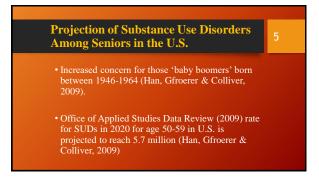


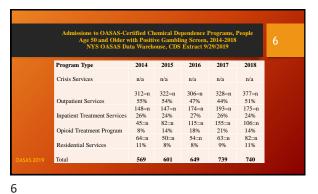




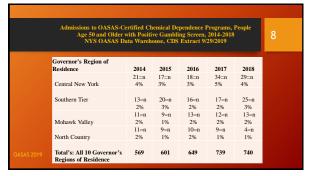


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	Admissions to OASAS-Co Age 50 and Older NYS OASAS D	with Positi	ve Gambli	ng Screen,	2014-2018		7
	Governor's Region of Residence	2014	2015	2016	2017	2018	
	New York City	255=n 45%	317=n 53%	317=n 49%	373=n 50%	328=n 44%	
	Western NY	55=n 10%	n=42 7%	49=n 7%	328=n 44%	N=85 11%	
	Mid-Hudson	77=n 14%	58=n 10%	81=n 12%	88=n 12%	80=n 11%	
	Long Island	28=n 5%	31=n 5%	44=n 7%	61=n 8%	72=n 10%	
	Finger Lakes	53=n 9%	52=n 9%	59=n 9%	44=n 6%	54=n 7%	
	Capital Region	45=n 8%	46=n 8%	44=n 7%	52=n 7%	50=n 7%	





Services Offered: Senior Hope

• Individual, family, and group services

• Family interventions

• Non-Intensive level of outpatient services

• Day and evening treatment programming

• Tailored programming for addicted elders

• Assessments, treatment planning, linkage, referrals, and discharge planning

9 10



Senior Hope Counseling Inc.

• An ACE Informed Outpatient Clinic

• Examining Adverse Childhood Experiences

• The Benefit of Using an ACEs Screening Tool

11 12

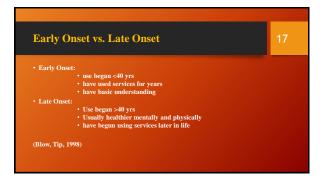








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Theoretical Frameworks
& Approaches

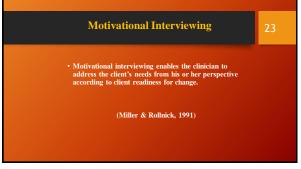
• Cognitive Behavioral Theory
• Productive Aging Perspective
• Motivational Interviewing
• Harm Reduction



Challenges traditional perspective that the aging adult is increasingly unproductive over time
Instead, aging adult has a natural role to contribute to society-for example, through volunteering
Why is this perspective important?

(Kayne, Butler, & Webster, 2003)

21 22



Unlike traditional approaches, harm reduction does not require an individual to stop using but instead works on the goal of abstinence, recognizing that not everyone is able to abstain from substance use during early stages of treatment

(Erikson, Riley, Cheung, Yuet, & O'hare, 1997).



CAGE

C Have you ever felt you should cut down on your drinking?
A Have people annoyed you by criticizing your drinking?
G Have you ever felt bad or guilty about your drinking?
E Eye opener: Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?
An answer of 2 or more indicates high likelihood of a substance abuse problem. An answer Yes to one question indicates the need for a referral for a full evaluation.

Mayfield D, McLeod G., et al. 1974, "The CAGE Questionnaire: Validation of a New Alcoholism Instrument." American Journal Psychiatry 131 (10): 1121-1123.

25 26

Table 3: Short Michigan Alcoholism Screening Test : Geriatric Version (S-MAST-G) The Regents of the University of Michigan, 1991. 1. When taking with others, do you ever-underestimate how much you sentilly detail? 2. After a few distile, here you summines not caten or been able to skips much become you didn't feel home; 3. Bore horing a few distile help decrease your dashiness or treases? 4. Does shorted meeting much if the after you recomber parts of the dog or night? 5. Doysou usually hake a drink to restor or calm your neares? 6. Doysou much paid as de finish to restor or calm your neares? 7. How your over interested your distillating after caperinosing a loss in your life? 8. Has a doctor or summer even add flow your protein of concerned about your drinking? 9. How you over made ratio to manage your distaling? 10. When you for thous, do acting a drink help? 10. Storing 2 or more "you" response are influentless of a alcohol problem. 1. Contact correct Proteins C, How, Ph.D. Labrershop of Michigan included Bossayeth Contact according to the NNAAN Social Work Module 10C

Elders benefit from being treated with individuals their same-age and talking about age related issues.

 Older addicted adults report that they benefit from smaller groups that focus on age-specific topics run by professionals with geriatric addictions and mental health background.

Themes: Senior Hope

Older adults have repeatedly stated they are uncomfortable with profanity in the group session.

Having age-related materials in the waiting room helps older adults feel more comfortable in the waiting room.

Having transportation to pick up patients is helpful.

Themes: Senior Hope

Being sensitive to the generation these individuals grew up in is critical.

We often say what type of legacy do you want to leave behind. Do you want to be remembered as 'mom' or 'dad' 'grandma' or 'grandpa' who died after a fall due to being intoxicated?

29 30

Themes: Senior Hope Finding meaning and purpose in later life is so important. Often we hear from elders that they do not feel anyone needs them anymore and that they have nothing to do. Why age-specific services vs. Mixedage group treatment. We believe 'one size does not fit all' when it comes to addictions treatment.

Statistical Overview of Senior Hope 01/01/2010- 01/01/2016 (N=761) OASAS

• Gender: 61.4% Male 38.6% Female
• Age: 56+ = 69.3%, < 56= 30.7%
• Mental Health= 60.4%
• Primary Substance: Alcohol=71.9%
• Retired: 28.6% Disabled: 35.0%
• Race: White=71.4%
• Black/African American=25.8%
• Educ.: HS=21.8; Assoc. = 8.5; BA=13.4; Grad=11.4
• Impairment: Hearing=12.1%, Mobility= 32.9%
Sight: 32.6%, Other Health Conditions: 62.2%

31 32

Statistical Overview of Senior Hope
01/01/2010- 01/01/2016 (N=761) OASAS

• Marital Status: 27.9% Divorced, 9.3% Widowed,
28.6% Married, 1.7% Living as Married, 24.2% Never
Married, and 9.3% Separated

• ACOA/ACOSA: 6.4% with both, ACOA only: 41.4%,
ACOSA only: 1.8%

• ER Episodes (past six months): 36.9% had 1 or more

• Criminal Justice System: (Past six months); 27.9%

Lie-Bet Screening Tool: Senior Hope
Counseling

• New York State Office of Addictions Services and
Supports Admission Item Statistics Report Provider
Summary 1/01/2018-12/31/2018

N=117

Gambling Positive Screen 1=Yes .9%
114= No 97.4%

33 34

Lie-Bet Screening Tool: Senior Hope
Counseling

• New York State Office of Addictions Services and
Supports Admission Item Statistics Report Provider
Summary 1/01/2013-12/31/2018

N=771

Gambling Positive Screen
13=Yes
746= No
96.8%

Not Screened
12
1.6%

Next Steps For Senior Hope

• We Moved to a Larger Facility

• MAT Service Delivery

• Integration Primary Care Behavioral Health

• Offsite Service Delivery

35 36

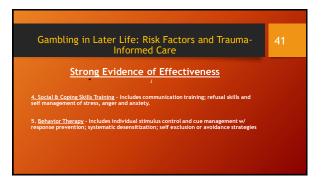








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Gambling in Later Life: Risk Factors and Trauma-Informed Care

Empirical Evidence of Effectiveness
(more evidence needed before meaningfd conclusions about efficacy for Tx)

1. Brief Therapy - client centured solution building using a balanced format for setting achievable goals

2. Motivational Enhancement Strategies - Matching Tx objectives across the continuum of levels of change

3. Relapse Prevention: Change Maintenance - Practice new behaviors and competencies; high risk situation ID & Management

41 42



Gambling in Later Life: Risk Factors and TraumaInformed Care

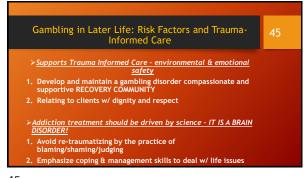
JEROME ADAMS, MD, M.P.H. - 20th SURGEON GENERAL SPEAKS ON ADDICTION
Emphasizing:

> Supports Trauma Informed Care - environmental & emotional safety

> Addiction treatment should be driven by science - IT IS A BRAIN DISORDER!

> Should be addressed as a chronic disorder v. an acute disorder

43 44



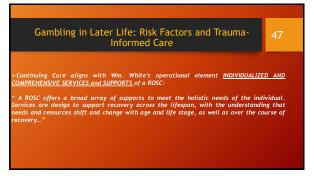
Gambling in Later Life: Risk Factors and Trauma-Informed Care

> Should be addressed as a chronic disorder v. an acute disorder

Develop and maintain a CONTINUING CARE PROGRAM
Consistent w/ Wm. White ROSC

"Continuing Care in accordance with OASAS Regulation 822.13 is to provide services to individuals who have been discharged from active treatment where there is a documented clinical need for ongoing clinical support to prevent relapse or to maintain gains made in active treatment"

45 46



Gambling in Later Life: Risk Factors and Trauma-Informed Care

"CONTINUING CARE PROGRAMMING"
Benefits

Provides evidenced based experiences
Provides confort and accurate information to C50's
Provides continuation of recovery community support employing "Thread" app
Drovides continuation of recovery community support employing "Thread" app
Drovides a fellowing a region of the professionals for recovery health check-ups
Universities Re-Admission options







