

Assessment Plan

Gerontological Services

(GERS XXXX)
Substance Abuse and Aging

ACKNOWLEDGEMENTS

Assessment Plan (AP) developed by:

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Assessment 1

LEARNING OUTCOME: Identify why substance abuse is an invisible epidemic among the elderly by projecting future trends, defining barriers to identification and treatment, and discussing special populations.

RESOURCES REQUIRED: None

INSTRUCTIONS FOR DEVELOPER: None

WRITTEN ASSESSMENT FORMAT & INSTRUCTION FOR STUDENTS

Completion Section

Write the most appropriate word or phrase in the blank(s) provided.

baby boomers	prescription	younger adults	clinician behavior
health care	independently	lack of awareness	drinking ageism
women and minorities	over-the-counter	co-morbidity	narcotics

1. Substance abuse, particularly of alcohol and _____ drugs, among adults 60 and older is one of the fastest growing health problems facing the country. (prescription)
2. There is the assumption that treatment for this population is a waste of _____resources. (health care)
3. Most older adults can and do live _____.
(independently)
4. It will be increasingly difficult for older adults' substance abuse to remain a hidden problem as the demographic bulge known as the _____ approach old age early in the next century. (baby boomers)
5. The reality is that misuse and abuse of alcohol and other drugs takes a greater toll on affected adults than on _____. (younger adults)
6. Many of these _____ drugs negatively interact with other medications and alcohol. (over-the-counter)
7. The abuse of _____ is rare among older adults. (narcotics)
8. _____ can be medically hazardous for this group even if they warrant a formal diagnosis of alcohol abuse or dependence. (Drinking)
9. Barriers that directly or indirectly effect treatment include: _____
_____. (ageism, lack of awareness, clinician behavior, co-morbidity)
10. _____, _____, and those who are homebound, including adults with physical disabilities, confront more specific barriers to treatment. (women and minorities)

Assessment 2

LEARNING OUTCOME: Discuss why alcohol is a problem for older adults including positive effects of alcohol consumption, classifying drinking practices and drinking patterns.

RESOURCES REQUIRED: None

INSTRUCTIONS FOR DEVELOPER: None

WRITTEN ASSESSMENT FORMAT & INSTRUCTION FOR STUDENTS

Multiple Choice Section:

Circle the correct answer for each item.

1. Which age-related changes significantly affect the way an older person responds to alcohol:
- decrease in body water
 - increased sensitivity and decreased tolerance to alcohol
 - decrease in the metabolism of alcohol in the gastrointestinal system
 - all of the above

answer: all of the above

2. Chronic alcoholism can cause serious, irreversible changes in:
- cognitive impairment
 - dementia
 - weight gain
 - brain function

answer: brain function

3. Which level of alcohol consumption appears to promote and facilitate socialization among older adults, suggesting that alcohol plays an important role in community life for older adults.

- low levels
- mid-low levels
- high levels
- mid-high levels

answer: low levels

4. Classic models for understanding alcohol problems are:

- DSM-IV and Positive Effects Model
- DSM-IV and At-Risk, Heavy, and Problem Drinking
- DSM-IV and DSM-V
- All of the above

answer : DSM-IV and At-Risk, Heavy, and Problem Drinking

5. In general, the threshold for at-risk alcohol use

- a. decreases with advancing age
- b. increases with advancing age
- c. stays the same
- d. none of the above

answer: decreases with advancing age

6. A standard drink is one can of one beer or ale. Choose the correct size of can.

- a. 12oz can
- b. 14oz can
- c. 13oz can
- d. None of the above

answer: 12oz can

7. Early onset drinkers tend to have longstanding alcohol-related problems that generally begin before age

- a. 50
- b. 60
- c. 25
- d. 40

answer: 40

8. In comparison, late onset drinkers appear psychologically and physically

- a. less healthy
- b. more healthy
- c. about the same as early drinkers
- d. healthier

answer: healthier

9. Both early and late onset problem drinkers appear to use alcohol almost

- a. daily, outside social settings, and at home alone
- b. always home alone
- c. only at social setting
- d. during family functions

answer: daily, outside social settings, and home alone

10. Early onset drinkers comprise the majority of older patients receiving treatment for

- a. substance abuse
- b. prescription drug abuse
- c. alcohol abuse
- d. all of the above

answer: alcohol abuse

Assessment 3

LEARNING OUTCOME: Students will examine risk factors associated with alcohol abuse in older adults along with an introduction to psychoactive drugs.

RESOURCES REQUIRED: None

INSTRUCTIONS FOR DEVELOPER: None

WRITTEN ASSESSMENT FORMAT & INSTRUCTION FOR STUDENTS

True and False

Circle the correct answer for each item.

1. Studies indicate that older women are much more likely than older men to have alcohol-related problems. A. T B. F (F)
2. Older men are less likely to drink and less likely to drink heavily than older women. A. T B. F (F)
3. Women of all ages are less likely than men to appear at treatment facilities. A. T B. F (T)
4. A strong relationship exists between developing a substance use disorder earlier in life and experiencing a recurrence in later life. A. T B. F (T)
5. The substances most commonly abused by older adults besides alcohol are nicotine and psychoactive prescription medications. A. T B. F (T)
6. Smoking is a major risk factor for at least 6 of the 14 leading causes of death among individuals 60 years and older. A. T B. F (T)
7. Lung disease is the major preventable cause of premature death in the United States, accounting for an estimated five million years of potential life lost. A. T B. F (F)
8. Psychoactive drugs may combine with alcohol to create adverse drug reactions. A. T B. F (T)
9. Retirement may mean loss of income as well as job-related social support systems and the structure and self-esteem that work provides. A. T B. F (T)
10. The highest rate of completed suicide among all population groups is in older non-white men who become excessively depressed and drink heavily following the death of their spouses. A. T B. F (F)

Assessment 4

LEARNING OUTCOME: Examine the use and abuse of psychoactive prescription drugs, over-the-counter medications, and describe risk associated factors.

RESOURCES REQUIRED: None

INSTRUCTIONS FOR DEVELOPER: None

WRITTEN ASSESSMENT FORMAT & INSTRUCTION FOR STUDENTS

True or False and Multiple Choice

Circle correct answers to the questions listed below.

1. Adults age 65 and older consume more prescribed and over-the-counter medications than any other age group in the United States. A. T B. F (T)
2. A large share of prescriptions for older adults is for psychoactive, mood-changing drugs that carry the potential for misuse, abuse, or dependency.
A. T B. F (T)
3. Older adults are apparently more likely to continue use of psychoactive drugs for longer periods than their younger counterparts. A. T B. F (T)
4. Since their introduction in the late 1950s, benzodiazepines have become the most widely prescribed anxiolytics and hypnotics in medical practice. A. T B. F (T)
5. Studies of the older population conducted over the past _____ years have generally found that most adults who take psychoactive medication do not intend to abuse them.
 - a) 30
 - b) 15
 - c) 20 *
 - d) 10
6. Data from the 1984 Epidemiological Catchment Area (ECA) survey confirm that anxiety disorders are relatively prevalent in the general population of adults older than 45, with 7.3 percent of older respondents reporting an incidence within the past month. A. T B. F (F)
7. Older women are nearly twice as likely as older men to develop a diagnosable anxiety disorder. A. T B. F (T)
8. Among older women, use of psychoactive drugs is correlated with middle-and late-life divorce, widowhood, less education, poorer health and chronic somatic problems, higher stress, lower income, and more depression and anxiety.
A. T B. F (T)

9. Some _____ percent of older adults over age 65 reportedly suffer from one or more chronic diseases or conditions.
- a) 25 to 30
 - b) 30 to 40
 - c) 80 to 86*
 - d) 90 to 95
10. In 1996, the top 10 drugs prescribed in nursing homes included two selective serotonin reuptake inhibitors, _____ and _____.
- a) sertraline and fluoxetine *
 - b) sertraline and buspirone
 - c) no benzodiazepine anxiolytic and sertraline
 - d) fluoxetine and lorazepam

Assessment 5

LEARNING OUTCOME: Students will study adverse effects as identified in the misuse and abuse of psychoactive prescription drugs and examine the interaction of other drugs among older adults.

RESOURCES REQUIRED: None

INSTRUCTIONS FOR DEVELOPER: None

WRITTEN ASSESSMENT FORMAT & INSTRUCTION FOR STUDENTS

True or False

Circle correct answers to questions listed below.

1. The chronic administration of psychoactive substances to older adults, even at therapeutic doses, has not been associated with any adverse effects.
A. T B. F (F)
2. Psychoactive medications have been implicated in 35 percent of adverse drug reactions among nursing home residents. A. T B. F (F)
3. Benzodiazepine use for longer than 4 months is of particular concern among older adults. A. T B. F (T)
4. The physiological aging process decreases the body's ability to absorb and metabolize drugs, allowing the drugs to accumulate more rapidly than in younger people and increase the likelihood of toxicity and adverse effects.
A. T B. F (T)
5. Sleep disturbances are a common complaint among older adults. A. T B. F (T)
6. Benzodiazepines have variable rate of absorption, with metabolism occurring primarily in the lungs. A. T B. F (F)
7. Complaints about insomnia which increase with advancing age, occur in conjunction with a variety of psychiatric, medical, or pharmacological problems as well as the aging process. A. T B. F (T)
8. Instead of relying on drugs as a first line of approach, treatment should initially be directed toward any underlying disorder. A. T B. F (T)
9. Zolpidem is much more costly than the benzodiazepines, an important consideration for low- income older patients. A. T B. F (T)
10. Opioid withdrawal is accompanied by restlessness, dysphoric mood, nausea or vomiting, muscle aches, tearing and yawning, diarrhea, fever, and insomnia.
A. T B. F (T)

Assessment 6

LEARNING OUTCOME: Discuss different methods of identification and screening for the older adults with alcohol and substance abuse problems.

RESOURCES REQUIRED: None

INSTRUCTIONS FOR DEVELOPER: None

WRITTEN ASSESSMENT FORMAT & INSTRUCTION FOR STUDENTS

Completion Section

Write the most appropriate word or phrase in the blank(s) provided.

health care workers marijuana community resources cage
 chronic conditions primary care screening
 home health aide cognition listening

1. Identification of substance abuse among older adults should not be the purview of _____ alone. (health care workers)
2. The _____ setting provides an opportunity for screening that is currently underutilized, as is the hospital. (primary care)
3. Warning signs can be easily confused with or masked by concurrent illnesses and _____. (chronic conditions)
4. Although these are the two primary substances of abuse now, providers are likely to see more _____ and other drug use among adults over 60 in the coming years. (marijuana)
5. Visiting nurses and _____ can integrate a brief alcohol screen into the list of health questions normally posed to patients. (home health aides)
6. Impaired _____ interferes with screening making it difficult to obtain complete and accurate answers. (cognition)
7. Another technique that may help when talking with older adults is active _____. (listening)
8. The _____ is most effective in identifying more serious problem drinkers. (cage)
9. Before discussing results with an older adult, the clinician must be prepared with information about _____ available to assist in coping with this problem. (community resources)
10. _____ questions should be asked in a confidential setting and in a non threatening, nonjudgmental manner. (screening)

Assessment 7

LEARNING OUTCOME: Examine methods of assessment and the process of moving the older adult into treatment.

RESOURCES REQUIRED: None

INSTRUCTIONS FOR DEVELOPER: None

WRITTEN ASSESSMENT FORMAT & INSTRUCTION FOR STUDENTS**True or False**

Circle correct answer to questions listed below.

1. For older adults with positive screens, an assessment is needed to confirm the problem. A. T B. F (T)
2. The presence of tolerance among older adults is not necessarily characteristic of substance-related psychological dependence. A. T B. F (T)
3. Impairments in functional abilities are not common in older adults with medical and psychiatric disorders. A. T B. F (F)
4. The relationship between alcohol use and a coexisting physical or mental disorder can take many different forms. A.T B. F (T)
5. Delirium is not a potentially life-threatening illness that requires acute intervention. A. T B. F (F)
6. Adults with a lifetime diagnosis of alcohol abuse or dependence have nearly 4 times the risk of being diagnosed with another mental disorder. A. T B. F (F)
7. Malnutrition among older adults may be due to such conditions as poverty or a cognitive dysfunction and is especially important to diagnose and correct. A. T B. F (T)
8. Dementia can range from a mild level of cognitive impairment that is easily managed to a severe stage that may require intensive treatment and nursing home care. A. T B. F (T)
9. Patients who have been medically detoxified should not be screened for several weeks after detoxification. A. T B. F (T)
10. Many older adults know that their alcohol use is affecting their health. A. T B. F (F)

Assessment 8

LEARNING OUTCOME: Examine referral and the various levels of treatment for the older adult.

RESOURCES REQUIRED: None

INSTRUCTIONS FOR DEVELOPER: None

WRITTEN ASSESSMENT FORMAT & INSTRUCTION FOR STUDENTS

True or False

Circle correct answer to questions listed below.

1. Once screening and assessment have identified a problem, the clinician and patient must choose the most appropriate treatment. A. T B. F (T)
2. Like treatment itself, pretreatment activities in some cases may be conducted best in the client's home and can be coupled with other personal or social services. A. T B. F (T)
3. Brief intervention strategies range from relatively unstructured counseling and feedback to more formal unstructured therapy and rely heavily on concepts and techniques from the motivational, psychology and behavioral self-control training literature. A. T B. F (T)
4. If the older problem drinker does not respond to brief intervention, another approach should be considered. A. T B. F (F)
5. Motivational counseling is an intensive process that enlists patients in their own recovery by avoiding labels, avoiding confrontation, accepting ambivalence about the need to change as normal, inviting clients to consider alternative ways of solving problems. A. T B. F (T)
6. Triage refers to the process of organizing and prioritizing treatment service. A. T B. F (T)
7. Medical safety and potential access to the abuse drugs are secondary considerations when deciding whether an older patient's withdrawal from prescription drugs requires supervision in a hospital. A. T B. F (F)
8. The family overseeing detoxification from alcohol or prescription drugs must decide on the level of care necessary to maintain abstinence. A. T B. F (F)
9. Specialized outpatient programs vary greatly in the intensity of treatment. A. T B. F (T)
10. Specialized outpatient treatment generally includes psychiatric consultation and individualized or group psychotherapy. A. T B. F (T)

Assessment 9

LEARNING OUTCOME: Explore the various treatment program philosophies and basic principles for the older adult.

RESOURCES REQUIRED: None

INSTRUCTIONS FOR DEVELOPER: None

WRITTEN ASSESSMENT FORMAT & INSTRUCTION FOR STUDENTS

Fill in the Blank/ True or False

Write the most appropriate word or phrase in the blank or circle the correct answer.

age-specific	older adult	treatment
psychoactive	elements	
older adults	female	

1. _____ _____ group treatment is supportive and non confrontational and aims to build or rebuild the patient's self-esteem. (age-specific)
2. _____ works best when the issues dealt with are congruent with the life stage of the client. (Treatment)
3. Younger and _____ _____ problem drinking can usually be traced to different types of problems, even when the emotional responses to the problems seem similar. (older adult)
4. _____ _____ frequently enter treatment depleted physically, socially, and emotionally, convinced that their situation is hopeless. (Older adults)
5. Women use more _____ drugs than men do. (psychoactive)
6. Some women patients may be better served by all _____ treatment groups and facilities. (female)
7. _____ of treatment, such as work assignments or exercise programs, will need to be tailored for the individual patient. (Elements)
8. Discussing life changes with patients can help them develop insight into the causes of their substance abuse problems. A. T B. F (T)
9. To increase the clients' self-esteem, staff members should express confidence in each client's ability to participate, persevere and succeed in treatment.
A. T B. F (T)
10. Treatment programs should **not** cultivate a culture of respect for older adults.
A. T B. F (F)

Assessment 10

LEARNING OUTCOME: Discuss and examine various treatment approaches, medical/psychiatric and specialized treatment issues for prescription drug abuse

RESOURCES REQUIRED: None

INSTRUCTIONS FOR DEVELOPER: None

WRITTEN ASSESSMENT FORMAT & INSTRUCTION FOR STUDENTS

Completion Section

Write the most appropriate word or phrase in the blank(s) provided.

behavior	cognitive	55	age-specific
giving	groups	health problems	
behavioral	patient	therapy	

1. _____ modification applies learning and conditioning principles to modifying overt behavior. (Behavior)
2. The _____-behavioral model offers an especially powerful method for targeting problems or treatment objectives that affect drinking behavior. (cognitive)
3. _____ treatment can be used with older adults individually or in groups. (Behavioral)
4. Group experiences are particularly beneficial to older adults in treatment. They provide the arena for _____ and sharing information. (giving)
5. _____ help create a sense of camaraderie and high morale. (Groups)
6. _____ need information about addiction, the substances, their use, and their impact. (Patients)
7. Group sessions should last no longer than about _____. (55 minutes)
8. Older substance-abusing clients differ from their younger counterparts in the number and complexity of associated _____. (health problems)
9. _____ groups for older adults should avoid the use of jargon, acronyms, and psychspeak. (Therapy)
10. A thorough, _____ medical evaluation should be completed for each patient at entry into alcoholism treatment if it was not done by the referral source. (age-specific)

Assessment 11

LEARNING OUTCOME: Examine the outcomes, cost issues, and the measurement of multidimensional treatment outcomes for older adults.

RESOURCES REQUIRED: None

INSTRUCTIONS FOR DEVELOPER: None

WRITTEN ASSESSMENT FORMAT & INSTRUCTION FOR STUDENTS

True or False

Circle the correct answer to each question listed below.

1. The study of treatment outcomes for older adults who meet criteria for alcohol abuse or dependence has become a critical issue because of older adults' unique needs for targeted intervention. A. T B. F (T)
2. Few limitations remain in the treatment compliance literature, including lack of drinking outcome data, failure to report on treatment dropouts, and variations in definitions of treatment completion. A. T B. F (F)
3. None of the treatment outcome research on older alcoholics has focused on compliance with treatment program expectations. A. T B. F (F)
4. Most studies of alcohol brief interventions have only included patients early in their drinking careers, explicitly excluding dependent drinkers with significant withdrawal symptoms. A. T B. F (T)
5. Drinking patterns can be assessed using approximations such as average number of drinking days per week and average number of drinks per occasion or day. A. T B. F (T)
6. The most accurate method used to assess current alcohol consumption is the Time Line Follow Back procedure. A. T B. F (T)
7. It is necessary but not sufficient to determine quantity and frequency of alcohol use for initial and follow-up assessments in older adults. A. T B. F (T)
8. The second most widely used measures of physical and emotional health is the Medical Outcomes Study 36-item Short Form Health Survey. A. T B. F (F)
9. Quality of life measures have most frequently been used for outcomes assessment in mental health treatment. A. T B. F (T)
10. Internal consistency reliabilities range from 0.79 to 0.88 for the life satisfaction scales and from 0.44 to 0.82 for the objective quality of life scales. A. T B. F (F)

Assessment 12

LEARNING OUTCOME: Identify cost, reimbursement and areas requiring future research for the older adult.

RESOURCES REQUIRED: None

INSTRUCTIONS FOR DEVELOPER: None

WRITTEN ASSESSMENT FORMAT & INSTRUCTION FOR STUDENTS

True or False

Circle the correct answer to each question listed below.

1. Among all of the economic analyses of alcohol programs, there has been little work regarding the cost savings of substance abuse prevention and early intervention in managed care settings. A. T B. F (T)
2. Most economic studies of alcohol treatment do not focus on hospital inpatient and out patient treatment for abuse and dependence. A. T B. F (F)
3. The cost of alcohol abuse and dependence are estimated to be over 75 billion a year. A. T B. F (F)
4. Gaps remain in the literature regarding the economic effectiveness and implications of brief interventions in managed care settings. A. T B. F (T)
5. All experts suggest that effectively treating alcoholism and reducing social and medical consequences of alcohol disorders will yield the largest savings in a reformed American health care system. A. T B. F (F)
6. The barriers to care experienced by many individuals who need intervention or treatment for problems related to their alcohol use have been of great concern to the alcohol treatment field. A. T B. F (T)
7. Even though the prevalence of alcohol and drug use decreases with age, alcohol and prescription drug use continue to be important health problems in the current cohort of older adults. A. T B. F (T)
8. Convincing research is an important component of efforts to ensure that older adults who need intervention and treatment for alcohol problems receive the appropriate level of treatment and adequate follow-up. A. T B. F (T)
9. Social Security is generally thought of as a public third-party payer for health care services. A. T B. F (F)
10. Since its inception in 1965, Medicare has generally covered 12 days of inpatient alcohol treatment, most managed care companies eliminate coverage for as much inpatient treatment as possible and often cut services for alcohol treatment altogether to keep costs down. A. T B. F (T)