



Understanding the Science of Addiction and Recovery

September 19, 2024



CENTER OF
EXCELLENCE
FOR BEHAVIORAL HEALTH
IN NURSING FACILITIES

Today's Event Host

Nikki Harris, MA, CBHC-BS

COE-NF TRAINING AND EDUCATION LEAD

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in psychology from the University of South Carolina, an M.A. in counseling from Webster University and is a certified behavioral specialist.



Today's Presenter

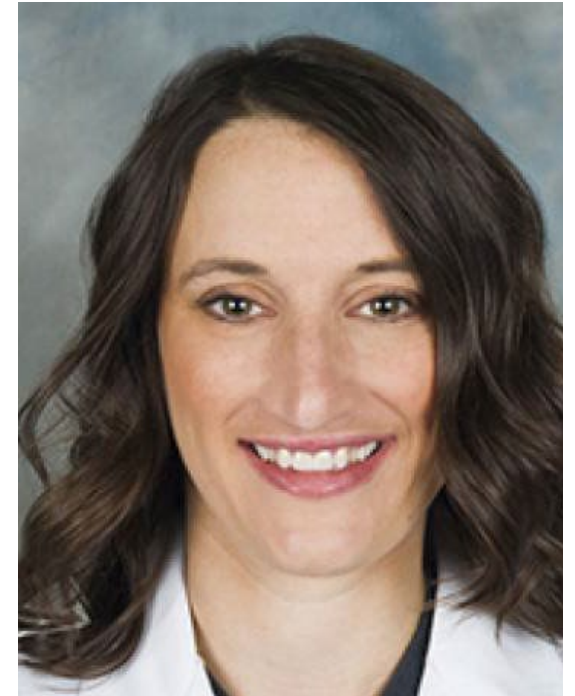
Jenn Azen, MD, MPH

- CLINICAL ASSOCIATE PROFESSOR, UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE, DEPARTMENT OF MEDICINE, DIVISION OF GENERAL INTERNAL MEDICINE
- ATTENDING PHYSICIAN, UW MEDICINE POST-ACUTE CARE SERVICE
- MEDICAL DIRECTOR, UW MEDICAL CENTER ADDICTION MEDICINE CONSULT SERVICE
- PRIMARY CARE PHYSICIAN AND PHYSICIAN EDUCATOR, UW MEDICINE PRIMARY CARE CLINICS

Dr. Azen is board certified internal medicine and addiction medicine physician who practices inpatient and outpatient addiction medicine, post-acute care, and primary care. She currently works in post-acute care with Harborview Medical Center's Bed Readiness Program where she cares for patients with social complexity including substance use disorder. She previously managed the UW Medical Center Post-Acute Care Consult Service and is now the medical director of the UW Medical Center Addiction Medicine Consult Service.

Her primary care practice is focused on medically complex and geriatric patients. She provides in-home visits to medically fragile patients in private homes, adult family homes, and assisted living.

During her career, she has focused on removing the silos within our healthcare system and better integrating care so patients can gain access to the care that best meets their needs. She believes post-acute and long-term care is vital to our health care system and believes innovation will improve patient and staff experience.



Today's Presenter

Crystal Daniel, MSW, LCDC

**REGION 6, BEHAVIORAL HEALTH SPECIALIST
CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES**

Crystal Daniel is a behavior specialist for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). She provides behavioral health and substance abuse resources, training, and technical assistance to long-term care facilities in Texas, Oklahoma, Arkansas, New Mexico, and Louisiana.

She earned her undergraduate degree in social work from Midwestern State University and completed her master's degree at the University of Texas at Arlington, focusing on addiction and community/administration. She is also a licensed substance abuse counselor with experience in nursing home facilities and geriatric psychiatric acute care settings.

A proponent of social justice, Crystal has been involved in advocacy efforts for over 12 years with the Texas Harm Reduction Alliance, working to improve the availability, accessibility, and development of overdose reversal drugs.

Additionally, Crystal contributed to the Texas Eight Exonerations case, where eight Texas death row inmates were exonerated and found innocent due to new DNA testing.



Today's Presenter

David McKay

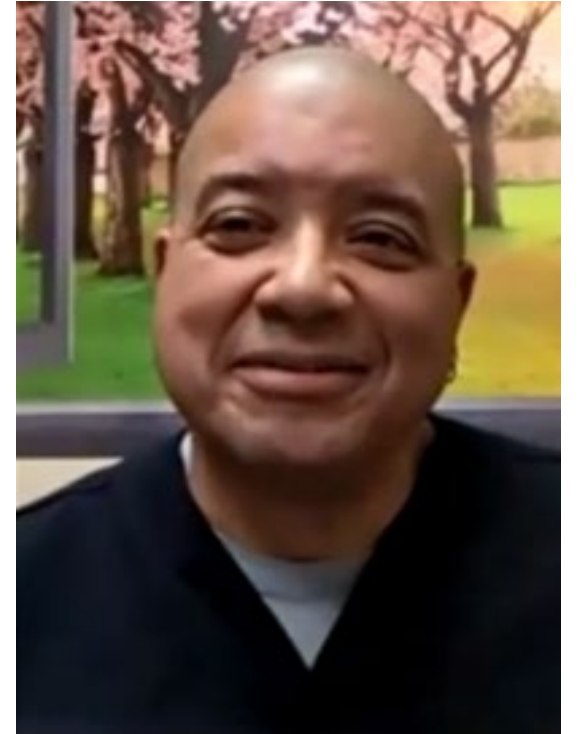
**SUBSTANCE ABUSE COUNSELOR & CHEMICAL DEPENDENCY COUNSELOR
FULTON COUNTY BEHAVIORAL HEALTH NETWORK**

David McKay is a substance abuse counselor with over a decade of experience working in both community-based and clinical settings. As the primary chemical dependency counselor for the Fulton County Behavioral Health Network's North clinic, David provides critical support to individuals with co-occurring mental health and substance abuse disorders.

With expertise in managing active caseloads, facilitating group and individual therapy sessions, and handling the comprehensive administrative duties of a counselor, David is dedicated to fostering recovery and long-term well-being.

Throughout his career, he has worked in various settings, including the Georgia Regional Hospital, the George W. Hartmann Center, and the Toxicology Associates of North Georgia. He has assisted in the development of the substance abuse group curriculum at Georgia Regional Hospital and performed detailed client assessments using tools like DAST-10 and SASSI.

Certified as a CADC II since 2015, David holds a bachelor of science degree in business/management from the University of Phoenix and completed a specialized certification in alcohol and drug counseling from Mercer University.



Financial Disclosures

CVS stockholder:

My husband is a home infusion pharmacist with CVS and participates in the employee stock plan.



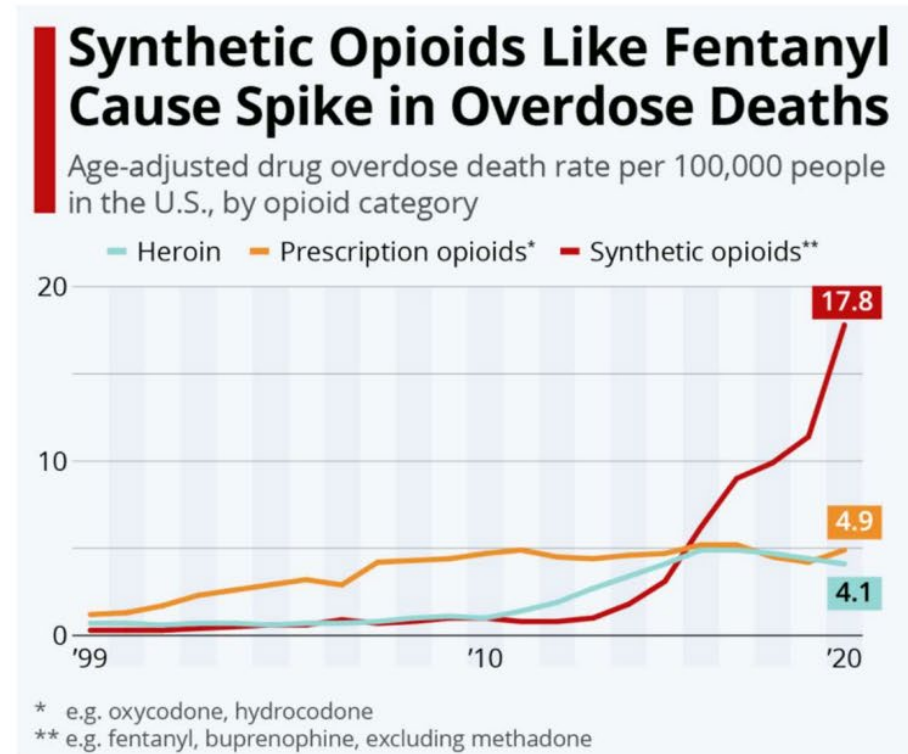
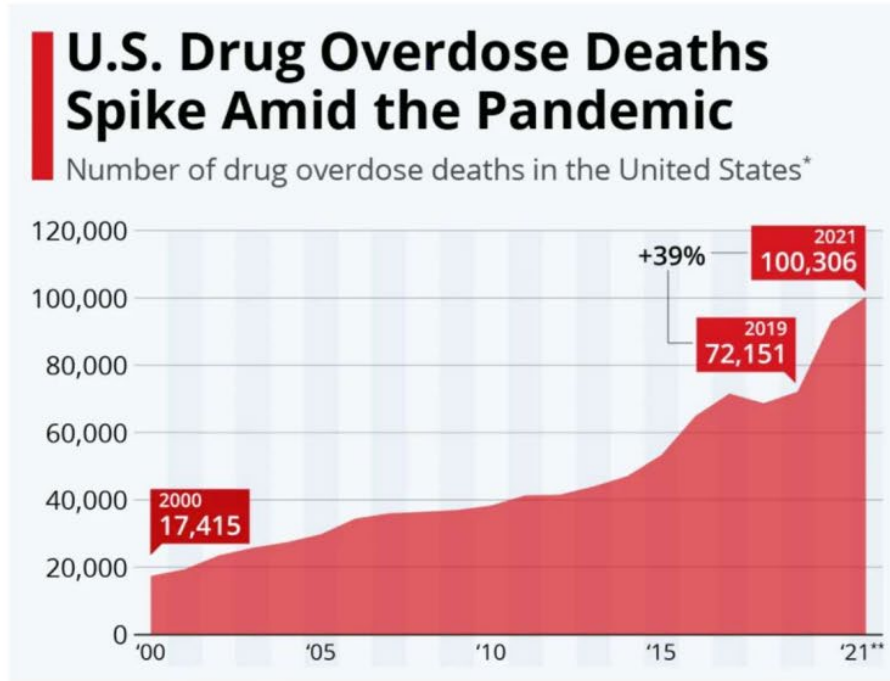
Learning Objectives

- Review Epidemiology of Substance Use Disorder
- Understand the science of addiction
- Be able to differentiate between substance use, substance dependence, and substance use disorder
- Learn language that reduces stigma and builds therapeutic alliance with residents with a substance use disorder
- Gain an understanding of treatment frameworks for substance use disorders
- Learn strategies that nursing facility staff can use in working with residents with a SUD.
- Gain an awareness that recovery is possible from an individual with lived experiences in long-term recovery.
- Gain an understanding of the Twelve Steps Recovery Program.



Diablo Lake, North Cascade
National Park, Washington

Epidemiology of Substance Use Disorder

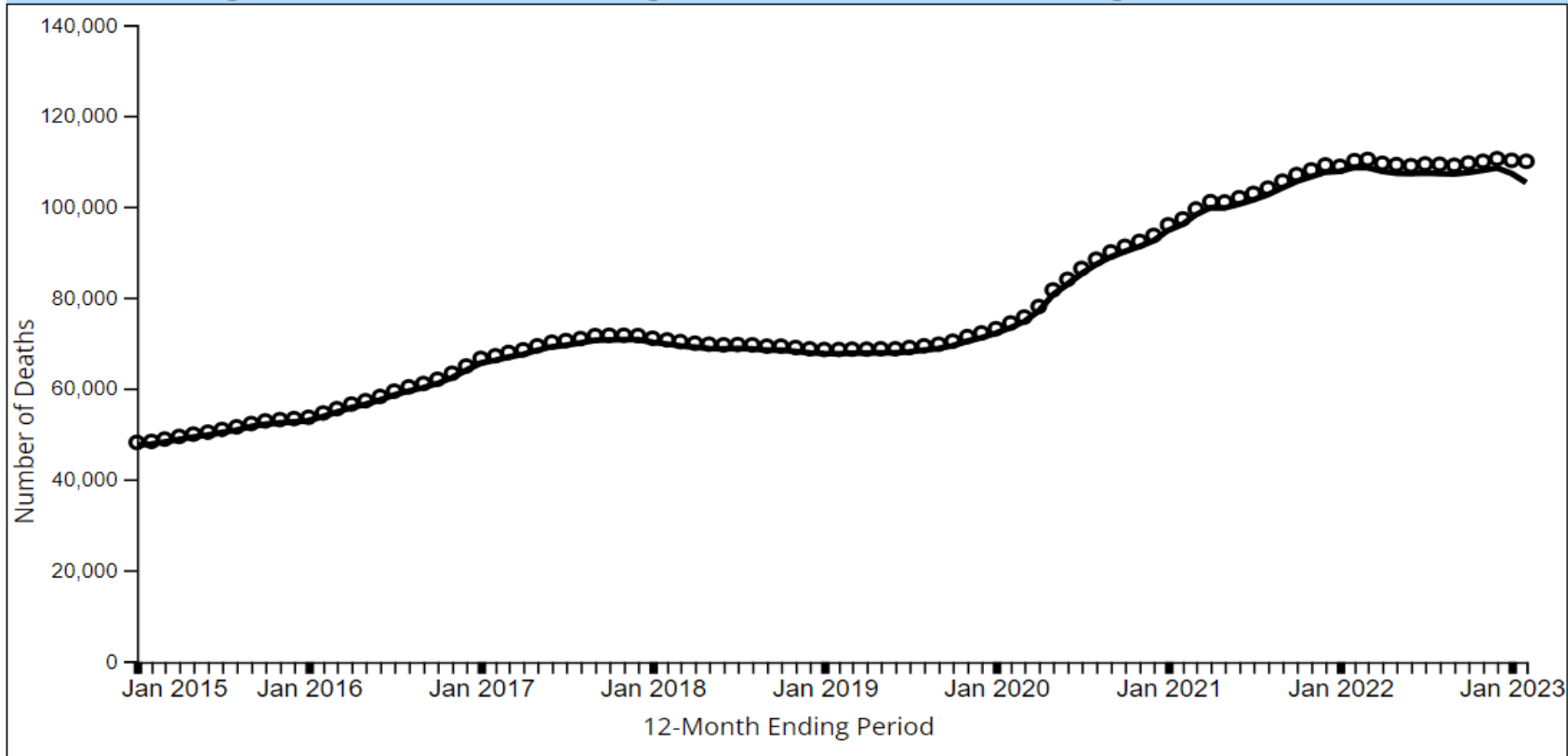


Source: CDC.gov (National Center for Health Statistics)

Epidemiology of Substance Use Disorder

Based on data available for analysis on: July 2, 2023

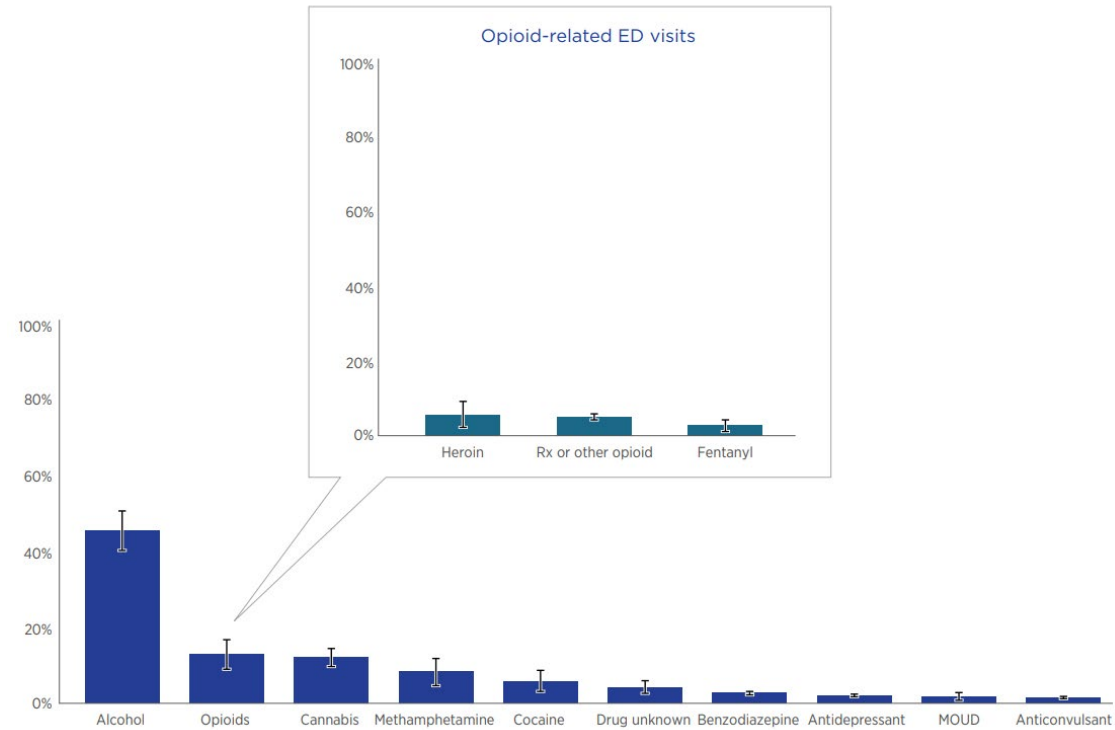
Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States



Source: SAMHSA.gov

Epidemiology of Substance Use Disorder

Figure 4.A Top ten substances involved in drug-related ED visits, 2022

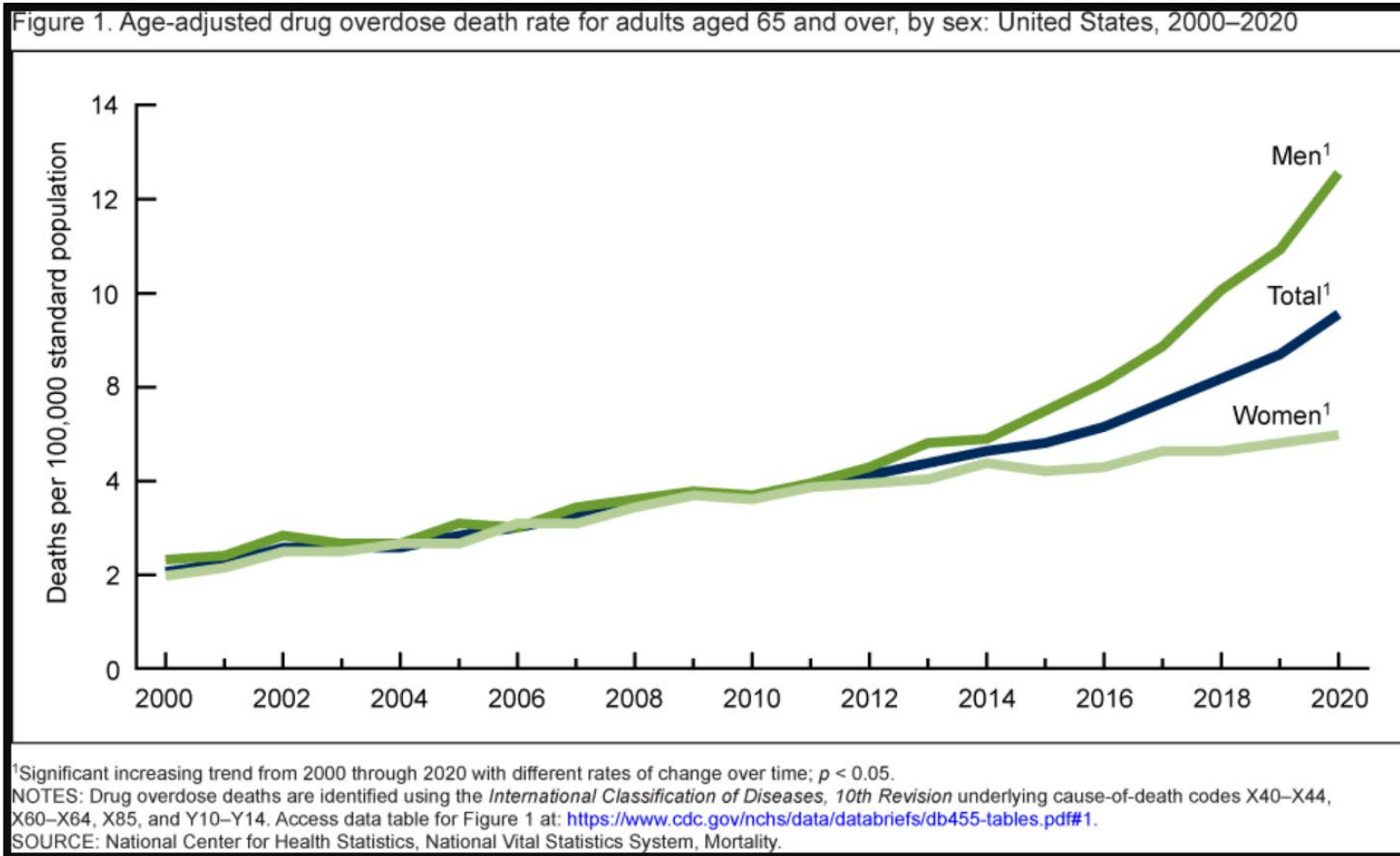


Note: Opioid includes heroin, fentanyl, and other prescription opioids. See Appendix B for other drug definitions. Multiple substances can be reported in a single ED visit, so percentages can add up to more than 100 percent.

In 2022, alcohol was the substance most reported (45.0%) in drug-related ED visits, followed by opioids (12.7%) and cannabis (12.0%). Among 4.2 percent of drug-related ED visits, an unknown drug was reported as at least one of the substances involved. Within opioids, heroin (5.6%) and Rx or other opioids (5.0%) were reported significantly more often than fentanyl (2.7%).

Source: SAMHSA.gov

Epidemiology of Substance Use Disorder



Barriers to Residents with SUD in Healthcare



Community

Access to substance use treatment is limited
Avoidance due to poor treatment
Missed/delayed diagnosis



Hospital

Difficulty with pain management
Perceived and actual biased treatment by staff and providers



Post-Acute & Long-Term Care

Stated discrimination (admission refusals)
Limited SUD formalized training for staff
Limited access to medication assisted treatments

87% of people with an opioid use disorder (OUD) living in the United States do not receive treatment.

How do we get to a better place?



My niece in West Texas

- Understand substance use disorder as a disease.
- Understand the components of SUD treatment.
- Meet people where they are in their recovery.
- Lead with compassion and kindness.
- Understand their goals.
- Guide with boundaries.

Substance Use vs Substance Use Disorder

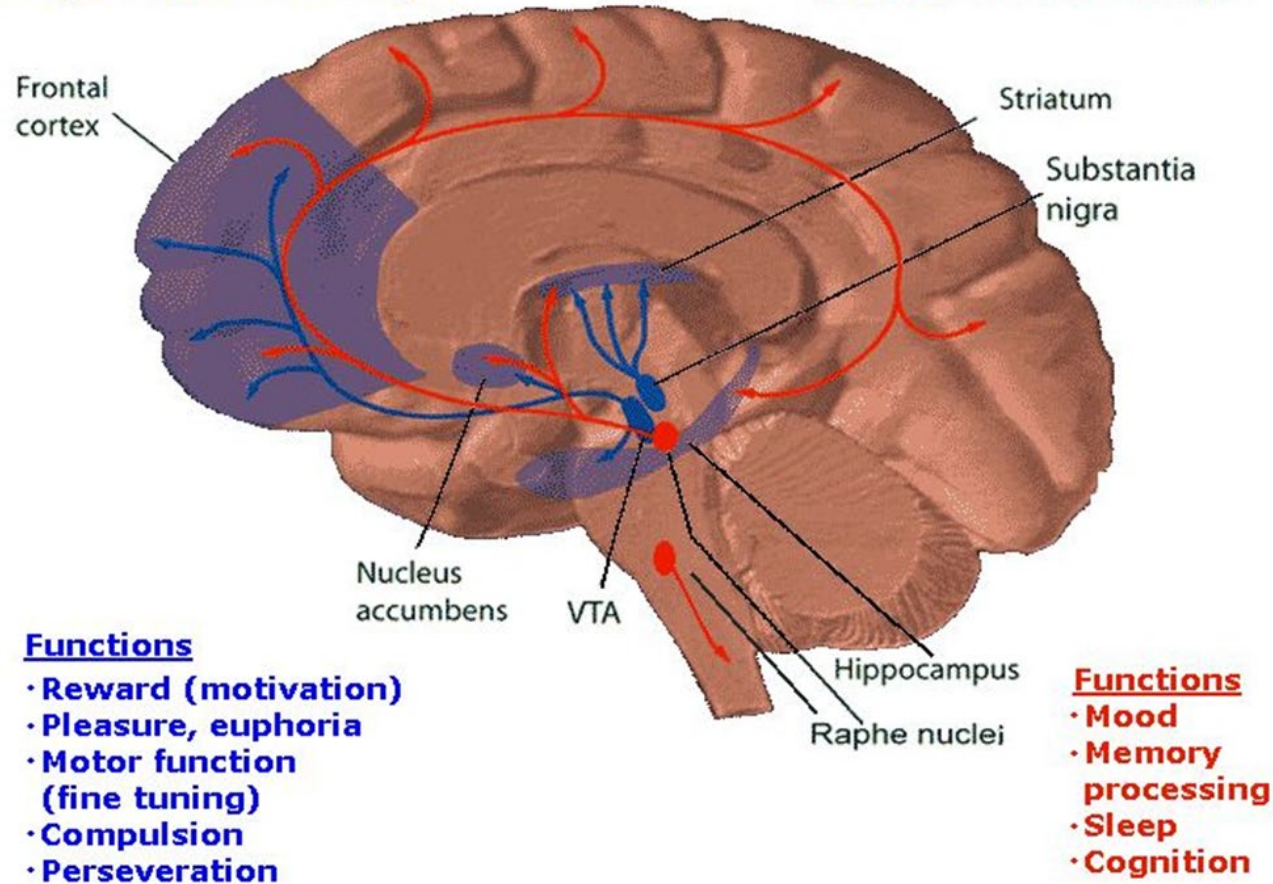
- Not all substance use leads to disordered use, even if there is dependence.
- DSM has diagnostic criteria for substance use disorder

Loss of Control	Social Impairments	Health Impairments	Pharmacology
Use of substances in increased amounts or for longer than intended	Interference of substance use with social obligations	Continued use in physically hazardous situations (driving)	Need to increase use to achieve same effect (tolerance)
Persistent wish or unsuccessful attempt to cut down or control substance use	Continued use despite interpersonal or social problems (legal, loss of relationships)	Continued use despite psychologic or physical problems	Withdrawal of substances
Excessive time spent to obtain, use, or recover from substances	Elimination or reduction of important activities due to substances		
Strong desire or urge to use substances			
SEVERITY	MILD: 2-3 components	MODERATE: 4-5 components	SEVERE: 6+ components

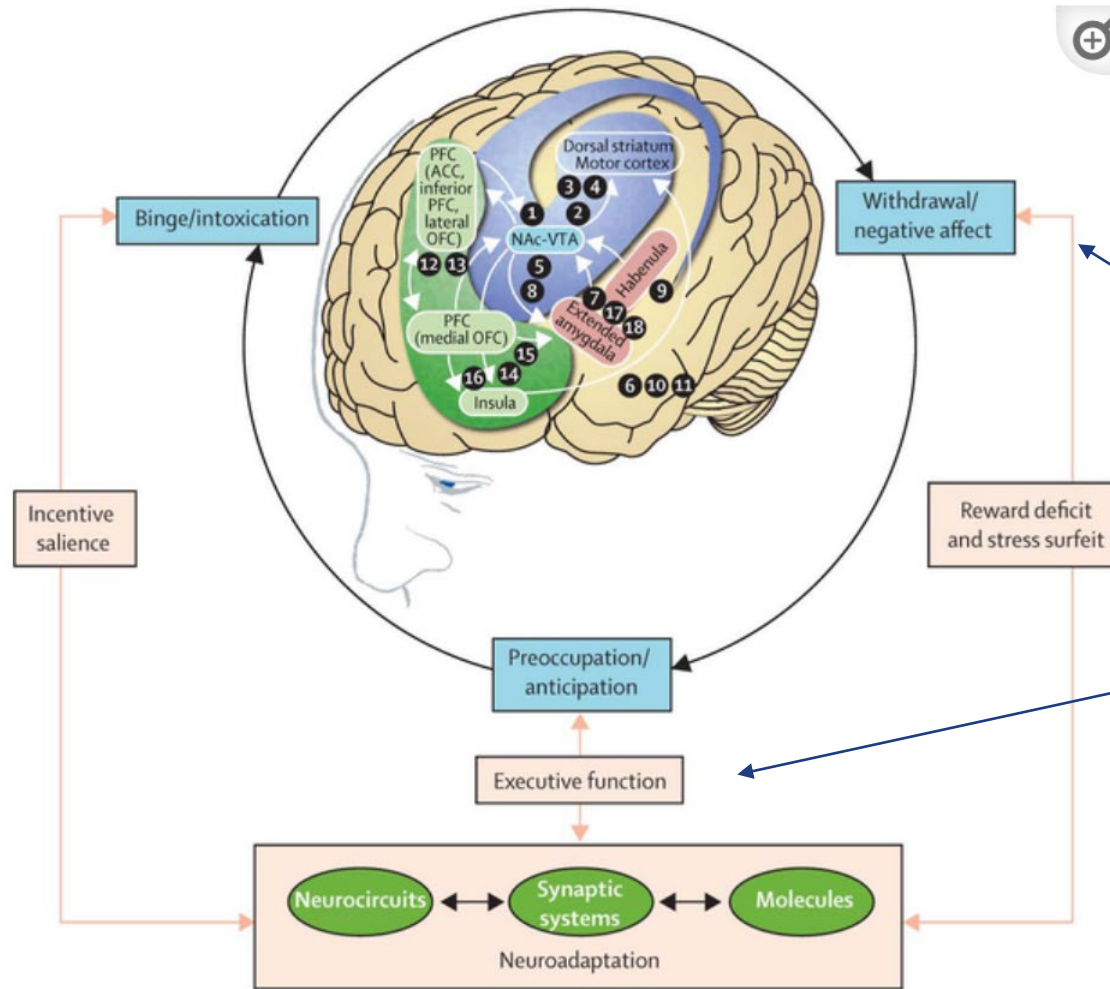
Neurobiology of Addiction

Dopamine Pathways

Serotonin Pathways



Neurobiology of Addiction



When we meet the resident!

Koob and Volkow, Lancet Psychiatry, Aug 2016

Four Components of SUD Treatment



Medication Assisted Treatment

Alcohol Use Disorder

- FDA Approved
 - Naltrexone oral or IM
 - Acamprosate
 - Disulfiram
- Off Label
 - Gabapentin
 - Topiramate
 - baclofen

Opioid Use Disorder

- FDA Approved
 - Naltrexone IM
 - Buprenorphine
 - Methadone (in Opioid Treatment program)
- **Significant Mortality Benefit**

Stimulant Use Disorder

- FDA Approved: None
- Off label
 - Buprenorphine
 - Naltrexone

Cannabis Use Disorder

- FDA Approved: none
- Off Label
 - Gabapentin
 - N-acetyl cysteine

Treatment Support and Reintegration

Mutual Support Groups

- 12-step Recovery Programs
- Alternatives to 12-step
- Highly accessible, no formalized clinical training

Peer Support

- Formal peer support education
- Often partnered with outpatient/inpatient treatment programs

Treatment Groups

- May be facilitated by counselor

Psychoeducation



**Clinically
led**



**Often group
based**



**Psychology and
Neurobiology Reviewed**



**Teach concepts in
managing
reward/incentive
pathways**



**Commonly completed in
formalized substance use
treatment setting**

Inpatient Residential Treatment
Intensive Outpatient Treatment
Outpatient Treatment
Relapse Prevention

Psychotherapy



Group-based or individual counseling



Facilitated by trained counselor

MSW
Psychologist
Psychiatrist



Therapy should be targeted to the needs of the individual with SUD



Cognitive treatments

CBT, DBT
Acceptance Commitment
EMDR or CPT (PTSD)
Mindfulness

Behavioral Treatment Programs for Substance Use Disorder

Behavioral Based Recovery

- Requires SUD Assessment
- Inpatient Substance Use Treatment
 - Voluntary locked facility
 - Variable length (28-day, 60-day, 90-day, 6-month)
- Outpatient Substance Use Treatment
 - Intensive Outpatient (2-4 hours, 3-5 days per week)
 - Outpatient Treatment (1-2 hours, 2-3 days per week)
 - Relapse prevention

Contingency Management

- Monetary incentive to engage in treatment, succeed with treatment
- Best evidence-based treatment for methamphetamine use disorder
- Utilizes the neurobiology of addiction.

Mutual Support

- 12 -step programs
 - AA, NA
 - Online and in-person
- Non-12 step-based programs
 - SMART recovery, Recovery Dharma
- Subgroup targeted programs
 - Native
 - LGBTQIA
 - Women's groups
- Virtual Recovery Resource List (SAMHSA) [virtual-recovery-resources.pdf \(samhsa.gov\)](https://www.samhsa.gov/virtual-recovery-resources)

Clean and Sober Living

- Must be in a recovery program.
- Peer-based, eviction possible with return to use.
- Must be able to pay rent.

Building Therapeutic Alliance with SUD Residents

- Before meeting the resident, **center yourself** and remove bias that you may have felt when reading the chart or receiving report.
- Remember **SUD is a disease** that requires tremendous motivation to manage.
- **Many residents have underlying trauma or have been traumatized by their substance use.**
 - Substances are often used to modulate emotions, particularly in residents who have been traumatized
 - Hyperarousal is common in traumatized brains
 - Emotional dysregulation is a result of this hyperarousal



Regency Suspension Bridge,
San Saba County, TX

Building Therapeutic Alliance with SUD Residents

- **Avoid ABUSE** use substance use disorder, as it helps to reframe as a treatable disease and minimizes shame associated with the word abuse.
- (Named Substance) use disorder in early remission is often the diagnosis code.
- **Avoid** the term “**drug seeking.**”
- Ask residents about their goals with the disease.



Port Mann Bridge, Vancouver, BC

Building Therapeutic Alliance with SUD Residents

Look for commonality and humanity in the resident

- SUD often takes so much from the resident.
- Their unique skills are often ignored due to the dysfunction the SUD has created.

Explore purpose and what thriving means to the resident

- **Hopelessness** is common in addiction.
- Helping residents to visualize goals can be transformative.
- Using goals can help to establish a shared plan to recovery.

Building Therapeutic Alliance with SUD Residents

Explore how the facility can best help them meet their goals

- If the resident agrees, would regular testing help them to stay accountable?
- Would they benefit from connecting to mutual support?
- Would they like to explore structured treatment once discharged?
- Do they need help establishing boundaries with certain visitors?

Help the resident to establish regular achievements and establish rewards for meeting milestones

- This works on the same neurobiology pathway as addiction but provides positive reinforcement for healthy behaviors.
- Accomplishment is powerful and has often been lacking in their lives due to addiction.

Building Therapeutic Alliance with SUD Residents

Always be clear with boundaries and expectations

- Utilize resident's goals for treatment in care planning for their sustained remission.
- Engage resident in establishing a treatment plan for their SUD.
- Utilize resident's stated treatment plan in establishing boundaries when they struggle.
- Avoid punishment but focus on redirection.

When managing addictive substances, have clear and collaborative discussions with resident

- Resident will respond better when they feel that they have a sense of control.
- Often PRN meds create tension between staff and resident.
- Consider scheduling meds to reduce this tension and lessen the "rewarding effects" of the medication.

Conclusions

- Substance use disorder (SUD) is a growing cause of death and **IS** impacting residents greater than 65.
- Substance use disorder is a disease, **not a moral problem.**
- Demonstrating empathy and compassion can be key in helping residents recover from SUD.
- Work to support the resident's goals, not our goals for the resident. This will help to develop a therapeutic alliance.
- **Treatment can work and supporting residents in recovery is key!**
- **Supporting residents in post-acute rehab can be a critical time in a resident's recovery process...AND IT CAN BE REWARDING!!!**



Maple Loop Trail,
North Cascades National Park, Washington

Recovery Lived Experience



Crystal Daniel

Center of Excellence for Behavioral Health in Nursing Facilities
Region 6, Behavioral Health Specialist



12 Steps of Recovery



1. **Honesty**
2. **Faith**
3. **Surrender**
4. **Soul Searching**
5. **Integrity**
6. **Acceptance**
7. **Humility**
8. **Willingness**
9. **Forgiveness**
10. **Maintenance**
11. **Making Contact**
12. **Service**

Action Steps

Maintenance Steps

12 Steps of Recovery

STEP 1: We admitted we were powerless over our addiction – that our lives had become unmanageable.

Addiction won, and I lost.

STEP 2: Came to believe that a Power greater than ourselves could restore us to sanity. **There is something out there that is stronger than me and it will restore me to sanity. Restore some structure in my life.**

STEP 3: Made a decision to turn our will and our lives over to the care of God as we understand Him.

I am making the decision to let my higher power take over my life and help guide me to a better place, make better decisions, do better things.

STEP 4: Made a searching and fearless moral inventory of ourselves.

I need to take a closer look at my life -figure out the parts that work and the parts that don't work.

12 Steps of Recovery

STEP 5: Admitted to God, to ourselves and to another human being the exact nature of our wrongs.

I admit to my Higher Power about the things that I have done wrong.

STEP 6: Were entirely ready to have God remove all these defects of character.

I am ready to be free and I am ready to make different decisions.

STEP 7: Humbly ask Him to remove our shortcomings.

I ask a Higher Power/support system to help me be free and make changes.

STEP 8: Made a list of all persons we had harmed, and became willing to make amends to them all.

I make a list of all the people I have hurt and I am willing to make it right.

12 Steps of Recovery

STEP 9: Made direct amends to people wherever possible, except when to do so would injure them or others.

I fix the things that I am able to, I apologize to those I can.

STEP 10: Continued to take personal inventory and when we were wrong, promptly admitted it.

I continue to look at myself honestly every day and make changes as needed.

STEP 11: Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

I ask a Higher Power for help in learning how to live life the right way.

STEP 12: Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

I live these steps and life gets better. I share this with other addicts and share my story of experience, strength and hope.

DAVID MCKAY: RECOVERY LIVED EXPERIENCE



CENTER OF EXCELLENCE
PODCAST
BETTER MENTAL WELLBEING

MEET DAVID

LISTEN TO HIS LIVED EXPERIENCE

SUBSTANCE USE COUNSELOR



LIVED EXPERIENCE
Chronicles

https://bit.ly/BetterMentalWellBeingLivedExperience_Part1



CENTER OF EXCELLENCE
PODCAST
BETTER MENTAL WELLBEING

DAVID IS BACK!

DISCOVER RECOVERY SUPPORT SERVICES

SUBSTANCE USE COUNSELOR

PART 2



LIVED EXPERIENCE
Chronicles

https://bit.ly/BetterMentalWellBeingLivedExperience_Part2

Understanding the Science of Addiction and Recovery



Know What Resources are Available

- Substance Abuse and Addiction Hotline 1-844-289-0879
- 988 Suicide Crisis Lifeline
- Crisis Text Line: Text “HOME” to 741741
- SAMHSA National Helpline 1-800-662-HELP (4357) (also known as the Treatment Referral Routing Service) or TTY: 1-800-487-4889 *English & Spanish
- NAMI National Alliance on Mental Illness www.nami.org
- Veterans Crisis Line 1-800-273-8255
- Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF) <https://nursinghomebehavioralhealth.org/>

COE-NF Resources



Staying Connected is Important: VIRTUAL RECOVERY RESOURCES

INTRODUCTION

Connect residents to mental/substance use recovery groups and other services that promote mental wellness and recovery.

VIRTUAL RECOVERY PROGRAMS

- **Alcoholics Anonymous:** Offers online support
<https://aa-intergroup.org/>
- **Cocaine Anonymous:** Offers online support and services
<https://www.ca-online.org/>
- **LifeRing:** LifeRing Secular Recovery offers online support
<https://www.lifering.org/online-meetings>
- **In The Rooms - Online Recovery Meetings:** Provides online support through live meetings and discussion groups
<https://www.intherooms.com/home/>
- **Narcotics Anonymous:** Offers a variety of online and skype meeting options
<https://www.na.org/meetingsearch/>
- **Soberistas:** Provides a women-only international online recovery community
<https://soberistas.com/>
- **Sober Recovery:** Provides an online forum for those in recovery and their friends and family
<https://www.soberrecovery.com/forums/>
- **We Connect Recovery:** Provides daily online recovery groups for those with substance use and mental illness
<https://www.weconnectrecovery.com/free-online-support-meetings>

RECOVERY RESOURCES AND SUPPORTS

Al-Anon Family Groups

Providing help and hope for families and friends of people with an alcohol use disorder
<https://al-anon.org/>

Buddhist Recovery Network

Promotes the use of Buddhist teachings and practices to help people recovery from the suffering caused by addictive behaviors
<https://www.buddhistrecovery.org/>

Celebrate Recovery

A Christ-centered 12-step recovery program
<https://www.celebraterecovery.com/>

Crystal Meth Anonymous

Fellowship of people who share their experience, strength and hope with each other so they may solve their common problem and help others to recovery from addiction to crystal meth
<https://www.crystalmeth.org/>

Latinx Therapy

Founded to destigmatize mental health issues in the Latinx community
<https://latinxtherapy.com/>

Peer Recovery Center of Excellence

Provides training, technical assistance and resources on peer support services, recovery community organization capacity building, peer workforce development and evidence based practice utilization
<https://peerrecoverynow.org/>

Scan the QR code or
visit the link below to view this resource.



<https://bit.ly/virtualrecoveryresources>

COE-NF Resources – Substance Use and the Brain Module

Scan the QR code or
visit the link below to complete the module.



<https://bit.ly/SubstanceUseandtheBrainModule>

COE-NF Resources: Bite-sized learning



Substance Use Disorder 101 Bite-Sized Learning



<https://bit.ly/SubstanceUseDisorderBSL>



The Hijacked Brain:
How Repeated Substance Use
Changes Brain Functioning



<https://bit.ly/TheHijackedBrainBSL>

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Thank You!

