

Working With Aging Veterans



Objectives

- To draw attention to the ever growing population of aging veterans.
- To illuminate some of the issues associated with aging veterans in treatment.
- To share some of the practice principles used at Samaritan Village.

What is Aging?

- Aging results from the impact of the accumulation of a wide variety of molecular and cellular damage over time.
- This accumulation leads to a gradual decrease in physical and mental capacity, a growing risk of disease, and ultimately, death.

“There are social, emotional, psychological, spiritual, financial factors that impact HOW one ages...”





Aging Veterans and Treatment: What's The Connection?

Baby Boomers – The Explosion!!!

- There are approximately 78 million baby boomers nationwide.
- Estimates show that by 2020, the US will require twice as many drug and alcohol rehabilitation programs.
- The Substance Abuse and Mental Health Administration shows that the use of illicit drugs increased by 63% among those in their 50s.

Presenting Problems/Issues



The Elderly Abuser: Who Are They

There are said to be two types of elderly substance abuser:

The hardy survivors are those who have managed to live past 65 years of age despite the fact that they have abused alcohol or drugs for many years.

OR

Late onset substance abusers are those who only begin this behavior later in life. They turn to alcohol or drugs in order to deal with their changing life circumstances.

Substances of Abuse

The older/elderly abuser abuses all types of drugs, but they are most likely to abuse:

Alcohol – a good number drink above recommended limits.

Prescription Drugs – including psychoactive and sedative drugs, which have mood/mind altering properties.

Marijuana – very popular during the 60s and 70s

Contributing Factors

Loneliness

Grief

Health Concerns

Boredom

Chronic Pain

Financial Hardship

Family Problems

Fear of Getting Old

Lack of Meaningful Employment

Reduced Cognitive Functioning

Dangers of Substance Abuse

- Alcohol can do a lot more damage.
- Older adults likely to suffer mental and physical damage.
- Older adults have fewer responsibilities and commitments.
- Tolerance levels decreases with age.
- Likely to mix prescriptions drugs with illicit ones.
- Doctors less likely to refer to or for treatment.



I THINK
IT'S
STRESS!!

Mental Health: A Definition

- From a perspective of Holism, Mental Health includes an individual's ability to enjoy life and to create a balance between life activities and efforts to achieve psychological resilience.
- Mental health includes subjective well being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential (***World Health Organization***)

Mental Health

- It is estimated that 20% of people age 55 years or older experience some type of mental health concern.
- Between 2015 and 2050, the proportion of the world's older adults is estimated to almost double from about 12% to 22%.
- Depression is the most prevalent mental health problem among older adults. It is associated with distress and suffering.
- Depressive disorders are a widely under-recognized condition and often are untreated or undertreated among older adults.

“Depression is NOT a normal part of the aging process!!”

Risk Factors

- Stressful life situations, such as financial problems, a loved one's death or a divorce.
- An ongoing (chronic) medical condition, such as diabetes or heart disease.
- Traumatic experiences, such as military combat or being assaulted/elder abuse.
- Use of alcohol or recreational drugs.
- Having few friends or few healthy relationships.

Mental Health



LOSS OF LOVED ONES

- 
- Loss of sense of attachment to spouses, children, friends, significant others.
 - Onset of depression, isolation, withdrawal from peers and socialization.
 - Regret that one hasn't done more, hasn't loved them enough, not being a better spouse/parent/friend.

LOSS OF INTIMACY

- Not feeling masculine or virile due to physical/sexual health issues.
- Feeling inadequate and thus not pursuing romantic relationships.
- Peers dying off and no longer having connection to friends and former combat buddies.

Loss of Sense of Self

- Managers, businessmen, doctors, police officers, firemen, clergymen...
- No longer future oriented... “I am 67 y.o., I am just waiting to go my retirement apartment.”
- Losing a sense of purpose or feeling outdated.

Hindrances to Successful Treatment Outcomes

I DON'T UNDERSTAND
A WORD YOUNG PEOPLE
SAY THESE DAYS.

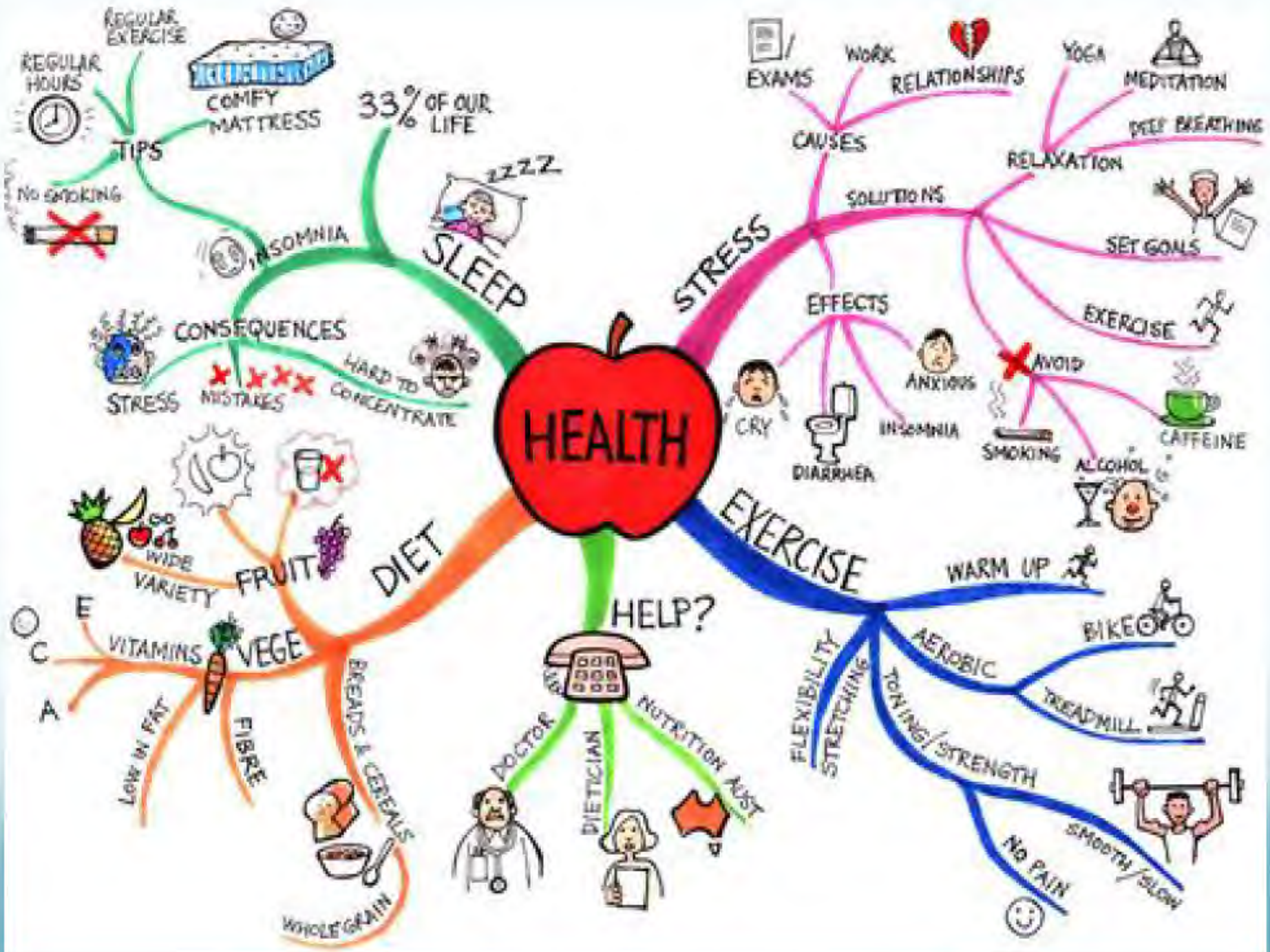
C U - I'LL TXT U L8R :)



Chris Madden

Generational Discord

- Feeling alienated/ not feeling a part of...
- Feeling that their age and their experience is not respected or acknowledged.
 - Having a “sense of entitlement.”



Medically Fragile

- Chronic Illness
- Mobility Issues
- Multiple Prescribed Medication and Medication Monitoring

Financial Barriers



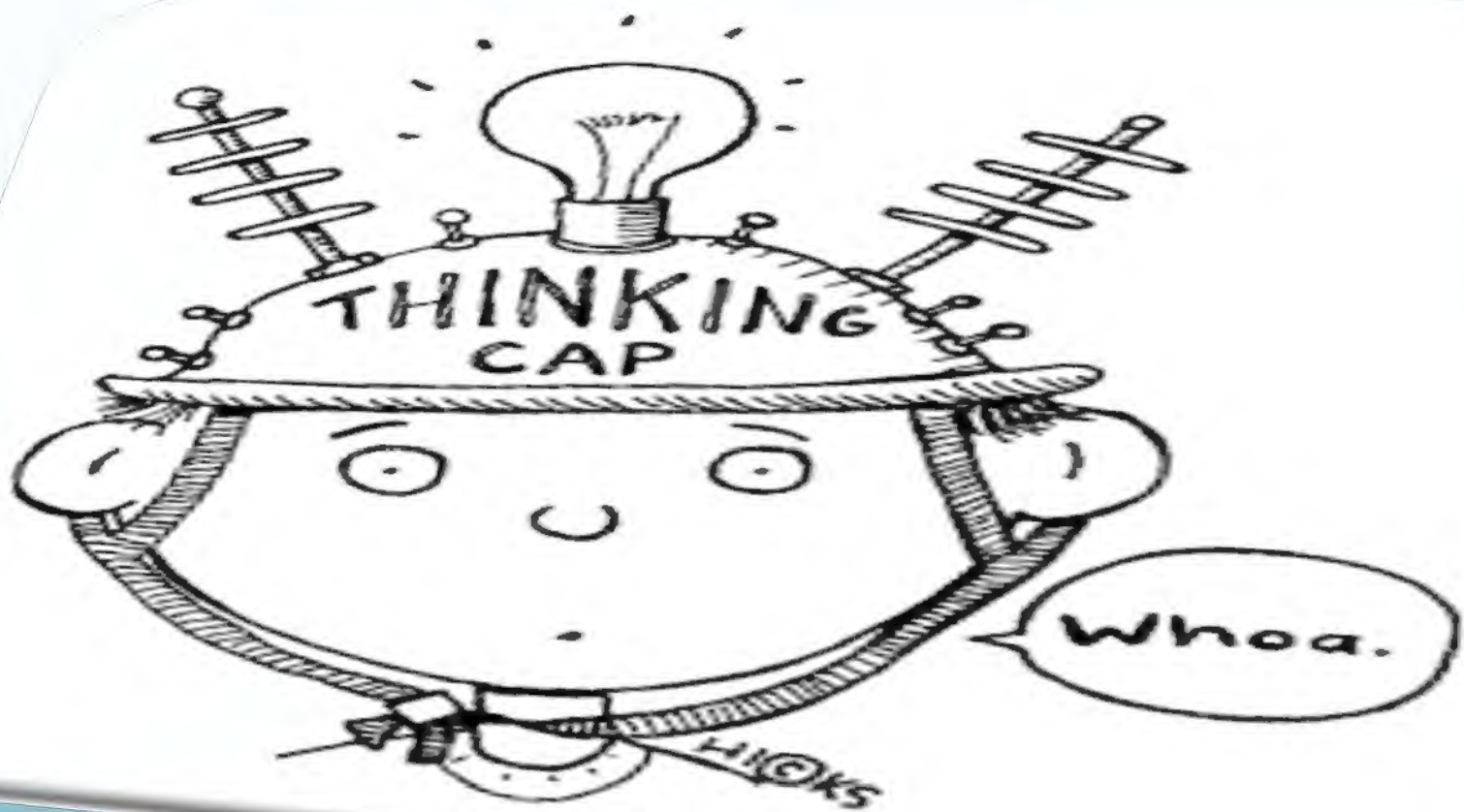
- No steady source of income/no savings
- Barriers to accessing benefits
- Homelessness



Family Issues

- Estrangement/disconnect from Family
- End of Life Issues
- Family Involvement In The Treatment Process

Interventions and Strategies



COMPREHENSIVE ADMISSION/ASSESSMENT

- Psychiatric/Psychological Evaluations

(number of hospitalizations, medication compliance)

- Historical Data

(prior tx episodes, incarcerations, financial status)

- History of Homelessness

Individualized Treatment Tracts

- Short vs Long Term Treatment
- Immediate Connection to VA Hospital
 - Discharge Planning

(Sr. Housing, Skilled Nursing Homes, Nursing Rehabs)

Care Coordination: Mental Health, Physical Health, End of Life Issues

- DFCC
- Veterans Administration
- On-site Psychiatric Services
- Samaritan Village's Senior Center – Volunteerism
- Legal Services – Living Wills, Health Proxies, Financial Assistance

Evidenced Based Practice and Specialty Groups

- Sanctuary, Seeking Safety, MRT, Art Therapy
 - Life Stage Groups
 - Bereavement Group

Reintegration

- Family Reintegration via Family Association
 - Pre-exit Family Sessions
- Housing Assistance via SSVF and Other Community Stakeholders



Drawing
conclusions

Community Resources

- Veterans Administration
- Black Veterans For Social Justice
- Supportive Services to Veterans and Families
- Samaritan Village Senior Center
- Wounded Warriors
- NYC Department of Aging

Alumni Services

Peer Recovery Services:

- A) Recovery Club*
- B) Peer Mentoring*
- C) Recovery Coaching*

RISE UP

