Recovery Readiness Indicators

Evaluate each indicator across all shifts and service lines. Mark **Met** (consistent program-wide practice), **Dev** (developing / inconsistent across staff), **Gap** (priority institutional gap), or **N/A**.

Trauma-Informed Recovery Standard & Verification Focus	Met	Dev	Gap	N/A
Domain 1: Physical, Sensory, & Psychological Safety in Intake and Milieu				
1.1 Dignity-Preserving Intake, Searches, & Drug Testing: Urine drug screens (UDS), breathalyzers, and belonging checks are conducted privately using trauma-informed, non-observed alternatives whenever clinically appropriate, with clear explanation and consent. Prevents invasive bodily triggers and shame responses for survivors of sexual, physical, or institutional trauma.	☐	☐	☐	☐

Trauma-Informed Recovery Standard & Verification Focus	Met	Dev	Gap	N/A
1.2 Non-Punitive Recurrence & Retention Protocol: Return to substance use or missed appointments triggers collaborative safety planning, harm-reduction support, and level-of-care adjustment rather than automatic administrative discharge. Recognizes recurrence as an expected clinical signal rather than moral failure; avoids abrupt discharge into overdose risk.	☐	☐	☐	☐
1.3 Calming Physical Environment & De-Escalation Standards: Waiting areas, group rooms, and residential spaces offer predictable routines, low-stimulation sensory options, and non-coercive de-escalation rather than punitive isolation or security escalation. Reduces hypervigilance and autonomic nervous system activation across clinical and common spaces.	☐	☐	☐	☐
Domain 2: Integrated Trauma & Co-Occurring Clinical Care				
2.1 Universal Trauma Screening & Phased Stabilization: Staff screen gently for trauma history, intimate partner violence, trafficking, and disordered eating using validated, non-intrusive workflows, prioritizing present-focused grounding and coping skills before trauma processing. Prevents premature trauma retelling during early withdrawal or stabilization when relapse vulnerability is highest.	☐	☐	☐	☐
2.2 Barrier-Free Medications for Opioid & Alcohol Use Disorder (MOUD/MAUD): Participants have timely, stigma-free access to buprenorphine, methadone, naltrexone, and naloxone without arbitrary tapering mandates or exclusion from groups/housing. Supports physiological stabilization and overdose prevention as foundational elements of trauma-informed care.	☐	☐	☐	☐
Domain 3: Choice, Collaboration, & Peer Recovery Empowerment				
3.1 Shared Decision-Making & Multiple Recovery Pathways: Individualized recovery plans reflect participant-defined goals (abstinence, harm reduction, wellness, parenting, employment) and eliminate confrontational "breaking down denial" group models. Restores personal agency and self-efficacy eroded by trauma and addiction.	☐	☐	☐	☐
3.2 Integrated Peer Recovery Specialists & Participant Advisory Voice: Certified peer recovery specialists are equitably compensated and integrated into care teams, and current/former participants shape program rules through regular feedback councils. Grounds recovery services in mutuality, lived-experience hope, and authentic organizational accountability.	☐	☐	☐	☐
Domain 4: Cultural Responsiveness, Holistic Navigation, & Workforce Sustainability				
4.1 Culturally Humble, LGBTQ+ Affirming, & Linguistically Accessible Care: Clinical materials, group offerings, and family engagement honor cultural/spiritual healing traditions, provide independent interpreters, and affirm gender and sexual diversity. Addresses historical, racial, and identity-based trauma that drives disparities in treatment retention.	☐	☐	☐	☐

Trauma-Informed Recovery Standard & Verification Focus	Met	Dev	Gap	N/A
4.2 Warm Concrete-Needs Handoffs & Staff Secondary-Trauma Support: Case managers connect participants to safe recovery housing, childcare, and legal aid prior to discharge, while staff receive reflective supervision and overdose-grief/vicarious-trauma support. Sustains both post-discharge recovery stability and long-term counselor/peer workforce resilience.	☐	☐	☐	☐

Part 3: Substance Use & Recovery Priority Action Matrix

Recovery Readiness Domain	Readiness Tier (1–4)	Key Policy / Clinical Gap	Lead Owner & Target Date
1. Dignity-Preserving Intake & Non-Punitive Retention			
2. Integrated Trauma Stabilization & MOUD Access			
3. Shared Decision-Making & Peer Integration			
4. Cultural Humility, Housing Handoffs, & Staff Care			

Substance Use & Recovery Program Findings & 90-Day Action Plan

Practice Standards & References

1. Substance Abuse and Mental Health Services Administration (SAMHSA). (2014a). *Trauma-Informed Care in Behavioral Health Services* (Treatment Improvement Protocol [TIP] Series, No. 57). HHS Publication No. (SMA) 13-4801.
2. Substance Abuse and Mental Health Services Administration (SAMHSA). (2014b). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884.
3. Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Substance Use Disorder Treatment for People With Co-Occurring Disorders* (Treatment Improvement Protocol [TIP] Series, No. 42). HHS Publication No. PEP20-02-01-004.

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