Counseling Older Male Clients

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Introductions

• 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

• Do you consider yourself old?
• How old do you need to be to be considered old?
Learning Objectives

• 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

• What have we previously been trained to believe about working with older male clients?
Here Come the Baby Boomers

• 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

• 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

- 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
• Considering these core issues in male socialization, how might aging influence the self-identity of a male baby boomer?
AODA and MH Issues in Older Males
Use of Alcohol

• 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

- 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

- 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 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

• 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

• What challenges do you foresee in counseling Pete?
• How might you overcome these challenges?
Challenges in Clinical Engagement
Transference and Counter-Transference

• 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

• 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

- 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

• 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
Twelve-Step Facilitation

• 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

• 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)

• 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

- 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

• 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

- Thin descriptions
- Clues
- Unique outcomes
- Circular questioning
- Definitional ceremony
- Therapeutic metaphors
Applications for Older Men

• 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

• 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

• 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
If your compassion does not include yourself, it is incomplete.

~ Buddha
Men’s Groups

• 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

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

• 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 you takeaways from this workshop?
Books on Aging


Books on Clinical Approaches


“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
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