Prevention and Management of Alcohol Problems in Older Adults: Screening and Brief Intervention Implementation Manual

Kristen Lawton Barry, Ph.D.
University of Michigan

Frederic C. Blow, Ph.D.
University of Michigan
Table of Contents

Section 1: Introduction and Background........................................3

Section 2: Alcohol Screening .........................................................9

Section 3: Brief Alcohol Interventions........................................12
  A. Review of Motivational Interviewing......................................12
  B. General Instructions for Administering the Intervention..........14
  C. Brief Intervention Session....................................................15
  D. Eliciting Motivational Statements and Enhancing
     Commitment to Change..........................................................22

Section 4: Frequently Asked Questions .....................................24

Selected Background Literature .................................................28

Appendix A: Brief Intervention Workbook
Section 1: Introduction and Background

This brief alcohol intervention approach is designed specifically for an older adult population and relies on concepts of motivational interviewing to enhance older adults’ commitment to change their drinking. This manual reviews aspects of motivational interviewing, the administration of the initial brief alcohol intervention, possible follow-up sessions, and how to handle a number of issues that may occur when working with older adults regarding alcohol use and problems. It is not possible to anticipate every situation that can occur when working with older adults who are at-risk or problem drinkers. However, a thorough knowledge of the material contained in this manual will provide interveners with strategies to deal with unanticipated situations.

This manual contains a review of a brief alcohol intervention aimed at reducing alcohol-related problems among older at-risk and problem drinkers as well as instructions for administering the brief intervention. There is also information provided on frequently asked questions.

Background

Health promotion and primary disease prevention among older adults have received growing attention as a larger proportion of the U.S. population reaches late life. Record numbers of senior citizens are seeking costly health care for acute and chronic conditions. Because of the increased incidence of health care problems, elderly adults are more likely to seek health care on a regular or semi regular basis from their primary care provider than younger adults are. Problem drinking can significantly affect a number of conditions in this age group, including depressive symptoms as well as general health functioning. Depression has been linked to relapse in drinking and increases in alcohol intake. Drinking status has been shown to have an effect on general health, physical functioning, pain, vitality, mental health, role performance, and social functioning. It has recently been suggested that interventions targeted to lifestyle factors, including the use of alcohol, may be the most appropriate focus to maximize health outcomes and minimize health care expenditures among older adults.

One of the priority goals listed in the Healthy People 2000 guidelines is to increase to at least 75% the proportion of primary care providers who screen older adults for alcohol and drug use problems and provide counseling and referral as necessary. One of the challenges in meeting this goal within the context of a managed care environment, where providers are expected to deliver quality medical care across a wide variety of problems under greater time constraints, is the difficulty involved in addressing time-consuming health promotion activities. As more health care is delivered within managed health care, the costs of treatment will decrease and the effectiveness of interventions for alcohol problems will increase from new innovative technologies that require less provider intervention time and are more targeted to each older adult’s particular set of symptoms and health patterns.

Alcohol Problems in Late Life

Despite significant advances made over the last two decades both in the understanding of the aging process with its attendant health problems and in the understanding and consequences of alcohol
problems and alcoholism, little attention has been paid to the intersection of the fields of gerontology, or geriatrics, and alcohol studies. However, in recent years, there has been an increased interest in alcohol problems among the elderly. Although studies in this area are limited, prevalence estimates and typical characteristics of older problem drinkers have been reported.

National Institute on Alcohol Abuse and Alcoholism (NIAAA) Drinking Guidelines for Older Adults

The recommended NIAAA drinking guidelines for persons over age 65 are

- no more than 7 drinks/week (1 drink/day), and
- never more than 4 drinks on any drinking day.

Therefore, alcohol use recommendations are generally lower than those set for adults under 65.

Definitions

To understand the most effective types of alcohol interventions with older adults, definitions of levels of alcohol use/consequences are necessary. For the purposes of this manual, abstinence refers to ingesting no alcohol in the previous year. A large percentage of older adults are abstinent. It is important for interveners to ascertain why the older adult is abstinent. Some older adults are abstinent because of a previous problem with alcohol. Some are abstinent because of a recent illness while others have life-long patterns of low risk use or abstinence (i.e., social drinking). Older adults who have a history of alcohol problems may require preventive monitoring to determine if any new stresses could resurrect an old problematic drinking pattern.

It is important to note that some older adults who drink even small amounts of alcohol may experience alcohol-related problems. Older adults with certain chronic diseases (e.g., diabetes, congestive heart failure), those taking psychoactive medications that interact with alcohol (e.g., benzodiazepines, digitalis), those with psychiatric illnesses (e.g., Major Depressive Disorder), or those with more than mild cognitive deficits should be advised to abstain from drinking alcoholic beverages. The potential interaction of medication and alcohol (even small amounts) is of great concern with this age group. For some clients, any alcohol use at all combined with the use of specific over-the-counter or prescription medications can increase negative health consequences.

Low risk drinking is alcohol use that does not lead to problems. Persons in this category can set reasonable limits on alcohol consumption and do not drink when driving a motor vehicle, or when using contraindicated medications. These persons can benefit from preventive messages but may not need interventions (e.g., “Our goal is to prevent you from having additional health problems. Your walking program looks good and you have maintained your weight. Since you have no family history of alcohol or drug problems and are not taking medications that interact with alcohol, not exceeding a glass of wine two to three times a week should not cause any additional problems for you at this time.”)
Drinking over recommended limits increases the chances that a person will develop problems and complications; this is called **at-risk drinking**. Although these older adults do **not currently** have a health, social, or emotional problem caused by alcohol, they may experience family and social problems, and if this drinking pattern continues over time, health problems could be exacerbated. These older adults can benefit from a brief alcohol intervention.

Older adults engaging in **problem drinking** are consuming alcohol at a high enough level to have resulted in adverse medical, psychological, or social consequences. Potential consequences can include accidents and injuries, medication interaction problems, and family problems, among others. In addition to quantity and frequency of alcohol use, it is important to determine whether the older adult has experienced any common alcohol-related consequences. The presence of consequences, even if drinking levels are below guidelines, should drive the need for intervening.

**Alcohol or drug dependence** refers to a medical disorder characterized by loss of control, preoccupation with alcohol or drugs, continuing to use alcohol or drugs despite adverse consequences, and suffering from physiological symptoms such as tolerance and withdrawal. Research indicates that persons with alcohol dependence can benefit from brief interventions. These interventions can be focused either on alcohol consumption or on behaviors related to alcohol problems that need to be addressed (e.g., a specific family issue, entry into specialized alcoholism treatment).

**Extent of Problem**

Prevalence estimates of problem drinking among older adults using community surveys, have ranged from 1 to 15% [2]. These rates vary widely depending on the definition of risk drinking, or alcohol abuse/dependence, and the methodology used in obtaining samples. Among clinical populations, however, estimates of alcohol abuse/dependence are substantially higher because problem drinkers of all ages are more likely to present themselves in health care settings.

Among elderly older adults seeking treatment in hospitals, primary care clinics, and nursing homes for medical or psychiatric problems, rates of concurrent alcoholism have been reported to be between 15 and 58% [2]. Most older adults have not been recognized as problem drinkers by health care personnel. Because the role of physicians and other health care professionals working in clinical settings may be crucial in identifying those in need of treatment, improved, efficient identification of elderly at-risk and problem drinkers during health-seeking encounters has great potential value.

**Brief Alcohol Intervention Studies**

The spectrum of alcohol interventions for older adults ranges from prevention/education for persons who are abstinent or low risk drinkers, to minimal advice or brief structured interventions for at-risk or problem drinkers, and to formalized alcoholism treatment for drinkers who meet criteria for abuse.
and/or dependence. Formalized treatment is generally used with persons who meet criteria for alcohol abuse or dependence and cannot or do not discontinue drinking after a brief alcohol intervention.

Low intensity, brief interventions have been suggested as cost-effective and practical techniques that can be used as an initial approach to problem drinkers in primary care settings. Over the last two decades, there has been an increasing interest in conducting controlled clinical trials to evaluate the effectiveness of early identification and secondary prevention using brief intervention strategies for treating problem drinkers, especially those with relatively mild to moderate alcohol problems who are potentially at risk for developing more severe problems.

Brief alcohol intervention studies have been conducted in a wide range of health care settings, ranging from hospitals and primary health care locations to mental health clinics. Thus, individuals recruited from such settings are likely to have had some contact with a health care professional over the course of study participation, and therefore having alcohol-related professional assistance potentially available. Nonetheless, many or most of these older adults would not be identified as having an alcohol problem by their health care provider and therefore would not ordinarily receive any alcohol-specific intervention. Finally, even if identified and referred, heavy drinkers are least likely to seek formal alcoholism treatment.

A number of large randomized controlled trials of brief alcohol interventions with younger adults have found significant differences between treatment and control groups. The following are key examples of major studies to date.

The World Health Organization Project (AMETHYST Study) was undertaken at international collaborating centers in 10 countries, including the United States [3]. Male (n=1,362) and female (n=299) subjects recruited from hospitals, primary care clinics, work sites and educational settings were randomly assigned to three conditions: control, simple advice, or brief counseling. Few older individuals were included, and those over the age of 70 were generally excluded from the study. At a minimum of six-month follow-up, there were significant effects of both interventions on various alcohol consumption measures for male subjects, with approximately 25% reduction in daily consumption in the treatment group compared with the control group. In addition, after accounting for spontaneous improvement in the control group for men (42% reduced drinking by one standard drink or more), an additional 21% of both intervention groups reduced their drinking. There were indications that women in the intervention groups, especially under the brief counseling condition, improved more when comparing percentages of change. Finally, the intensity of the intervention, simple advice versus brief counseling, did not have a differential effect on drinking behavior, in that five minutes of brief advice was as effective at reducing consumption as a more extensive counseling session.

The Trial for Early Alcohol Treatment (Project TrEAT) was the first U.S. randomized clinical trial to test the effectiveness of generic brief physician advice with problem drinkers between the ages of 18 and 64 in community-based primary care settings. The study was conducted in 17 community-based primary care practices in 10 counties in southern Wisconsin. The 64 community-based physicians participating in this trial were family physicians and internists in 10 counties in southern Wisconsin. Adults
were asked to complete a five-minute screening. Out of a total of 17,695 older adults screened, 1,705 older adults participated in a face-to-face assessment. A total of 482 males and 292 females reported drinking above the limits set for the trial and were randomized into a control (n=382) or intervention group (n=392). Subjects enrolled in Project TrEAT were followed for an initial 12-month follow-up phase. The follow-up rate at 12 months was 92%. At the time of the 12-month follow-up, there was a significant reduction in seven-day alcohol use, in episodes of binge drinking, and in frequency of excessive drinking in the treatment group compared with the control group. The relative difference in alcohol use between the groups at 12 months was 17% in the male sample and 34% in the female sample. A twofold significant difference in older adult hospital days was noted in the intervention group compared with the control group.

Extending Brief Alcohol Interventions to Older Adults

There has been little attention given to brief alcohol intervention research for older adults. Older adults present unique challenges in applying brief intervention strategies for reducing alcohol consumption. The level of drinking necessary to be considered risk behavior is lower for older adults than for younger individuals. Intervention strategies need to be non-confrontational and supportive due to increased shame and guilt experienced by many older problem drinkers. As a result, older adult problem drinkers find it particularly difficult to identify their own risky drinkers. In addition, chronic medical conditions may make it more difficult for interveners to recognize the role of alcohol in the decreases in functioning and quality of life. These issues present barriers to conducting effective brief alcohol interventions for this vulnerable population.

The objective of two recently conducted elder-specific brief alcohol intervention studies has been to determine the efficacy of generic brief advice in reducing alcohol use and health care utilization in older adult, at-risk, and problem drinkers. The first study, Project GOAL: Guiding Older Adult Lifestyles was a randomized, controlled clinical trial conducted in Wisconsin with 24 community-based primary care practices (43 practitioners) located in 10 counties [5]. Of the 6,073 older adults screened for problem drinking, 105 males and 53 females met inclusion criteria (n=158) and were randomized into a control (n=71) or intervention group (n=87). One hundred forty-six subjects participated in the 12-month follow-up procedures. The intervention consisted of two, 10-15 minute, physician-delivered counseling visits, which included advice, education, and contracting using a scripted workbook. No significant differences were found between groups at baseline on alcohol use, age, SES, smoking status, rates of depression or anxiety, frequency of conduct disorders, lifetime drug use, or health care utilization. Project GOAL found that there was a significant reduction in seven-day alcohol use (t=3.77; p<.001), in episodes of binge drinking (t=2.68, p<.005), and frequency of excessive drinking (t=2.65; p<.005) at the 12-month follow-up, providing some of the first direct evidence that physician intervention with older adult problem drinkers decreases alcohol use and health resource utilization in the U.S. health care system.

The second, larger elder-specific study, the Health Profile Project, is currently underway in primary care settings located in southeast Michigan [Blow, Barry, in press]. The elder-specific intervention contains both brief advice discussion by either a psychologist or social worker, as used in the
WHO studies, and motivational interviewing techniques including feedback. The study included 44 primary care clinics (including 13 primarily minority clinics) and screened over 14,000 older adults. Of these, 6% of older adults have screened positive for alcohol problems based on alcohol consumption. A total of 460 subjects were randomized with over 26% African Americans. The follow-up rate is 96% at 12-month follow-up. Preliminary results in the Health Profile Project compared baseline with 3-month follow-up binge drinking outcomes. There was a significant reduction in binge drinking for the intervention groups when compared with the control group (F=50.59; p<.0001), suggesting that the elder-specific generic brief intervention is particularly useful in reducing the dangerous effects of binge drinking in an older vulnerable population.

Results of brief alcohol intervention studies to date support recommendations that early identification/screening and brief interventions should be a matter of routine practice in primary care settings to detect older adults with hazardous or harmful patterns of alcohol use. This is especially important for older adult older adults, given their unique vulnerabilities. Early identification and secondary prevention of alcohol problems directed in straightforward, non-technical terms to older adults who are likely to be motivated to change, could have broad positive public health implications. It appears that brief alcohol interventions with one or a few sessions have the potential of reaching the largest number and broadest spectrum of older individuals from diverse settings.
Section 2: Alcohol Screening

To be able to conduct prevention and early intervention with older adults, interveners need to screen for at-risk and problem alcohol use and for alcohol/medication interaction problems. Screening can be done as part of a routine mental and physical health care and should be updated annually, before the older adult begins taking any new medications, or in response to problems that may be alcohol- or medication-related. This manual recommends a combination of quantity/frequency questions, a binge drinking question, and the Short MAST-G to provide a comprehensive alcohol screening test for older adults.

Because of the relationship between alcohol consumption and health problems, questions about consumption (quantity and frequency of use) provide a method to categorize older adults into levels of risk from alcohol use. The traditional assumption that all older adults who drink have a tendency to underreport their alcohol use is not supported by research. If asked in a sensitive and non-judgmental manner, people who are not alcohol dependent generally give accurate answers to questions about alcohol use. Interveners can get more accurate histories by asking questions about the recent past, embedding the alcohol use questions in the context of other health behaviors (i.e., exercise, weight, smoking, alcohol use), and paying attention to nonverbal cues that suggest the older adult is minimizing use (i.e., blushing, turning away, fidgeting, looking at the floor, change in breathing pattern). In older adults with mild or moderate cognitive impairment, spouses or other family members are also valuable informants.

Screening questions can be asked by a person-to-person interview, by paper-and-pencil questionnaire, by computerized questionnaire, or by telephone interview. All four methods have equivalent reliability and validity. Any positive responses should lead to further questions about consequences. To successfully incorporate alcohol (and other drug) screening into clinical practice, it should be simple and consistent with other screening procedures already in place.

Before asking any screening questions the following conditions are needed: 1) the interviewer needs to be friendly and non-threatening; 2) the purpose of the questions should be clearly related to their health status; 3) the older adult should be alcohol-free at the time of the screening; 4) the older adult should be informed that the information they provide will be kept confidential; and 5) the questions need to be easy to understand. In some settings (such as waiting rooms), screening instruments are given as self-report questionnaires, with instructions for the older adult to discuss the meaning of the results with their health care provider. Not all older adults can see well enough to complete questionnaires or read at a level necessary to complete questionnaires. These factors need to be remembered when asking older adults to report on their drinking behaviors. Alcohol screening for older adults can also be successfully conducted by telephone interview.

If the alcohol questions are embedded in a longer health interview, a transitional statement is needed to move into the alcohol-related questions. The best way to introduce alcohol questions is to give the older adult a general idea of the content of the questions, their purpose, and the need for
accurate answers. The following is an illustrative introduction: “Now I am going to ask you some questions about your use of alcoholic beverages during the past year. Because alcohol use can affect many areas of health (and may interfere with certain medications), it is important to know how much you usually drink and whether you have experienced any problems with your drinking. Please try to be as accurate as you can be.” This statement should be followed by a description of the types of alcoholic beverages typically consumed (e.g., “By alcoholic beverages we mean your use of wine, beer, vodka, sherry, and so on”). If necessary, include a description of beverages that may not be considered alcoholic (e.g., cider, low alcohol beer). Determinations of consumption are based on “standard drinks”. A standard drink is a 12 oz. bottle of beer, a 4 to 5 oz. glass of wine, or a 1 ½ oz. a shot of liquor (e.g., vodka, gin, whiskey). When using standardized alcohol screening questionnaires in an interview format, it is important to read the questions as written and in the order indicated. By following the exact wording, better comparability will be obtained between your results and those obtained by other interviewers.

In addition to determining the quantity and frequency of drinking, a number of screening instruments have been developed to probe for problems related to alcohol use. The following section provides background on three screening instruments used with older adults, the Michigan Alcoholism Screening Test-Geriatric version (MAST-G), its shortened version, the SMAST-G, and the widely known CAGE questionnaire.

The Michigan Alcoholism Screening Test - Geriatric Version (MAST-G) was developed by Dr. Blow and colleagues at the University of Michigan as an elderly alcoholism screening instrument for use in a variety of settings. Psychometric properties of this instrument are superior to other screening tests for the identification of elderly persons with alcohol abuse/dependence. The MAST-G was the first major elderly-specific alcoholism screening measure to be developed with items unique to older problem drinkers.

The MAST-G has a sensitivity of 94.9%, specificity of 77.8%, positive predictive value of 89.4%, and negative predictive value of 88.6%. Similar values were found after excluding those subjects who did not currently drink. Therefore, when considering only those who had an opportunity to meet criteria for a current diagnosis, the psychometric properties were stable.

The Short Michigan Alcoholism Screening Test - Geriatric Version (SMAST-G) is the short form of the MAST-G, and was developed for use in busy clinical settings. Major barriers to using the longer scale in busy clinical settings are length and administration time. To address these issues, a short version of the MAST-G was developed. The SMAST-G fared as well as the Alcohol Use Disorders Identification Test (AUDIT) and is more acceptable to elderly individuals. The SMAST-G is also an acceptable alternative to the MAST-G for elder-specific brief alcohol screening and is superior to other screening instruments developed in younger populations. A score of two or more (e.g., two “yes” responses) indicates probable alcohol problems. The SMAST-G questions ask about older adults’ experiences within the last year. If responses are ambiguous or evasive, continue asking for clarification and ask the older adult to choose the response closest to their experience. If the older adult does not drink on a regular basis, recording the drinking pattern can be difficult. For example, if the older adult
was drinking heavily in the one month before an accident but has not had any alcohol since, it will be
difficult to characterize the “typical” drinking pattern. Using the amount of drinking and related symptoms
for the heaviest drinking period of the past year will provide the most useful information. However,
interveners need to make a note of the special circumstances and time period assessed for that particular
older adult.

The CAGE is the most widely used alcohol problem screening test in clinical practice. It
contains four items regarding alcohol use: wanting to Cut down, feeling Annoyed that people criticized
one’s drinking, feeling Guilty from others criticizing one’s drinking, and having a drink upon waking in the
morning to get rid of a hangover - an Eye-opener. Two positive responses are considered a positive
screen and indicate that further assessment is warranted. The sensitivity and specificity of the CAGE
varies from 60 to 90 % and from 40 to 90 %, respectively [7, 8]. Among the elderly, using a score of
one positive does improve the sensitivity without lowering specificity. However, older adults may not
screen positive on the CAGE while still having problems with alcohol use. For instance, others may not
have annoyed them about their drinking because family may not know, and they may not have close
contact with friends. In addition, very few older adults need a drink upon rising in the morning, an “eye-
opener.” They may consume alcohol at a level they used when younger and not believe they need to cut
down. On the other hand, older women have been more likely to say they feel guilty while using very
little alcohol.
Section 3: Brief Alcohol Interventions

A. Review of Motivational Interviewing

This manual and intervention was developed specifically for older adult seen in primary care settings. Thus, the intervention addresses issues such as the effects of alcohol on health and body systems, the reasons they may have problematic drinking patterns, how the modification of alcohol use can specifically benefit them, and the methods for them to change their drinking habits.

This brief alcohol intervention approach is based on the concepts of effective brief interventions including the FRAMES model developed by Miller and Rollnick [9]. The FRAMES model identifies key elements that have been shown in previous research to be effective in assisting persons with at-risk or problem drinking in changing their drinking behavior. Motivational interviewing is a way to help people recognize their problems and increase their motivation to make changes. It is especially useful when people are ambivalent about making changes.

Motivational interviewing is an approach to discussing an older adult’s problems, concerns, and ambivalence about their drinking, with the aim of assisting the individual to recognize their risks associated with their level of alcohol use. It is especially useful when someone is reluctant or ambivalent about changing their drinking. Motivational interviewing helps to resolve ambivalence so that the older person can make a decision to cut down or stop drinking alcohol. It is a supportive, respectful approach that is persuasive without being coercive or cajoling and that is particularly relevant in working with older adults.
Elements of Effective Brief Alcohol Interventions

The FRAMES model is a guide for thinking about how to approach older drinkers using the workbook and methods included in this manual. The following table describes the elements of the FRAMES model specific for older adults.

**Feedback**
- providing useful feedback based on screening to the older at-risk or problem drinker (e.g., drinking over recommended limits)

**Responsibility**
- the focus of changing drinking is the personal responsibility of the older adult, not the intervener (e.g., negotiated change)

**Advice**
- providing the older adult with specific recommendations for changing drinking (e.g., drink below weekly recommended limits)

**Menu**
- offering options for the older adult so that change in drinking is more likely to occur (e.g., reduction in drinking vs. abstinence)

**Empathy**
- show an understanding the older adult’s goals and the role of alcohol in his/her life to help motivate change (e.g., “I can see how you could feel that way”)

**Self-Efficacy**
- validate the older adult’s confidence in changing his/her drinking (e.g., “I think you can do this, too”)

Differences Between Confrontational Approaches and Motivational Interviewing

Motivational interviewing differs in a number of ways from many traditional approaches to modifying problematic behaviors. For example, a common method of attempting to assist people in modifying their alcohol use is to employ a confrontational approach aimed at removing obstacles to changing drinking behavior. Although some people may benefit from such an approach, research confrontation is particularly problematic with older adults who may be experiencing shame and guilt about their drinking. Furthermore, a confrontational approach is not a necessary aspect of alcohol intervention or treatment and may actually increase defensiveness, denial, or treatment dropout, which may be harmful to a substantial proportion of older adults with alcohol problems.

Motivational interviewing approaches differ from confrontation in substantive ways. In particular, motivational interviewing de-emphasizes the use of labels such as “alcoholic,” emphasizes personal choice and responsibility for change, focuses on eliciting older adults’ own concerns, understands that the role of the intervener can effect the level of resistance in the older adult, uses reflection to meet resistance, and engages in the negotiation not the prescription of drinking goals and strategies. Motivational interviewing is an approach that can avoid certain aspects of interpersonal interactions that can “sidetrack” a discussion or reinforce resistance to change.
B. General Instructions for Administering the Brief Alcohol Intervention

Brief alcohol interventions follow general guidelines that include “setting the scene,” use of the structured workbook to facilitate the intervention, summary or “end game” of the initial session, and the use of follow-up sessions to enhance older adults’ motivation to change and meet their drinking goals.

- It is important to establish a supportive setting conducive to the intervention.
- Interventions should be conducted in private rooms separate from family and other staff.
- Thank older adults for completing the screening and brief assessment.
- Explain that you want to go over the results of the screening as it relates to their health and well-being.
- Sit next to the older adult with the workbook between you so that you can work on this together. A table is not necessary and can be replaced by a clipboard, if needed.
- Explain that you will be using a workbook as part of the discussion. The workbook is a guide to talk about a variety of health issues.
- Explain to older adults that the workbook is theirs to keep and to refer to it as often as they would like.
- The person doing the intervention will write in the book during this meeting. Information provided in the screening questionnaire, as well as information provided during the session, will be written in the workbook by the intervener.
- Personalize the workbook by writing older adults’ names on the first page. Put the date of the intervention in the top right corner of the first content page.

The purpose of the workbook is to provide a guide to the intervener on key points to address with older adults. It is critical to elicit key issues from older adults. You will not address every item in each part. The elements in each workbook part are meant to stimulate older adults to think of their specific concerns and issues, rather than as an exhaustive list to be covered. However, you need to cover each part of the workbook.

Proceed through the parts listed in Section 3, sub-heading C of this training manual. The entire intervention should take no longer than 20 minutes. At the end of the initial intervention session, provide a brief summary of the discussion points and the decision made regarding drinking goals. Make an appointment with the older adult for a follow-up visit in six weeks. Encourage older adults to use the workbook, the drinking diary cards, and to call with any questions or concerns.
Brief intervention protocols often use a workbook containing the components listed below (1-9). The workbook contains opportunities for the older adult and intervener to complete sections on drinking cues, reasons for drinking, reasons to cut down or quit, a drinking agreement in the form of a prescription, and drinking diary cards for self-monitoring. The approach to older adults is non-confrontational and generally follows motivational interviewing principles as described by Miller and Rollnick, and which are reviewed briefly above.

C. Brief Intervention Session

This section contains instructions regarding how to review the workbook with older adults. The instructions in this manual will focus on how to review the Initial Session Workbook with older adults, keeping in mind the basic tenets of motivational interviewing. Due to the uniqueness of each individual older adult and their reactions to the materials covered, it will be necessary for interveners to be able to deal with responses in a flexible manner. The review of motivational interviewing at the beginning of this booklet should serve as a guideline for interveners in how they react and respond to older adults. However, throughout the instructions, there also will be some general reminders or suggestions of ways to deal with some of the more anticipated older adult responses. It is important to be familiar with all aspects of this manual, so please review it in depth.

Following identification of at-risk or problem drinkers through screening techniques, a semi-structured brief intervention can be conducted. The content of the intervention needs to be elder-specific and includes the following parts.

**Step-by-Step Brief Alcohol Intervention**

**Part 1: Identifying future goals for health, activities, hobbies, relationships, and financial stability**

Identifying future goals is important for many older adults. It is important to go through these goals because it establishes a context for thinking about the role of drinking in their lives. This part of the intervention establishes rapport and begins to focus older adults’ attention on a future orientation. This helps to set the context for the brief intervention and generally provides increased motivation for the individual to change.

**Key Points:**
- Discuss how the older person would like his/her life to improve and be different in the future. This helps develop a discrepancy between what older adults desire in their life and how their current drinking behavior may negatively impact those goals.
- It is important to elicit from the older adult the goals that are most important, not to cover all areas. For example, some older adults may not have goals for their financial situation but will choose goals related to their physical health or living situation.

- When older adults respond with stating they have no goals, give some examples such as maintaining their current health/independence, improving a chronic health problem, or maintaining contact with family or friends.

**Dialogue Example:**

“What are some of your goals for the next three months to a year regarding your physical and emotional health, your activities and hobbies, your relationships and social life, and your financial situation and other parts of your life?”

**Part 2: Summary of health habits.**

Customized feedback on screening questions relating to drinking patterns and other health habits (may also include smoking, nutrition, tobacco use, and so on). The summary is in the form of a health profile on screening questions relating to drinking patterns and other health habits. This information could be derived from screening and pre-assessment or from the older adult during this session.

**Key Points:**
- Summarize information on other health behaviors first.

- After reviewing the alcohol section of the health habits portion of the workbook, ask the older adult if there are any health behaviors with which they would like help. Generally, older adults will not indicate alcohol use as a targeted health behavior. This gives the intervener the opportunity to move the older adult toward a discussion of alcohol.

**Dialogue Example:**

“You indicated that, on average, you drink alcohol almost every day and drink one to two drinks at a time.”

“I’m pleased that you are interested in exercise and nutrition. That’s great! These are important areas. I can set up a time for you to talk with the nutritionist (or other). Right now, I’d like to discuss with you your use of alcohol.”

**Part 3: Introduce the concept of standard drinks**

This discussion focuses on the equivalence of alcohol content across various beverage types. This concept provides the context for a discussion of sensible drinking limits.

**Key Points:**
The following examples are roughly equivalent in alcohol content:
- 12 oz. of beer or ale
- 1.5 oz. of distilled spirits
- 4-5 oz. of wine
- 4 oz. of sherry or liqueur

When pouring wine, sherry, or distilled spirits, measuring is important to ensure that the older adult is consuming standard drinks.

Alcohol is alcohol. Some older adults may think that they do not use alcohol because they “only drink beer or wine”. Some view “hard” and “soft” alcoholic beverages as different in their effects.

Review standard drinks briefly. Avoid disputes about picky details regarding the alcohol content of specific beverages.

Dialogue Example:
“Did you know that, if you measure the amount of alcohol that you are drinking, these beverages all contain the same amount of alcohol?” (show the figure).

Part 4: Discuss the types of older drinkers in the population, where the older adult’s drinking patterns fit into the population norms for his/her age group

(**Remember: one standard drink = 12 oz. of beer or ale; 1.5 oz. of distilled spirits; 4-5 oz. of wine; 4 oz. of sherry; 4 oz. of liqueur).

The purpose of this section is to introduce the idea that older adults’ alcohol use can be related to their physical and emotional health, and that their level of drinking can put them at risk for more health-related problems.

Key Points:
- Review the graph of how much other people drink. Point out that their level of drinking is not typical of others their age and that most older people drink less that they do.
- Review this material in a matter-of-fact manner.
- This section may evoke a number of strong reactions from older adults (argumentation, minimizing, acceptance, concern, tearfulness, embarrassment, hostility, and so on).
- It is important to avoid creating additional resistance. It is very important to “roll with” older adults’ resistance or reluctance to further examine their drinking behavior in an empathetic manner.
Dialogue Examples:
“National guidelines recommend that men your age drink no more than (seven drinks per week; no more than one per day). Your pattern of alcohol use fits into the at-risk drinking category.”

“From what you’ve said, I can see that you do not see yourself fitting into the at-risk and problem drinking category. Let’s just say you are more than a light drinker and look at some of the things that can happen at your level of alcohol use.”

**Part 5: Consequences of at-risk and problem drinking**

This section addresses reasons for drinking and weighing the positives and negatives of drinking. This is particularly important because the intervener needs to understand both the positive and negative role of alcohol in the context of the older adult’s life, including coping with loss and loneliness. This section is also designed to facilitate older adults’ understanding the potential social, emotional, and physical consequences of drinking. This is an important aspect of motivational interviewing. It provides a climate in which older adults can obtain greater clarity of how alcohol is or could be negatively affecting their lives.

**Key Points:**
- Some older adults may experience problems in physical, psychological, or social functioning even though they are drinking below cut-off levels.
- Note that some of the things on the list were problems they indicated they were having. Other items are common problems people could have if they continued their current drinking practices.
- Maintaining independence, physical health, and mental capacity can be key motivators in this age group.
- Some older adults may minimize the contribution of alcohol to their problems. Again, roll with resistance, don’t argue.

Dialogue Examples:
“*We’ve spent some time talking before about your sleep problems, your blood pressure problems, the fall you took in the bathroom, and your loneliness since your wife died.*”

“*Even though your drinking is close to the limit for people your age and you drank at this level for years, I am concerned about some of the health problems you’ve had and your loneliness.*”
“I am concerned that the amount you are drinking could be making some of these problems worse. Our goal is for you to remain as independent as possible and have a good quality of life.”

“Although alcohol use has been linked to such problems, you have to evaluate your situation yourself. Whether or not you should be concerned about the potential consequences of drinking heavily is your decision.”

It should be noted that some older adults might also begin to recognize that their drinking is problematic. Try to elicit motivational statements with evocative questions (e.g., “In what way does this concern you?”; “What do you think would happen if you don’t make a change?”).

**Part 6: Reasons to quit or cut down on drinking**

This is a discussion of how changing drinking levels could have important benefits for the individual. Some older adults may experience problems in physical, psychological, or social functioning even though they are drinking below cut-off levels. This section reviews the potential social, emotional, and physical benefits of changing their drinking.

**Key Points:**
- Maintaining independence, physical health, and mental capacity can be key motivators in this age group.

- Be careful not to promise miracles or cures. Alcohol use is often a component of health problems not the sole etiology.

- Before moving to the next section, you should make an effort to elicit self-motivational statements.

- Strategies that are useful in this age group include developing social opportunities that do not involve alcohol, getting reacquainted with hobbies and interests from earlier in life, and pursuing volunteer activities, if possible.

**Dialogue Example:**
“From what you’ve said, you are really concerned about being able to continue living in your own house. There are a number of things that you can do to help to maintain your independence. Cutting back on your drinking is one important thing you can do.”

**Part 7: Drinking agreement**

Agreed upon drinking limits that are signed by the older adult and the intervener are particularly effective in changing drinking patterns. The purpose of this section is for the older adult to choose a goal (moderation or abstinence), and to complete the agreement.
Key Points:

- Give guidance on abstinence vs. cutting down. Complete the contract. Make sure to allow older adults to decide which plan they prefer.

- Older adults who have a serious health problem or take medications that interact with alcohol should be advised to abstain.

- Others may be appropriate candidates to cut down on drinking to below recommended limits.

- Provide guidance by recommending a low level of alcohol use or abstinence. Remember, you may have to negotiate “up” so start low.

- The drinking agreement is in the form of a “prescription.”

- The prescription-type form contains a space to write what you have negotiated with older adults:
  - stop or cut down on drinking
  - when to begin
  - how frequently to drink
  - for what period of time

- If older adults are reluctant to sign contracts, try to determine the reason for their reluctance and alleviate their concerns if possible.

- Be sensitive to older adults’ reactions including concern, embarrassment, defensiveness, minimization of drinking problems, or hostility. It is very important to “roll with” the older adults’ resistance or reluctance to further examine their drinking behavior in a matter-of-fact and empathic manner. Avoid disputes over these guidelines and suggest that whether they agree with them or not, ask for their patience and to continue on to see how alcohol could affect their life.

Dialogue Examples:

“I would suggest that you drink no more than three days a week, no more than one standard drink on any drinking day. What do you think about that level of alcohol use?”

“I see that you like to have a bottle of beer each night with dinner. You can do that as long as you drink no more than one 12 oz. bottle of beer a day.”

“I am concerned about your hypertension and how difficult you say this is to control. Given this, I would recommend that you abstain from alcohol now. What do you think of this recommendation?”

“It is up to you to decide if you should do anything about your drinking. I would still like to review the rest of the workbook with you. You may find some of it to be helpful, and if
you decide to make some changes this might be useful. Just take what you can use, and leave the rest.”

**Part 8: Coping with risky situations**

Social isolation, boredom, and negative family interactions can present special problems in this age group. This section is aimed to help older adults identify situations and moods that are related to drinking too much alcohol and to identify some individualized cognitive and behavioral coping alternatives.

**Key Points:**
- Work with older adults to develop strategies to deal with such issues as social isolation and negative family interactions.
- It is important to encourage older adults to come up with their own alternatives, and to provide as minimal guidance as necessary.
- Remind older adults that by providing individualized feedback, the intervention is concerned with their unique situations.
- Review at least one roadblock and solution, and review the rest as you have time. Role-playing specific stressful situations can be helpful. The role-play exercises will vary depending on older adults’ particular situations.
- Remember, motivation to change occurs as the perceived benefits of change outweigh their reasons for drinking (the barriers to change).

**Dialogue Example:**

“You’ve said that one of the reasons you drink over recommended limits is that since you retired and your wife died you have nothing to occupy your time and that you are lonely. You also have said that you and your wife used to play cards at the senior center. Have you thought about going back to the senior center to start doing some of the things you like to do there?”

“Sometimes quitting or cutting back on drinking involves making some very difficult decisions, like deciding not to get together with certain friends or not going to certain places like the bar or club. You should think about what kind of things that would be just as rewarding for you to participate in.”

“You say that you drink because you enjoy meeting your friends at the bar. Have you considered other places that you could meet these friends or how you might meet some new friends?”
**Part 9: Summary of the session**

The summary should include a review of the session, including a review of the agreed upon drinking goals, a discussion of the drinking diary cards (calendar) to be completed for the next six weeks, and the recommendation to refer back to the workbook materials given to older adults during intervention sessions.

**Key Points:**
- The tone of the summary should be empathetic, encouraging, and positive.
- Review the diary cards. Tell older adults that you have additional cards when these are filled.
- Make a final effort to elicit self-motivational statements.
- Give an appointment card for the six week follow-up session.
- Thank older adults for their time and their patience.

**Dialogue Example:**
“We’ve covered a lot of material today and you’ve done really well in identifying how alcohol has been affecting your health and continued drinking above limits can make your health conditions worse. You have a good plan for cutting down on your drinking. I know that you can reach your goal of drinking no more than one drink a day.”

“Sometimes people have days when they drink more than they think they will. Just record the number of drinks you had on the drinking diary card. Don’t be discouraged. Start over the next day following the limits we set together.”

**D. Eliciting Motivational Statements and Enhancing Commitment to Change**

The purpose of this section is to give you some additional examples of statements older adults may make that indicate a willingness to work on reducing or stopping their drinking and, most importantly, of motivational statements that you can use to facilitate the change. The concepts underlying these statements are adapted from Miller and Rollnick.

A critical aspect of the intervention is the elicitation of motivational statements from older adults. It is the intervener’s task to facilitate older adults’ expression of their reasons to change their drinking as well as their resolve to change. Motivational statements tend to fall into four categories, problem recognition, expression of concern, openness to change, and optimism. It is important to reinforce these statements that indicate a willingness to consider change. The use of “evocative questions” can help
elicit motivational statements and enhance commitment to change. Each motivational statement may further help older adults realize that the benefits of changing outweigh the costs.

The table below contains examples of motivational statements and evocative statements.

<table>
<thead>
<tr>
<th>Type of Statement</th>
<th>Older adult’s Statement</th>
<th>Evocative Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem recognition</td>
<td>I guess there is more of a problem than I thought.</td>
<td>What other problems have you had?</td>
</tr>
<tr>
<td></td>
<td>I never realized how much I was drinking or what the</td>
<td>What else have you noticed or wondered about?</td>
</tr>
<tr>
<td></td>
<td>recommended drinking limits were for people my age.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I always thought I could drink the same amount</td>
<td>How does knowing the limits change how you feel about your drinking?</td>
</tr>
<tr>
<td></td>
<td>I drank when I was younger.</td>
<td></td>
</tr>
<tr>
<td>Expression of concern</td>
<td>I’m a little worried about this.</td>
<td>What other concerns have you had?</td>
</tr>
<tr>
<td></td>
<td>I really feel bad about letting this happen.</td>
<td>What else worries you about your drinking?</td>
</tr>
<tr>
<td>Openness to change</td>
<td>I think it’s time for me to think about quitting.</td>
<td>What are some other reasons you may need to make a change?</td>
</tr>
<tr>
<td></td>
<td>I guess I need to do something about this.</td>
<td>Do you have any ideas about what you can do?</td>
</tr>
<tr>
<td></td>
<td>This isn’t how I want to be.</td>
<td>Well, it is different for everybody. What do you think you can do that would help?</td>
</tr>
<tr>
<td>Optimism</td>
<td>I think I can change my drinking.</td>
<td>A positive outlook is very important. Why else do you think you can succeed?</td>
</tr>
<tr>
<td></td>
<td>I’m going to overcome this.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Now that I’ve decided, I’m sure I can change.</td>
<td></td>
</tr>
</tbody>
</table>
Section 4: Frequently Asked Questions

This section contains instructions regarding how to handle a number of issues that are likely to occur during the course of the intervention. It is important to rely on some general methods for dealing with these issues since they may occur at any time during the intervention.

1. How do I deal with a resistant person?

Resistance can happen at any point during the intervention and can manifest itself in many different ways. It is often a signal that the intervener is not using strategies appropriate for the older adult’s current stage of change. In general, the best way of responding to resistance is with nonresistance. Acknowledging the older adult’s disagreement, emotion, or perception allows for further exploration and discussion.

2. How do I respond when the older adult contests the accuracy, expertise, or integrity of the intervener?

Older adults who directly challenge the accuracy of what the intervener has said. This is most likely to occur during the feedback portions of the intervention. It is possible that older adults may benefit from additional information about the material in the booklet. For example, it may be helpful to reiterate that the material in the booklet is based on studies with adults their age, and to provide a little more detail to address their questions or challenges. The additional detail can also include limitations of the material presented in the booklet. In addition, acknowledging that the information may or may not apply to them can be helpful in reducing disputes about minor details.

Example response: You feel that this doesn’t really apply to you. Maybe it doesn’t, and that’s fine. Let’s take a closer look to check it out either way. You are the expert on you, so you’ll know better than I do.

or,

Take what you find helpful, and leave the rest. You will be better able to decide if this applies to you than I will.

The older adult expresses hostility toward the intervener. This can occur at any time during the intervention, especially during the feedback portions. It is important to acknowledge older adults’ anger, and to express openness to their concerns and feelings. Reflective listening can help diffuse anger and hostility. You may also wish to inform older adults that you don’t want them to be angry, and that you are very interested in both what they agree and disagree with.

Example response: Sounds like you’re pretty angry with me. You’re
the expert about your situation. Tell me what you disagree with (then utilize reflective listening).

It is possible that older adults may become angry and state something like: “You’re saying I’m an alcoholic,” or “I’m not an alcoholic, and this is none of your business.” In these situations, it is still important to acknowledge their anger, to be open to their concerns, and to use reflective listening. However, it is also important to de-emphasize labels since they tend to increase resistance. Let older adults know that you are not concerned with labeling them in any way, and reflect their concerns.

Example response: I don’t really care about labels like that, and it seems that you don’t either. I don’t blame you, I wouldn’t want to be labeled either. I’m just concerned about whether or not drinking is harming you in any way and what you might want to do about it if it is. The bottom line is, it’s up to you to decide if this is something you want to do something about.

3. The older adult denies there is a problem or refuses to cooperate.

The older adult expresses an unwillingness to recognize problems, cooperate, accept responsibility, or take advice. This is most likely to occur during the feedback sections of the intervention (Survey Responses and Types of Drinkers, the Pros and Cons, and the Drinking Agreement and Plan sections).

The older adult suggests that the intervener is exaggerating risks or dangers and that it “really isn’t so bad.” It is important to let older adults know that it is up to them to decide what information is relevant to them.

Example response: You indicated that you’ve occasionally had some problems associated with your drinking, but that you not that badly off... It is up to you to decide how serious your problems are and whether you should do anything about them. Let’s explore some of the options.

Older adults claim they are not in any danger due to their drinking. This is most likely to occur at the Type of Drinkers and Pros and Cons sections.

Example response: You are correct, I cannot say for sure if problems, or if some of your current problems (e.g., medical conditions) will get worse because of drinking. Other adults your age and gender who drink about the same as you either have some problems related to drinking or are likely to have problems in the future. No one knows for sure what will happen. You
have to weigh the pros and cons for yourself and how much risk you are willing to live with. Let's explore that a little more.

The older adult firmly expresses a lack of desire or an unwillingness to change, or an intention not to change. This is most likely to occur at the Drinking Agreement and Plan sections.

Example response: That is completely up to you. You should do what you feel is best. If you feel differently in the future or run into some problems, you may find this booklet to be helpful. I would still like to get together with you in several weeks to see how you health is.

It is important to avoid the arguing trap in this situation. However, we still want to review all of the materials with older adults. Thus, you may wish to state the following:

Example response: What I would like to do is to go through the rest of the booklet, to give you an idea about what is in it. You’ve told me what you plan to do, and that is OK with me. What I would like you to do is to consider whether any of this may be helpful to you and to tell me what you don’t think is helpful about the booklet.

4. How do I deal with a really heavy drinker?

Heavy drinking is associated with greater risks to older adults and therefore requires greater attention. Consulting the individual's primary care provider or an addiction treatment specialist is important if there are concerns that the person could have symptoms of alcohol withdrawal.

5. What do I do when someone returns to drinking after having been successful at reducing or quitting?

The response is to be empathetic. The initial goal is to re-engage older adults, to schedule follow-up visits, and to assess their needs. To structure this time you should use the follow-up workbook.

Example response: I am glad you have come in to see me. You say that you have increased your drinking. Let's talk about the success you had in cutting down before and whether you want to set a new drinking goal for yourself.

6. When is drinking OK for an older adult?

This question is often asked in the context of hearing about the beneficial effects of alcohol on cardiovascular disease. Studies have strongly suggested but not proven that modest drinking can reduce the risk of cardiovascular disease. While some of these studies have included older adults most of these studies have studied relatively healthy people in their 50s and 60s. There are no studies that show that increasing or initiating drinking because you have cardiovascular disease is a helpful or wise thing to do. In general, older adults who are otherwise healthy can generally enjoy small amounts of alcohol in a
responsible manner. However, if there are chronic medical problems or if the person is taking medications that are affected by alcohol, then abstinence may in fact be the better choice.

7. Are there any special confidentiality issues about older adults who drink?
   Interveners should exercise extreme caution regarding the release of any records either verbally or written. This arises when family members call to ask about older adults or step in at the end of sessions. The intervener needs to discuss with the older adult with whom and what information can be discussed prior to any discussion with family members or other care providers. Check HIPAA and agency requirements regarding confidentiality.

8. Do you expect me to go to AA?
   Self-help groups can be extraordinarily important for some people but these groups are not for everyone. The elderly may especially be “put off” by self-help groups. Many groups include few elderly peers and have other participants who are polysubstance abusers. Moreover, for the at-risk or moderate drinkers the idea of a self-help group may further alienate them from wanting to participate in the intervention because they do not feel they should be labeled as an “alcoholic.” It is important to explore the older adults feelings self-help groups before making any recommendations.
Selected Background Literature


APPENDIX A

Brief Intervention Workbook
Health Promotion Workbook
For Older Adults
Part 1:

IDENTIFYING FUTURE GOALS

We will start by talking about some of your future goals. By that we mean, how would you like your life to improve and be different in the future? It is often important to think about future goals when thinking about making changes in health habits.

What are some of your goals for the next three months to a year regarding your physical and emotional health?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What are some of your goals for the next three months to one year regarding activities and hobbies?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What are some of your goals for the next three months to a year regarding your relationships and social life?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What are some of your goals in the next three months to a year regarding your financial situation or other parts of your life?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
## SUMMARY OF HEALTH HABITS

Let’s review some of the information about your health, behavior, or health habits which you shared in the clinic.

### EXERCISE

<table>
<thead>
<tr>
<th>Days per week you participated in vigorous activity</th>
<th>none</th>
<th>seldom</th>
<th>1-2 days per week</th>
<th>3-5 days per week</th>
<th>6-7 days per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes of exercise per day</td>
<td>not applicable</td>
<td>less than 15 minutes</td>
<td>15-30 minutes</td>
<td>more than 30 minutes</td>
<td></td>
</tr>
</tbody>
</table>

### NUTRITION

<table>
<thead>
<tr>
<th>Weight change in last six months</th>
<th>no change in weight</th>
<th>gained more than 10 pounds</th>
<th>lost more than 10 pounds</th>
<th>don’t know</th>
</tr>
</thead>
</table>

### TOBACCO USE

<table>
<thead>
<tr>
<th>Tobacco used in last six months</th>
<th>no</th>
<th>yes If yes, which ones?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>cigarettes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>chewing tobacco</td>
</tr>
<tr>
<td></td>
<td></td>
<td>pipe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average cigarettes smoked per day in the last six months</th>
<th>not applicable</th>
<th>1-9</th>
<th>10-19</th>
<th>20-29</th>
<th>30+</th>
</tr>
</thead>
</table>
ALCOHOL USE

Drinking days per week
- 1-2 days per week
- 3-4 days per week
- 5-6 days per week
- 7 days per week

Drinks per day
- 1-2 drinks
- 3-4 drinks
- 5-6 drinks
- 7 or more

Binge drinking within last month
- none
- 1-2 binges
- 3-5 binges
- 6-7 binges
- 8 or more

On days that you do not drink do you feel anxious, have greater difficulty sleeping than usual, feel your heart racing, have heart palpitations, or have the shakes or hand tremors?
- No
- Yes

Are there any of these health behaviors (exercise, nutrition, tobacco use, alcohol use) with which you would like some help?
- No
- Yes

If yes, which ones?
- exercise
- nutrition
- tobacco use
- alcohol use
Part 3:

STANDARD DRINKS

The drinks shown below, in normal measure, contain roughly the same amount of pure alcohol. You can think of each one as a standard drink.

What's a standard drink?
1 standard drink =

1 can of ordinary beer or ale
• 12 oz

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

1 glass of wine
• 6 oz

1 small glass of sherry
• 4 oz

1 small glass of liqueur or aperitif
• 4 oz
Part 4:

**TYPES OF OLDER DRINKERS IN THE U.S. POPULATION**

It is helpful to think about the amount of alcohol consumed by older adults in the United States and by you. There are different types of drinkers among the older adult population, and these types can be explained by different patterns of alcohol consumption. These include:

<table>
<thead>
<tr>
<th>Types</th>
<th>Patterns of alcohol consumption</th>
</tr>
</thead>
</table>
| Abstainers and light drinkers | • drink no alcohol or less than three drinks per month  
                                 | • alcohol use does not affect health or result in negative consequences                        |
| Moderate drinkers      | • drink three or fewer times per week  
                                 | • drink one to two standard drinks per occasion  
                                 | • alcohol use does not affect health or result in negative consequences  
                                 | • at times moderate drinkers consume NO alcohol, such as before driving, while operating machinery, and so on. |
| At-risk drinkers       | • drink over seven standard drinks per week  
                                 | • at risk for negative health and social consequences                                         |
| Alcoholics             | • heavy drinking has led to a physical need for alcohol and to other problems                  |

At-Risk Drinkers (10%)

Alcoholics (5%)

Moderate Drinkers (15%)

Abstainers and Light Drinkers (70%)
Part 5:

CONSEQUENCES OF AT-RISK OR PROBLEM DRINKING

Drinking alcohol can affect your *physical health, emotional and social well being, and relationships.*

The following are some of the positive effects that people sometimes describe as a result of drinking alcohol. Let’s place a check mark by the ones that you feel apply to you.

<table>
<thead>
<tr>
<th>Temporary high</th>
<th>Relaxation</th>
<th>Avoid uncomfortable feelings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forget problems</td>
<td>Sense of confidence</td>
<td>Ease in speaking one’s mind</td>
</tr>
<tr>
<td>Enjoy the taste</td>
<td>Temporary lower stress</td>
<td></td>
</tr>
<tr>
<td>Social ease</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following are some of the *negative consequences* that may result from drinking. Let’s place a check mark by any of these problems that are affecting you regardless of whether you believe they are related to your drinking.

<table>
<thead>
<tr>
<th>Difficulty coping with stressful situations</th>
<th>Sleep problems</th>
<th>Accidents/falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Memory problems or confusion</td>
<td>Relationship problems</td>
</tr>
<tr>
<td>Loss of independence</td>
<td>Malnutrition</td>
<td>Increased risk of assault</td>
</tr>
<tr>
<td>Problems in community activities</td>
<td>Reduced effectiveness of medications</td>
<td>Financial problems</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>Increased side effects from medication</td>
<td>Stomach pain</td>
</tr>
<tr>
<td>Sexual performance problems</td>
<td></td>
<td>Liver problems</td>
</tr>
</tbody>
</table>
Part 6:

REASONS TO QUIT OR CUT DOWN ON YOUR DRINKING

The purpose of this step is to think about the best reason for you to quit or cut down on your drinking. The reasons will be different for different people.

The following list identifies some of the reasons for which people decide to cut down or quit drinking. Put an X in the box by the three most important reasons that YOU want to quit or cut down on your drinking. Perhaps you can think of other reasons that are not on this list.

- To consume fewer empty calories (alcoholic drinks contain many calories).
- To sleep better.
- To maintain independence.
- To feel better
- To save money.
- To be happier.
- To reduce the possibility that I will be injured in a car crash.
- To have better family relationships.
- To participate more in community activities.
- To have better friendships.
- Other: ____________________________

Write down the three most important reasons you choose to cut down or quit drinking.
1. _______________________________________________________________
2. _______________________________________________________________
3. _______________________________________________________________

Think about the consequences of continuing to drink heavily. Now think about how your life might improve if you decide to change your drinking habits by cutting down or quitting. What improvements do you anticipate?

Physical health:

Mental health:

Family:

Other relationships:

Activities:
Part 7:

**DRINKING AGREEMENT**

The purpose of this step is to decide on a drinking limit for yourself for a particular period of time. Negotiate with your health care provider so you can both agree on a reasonable goal. A reasonable goal for some people is abstinence—not drinking any alcohol.

As you develop this agreement, answer the following questions:
• How many standard drinks (see below)?
• How frequently?
• For what period of time?

---

**DRINKING AGREEMENT**

Date _______________

---

Older adult signature ________________________________
Intervener signature ________________________________
DRINKING DIARY CARD

One way to keep track of how much you drink is the use of drinking diary cards. One card is used for each week. Every day record the number of drinks you had. At the end of the week add up the total number of drinks you had during the week.

<table>
<thead>
<tr>
<th>DAY</th>
<th>Beer</th>
<th>Wine</th>
<th>Liquor</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WEEK’S TOTAL:

---

DIARY CARD

KEEP TRACK OF WHAT YOU DRINK OVER THE NEXT 7 DAYS
STARTING DATE ______________

<table>
<thead>
<tr>
<th>DAY</th>
<th>Beer</th>
<th>Wine</th>
<th>Liquor</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WEEK’S TOTAL:

---

KEEP TRACK OF WHAT YOU DRINK OVER THE NEXT 7 DAYS
STARTING DATE ______________

<table>
<thead>
<tr>
<th>DAY</th>
<th>Beer</th>
<th>Wine</th>
<th>Liquor</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WEEK’S TOTAL:
Part 8:

HANDLING RISKY SITUATIONS

Your desire to drink may change according to your mood, the people you are with, and the availability of alcohol. Think about your last periods of drinking.

Here are examples of risky situations. The following list may help you remember situations that can result in at-risk drinking.

- social get-togethers
- boredom
- tension
- feeling lonely
- feelings of failure
- frustration
- use of tobacco
- sleeplessness
- family
- friends
- criticism
- dinner parties
- children and grandchildren
- TV or magazine ads
- anger
- watching television
- other people drinking
- certain places
- after regular daily activities
- weekends
- arguments

What are situations that make you want to drink at a risky level. Please write them down.

1.____________________________________________________________________________

2.____________________________________________________________________________

WAYS TO COPE WITH RISKY SITUATIONS

It is important to figure out how you can make sure you will not go over drinking limits when you are tempted. Here are examples:

- Telephone a friend
- Call on a neighbor
- Go for a walk
- Watch a movie
- Read a book
- Participate in an activity you like

Some of these ideas may not work for you, but other methods of dealing with risky situations may work. Identify ways you could cope with the specific risky situations you listed above.

1. For the first risky situation or feeling, write down different ways of coping.
   __________________________________________________________________________
   __________________________________________________________________________

2. For the second risky situation or feeling, write down different ways of coping.
   __________________________________________________________________________
   __________________________________________________________________________
Think about other situations and ways you could cope without using alcohol.

Part 9:

VISIT SUMMARY

We’ve covered a great deal of information today. Changing your behavior, especially drinking patterns, can be a difficult challenge. The following pointers may help you stick with your new behavior and maintain the drinking limit agreement, especially during the first few weeks when it is most difficult. Remember that you are changing a habit, and that it can be hard work. It becomes easier with time.

- Remember your drinking limit goal: ________________________________
- Read this workbook frequently.
- Every time you are tempted to drink above limits and are able to resist, congratulate yourself because you are breaking an old habit.
- Whenever you feel very uncomfortable, tell yourself that the feeling will pass.
- At the end of each week, think about how many days you have been abstinent (consumed no alcohol) or have been a light or moderate drinker.
- Some people have days during which they drink too much. If that happens to you, DON’T GIVE UP. Just start again the next day.
- You should always feel welcome to call your physician for assistance or in case of an emergency.

THANKS FOR TRYING THIS PROGRAM.