

# Counseling Older Male Clients

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# Introductions

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- Bob Carty
  - 40 years in AODA/MH profession
  - Recently retired...and rebooting my life
- Polling the participants
  - Types of work settings?
  - Anyone retired?
  - Previous training on working with elders?

## Bonus Questions

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- Do you consider yourself old?
- How old do you need to be to be considered old?

# Learning Objectives

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- Describe the impact of aging on “baby boomer” men
- Differentiate between early and late onset alcoholism
- Identify AODA and MH issues common to the “younger elders”
- Discuss challenges in counseling this population
- Explore various clinical approaches and techniques

# Opening Question

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- What have we previously been trained to believe about working with older male clients?



# Here Come the Baby Boomers

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- Between 1946 and 1964, 78 million births created a unique generation, setting the stage for a cultural revolution featuring...
  - Emphasis on human rights
  - Individual freedoms (“sex, drugs, and rock ‘n’ roll”)
  - Expansion of educational and career opportunities
  - Increased mistrust of authority figures
  - Higher rates of divorces and multiple marriages
  - Extended life expectancy

# Sub-Groups of Older Male Clients

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- As more people live well into their 90's, we need to make clearer distinctions between various sub-groups of the elderly
  - 55 to 73: baby boomers
  - 73 to 90: typically seen as the elderly
  - 90 and beyond: "the great generation," which survived the Depression and fought WWII
- This morning, we focus primarily on male baby boomers

# Review of Male Socialization

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- Men have been traditionally raised with these values
  - Strong work ethic: we are what we do
  - Power associated primarily with money and/or status; strive to be the alpha male
  - Masculinity proven via sexual conquests (number of partners, “trophy wife”)
  - Impression management: need to look good to others
  - Denying or hiding vulnerability





# AODA and MH Issues in Older Males

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# Use of Alcohol

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- Difference between early onset versus late onset alcoholism
- Aging increases the body's sensitivity to alcohol as metabolism tends to be slower
- Alcohol is frequently a social lubricant, including in many retirement communities; SAMHSA study (2008) identified that 18% of older men have at least two drinks daily
- Men (65 and older) tend to binge drink if they have high income, smoke, use illicit drugs, or are separated/divorced or widowed

# Use of Opioids

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- Opioid epidemic: large number of prescriptions of opioids for pain management, especially for older adults
- 2011: 42% of Medicare patients who were prescribed opioids upon hospital discharge were still taking them 3 months later
- 2015: almost a third of all Medicare patients (nearly 12 million) were prescribed opioids
- Hospitalization rate due to opioid use disorder has increased 500% over the past 20 years



# Other Substances

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- As older patients often experience considerable anxiety and sleep disturbances, they are prescribed Xanax, Valium and other CNS depressants
- If combined with alcohol and/or opioids (and slower metabolism), this can be life-threatening
- Cannabis is also on the rise for baby boomers, especially those who had used it earlier in their lives; easy access in some states and stronger amounts of THC

# Depression

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- Depression in men of all ages may go undiagnosed as they may not experience common symptoms
- With a lifelong pattern of being detached from one's emotions, hiding one's vulnerability, and not accepting help, older men may become deeply depressed
- Other factors: declining physical abilities; reduced social contacts; unresolved grief; living on a fixed income; and more



# Case Study: Pete

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- 67-year-old, divorced male; admitted to IOP; alcohol use disorder and cannabis use disorder; treated 5 years ago and stayed sober almost 2 years; “wasn’t so bad until this year” when he resumed binge drinking and blackouts; job in jeopardy
- Got new sales job in 2015 and managed his drinking, especially with customers; divorced 10 years ago with little or no contact with ex-wife, grown children, and grandchildren
- “AA worked a while, worked the first 3 steps, had a sponsor who relapsed, and didn’t get another, got busy with work”
- Feels worn out, but cannot stop working; bills to pay; lives with girl friend (55) for the past 2 years; drink and use together

# Group Discussion Questions

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- What challenges do you foresee in counseling Pete?
- How might you overcome these challenges?





# Challenges in Clinical Engagement

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# Transference and Counter-Transference

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- Think of elder males who you counselled
- How did you think they viewed you, especially if you were younger than them? How was this perception a barrier? How was it a positive dynamic?
- How did you view this older client? How did your view of aging in general influence your interaction with this client? What may have been a barrier? What may have been positive?

# Framing the Treatment Experience

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- For late onset patients, treatment may seem like a very strange experience - counseling groups, lectures, urine tests!!!
- How do you explain treatment to this incoming elder?
- For early onset patients, they may have had multiple treatment episodes over the years...and are now “back in rehab?”
- How do you explain treatment to this patient?

# Finding Purpose

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- Many older men feel stuck in current situation, not seeing an optimistic future
- Huge challenge to help them find a new purpose
- Numerous options to explore...
  - Re-framing current moment as an opportunity to re-invent oneself
  - Identifying potential sources of satisfaction: new interests
  - Reinvesting in full or part-time work
  - Devoting time to volunteer in one's community
  - Mentoring the next generation (generativity)

# Other Common Challenges

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- Complaints from older patients about being around so many young addicts (20-somethings)
- Difficulty engaging family support of the patient's treatment
- Others?



# Clinical Approaches and Techniques

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# Twelve-Step Facilitation

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- Traditional treatment, focusing on abstinence as the recovery model to manage the disease of addiction
- Emphasis on...
  - Group counseling
  - Patient education
  - Introduction to 12 Step fellowships
  - Development of recovery skills and values
  - Building a support network



# Other Recovery Groups

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- Keep in mind that other options include
  - SMART Recovery
  - Refuge Recovery
  - Celebrate Recovery
  - Secular Organizations for Sobriety

\*\*\*What are the pros and cons of encouraging a baby boomer to get involved in these recovery groups?



# Acceptance and Commitment Therapy (ACT)

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- Behavioral approach, engaging patients to examine their behavior and decide if it is working for them
- Active approach as experiential learning is done within the session and “homework” is assigned
- A = Accept your thoughts and feelings
- C = Choose a valued direction
- T = Take action

## 6 Core Processes of ACT

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- Contacting the present moment: be here now
  - Defusion: avoid getting caught up in thoughts and emotions
  - Acceptance: open up, instead of resisting
  - Self-as-context: thinking self vs. observing self
  - Values: desired qualities by which to live
  - Committed action: taking value-directed action
- \*\*\* How might we apply these processes to Pete?

# Narrative Therapy

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- Post-modern approach, focusing on a person's life story as a means to promote change
- Examine the subjective interpretations of one's life; we are not driven by simple facts, but by our interpretations of these facts and the assumptions we make, built on those interpretations
- Thomas Merton: "Most of us live lives of self-impersonation"

# Key Concepts of Narrative Therapy

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- Thin descriptions
- Clues
- Unique outcomes
- Circular questioning
- Definitional ceremony
- Therapeutic metaphors



# Applications for Older Men

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- Reflection upon one's past is a natural process, especially in later years
- If a person is burdened by shame, guilt, and regret, this becomes a heavy weight to bear...and one that probably will lead to greater distress
- Narrative Therapy invites the individual to look at one's life through a different perspective and to discover a new narrative for one's remaining years

# Guided Autobiography

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- Writing a drug history and sharing it in group is a common task
- Guided autobiography goes further; client is assigned to write a 2-page story on certain aspect of his life each week to be shared in group; topics may include
  - One memory from early childhood
  - Transition to adulthood (rite of passage)
  - My personal strengths
  - What may be my legacy
- Task may appeal to elders' need to reminisce



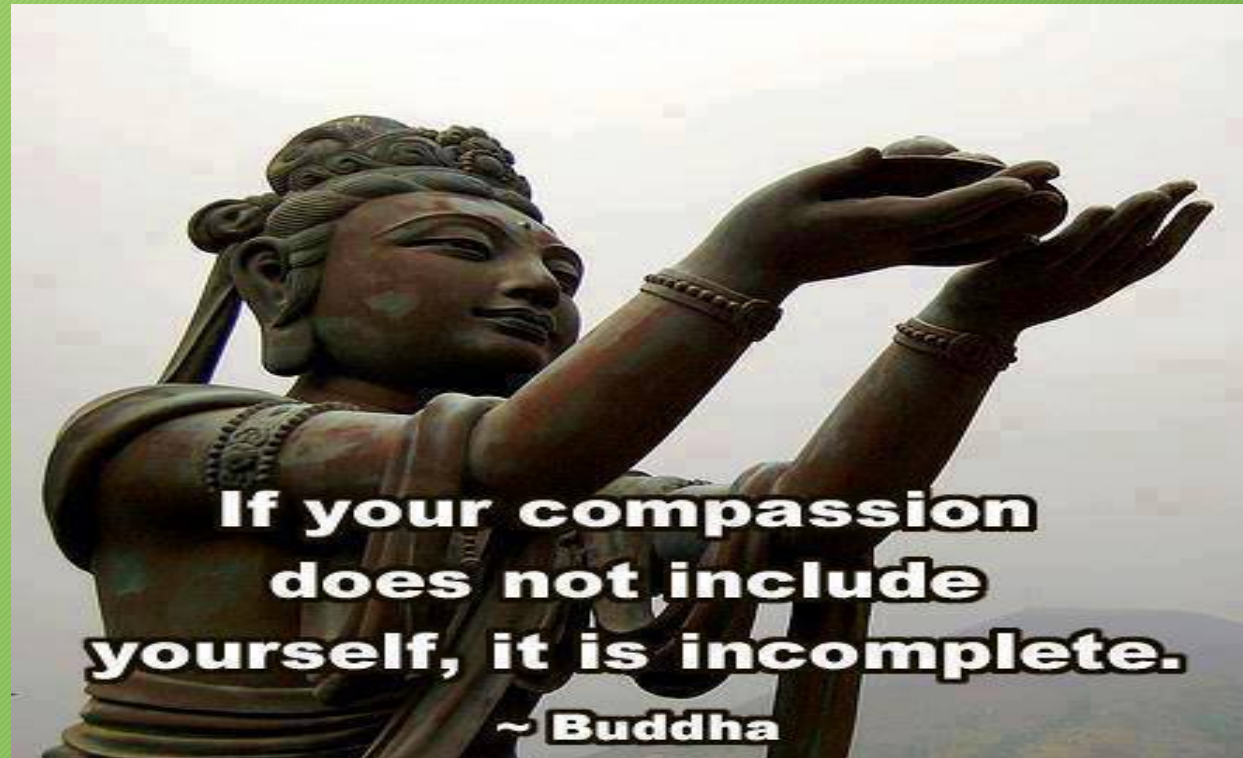
# Self-Compassion and Shame Resilience

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- Kristen Neff (Self-Compassion) includes methods to reduce anxiety and shame
- Three components
  - Kindness to self and others
  - Connection to humanity
  - Mindfulness practices
- Helpful for older men by offering tools to enhance resilience, to reduce their negative self-talk patterns, to recognize their distress is common to others, and to improve relationships

# Thought to Ponder

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# Men's Groups

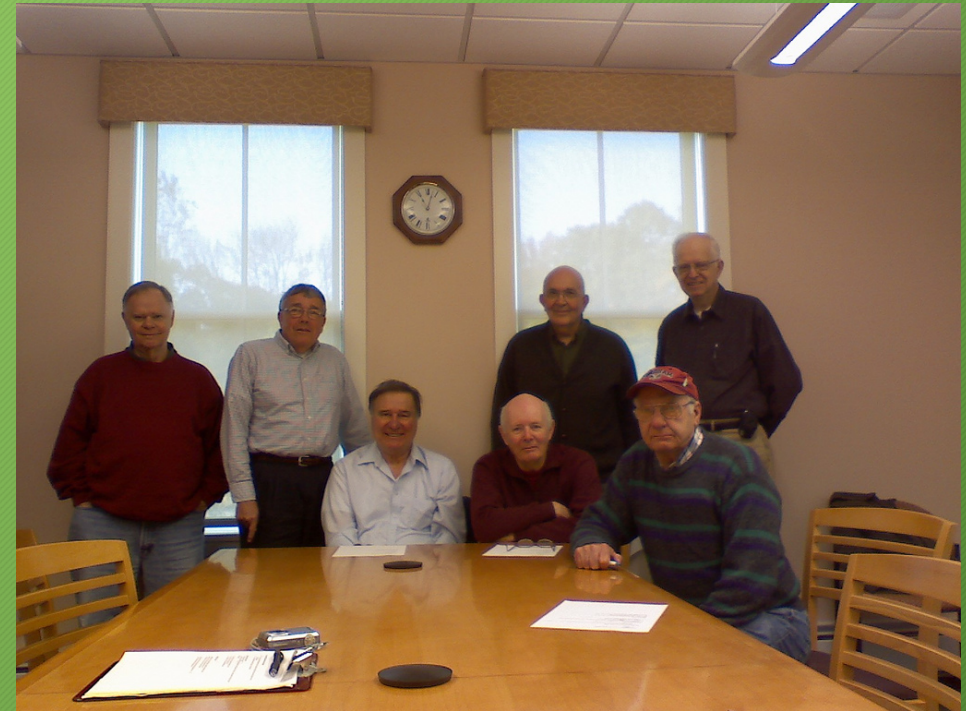
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- Gender-specific groups can be extremely effective in helping older males learn to express their emotions, be vulnerable, and ask for help
- Need to create a sense of safety for men to share openly
  - with safety, comes early trust
  - With trust, comes initial sharing
  - With sharing, comes more safety and even deeper trust and sharing

# My Favorite Group Exercises for Men

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- Male Stand Up
- Roles We Play
- Finding Our Wounds
- Father-Son Circles
- Work and its meaning
- Aging and the Serenity Prayer



# Takeaways

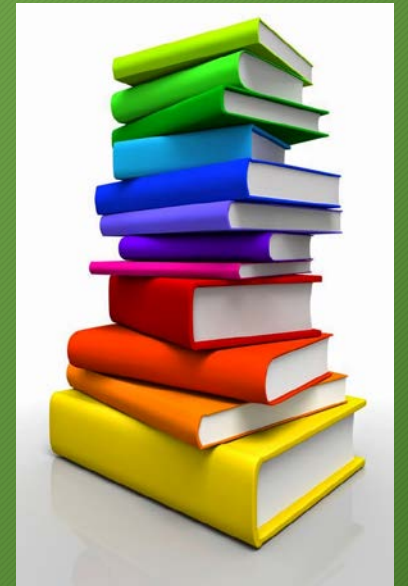
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- This morning, we covered many aspects of working with older males
  - Characteristics of the baby boomer generation
  - AODA and MH issues commonly seen
  - Challenges in clinical engagement
  - Various clinical approaches and techniques
- What are your takeaways from this workshop?

# Books on Aging

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- Alan Castel (2019). Better with Age. New York: Oxford University Press.
- Parker Palmer (2018). On the Brink of Everything. Oakland, CA: Berrett-Koehler Publishers.
- Kenneth Shultz (2015). Happy Retirement: The Psychology of Reinvention. New York: DK Publishing.



# Books on Clinical Approaches

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- Russ Harris (2009). ACT Made Simple. Oakland, CA: New Harbinger Publications.
- Kristin Neff (2011), Self-Compassion. New York: HarperCollins Publishing.
- Martin Payne (2006). Narrative Therapy: An Introduction to Counsellors. London: Sage Publications.

# Closing Thought

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- “The years between 50 and 70 are the hardest. You are always being asked to do things, and yet you are not decrepit enough to turn them down” T.S. Eliot



# Contact Information

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