COMPANION GUIDE

Module 6: "Has Anyone Seen George?"

Tips for facilitators:

- Watch the Module 6 DVD prior to the training so that you can anticipate questions and identify supplementary materials needed for your particular audience.
- This module is 46 minutes.
- Review your county profile and be prepared to talk about rates of depression, substance abuse, and suicide in your community.
- Consider working with a co-facilitator who will complement your own expertise and knowledge of the community.
- Handouts for this session include PowerPoint slides, Participant Companion Guide, and evaluation forms.
- Feel free to stop the DVD at any point in the program for discussion.
- Refer to the introduction of this manual for more tips.

Plan for the Session

- With knowledge you have from stakeholder interviews and with assistance from your manager/supervisor, determine optimal scheduling. Consider
  - the best times to help ensure cross-training (i.e., participation from both aging and behavioral health services)
  - how many modules to view at one time—modules are designed for 90-minute sessions to allow time to view the DVD and discuss content and implications for the community
  - frequency of training (e.g., weekly, monthly)

- Calculate the prevalence of substance abuse in your community,
  - For example, approximately 4.4% (.044) of the 65 and older population reports engaging in binge drinking (having five or more drinks on one occasion). Use your county profiles to identify the prevalence of binge drinking among those aged 65 and older. First multiply the percentage of adults age 65 and older (e.g., 13.6% → 0.136) by the total population in your county (e.g., 0.136 × 375,922 = 51,125.392). Then multiply that number by .044 to estimate the prevalence (51,125.392 × .044 = 2,250). The resulting number gives you an estimate of the prevalence of binge

drinking among older adults in your community (e.g., 2,250 older adults engaging in binge drinking). Note: This will be a slight underestimate.

- Prepare handouts:
  - Copy PowerPoint handouts for participants.
  - Copy the resource section of the *Participant Companion Guide* as a handout.
  - Determine which, if any, fact sheets you will copy and distribute as handouts.

- You may adapt the PowerPoint slides to fit community needs and interests. The presentations are saved to your project flash drive.

- Anticipate responses from participants and plan how to redirect comments if necessary. For example, typical responses when people view Module 6 are
  - "A multidisciplinary team like that would never happen here."
  - "I don't think George would say that."
  - "We have problems where individuals have a history of drinking (or using drugs)."
  - "Why did the mental health worker leave George alone and drunk?"

  Keep the focus on collaboratively addressing the needs of older adults with depression, substance abuse, and suicidal behaviors. The multidisciplinary team, for example, presents an ideal system that Older Adult Behavioral Health Specialists are trying to create. Comments about George or individual providers can contribute to exploring issues in your community such as autonomy versus safety, evidence-based best practices, and opportunities for collaboration.

- Prepare to offer NASW CEUs when the DVD is presented with discussion:
  - Make one copy of the roster (for signing in) and a copy of the evaluation form for each participant. Fill in forms with the title of the module, date, and location.
  - Ask participants to sign in on the roster and to complete the evaluation at the end of the session.
  - Give each participant a certificate with his or her name and the date.
  - Mail roster and completed evaluation forms to the Oregon Chapter of NASW (address is on the form).

Welcome the Participants

If you are presenting the modules in sequence, most of the participants may be familiar with each other by now. You can use the introduction time for participants to reflect on the previous module and how they have used information since the last training. Be sure to welcome and include new members.

Show the DVD

If you wish, you may stop the DVD for discussion rather than watching it all the way through prior to discussion.

Facilitate Discussion

Much of the learning will take place or be reinforced through discussion. Because no module can cover all aspects of depression, substance abuse, and suicide, discussion is important for exploring variations on the scenarios presented to address the expertise and learning needs of the people in the room. You will have important information from the stakeholder interviews you have conducted to help you with this.

Below are some questions designed to help participants connect the material to their own practice and to their communities. Consider how much time you will have for discussion and select the questions you feel are most important. Allow as much discussion as possible of dilemmas and problems participants have had in their own experiences. Note that some questions focus on clinical issues and others on systems issues of the broader community.

Use the resource guide (that is, the *Participant Companion Guide*) for Module 6 to identify supplemental information that will be relevant for your audience.

Discussion Questions

1. If you wish, stop the DVD after the Sheriff describes her experience and the slide titled "What did you notice?" appears.

   What did you notice? Be specific. Would you be concerned? What else would you want to know?

After the DVD concludes, consider these questions:

2. In preparation for this question, review your county or regional profile (see Community Capacity Building binder). In 2012, the statewide adult suicide rate (per 100,000) in Oregon was 23.2 percent. Share that information with participants.

   In our community how aware are service providers (including primary care providers) of the incidence of older adult suicides? What screening tools or questions are they currently using to identify older adults who are at risk for suicide?

3. George is an example of an older adult without a family or social network who might be alert to signs that he was having a bad time. Without the **gatekeepers** in his community, he might have fallen through the cracks and ultimately attempted or succeeded at taking his life.

   Who are the gatekeepers in our community? What kinds of training related to suicide prevention are they receiving?

   Mental Health First Aid is widely available in many Oregon communities. This program prepares people who are not behavioral health specialists to ask questions about suicidal intent and intervene until professional help is provided.

   How is Mental Health First Aid used in your community?

4. ADRCs (Aging and Disability Resource Connection) have programs to address mild to moderate depression in older adults and people with disabilities. Many of these programs offer services in the person's home. Contact the ADRC serving your community and learn which program is available. Share this information and ask people familiar with the program to share information about it with other participants.

   What programs are available in your community to address mild to moderate depression in older adults and people with disabilities?

5. George's depression is situational. Those on his multidisciplinary team did not feel that he was at great risk for suicide, but they agreed that it was important to keep monitoring his situation.

   How would you have responded to George during that first visit? Although an accurate risk assessment cannot be made when someone is intoxicated, what other actions could a first responder take?

How would George's risks for suicide have been different if he had had a history of depression and/or substance abuse? What, if anything, would have been different in George's presentation and the available options for intervention and treatment?

6. Most communities have drug and alcohol treatment programs. However, these programs often do not meet the needs of older adults.

   What substance abuse resources are available specifically for older adults? Why are treatment programs for older adults important?

7. In this module, George was willing to visit with a counselor and a primary care provider. He also agreed to stop drinking and began to engage with others. Others with his background and in his situation would be more resistant.

   What happens in our community to older adults who resist these kinds of interventions and remain at risk?

8. George is an example where the multidisciplinary team's efforts, as well as the support of the community, helped him to re-engage (with the community, caring for an animal) and decrease his social isolation.

   Not all communities have multidisciplinary teams who could meet face-to-face to discuss situations with people like George. Yet, each agency and people with different disciplines have different knowledge and expertise needed to help George. How can we best bring those different and valuable perspectives together in a coordinated way to help someone like George?

9. Depression and chronic illness are often linked. Sometimes depression is associated with the development of a chronic illness (cardiovascular disease), sometimes it is a marker for a chronic illness (e.g., Parkinson's disease), and sometimes it follows development of a chronic condition (e.g., dementia, multiple sclerosis, stroke).

   Arthritis is the most common chronic illness. It was a factor in George's depression because it caused significant pain and interfered with his ability to perform work that was key to his identity and quality of life. How do service providers and primary care providers take into account physical disabilities or limitations caused by chronic illness when screening for depression and identifying treatment resources?