Substance Abuse and Seniors
(Including a Nursing Home Case Study)

A webinar sponsored by ***The National Nursing Home Social Work Network*** with support from the Retirement Research Foundation.

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B H S

Substance Abuse and Seniors

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Lori Nisson, LCSW

Lori is a Licensed Independent Clinical Social Worker and has spent 20 years specializing in working with adult and senior clients experiencing emotional, cognitive, and behavioral problems.

She is presenter and provides training and education to professionals and caregivers on topics relating to memory changes, mental health, movement disorders and behavioral issues.

DESCRIPTION OF THE PROBLEM

- Between 1.1 and 2.3 million older adults have a problem with alcohol. The incidence is slightly higher in men than women
- 1 in 6 older adults has a drinking problem

DESCRIPTION OF THE PROBLEM

- 3 million of the estimated 10 million alcoholics in the United States are over the age of 60
- It is estimated that 70% of all hospitalized older adults and up to 50% of residential adults have alcohol related problems

DESCRIPTION OF THE PROBLEM

- Addiction experts say that 10% of Americans over the age of 65 will develop an alcohol problem when they retire or when a spouse dies
- Widowers over the age of 75 have the highest rate of alcoholism in the country (often because they live alone and are more isolated)

DESCRIPTION OF THE PROBLEM

- Sun City, Arizona, has the highest per capita expenditure on alcohol of any city in the United States (AZ Governor's Office 2000)
  - Drug and grocery stores

DESCRIPTION OF THE PROBLEM

- 83% of people age 60 and older report regularly taking 2 or more medications. Over 50% of those are sedatives
- Older adults make up 12% of the population and take 30% of all prescriptions

DESCRIPTION OF THE PROBLEM

- Abuse of alcohol and drugs, licit and illicit, is currently a serious health problem among older Americans, affecting up to 17 percent of adults aged 60 or older (approximately 8 million adults).
- Recent statistic that Arizona has 5th highest rate of prescription meds abuse

SAMHSA Substance Abuse and Mental Health Services Administration

DESCRIPTION OF THE PROBLEM

- Prescription drugs of special concern include psychoactive drugs such as sedatives and tranquilizers which are the second most prescribed drugs for older people
- Pain medications are often prescribed for the short-term and become a long-term dependency

DESCRIPTION OF THE PROBLEM

- Benzodiazepines
  - Ativan
  - Xanax
  - Klonopin
  - Valium
- Increased tolerance and physical dependence can occur within 2 months

DESCRIPTION OF THE PROBLEM

- Older women are prescribed psychoactive drugs at a rate two and one-half times higher than older men

DESCRIPTION OF THE PROBLEM

- Rise in incidence of illicit drug use with the baby boomer's aging
  - Cocaine
  - Marijuana
  - Meth
- Grandparents living with grandchildren or children with substance abuse issues that affect them directly.

SIGNS AND SYMPTOMS

- Weight loss
  - malnutrition
- Dehydration
- Sleep Disturbances
- Disorientation, confusion, forgetfulness
- Unexplained falls, bruises, burns

SIGNS AND SYMPTOMS

- Flushed face
- Trembling
- Nausea
- Incontinence
- Headaches
- Dizziness and blackouts
- Increased tolerance

SIGNS AND SYMPTOMS

- Decreased hygiene and nutrition
  - self neglect
- Depressed mood and extended grieving
- Suicidal thoughts, ideas
- Anxiety
- Excessive mood swings
  - aggressive / abusive behaviors

SIGNS AND SYMPTOMS

- Family Problems
- Financial Problems
  - bills overlooked
  - Bills overwhelming
- Appearance of home is neglected
- Social Isolation
  - less social activities, fewer family visits
- Legal Problems
  - auto accidents or tickets

12/10/2014 19

COMMON OBSERVATIONAL SIGNS

- Attends events where drinking is accepted
- Drinks in a solitary, hidden way
- Loses interest in activities and hobbies
- Drinks despite warnings on medications
- Takes tranquilizers frequently with the slightest disturbance

12/10/2014 20

COMMON OBSERVATIONAL SIGNS

- Often seems intoxicated or tipsy with slurred speech
- Disposes of alcohol bottles in a secretive way
- Smells of Liquor or Mouthwash
- Unexplained bruises or burns and tries to hide them
  - Especially if person is living alone

12/10/2014 21

COMMON OBSERVATIONAL SIGNS

- Increasingly depressed, irritable, or hostile
- Unable to handle routine chores and paperwork
- Irrational fears, delusions, or seems under unusual stress
- Seems to be losing memory
  - Increased confusion

12/10/2014 22

EARLY VS. LATE ONSET
SURVIVORS

- 2/3's of Older Adult Alcoholics
- Long time Problem Drinkers
- Medical problems to prove it
  - cirrhosis, dementia, depression
- 1/3 of this group are intermittent drinkers who binge drink

12/10/2014 23

EARLY VS. LATE ONSET
SURVIVORS

- Many of these folks have history of problems:
  - Jail time
  - DUI
  - Early "retirement"
  - Estranged from family members who are "burned out" on their recidivism

12/10/2014 24

EARLY VS. LATE ONSET
REACTORS

- 1/3 of Older Adult Abusers
- Begin drinking later in life secondary to stressors
- Due to later onset, don't have the severe medical problems
- Women more likely than men to fall into this group

EARLY VS. LATE ONSET
REACTORS

- Single women drink more than their married counterparts
- Secondary to stress and loss which increases in abundance as adults age
- More responsive to treatment than survivors

PSYCHOSOCIAL RISK FACTORS

- Life Transitions
  - retirement, children leave home, boredom
- External Losses
  - deaths of friends, spouses, children, pets
  - economic decline, geographic relocation, marital stress

PSYCHOSOCIAL RISK FACTORS

- Internal Losses
  - hearing & vision,
  - arthritis, osteoporosis, pain
  - cognitive deficits
- Underlying Mental Health Issues
  - depression, anxiety, grief
  - guilt, self medication

AGE CHANGES IN PHYSIOLOGICAL RESPONSES

- Dysphoric vs. Euphoric reaction
- Magnifies feelings of loneliness and hopelessness
- Physically more sensitive
- Liver enzymes metabolize less efficiently

AGE CHANGES IN PHYSIOLOGICAL RESPONSES

- Less Blood Flow to Liver
  - less efficient in removing toxins
- CNS becomes increasingly sensitive
- Less efficient cardiovascular and renal function
  - slows elimination of toxins
- Loss of brain cells
  - increased sensitivity

DIFFERENCES BETWEEN OLDER ADULTS AND YOUNGER PERSONS

- Isolate and drink at home (esp. women)
- Purchase liquor in stores not bars
- Avoid driving esp. at night
  - Golf carts
- Do not drink as much on one occasion
- May drink more frequently

DIFFICULTIES IN DIAGNOSIS

- Often Retired
  - does not encounter work related problems
- Drink at Home
  - less likely to be identified by the police
- Isolation Drinking
  - decreases chances that someone will recognize the problem

DIFFICULTIES IN DIAGNOSIS

- Common attitude that alcohol or medication problems are rare
- Common signs and behaviors are overlooked or misdiagnosed
  - She is just confused
  - ER staff skip BAL
- Ageism
  - "Just part of the aging process"
  - "What's the harm, he's getting old anyway"
  - "That is all he has left"

DENIAL

- Hallmark of substance abuse
- Commonly experienced is a deep sense of shame and guilt
- Fostered by well-intentioned healthcare providers and caregivers
  - erroneous beliefs, age based prejudice
  - lack of knowledge and information about diagnosis and resources for treatment

DETOXIFICATION

- Usually 4 - 6 days, can last up to several weeks (chronic users, medical complications)
- Medically Supervised (inpatient vs. outpatient)
- Comprehensive Medical Evaluation and Stabilization (safe environment, adequate rest/nutrition)

DEMENTIA

- Alcohol-related dementia term used to describe the terms alcohol (or alcoholic)
  - One form called Wernicke-Korsakoff syndrome characterized by short term memory loss and thiamine (vitamin B1) deficiency.
- Studies show an association between long term alcohol intoxication and dementia

DEMENTIA

- Alcohol or extended drug use can damage the brain directly as a neurotoxin or indirectly by causing malnutrition
- Alcohol and other substance abuse is common in older persons it is thought
  - alcohol related dementia is thought to be under-diagnosed

FAMILY ISSUES

- Denial or enabling behavior
- Unresolved relationship issues with adult children or spouse may impede recovery
- Both spouses are substance abusers

INDIVIDUAL COUNSELING

- Non-Judgmental approach to facilitate self-disclosure
  - reinforce personal strengths
- Utilize a back-door approach
  - build rapport first
- Identify individual challenges, stressors and relapse triggers
  - damaged self-esteem
  - grief and loss issues

INDIVIDUAL COUNSELING

- Develop more effective coping skills
- Provide structure and support
- Request assignments to strengthen insight and commitment and empowerment

GROUP COUNSELING

- Peer group consists of older adults
  - facilitates identification
  - validation/normalization
  - acceptance
- Confrontation by peers can be more accepted and more powerful
  - effective means to penetrate denial

GROUP COUNSELING

- Appropriate practice ground for developing social relationships and communication skills
- Beware of mixed demographic groups
  - 78 y.o. alcohol abuser may not relate to 18 y.o. crack addict

CONTINUED CARE/AFTERCARE

- Alcoholics Anonymous attendance
- Al-Anon for families, s.o.
- Spiritual Life
  - importance of having sense of purpose
  - more formal religious support
- Volunteer Work
- Participation at senior center or other community group

THERAPEUTIC APPROACHES

The 2009 National Survey on Substance Abuse Treatment Services surveyed treatment centers

- Majority of substance abuse treatment facilities always or often used **substance abuse counseling** (96%)
- Substance abuse counseling is short-term and includes supportive therapy techniques
- Encourage the patient to discuss personal experiences, use expressive techniques to enable the patient to work through interpersonal relationship issues and gain greater self-understanding.

THERAPEUTIC APPROACHES

- Relapse prevention (87%)
- **Relapse prevention** is a cognitive-behavioral therapy developed for the treatment of problem drinking and substance use disorders.
- Cognitive-behavioral strategies are based on the theory that learning processes play a critical role in the development of maladaptive behavioral patterns. Individuals learn to identify and correct problematic behaviors.
- Relapse prevention encompasses several cognitive-behavioral strategies that facilitate abstinence and provide help for people who experience relapse.

THERAPEUTIC APPROACHES

- **Cognitive-behavioral therapy** (66%)
- CBT involves helping the client to recognize unhelpful patterns of thinking and reacting, and then modify or replace these with more realistic or helpful ones.
- CBT utilizes idea that by changing one's thinking and behavior one can change their mood
- Clients are generally expected to be active participants in their own therapy.

THERAPEUTIC APPROACHES

- **12-step program** (56%)
- The 12-step approach consists of a brief, structured approach to facilitating early recovery from alcohol abuse/alcoholism and other drug abuse/addiction.
- Intended to be implemented on an individual basis in 12 to 15 sessions and is based on behavioral, spiritual, and cognitive principles that form the core of 12-step fellowships
- Alcoholics Anonymous (A.A.) and Narcotics Anonymous (NA).

THERAPEUTIC APPROACHES

- **Motivational interviewing** (55%)
- MI is a counseling approach which acknowledges that many people experience ambivalence when deciding to make changes.
- Operational assumption is that ambivalent attitudes or lack of resolve is the primary obstacle to behavioral change, so examining and resolving ambivalence is the key goal.
- Does not immediately focus on changing behavior, but rather enhancing motivation to change.

COMMONLY USED TOOLS

- MAST-Geriatric Version
- CHARM
- CAGE

MAST-G

MICHIGAN ALCOHOLISM SCREENING TEST
GERIATRIC VERSION (MAST-G)
The Regents of the University of Michigan, 1991

1. After drinking have you ever noticed an increase in your heart rate or beating in your chest? YES / NO
2. When talking with others, do you ever underestimate how much you actually drink? YES / NO
3. Does alcohol make you sleepy so that you often fall asleep in your chair? YES / NO
4. After a few drinks, have you sometimes not eaten or been able to skip a meal because you don't feel hungry? YES / NO
5. Does having a few drinks help decrease your shakiness or tremors? YES / NO
6. Does alcohol sometimes make it hard for you to remember parts of the day or night? YES / NO
7. Do you have rules for yourself that you won't drink before a certain time of day? YES / NO
8. Have you lost interest in hobbies or activities you used to enjoy? YES / NO
9. When you wake up in the morning do you have trouble remembering part of the night before? YES / NO
10. Does having a drink help you to sleep? YES / NO
11. Do you hide your alcohol bottles from family members? YES / NO
12. After a social gathering, have you ever felt embarrassed because you drank too much? YES / NO
13. Have you ever been concerned that drinking might be harmful to your health? YES / NO
14. Do you like to end an evening with a night cap? YES / NO
15. Did you find your drinking increased after someone close to you died? YES / NO
16. In general, would you prefer to have a few drinks at home rather than go out to social events? YES / NO
17. Are you drinking more now than in the past? YES / NO
18. Do you usually take a drink to relax or calm your nerves? YES / NO
19. Do you drink to take your mind off your problems? YES / NO
20. Have you ever increased your drinking after experiencing a loss in your life? YES / NO

MAST-G, cont.

21. Do you sometimes drive when you have had too much to drink? YES / NO
22. Has a doctor or nurse ever said they were worried or concerned about your drinking? YES / NO
23. Have you ever made rules to manage your drinking? YES / NO
24. When you feel lonely does having a drink help? YES / NO

Scoring: 5 or more "yes" responses is indicative of an alcohol problem.

CHARM

CHARM QUESTIONNAIRE
Screening for Alcohol and Prescription
Medication Use in Older Adults

C - Cut Down?

H - How do you use?

A - Anyone concerned?

R - Relief use?

M - More than intended

C "Have you ever cut down or quit drinking?"
"When, in your life, would you say your drinking was the heaviest?"
"Have you thought recently that you should cut down?"

H "How do you use alcohol?"
"What are your rules about alcohol use?"
"Has your drinking changed in the last 3 months? Year?"

A "Has anyone ever seemed concerned about your drinking?"
"People have different feelings about alcohol. How do your friends and family view your drinking?"
"Have you ever had health problems that caused your doctor to ask you to alter your drinking habits?"

R "Have you ever used alcohol to relieve problems?"
"When you drink alcohol, what's usually the reason?"
"Do you ever have a drink when you feel lonely or upset?"
"How is your sleep? What do you use to help you fall asleep?"

M "Do you ever drink more than you intended? What were the circumstances?"
"Most people have times when they drink more than they intended to. What situations might cause you to drink more than you expected to?"

(Substitute the prescription medication (Ativan) for "alcohol")

CAGE

- Have you ever felt you should **cut down**, on your drinking?
- Have people **annoyed** you by criticizing your drinking?
- Have you ever felt bad or **guilty about your drinking?**

CAGE

- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**eye opener**)?

Scoring: Item responses on the CAGE are scored 0 for "no" and 1 for "yes" answers

Higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.

VIGNETTE

- Recently you had a new admission to your skilled unit.
- Rosanne is a 69 y.o. female admitted for a rehab from a hip fracture
- She has a history or osteoarthritis, fibromyalgia, anxiety and depression
- Nursing staff are complaining that she is needy, demanding and med seeking
  - Continually insisting on additional pain, anxiety & sleep meds

VIGNETTE

- You are asked to figure out how to manage this difficult resident.
- What kind of problem may be interfering with her care?
- How would best assess her needs?
- How do you balance resident rights with nursing limitations?
- What steps would you take to assist?

VIGNETTE

What is going on with Roseann?

- Depression and Anxiety
- Pain
- Likely development of opiate dependence

VIGNETTE

- How can you help?
- What approach would you use?
- How would you manage her behavior?

VIGNETTE

- Assess her potential abuse/dependence on opiates
- Discuss problem with physician & nurses
- Request an order for a behavioral health consult
  - Best option would be both psychiatry & counseling
- Address concerns with the resident
- Involve family or friends to increase support

VIGNETTE

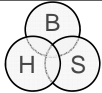
- Develop a clear limit setting plan with treatment team
- Post a schedule of meds and times given on her wall
- Encourage resident to get out of her room and into activities
- Demonstrate empathy but utilize a directive approach in setting appropriate boundaries on demands

HOW TO HELP

- **Brief Intervention**
- Help motivate relevant clients to accept and follow through and encourage a thorough evaluation by taking a few minutes to provide a brief motivational intervention.
- Discuss what that individual considers to be the pros & cons of drinking/ substance abuse while encouraging honesty
- Make a referral to inpatient or outpatient treatment program or individual counseling
  - In-house or off-site

HOW TO HELP

- **Brief Intervention**
- Accept that you may not have success in getting the resident to acknowledge the problem
- Accept that there is a great deal of recidivism in addiction
- Know that your intervention will plant a seed and increase the likelihood that the resident will get help now or in the future



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