

# Webinar Instructions

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# Older Adults and Substance Use: What Can We Do to Help?

Kristen Lawton Barry, Ph.D.

Research Professor

University of Michigan

Department of Psychiatry

[barry@med.umich.edu](mailto:barry@med.umich.edu)

# Webinar Goals

- Participants will learn about the following:
  - Understanding of the pertinent issues in alcohol problems and psychoactive medication misuse in older adulthood
  - Identification of some useful screening instruments  
Introduction to the use of brief methods for intervening

# Webinar Materials

- Screening Instruments

- Michigan Alcoholism Screening Test- Geriatric Version (MAST-G).

[http://www.ssc.wisc.edu/wlsresearch/pilot/P01-R01\\_info/aging\\_mind/Aging\\_AppB5\\_MAST-G.pdf](http://www.ssc.wisc.edu/wlsresearch/pilot/P01-R01_info/aging_mind/Aging_AppB5_MAST-G.pdf)

[http://www.ssc.wisc.edu/wlsresearch/pilot/P01-R01\\_info/aging\\_mind/Aging\\_AppB5\\_MAST-G.pdf](http://www.ssc.wisc.edu/wlsresearch/pilot/P01-R01_info/aging_mind/Aging_AppB5_MAST-G.pdf)

- Alcohol Use Disorders Identification Test (AUDIT)

[http://www.integration.samhsa.gov/AUDIT\\_screener\\_for\\_alcohol.pdf](http://www.integration.samhsa.gov/AUDIT_screener_for_alcohol.pdf)

# Screening Instruments (cont.)

- ASSIST (psychoactive prescription medications)

[http://medicine.yale.edu/sbirt/curriculum/screening/508\\_100697\\_nmassist.pdf](http://medicine.yale.edu/sbirt/curriculum/screening/508_100697_nmassist.pdf)

- PHQ-9 (depressed feeling)

[http://phqscreeners.com/pdfs/02\\_PHQ-9/English.pdf](http://phqscreeners.com/pdfs/02_PHQ-9/English.pdf)

# Resources

- **SAMHSA's SBIRT Training/Resource Page**  
(<http://www.samhsa.gov/sbirt>)
- **SBIRT Fact Sheet** ([http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SBIRT\\_Factsheet\\_ICN904084.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SBIRT_Factsheet_ICN904084.pdf))
- **AoA/SAMHSA Issue Briefs**
  - [Alcohol Abuse and Misuse Prevention](#)
  - [Screening and Preventive Brief interventions for Alcohol and Psychoactive Medication Misuse/Abuse](#)
  - [Prescription Medication Misuse and Abuse Among Older Adults](#)

# NSDUH:

## Alcohol Use in Older Adults

- 66% of men, 65% of women used alcohol
- <3% met full criteria for an **alcohol use disorder**
- **At-risk drinking** was reported in:
  - 17% of men, 11% of women ages 50+
  - 19% of all respondents ages 50-64
  - 13% of all respondents ages 65+
- **Binge drinking** was reported in:
  - 20% of men, 6% of women ages 50+
  - 23% of all respondents ages 50-64
  - 15% of all respondents ages 65+

(Blazer & Wu, 2009a)

# Alcohol Problems Among Older Women

## Epidemiological Studies

- **Prevalence:** 2-12% depending on definitions of at-risk or problem drinking
  - light/moderate drinkers maintain stable pattern
  - heavy drinkers/alcohol dependent tend to reduce or die
  - %? of older women have late onset of risky/heavy consumption



# Medication Misuse and Alcohol Interactions

- Medications with significant alcohol interactions
  - Benzodiazepines
  - Other sedatives
  - Opiate/Opioid Analgesics
  - Some anticonvulsants
  - Some psychotropics
  - Some antidepressants
  - Some barbiturates

# Alcohol Abuse: Risk Factor for Psychiatric Illness

- Older adults are **three times as likely** to develop a mental disorder with a lifetime diagnosis of alcohol abuse.
- Common “Dual Diagnoses” include:
  - Depression (20-30%)
  - Cognitive loss (10-40%)
  - Anxiety disorders (10-20%)



# Alcohol Use and Suicide

- Alcohol abuse more prevalent in older persons who are separated, divorced, or widowed
- Highest rates of completed suicides:
  - Older white males who are depressed, drinking heavily, and who have recently lost their partners



# Aging, Drinking and Consequences

- Aging-related changes make older adults more vulnerable to adverse alcohol effects
  - Higher BAC from a given dose
  - More impairment at a given BAC
  - Interactive effects of alcohol, chronic illness and medication
- Implications for older adult drinkers
  - Moderate levels of consumption can be more risky
  - More consequences from maintaining consumption
  - Increased consumption may quickly result in consequences

# Recommended Drinking Limits for Older Adults



**Drinking Limits:** no more than one drink per day on average for older men or less than one drink per day on average for older women.

**Binge drinking:** drinking four or more drinks during a single occasion (drinking day) for men or three or more drinks during a single occasion for women.

# What is a Drink?

My Doctor said "Only 1 glass of alcohol a day". I can live with that.



# What's a standard drink?

1 standard drink =

1 can of  
ordinary  
beer or ale  
12 oz.



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



a glass  
of wine  
5 oz.



a small  
glass of  
sherry  
4 oz.



a small  
glass of  
liqueur or  
apertitif  
4 oz.



# Signs and Symptoms of Alcohol/Psychoactive Medication Problems in Older Adults

- Anxiety
- Blackouts, dizziness
- Depression
- Disorientation
- Mood swings
- Falls, bruises, burns
- Family problems
- Financial problems
- Headaches
- Incontinence
- Increased tolerance to alcohol
- Legal difficulties
- Memory loss
- New problems in decision making
- Poor hygiene
- Seizures, idiopathic
- Sleep problems
- Social isolation
- Unusual response to medications

# Screening Methods

# Identification, Screening and Assessment Recommendations

Every 60-year-old person should be screened for alcohol and prescription drug use/abuse as part of regular physical examination- ‘Brown Bag Approach’

- Screen or re-screen if certain physical symptoms are present or if the older person is undergoing major life changes or transitions
- Ask direct questions about concerns
  - Preface questions with link to medical conditions or health concerns
  - Do not use stigmatizing terms (e.g. alcoholic)

# Goal and Rationale for Alcohol/Psychoactive Medication Screening in Older Adults

- *Goal of Screening:* To identify at-risk drinkers, problem drinkers and/or persons with alcoholism; identify persons with psychoactive medication misuse; identify comorbidities (depression, anxiety)
- *Rationale of Screening for Alcohol*
  - High enough incidence to justify cost
  - Adverse effects on quality/quantity of life
  - Effective treatments available
  - Presence of valid and cost-effective screening techniques

# Examples: Screening Instruments

**Michigan Alcoholism Screening Test-Geriatric Version (MAST-G)**

**Alcohol Use Disorders Identification Test (AUDIT)**

**ASSIST (including psychoactive medications)**

**PHQ-9 (depression screen)**

# Prevention and Intervention Methods

# The Spectrum of Interventions for Older Adults

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



Brief Advice



**Brief  
Interventions**



Pre-Treatment  
Intervention



Formal Specialized Treatments



# Brief Intervention Issues

- *Definition:* Time-limited (5 minutes to 5 brief sessions) and targets a specific health behavior; Barry, et al, CSAT, 1999)
- *Goals:* a) facilitate treatment entry  
b) reduce alcohol consumption
- Relies on use of screening techniques
- Empirical support of effectiveness for younger and older drinkers

# Key Components of Brief Interventions/Treatments

- Screening
- Feedback
- Motivation to change
- Strategies for change
- Behavioral agreements
- Follow-up

# Settings for Brief Interventions

- Primary Care
- Emergency Department
- Hospitals
- Community
- Workplace
- Home Health Care
- Substance Abuse Treatment Programs

# Who Can Conduct Brief Alcohol Interventions?

- Physicians
- Nurses/Nurse Practitioners
- Physician Assistants
- Social Workers
- Psychologists
- Health Educators
- Home Health Workers
- Other Allied Health Providers

# Current Knowledge

1. Brief interventions and brief treatments work
2. Motivational enhancement effective
3. Approach is acceptable to older adults and can be conducted in a variety of settings

# Special Circumstances

Alcohol Withdrawal

Heavy Drinking

Benzodiazepine/Opioid Use

# Contact Information

Kristen L. Barry, PhD

University of Michigan

Department of Psychiatry

Email: [barry@umich.edu](mailto:barry@umich.edu); Cell: 734-223-0618

# REAP: Embedding a Brief Alcohol Intervention in a Community-Based Prevention Program

March 11, 2015

Renee Pepin, PhD

# REAP: Embedding a Brief Alcohol Intervention in a Community-Based Prevention Program

- REAP Background
- REAP Counseling Procedure
- REAP Counselor Materials
- REAP Counseling Flow
- REAP Counselor Training

# Community-Based Outreach

- Older Adults experience several barriers to seeking mental health services
- To engage vulnerable older adults in appropriate services, there must be effective strategies to screen and identify at-risk older adults
- New Hampshire is a rural state with disproportionately greater population of older adults

# Background: REAP

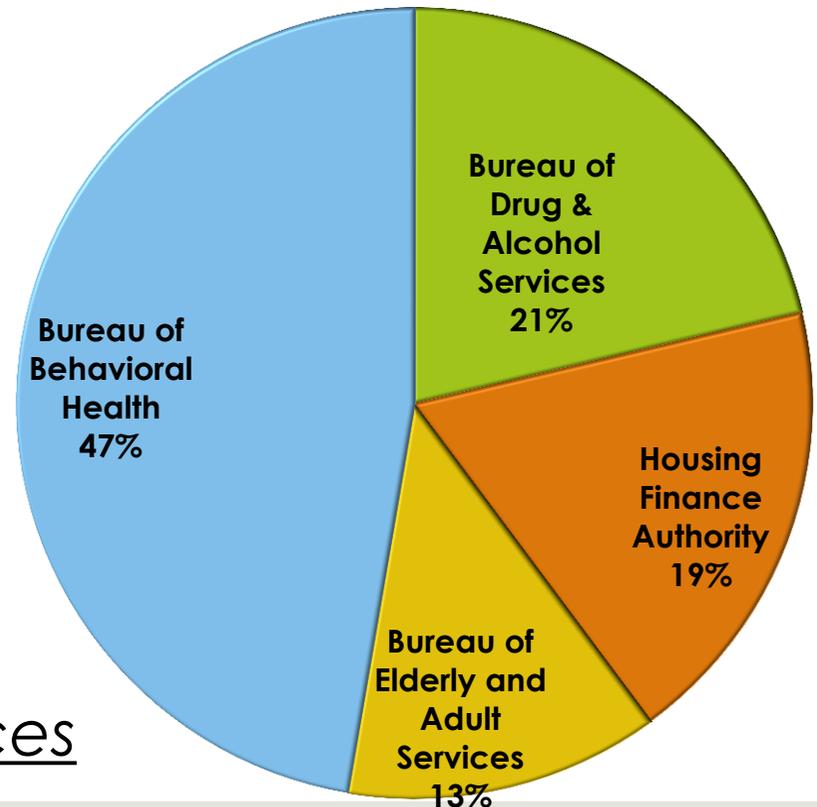
- Referral, Education, Assistance & Prevention (REAP) began in 1992
- Preventative home/community-based services
- REAP offers
  - individual and family counseling
  - group education in community settings
  - technical assistance/consultation with professionals
- Targets older adults with alcohol, drug, medication, or mental health concerns
- REAP is the only program in New Hampshire to address at-risk substance misuse among older adults

# Background: REAP

Braided Funding from:

- NH Housing Finance Authority
- Department of Health and Human Services
  - Division of Alcohol and Drug Abuse Prevention and Recovery
  - Bureau of Elderly and Adult Services
  - Bureau of Behavioral Health

REAP Funding Sources



Participants are not billed,  
addressing a critical barrier to services

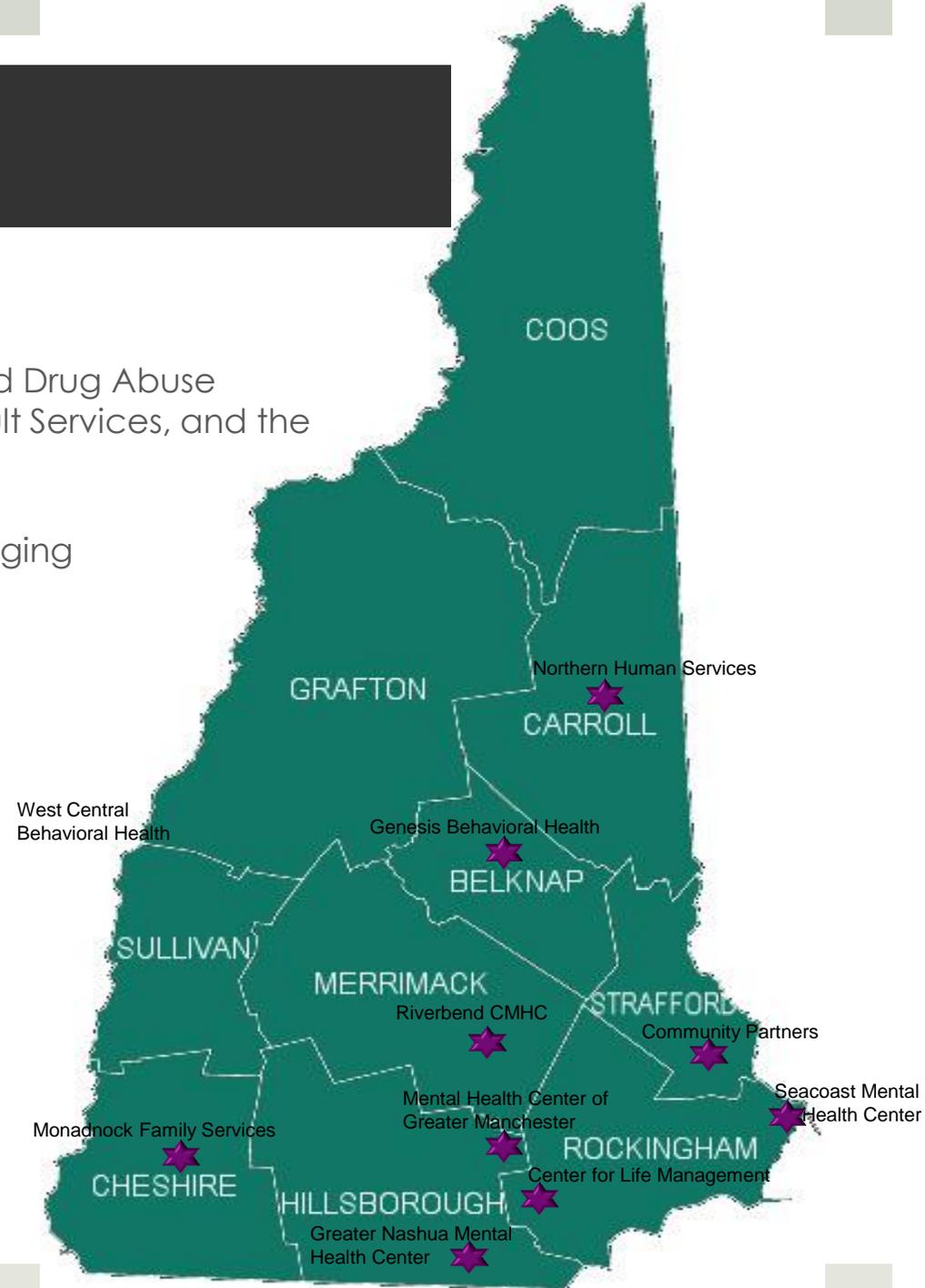
# Background: REAP

## Collaborative Efforts:

- NH Housing Finance Authority, the Division of Alcohol and Drug Abuse Prevention and Recovery, the Bureau of Elderly and Adult Services, and the Bureau of Behavioral Health.
- NH Coalition on Substance Abuse, Mental Health, and Aging
- NH 10 Community Mental Health Centers
- Dartmouth Centers for Health and Aging
- National Alliance on Mental Illness

## REAP Staffing

- Program Coordinator (NHHFA)
  - 10 NH Community Mental Health Centers
    - 40 REAP Counselors
    - 12 REAP Supervisors



# REAP Counseling Procedure

- REAP promotes services through
  - word of mouth
  - community education sessions
  - Aging/social service collaboration teams
- REAP serves
  - adults ages 60 years or older
  - residents of senior housing
  - caregivers of older adults
- Procedure
  1. Referrals to program director, program coordinator, counselor, or community mental health center
  2. A REAP counselor contacts participant to arrange an initial assessment
  3. Initial assessment: assess presenting problem; screenings; and collaborative development of goals
  4. Subsequent sessions: provide education, supportive counseling, referral, or provide brief evidence-based intervention

# REAP Counselor Materials

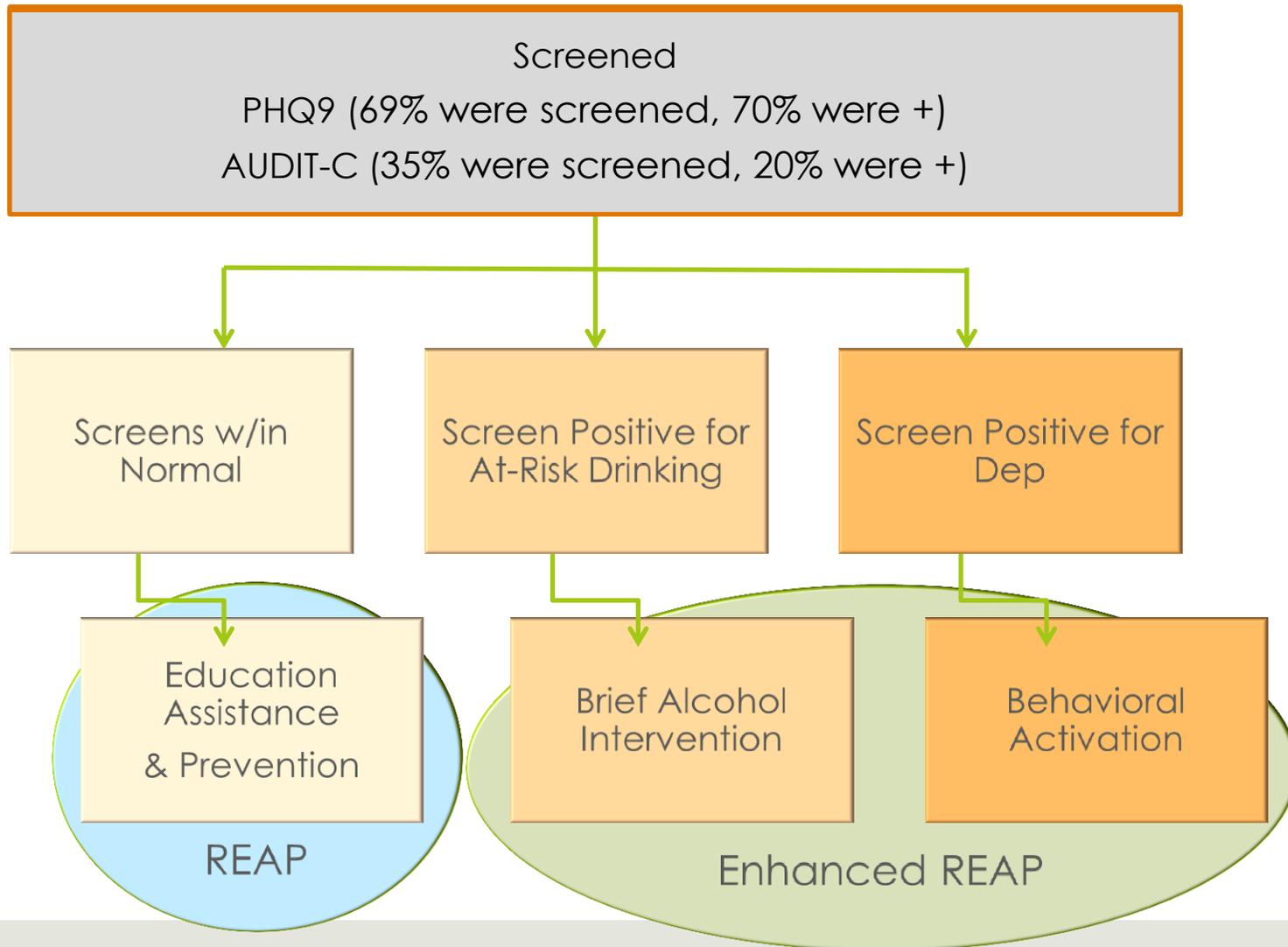
## ■ Screening Instruments

- Patient Health Questionnaire (PHQ9) (Martin, Rief, Klaiberg, & Braehler, 2006)
- Alcohol Use Disorders Identification Test (AUDIT-C) (Bush, Kivlahan, McDonell, Fihn, & Bradley, 1998)
- Substance Use Questions (6 Items, REAP Program)

## ■ Interventions

- Brief Alcohol Intervention (Barry & Blow; Barry, Blow, Cullinane, Gordon, & Welsh, 2006)
- Behavioral Activation (Lejuez, Hopko, & Hopko, 2001)

# REAP Counseling Flow



# REAP Counselor Training

- REAP Orientation
- Motivational Interviewing
- Symptom Assessment
- Brief Alcohol Intervention
- Behavioral Activation
- Annual Advanced Skills Practice

# Thank You

Coming soon: [www.reapnh.org](http://www.reapnh.org)

Renée Pepin, Ph.D.  
Dartmouth Centers for Health and Aging  
46 Centerra Parkway, HB7250  
Lebanon, NH 03766  
Renee.L.Pepin@Dartmouth.edu  
(603) 653-3454

**Implementation of SBIRT  
Model For Older Adults in Varied Settings  
Florida BRITE Project**

**Presenter:**

**Robert W. Hazlett, Ph.D.**

**Behavioral Health Management Consultant  
Consultant/Trainer National SBIRT ATTC/IRETA**

# Today's presentation addresses:

- The SBIRT initiative and Florida BRITE Project as a different approach to substance misuse
  - Key findings
  - How others can implement, etc.
  - Implementing SBIRT within aging services.
- 



# Screening, Brief Intervention, and Referral to Treatment



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## About SBIRT

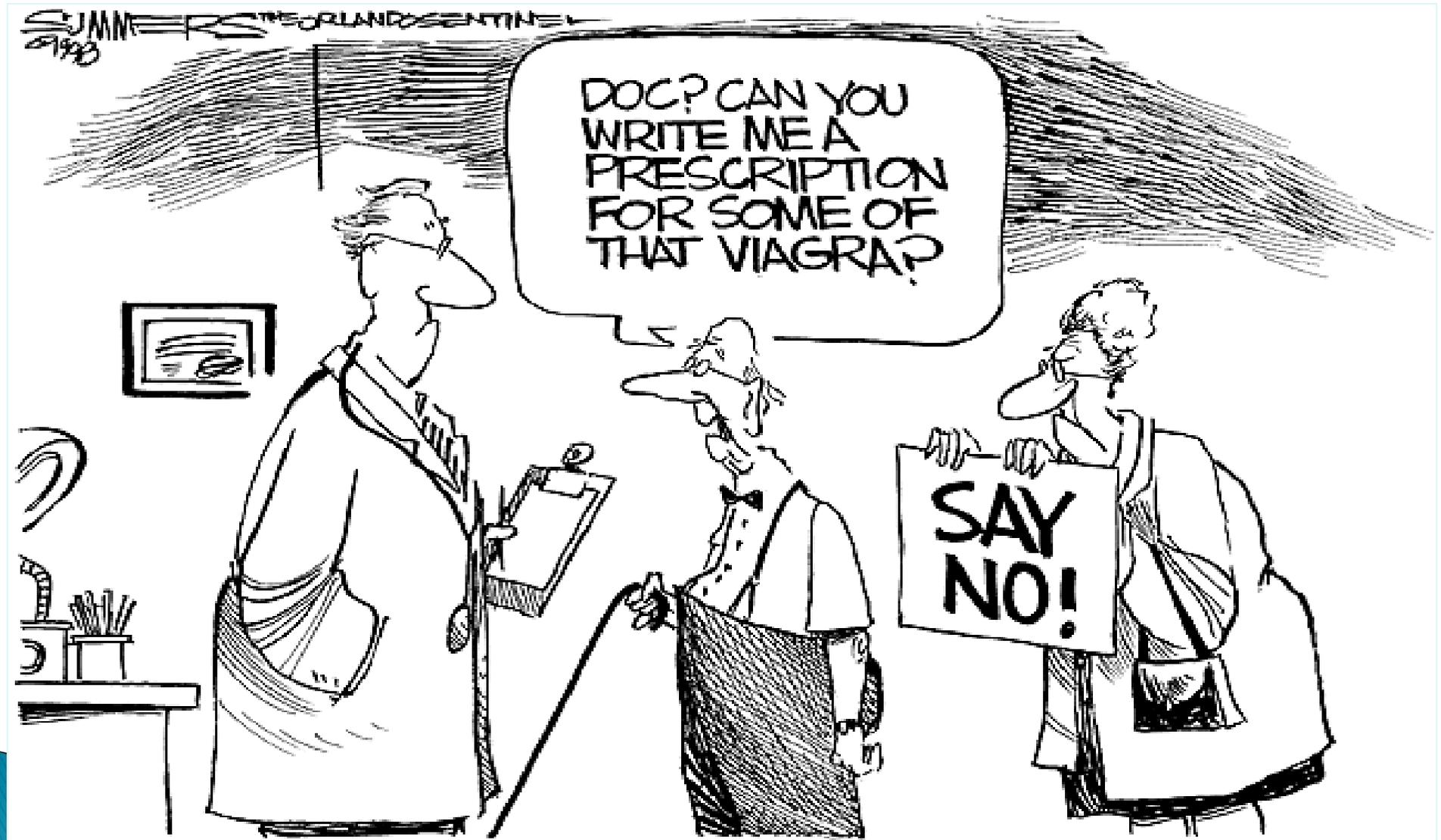
### An Early Intervention Approach

The SBIRT Initiative represents a paradigm shift in the provision of treatment for substance use and abuse. The services are different from, but designed to work in concert with, specialized or traditional treatment.

### New Target Population

The primary focus of specialized treatment has been persons with more severe substance use or those who have met the criteria for a Substance Use Disorder. The SBIRT Initiative targets those with nondependent substance use and provides effective strategies for intervention prior to the need for more extensive or specialized treatment.

# Medication Misuse – Frequent in Older Adults

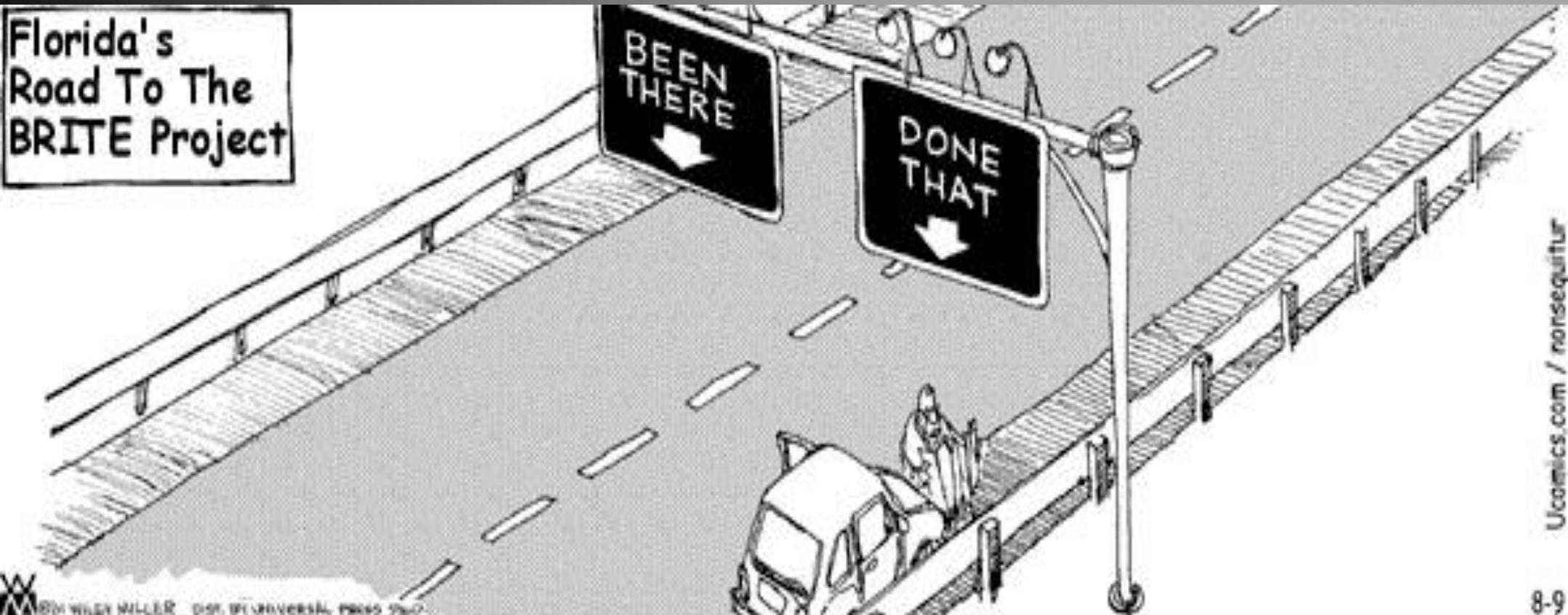


# We had to change how we approached substance misuse in older adults

Florida's  
Road To The  
BRITE Project

BEEN  
THERE  
↓

DONE  
THAT  
↓

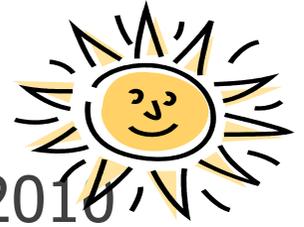


# Florida BRITE Project: The CSAT SBIRT Grant



- \$17 million SAMHSA/CSAT grant to Florida
  - Five years: Oct. 2006-Sept. 2011
  - Most of the funding goes to direct services
  - Large scale screening in medical, other settings
    - Majority of people who are screened will screen negative (get Screening & Feedback only)
    - Positive screens typically followed by 1 session of Brief Intervention, although people can receive up to 3 BI or up to 5 extended brief intervention sessions
    - Referral to Treatment for more serious cases (detox, outpatient or residential care)

# How BRITE implements SBIRT



- Focuses on “problematic use” of people 55 & older; (in 2016 some agencies began to focus on 18 and above)
- Involves a multi-site demonstration in Department of Children and Families Circuits throughout the state of Florida;
- Implemented in generalist sites and community programs servicing older adults;
- Employs standardized evidence-based screening instruments;
- Involves an automated performance measurement system; and
- Includes care coordination/facilitation.

# Florida BRITE Project – SBIRT Grant

- Only SBIRT grant specific to older adults
  - Offered in medical, behavioral health, substance abuse services, and aging services
  - BRITE expanded from 4 sites (4 counties) to 75 sites in 19 counties
  - Screen for risky or problematic use of:
    - Alcohol
    - Illicit drugs
    - Prescription medications
    - depression
- 

# BRITE Providers

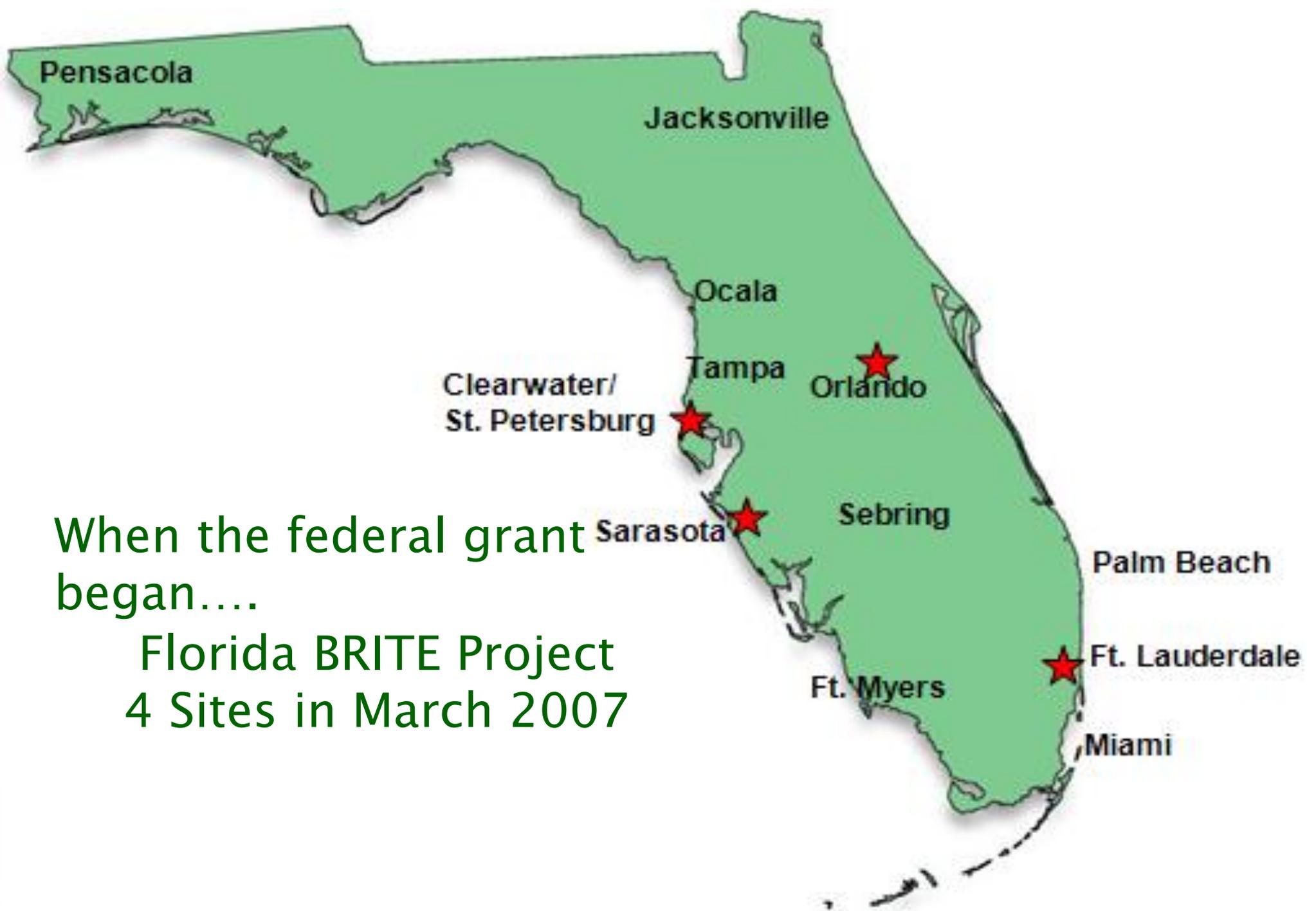
## ▶ Specialist Providers:

- Aging services
- Women's services
- Treatment Services
- Veteran's services
- Family services

- 
- Health fairs
  - Senior centers
  - Senior housing
  - County Health Departments
  - Other community settings

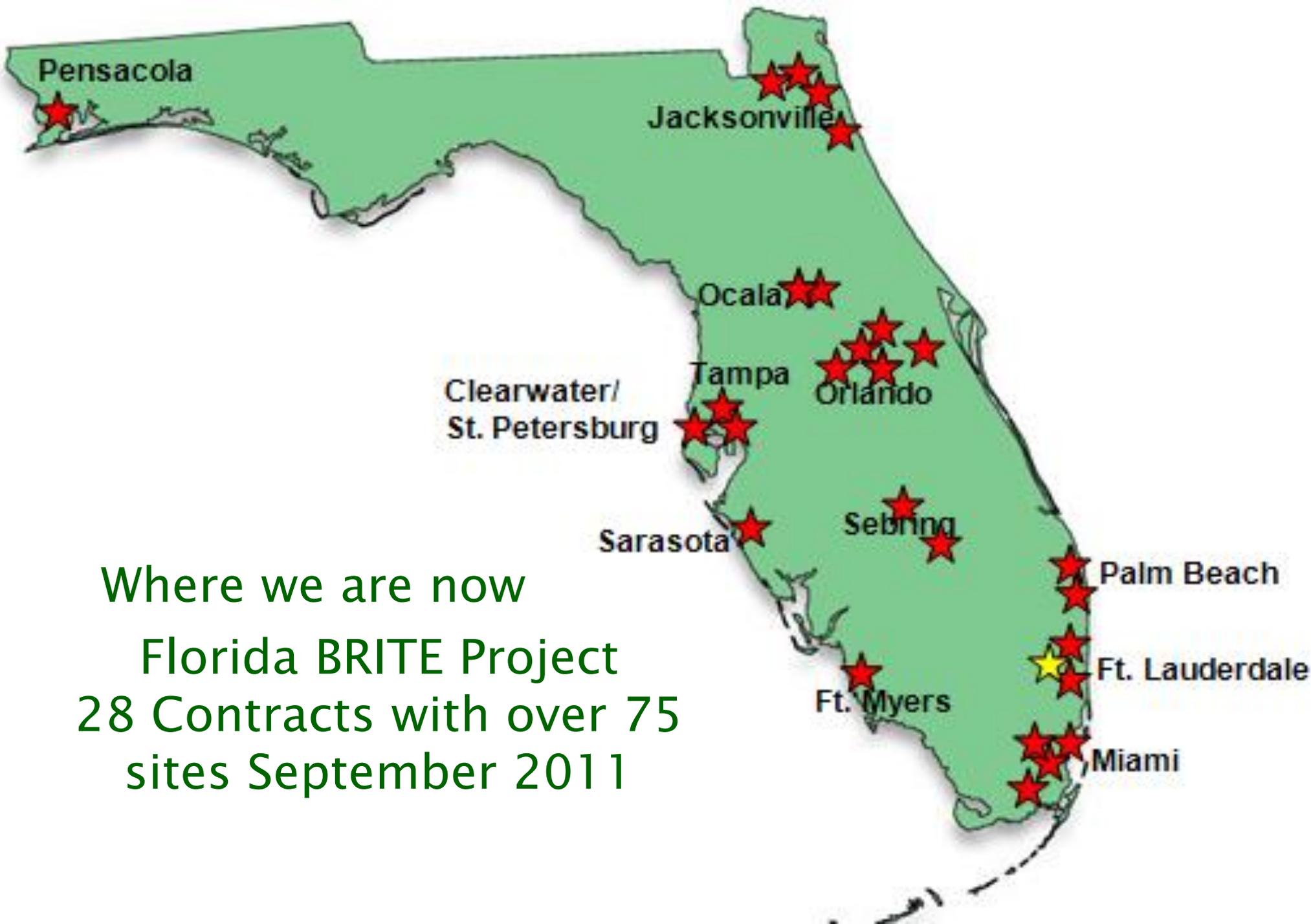
## • Generalist (Medical ) Providers:

- Emergency Depts./Trauma Center
- Urgent Care Clinics
- Walk-in Clinics
- FQHC (Federally Qualified Health Centers )



When the federal grant began....

Florida BRITE Project  
4 Sites in March 2007



Where we are now

Florida BRITE Project  
28 Contracts with over 75  
sites September 2011

# Screening

- Incorporated into the normal routine in medical and other community settings providing service to older adults.
- Screening provides identification of individuals with problems related to alcohol and/or substance use and possible depression. It can be through interview and self-report.
- BRITE utilizes an evidence-based pre-screen tool and,
- Administers the Alcohol, Smoking, Substance Abuse Involvement Test (ASSIST) and;
- If indicated by Pre-screen the Short Geriatric Depression Scale (S-GDS) is administered

# Pre-Screening Questions – Part 1



Florida BRITE Project



ASK	IF YOU RECEIVE THESE ANSWERS	THEN
<p><b>Weekly Average</b> Multiply the answers to the following two questions:</p> <p>A. How often? On average, how many days a week do you drink alcohol? <input type="checkbox"/></p> <p>B. How much? On a typical day when you drink how many drinks do you have? X <input type="checkbox"/></p>	<p>From Men and Women Age 55 and Older</p>  <p>more than</p>	
<p>= <input type="checkbox"/></p>	<p>7</p>	<p>Your patient may be at risk for developing alcohol-related problems.</p>
<p><b>Daily Maximum</b> How much? What is the maximum number of drinks you had on any given day in the past month? <input type="checkbox"/></p>	<p>or</p> <p>more than</p> <p>3</p>	<p>Now complete ASSIST and SGDS</p>

National Institute on Alcohol Abuse & Alcoholism (NIAAA)

# Pre-Screening Questions – Part 2

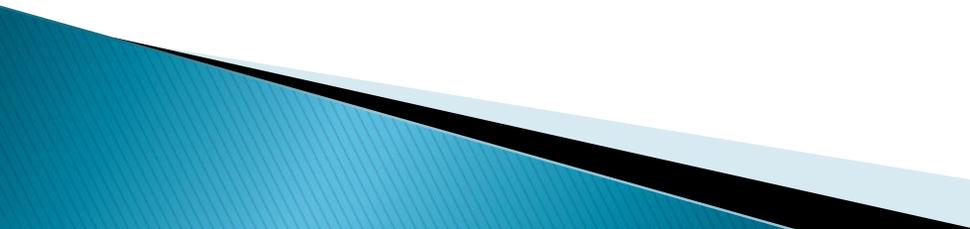


\*\* Negative predictive factor of 93% means that this screen will miss on 7% of patients with substance use disorders (SUD)

# From Prescreen to Screen

- If “Yes” to alcohol and/or substances , then the BRITE staff member administers the ASSIST screen.
  - If “Yes” on either of the depression items, then the BRITE staff member administers the Short Geriatric Depression Scale (S-GDS).
  - S-GDS is a 15 item scale, Yes/No responses.  
Categories: none/mild, moderate
- 

# **Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)**

- Brief screening questionnaire to find out about people's use of psychoactive substances.
  - Developed by the World Health Organization (WHO) and an international team of substance abuse researchers as a simple method of screening for hazardous, harmful and dependent use of alcohol, tobacco and other psychoactive substances.
- 

# Prescreening for Depression

## Depression Screening Tool Patient Health Questionnaire (PHQ-2)

*Over the past 2 weeks, have you often been bothered by:*

1. Little interest or pleasure in doing things?  Yes  No
2. Feeling down, depressed, or hopeless?  Yes  No

If the patient responded “yes” to either question, follow-up using the PHQ-9, a nine-item, self-administered questionnaire.

# **Short Version Geriatric Depression Scale (SGDS)**

- **First State to add depression screening to SBIRT**
- **Approximately 75% of patients/clients that screened positive for substance misuse/abuse experienced mild to moderate depression.**
- **If yes to alcohol and/or substances and yes to depression questions on pre-screen, complete ASSIST and SGDS.**
- **If no to all drug/alcohol questions and yes to depression question, SGDS is completed.**

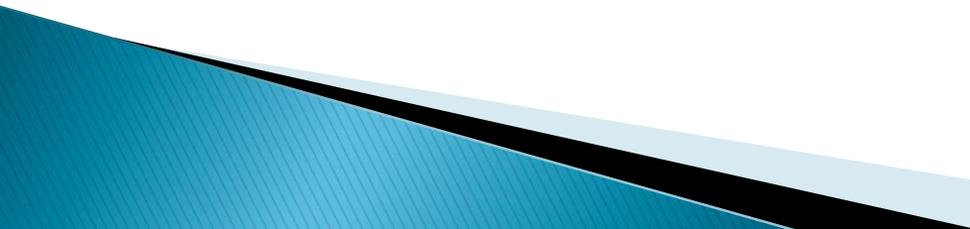
# What is Brief Intervention (BI)

- Brief Intervention or Brief Advice
  - Usually a 5-10 minute single session immediately following a positive screen (Scores in “moderate risk range” on ASSIST)
  - Consists of a motivational discussion with the patient
  - Discussion focused on increasing insight and awareness regarding the impact of substance use
  - Referral to specialized substance use treatment when indicated

**Who are the BRITE providers?**



# Hospitals/ER's/Urgent Care/FQHC

- Able to screen larger numbers for BRITE/SBIRT services
  - Uses internal staff with addition of health care educator
  - Sustainability with use of CPT (Current Procedural Terminology) and additional codes for reimbursement of services
- 

# **Traditional Substance Abuse and Primary Care**

- BRITE services in primary care provides linkages to traditional Substance Abuse Services
  - Federally Qualified Health Centers (FQHC)
- 

# Veterans Hospitals

- Miami VA Hospital
  - VA Medical Center (Ft. Lauderdale)
- 

# **Aging/Specialty Services**

- Adult Protective Services
  - Senior Day Care Center
  - Visiting Nurses Association
  - Mental Health Programs
  - Senior and Veterans Services
- 

## **Staffing: Who can provide BRITE services?**

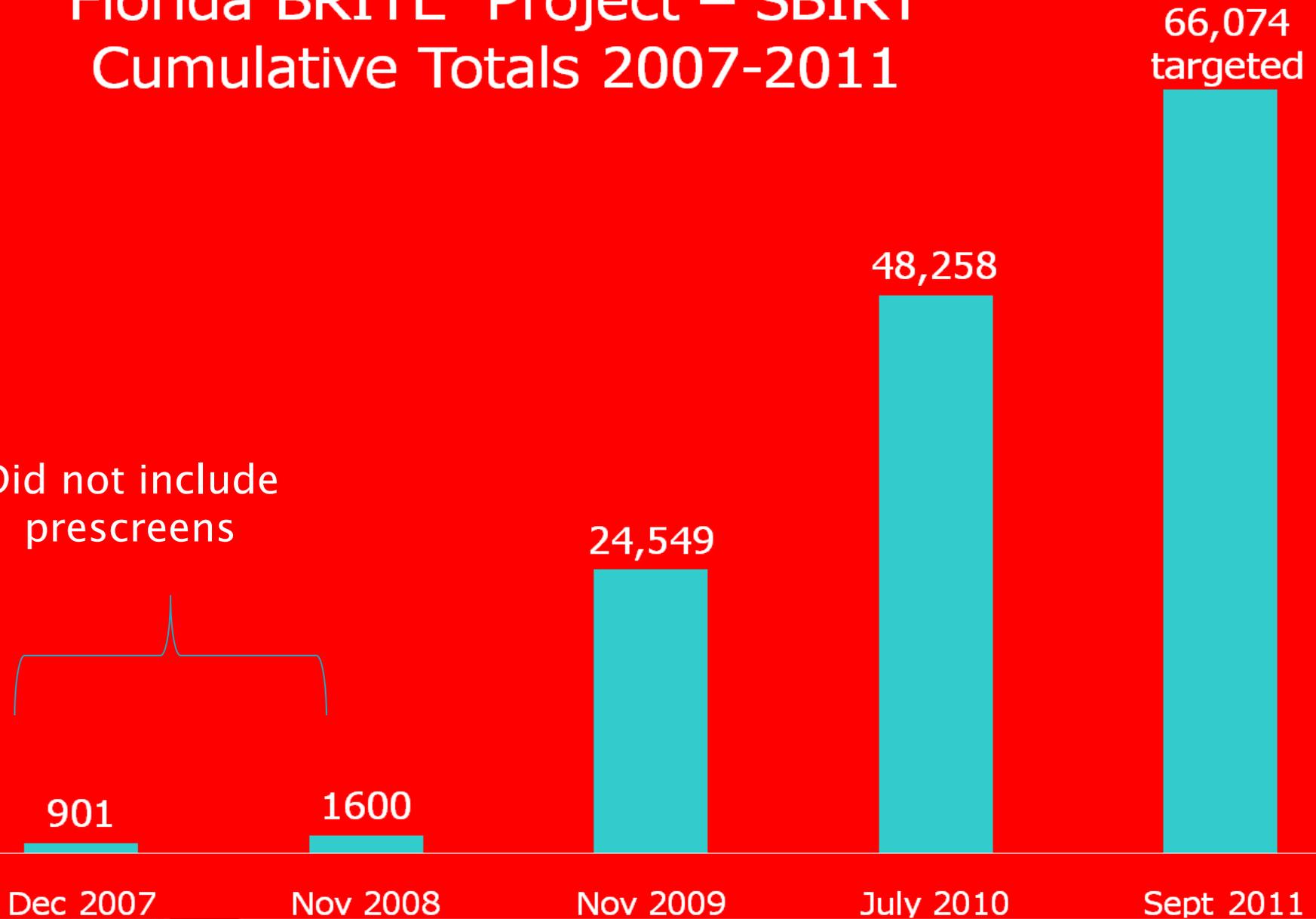
- Health Care Educators (Advocates)
  - Physicians
  - Residents
  - RN, LPN, MA, EMT
  - Social Workers
  - Substance Abuse Counselors
- 

# **BRITE Results**



# Florida BRITE Project – SBIRT Cumulative Totals 2007-2011

Did not include  
prescreens



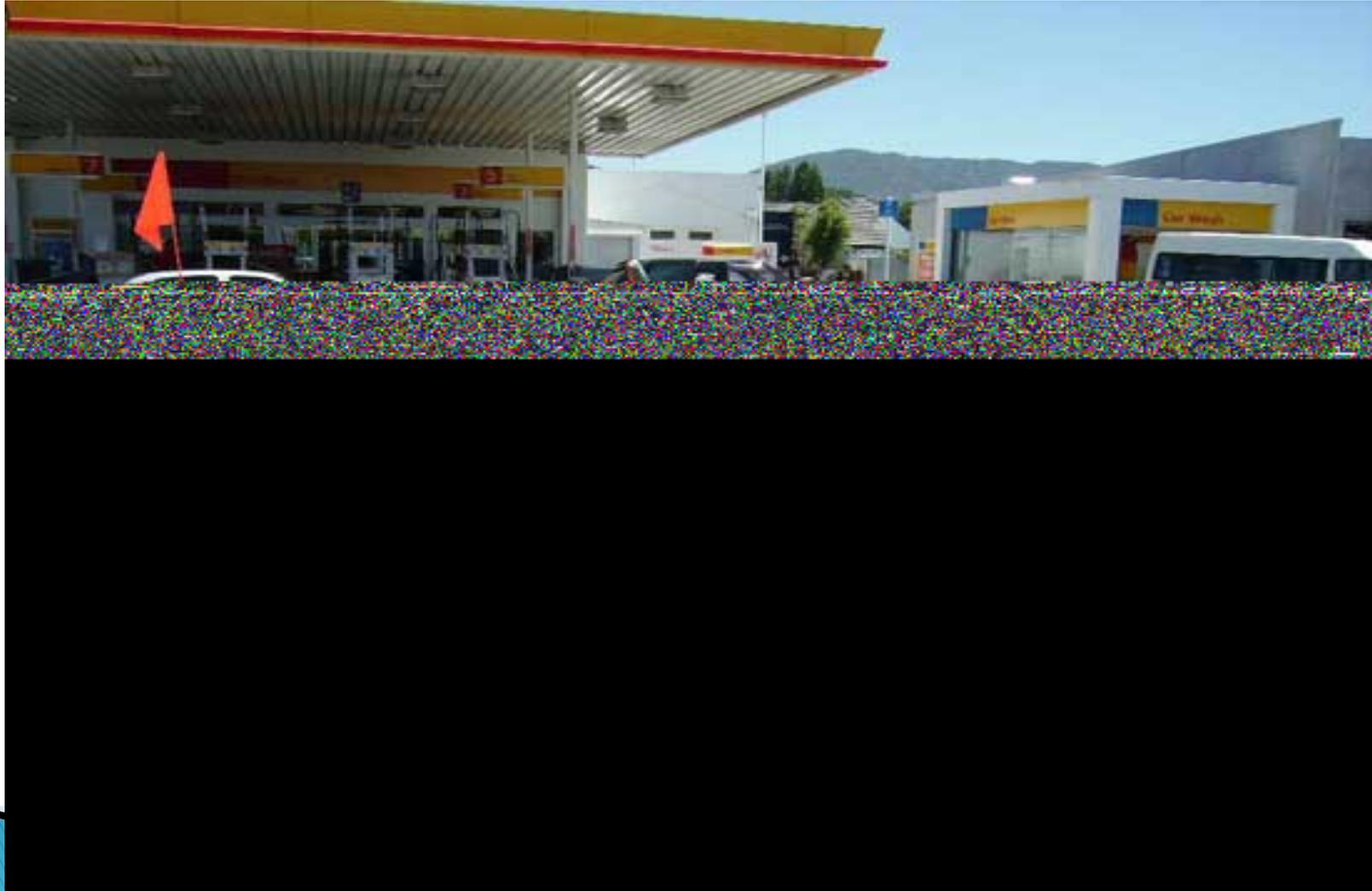
**Florida BRITE Project : Services Received  
During SBIRT Grant  
January 1, 2007 – September 14, 2011**

**Service**

**N**

▶ Screening and Feedback only	▶ 76,914
▶ Brief Intervention	▶ 6,489
▶ Brief Treatment	▶ 682
▶ Referral to Treatment	▶ 916
▶ Totals	▶ 85,001

# **SBIRT/BRITE continues after funding ends?**



# **Sustainability – billing codes for SBI – February 2008**

- Reimbursement for screening and brief intervention is available through commercial insurance CPT codes, Medicare G codes, and Medicaid HCPCS codes

# Next Steps

- SBIRT federal funding ended mid September 2011-  
Additional Funding by State continued.
- Improve the science in identifying
  - Prescription medication misuse for older adults
  - Best locations to identify positive screens
- Work with state policy makers to enable the **Medicaid** codes for Screening and BI and provide reimbursement for agencies other than primary care for SBIRT services

# **CSAT Treatment Improvement Protocol (TIP) #26, "Substance Abuse Among Older Adults"**

Available free from the National Clearinghouse on  
Alcohol and Drug Information (NCADI)

Contact them at (800) 729-6686 or at  
[www.health.org](http://www.health.org) to order

# **SBIRT/BRITE Project**

For more information, visit Florida website  
<http://BRITE.fmhi.usf.edu>

Or

Visit the National SBIRT ATTC/Ireta  
<http://ireta.org/ATTC>

Or

Email: Robert W. Hazlett, Ph.D.  
[rhphd@embarqmail.com](mailto:rhphd@embarqmail.com)

# Q&A



[www.ncoa.org](http://www.ncoa.org)