

Alcoholism and Substance Abuse among the Elderly
Minutes 10/27/05

Part 1: Senior Hope Presentation by Dr. William Rockwell, Director of Senior Hope.

Following an introduction by V. Colonna, Commissioner of the Area Agency on Aging in Albany County, Dr. Rockwell noted the lack of attention paid by practitioners and researchers to substance abusers who are older adults. He described the Senior Hope model, noting its use of groups (12 groups, with 10 unique topics) in working with the elderly abuser. He commented about how elders feel uncomfortable in treatment sessions that mix age groups. Dr. Rockwell provided an in depth case study of a actual patient, utilizing the case study to illustrate the uniqueness of the Senior Hope model and how it works.

Part 2: Panel Discussion of Two Cases

Facilitator: Christine Cary, Case Manager, Town of Colonie

Panel members:

Kurt Ottendorf-Albany County DSS: Adult Services

Lanette Marinec-Visiting Nurses Association

Greg Spencer-Clinician Consultant

Christine Cary, presented panel. Advocacy approach is linking client and their family.

Case Study: The first case involves a 72-year-old female that lives alone and suffers from constant back problems. Following surgery, the client has complications with diabetes and severe leg pain. Client is on prescribed pain medication as well as diabetic drugs. She experienced short-term memory loss resulting from medication misuse. Client complains of having no energy, states she feels lonely, and resists leaving her home or drive.

L. Marinec offered the following assessment: the client's relationship with her family is unstable, she has difficulty in managing her medications, and her diet is inadequate. A doctor should be consulted on the proper drugs to take so no drug interactions will occur. Son is currently hiding medication, giving small doses to the client in order to avoid an overdose. The client should be enrolled in "Meals on Wheels" until she is capable of fully providing for all her basic needs adequately. With drug management and the provision of meals, memory lapses and mood discrepancies should improve. The worker should address the relationships between the son and mother, addressing the mother's anger and manipulative behavior. Following a recommendations for entry into a detox program, the client received services at Senior Hope. Her progress has been steady, resulting in her addressing both her depression and other problems related to the possible loss of her home and car due to substance abuse.

C. Cary noted that shame and anger are hard emotions to deal with and would need to be addressed through long term treatment.

G. Spencer noted that seniors and adolescents are underserved in this area. Alcohol and substance abuse are a four-fold disease, which affects one's physical, psychological, emotional and spiritual well-being. Seniors need education in a non-threatening way; they need to have a sense of hope created. The family as a whole itself needs to be educated on how to be supportive without enabling. Unfortunately, he noted, there is a significant lack of resources and services.

K. Ottendorf noted that Adult Protective Services work with homeless in shelters. Many of these individuals suffer from mental illness and physical disabilities. Although much of the client base is involuntary, the worker is still required to build a relationship with the client and convince them the need for the services to be provided. He indicated that some clients do not recognize the harm caused by abuse. Individuals need to admit they have a problem, which inhibits the ability of the worker to be proactive.

L. Marinec noted that many clients forget to tell their doctors or hospital staff all the medications they are taking. This leads to drug interactions, that could lead to the possible death of the client. Overmedication is a constant occurrence.

Case Study 2: The second case involved a 69-year-old male, suffering from long-term alcoholism. Due to his alcoholism, his business in the housing industry has been threatened. The client has 3 children, ranging from 24-36 years of age. He lives in an apartment with his wife and youngest son. Over the past 5 years he has moved 3 times and is on the verge of yet another move. The client is verbally abusive towards the family, especially toward his wife. He has physical disabilities, is currently losing weight, and is experiencing swelling in multiple areas of his body. Family will not remove his "secret stash" of alcohol in the filing cabinet for fear of physical abuse. The family is in denial and every time they are broached they state, "He is currently not abusive".

K. Ottendorf noted that the client would have to "bottom out" before he could be helped. His recovery is thwarted because his entire support group is in denial. While at the nursing home he missed the opportunity for detox and recovery. Since client drives while drinking, the local Department of Motor Vehicles and police should be contacted. Client will need to be hospitalized for detox. The fact that his family has not abandoned him could be used to facilitate recovery if he enrolled in a treatment program.

L. Marinec recommended that the worker address safety issues first. Even at 69, rehabilitation is possible. The client needs to leave home for detox and to have serious health implications—such as his chronic cough and body swelling—addressed. He has been so affected by the alcohol that a worker could not reliably judge the extent of his depression. Client needs to come to terms of financial problems and find affordable permanent housing. She noted that the client is powerless when he drinks. The worker would need to point out the loss of power involved in "picking up a drink."

G. Spencer noted that there was no leverage to help the client stop drinking because the abuser is not a “rational person.” Agreeing that trust was an issue, he suggested forming a bond with client by using a personal story of alcohol abuse and recovery. It is more likely to help the client see a new perspective.