

National Recovery Month

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

September 18, 2025



Host



Nikki Harris, MA, CBHC-BS

Training and education lead

Nikki is 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 training, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

She previously 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 a 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 National Association of Alcohol and Drug Addiction Counselors (NAADAC) as a master's-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, Montana. She is responsible for ongoing training and education for clinical and support staff and supervises the mental health counseling team, and is passionate about changing systems to improve access to care and reduce the stigma that surrounds mental health and substance use disorders.

Presenter



Ms. Chyrel Garding

Manager of Business Development and Community Outreach
Rimrock Foundation

Chyrel Garding is a passionate advocate for change in the fields of addiction treatment, behavioral health, and criminal justice reform. As the manager of business development at Rimrock Foundation in Billings, MT, Chyrel's journey from addiction to recovery is a testament to her resilience and unwavering dedication to improving the lives of others. Her story is not just one of personal triumph, but also one of compassion, strength, and advocacy. Through her work at Rimrock, her leadership on various boards, and her commitment to making her community a better place, Chyrel continues to inspire others to believe in the power of recovery and to stand up for those who may not have a voice.

Learning Objectives:

1. Attendees will gain an understanding of how addiction impacts the brain, the consequences of addiction, and the 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 the importance of peer support and lived recovery in the treatment continuum.

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



Yellow Lab



Black Lab



Chocolate Lab



Meth Lab

What It Is Not: Myths

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

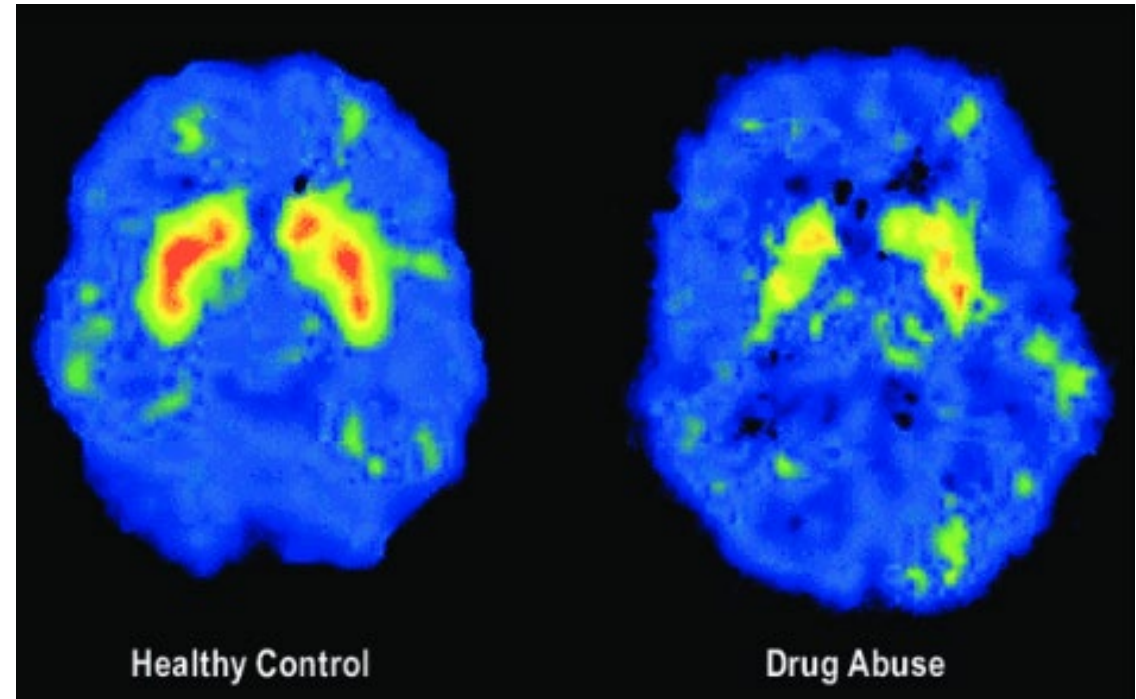


What It Is: Definition of Addiction

“Addiction is a primary, chronic disease of brain reward, motivation, memory and 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

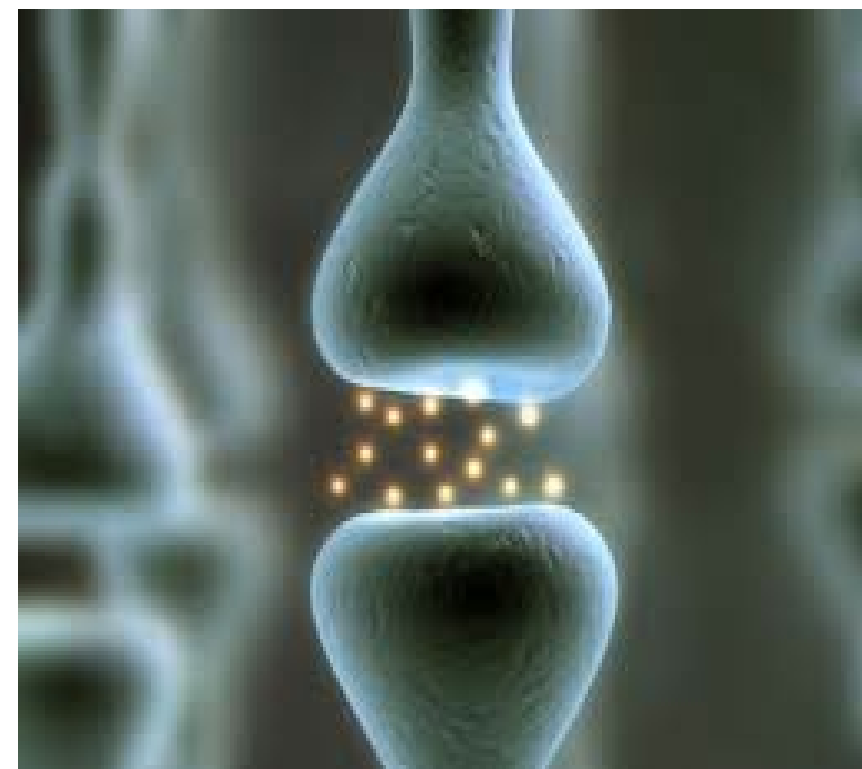
Stage 2: Regular
Use

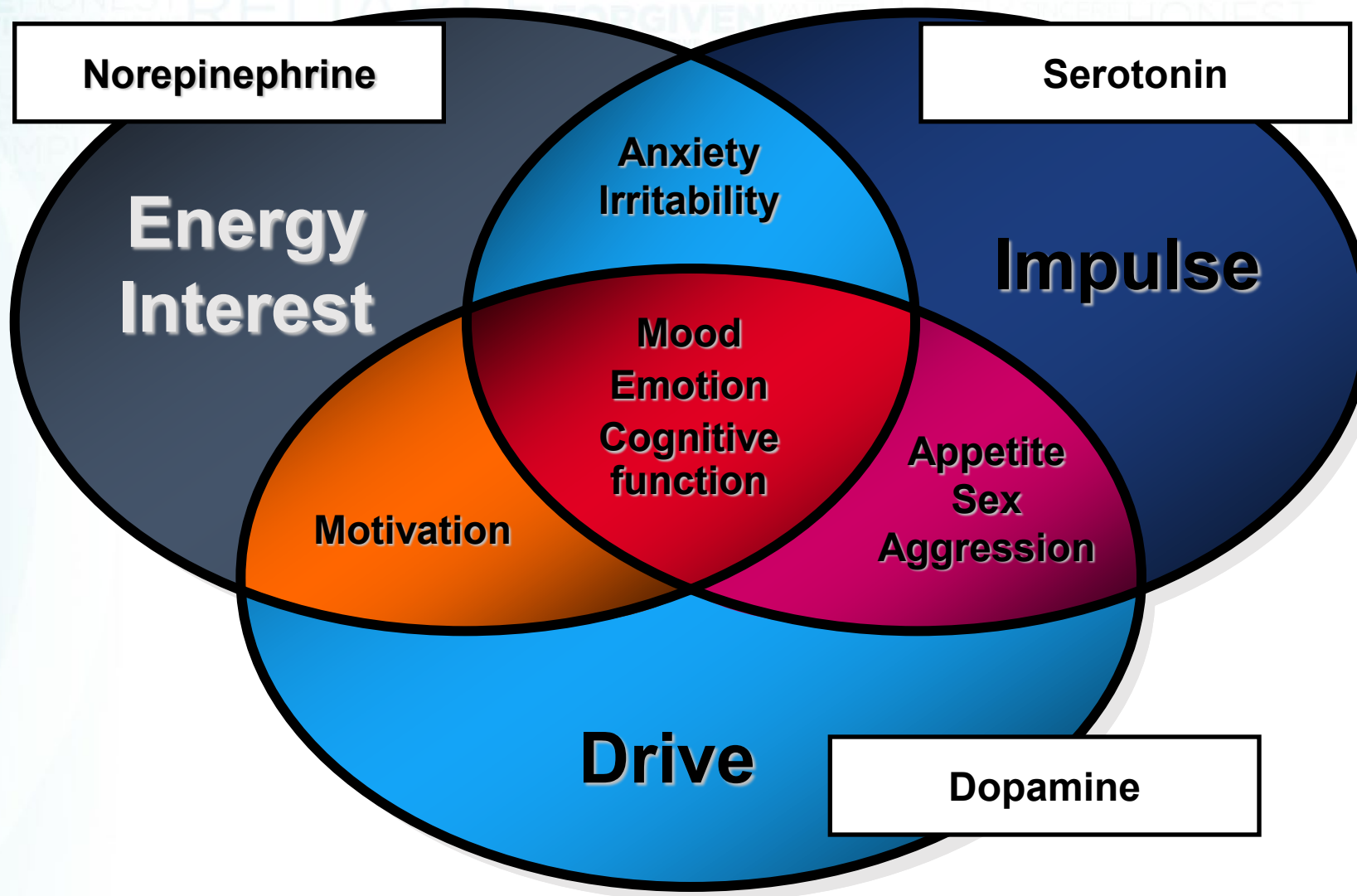
Stage 3: Daily
Preoccupation

Stage 4: Daily
Use to Feel
Normal

What is Your Brain's Job?

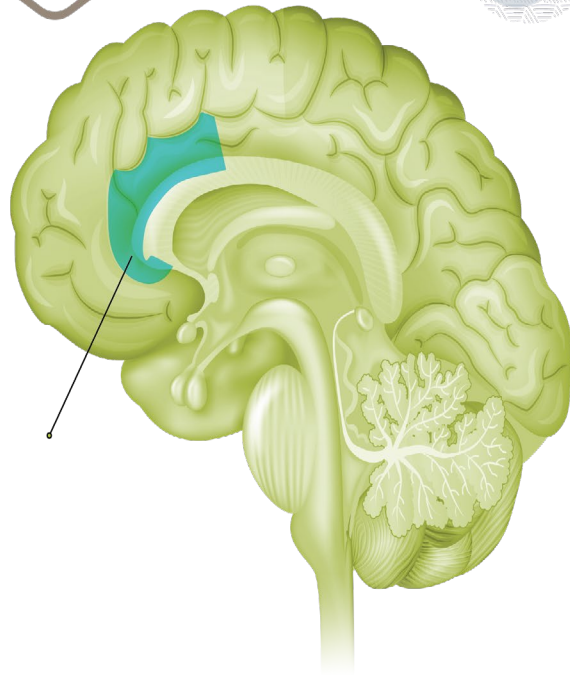
- Pain vs. Pleasure
- Dopamine
 - The dopamine system is impacted by all mood-altering chemicals
 - Dopamine is survival....Who is a comfort eater?
 - Incentive & Drive: long- and short-term results of choices
- Our brain is actually pretty lazy and would like to avoid pain in the easiest manner possible.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





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

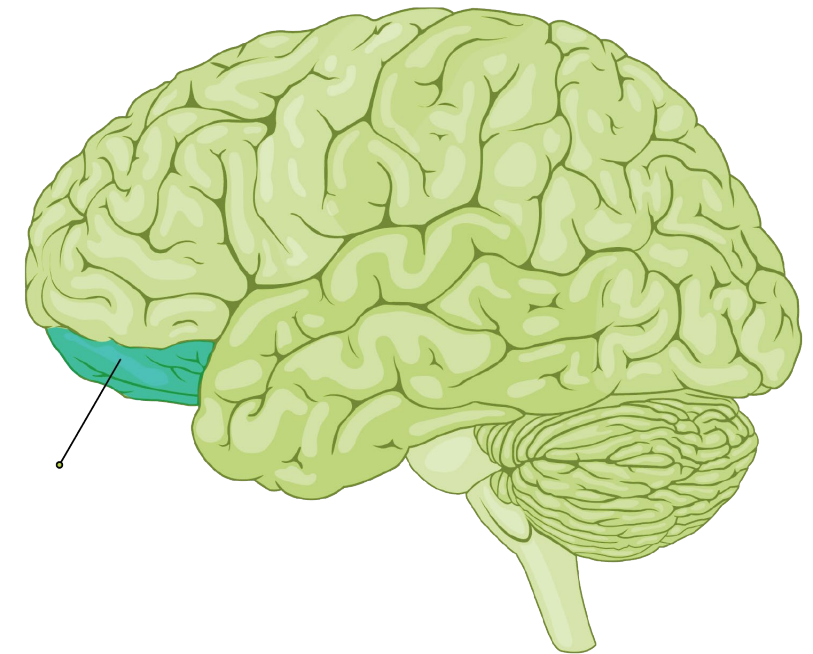
Anterior Cingulate and Orbitofrontal Cortex



Helps us understand and appreciate social cues

Helps us make decisions influenced by “reward” and the “punishment” results of our behaviors

Combines sensory and 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.



COE-NF Resource: The Hijacked Brain - https://nursinghomebehavioralhealth.org/news-events/site_resources/the-hijacked-brain/

DSM-5 Changes for Addictive Disorders

Changes in Dx Criteria:

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

How will this play out with the ACA?
Parity?

Changes in Substances:

- Can no longer use cocaine, phencyclidine, nicotine, or polysubstance.
- Use stimulant, hallucinogen, tobacco, or 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 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 on activities needed to obtain the substance, use a 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 or both of):**

- A need for markedly increased amounts to achieve intoxication or the 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 the 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)



Bridging Gaps in Recovery: Evidence-based practice

Peer Support



What is Peer Support

Peer support has roots in mutual aid and self-help movements dating back to the 18th and 19th centuries, but it gained formal recognition in the mental health field in the 1960s and 1970s.

During this time, people with lived experience of mental illness began organizing to support one another and challenge stigma and institutional treatment models. In the 1990s and 2000s, peer support became more integrated into mental health and addiction services, with many governments and organizations recognizing its value.

Today, peer support is a respected and growing part of recovery-oriented care.



Competencies of Peer Support

- **Recovery-oriented:** Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Assists in identifying and building on strengths. Empowering them to choose for themselves, recognizing that there are multiple pathways to recovery.
- **Person-centered:** Peer Support services are always directed by the person participating in services. Peer Support is personalized to align with the specific hopes, goals, and preferences of the people served and to respond to specific needs the peers have identified to the peer support worker.
- **Voluntary:** Peer Support Specialists are partners to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer support services is always contingent on peer choice.
- **Relationship-focused:** The relationship between the peer worker and the peer is the foundation on which peer support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.
- **Trauma-informed:** Peer Support utilizes a strength-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for peers to rebuild a sense of control and empowerment.

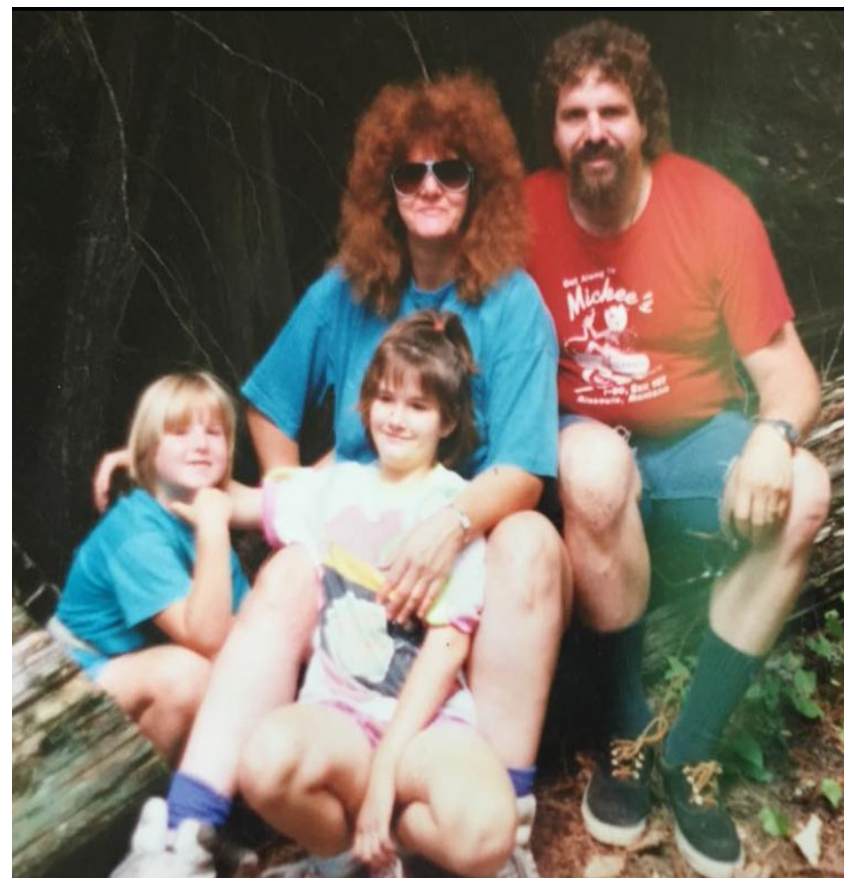
Key Features of Peer Support

- **Shared Experience:** The foundation is that peers have “been there too” (e.g., recovering from addiction, managing mental health conditions, coping with chronic illness, navigating school or work stress).
- **Mutuality:** It’s a two-way relationship, where both people can give and receive support.
- **Empathy & Understanding:** Peers provide a level of connection that professionals may not be able to offer, since they relate through lived experience.
- **Non-judgmental Support:** The focus is on acceptance, encouragement, and validation, not authority or hierarchy.
- **Empowerment:** Peer support often emphasizes self-determination, resilience, and building confidence.

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- Deconstruct stigma with shared experience.

LIVED EXPERIENCE

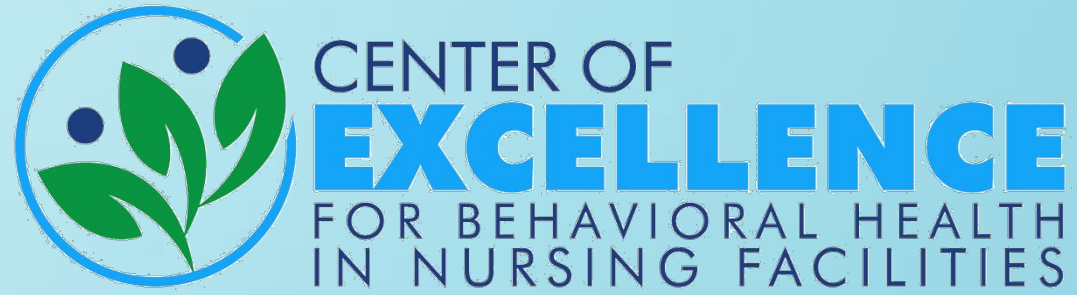


LIVED EXPERIENCE



**“THE GREATEST GIFT TO GIVE
TO THE PEOPLE YOU LOVE IS
YOUR RECOVERY.”**





Questions?



COE-NF Grant End Information

Grant Ends: Monday, September 29, 2025

- **After This Date:**
 - No longer offering technical assistance consultations or live training events.
- **Resource Access:**
 - Training materials will be hosted on the CMS website (details coming soon).
 - Alliant Health Solutions will continue hosting COE-NF resources at nursinghomebehavioralhealth.org through September 2026.
- **Questions?**
 - Contact coeinfo@allianthealth.org

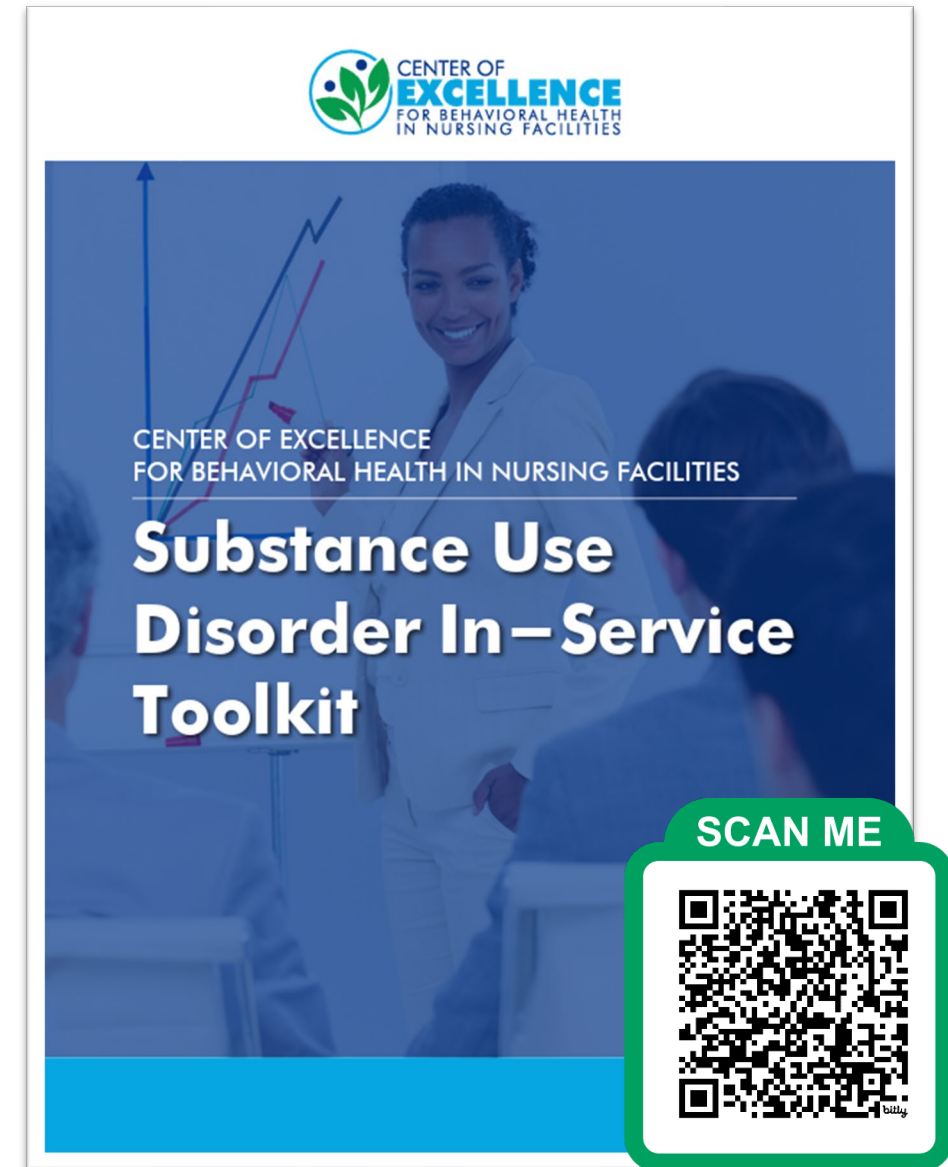


Substance Use Disorder Toolkit


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

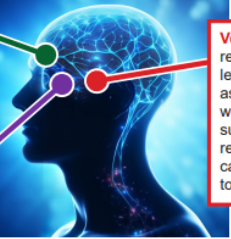


The Science of Substance Use Disorder

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 or 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

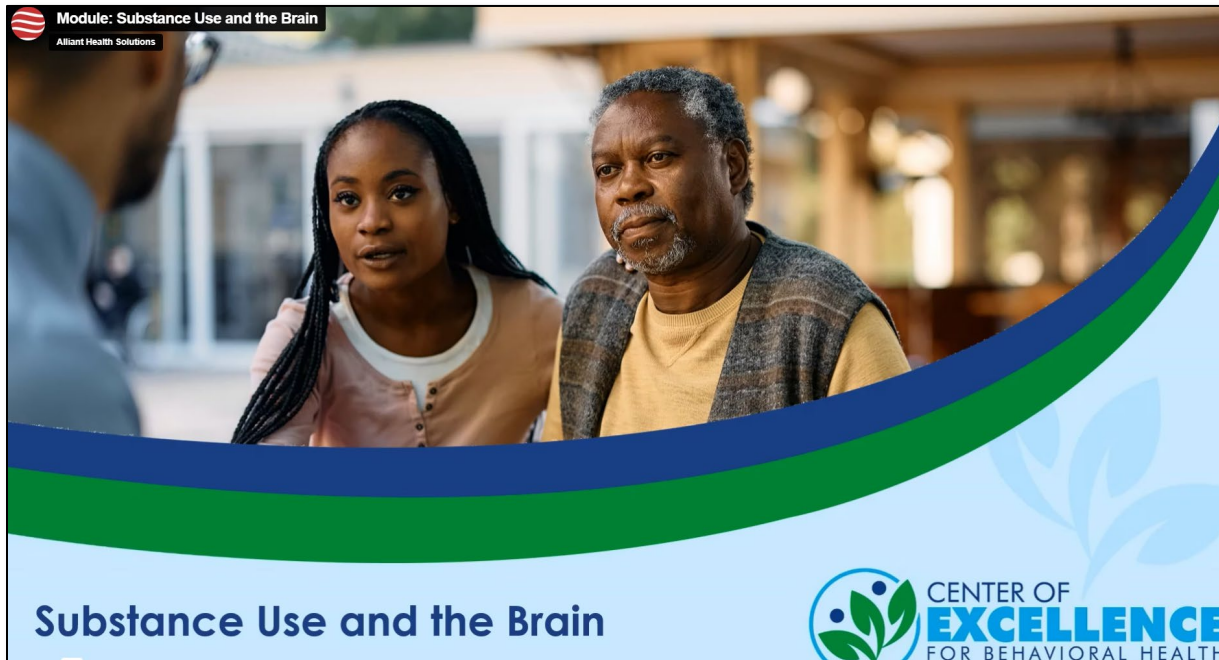
Scan the QR code or
visit the link below to view this resource.

<https://bit.ly/ScienceofSubstanceUse>

SCAN ME



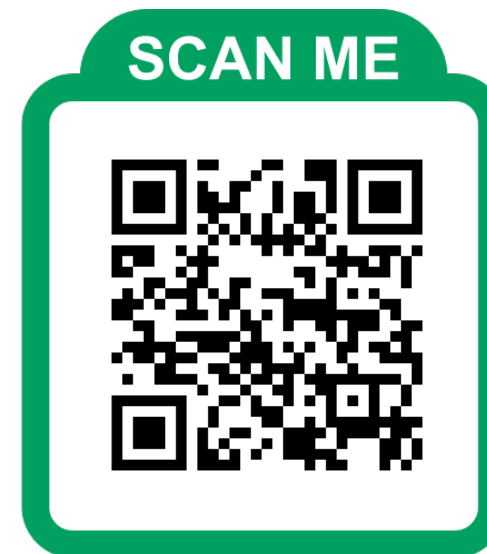
COE-NF Resources



Substance Use and the Brain

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

bit.ly/SubstanceUseandtheBrainModule



COE-NF Resources



The Hijacked Brain

Scan the QR code or
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bit.ly/thehijackedbrain

SCAN ME



Thank You!



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