



Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



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**Evidence-Based Screening and
Brief Interventions for
Alcohol and
Psychoactive Medication Misuse
in Older Adults**

Speakers

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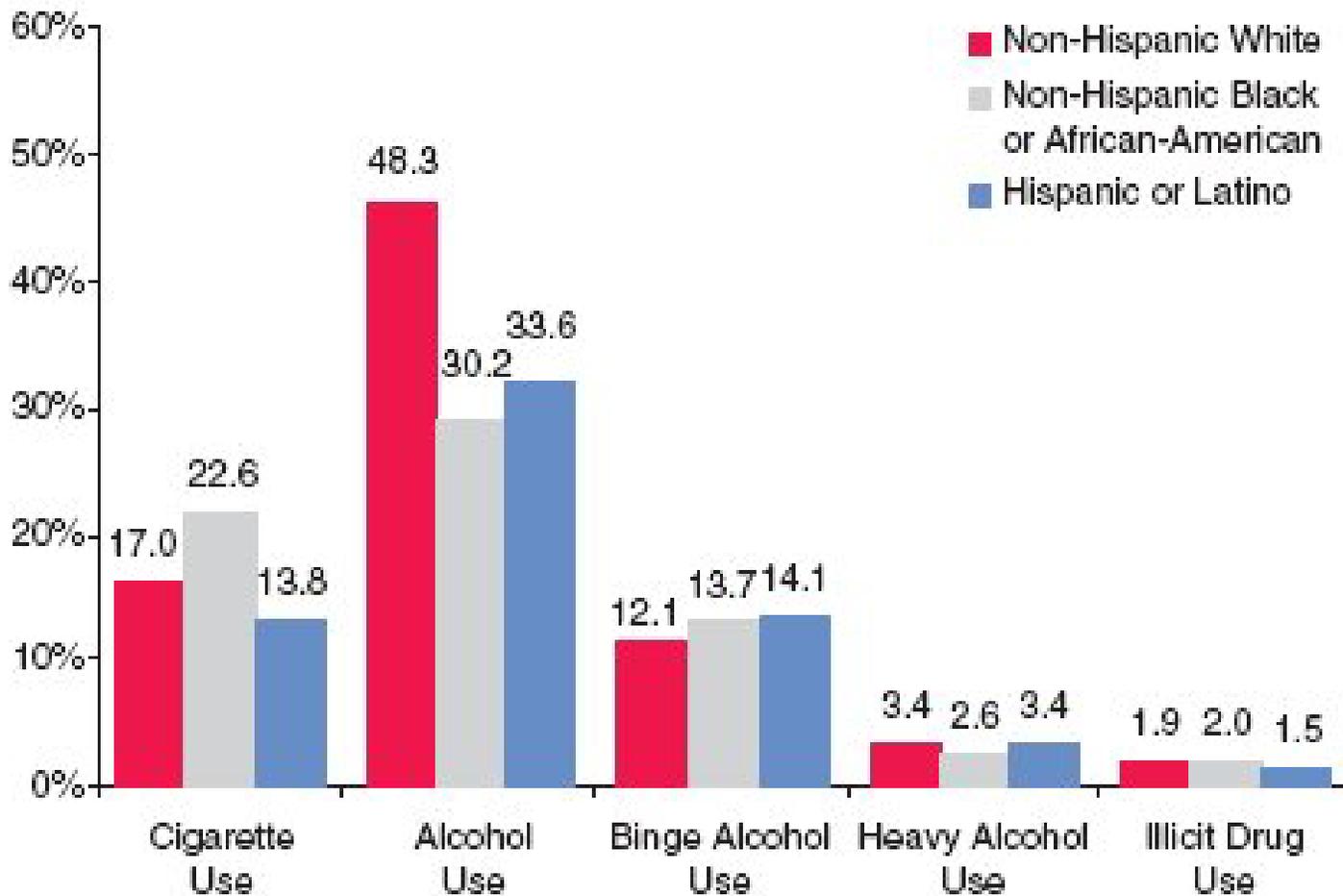
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Presentation Overview



- Brief overview of problem
- Screening and Identification Methods
- Brief Motivational Interventions
- Future Needs

Percentages of Past Month Cigarette, Alcohol, and Illicit Drug Use among Older Adults, by Race/Ethnicity: 2002 and 2003



(SAMHSA, 2005)

Substance Abuse Among Older Adults

An estimated **one in five** older Americans (19%) may be affected by combined difficulties with alcohol and medication misuse.



Functional Impairment and Alcohol

- Among older men and women (60 and older)
 - More than 7 drinks per week associated with impairments in instrumental activities of daily living (IADLs)
 - Impairments to lesser extent with advance activities of daily living (AADLs)
 - More than 3 drinks per occasion associated with IADL impairments

(Moore et al., 2003)

Pain and Alcohol Misuse

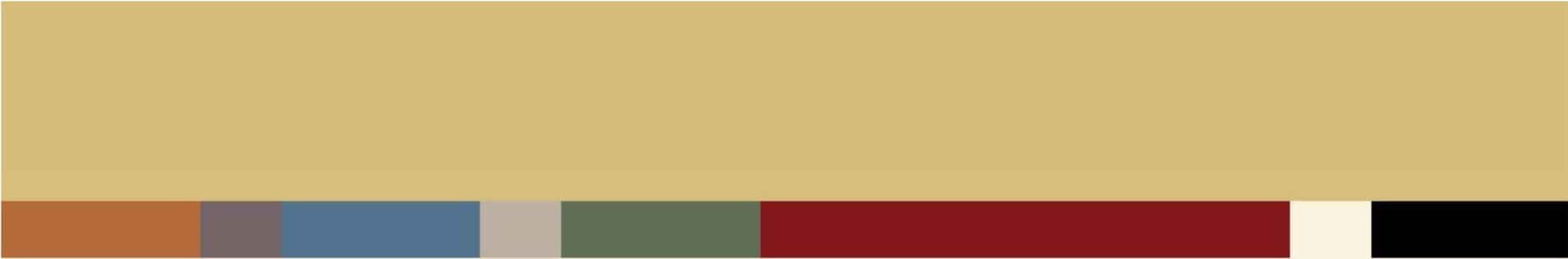
- Older problem drinkers reported
 - more severe pain
 - more disruption of daily activities due to pain
 - more frequent use of alcohol to manage pain compared to older non-problem drinkers
- More pain associated with more use of alcohol to manage pain
 - Relationship stronger among older adults with drinking problems than those without

(Brennan et al., 2005)

Problem Alcohol Use Increases Caregiver Burden

- Geriatric patients undergoing assessment for cognitive problems (n=349)
 - 17.8% had a current or past alcohol problem
 - 35% of men, 9% of women
 - Half of those with current or past problem were actively drinking alcohol
 - Patients with history of problem alcohol use, regardless of *current use* and cognitive status, exhibited more behavioral disturbances including agitation, irritability, and disinhibition
 - Caregivers of patients with current or past alcohol problems reported significantly higher caregiver distress

(Sattar et al., 2007)



Screening Approaches

Barriers to Identification

- Ageist assumptions
- Failure to recognize symptoms
- Lack of knowledge about screening
- Attempts at self-diagnosis or description of symptoms attributed to aging process or disease
- Many do not self-refer or seek treatment
 - Although most older adults (87 percent) see physicians regularly, an estimated 40 percent of those who are at risk do not self-identify or seek services for substance abuse

(Raschko, 1990)

Screening Instruments and Assessment Tools

→ Alcohol Consumption

- Quantity, Frequency, Binge Drinking
- AUDIT-C

→ Alcohol Consequences

- CAGE, AUDIT, MAST, SMAST
- Elder-Specific: MAST-Geriatric Version, SMAST-G

→ Health Screening Survey

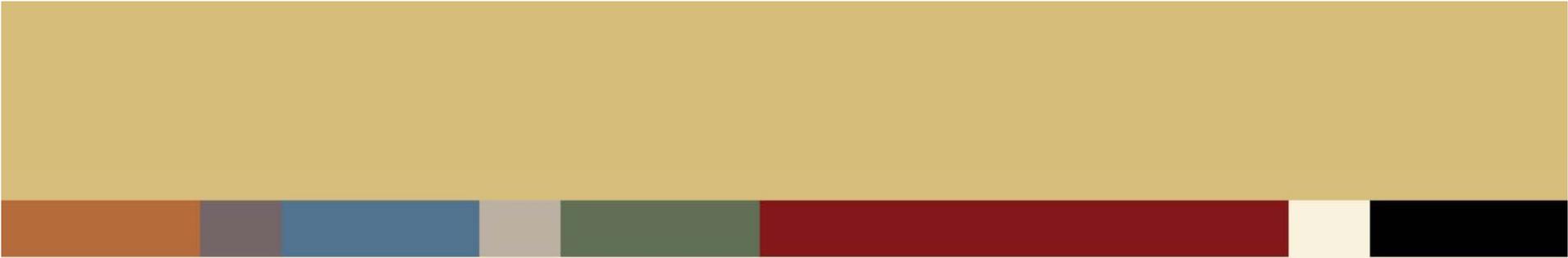
- includes other health behaviors
 - nutrition, exercise, smoking, depression

Screening and Assessment Recommendations for Older Adults

- Every person over 60 should be screened for alcohol and prescription drug abuse as part of regular physical examination
 - ⇒ “Brown Bag Approach”
- Screen or re-screen if certain physical symptoms are present or if the older person is undergoing major life transitions

Screening and Assessment Recommendations for Older Adults

- Ask direct questions about concerns
 - ⇒ Preface question with link to medical conditions of health concerns
 - ⇒ Do not use stigmatizing terms (i.e. alcoholic)



Motivational Brief Prevention and Intervention Methods

The Spectrum of Interventions for Older Adults

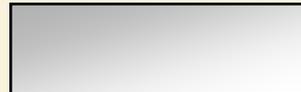


A	B	C	D	E	F
Not	Light-Moderate	Heavy	Alcohol	Mild	Chronic/Severe
Drinking	Drinking	Drinking	Problems	Dependence	Dependence

Prevention/
Education



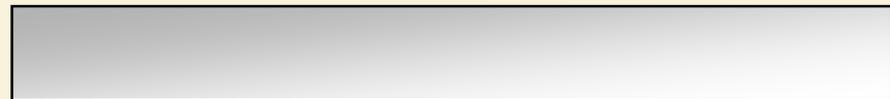
Brief Advice



Brief
Interventions



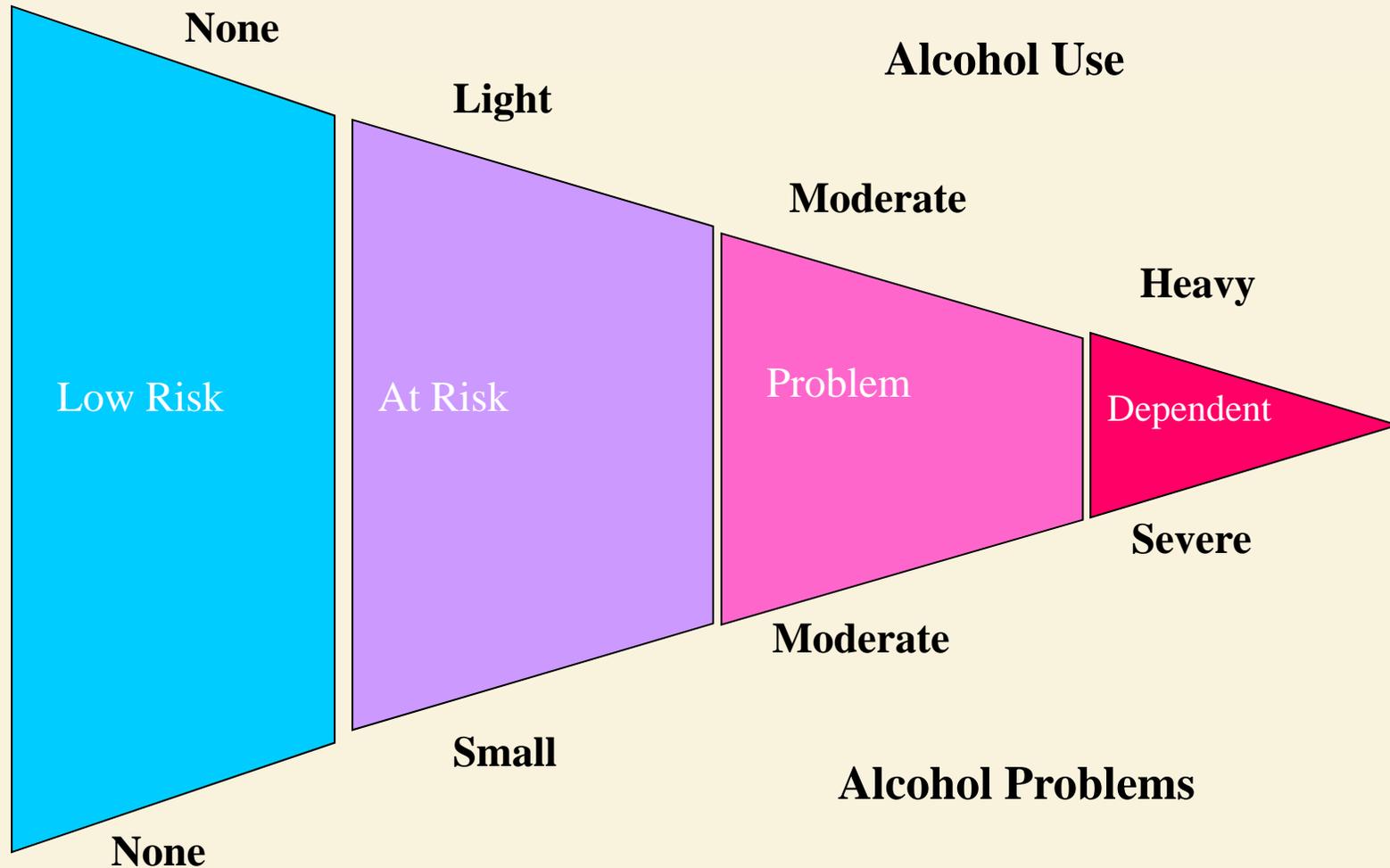
Pre-Treatment
Intervention



Formal Specialized Treatments

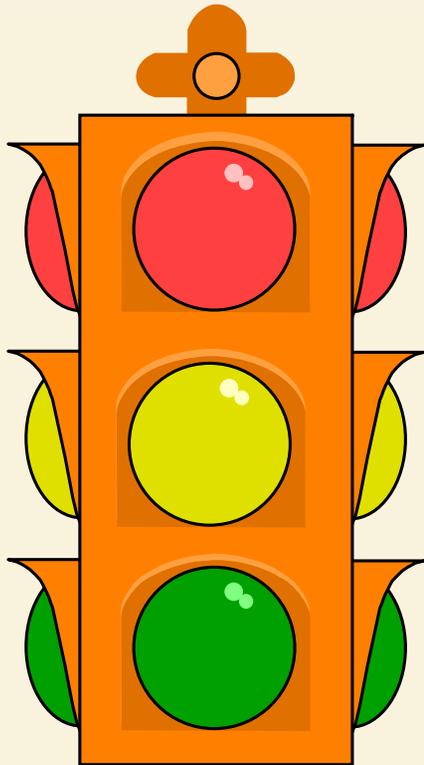


Relationship between Alcohol Use and Alcohol Problems



World Health Organization (WHO)

Drinking Definitions



- **Harmful drinking:** Use of alcohol that *causes* complications (includes abuse and dependence)
- **Hazardous drinking:** Use of alcohol that increases *risk for* complications
- **Non-hazardous drinking:** Use of alcohol without clear risk of complications (includes beneficial use)

Early Empirical Support for Brief Interventions with Older Adults

Project GOAL (Guiding Older Adult Lifestyles)

Physician advice for older adult at-risk drinkers led to reduced consumption at 12 months

(University of Wisconsin; N=156; 35-40% change)

Health Profile Project

Elder-specific motivational enhancement session conducted in-home reduced at-risk drinking at 12 months

(University of Michigan; N=454)

Current Knowledge

- ↓ Brief Interventions (BI) can reduce alcohol use for at least 12 months among older adults
- Motivational enhancement effective
- Approach is acceptable to older adults and can be conducted in health clinics and in-home
- ↓ BI appears to reduce alcohol-related harm
- ↓ BI appears to reduce health care utilization



PRISME

Primary Care Research in Substance Abuse & Mental Health for the Elderly

A Comparison of Two Service Models for Depression and At-risk Alcohol Use in Older Adults

→ Integrated/Collaborative Care

- Co-Located
- Concurrent
- Collaborative

→ Enhanced Referral to Specialty Mental Health and Substance Abuse Clinics

- Preferred providers and facilitated appointments, transportation, payment

PRISM-E and At-Risk Drinking

- Greater engagement in care for integrated care (65%), compared with enhanced specialty referral (38%)
- In integrated care, 120 participants (43%) received one BAI
 - Only 24 patients in integrated care (9%) had recommended 3 BAI sessions
 - Fewer participants in this group with a dual diagnosis received BAI (32%), compared with those without such a diagnosis (47%)
- Significant reductions in quantity and frequency of drinking and binge drinking over 6 months; **no differences in drinking outcomes between models**
- Minimal uptake and implementation of BAI in both study groups

(Oslin et al., 2006)

SBIRT MODEL

→ Screening

→ Brief Intervention

→ Referral to Treatment

CSAT SBIRT Initiative

- Designed for implementation in medical settings
- Major focus on “nondependent” substance use
- Emphasize simple screening followed by one session of brief advice/brief intervention, educational, motivational interviewing
- Refer to Treatment for “deep end” services and other care, as needed
- Competitive 5 year grants awarded to states (Governor) – Cohorts in 2003, 2006, 2008

Florida BRITE Project: BRief Intervention and Treatment for Elders (only SBIRT project focused on older adults)

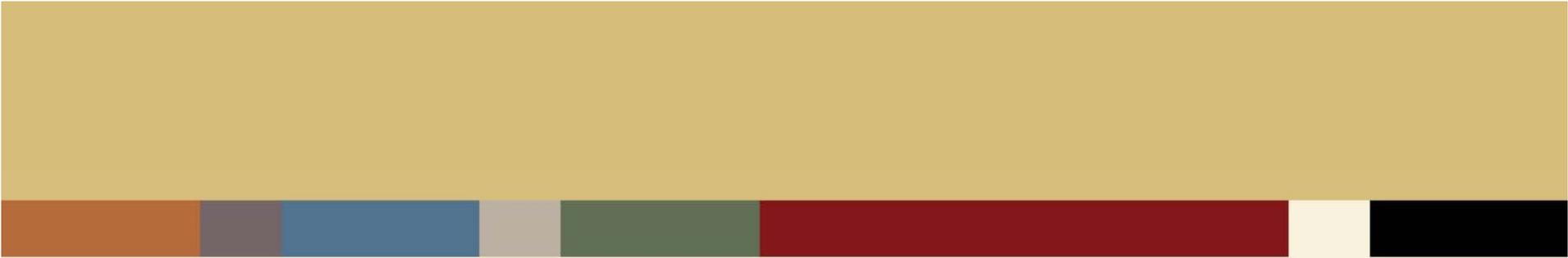
- Based on state-funded pilot project (2004-07)
 - Schonfeld, et al (2010) Am. Journal of Public Health
 - Five years: Oct. 2006-Sept. 2011
 - Most of the funding for direct services
 - Provide large scale brief screening and for positive screens, 1 brief advice/intervention session (can go as high as 5 BI or 12 BT)

Florida BRITE

- Florida - only SBIRT specific to older adults
- BRITE is offered in medical, aging, psychiatric, substance abuse services
- BRITE expanded from 4 sites (4 counties) to 21 sites in 15 counties
- Challenge: Prescription drug misuse

Florida BRITE

- In the first two years, 6,205 people were screened by BRITE providers
 - Not all sites were “up and operating yet”
- Screening takes place in:
 - Hospital emergency rooms
 - Urgent care centers & clinics
 - Primary care practices
 - Aging services
 - Senior housing
 - Private homes



Brief Intervention Session

Aspects of Effective Brief Interventions

- Feedback
- Responsibility
- Advice
- Menu
- Empathy
- Support Self-efficacy

(Miller and Rollnick, 1993)

Confrontation vs. Motivational Interviewing

Confrontational Approach

- Accept self as alcoholic
- Personal pathology - reduces personal choice, judgment, control
- Present evidence of problems
- Resistance = “denial”
- Meet resistance with argumentation and correction
- Goals and strategies prescribed

Motivational Interviewing Approach

- De-emphasis on labels
- Emphasis on personal choice and responsibility
- Elicit concern/evidence
- Resistance influenced/induced by interviewer
- Meet Resistance with Reflection
- Goals and Strategies negotiated - involvement and acceptance of goals are vital

Settings for Brief Interventions

- Primary Care
- Emergency Department
- Hospitals
- Community—Housing, Community Centers, Meal Sites
- Workplace
- Home Health Care
- Substance Abuse Treatment Program

Steps in Brief Alcohol Intervention

- ✓ Identifying future goals
- ✓ Summary of health habits
 - individualized feedback on health, drinking, consequences
- ✓ Standard drinks
- ✓ Types of Older Drinkers
- ✓ Consequences of At-Risk drinking
- ✓ Reasons to quit or cut down
- ✓ Drinking agreement and plan
 - controlled drinking vs. abstinence goal
- ✓ Risky situations/Alternatives

Brief Intervention Steps

Identifying future goals

- Participants are asked to identify their goals
 - Physical and mental health
 - Social lives/relationships
 - Finances, etc.
- ❖ *This makes certain issues affected by alcohol salient, and may assist in developing a discrepancy between current drinking and valued goals during the course of the intervention.*

Brief Intervention Steps

Summary of health habits

- ➔ Participants provide information regarding
 - physical and mental health functioning
 - health habits, nutritional issues, tobacco use
 - alcohol consumption
- ❖ *This is an opportunity for the interventionalist to give individualized Feedback, and facilitates self-reflection regarding health status and alcohol use.*

Brief Intervention Steps

Standard Drinks and Types of Older Drinkers

- ➔ Participants are introduced to the concept of standard drinks
- ➔ Participants are shown how their level of alcohol consumption compares to other older adults
- ❖ *This assists participants in understanding that the effects of alcohol are similar across beverage groups and puts their drinking in perspective.*

What's a Standard Drink?

What's a standard drink?
1 standard drink =

1 can of
ordinary
beer or ale
12 oz.



a single shot
of spirits
1.5 oz.
whiskey, gin, vodka, etc.



a glass
of wine
5 oz.



a small
glass of
sherry
4 oz.



a small
glass of
liqueur or
apertif
4 oz.



Brief Intervention Steps

Reasons to quit or cut down

- Participants are asked to identify positive and negative aspects of their alcohol use
- Participants are asked to identify “benefits of change” and “barriers to change”
- ❖ *This assists participants in weighing the issues, and hopefully “tipping the decisional balance” in favor of changing drinking habits.*

Brief Intervention Steps

Drinking agreement and plan

- Participants are asked to choose a drinking goal (reduction vs. abstinence), their start date for addressing their drinking, their rate of reduction, and target date
- ❖ *This provides a MENU of options to participants. Intervention staff may offer additional Feedback/Advice. Goal choice increases a sense of personal Responsibility.*

Brief Intervention Steps

Risky Situations/Alternatives are identified

- ➔ Participants are asked about the situations and environmental cues that may trigger drinking
- ❖ *Increases insight into consumption, allows participants to identify their own strategies for cutting down. Staff are trained in Empathic techniques and to Support Self-efficacy.*

Fidelity

- SBI is being implemented with fidelity when the core elements are delivered in a manner consistent with the original design in different settings and by different staff
- SBI core elements:
 - Prescreen
 - Screen
 - Brief intervention – Use of an intervener exit form
 - Referral to treatment or other services
 - Follow-up

Embedding SBI

- Embedding helps organizations offer SBI on a routine basis and helps sustain the practice
- **Prescreen**
 - Embed within initial intake/registration in social or health care services
 - Health fairs, primary care, ED, etc.
- **Screen** (for individuals with + prescreen)
 - Embed within existing assessments done by case management in social or health care services
 - Embed in health promotion programs in a variety of settings
- **Brief intervention** (for individuals with + full screen)
 - Intervention can be embedded/integrated where appropriate as part of normal services.

Practical Summary

- Assess both consumption and consequences
- Consider possible goals (engage in treatment/quit or reduce drinking)
- Use the FRAMES/Motivational Enhancement Approach

Resources

- SAMHSA website <http://www.samhsa.gov/>
 - “Get Connected” Tool Kit:
www.samhsa.gov/Aging/docs/GetConnectedToolkit.pdf
- NIAAA brief intervention guide
<http://pubs.niaaa.nih.gov/publications/Assesing%20Alcohol/index.htm>
- Alcohol Use Disorders Identification Test (AUDIT)
- Short Michigan Alcoholism Screening Test-Geriatric Version (SMAST-G)
- Brief Intervention Workbook (Barry, Blow, Schonfeld, Cameron)

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Screening and Brief Interventions



Questions and Answers

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