



# Reaching & Engaging Older Adults in Behavioral Health Webinar

September 19, 2012



**OLDER AMERICANS**  
Behavioral Health  
Technical Assistance Center

**Funded by SAMHSA  
in collaboration with AoA**



# Webinar Overview



- Promising approaches to reach and engage older adults in prevention and early intervention for depression, alcohol and medication misuse.
- Successful strategies to engage different racial and ethnic minority elders; older immigrants; lesbian, gay, bisexual and transgender (LGBT) elders; and older men and women.
- Enlisting consumers as partners in program outreach and peer education.

Please send questions via WebEx Chat Box

# Introduction and Presenters

## Introduction

**Michele L Boutaugh BSN MPH**

Office of Nutrition and Health Promotion Programs

Administration on Aging

Administration for Community Living

## Presenters

**Kristen Barry, PhD**

University of Michigan

Ann Arbor, MI

**Kimberlie Flowers, MSW, LCSW**

Elder Services of Merrimack Valley

Lawrence, MA

# Introduction and Presenters (Cont.)



**Teresa Legault, MPA** and **Liz Smith, LCSW**

Senior Reach, Jefferson Center for Mental Health, Jefferson County, CO

**Patricia Pullins, LMSW, LCDC**

The Wellderly Program, The Council on Alcohol and Drugs Houston, TX

**Andrea Garr, BA**

Un Nuevo Amanecer/ A New Dawn,  
United Community Center, Milwaukee, WI

**Mounir Dahdah** and **Chris Kerr, MEd, LPC**

Seniors Preparing for Rainbow Years (SPRY),  
Montrose Counseling Center, Houston, TX

# Reaching and Engaging Older Adults



## What Does Research Tell Us about Reaching & Engaging Older Adults in Behavioral Health Prevention and Care?

**Kristen Barry, PhD**

**University of Michigan**

**Science Team, Older Americans Behavioral Health**

**Technical Assistance Center**

# Reaching and Engaging Older Adults (Cont.)

## REACH

- ➔ Reaching older adults who may need prevention and intervention services for depression and alcohol/psychoactive medication misuse is the first key step in providing those services.
- ➔ This can be accomplished through partnerships between aging services, primary care, and behavioral health programs.
- ➔ Strategies to reach older adults include:
  - Universal prevention education,
  - Universal and selective screening for depression, alcohol use, and psychoactive medication use/misuse ,
  - Training community members to be gatekeepers to identify and refer at-risk seniors.

# Reaching and Engaging Older Adults (Cont.)

## ENGAGEMENT

Engagement in prevention and intervention services for depression and alcohol/psychoactive medication misuse is a key step in improving outcomes for older adults

- ➔ There are a variety of prevention, intervention, and treatment techniques that have proven to be successful in working with older adults.
- ➔ “Engagement” in any of these activities require overcoming barriers to care in the:
  - Older adult
  - Clinicians
  - Provider organizations.

# Barriers to Engagement

- Psychological – stigma, self-reliance, ageism, knowledge and myths about depression, and about alcohol and psychoactive medication misuse
- Tangible – lack of training in prevention/intervention, insurance, co-payments, accessibility, transportation, availability of services
- Illness – cognitive impairment, medical burden, depression severity and symptoms, severity of alcohol/medication misuse
  - Sirey, Bruce, Kales (2010)
  - Barry & Blow (2005)

# Research on Engagement Strategies: Depression

## → Open Door Intervention: Depression

- Randomized controlled trial of a brief, individualized psychosocial program to improve engagement in mental health services among community dwelling older adults who are homebound and receiving meal services

[Sirey, J. Amer J of Psychiatry, 2005; International J of Geriatric Psychiatry, 2008; Sirey J: Barriers to Mental Health Care. Geriatric Mental Health Alliance. March 1, 2011]

## → The Treatment Initiation and Participation (TIP) program: Depression

- Designed to improve antidepressant adherence and depression outcomes in primary care

[Sirey, J. American J of Geriatric Psychiatry, 2010]

# Research on Engagement Strategies: Alcohol/Psychoactive Medication Misuse



## → Brief Prevention Interventions: Alcohol/Psychoactive Medication

- Computerized or paper-and-pencil screening  
[Barry & Fleming, 1991]
- Evidence-based selective prevention strategies
- Nonjudgmental motivational interventions  
[Fleming, et al, 1999; Blow & Barry, 2005]

# Lessons Learned from Research and Evaluation Programs: What Works?

- Nonjudgmental motivational approach
- Engaging older adult in decision-making; empowerment
- Not using stigmatizing terms (e.g. alcoholic, addict)
- Working with older adults in the setting they prefer (e.g. addressing mental health concerns in primary care; senior services, home, etc.)
- Active 'warm hand-off' from primary clinician to person addressing the depression or alcohol issue

# Lessons Learned from Research and Evaluation Programs: What Works? (Cont.)

Continued...

- Establishing partnerships between providers
- Engaging professionals who have a trusted relationship with the older adult to help
- Taking an educational prevention/intervention approach to engage the older adult
- Addressing physical barriers (e.g. helping to arrange transportation, where needed)
- Tailoring approaches to varying cultural views of behavioral health

# The Good News!



- There are reliable and valid screening methods for alcohol, psychoactive medication misuse, and depression.
- Brief targeted preventive interventions work.
- Treatments work.
- There is good training available in these techniques.
- New methods are being employed to reduce barriers to care and foster engagement to improve outcomes.

# Practice Success in Reaching and Engaging Older Adults in Prevention



**Elder Services of the Merrimack Valley, Inc.**



*Choices for a life-long journey*

**Kimberlie Flowers, MSW, LICSW**

**Outreach Clinical Social Worker**

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**Lawrence, MA**

# Elder Services of the Merrimack Valley (ESMV) Overview

## Area Agency on Aging (AAA) and Aging & Disability Resource Center (ADRC)

Information and Referral

Assessments of Functional Impairments

Interdisciplinary Care Coordination Teams

Authorize, purchase, monitor home & community based services

Nursing Home Pre-Admission Screening & counseling on community options

Designated agency to conduct Elder Abuse/Neglect Investigations & Intervention

### **Independent Care Coordination:**

- Personal Care, Homemaking & Chores
- Home Health Services-Skilled RN, OT, PT, ST
- Supportive Home Care Aide
- Adult Day Health Care
- Alzheimer's Day Programs
- Habilitation Therapy
- Supportive Housing
- Mental Health
- Meals on Wheels
- Transportation
- Personal Emergency Response
- Medication Dispensing System
- Adaptive Housing/Assistive Technology
- Short-term Residential Respite in Nursing
- Facility, Assisted Living
- In Home Respite

# ESMV is a Healthy Living Center of Excellence

## Programs in Prevention

- ➔ Numerous Evidence-Based Programs allow Older Adults to choose better options for managing their health:
  - My Life, My Health: Chronic Disease Self -Management
  - Diabetes Self-Management
  - Better Choices, Better Health: An online program
  - A Matter of Balance
  - Healthy Eating for Successful Living
  - Community Care Transitions Program
  - EnhanceWellness
  - Healthy IDEAS: Identifying Depression, Empowering Activities for Seniors

# Culturally-adapted Prevention Programs

- “Tomando Control de su Salud”: My Life, My Health: Chronic Disease Self Management
- Healthy Eating: Spanish, Russian, Cantonese, Vietnamese
- Healthy IDEAS: Identifying Depression, Empowering Activities for Seniors: Spanish and Cambodian
- Community Care Transitions Program (CCTP): Spanish and Cambodian

# Effective Multicultural Community Partnerships

- ESMV partners with
  - Massachusetts Mental Health Association
  - Community Cultural Agencies
  - Harvard Multicultural Coalition on Aging
  - Latino Health Insurance Program
- Referrals from Health Care Organizations, PCP's and local Community Health Centers.
- Primary focus on Hispanic, Vietnamese, Chinese, Guatemalan, Cambodian and Portuguese older adults.

# ESMV Hoarding Program

## Engaging Reluctant At-risk Elders

### **Priority: Harm Reduction**

- Identify areas of health or safety concern
- Assess elder's insight regarding hazards
- Encourage changes to increase safety
- Assist with changes
- Develop trusting relationship

### **Tools: Cognitive Behavioral Therapy**

- Integrate into Harm Reduction sessions
- Process how it feels, what comes up
- Change the relationship to the belongings

# Jefferson Center for Mental Health



**Teresa Legault, MPA, Project Director**

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**Liz Smith, LCSW, Director of Senior Services**

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**Jefferson County, CO**

# Senior Reach Overview



Jefferson Center for Mental Health is the lead agency partnered with the Seniors' Resource Center and Mental Health Partners to provide:

- Mental health counseling and wellness services
- Case Management
- Expanded services in 6 primary care locations

# Partnership in Aging and Behavioral Health

## Key Community Partners (Gatekeepers)



- **Traditional Community Partners** – Adult Protection, primary care practices, AAA, community agencies serving older adults
- **Non-traditional Community Partners** – Senior Centers, senior residences, community members, peers

# Reaching and Engaging Older Adults

## Collaborative Community Approach



### **Collaborative Community Approach to Reach:**

- At-risk & frail adults age 60+ not seeking help on their own behalf; reached through community partner referrals to a senior-friendly call center
- Consistently screen seniors for depression, prescription drug misuse/abuse, and tobacco use while at their primary care office

# Keys to Identifying Older At-risk and Frail Adults Not Seeking Services

- “Spread the word”
- Community partner training – 2,500 average trained yearly to help identify older adults (400 referrals last year)
- Go where the seniors are
- Community-based wellness classes
- Partner with other providers
- Have a presence at PCP office

# Keys to Engaging Older Adults Not Seeking Service on Their Own

- Use a senior-friendly approach from referral to treatment – in-home services 90+% engagement
- Establish relationship
- Utilize Motivational Interviewing techniques
- Focus on overall wellness – 1700 screened at PCP – 45% engagement for brief intervention or on-going services

# Lessons Learned



- Train staff on the unique treatment concerns for older adults
- Establish team culture & value for data collection and outcomes
- Focus on wellness and health literacy
- Be clear on services you can offer
- Be active in the communities you serve

# The Council on Alcohol and Drugs Houston



## The Wellderly Program

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**Houston, TX**

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# The Council on Alcohol and Drugs Houston (Cont.)



The Council on Alcohol and Drugs Houston is a local nonprofit organization providing services to all persons affected by problems related to alcohol and other drugs.

## **Organization Services:**

- Prevention
- Intervention
- Outpatient treatment

# Partnership in Aging and Behavioral Health



## Key Partners include:

- AAA
- Senior Centers
- Mental Health Service Providers
- Alcohol & Drug Treatment Providers
- University
- Others

# Reaching and Engaging Older Adults



## Special Focus:

- At-risk seniors in independent living communities
- African Americans

# Keys to Reaching Older Adults

- Partner with groups already reaching the population such as group meal programs, social clubs, civic organizations, older adult housing projects and religious groups
- Participate in health fairs
- Network with senior service professionals
- Media appearances
- Advertise in senior resource publications

# Keys to Engaging Older Adults

- Examine cultural elements in the older adult - service provider relationship.
- Consider cultural factors related to the norms of psychosocial environment and levels of functioning.
- Ask questions about individual life experience and strengths. Utilize information learned to facilitate conversation.

# Lessons Learned



- Be sensitive to the experience of many African Americans in dealing with cultural and ethnic bias.
- Older African Americans, particularly men, may be more sensitive about perceptions of: being talked down to, discriminated against, singled out, given orders to, or, being corrected.



# Centro de la Comunidad Unida United Community Center

## Un Nuevo Amanecer (A New Dawn)

**Andrea D. Garr, B.A.**

**Care Manager**

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**Milwaukee, WI**

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# United Community Center Overview



United Community Center is a community-based organization.

**Organization Services** (include, but not limited to):

- Human Services
- Elder Services
- Health Programs
- K-8 Education
- Arts and Cultural Events

# United Community Center Overview



- To provide programs to Hispanics and near south side residents, of all ages, in the areas of education, cultural arts, recreation, community development, and health and human services.
- The UCC assists individuals to achieve their potential by focusing on cultural heritage as a means of strengthening personal development and by promoting high academic standards in all of its educational programs.

# Partnership in Aging and Behavioral Health



## Key Partners include:

- AAA
- Universities and Colleges
- Primary Care & Mental Health Service Providers
- Others

# Reaching and Engaging Older Adults



## Partnership Reach and Special Focus:

- Latino Elders
- Seniors and families with limited fluency in English
- Seniors with limited literacy levels
- Low Income seniors
- First or second generation immigrant families

# Keys to Reaching Latino Elder Populations....

- On-site Senior Center and Latino Geriatric Center, including Adult Day Services, Memory Clinic and Case Management.
- A “Families” approach to services and outreach (multi-generational range of services offered by United Community Center).
- Extend the scope of services provided to families currently being served to address new physical &/or behavioral health needs that have been identified.

# Keys to Reaching Latino Elder Populations....(Cont.)

- Conduct health assessments that address both physical and behavioral/emotional health concerns and make referrals across UCC programs and departments.
- Partner with clinics, hospitals and universities.
- Targeted outreach at senior housing communities.
- Outreach to churches in the community.
- Use radio and Spanish-language programs on public television to promote services.
- Exhibit at community festivals and resource fairs.

# Program Strengths

- **Services delivered using culturally-competent contexts and methods:**
  - ❖ Community Center vs. Primary Care
  - ❖ Use of “home visits” vs. clinic appointments
  - ❖ Use of culturally competent methods to deliver health information and improve health literacy

# Lessons Learned



- Implemented a number of adaptations to the **IMPACT** treatment model to address the unique needs of the population we served, while maintaining fidelity to the treatment model.
- Modified methods and materials to:
  - Minimize cultural biases
  - Reduce dependence on written materials and replace with graphic visual aids

# Montrose Counseling Center



**C. Mounir Dahdah, Advocate**

**Chris Kerr, MEd, LPC, Clinical Director**

Reach through

[life@montrosecounselingcenter.org](mailto:life@montrosecounselingcenter.org)

# Montrose Counseling Center Overview



MCC is a non-profit outpatient behavioral health clinic with SPRY targeting LGBT seniors

## **Organization Services:**

- Outreach
- Counseling
- Adult Substance Abuse Treatment
- Clinical Case Management
- Congregate Meals

# Partnership in Aging and Behavioral Health



## Key Partners include:

- AAA
- Federally Qualified Health Center (FQHC)
- Community Social and Service Organizations in the LGBT Senior Community
- Congregate Meal Site

# Reaching and Engaging Older Adults



## Partnership Reach and Special Focus:

### → LGBT 60+ people

- All ethnicities
- Men, women, transpeople

### → Using Indigenous Leader Model

- Two-fold resistance

# Keys to Reaching and Engaging Older Consumers

- As partners in program outreach:
  - Recruit and train peers
  - Find where people are – established affinity groups, churches, activities, circles of friends
  - Establish presence and rapport and trust
  - Find gatekeepers
- As partners in peer education:
  - Happens organically through outreach contacts
  - Scheduled programs

# Engaging LGBT Seniors as Advocates

- Peer outreach workers, advocates, gatekeepers
- Learning to convert social contacts into helping conversation, screening and referral
- Role modeling
- Peers sharing experiences
- Being involved in the community at the ground level
- Trust and confidentiality
- Seeing “people like me” at service location

# Lessons Learned

- Training Volunteer Peer Advocates – confidentiality, crisis intervention, content for screening, active listening, role playing to turn social contacts into helping conversation
- Continued engagement - intense supervision, outreach to recruit Advocates, reassurance, strategizing on where to go, permission to observe and grow into the role, go in pairs
- Benefits to Advocates – strengthens own LGBT identity, come out, meaningful work, address same issues in self, assess own life and circle of friends
- Benefits to program - broadest reach in the community, teach us about what works and doesn't, they know the community best

# Webinar Wrap-Up



- Partnerships among aging and behavioral health services are important for reach and engagement
- Reach elders where they are, through many partners using universal screening.
- Engage elders with relevant information, respectful of culture, literacy and vision challenges.
- Consider cultural tailoring of programs; consult with community and program disseminators.
- Peer ambassadors and educators can strengthen reach and engagement.

# Questions and Answers



**Please send questions via WebEx Chat**

# Older Americans Behavioral Health Webinar and Issue Briefs Series

Older Americans Behavioral Health Webinar  
and Issue Briefs Series are available on AoA,  
NCOA, NASUAD and NASMHPD websites



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