



CENTER OF
EXCELLENCE
FOR BEHAVIORAL HEALTH
IN NURSING FACILITIES

Addiction 101 – What It Is and What It Isn't

March 20, 2025



Host



Nikki Harris, MA, CBHC-BS

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, a M.A. in counseling from Webster University and is a certified behavioral specialist.

Presenter



Dr. Malcolm Horn, LCSW, LAC, MAC, SAP

Chief Behavioral Health Officer
Rimrock Foundation

President
NAADAC

Dr. Malcolm Horn received her Ph.D. from Walden University in 2019. She is a licensed clinical social worker (LCSW) and a licensed addiction counselor in Montana. Dr. Horn also has accreditation from the NAADAC (National Association of Alcohol and Drug Addiction Counselors) as a masters level addiction counselor (MAC) and substance abuse professional (SAP). She is the president-elect for NAADAC and chairs the clinical supervision committee.

Dr. Horn currently works as the chief behavioral health officer for Rimrock Foundation, a CARF-Accredited co-occurring treatment facility that provides the full ASAM continuum of care in Billings, MT. She is responsible for ongoing training and education for clinical and support staff and supervises the mental health counseling team, and passionate about changing systems to improve access to care and reduce the stigma that surrounds mental health and substance use disorders.

Learning Objectives:

1. Attendees will gain an understanding of how addiction impacts the brain; consequences of addiction and behaviors residents dealing with addiction might exhibit.
2. Attendees will gain an understanding of DSM-5-TR criteria for addiction to support treatment referrals.
3. Attendees will gain an understanding of basic addiction screening tools.

A little bit about me
A little bit about the brain..
A little bit about addiction...
Why it all matters...
How to support people. 😊



What It Is Not: *Myths*

- Character flaw
- Lack of willpower
- A choice
- Fun

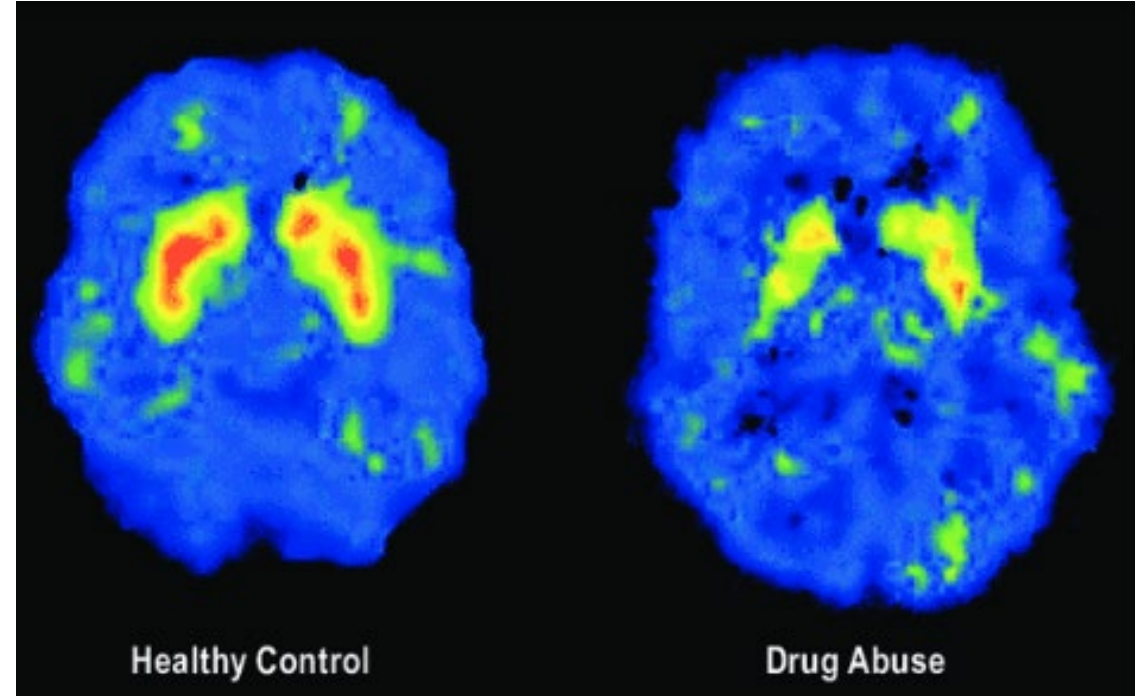


What It Is: Definition of Addiction

“Addiction is a primary, chronic disease of brain reward, motivation, memory & related circuitry.

Dysfunction of these circuits leads to characteristic biological, psychological, social and spiritual manifestations.

This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”



Definition of Addiction

- A pathological pattern of behaviors related to the use of a substance
- We all have “vices” and a need to be comforted and feel good. For some individuals, the benefit of the vice no longer outweighs the consequences...this becomes addiction
- **Genetics heavily influences addiction**

Stage 1:
Experimental
Use

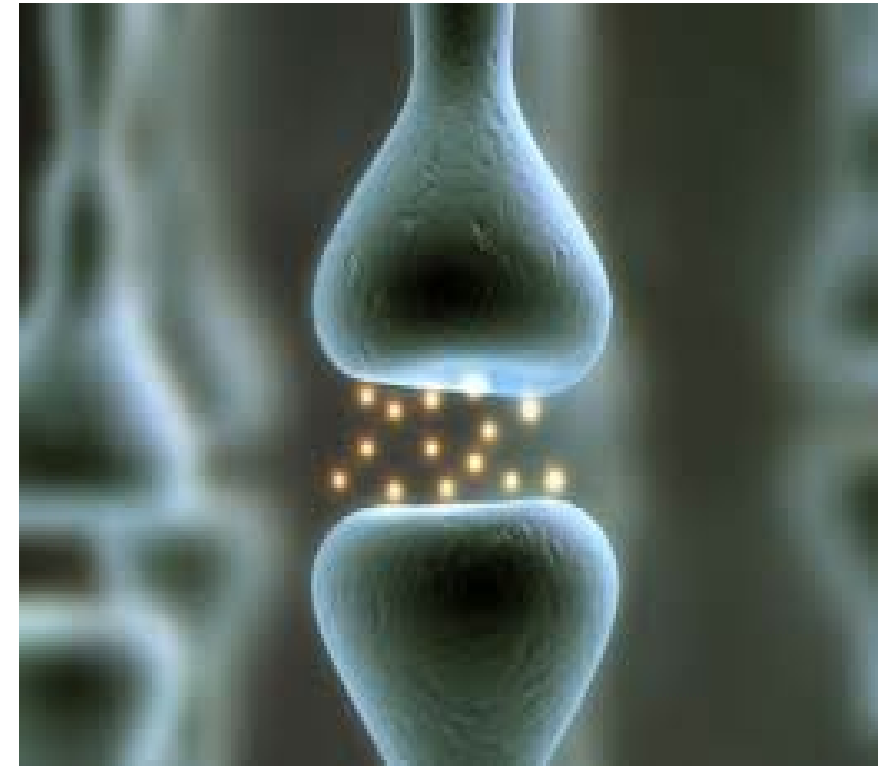
Stage 2: Regular
Use

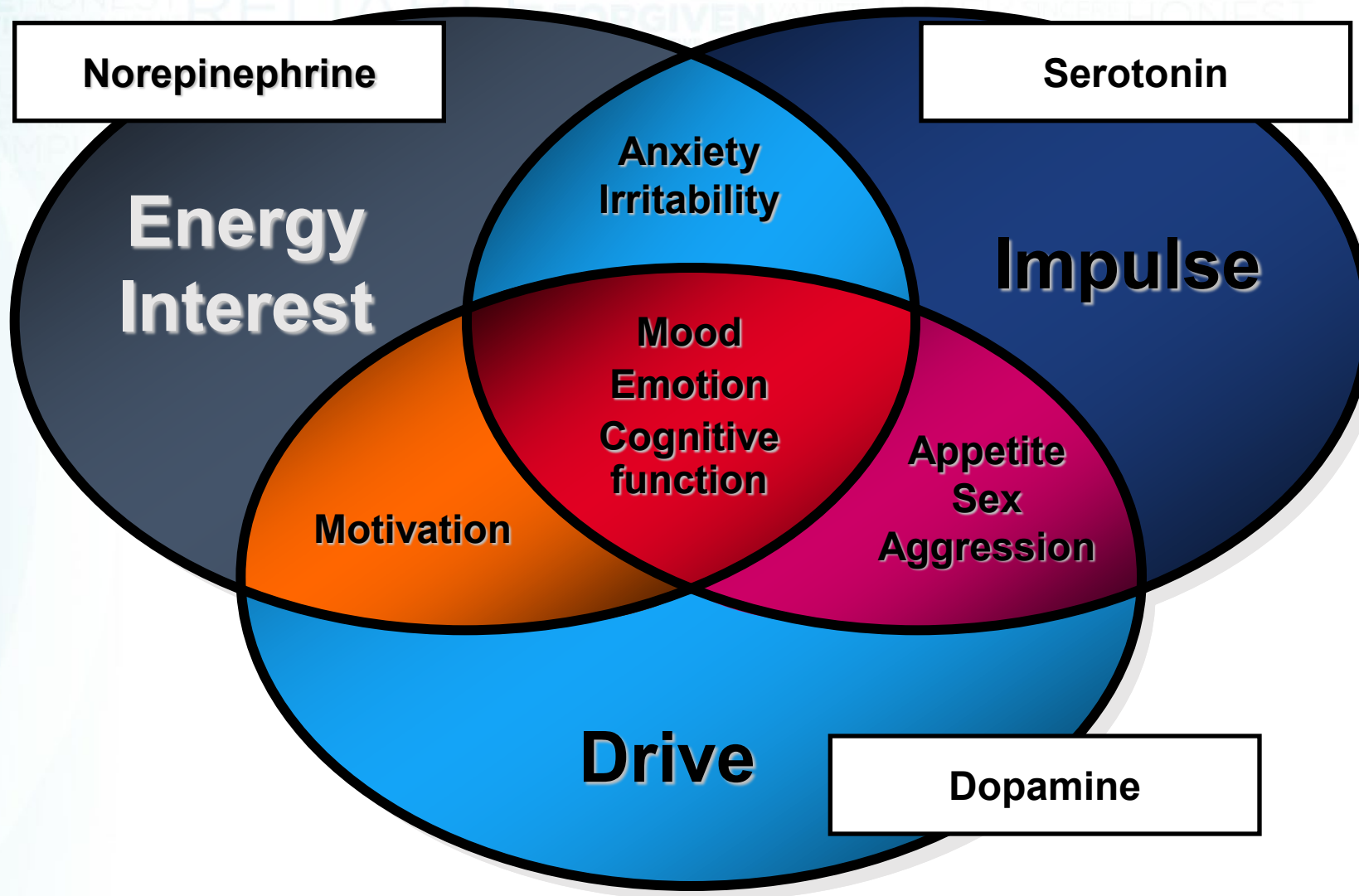
Stage 3: Daily
Preoccupation

Stage 4: Daily
Use to Feel
Normal

What is your brain's job?

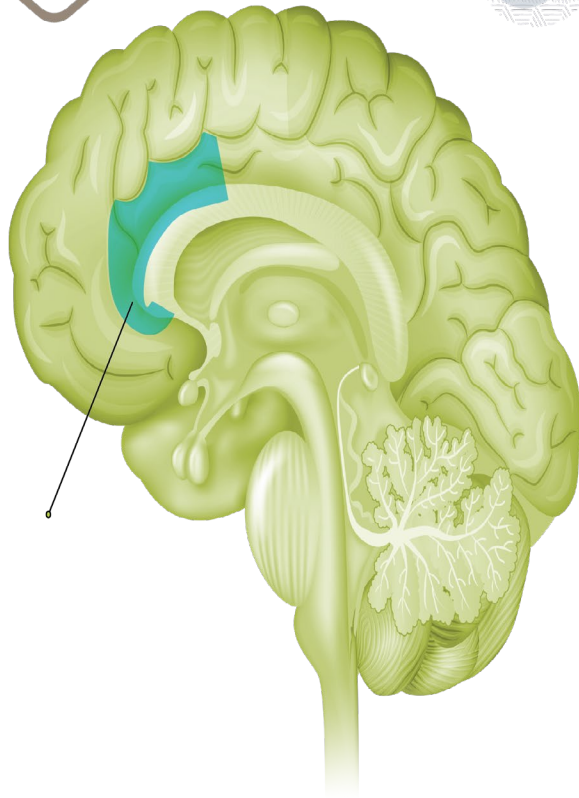
- Pain vs Pleasure
- Dopamine
 - Dopamine system is impacted by all mood-altering chemicals
 - Dopamine is survival....Who is a comfort eater?
 - Incentive & Drive: long and short-term results of choices
- Our brain is actually pretty lazy and would like to avoid pain in the easiest manner possible
- We are wired to seek comfort...we all have vices





Adapted with permission from Healy, McMonagle. *J Psychopharmacol.* 1997;11(suppl 4):S25

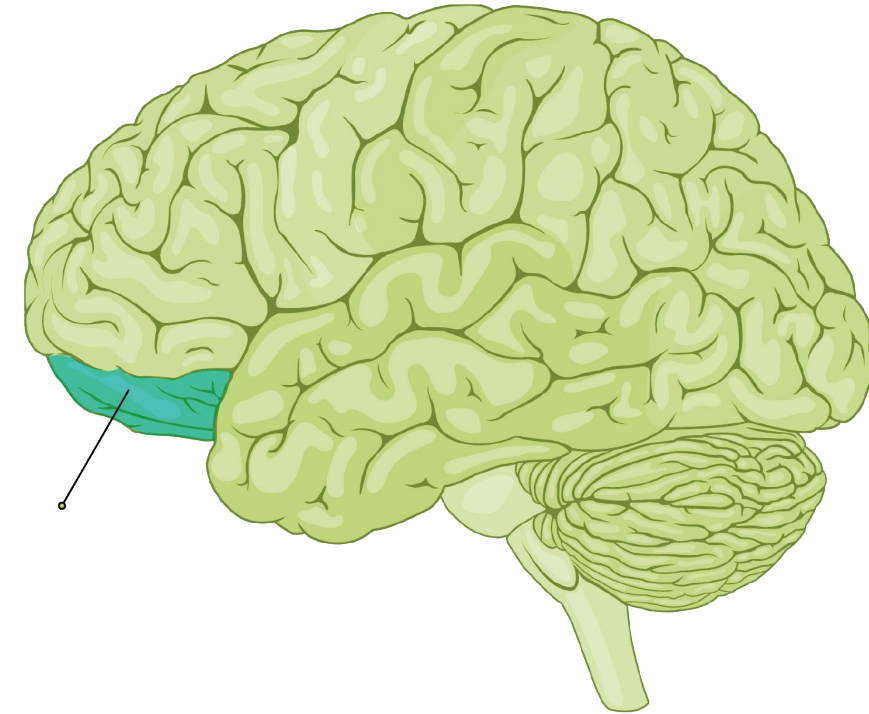
Anterior Cingulate & Orbitofrontal Cortex:



Helps us understand & appreciate social cues

Helps us make decision influenced by "reward" & "punishment" results of our behaviors

Combines sensory & emotional information from the lower limbic system



Survival System at the Ok-Corral!

The Drug “hijacks” the reward system.

Non-addict: Drug=Drug

Addict: Drug=Survival

- Our brain is designed to keep us safe. Any perceived threat is registered in the same part of the brain.
- Our addiction “hijacks” our brain so when we feel threatened, it’s our addiction that is threatened.



DSM-5 Changes for Addictive Disorders

Changes in Dx Criteria:

- 11 different criteria/symptoms
- 3 criteria “groupings”
- Specifiers
- Severity

How will this play out with ACA? Parity?

Changes in Substances:

- No longer can use Cocaine, Phencyclidine, Nicotine, Polysubstance.
- Use Stimulant, Hallucinogen, Tobacco, Other (unknown) instead.
- Gambling is the only recognized “process addiction”

Substance-Related and Addictive Disorders:

A problematic pattern of [substance] use leading to clinically significant impairment or distress and two (2) or more in 12 months:

1. Substance is often taken in larger amounts or over a longer period than was intended
2. There is a persistent desire or unsuccessful effort to cut down or control substance use.
3. A great deal of time is spent in activities needed to obtain substance, use substance or recover from its effects.
4. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.

Substance-Related and Addictive Disorders

5. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
6. Important social, occupational, or recreational activities are given up or reduced because of substance usage.
7. Recurrent substance use in situations in which it is physically hazardous.
8. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

Substance-Related and Addictive Disorders

9. **Tolerance (one of both of):**
 - A need for markedly increased amounts to achieve intoxication or desired effect
 - Markedly diminished effect with continued use of the same amount of the substance
10. **Withdrawal (either):**
 - The characteristic withdrawal syndrome for that substance
 - The same or closely related substance is used to avoid withdrawal symptoms
11. Craving or a strong desire to use substance

What you might see....

- Agitation when not allowed their “thing”
- Having family bring things in covertly
- Change in mood/demeanor (may indicate intoxication or withdrawal)
- Leaving the facility to obtain the substance
- Returning to the facility under the influence
- Asking for additional medical appointments from different providers (may be “drug-seeking”)

American Society of Addiction Medicine (ASAM) Criteria:

Treatment Placements:

Dimension 1: Withdrawal potential

Dimension 2: Medical conditions

Dimension 3: Psychiatric/cognitive issues

Dimension 4: Readiness to change (Substance related risk issues)

Dimension 5: Relapse potential (Recovery environment)

Dimension 6: Recovery environment (Person-centered considerations and barriers to care)

American Society of Addiction Medicine (ASAM) Criteria:

Treatment Placements:

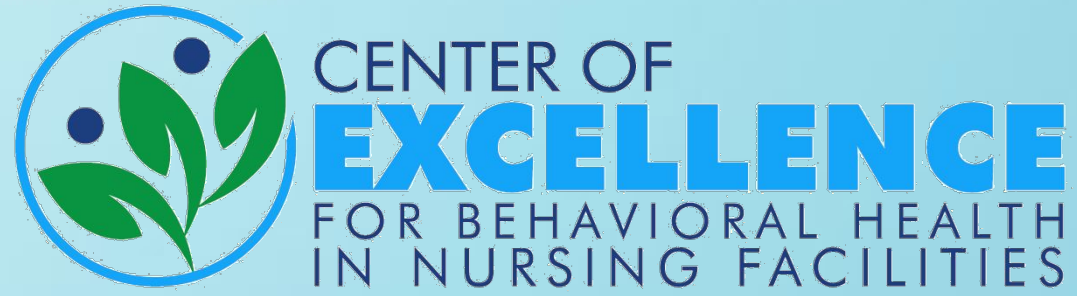
- ASAM Level 4: Hospital
- ASAM Level 3.5 and 3.7: Residential & inpatient
- ASAM Level 3.1: Low-intensity residential
- ASAM Level 2.5: Partial hospitalization/Day Treatment
- ASAM Level 2.1: Intensive outpatient
- ASAM Level 1: Groups & individuals

Treatment Placement

What they can do may depend on your state and what is available (not all levels of care are available everywhere).

Insurance companies (not clinicians...☹) determine level of care and length of stay.





Questions?

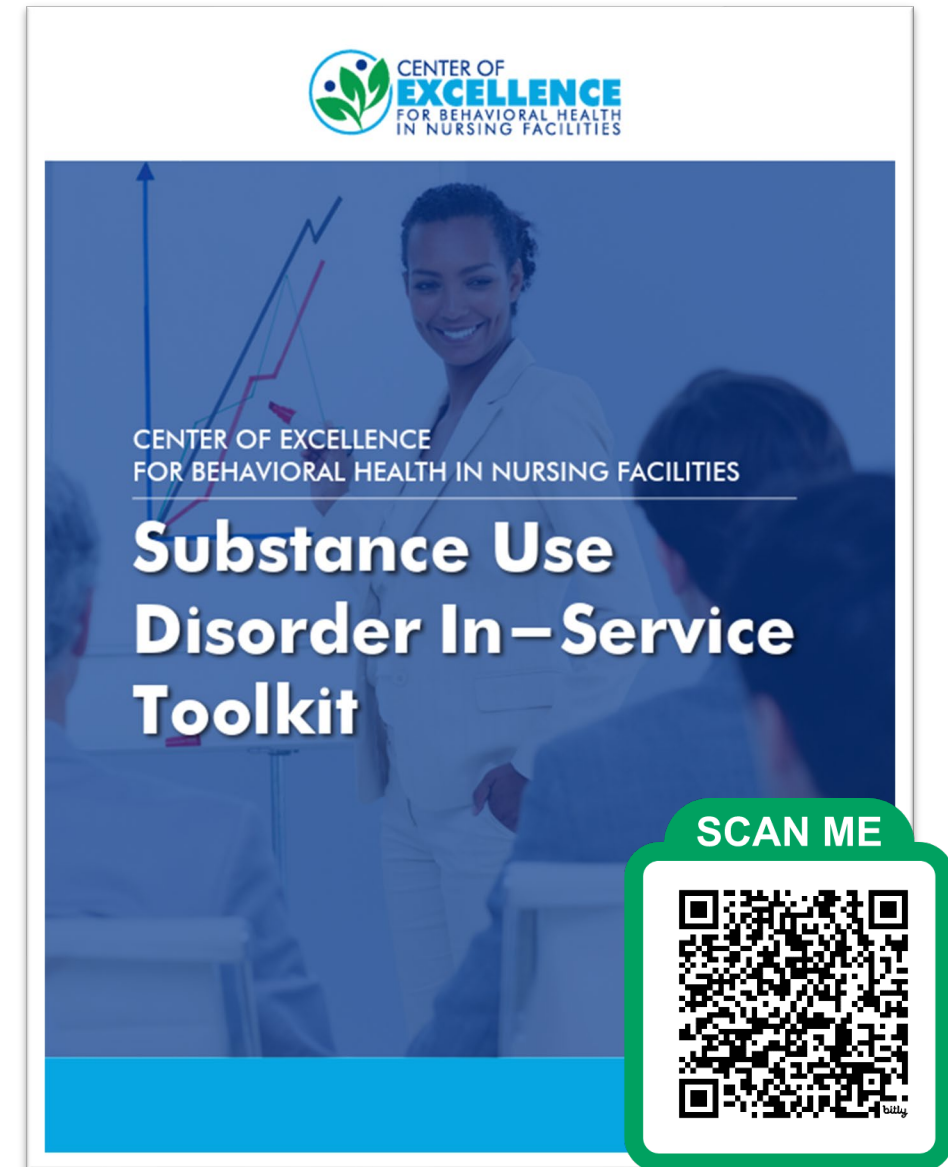


Substance Use Disorder Toolkit

Your team will gain knowledge to:

- Understand how SUD is diagnosed.
- Learn why people become dependent on substances.
- Identify common substances residents may use.
- Recognize the symptoms of withdrawal.
- Discover what to do if they think a resident has a SUD.

https://bit.ly/COENF_SubstanceUseDisorderToolkit



COE-NF Resources



The Science of Substance Use Disorder

What is Substance Use Disorder (SUD)?

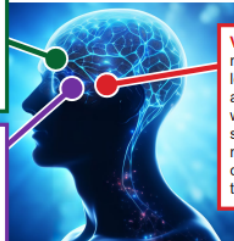
Substance use disorder is a treatable chronic mental health disorder that affects a person's brain and behavior, leading to an inability to control their use of the substances despite negative consequences on health, work, and relationships. Substance use disorders can involve the use of legal or illegal drugs, alcohol or medications.

Substance Use: Impact on the Brain and Behavior

Certain substances change three key parts of the reward system of the brain, namely the prefrontal cortex, nucleus accumbens and ventral tegmental areas. These changes contribute to continued substance use despite harmful outcomes and the desire to quit.

Prefrontal cortex is responsible for decision making and impulse control. Substances impact the prefrontal cortex leading to poor decision making and risky behaviors.

Nucleus accumbens (the "pleasure center") receives the dopamine signals from the VTA. The nucleus accumbens becomes overstimulated by the large amount of dopamine, creating intense pleasure and the desire for more of the substance.



Ventral Tegmental Area (VTA) is responsible for regulating reward, learning, memory, and behaviors associated with substance use. When certain substances are used, the VTA releases a flood of dopamine causing intense pleasure leading to the desire to use again.

These changes in the brain due to substance use impair the ability to:

- Quit substances despite waning interest, side effects or consequences
- Regulate cravings
- Experience satisfaction in regular activities
- Feel "normal" without the substance

Additional Resources

For additional resources, visit www.nursinghomebehavioralhealth.org or simply scan the QR code.



This material was prepared by the Center of Excellence for Behavioral Health in Nursing Facilities. This work is made possible by grant number 1H79SM087155 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration.



Science of Substance Use

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

<https://bit.ly/ScienceofSubstanceUse>

SCAN ME



COE-NF Resources



Substance Use and the Brain

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

bit.ly/SubstanceUseandtheBrainModule

SCAN ME



COE-NF Resources



The Hijacked Brain

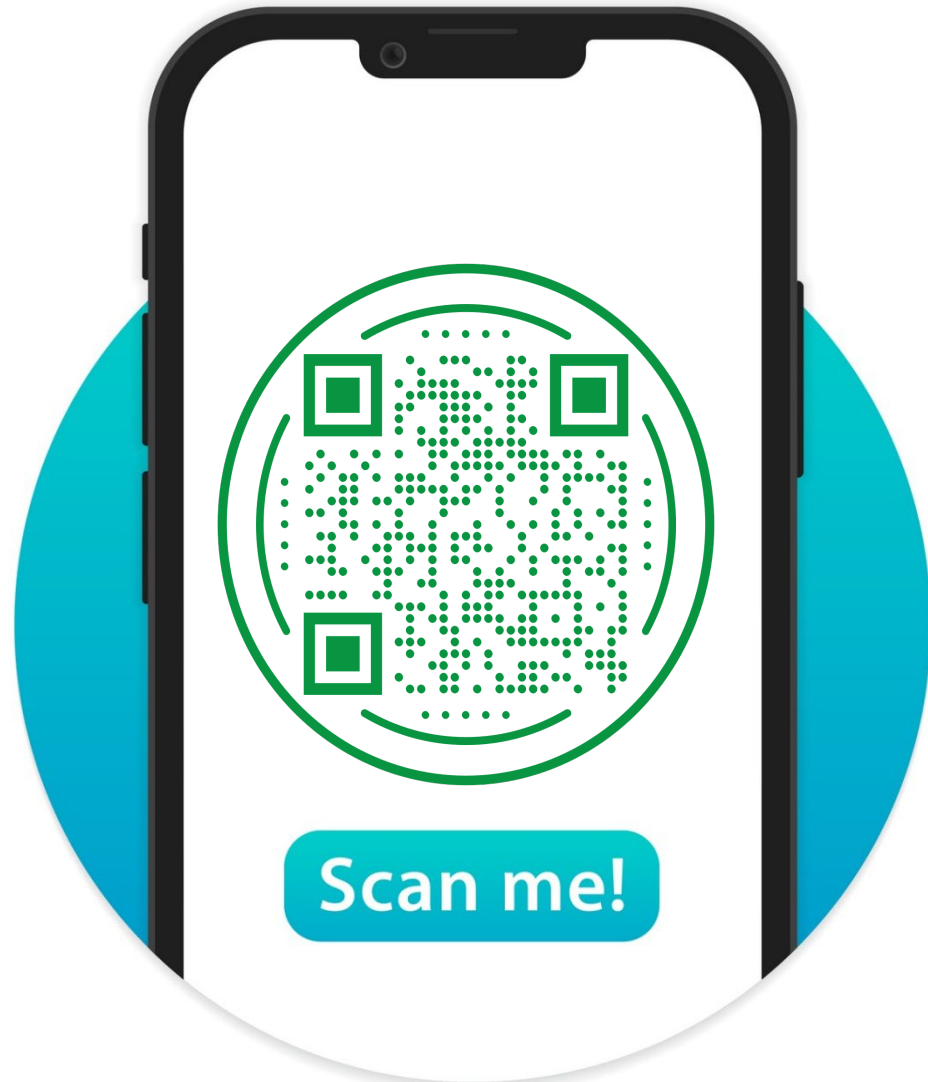
Scan the QR code or
visit the link below to view this resource.

bit.ly/thehijackedbrain

SCAN ME



Request Assistance



To submit a request for assistance,
scan the QR code.

We look forward to assisting you!

Contact us:

For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

Visit the website:

nursinghomebehavioralhealth.org

Register for March Upcoming COE-NF Events

CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

JOIN OUR UPCOMING VIRTUAL EDUCATION EVENTS

QUESTION, PERSUADE, REFER (QPR) – SUICIDE PREVENTION

Wednesday, March 5, 2025 • 2-3:30 p.m. ET
ACCME & NAB CREDITS WILL BE OFFERED.
This session will provide a one-year certification to attendees.
Registration is limited.
Speaker: Holly Pounders
REGISTER HERE: https://bit.ly/COEQPR_3-5-25

PERSON-CENTERED CARE IN NURSING FACILITIES: HOW TO MAKE IT WORK

Tuesday, March 11, 2025 • 2-3 p.m. ET
ACCME & NAB CREDITS WILL BE OFFERED.
Speaker: Diana Padilla, MCPC, CARC, CASAC-TASAP
REGISTER HERE: <https://bit.ly/Person-CenteredCareinNFs>

QUESTION, PERSUADE, REFER (QPR) – SUICIDE PREVENTION

Thursday, March 13, 2025 • 2-3:30 p.m. ET
ACCME & NAB CREDITS WILL BE OFFERED.
This session will provide a one-year certification to attendees.
Registration is limited.
Speaker: Marti Vogt
REGISTER HERE: https://bit.ly/COEQPR_3-13-25

AN OVERVIEW OF BIPOLAR DISORDERS FOR NURSING FACILITY STAFF

Tuesday, March 18, 2025 • 2-2:30 p.m. ET
ACCME & NAB CREDITS WILL BE OFFERED.
Speaker: Bryan G. Stephens, MA, MBA, CPCS, LPC
REGISTER HERE: <https://bit.ly/OverviewofBipolarDisordersforNFStaff>

ADDITION 101 – WHAT IT IS AND WHAT IT ISN'T

Thursday, March 20, 2025 • 2-3 p.m. ET
ACCME & NAB CREDITS WILL BE OFFERED.
Speaker: Dr. Malcolm Horn, LCSW, MAC, SAP
REGISTER HERE: <https://bit.ly/Addiction101-WhatItIs-WhatItIsNot>

CHANGING BEHAVIORS FROM A ROLLING BOIL TO A SIMMER: DE-ESCALATION STRATEGIES TO DEFUSE DIFFICULT SITUATIONS

Tuesday, March 25, 2025 • 2-3 p.m. ET
ACCME & NAB CREDITS WILL BE OFFERED.
Speaker: Barbara Bull, RN, BSN
REGISTER HERE: https://bit.ly/ChangingBehaviors_De-escalationStrategies

MENTAL HEALTH FIRST AID (MHFA)

Friday, March 28, 2024 • 11 a.m. - 4:30 p.m. ET
ACCME AND NAB CREDITS WILL BE OFFERED.
Speaker: Holly Pounders
Registration is limited.
We request that you register when certain you can attend. To register for the Mental Health First Aid training, click here - https://bit.ly/MHFA_RegistrationForm

AUDIENCE:
All nursing facility staff.

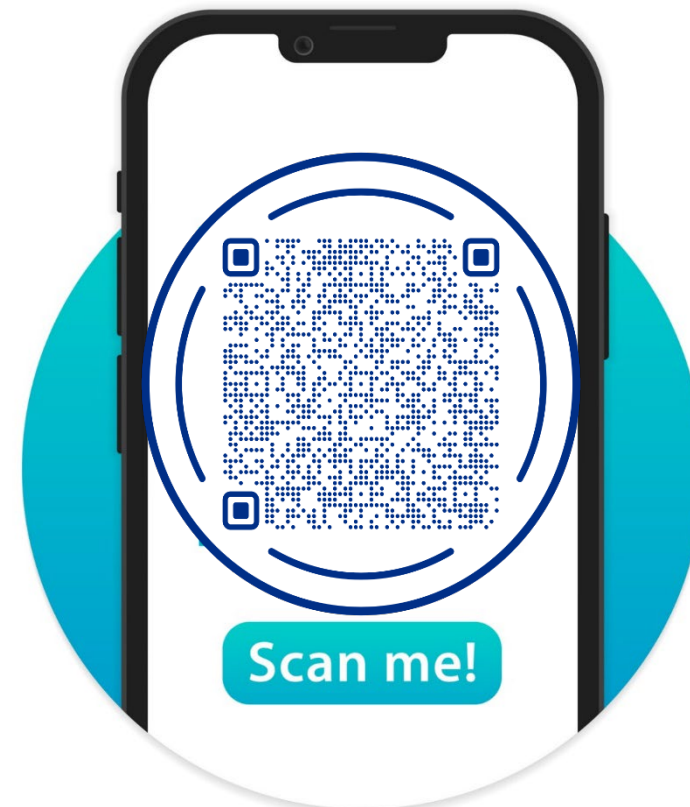
This event is hosted by the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF).

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nursinghomebehavioralhealth.org

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



Connect with COE-NF

Monthly Newsletter

- Shares behavioral health resources
- Provides nursing facility behavioral health regulatory updates
- Announces upcoming training opportunities

Social Media Profiles

- LinkedIn: www.linkedin.com/company/nursinghomebh/
- Twitter: twitter.com/NursingHomeBH
- Facebook: www.facebook.com/NursingHomeBH
- YouTube: www.youtube.com/channel/UCgnRi9EFB9rXApnlUwS09sw

Text Messaging Platform

- Enables nursing facility staff to receive COE-NF updates on their smartphone

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Scan QR code to
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COE-NF newsletter.

Thank You!



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