



OLDER ADULTS: A DIVERSE POPULATION WITH SPECIAL TREATMENT NEEDS

RANDALL WEBBER, MPH, CADC
JRW BEHAVIORAL HEALTH SERVICES
WWW.RANDALLWEBBER.COM



WHO ARE “OLDER ADULTS?”

Americans older than age 55

29.1% of U.S. population

59.2 million persons

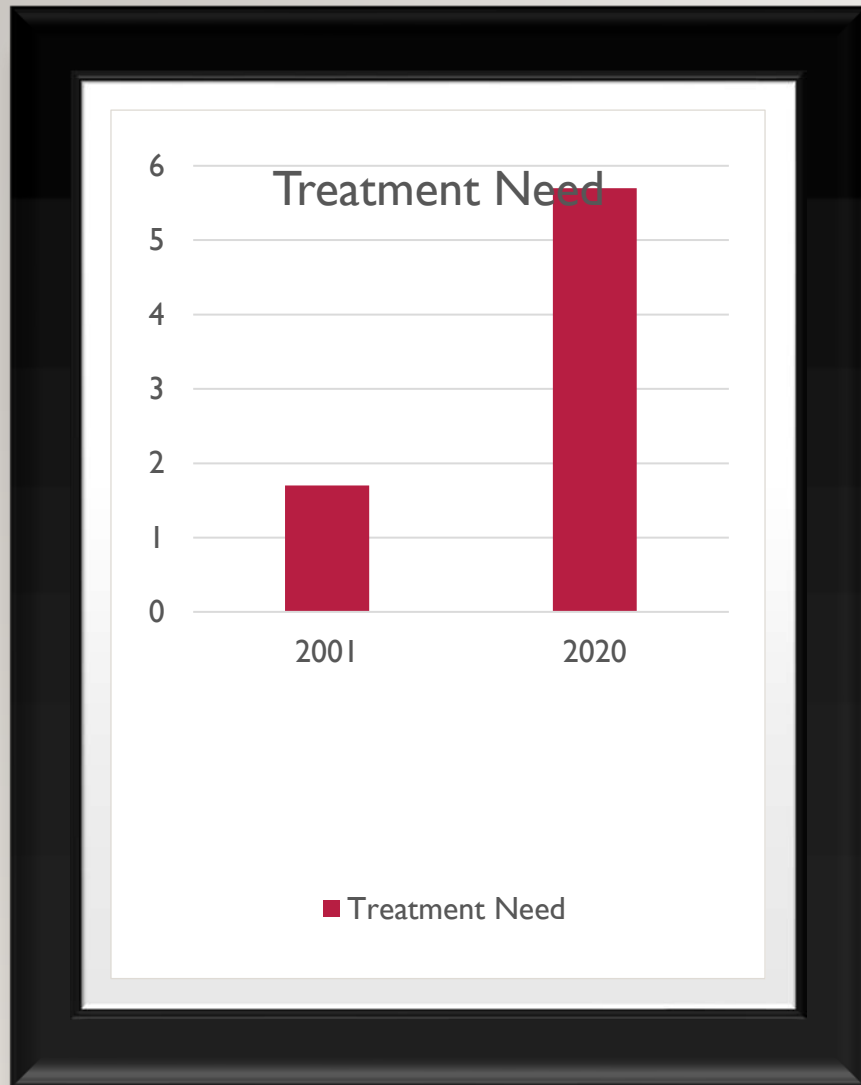
Americans older than 65

16.3% of U.S. population

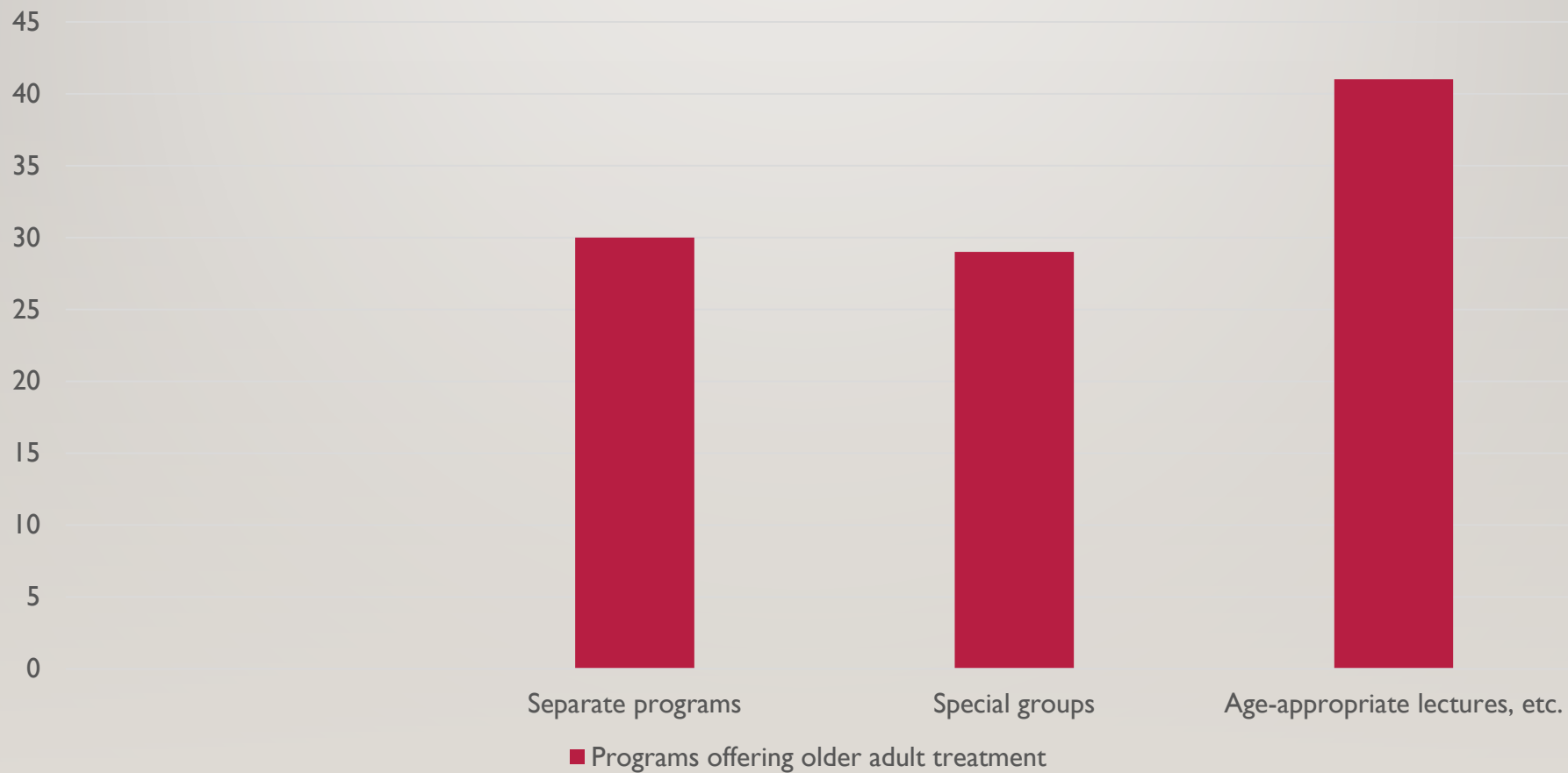
33.2 million persons

TREATMENT NEED AMONG OLDER AMERICANS

IN 2020, 5.7 MILLION AMERICANS 55+
WERE IN NEED OF SUBSTANCE USE
DISORDER TREATMENT



23% OF SUD PROGRAMS OFFER SERVICES FOR OLDER ADULTS



DO WE NEED AGE-SPECIFIC TREATMENT?



YOUNGER VS OLDER ADULTS

YOUNGER

- Working full-time
- Healthy
- Easier to identify
- Few prescriptions
- Focus on living
- Less grief

OLDER

- Retired/working part-time
- At least one health concern
- Harder to identify
- At least one prescription medication
- Focus on mortality
- Many suffer from grief and mourning

WHAT ARE SOME OF THE
PSYCHOSOCIAL FACTORS INFLUENCING
OLDER ADULTS?



LIFE CHANGES ASSOCIATED WITH OLDER ADULTHOOD

- Emotional and Social Problems
- Medical Problems
- Practical Problems

ERIKSON'S STAGES OF PSYCHOSOCIAL DEVELOPMENT



ERICKSON: PSYCHOSOCIAL CRISIS OF LATER ADULTHOOD

- Ego integrity vs despair
- Modern psychosocial theory added “Elderhood”: Immortality vs extinction

INTEGRITY

- How do I find meaning in life given the reality of death?
- Construction of personally satisfying answers to the meaning of life
- Facing the decisions and experiences of the past with acceptance

DESPAIR

- How do I go on given the death of my dreams?
- Feelings of regret
- Haunting desire to be able to do things differently
- Bitterness over how life has turned out
- “What could have been?”
- “What would have been if....”
- Fear of or desire for death

EMOTIONAL AND SOCIAL PROBLEMS

- Bereavement/sadness
- Loss of
 - Friends
 - Family members
 - Social status
 - Occupation and sense of professional identity
 - Hopes for the future
 - Ability to function

EMOTIONAL AND SOCIAL PROBLEMS

- Sense of being a "nonperson"
- Social isolation and loneliness
- Reduced self-regard or self-esteem
- Family conflict and estrangement
- Problems in managing leisure time/boredom

MEDICAL PROBLEMS

- Physical distress
 - Chronic illness
 - Injury
 - Pain
- Physical disabilities and handicapping conditions
- Insomnia
- Sensory deficits
 - Hearing
 - Sight

HEARING



HEARING

- Presbycusis
- Tinnitus

SIGHT

Presbyopia

“Floaters”

Cataracts

Age-related macular degeneration

Glaucoma

Sensitivity to glare

MEDICAL PROBLEMS

Balance/vertigo

Reduced mobility

Cognitive impairment and change

Menopause

Andropause

PRACTICAL PROBLEMS

- Impaired self-care
- Reduced coping skills
- Decreased economic security or new poverty status due to
 - Loss of income
 - Increased health care costs

PRACTICAL PROBLEMS

- Dislocation
 - Move to new housing or family moves away
 - Homelessness
 - Inadequate housing

COMMON REASONS FOR SUBSTANCE MISUSE

Retirement

Death of a family member, spouse, pet, or close friend

Loss of income or financial strain

Loss of purpose

Relocation or placement in a nursing home

Trouble sleeping

Family conflict

Mental or physical health decline (depression, memory)

DIFFICULTY IDENTIFYING CLIENTS AT-RISK OR NEEDING TREATMENT

- Less contact with:
 - Co-Workers/supervisor
 - Family
 - Law enforcement

DIFFICULTY IDENTIFYING CLIENTS AT-RISK OR NEEDING TREATMENT

- Need more case-finding
 - Doctors
 - Nurses
 - Social workers
 - Home health providers
 - Senior citizen community programs
 - Drivers
 - Volunteers

DIFFICULTY IDENTIFYING CLIENTS AT-RISK OR NEEDING TREATMENT

DSM criteria may not fit

APPLYING DSM-IV
DIAGNOSTIC
CRITERIA TO
OLDER ADULTS
WITH ALCOHOL
PROBLEMS:

Tolerance

Increased sensitivity to low intake

APPLYING DSM-IV DIAGNOSTIC CRITERIA TO OLDER ADULTS WITH ALCOHOL PROBLEMS:

Withdrawal

Physiological dependence not developed

Withdrawal symptoms may present differently (e.g.,
confusion)

APPLYING DSM-IV DIAGNOSTIC CRITERIA TO OLDER ADULTS WITH ALCOHOL PROBLEMS:

Taking larger amounts or over a longer period than was intended

A persistent desire or unsuccessful efforts to cut down or control substance use.

Cognitive impairment may interfere with self-monitoring

Drinking/drug use can worsen cognitive impairment

APPLYING DSM-IV DIAGNOSTIC CRITERIA TO OLDER ADULTS WITH ALCOHOL PROBLEMS:

**Spending much time to obtain and use alcohol
and to recover from effects**

Negative effects can occur with
relatively low use

More free time = less awareness that too much time is
lost

APPLYING DSM-IV DIAGNOSTIC CRITERIA TO OLDER ADULTS WITH ALCOHOL PROBLEMS:

Giving up social, occupational, or recreational activities because of substance use.

Fewer activities

Continuing use despite (the knowledge of) physical or psychological problem caused by use

May not make the connection

SCREENING

- No problem
- Moderate risk
- Moderate to high
- High (severe) risk
- Substance use disorder

BRIEF INTERVENTION (MODERATE RISK)

- Motivational discussion
 - Raising awareness
 - Understanding consequences
 - Moving toward change

BARRIERS TO TREATMENT

Lack of age
specific
programs

Complications
with overall
health

Medication
management

Co-occurring
disorders

Transportation

Support
systems (family
and self-help)

Not seen as a
high priority

GUIDELINES

- Culturally appropriate
- Respect for older clients
- Broad, holistic treatment approach
- Program flexibility

SAMPLE TOPICS FOR GROUP DISCUSSION

- Death and dying
- Grief and bereavement
- Anger management
- Who am I now?
- My legacy
- Careful use of medications
- Managing pain

CREATE A TREATMENT ENVIRONMENT RESPONSIVE TO OLDER ADULTS

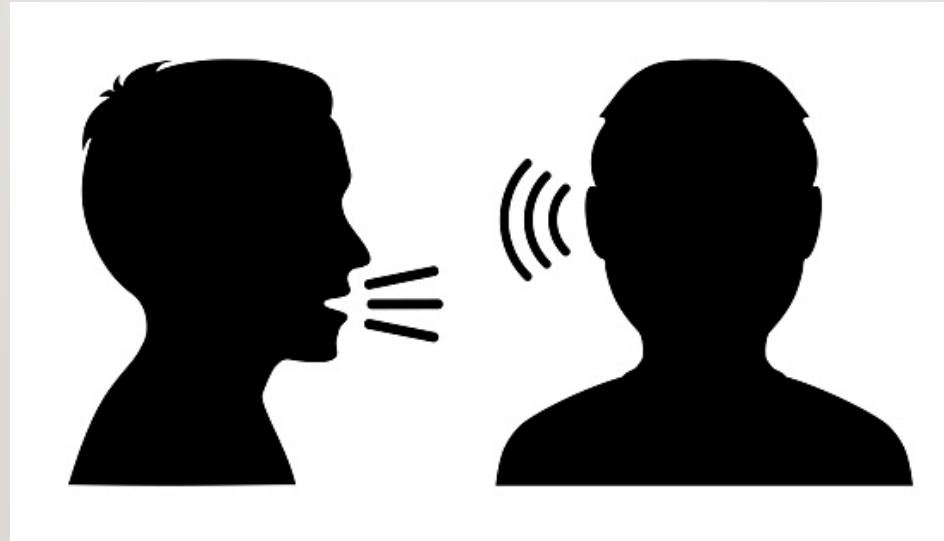
- Understand the developmental needs and cohort differences.
- Conduct an organizational self-assessment of attitudes, knowledge, and skills needed to effectively respond to older adults in your program.
- Conduct an organizational self-assessment of the physical environment and other barriers to access that must be addressed to provide services to older adults.
- Address organization-wide competence in the developmental needs of older adults and cohort differences in your strategic planning process.
- Assign one staff member to oversee the development of age-specific practices and services.
- Develop an advisory board or task group with older adult members from the community.
- Engage clients, staff, and community members in planning/developing age-specific services and programs.
- Develop and review policies and procedures to ensure that all staff are responsive to older adults' needs.
- Create an older adult-friendly environment that enhances engagement and retention of clients.
- Develop outreach strategies to improve access to care.



SUMMARY

- SUDs are often underestimated, overlooked and underdiagnosed in older adults
- Older and middle-aged adults have different needs
- Few SUD treatment programs are prepared to deal with older clients

THANK YOU FOR YOUR ATTENTION!



Slides posted at randallwebber.com