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## **Suicide Prevention and Screening for Substance Misuse in the Elderly**

### **DISCLOSURE**

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### **HOW TO RECEIVE COURSE CREDIT**

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View the entire course including any applicable handouts/resources. Complete a post-test assessment. You must score 80% or better on the post-test and complete the course evaluation to earn a certificate of completion for this activity. If required, Select Rehabilitation will report attendance to CE Broker.

### **ABOUT THE COURSE AUTHOR**

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Ingrid M. Provident Ed.D, OTR/L, FAOTA, is a highly engaging speaker who holds clinical degrees in Occupational Therapy and Educational Leadership. She has worked in multiple practice settings with the adult and geriatric populations. Ingrid has been an educator in formal academic settings and is trained and certified in Koru Mindfulness. Dr. Provident currently provides educational support to 13,000+ therapists nationwide as Education Specialist for Select Rehabilitation. She has presented internationally, nationally and locally on various clinical and professional wellness topics. Ingrid has authored many publications focusing on professional topics of Mindfulness, Fieldwork and Professional Development. She is a fellow member of the AOTA.

### **POST-TEST**

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1. Which Race has the highest Suicide Rates among males as gathered by the CDC?
  - a) African American
  - b) American Indian/ Alaskan Native
  - c) White (Caucasian)
  - d) Hispanic

2. Which of the following are observable warning signs of suicide?
  - a) Isolating Self
  - b) Giving Things Away
  - c) Escalating Self-Harm
  - d) All of the Above
3. Which of the following is a True Statement regarding asking a person if they feel suicidal?
  - a) It puts the idea of suicide in their head.
  - b) It is a violation of HIPPA.
  - c) You must ask the family first
  - d) It does not increase risk
4. Which of the following is an example of an Avoidant Ask Question?
  - a) "Are you thinking about suicide?"
  - b) "Do you have a plan to kill yourself?"
  - c) "You aren't thinking about killing yourself, are you?"
  - d) "Do you have feelings of Self Harm?"
5. Which of the Following are suicide prevention techniques?
  - a) Connect the person to help using emergency number 988
  - b) Reduce Access to highly lethal items
  - c) Ask if the person is feeling suicidal
  - d) All of the Above

The post-test and corresponding course evaluation can be accessed at:  
[https://www.surveymonkey.com/r/Suicide\\_On\\_Demand](https://www.surveymonkey.com/r/Suicide_On_Demand)

Or by using the following QR Code:




If all course requirements have been met, a certificate will be emailed from Select Rehabilitation to the email address reported in the course follow-up survey.

Any questions or issues related to this course should be directed to Dr. Kathleen Weissberg, National Director of Education for Select Rehabilitation at [kweissberg@selectrehab.com](mailto:kweissberg@selectrehab.com)

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**Suicide Prevention and Screening for Substance Misuse in the Elderly**

Ingrid M. Provident, EdD, OTR/L  
FAOTA

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**Learning Objectives**

- Identify the process of screening, brief interventions and referral to treatment for elders with substance use disorders
- Describe evidence-based screening tools appropriate in Care of the Elderly
- Recognize Common Substance Use Disorders in persons over age 65

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**National Statistics**

- Over 70,000 fatal drug overdoses nationally
- Alcohol causes an average of 88,000 deaths per year
- Addiction among people 65 and up is often underestimated and under-diagnosed
- Alcohol and prescription drug abuse affects up to 17% of adults over the age of 60
- Stigma is part of the reason of low detection and undertreatment
- Baby Boomer is largest population demographic of elderly to date

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## Older Adult Statistics

- 10.7% reported binge drinking in the last month.
- 2.5% reported heavy alcohol use in the last month.
- 1.6% reported having an alcohol abuse disorder.
- 1.3% reported misuse of opioids during the past year.
- 0.5% reported misuse of tranquilizers during the past year.
- 0.2% reported misuse of sedatives during the past year.
- Substance Abuse is one of the fastest growing health problems in the US



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## Causes Of Addiction In The Elderly

- Retirement
- Death of a family member, spouse, pet, or close friend
- Loss of income or financial strain
- Loss of purpose
- Relocation or placement in a nursing home
- Trouble sleeping
- Family conflict
- Mental or physical health decline (depression, memory loss, major surgeries, etc.)
- Pain / Poor Health/ Chronic Diseases
- Avoidance Coping Style
- History of Substance use disorders



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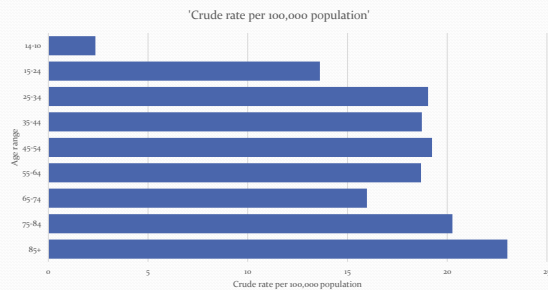
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## Suicide Rates as of 2002



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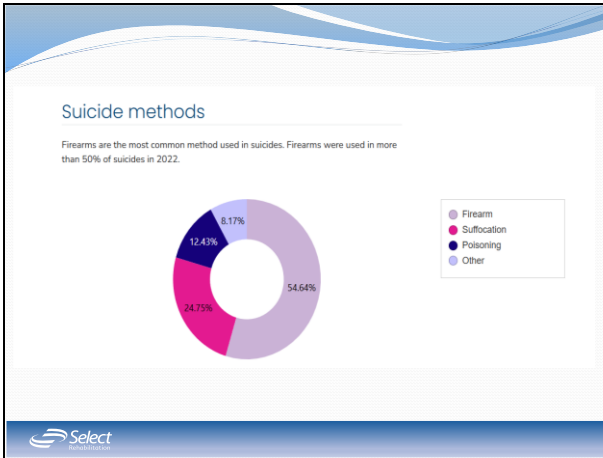
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## Commonly Abused Substances

- Alcohol and prescription opioids are most commonly abused substances among seniors
- Over time, the abuse of alcohol causes harmful effects on brain structure and function that can lead to decline in cognitive function and memory
- 37.1% of men and 36.0% of women are concurrently prescribed at least 5 different medications in individuals aged 57 to 85 years .
- Contributes to or complicates other health problems
  - liver and pancreas diseases, immune system disorders, osteoporosis, diabetes, high blood pressure, stroke, and seizures

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## Dangers Of Substance Abuse In Elderly

- More susceptible to the deteriorating effects of these substances
- Decreased ability to metabolize drugs or alcohol
- increased brain sensitivity
- Medications (Benzodiazepines) used to treat anxiety, pain, or insomnia, are some of the most dangerous prescription drugs for seniors- highly addictive
- Side effects of drugs can lead to falls or accidents

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## Alcohol

- Alcohol is the most used drug among older adults, with about 65% of people 65 and older reporting high-risk drinking
- High-risk drinking- exceeding daily guidelines at least weekly in the past year
- More than 1/10 of adults age 65 and older currently binge drink
- Binge drinking- five or more drinks on the same occasion for men, and four or more drinks on the same occasion for women.
- Alcohol use disorder greater risk for diabetes, high blood pressure, congestive heart failure, liver and bone problems, memory issues and mood disorders



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## Alcohol Use Disorder

- Often Undiagnosed due to atypical presentation
- Lack of awareness and sensitization about AUD among physicians
- Results in Emotional, Physical and Social Consequences
- Alcohol problems exist in 10% to 15% of older adults
- Recent studies show that although the vast majority of those with alcohol use disorder see their doctors regularly for a range of issues, fewer than 1 in 10 ever gets treatment for drinking.
- Only 13% of physicians use a formal screening tool for alcohol problems with elderly patients



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## Problems in the Elderly

Misuse of Alcohol causes:

- Anxiety
- Poor hygiene, urinary or fecal incontinence
- Malnutrition
- Confusion, memory loss, dementia, or delirium
- Falls
- Marital problems
- Sleep problems
- Depression or mood swings
- Financial problems
- Seizures (new-onset, idiopathic)
- Worsening of chronic medical problems (hyper-tension, diabetes, heart failure)



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## Prescription Medicines

- Drugs prescribed for chronic health conditions may be mixed with over the counter medications, alcohol and dietary supplements putting adults at risk for drug to drug interactions.
- High percentage of persons over 65 prescribed more than five medications or supplements daily
- 25% who misuse prescription opioids or benzodiazepines expressed suicidal ideation



## Opioid Pain Medicines

- Persistent pain may be more complicated in older adults experiencing other health conditions
  - 80% of patients with advanced cancer report pain
  - 77% of heart disease patients
  - Close to 40% of outpatients 65 and older
  - Between 4-9% of adults age 65 or older use prescription opioid medications for pain relief.
  - Higher % of adults using heroin and marijuana for pain relief



## Medical Marijuana

- 25% of marijuana users aged 65 or older report that a doctor recommended marijuana in the past year
- medical marijuana may relieve symptoms related to chronic pain, sleep hygiene, malnutrition, depression, or side effects from cancer treatment.
- Marijuana has not been approved by the Food and Drug Administration (FDA) as a medicine
- Regular marijuana use for medical use has been linked to chronic respiratory conditions, depression, impaired memory, adverse cardiovascular functions, and altered judgement and motor skills
- Marijuana can interact with prescription drugs and complicate already existing health issues and common physiological changes in older adults.



## Challenges of Identifying Addiction / Suicidal Ideation in the Elderly

- Alcohol or drug abuse may mimic symptoms of other medical or mental health disorders
- Important to use Screening tools which accurately ask questions to elicit useful information in non-threatening manner



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## Selective Prevention

### General

- Targets high-risk groups
- Cumulative losses and life transitions
- Increased vulnerability

### LTC / Residential

- Activities to engage men
- Residents with chronic pain and disease
- Residents with persistent sleep disorders
- Residents showing warning signs



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## Indicated Prevention

### General

- Imminent risk
- Exhibit red flag behaviors
- Mental illness indicators

### LTC / Residential

- Imminent risk
- Exhibit red flag behaviors
- Mental illness indicators



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## Risk Factors vs. Warning Signs

- What to LOOK for
- What to LISTEN for
- What to FEEL for



 *The Artist's Father, Reading 'L'Événement'* by Paul Cezanne, 1866.

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## Building Awareness

Risk Factors	Warning Signs
<ul style="list-style-type: none"> <li>• Demographic</li> <li>• History</li> <li>• Medical Record</li> </ul>	<ul style="list-style-type: none"> <li>• Red flags</li> <li>• &lt;80%</li> <li>• Observable               <ul style="list-style-type: none"> <li>• Noticeable behavior change</li> <li>• Sudden 'relief'</li> </ul> </li> <li>• Intuitive</li> </ul>



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## Knowable Risk Factors

<ul style="list-style-type: none"> <li>• Demographic               <ul style="list-style-type: none"> <li>• Age</li> <li>• Veteran status</li> <li>• LGBTQ status</li> <li>• Cultural clusters</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Medical Record               <ul style="list-style-type: none"> <li>• Mental health dx</li> <li>• Alcohol abuse</li> <li>• Substance use</li> <li>• Chronic health dx</li> <li>• Pain</li> </ul> </li> </ul>
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## Ask-able Risk Factors

- Undocumented History
  - Past attempts
  - Family member attempt
  - ACEs
- Access
  - to mental health svcs
  - to lethal means
- Coping
  - Access to mental health
  - Prolonged stress
  - Situational stress
  - Critical transitions
  - Loss



## Observable Warning Signs

### Feelings

- Depression
- Anxiety
- Anger
- Persistent irritability
- Hopelessness
- Helplessness
- Shame/Humiliation

### Behaviors

- Change in drug/alcohol use
- New med seeking
- Isolating self
- Giving things away
- Sudden joy
- Sleep changes
- Dietary changes
- Escalating self-harm
- Non-verbal cues



## Asking About Suicide

- Myths
- Methods



"Self-portrait with Dr. Arrietta" by Francisco Goya, 1820

## Depression

- Isolation, social distancing and extreme changes in daily life are hard now, but the United States also needs to be prepared for what may be an epidemic of clinical depression because of COVID-19
- There is a perfect storm of depression risks



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## Item D0200I: Suicidal Ideation

- Ask openly, directly, and without hesitation
- Ask exactly as worded
- Asking the question does not give the idea
- Notify the responsible clinician
- Follow facility protocol



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Asking about suicide does  
**NOT** put the idea in  
someone's head.



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## How to Ask

“Are you thinking about suicide?”  
“Do you have a plan to kill yourself?”



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## Direct Ask

“Are you thinking about suicide?”  
“Do you have a plan to kill yourself?”

## Avoidant Ask

~~“You aren’t thinking about killing yourself, are you?”~~



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## If YES

- Thank them for their honesty & courage
- Recommended ways to ask next questions:
  - Have you thought about how you would end your life?
    - Have you already considered how you access those means?
  - Are you thinking of when you might end your life?
- Warm hand-off to staff in charge
- Follow facility policy



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## Direct Response

“Who can help you limit your access  
to \_\_\_\_\_?”

## Avoidant Response

“Why would you do something like that?  
You have so much to live for.”



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## If NO

- Does your intuition agree?
- Do you detect discrepancies between this conversation and others you have had?



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## “Who *hasn't* thought about it?”

- Distinguish between casual talk vs. intentional harm
- Casual ‘death’ talk appears to be an age-appropriate norm
- Ethical questions vs. practical considerations
- Listen for specific intentionality
- If concerned, ask directly, without euphemism



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## Long Term Care

- Organizational strategies
- Transition crisis
- Family education
- Packet materials



"Sorrowing Old Man", by V. Van Gogh, 1890 ~ 2 mo. before his death.

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## ALL Staff, Every Level

- Identify and respond to warning signs
- Can demonstrate what to do when risk is detected
- Recognize alcohol abuse
- Recognize medication misuse
- Promote protective factors



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## Designated Staff Education

- Practice suicide screening interviews
- Know warning signs of elevated risk vs. imminent danger
- Activate appropriate actions when elevated risk is detected
- Understand facility policies
- Review training at appropriate intervals



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## Solutions to the Problems

- Clinicians are essential to identifying those who need support or treatment.
- (SAMHSA) recommend that men and women age 65 and older consume no more than 1 standard drink per day or 7 standard drinks per week
- Formal screening tools
  - should be asked in a confidential setting and in a non-threatening, nonjudgmental manner



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## Screening Tools

- Curt Annoyed Guilty Eye (CAGE)
- Michigan Alcohol Screening Test—Geriatric Version (MAST-G)
- Short Michigan Alcoholism Screening Test—Geriatric Version (SMAST-G)
- Alcohol Use Disorder Identification Test (AUDIT)



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## What is Your Patient's Standard Drink? It is ok to ask...

**HOW MUCH**  
do you drink?

**HOW OFTEN**  
do drinking days  
occur?

**WHAT SIZE**  
is your drink?

**WHAT**  
do you drink?



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## Full Exam should include:

- Question Falls
- Sleep Problems
- Physiologic dependence or withdraw
- Cognitive Functioning
- Drug interactions – chart review
- Psychosocial evaluation- anxiety
- Presence of Pain
- Level of Social Activities
- Family Dynamics
- Suicidal Ideation
- Readiness and Motivation to Change



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## SBIRT

- Screening, **B**rief Intervention, **R**eferral to Treatment
- SBIRT is an evidenced based comprehensive and integrated **public health approach** to the delivery of early screening, intervention, and treatment services employing empirically-based and clinically useful practices to circumvent harmful consequences from substance use, including impeding the development of alcohol and other drug use disorders.



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## SBIRT in Practice

- Use and misuse of tobacco, alcohol and drugs all have a direct impact on patient health.
- Harms associated with substance use contribute heavily to the burden of disease for millions.
- SBIRT can easily be applied within a variety of healthcare settings and enables healthcare professionals to systematically screen and assist patients whose drinking or drug use may threaten or complicate their ability to successfully manage health, work, and social responsibilities.



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## Goals of SBIRT

- Healthier patients, at lower risk for Substance Use Disorders (SUD).
- Prompt connection of substance use and clinical findings.
- Prevention of early substance use prior to more severe or permanent harm.
- Identification of substance use dependence with appropriate referral to specialized treatment when patients are medically stable.

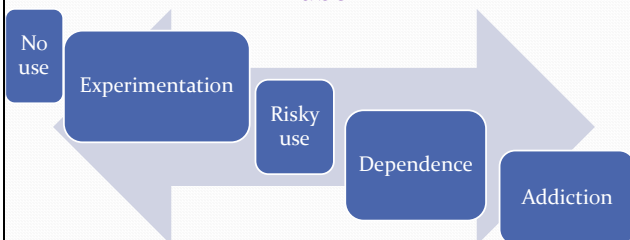


## SBIRT Outcomes

- Small to moderate reductions in alcohol consumption that are sustained over 6 to 12 month periods or longer.
- Alcohol consumption reduced in non-dependent patients by about 24% for at least one year.
- Risky behavior change in 50% of patients who receive brief intervention.
- Brief intervention at the time of injury reduces injury recidivism by 47%.
- Reduced hospital admissions, traumas and injuries up to 3 years post intervention.



## Continuum of drug and alcohol use

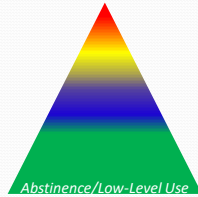


("Learn the 5 stages of substance abuse," 2014)



## Low-Risk Substance Use

- By most measures, a large portion of the population abstains, or consumes alcohol or drugs at levels that, in general, present little risk.



SOURCE: NIAAA/2002



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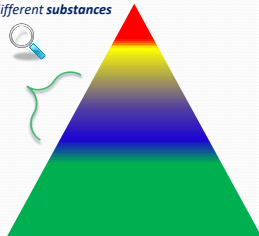
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## The SBIRT Target

- A sizable portion of the population faces increased risk of harm, or may in fact be experiencing harm, from consuming substances above certain limits or under certain circumstances.

*It is important to note that consumption can vary over a lifetime and an individual may fall into different risk levels at different times with different substances*



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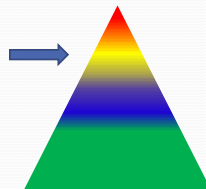
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## Hazardous

- A pattern or quantity of alcohol use which places the person at increased risk for alcohol related harm.
- Men up to age 65
  - 14 drinks per week
  - 4 per day
- Women; Men > 65
  - 7 drinks per week
  - 3 drinks per day
- Lesser use may be hazardous for persons with medical, psychiatric or social consequences



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- A pattern of alcohol consumption which causes physical, mental or social harm. ➡
  - Men up to age 65
    - 14 drinks per week
    - 4 per day
  - Women; Men > 65
    - 7 drinks per week
    - 3 drinks per day
- 

[illegible]

Below are the **low-risk drinking limits** based on consumption of “standard drinks” containing alcohol. Research demonstrates that drinking above these limits puts an individual at increased risk for harm or the development of a SUD.

	Men $\leq 65$	Women & Men $> 65$
Drinks per Week	$\leq 14$ 	$\leq 7$ 
Drinks per Occasion	$\leq 4$ 	$\leq 3$ 

NSAA, 2013



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*A brief dialogue that assists patients in recognizing negative consequences of substance use and promotes positive behavior change. Leads to agreement to specific behavior change.*

- Assessing change
  - Readiness
  - importance
- F-L-O Model
  - Asking permission
  - Feedback
  - Listening
  - Options
- A Little <PAUSE> Goes a Long Way



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# Motivational Interviewing

- Respects patient autonomy
- Patient/client centered
- Minimizes resistance
- *But requires the healthcare professional to shift gears...*



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Healthcare Solutions

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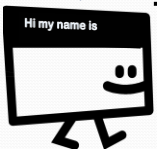
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# SBIRT = A Paradigm Shift

From Healthcare Professional as "Director/Executive"



To Healthcare Professional as "Participant/Observer"



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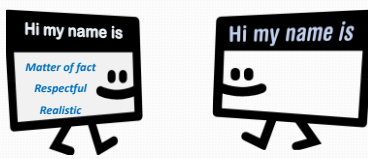
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# Walk Alongside the Patient/Client



*The style is collaborative, non-judgmental and recognizes patient/client responsibility.*

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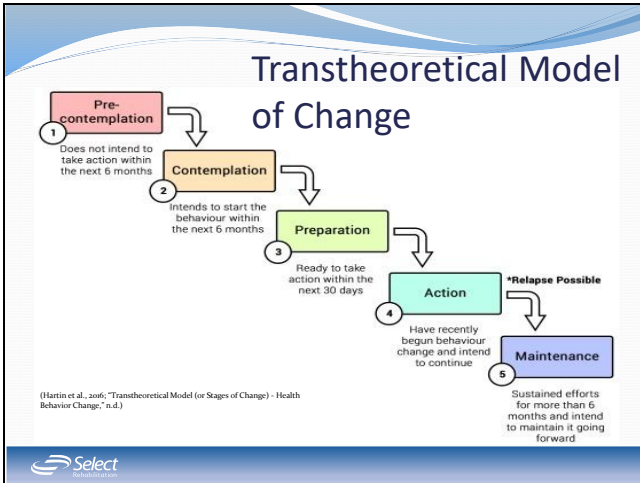
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### Addressing the issues – Nationally and Locally

- The Comprehensive Addiction and Recovery Act (CARA) 2016 and the Surgeon General “Turn the Tide” campaign
- Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (HR6) 2018
- Substance Abuse and Mental Health Services Administration (SAMSHA) - grants
- What is going on in your locality?

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### Elevated Risk of New Residents

- Highest at the point of transition from home
- Once relocated, ↑ risk within the first 7-8 months
- 12% of newly relocated LTC residents had suicidal thoughts
  - 6% at the time of admission
  - 2.3% at two weeks following
  - 2.9% at two months following

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## Facility Policies re. Risk

- Policies need to limit lethal means, but not be activity limiting
- More intense facility security was positively associated with depressive symptoms and suicidal behavior.  
(Low et al., 2004)
- Elevation of watch status over time is an important freedom and resident right.
- Increased level of scrutiny.



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## The Four D's of Suicide Risk

- Depression
- Disease
- Deadly means
- Disconnectedness



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## Coping with Depression

1. Reach out and stay connected
2. Do things that make you feel good
3. Get moving
4. Eat a healthy, depression-fighting diet
5. Get a daily dose of sunlight
6. Challenge negative thinking



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## Negative and Unrealistic Thinking

- All-or-nothing thinking
- Overgeneralization
- The mental filter
- Diminishing the positive
- Jumping to conclusions
- Emotional reasoning
- 'Shoulds' and 'should-nots'
- Labeling



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## The Witness Stand

- “What’s the evidence that this thought is true? Not true?”
- “What would I tell a friend who had this thought?”
- “Is there another way of looking at the situation or an alternate explanation?”
- “How might I look at this situation if I didn’t have depression?”



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## Cultivating a ‘Lively View of Things’

- Wellness programs
  - physical activity
  - mindfulness
  - sleep hygiene
- Activity programs
  - engagement
  - participation
- Resilience Training
  - What is it and how do I implement it?



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## Resilience Program Hypothesis

- “Since having reasons for living and leading a meaningful life are incompatible with suicide, it could be possible that the realization of important personal goals might enhance hope and meaning in life, two protective factors against suicide.”
- ...the...program would be effective in increasing psychological well-being and decreasing levels of depression in the participants with suicidal ideations.”

(Lapierre et al., p.17)



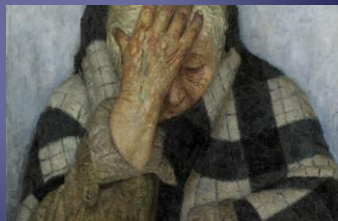
## Resilience Program Design

- Inventory of personal goals, intentions, aspirations, and projects. Identification of irrational beliefs about goals.
- Selection of goals that have a high priority and evaluation of each of them according to different characteristics (effort, stress, enjoyment, difficulty, resources, conflict, control, probability of attainment).
- Planning of goal-related action (where, when, how), anticipating obstacles and identifying strategies to face them, identifying personal and social resources.
- Execution of the plan, persistence toward the goal, facing difficulties with the emotional support of others.



## Transitioning Safely

- Family preparation
- Warning signs checklist tool
- Managing lethal means



'Mother' by Gely Korzhev, 1964-67



## Family Education

- Be direct
  - “I’d like to talk now about the uncomfortable topic of suicide”
- Frame the topic in terms of statistics and statewide efforts
  - “We know that suicide attempts increase after age 75 and again after age 85. Washington state is leading the nation in suicide prevention. Towards that effort, we’d like to make sure that your loved one transitions safely. Here’s a checklist to review as you’re getting ready for the move, and if something concerning comes up, please discuss it with us, so we can support your loved one once they arrive.”



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TRANSITION SAFELY	
FEELINGS	BEHAVIORS
<input type="checkbox"/> Do you see or hear a change in level of depression or anxiety?	<input type="checkbox"/> Are you aware of new social isolation?
<input type="checkbox"/> Do you see or hear signs of new anger or irritability greater than usual?	<input type="checkbox"/> Have you observed or are you aware of any change in drug or alcohol use?
<input type="checkbox"/> Do you see or hear statements of hopelessness or helplessness?	<input type="checkbox"/> Have you observed or are you aware of giving away prized possessions, beyond expected downsizing?
<input type="checkbox"/> Do you see or hear signs of shame or humiliation?	<input type="checkbox"/> Have you observed or are you aware of recent loss of interest or less engagement in favorite activities?
	<input type="checkbox"/> Have you observed or are you aware of any changes in sleep?
	<input type="checkbox"/> Are you aware of any new and unexpected weight loss or weight gain?
	<input type="checkbox"/> Have you observed or are you aware of any new change in eating pattern?
	<input type="checkbox"/> Have you observed or are you aware of any incident of self-harm?

National Suicide Prevention Lifeline 1-800-273-8255 -or-  
TEXT 'Hello' to 741-741

- Call together and introduce your loved one
- Non-emergency calls are welcome
- Invite your loved one to call before there is a crisis
- Trained personnel offer risk assessment
- Press ONE for Veteran support



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## Transition Checklist: Feelings/Mood

- ☐ Do you see or hear a change in level of depression or anxiety?
- ☐ Do you see or hear signs of new anger or irritability greater than usual?
- ☐ Do you see or hear statements of hopelessness or helplessness?
- ☐ Do you see or hear signs of shame or humiliation?



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### Transition Checklist: Behaviors

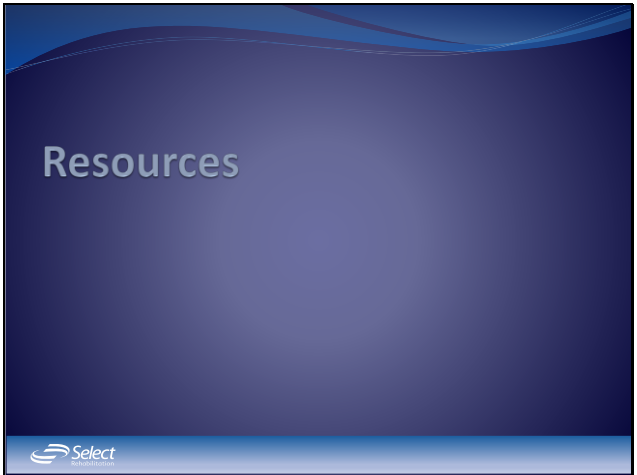
- ☐ Are you aware of new social isolation?
- ☐ Have you observed or are you aware of any change in drug or alcohol use?
- ☐ Have you observed or are you aware of giving away prized possessions, beyond expected 'downsizing'?
- ☐ Have you observed or are you aware of recent loss of interest or less engagement in favorite activities?
- ☐ Have you observed or are you aware of any changes in sleep?
- ☐ Are you aware of any new and unexpected weight loss or weight gain?
- ☐ Have you observed or are you aware of any new change in eating pattern?
- ☐ Have you observed or are you aware of any incident of self-harm?

### Transition Checklist: Lethal Means

- ☐ Work with the resident to lock up, transfer ownership of, or take possession of firearms before the planned transition.
- ☐ Work with the resident to contact local agencies for hazardous materials collection events/sites and discard toxic chemicals (pesticides, poisons, etc.) from the home, under sinks, laundry areas, garage, and any outbuildings.
- ☐ Work with the resident to secure or limit access to belts, ropes, cords, hoses and the like.
- ☐ Work with the resident to secure car keys or limit unattended driving around the transition time.

### Transition Checklist: Medications

- ☐ Have you observed or been asked to stockpile medications for any reason?
- ☐ Have you been asked to get larger pill counts or bigger bottles of medications?
- ☐ Does the home have a lock box for medication surplus?
- ☐ Reduce available quantities of over the counter medications.



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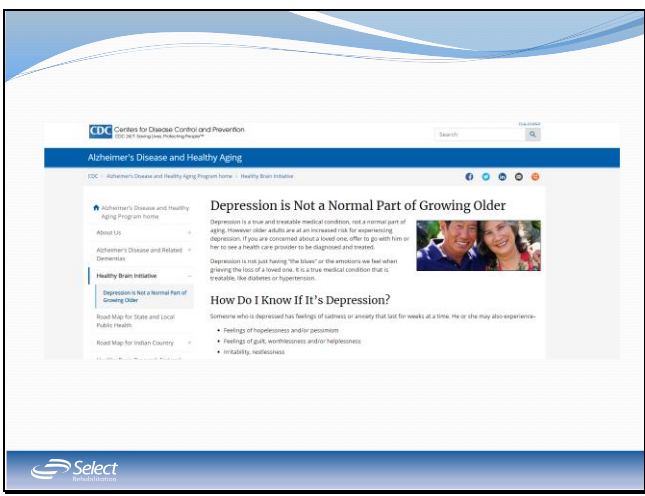
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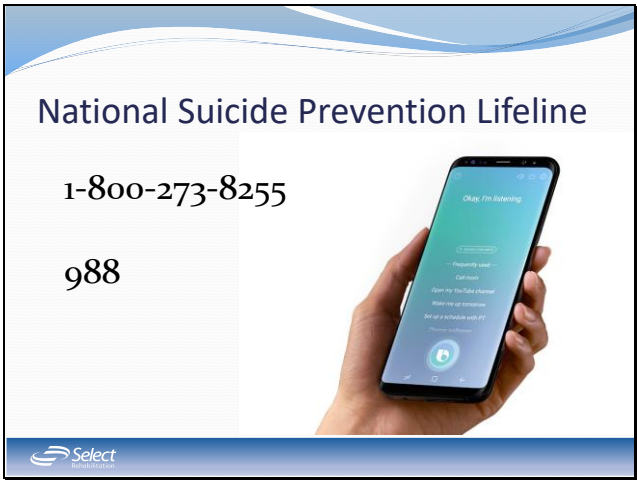
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## The Friendship Line

1-800-971-0016



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## Why don't we screen?

- Time to conduct screening
- Lack of training and familiarity with screening tools
- Concern with antagonizing patients/clients
- Competing medical problems
- Time to manage positive result
- Availability of treatment resources



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## Summary

- Health care system needs to be prepared to treat substance abuse issues in the elderly
- Providers need to be able to distinguish substance abuse problems from physical or mental health problems
- Brief Intervention and Education can be beneficial to the quality of life for our Elderly patients



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## References

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