



CENTER OF EXCELLENCE
FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

Substance Use Disorder In–Service Toolkit

Welcome to the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF) Substance Use Disorder In-Service Toolkit for staff development.

This training toolkit is designed to provide nursing facilities with guidance on how to deliver high-quality behavioral health training for staff at all levels, whether they work directly or indirectly with residents. Helping nursing facility staff to increase their behavioral health knowledge is essential for improving resident care. Behavioral health training equips staff with the skills to manage complex behavioral needs effectively and safely; boosts staff confidence in working with residents with behavioral health disorders; and may also assist with meeting training requirements. According to §483.40, a facility must provide behavioral health training consistent with the facility assessment at §483.71. (Participation in this training does not guarantee compliance with this requirement.)

The goal of this substance use disorder (SUD) training is to equip staff with knowledge and skills related to the science of substance use, the impact substances have on brain chemicals, and the appropriate steps to take when supporting residents with SUD. It offers easy-to-understand information on treatment options and support resources.

This training strengthens the team's ability to provide compassionate care and fosters a culture of empathy and understanding within the facility.

The training will take approximately 60 minutes to complete when done in a group setting and 30 minutes when completed independently. It includes the following three segments:

1. FACT SHEET

The fact sheet is a one-page information sheet that attracts attention and persuades action based on the content.

2. BITE-SIZED LEARNING

The bite-sized learning is a 5 to 10-minute narrated PowerPoint presentation for a deeper dive into the topic.

3. MODULE

The module is a 15 to 20-minute structured learning course. The module begins with a mandatory pre-test and concludes with a mandatory post-test, that is required to receive a certificate of completion.

Training Delivery Options

Learners can take this training in two ways, based on their availability by completing the online independent training or by attending an in-person group training event.

To access the fact sheets, bite-sized learning videos, and modules referenced in this toolkit, please visit the Centers for Medicare & Medicaid Services' Nursing Home Training and Resources page: <https://www.cms.gov/about-cms/what-we-do/nursing-homes/providers-cms-partners/training-resources>.

1. Online Independent Training

Learners can work at their own pace.

- A. Review the fact sheet to learn about how substance use changes the brain: **The Science of Substance Use Disorder**.
- B. Watch the bite-sized learning to learn more about the physical changes to the brain related to substance use: **The Hijacked Brain: How Repeated Substance Use Changes Brain Functioning**.
- C. Complete the learning module as follows:
 - i. Select this module: **Substance Use and the Brain**
 - ii. Watch the video.
 - iii. Pause the video when prompted to answer the knowledge checks.

2. In-person Group Training

For in-person group training, the nursing facility designates a facilitator to lead the session. Learners attend the training at a specified time. Use this group format as part of onboarding, annual training, agency staff training, community and family education, or just-in-time (JIT) training.



In-person Group Training

These instructions will help facilitators with planning and time management so they can adapt to the dynamics of the learners. It also supports facilitators with strategies for maintaining engagement, achieving training objectives, and ultimately contributing to successful training outcomes.

Substance Use Disorder Training Objectives

By the end of the training, learners will be able to:

1. Describe how SUD is diagnosed.
2. Explain how residents become dependent on substances.
3. Identify common substances residents may use.
4. Recognize the symptoms of withdrawal.
5. Explain what to do if you think a resident has a SUD.



Getting Prepared Checklist for the Facilitator

Four to six weeks prior to the training session:

To access the fact sheets, bite-sized learning videos, and modules referenced in this toolkit, please visit the Centers for Medicare & Medicaid Services' Nursing Home Training and Resources page: <https://www.cms.gov/about-cms/what-we-do/nursing-homes/providers-cms-partners/training-resources>.

- ❑ Select the date(s) and time(s) for the training. Please note that multiple days may be required to administer the training to accommodate all staff.
- ❑ Identify a training facilitator. Based on the facility, this could be a social worker, staff development coordinator, director of nursing, or another staff member with relevant experience.
- ❑ Consider your facility's procedures for assigning and coordinating training sessions. Remember to include an RSVP to gauge the number of learners expected.
- ❑ Reserve a training location with enough seats to accommodate the learners.
- ❑ Confirm the room has a computer, internet access and a large display.
- ❑ Ensure sufficient staff coverage is arranged so learners can participate fully in the training session.
- ❑ Review the in-service toolkit instructions in this document.
- ❑ Promote the training via facility postings (See Appendices for template—Page [12](#)).
- ❑ Promote the training via email (See Appendices for template—Page [13](#)).
- ❑ Practice and prepare for the training.

One day or more prior to the training session:

- Training facilitator should review the fact sheet, bite-sized learning and complete the module prior to the training.
- Review the RSVP list for the number of learners.
- Print both module pre-test and post-test for **each participant** (See Appendices–Pages [14-15](#) and [16-17](#), respectively).
- Print module Pre/Post Test Answer Key for facilitator only (See Appendices–Pages [18-19](#)).
- Download the fact sheet: **The Science of Substance Use Disorder**.
- Print copies of the fact sheet for dissemination or share via email.
- Post the fact sheet in the facility's employee areas.

One hour prior to this session:

- Ensure the audio and visual equipment function properly to show the videos to the class.
- Cue up the bite-sized learning video: **The Hijacked Brain: How Repeated Substance Use Changes Brain Functioning**.
- Cue up the module video in a new tab: **Substance Use and the Brain**.
- Have pens or pencils ready for learners who need them to take the tests.

Delivering the In–Person Training: Substance Use Disorder

As you guide learners through this training, remember to:

- **Foster an interactive and engaging environment that encourages open discussion and active participation.**
- **Use the provided materials to structure discussions to ensure that key learning objectives are met.**
- **Encourage questions to ensure comprehension and engagement.**
- **Be mindful of the allotted time.**

The facilitator's role is pivotal in creating a supportive learning atmosphere where all learners feel empowered to contribute.

Enjoy facilitating this journey of learning and growth!

1. Introductions

- **Start by introducing yourself and setting clear expectations for the session.**
- **Introduce the training as follows by saying:**

Welcome to our training session focused on supporting residents with substance use disorders, also known as SUD.

Throughout this session, we'll cover how SUD is diagnosed, how substance use physically alters the brain, common substances used by residents, and how to help residents with substance use disorders.

This is a great opportunity to share your thoughts and experiences related to SUD.

Let's get started!

- **Learners introduce themselves and their position (if applicable).**

2. Present the Fact Sheet: The Science of Substance Use Disorder

- **Introduce the fact sheet as follows by saying:**

We will review this fact sheet that takes a closer look at the chemical changes that occur in the brain. These changes make it difficult for people to stop using the substance and impair their abilities.

We aim to help residents feel supported as they begin or continue their recovery.

Instruct learners to read the fact sheet on their own or in groups.

- **Lead a discussion using the following potential questions:**
 - The fact sheet illustrates three changes in the brain resulting from substance use. What are they and how do they contribute to SUD?
 - What additional questions do you have?

3. Bite-sized Learning: The Hijacked Brain: How Repeated Substance Use Changes Brain Functioning

- **Introduce the bite-sized learning video as follows by saying:**

In this segment, we will explore how frequent substance use affects how the brain works. We will watch a short seven-minute video that explains the brain's reward system and how a chemical called dopamine is involved when someone keeps using substances.

By the end, you'll better understand how substances can change brain function and lead to SUD. We'll also talk more about how people can recover from SUD, showing that there's hope for healing and getting better. Recovery is possible!

Let's dive in and learn more about this important topic together.

- **Start the bite-sized learning video: select the Watch Video button.**
- **Watch the bite-sized learning video with the learners.**
- **Lead discussion with the following potential questions**
 - Why can't most people with SUD simply stop using the substance(s)?
 - How can we foster the supportive, non-judgmental environment mentioned in the video?

4. Module: Substance Use and the Brain

- **Introduce the module video as follows by saying:**

In the next 23 minutes, we will explore crucial insights into substance use disorder, or SUD. This structured learning video aims to deepen your understanding of the science behind SUD, the spectrum of substances commonly used by residents, and the diverse treatment options available.

By the end of this module, you will be equipped to identify common substances residents may use, the criteria trained clinicians use to diagnose SUD and recognize withdrawal symptoms. Prepare to gain invaluable knowledge that will enhance your ability to support residents effectively through their recovery journeys.

Together, we will navigate the complexities of SUD to promote a better understanding of the disease.

- **Distribute the pre-test questions to the learners and, if needed, pens/pencils. Instruct the learners to complete the pre-test. Let them know the goal of the pre-test is to measure their learning on the post-test. No one is expected to know all the answers.**
- **Collect the pre-tests from the learners.**
- **Start the module video and watch it with the learners.**
- **Pause the video for each of the following knowledge checks to let learners answer the questions. Then, discuss the correct answers or feedback as a group. Once the discussion for each question is complete, restart the video:**

✓ **Pause at Time Stamp: 4:32**

Knowledge Check 1

How long must someone exhibit at least two symptoms before being diagnosed with SUD?

- A. 3 months
- B. 6 months
- C. 12 months

The correct answer is C. Continued substance use must occur within a 12 month period.

✓ **Pause at Time Stamp: 10:24**

Knowledge Check 2

How does substance use turn into SUD?

- A. Lack of willpower leads to the continued use of the substance.
- B. Repeated substance use physically changes the brain's reward systems.
- C. A history of family conflict causes an inability to control substance use.

The correct answer is B. SUD is a brain-based disorder, not a choice. Changes to the brain's reward system amplify the need for the substance.

✓ **Pause at Time Stamp: 15:12**

Knowledge Check 3

What are some common substances residents might use when they have an SUD?

- A. Usually, opioid-based substances like hydrocodone or heroin.
- B. Strictly alcohol and nicotine.
- C. Residents can have SUD related to a wide variety of substances.

The correct answer is C. Residents with SUD may use a variety of substances.

✓ **Pause at Time Stamp: 18:10**

Knowledge Check 4

Ms. Sheffield is a 56-year-old resident with a history of alcohol use. She recently came to the facility with a broken leg. Ms. Sheffield woke up sweating, shaking, nauseous and anxious this morning. What could Ms. Sheffield be experiencing?

- A. Ms. Sheffield may be experiencing symptoms of withdrawal and needs immediate medical assistance.
- B. Ms. Sheffield is probably experiencing the onset of a new viral illness.
- C. Ms. Sheffield may be experiencing symptoms of withdrawal. It's best to wait 24 hours to see if symptoms improve.

The correct answer is A. Follow your facility's procedures to get immediate medical assistance from Ms. Sheffield. She may be experiencing symptoms of withdrawal. This can be a life-threatening condition without treatment.

✓ **Pause at Time Stamp: 20:23**

Knowledge Check 5

Mr. Thorne is a 70-year-old resident who's recovering from shoulder surgery. He has a long history of tobacco use and regularly smokes in the facility parking lot. Recently, Mr. Thorne has been saying that he wants to quit smoking. How can you help?

- A. Use your facility protocols to alert the staff of Mr. Thorne's wish to quit smoking so he can get the help he needs.
- B. Tell Mr. Thorne he should ask his doctor for medical aids like nicotine gum or patches. These can be helpful when quitting tobacco.
- C. Ask Mr. Thorne if he's serious about quitting. After all, he's smoked his whole life. It's probably too late to change now.

The correct answer is A. Follow your facility's procedures to get help and support for Mr. Thorne. Quitting tobacco is difficult. The right assistance can contribute to success.

Upon completion of the video:

- **Lead a wrap-up discussion using the following questions:**
 - What are your experiences with residents and substance use?
 - How can we make sure we're helping residents who have SUD?
 - When is it appropriate to raise concerns about resident substance use?
- **Distribute the post-test questions to the learners to complete independently.**
- **Collect the post-test questions from the learners.**

Training Wrap-up

- **Answer any additional questions from learners.**
- **Thank learners for attending the training.**
- **Calculate the pre and post-test learning scores.**

APPENDICES

Sample Promotional Postings

Attend Supporting Residents with Substance Use Disorders training to:

1. Learn to recognize the signs of substance use disorders.
 2. Power up your empathy by learning how physical changes in the brain can lead to a substance use disorder.
 3. Learn how to recognize withdrawal symptoms and help residents with these symptoms.
 4. Learn how to help residents on their recovery journey with empathy and understanding.
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Sample Email

Subject: Invitation to Training: Supporting Residents with Substance Use Disorders (SUD)

Dear [Recipient],

We are excited to invite you to an upcoming training session focused on supporting residents with substance use disorders (SUD) and understanding the science of substance use. This training aims to equip learners with essential knowledge and practical tools to effectively support individuals living with SUD, ultimately enhancing their quality of life.

Here are some highlights of the training modules:

- **A look at how SUD is diagnosed.**
- **An exploration of the physical changes to the brain caused by repeated substance use.**
- **A look at common substances residents may use.**
- **Resources and actions to help if you think a resident may have a SUD.**

We believe that by equipping you with the knowledge and skills to recognize, understand, and support individuals with SUD, we can collectively work towards breaking down stigmas and providing residents with the best possible care and treatment.

Date: [Insert Date] **Time:** [Insert Time] **Location:** [Insert Location]

Please RSVP by [Insert RSVP Date].

For inquiries, contact [Insert Contact Information].

Thank you for your commitment to enhancing the well-being of our facility's residents. We look forward to seeing you.

Best,

[Your Name]

[Your Position/Title]

Module Pre-Test

Name: _____ Date: _____

1. Ms. Grebe is an active, vibrant woman in her 80's. She is recovering from a broken hip that happened in her salsa dancing class. While Ms. Grebe has been a casual tobacco smoker most of her life, her tobacco use doesn't seem to have had major health or social impacts.

Which statement is true about Ms. Grebe?

- A. Ms. Grebe is a lifetime smoker and has a SUD.
- B. Although her tobacco use may eventually affect her long-term health, Ms. Grebe does not have an SUD.
- C. Ms. Grebe is unaware of the impact smoking has on her health. She should be directed to a smoking cessation program and frequently reminded of how smoking affects her body.

2. Mr. Bond is in his 60s and was recently admitted into the nursing facility after complications from knee replacement surgery. He has been taking hydrocodone to manage his pain over an extended period.

Given the prolonged period of hydrocodone use, which withdrawal symptoms should you watch for?

- A. Daytime sleepiness and confusion.
- B. Constipation and gastrointestinal discomfort.
- C. Bone/joint pain and anxiety.

3. Mrs. Wilson has a close relationship with her husband. He regularly visits and, on his last visit, brought her a tray of brownies. Recently, Mrs. Wilson has started acting disoriented and confused. She doesn't have a history of dementia, and her confusion seems to come and go.

What can be said about Mrs. Wilson's symptoms?

- A. It's possible the brownies may contain a cannabis-related product. Staff should report their concerns to the charge nurse, director of nursing or MD.
- B. These symptoms are just a normal part of the aging process. Staff should keep an eye on Mrs. Wilson to make sure she doesn't hurt herself or another resident.
- C. Staff should tell Mr. Wilson he is breaking federal law and he can no longer bring his wife outside food.

4. Which of the following is a common indicator of an SUD?
 - A. Using the substance causes the occasional argument with family but otherwise does not affect the user's daily life.
 - B. Continually increasing the amount of substance used to maintain the same feeling.
 - C. Ability to quit or reduce the use of the substance despite the challenges.

5. What causes a person to develop a SUD?
 - A. Growing up in an environment full of substance use and violent conflict.
 - B. Repeated substance use causes physical changes to the brain.
 - C. A lack of willpower and motivation on the part of the substance user.

6. Which statement about diagnosing SUD is correct?
 - A. At least two out of 11 symptoms are needed for six months.
 - B. At least three out of 11 symptoms are needed for 12 months.
 - C. At least two out of 11 symptoms are needed for 12 months.

Module Post-Test

Name: _____ Date: _____

1. Ms. Grebe is an active, vibrant woman in her 80's. She is recovering from a broken hip that happened in her salsa dancing class. While Ms. Grebe has been a casual tobacco smoker most of her life, her tobacco use doesn't seem to have had major health or social impacts.

Which statement is true about Ms. Grebe?

- A. Ms. Grebe is a lifetime smoker and has a SUD.
- B. Although her tobacco use may eventually affect her long-term health, Ms. Grebe does not have an SUD.
- C. Ms. Grebe is unaware of the impact smoking has on her health. She should be directed to a smoking cessation program and frequently reminded of how smoking affects her body.

2. Mr. Bond is in his 60s and was recently admitted into the nursing facility after complications from knee replacement surgery. He has been taking hydrocodone to manage his pain over an extended period.

Given the prolonged period of hydrocodone use, which withdrawal symptoms should you watch for?

- A. Daytime sleepiness and confusion.
- B. Constipation and gastrointestinal discomfort.
- C. Bone/joint pain and anxiety.

3. Mrs. Wilson has a close relationship with her husband. He regularly visits and, on his last visit, brought her a tray of brownies. Recently, Mrs. Wilson has started acting disoriented and confused. She doesn't have a history of dementia, and her confusion seems to come and go.

What can be said about Mrs. Wilson's symptoms?

- A. It's possible the brownies may contain a cannabis-related product. Staff should report their concerns to the charge nurse, director of nursing or MD.
- B. These symptoms are just a normal part of the aging process. Staff should keep an eye on Mrs. Wilson to make sure she doesn't hurt herself or another resident.
- C. Staff should tell Mr. Wilson he is breaking federal law and he can no longer bring his wife outside food.

4. Which of the following is a common indicator of an SUD?
 - A. Using the substance causes the occasional argument with family but otherwise does not affect the user's daily life.
 - B. Continually increasing the amount of substance used to maintain the same feeling.
 - C. Ability to quit or reduce the use of the substance despite the challenges.

5. What causes a person to develop a SUD?
 - A. Growing up in an environment full of substance use and violent conflict.
 - B. Repeated substance use causes physical changes to the brain.
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6. Which statement about diagnosing SUD is correct?
 - A. At least two out of 11 symptoms are needed for six months.
 - B. At least three out of 11 symptoms are needed for 12 months.
 - C. At least two out of 11 symptoms are needed for 12 months.

Module Pre/Post-Test Answer Key

1. Ms. Grebe is an active, vibrant woman in her 80's. She is recovering from a broken hip that happened in her salsa dancing class. While Ms. Grebe has been a casual tobacco smoker most of her life, her tobacco use doesn't seem to have had major health or social impacts. Which statement is true about Ms. Grebe:
 - A. Ms. Grebe is a lifetime smoker and has a SUD.
 - B. **Although her tobacco use may eventually affect her long-term health, Ms. Grebe does not have an SUD.**
 - C. Ms. Grebe is unaware of the impact smoking has on her health. She should be directed to a smoking cessation program and frequently reminded of how smoking affects her body.

The correct answer is B.

2. Mr. Bond is in his 60s and was recently admitted into the nursing facility after complications from knee replacement surgery. He has been taking hydrocodone to manage his pain over an extended period. Given the prolonged period of hydrocodone use, which withdrawal symptoms should you watch for?
 - A. Daytime sleepiness and confusion
 - B. Constipation and gastrointestinal discomfort
 - C. **Bone/joint pain and anxiety**

The correct answer is C.

3. Mrs. Wilson has a close relationship with her husband. He regularly visits and, on his last visit, brought her a tray of brownies. Recently, Mrs. Wilson has started acting disoriented and confused. She doesn't have a history of dementia, and her confusion seems to come and go. What can be said about Mrs. Wilson's symptoms?
 - A. **It's possible the brownies may contain a cannabis-related product. Staff should report their concerns to the charge nurse, director of nursing or Medical Director.**
 - B. These symptoms are just a normal part of the aging process. Staff should keep an eye on Mrs. Wilson to make sure she doesn't hurt herself or another resident.
 - C. Staff should tell Mr. Wilson he is breaking federal law and he can no longer bring his wife outside food.

The correct answer is A.

4. Which of the following is a common indicator of SUD?
- A. Using the substance causes the occasional argument with family but otherwise does not affect the user's daily life.
 - B. **Continually increasing the amount of substance used to maintain the same feeling.**
 - C. Ability to quit or reduce the use of the substance despite the challenges.

The correct answer is B.

5. What causes a person to develop a SUD?
- A. Growing up in an environment full of substance use and violent conflict.
 - B. **Repeated substance use causes physical changes to the brain.**
 - C. A lack of willpower and motivation on the part of the substance user.

The correct answer is B.

6. Which statement about diagnosing SUD is correct?
- A. At least two out of 11 symptoms are needed for six months.
 - B. At least three out of 11 symptoms are needed for 12 months.
 - C. **At least two out of 11 symptoms are needed for 12 months.**

The correct answer is C.