

Increasing Provider Comfort Levels: Working With Older Adults

Older Americans Substance Abuse and Mental Health Technical Assistance Center

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*“I’m thirty...
until I look in the mirror.”*

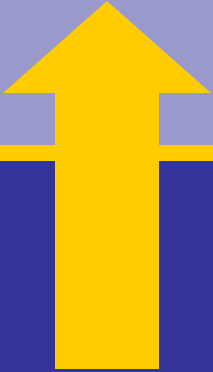


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Awareness, Communication and Interactions



Increased **awareness**, good **communication** and effective **interactions** with older adults is good medicine. Understanding the lifestyle changes, health care issues, and needs of older adults make for good health care policy and practice.



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Benefits of Effective Communication

Teaching communication skills to providers results in:

- Improved communication with older adult clients/patients
- Improved provider assessment abilities
- Improved client/provider relationships
- Improved care management

(National Institute on Aging)



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Training Objectives

1. Increase awareness of the daily physical, mental and emotional challenges faced by some older adults.
2. Review U.S. functional literacy rates and its impact on older adult health literacy and health outcomes.
3. Examine topics that are sensitive to many older adults and present obstacles for health care providers.



Training Objectives

4. Discuss and engage in activities designed to remove provider obstacles and promote positive interactions with older adults facing substance abuse/medication misuse, anxiety/depression, hearing and vision disabilities, chronic pain, and low level functional and health literacy.
5. Increase provider comfort levels in working with older adults.



Modes of Training

- **Lecture**
- **Experiential**
- **Interactive**

Participants will have the opportunity to engage in formal and informal assessment exercises.

Older adult topics include:

1. Hearing Loss
2. Vision Loss
3. Chronic Pain
4. Functional/Health Literacy Levels
5. Substance Abuse
6. Mental Health



Hi, how are you today?

No...really, how are you today?



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Quality of Life



For some older adults, living with **chronic disease** can also mean living with **constant loss**.



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Quality of Life

Losses can include:

- Loss of general well-being
- Loss of physical function
- Loss of choices
- Loss of independence



Chronic Conditions

Living with multiple chronic conditions introduces challenges into the daily life of older adults.

- What challenges do they face?
- How does it impact their physical health?
- How does it impact their mental health?
- How does it impact their overall quality of life?



Hearing Loss



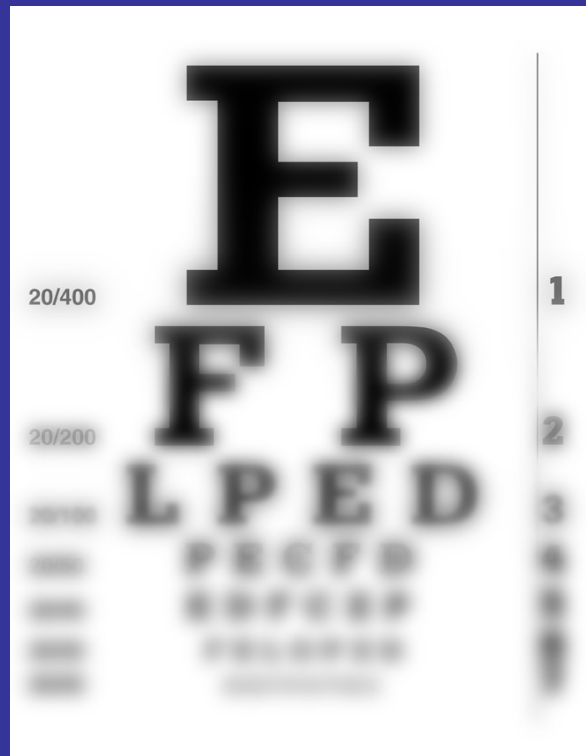
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Vision Loss



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Vision Challenges



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Vision Challenges

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Chronic Pain



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Health Literacy

What You Don't Know *Can* Hurt You!

- **Nearly one-half of adult Americans have limited functional literacy skills.**
- **Ninety (90) million adults lack the literacy skills to enable them to effectively use the U.S. health system.**
- **Literacy levels are lower among:**
 - The elderly – Americans 65+ years of age
 - Those with less than high school educational levels
 - The poor
 - Individuals with physical and mental health issues
 - Ethnic minorities
 - Recent immigrants with limited English proficiency

(Cutilli, 2005)



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What is Health Literacy?

Definitions

“Health literacy is based on the interaction of the individuals’ skills with health contexts, the health care system, the education system, and broad social and cultural factors at home, at work, and in the community.”

(Nielsen-Bohlman et al., 2004)

“The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

(Ratzen & Park, 2000)



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What is Health Literacy?

Influence of Literacy

An individual's functional literacy level provides the foundation for health literacy, which impacts an individual's degree and direction of health care and wellness.



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Impact of Low Health Literacy

The population most in need of health care is least able to read and understand the information necessary to manage their own health care.

- Older adults are particularly vulnerable because of increased time since formal education, decreased sensory abilities (i.e., vision and hearing), and declining cognitive functions.
(Safeer & Keenan, 2005)
- NALS survey indicated that 44% of adults aged 65 and over scored in level 1 (the lowest reading level), meaning that they were unable to perform the most basic reading tasks to function fully in today's society.
(Gazmararian et al., 1999)
- In a large study of Medicare managed-care enrollees, 48% of patients with limited literacy skills could not comprehend instructions to take a drug every 6 hours.
(Praska, Kripalani, Seright and Jacobson, 2005)



Assessing Health Literacy

Great stigma is placed upon people who are illiterate. Assessing the health literacy of an individual requires sensitivity and skillfulness.

Individuals with low literacy often feel:

- Embarrassment
- A sense of shame
- Decreased worth

(Safer & Keenan, 2005)



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Behaviors

Behaviors that suggest inadequate health literacy skills can include any or all of the following:

- Asking staff for help
- Bringing someone along who can read
- Inability to keep appointments
- Making excuses (“Oh, I forgot my glasses.”)
- Noncompliance with medication
- Poor adherence to recommended interventions
- Postponing decisionmaking (“I’ll think about it.”)
- Watching others (mimicking behavior)

(Safer & Keenan, 2005)



Behaviors

Other behaviors may include:

- Identifying drugs by pill color and shape rather than by name
- Opening pill bottles to identify pills rather than reading by name
- Unable to describe how to take medication
- Not knowing the purpose of each drug
- Taking drugs incorrectly (early/late refills)

(Praska, Kripalani, Seright & Jacobson, 2005)

Those with limited literacy skills try hard and go to great lengths to not reveal their “secret shame.”



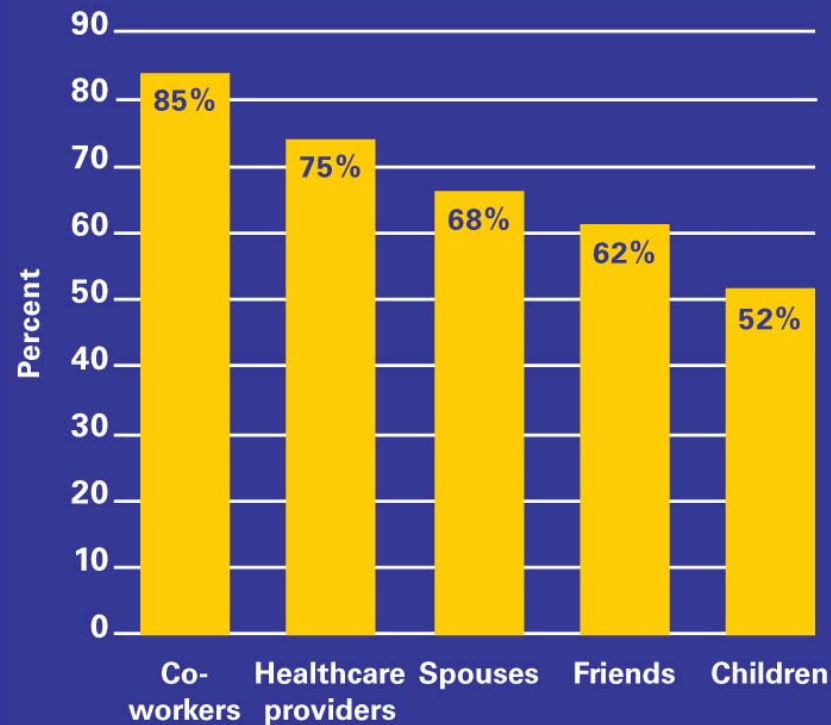
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Non-Disclosure of Limited Literacy



(Parikh et al., 1996)



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Insight

The text below illustrates the challenge a person with low-level literacy skills has when trying to read and understand basic medical information about a procedure.

Patient reads:

Your naicisyhp has dednemocer that you have a ypocsonoloc. Ypocsonoloc is a test for noloc recnac. It sevlovni gnitresni a elbixelf gniweiv epocs into your mutcer. You must drink a laiceps diuqil the thgin erofeb the noitanimaxe to naelc out your noloc.



Insight

Translation

Your physician has recommended that you have a colonoscopy. Colonoscopy is a test for colon cancer. It involves inserting a flexible viewing scope into your rectum. You must drink a special liquid the night before the examination to clean out your colon.

(Weiss, 2003)



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Literacy Screening Assessments

Types of Assessments:

1. Informal Assessments – observational
2. Formal Assessments – tests that can be used to screen for low levels of functional literacy



The Rapid Estimate of Adult Literacy in Medicine (REALM)

What is REALM?

- REALM is a word recognition and pronunciation test
- Developed by the Louisiana State University Medical Center
- Quick assessment, taking less than 3 minutes
- Can be administered by: a physician, other medical personnel or social services provider/staff



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Individual and Societal Ramifications of Inadequate Health Literacy

- Lack of medical care knowledge
- Impaired comprehension of medical information
- Poorer health status
- Lack of knowledge regarding medical conditions
- Lack of preventive services
- Poorer compliance rates
- Increased hospitalizations
- Increased health care costs



Prescription Labels and Medication Misuse



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Depression and Older Adults

Depression is not a natural part of aging. Feeling sad from time to time is part of life, but being depressed for extended periods, without letup, may indicate a more serious problem.

- As many as 1 in 5 older adults experience symptoms of depression
- Depression can be treated successfully
- Depression in older adults is often missed or mistreated
- Depression is not “your fault”
- Depression can be caused by medications
- Left untreated, depression can lead to physical, mental and social problems

(SAMHSA’s *Get Connected!* Toolkit)



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Geriatric Depression Scale* Assessment

One popular scale used to assess depression is the Geriatric Depression Scale.

- As many as 1 in 5 older adults experience symptoms of depression
- Easy-to-use
- Can be self-administered or administered by another
- Consists of 15 easy questions
- Requires no special medical knowledge
- Has been tested and validated in many settings

*The Geriatric Depression Scale is not a substitute for a professional diagnosis. No matter what the score, it is good advice to seek or recommend professional help if one has been sad for several weeks or if problems with depression are affecting one's lifestyle.



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Alcohol Abuse and Older Adults

- Alcohol abuse is one of the more serious problems among older adults.
- Alcohol abuse can lead to loneliness, isolation, and depression.
- Many doctors do not ask questions about an older adult's alcohol use.
- Symptoms of alcohol abuse are sometimes mistaken for signs of aging or physical illness.
- Women, as well as men, have problems with alcohol.
- Substance abuse prevention, early intervention and treatments are effective with older adults and can greatly improve their quality of life.

(SAMHSA's *Get Connected!* Toolkit)



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Michigan Alcoholism Screening Test Geriatric Version (G-MAST)

- The G-MAST is a screening assessment tool that can help identify an older adult's possible alcohol problem.
- This test can be conducted as a self-test or administered to someone by asking 10 questions that have been designed especially for older adults.
- Answers may indicate a need for the individual to discuss their drinking habits/patterns with a doctor.

(SAMHSA's *Get Connected!* Toolkit)



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Ana

“Ana” is a 56 year-old Latina female who lived with her mother until last fall when her mother passed away after a long illness. Before her mother’s death, Ana was active in her church, an avid gardener, and regularly attended community events. Since her mother’s death, Ana has become increasingly withdrawn from her social activities.

She is becoming quite thin and her appearance is disheveled. Her garden has become overgrown and neglected, and her neighbors are concerned for Ana’s health. Ana told her pastor that her mother comes to talk with her each morning, so she cannot attend morning Mass. Her pastor is worried about Ana, and contacted the local community health center.



Bob

“Bob” is a 77 year-old Caucasian male who recently lost his wife after a long battle with cancer. He is a veteran and has been retired for 10 years. Bob’s daughter has grown concerned about her father because he not longer attends family functions. His wife initiated social activities in the past and since her death, Bob rarely leaves the house.

His daughter noted empty beer cans littered throughout the house on a recent visit. Bob has been receiving home visits per the request of his daughter.



Resistant Older Adults

- Substance abuse, medication misuse and mental health issues must be understood as an integral part of the person. One cannot separate the issue from the individual.
- It is not unusual for older adults to resist changing their behavior even if it means achieving better health and relationships.
- There are approaches that a provider can take to assist in improving the chances of positive change for an older adult who has a substance use disorder or mental illnesses.



Discussion

After a positive screening, then what?

1. How would older adult clients react?
2. What does it mean to change drinking behavior?
3. What does it mean to change medication/drug use behavior?



Provider Guidelines

Attitudes and actions for promoting understanding, cooperation, and motivation in resistant older adults:

1. Do not try to handle everything by yourself
2. Expect denial
3. Speak to the person when she/he is sober
4. Learn about the individual's problem
5. Establish a supportive relationship
6. Treat the person with dignity and respect



Provider Guidelines

7. Be gentle and caring
8. Recognize the older adult's values and attitudes
9. Be mindful of the person's age and ability to understand
10. Be positive and optimistic
11. Be direct
12. Be specific
13. Focus on the effects alcohol and drugs are having on the person's life



Provider Guidelines

14. Present the effects of alcohol or drug use in relation to whatever the person cares about the most
15. Avoid words like “alcoholic” or “drug addict”
16. Do not pour alcohol down the sink or throw away tranquilizers
17. Speak slowly
18. Use simple language
19. Ask for agreement on important points



Provider Guidelines

20. Repeat instructions and reconfirm understanding
21. Speak for a short time
22. Be gentle but firm
23. Understand that personal (hard to discuss) issues may present barriers (sex, incontinence, memory problems, and family problems)
24. If the older adult will not talk to you, ask if he/she would like to talk with someone else

(CSAP's Prevention Pathways Online Courses)



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Approaches for Positive Change

Approaches for improving the chances of positive change in resistant older adults:

- Meet the needs of the individual
- Use an outreach model
- Take a whole person approach
- Assess status, strengths and barriers
- Identify any trauma or grief issues
- Screen and identify any co-occurring disorders
- Address (treat) co-occurring disorders simultaneously
- Use client-centered treatment planning that is agency integrated



Approaches for Positive Change

- Recognize positive changes
- Use multi-level harm reduction strategies
- Recognize that detoxification may be needed (long-term users)
- Consider options and best methods (group support vs. one-on-one counseling)
- Use social reintegration strategies
- Work on relapse prevention
- Equalize and balance provider/client relationship
- Help the individual to reconnect with peers

(Matthews, 2004)



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