

Question & Answer (Q&A): Promising Practices for Meeting the Needs of Dually Eligible Older Adults with Substances Use Disorders (SUDs)

Webinar participants asked these questions during the May 2019 Promising Practices for Meeting the Needs of Dually Eligible Older Adults with SUDs webinar. We have edited speakers' responses for clarity. The webinar recording, slides, and transcript can be found on the Resources for Integrated Care website:

<https://resourcesforintegratedcare.com/Behavioral Health/2019 BH Webinar/Older Adults with SUD>

Featured Speakers:

- Dr. Louis Trevisan, MD, Associate Professor of Psychiatry, Yale University
- Dr. Nicole MacFarland, PhD, Executive Director, Senior Hope
- Elizabeth Baumann, LSW, Case Manager, Council of Aging of Southwestern Ohio
- Sherri, Credentialed Alcoholism and Substance Abuse Counselor (CASAC), Consumer

Q1: How does screening for SUDs differ for older adults compared to younger adults?

Dr. Trevisan: The screening process may need to be more conversational for older adults in order to elicit needed information. A screening should not just be a “check the box” process for any age, but particularly not older adults. The process should be a warm, empathetic way of engaging the older adult in talking about whether they are using substances, and if so, how. The practitioner should be sensitive to potential aging-related stressors, such as widowhood or cognitive changes, and should ask questions about how these stressors may be impacting their life, if applicable. It is particularly important for providers to be aware of stigma and not to imply that SUDs are indicative of bad character. Make sure to be gentle, non-confrontational, and non-judgmental.

Q2: Dr. MacFarland, how do you determine when it is time for an intervention, such as involving a doctor or family, and how do you increase the chances of success?

Dr. MacFarland: If it becomes evident over time that the older adult is unable to stay sober, the practitioner may reach out, if there is a signed release in place, to the client’s primary care physician or involve family members. To increase the chances of success, the practitioner may emphasize to the client how valuable it is to bring everyone to the table to discuss how best to meet their needs.

We have also found it helpful at Senior Hope to share with clients, as applicable, that they are part of a family system and that their behavior has significant impact on those around them. We explain how beneficial it can be to bring together individuals who care about their well-being, including family and friends, to discuss their needs and care.

Q3: Many care providers work telephonically. Can you share any telephone-specific tips for working with older adults with SUDs?

Elizabeth Baumann: During a phone interaction, start first with the topic the person is most concerned about and build off of that. If someone is calling while under the influence, you may have to virtually “meet” them where they are and only discuss what they have to talk about. It may be helpful to just listen closely and say, “It sounds like you may be having a hard time right now. Would you like me to call somebody for you? Can I three-way call someone to get you some help?”

More broadly, being able to use the three-way call function is very helpful. I frequently make home visits and suggest calling providers *with* a member is more useful, rather than asking the member to call the provider by themselves. Calling together with the consumer can build rapport and allow you to work together to get the consumer the help they need.

Q4: How do you encourage older adults with SUDs to attend support groups?

Nicole MacFarland: Many older adults share that there was a lot of stigma associated with addiction when they were growing up. For many older adults, this may be their first experience being in treatment at all, including a support group, and they may be a bit reluctant to join.

If you can overcome any initial reluctance, peer support can be instrumental in helping an older adult to continue treatment and move towards recovery. We try to pique their interest in attending peer support groups by encouraging older adults with SUDs to talk with their peers while they are onsite at Senior Hope. Talking with peers, whether in the waiting room or during an initial introduction, helps to demystify the experience of treatment and encourage connection. When older adults are able to speak with one or more peers, they start to realize that engaging in groups and sharing their experience can move them towards greater recovery.

Q5: What can care coordinators do to assist members who are taking medications for SUDs?

Dr. Trevisan: Medications for treating SUDs can be very helpful but must be taken correctly. Use of suboxone, methadone, and naltrexone should be monitored closely in particular. Care coordinators can spend time with the older adults to help them make sure they are taking their medications correctly, paying special attention to medication for opioids and alcohol to reduce the possibility of overdose. In addition, the care coordinator can stay in touch with providers as needed to let them know how things are going with the member.

Q6: What advice would you give to someone (a care coordinator, family member, etc.) who is working with an older adult that is resistant to help?

Elizabeth Baumann: Sometimes, we encounter members who may not recognize that they have a SUD. It can be helpful to start with what the older adult sees as a problem (for example, their income, where they are living, or other challenges) and in this way learn more about their

situation and determine what barriers they are facing. I have worked with people who have faced eviction and do not know why, but then realize it is because they have been drinking excessively in the hallways or not following the rules of where they are living. It is important to simply meet them where they are, listen, and look for opportunities to make the connection from their concerns to their substance use.

Q7: What are some of the most effective ways to help older adults maintain their recovery over time?

Elizabeth Baumann: It is important to be a part of an older adult's life by checking in with them often, and not only during scheduled contacts. Call the older adult to see how they are doing. Many people truly appreciate that, particularly older adults who may not have other support systems.

Nicole MacFarland: With permission, engage caregivers that are involved with the older adult as they may be able to provide insights on the older adult's situation that they may not have shared. This additional insight can help practitioners to provide services that support an older adult with a SUD over the long term.

Q8: What advice would you give to an older adult with a SUD to help them in their recovery?

Sherri Finkel: It is very important that older adults believe in themselves and know they are good people. I would recommend that they work with other seniors to establish a community. For me personally, my work with Senior Hope helped me recover. I worked with other seniors who understood my experiences and showed me that I can achieve recovery and that I am not a bad person. Senior Hope's peer support programs brought me to place where I could stay sober and function as a non-addicted person. Peer support has been essential in maintaining sobriety.