



PREVENTION AND PRACTICE: BEHAVIORAL HEALTH AMONGST INDIVIDUALS WITH DISABILITIES

SESSION 2: Evidence-based Prevention Approaches For Substance Use Disorder Treatment



MAY 13, 2026

Housekeeping Items

- All participants muted upon entry
- Engage in chat
- Raise virtual hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email
- *Let us know about you!*
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Moderators



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Prevention and Practice: Behavioral Health Amongst Individuals with Disabilities

Session 2: Evidence-based Prevention
Approaches For Substance Use Disorder
Treatment

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Learning Objectives

1. Review prevention models adapted for youth with disabilities (universal, selective, indicated).
2. Adapt Substance Abuse and Mental Health Services Administration (SAMSHA) evidence-based interventions for youth with disabilities.
3. Provide details on the protective benefits of peer, mentor, and family involvement in recovery.
4. Review a case study that details the experiences of a patient working with a Community Health Worker (CHW) in the social work setting.

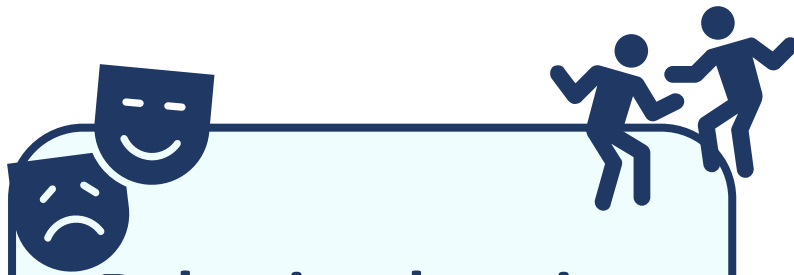


Risk Factors: Youth with Disabilities and SUD

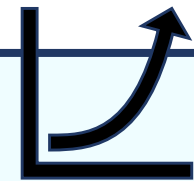
“Take it personal” comprises three main components designed to provide the patient with diverse cognitive and behavioral coping skills



**Psycho-
education**



**Behavioral coping
skills**



**Cognitive
coping skills**

Link to source:
[Duijvenbode et al.](#)



Risk Factors and Behavioral Traits: Sensation Seeking

Sensation seeking is associated with increased risk-taking or reckless behaviors among teens, including likelihood of substance use.

Sensation seeking: Adolescents lack the ability to delay a behavioral response when faced with immediate reinforcement.

Consequences: Greater vulnerability to experimentation, difficulty with delay of gratification, lower inhibition in social settings.

Comorbidities: Often co-occurs with aggression, rule-breaking or ADHD-like behaviors, compounding substance use risks.



Methods for Managing Sensation Seeking

Emphasizing positive outlets and self-regulation can improve resilience to substance use.



1. Focus on positive outlets: Direct the patient to structured, stimulating and high-intensity activities such as sports, dance and art. Involve mentors or support persons whenever possible.

1. Build self-regulatory skills: Direct the patient to structured, stimulating and high-intensity activities such as sports, dance and art. Involve mentors or support persons whenever possible.





Methods for Managing Sensation Seeking

Work with patients to re-design their home environment so that high-risk options are less available. These include:

- Removing alcohol or substance paraphernalia from the home.
- Emphasizing the importance of a sober and healthy home environment.
- Connect patients to positive mentors who embody healthy habits.
- Cooking, gardening, and nutrition programs help eliminate foods that drive unhealthy behavior.

Link to source: [Schijven et al.](#)



Prevention Models: “Take it Personal” Intervention

“Take it Personal” is a prevention program that targets the development of SUD by decreasing, internalizing, and externalizing behavior problems that drive its use.

Inclusion criteria:

1. Ages 14-30 with mild intellectual disability
2. Experimental or mild substance use (DSM-5 criteria)
3. Can be placed in a high-risk personality group

Contraindications:

1. Moderate or severe intellectual disability
2. Moderate or severe substance use (DSM-5 criteria)
3. Individuals experiencing extreme aggression.
4. Psychotic symptoms (hallucinations, delusions)

Link to source: [Schijven et al.](#)

Please take a moment to type your response to the following:

What are the benefits of using peer-based therapy with disabled youth struggling with SUD?

What are the disadvantages of using this approach?

John is a 16 year-old male with a PMH significant for diplegic cerebral palsy affecting his lower extremities. He ambulates with forearm crutches and has mild lower extremity contractures. His cognitive function is normal.

John attends a mainstream public high school and is enrolled in standard academic classes. He has no prior mental health diagnoses and no prior substance abuse treatment. He has no chronic pain requiring prescription medication.

John lives with both parents and a younger sibling in a suburban community. His parents are attentive but describe him as increasingly “private” over the past year. In the past year, he has stopped participating in school activities citing fatigue and lack of interest.

At home, he spends most of his evenings alone in his room, often on his phone or gaming online.

At school, John reports **difficulty forming close peer relationships**. Although he is academically capable, he reports feeling “different” and socially invisible.

Upon questioning, John notes that over the past year he has experienced **repeated teasing related to his gait and assistive devices**. He also reports being excluded from social events and group activities.

These experiences have led to **increasing social withdrawal and avoidance of school-sponsored activities**.

Additionally, over the past two months John has demonstrated the following:

- **Declining grades in two subjects.**
- **Increased irritability and mood lability.**
- **Frequent headaches and stomachaches without clear medical cause.**
- **Decreased motivation for previously enjoyed activities.**
- **Sleep disruption.**

He denies suicidal ideation but endorses persistent feelings of loneliness and low self-worth.

Please take a moment to type your response to the following:

From what we know so far about John, what risk factors does he experience that raise his risk of SUD?

Please take a moment to type your response to the following:

From what we know so far about John, what protective factors does he experience that lower his risk of SUD?

During a routine follow-up visit, John presents with his parents, who **express concern about his mood and withdrawal** but are unaware of any substance use.

When questioned confidentially by the Nurse Practitioner, John discloses the following:

- 3-4 times per week marijuana use, primarily in the evenings.
- Occasional alcohol consumption on weekends.
- Using substances primarily to “calm down”, reduce anxiety, and feel socially accepted.

What is the most appropriate next step:

- A. Immediately inform John's parents because substance use by a minor must always be disclosed.
- B. Maintain confidentiality, assess safety, and explore involving the parents with John's participation.
- C. Report the substance use to school officials due to the bullying history.
- D. Advise John to stop using substances



After reviewing John's findings, the primary care team comprising the physician, behavioral health clinician, and community health worker met to create a coordinated care plan.

The discussion centered on John's disability, his recent substance use, and the methodologies that can reliably be used to lower his risk and increase safety.



Physician

- **Substance use** appears coping-driven and situational rather than severe or entrenched.
- **Bullying, social isolation, and disability-related stress** are primary risk drivers.

Recommendations

- Screen for co-occurring anxiety or depressive symptoms.
- No indication for pharmacotherapy or specialty addiction treatment at this stage.
- Coordinate care with social work and CHW for prevention-focused intervention.
- Plan for close follow-up and reassessment with clear escalation thresholds.

Recommendations:

- Individual therapy to explore coping strategies, support mechanisms, self esteem, and emotional regulation.
- Family therapy to support communication between John and his parents.
- Evaluate school climate and if bullying has been formally addressed.
- Coordinate with school or mental health providers if needed.





COMMUNITY
HEALTH WORKER

Recommendations:

- Perform home-visit to assess John's day-to-day environment.
- Assess and identify gaps in inclusive recreation, peer connection, and community belonging.
- Connect John to inclusive or adaptive community activities.
- Reinforce goals with routine check-ins.
- Support family with practical strategies to encourage participation and independence.
- Communicate contextual insights back to the team.



Shared outcome

- Medical risk is low; intervention focus is preventative rather than corrective.
- Emotional distress and environmental isolation are the primary intervention targets.
- Clinical care, counseling, and community support are the primary targets for intervention.
- Clear plans for follow-up, role coordination, and escalation if risk increases

Please take a moment to type your response to the following:

What other services could be added to Jason's care plan?

What unique services at your health center would be helpful in supporting Jason's care?

UPCOMING SESSIONS

Preventing Substance Use Among Young Adults with Disabilities (Community of Practice)	Session 3: 5/20/2026 Session 4: 5/27/2026	https://us06web.zoom.us/j/84411111111
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Q & A SESSION



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