

Chapter 4—Treating Alcohol Misuse in Older Adults

KEY MESSAGES

- Older adults are more likely than younger adults to feel the negative effects of alcohol and are at risk for alcohol–drug interactions. Therefore, widespread screening for alcohol use and misuse in all healthcare settings and emergency departments is recommended.
- Screening and assessment tools and treatment options for alcohol misuse among older adults should be senior friendly and meet their unique physical, emotional, and social needs.
- Education about low-risk levels of alcohol use and about alcohol–drug interactions can be a powerful brief intervention as well as a prevention tool in keeping seniors safe.
- You can help increase your older clients' chances of success by offering many different treatment choices based on their symptoms and needs; addressing all co-occurring health conditions; and using a stepped-care approach to the management of referrals and ongoing coordination of care.

Chapter 4 of this Treatment Improvement Protocol (TIP) will benefit healthcare, behavioral health service, and social service providers working with older adults. It addresses alcohol use and misuse among older adults. National survey data show that alcohol use, binge drinking, and alcohol use disorder (AUD) are increasing in this population at a concerning rate.⁵⁶⁷ Addiction counselors and other healthcare providers should understand the unique needs of older adults when addressing alcohol-related issues. Although older adults generally have lower rates of alcohol misuse, including AUD, than younger adults, baby boomers (born between 1946 and 1964) are more likely to drink and have alcohol-related problems than earlier generations of older adults. Even low levels of drinking can lead to negative health effects in older adults because of age-related physical changes, negative interactions between alcohol and commonly used medications, and decreases in physical and cognitive functioning (thinking abilities).

Organization of Chapter 4 of This TIP

This chapter of TIP 26 presents facts about alcohol misuse, including AUD, among older adults. It also addresses screening and assessment, co-occurring health conditions and mental disorders often related to alcohol misuse, and treatment and recovery management approaches for older adults.

The first section of Chapter 4 describes alcohol misuse among older adults. It includes definitions; numbers and figures; and the physical, mental, social, and economic effects of AUD. It also addresses co-occurring health conditions and mental disorders in older adults who drink.



The second section addresses screening and assessment of alcohol misuse in older adults. It covers screening tools for alcohol misuse, limitations of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) diagnostic criteria for AUD as applied to older adults, signs of late-onset AUD, and misuse of alcohol with prescription medications. **This section also addresses screening for and assessing commonly co-occurring health conditions and mental disorders among older adults who drink.**

The third section briefly describes the continuum of care for older adults, including brief interventions for alcohol misuse and inpatient detoxification or rehabilitation.

The fourth section discusses specific treatment approaches for older adults with AUD. These include brief interventions, cognitive-behavioral therapy (CBT), problem-solving therapy (PST), skill-building and relapse prevention therapy (RPT), 12-Step Facilitation (TSF) therapy, age-specific inpatient and outpatient rehabilitation, and pharmacotherapy.

The fifth section explores recovery management strategies for older adults. It covers strategies for including family members in treatment; addressing caregiver needs; and linking older adults to evidence-supported, community-based recovery support groups such as Alcoholics Anonymous (AA) and SMART (Self-Management and Recovery Training) Recovery.

The sixth section presents clinical scenarios to show how to match treatment approaches to a client's level of alcohol misuse, from those who are abstinent (not drinking at all) for health reasons to those with AUD requiring inpatient rehabilitation and ongoing recovery management.

The final section offers targeted resources to support your practice. For more resources related to addressing substance misuse among older adults, including misuse of alcohol, see the Chapter 4 Appendix and the additional resources in Chapter 9 of this TIP.

For definitions of key terms you will see throughout Chapter 4, refer to Exhibit 4.1.

EXHIBIT 4.1. Key Terms

- **Addiction*:** The most severe form of substance use disorder (SUD), associated with compulsive or uncontrolled use of one or more substances. Addiction is a chronic brain disease that has the potential for both recurrence (relapse) and recovery.
- **Age-sensitive:** Adaptations to existing treatment approaches that accommodate older adults' unique needs (e.g., a large-print handout on the signs of substance misuse).
- **Age-specific:** Treatment approaches and practices specifically developed for older adults (e.g., an older adult specialty group in a mixed-age SUD treatment program).
- **Alcohol misuse:** The use of alcohol in any harmful way, including heavy drinking, binge drinking, and AUD.
- **At-risk/high-risk drinking:** Drinking alcohol in excessive amounts. This definition encompasses both binge drinking and heavy drinking. Additionally, any alcohol consumption is considered risky when carried out by individuals with certain medical conditions that are worsened by alcohol, those taking medicine that can interact harmfully with alcohol, those driving a car or engaged in other activities that require alertness, or people recovering from AUD.^{568,569} Note that for purposes of this TIP, at-risk drinking and high-risk drinking are synonymous and either term is acceptable to describe an older adult's drinking patterns.
- **AUD:** DSM-5 defines this disorder.⁵⁷⁰ An AUD diagnosis is given to people who use alcohol and meet at least 2 of the 11 DSM-5 symptoms in a 12-month period. Key aspects of AUD include tolerance, withdrawal, loss of control, and continued use despite negative consequences. AUD covers a range of severity and replaces what the previous edition of DSM termed alcohol abuse and alcohol dependence.

Continued on next page

Continued

- **Binge drinking:** A drinking pattern that leads to blood alcohol concentration levels of 0.08 grams per deciliter or greater. This usually takes place after four or more drinks for women and five or more drinks for men.^{571,572} However, older adults are more sensitive to the effects of alcohol, and treatment providers may need to lower these numbers when screening for alcohol misuse.⁵⁷³ Additionally, other factors such as weight, decrease in enzyme activity, and body composition (e.g., amount of muscle tissue present in the body) can also affect alcohol absorption rates.
- **Caregivers:** Informal caregivers provide unpaid care. They assist others with activities of daily living (ADLs), including health and medical tasks. Informal caregivers may be spouses, partners, family members, friends, neighbors, or others who have a significant personal relationship with the person who needs care. Formal caregivers are paid providers who offer care in one's home or in a facility.⁵⁷⁴ Most older adults do not need caregivers and are as able to address their own needs as younger adults, whether or not substance misuse is a factor in their lives.
- **Drug–drug interaction:** The interaction of one substance (e.g., alcohol, medication, an illicit drug) with another substance. Drug–drug interactions may change the effectiveness of medications, introduce or alter the intensity of side effects, and increase a substance's toxicity or the concentration of that substance in a person's blood. Potentially serious interactions can also occur with certain foods, beverages, and dietary supplements.⁵⁷⁵
- **Harmful drinking:** Alcohol use that worsens or complicates current alcohol-related problems.⁵⁷⁶
- **Hazardous drinking:** Alcohol use that increases the risk of future harm.⁵⁷⁷
- **Heavy drinking:** Consuming five or more drinks for men and four or more drinks for women in one period on each of 5 or more days in the past 30 days.⁵⁷⁸
- **Moderate drinking:** According to the 2015–2020 *Dietary Guidelines for Americans*, moderate drinking is defined as up to two drinks per day for men and up to one drink per day for women.^{579,580} However, the Centers for Disease Control and Prevention (CDC) notes that these numbers apply to any given day and are not meant as an average over several days.⁵⁸¹ Additionally, individuals who don't metabolize alcohol well may need to consume even lower quantities. Some people, particularly those with certain alcohol-related illnesses or engaging in tasks requiring concentration, should not consume alcohol at all. The *Dietary Guidelines* stipulate that those who don't drink should not begin drinking for any reason.⁵⁸²
- **Mutual-help groups:** Groups of people who work together on obtaining and maintaining recovery. Unlike peer support (e.g., the use of recovery coaches or peer recovery support specialists), mutual-help groups consist entirely of people who volunteer their time and typically have no official connection to treatment programs. Most are self-supporting. Although 12-Step groups such as AA and Narcotics Anonymous are the most widespread and well researched type of mutual-help groups, other groups may be available in some areas. They range from groups affiliated with a religion or church (e.g., Celebrate Recovery, Millati Islami) to purely secular groups (e.g., SMART Recovery, Women for Sobriety).
- **Peer support:** The use of peer recovery support specialists (e.g., someone in recovery who has lived experience in addiction plus skills learned in formal training) to provide nonclinical (i.e., not requiring training in diagnosis or treatment) recovery support services to individuals in recovery from addiction and to their families.
- **Recovery*:** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Even individuals with severe and chronic SUDs can, with help, overcome them and regain health and social function. This is called remission. When those positive changes and values become part of a voluntarily adopted lifestyle, that is called being in recovery. Although abstinence from all substance misuse is a cardinal feature of a recovery lifestyle, it is not the only healthy, prosocial feature.
- **Relapse*:** A return to substance use after a significant period of abstinence.

Continued on next page



Continued

- **Remission:** A medical term meaning a disappearance of signs and symptoms of the disease or disorder. DSM-5 defines remission as present in people who previously met SUD criteria but no longer meet any SUD criteria (with the possible exception of craving).⁵⁸³ Remission is an essential element of recovery.
- **Stepped care:** A science-based approach that matches an individual's treatment needs to different levels of care, from least intensive to most intensive.
- **Substance misuse*:** The use of any substance in a manner, situation, amount, or frequency that can cause harm to users or to those around them. For some substances or individuals, any use would constitute misuse (e.g., underage drinking, injection drug use).
- **Substance use disorder*:** A medical illness caused by repeated misuse of a substance or substances. According to DSM-5,⁵⁸⁴ SUDs are characterized by clinically significant impairments in health and social function, and by impaired control over substance use. They are diagnosed through assessing cognitive, behavioral, and psychological symptoms. SUDs range from mild to severe and from temporary to chronic. They typically develop gradually over time with repeated misuse, leading to changes in brain circuits governing incentive salience (the ability of substance-associated cues to trigger substance seeking), reward, stress, and executive functions like decision making and self-control. Multiple factors influence whether and how rapidly a person will develop an SUD. These factors include the substance itself; the genetic vulnerability of the user; and the amount, frequency, and duration of the misuse. Note: A severe SUD is commonly called an addiction. A mild SUD is generally equivalent to what previous editions of DSM called substance abuse; a moderate or severe SUD is generally equivalent to what was formerly called substance dependence.

* The definitions of all terms marked with an asterisk correspond closely to those given in *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. This resource provides a great deal of useful information about substance misuse and its impact on U.S. public health. The report is available online (<https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>).

Alcohol Misuse Among Older Adults

More older adults are misusing alcohol than in earlier years. An estimated 23.2 million adults ages 65 and older drank alcohol in the past month, 5.6 million engaged in past-month binge drinking, and 1.5 million engaged in past-month heavy drinking.⁵⁸⁵

The signs and effects of alcohol misuse, including binge drinking and AUD, often differ between older and younger adults. Understanding the differences will help you identify, assess, and treat older adults.

Age-Specific Effects of Alcohol Use

Older adults metabolize alcohol less efficiently than younger adults. Older adults have less lean body mass and less total body water than younger adults. This smaller water volume is one reason why an older adult and a younger adult can drink similar amounts of alcohol, but the older adult's blood alcohol level will be higher and stay high longer. In addition, older adults' central nervous system (CNS) is more sensitive to alcohol's effects, leading to lower tolerance.⁵⁸⁶ These differences can **lead to or worsen chronic illnesses common in older adults (e.g., high blood pressure).**⁵⁸⁷

Drinking also increases health-related risks for older adults who take medications that may interact negatively with alcohol. Older adults are more likely than younger adults to take multiple

medications, further increasing this risk. Moreover, up to 19 percent of older adults in the United States use alcohol and prescription medications in a way that could be considered misuse.⁵⁸⁸

Alcohol Misuse

Older adults can meet the definition of alcohol misuse at lower levels of alcohol use than adults younger than 60. **Older adults who have been drinking for years may face more alcohol-related problems—and those problems may be more severe—even if their use has not increased over time.** A review of survey data indicates that 4 percent to 14 percent of older adults may misuse alcohol.⁵⁸⁹

The rate of alcohol misuse among older adults increases when including health status and overall functioning, rather than just amount of alcohol used and frequency of use. For instance, a study on alcohol-related health risk in older adults in the United States found that among older adults who drink, 53.3 percent had harmful or hazardous use.⁵⁹⁰ This number was more than three times greater than the number of older adults consuming alcohol above federal guideline limits. The discrepancy in the consumption rate and the rate of harmful or hazardous use is explained by the health status of older adults.

RESOURCE ALERT: A CONSUMER WEBSITE FOR CALCULATING ALCOHOL CONSUMPTION

Rethinking Drinking: Alcohol & Your Health (www.rethinkingdrinking.niaaa.nih.gov) is a National Institute on Alcohol Abuse and Alcoholism (NIAAA) interactive website that provides individuals with accurate information about what a standard drink is and how to calculate their level of alcohol use based on the types and amounts of alcoholic beverages they drink.

Low-risk drinking guidelines at this website are for all adults; they are not reduced for older adults. Discuss why older adults may need to adhere to lower numbers before referring your clients to this website.

Alcohol misuse among older adults is likely responsible for a large portion of the damage some experience to their health and well-being.⁵⁹¹ For the older adult population, drinking even small amounts of alcohol can have serious physical, mental, and social effects. For example, one or two drinks a day may lead to increased cognitive impairment (problems with thinking) for individuals who already have dementia, or sleep problems (e.g., sleep apnea).⁵⁹²

The economic costs of alcohol misuse among older adults are significant. Older adults who misuse alcohol are at greater risk for injury and falls. Certain events among older adults that can be related to alcohol use—such as injury deaths, falls treated in emergency departments, hospitalized falls, and fall-related traumatic brain injury deaths—have risen significantly in the past decade.⁵⁹³

Older adults who misuse alcohol are at risk for:⁵⁹⁴

- Liver disease.
- Sleep problems.
- Cancer.
- Diabetes.
- Congestive heart failure.
- Lowered general health functioning.

Older adults who drink beyond recommended guidelines have higher rates of tobacco use disorder and are at risk for:^{595,596,597}

- Depression, anxiety, and mood disorders.
- Memory problems.
- Cognitive changes such as dementia.
- Sleep disorders.
- Agitation or violent behavior.
- Suicide.



DRINKING IN RETIREMENT COMMUNITIES

Participating in social activities with family and friends who drink reinforces alcohol use and misuse. This is particularly true in retirement communities, where drinking and socializing often go hand in hand.⁵⁹⁸ A recent study of a large retirement community in Florida found that 15.4 percent of the respondents to a survey on drinking reported hazardous drinking levels. However, when asked about health-related concerns and quality of life, most responded that drinking was a part of their social lives, did not report many health concerns, and reported a high quality of life.⁵⁹⁹

This result suggests that some older adults whose social drinking exceeds recommended limits may improve their quality of life, which could balance out any potential health risks. However, subjective measures of health-related effects of heavy alcohol use are not always as trustworthy as objective measures, such as lab results for medical conditions. **When you assess the health risks of an older adult's drinking, keep in mind the cultural context of his or her drinking, the amount and frequency of drinking, and any objective measures of health effects in addition to self-report findings.**

Binge Drinking

Binge drinking is a drinking pattern that leads to blood alcohol concentration levels of 0.08 grams per deciliter or greater. On average, this occurs after five or more drinks for men and four or more drinks for women.^{600,601} However, for older adults, who have increased sensitivity to alcohol, lower alcohol consumption levels may be considered binge drinking.

According to the National Survey on Drug Use and Health (NSDUH), 10.7 percent of adults ages 65 and older binge drink (defined as five or more drinks for men and four or more drinks for women, per event).⁶⁰² This percentage would be even higher if the survey could factor in that binge drinking occurs at lower alcohol consumption levels for some older adults. **Binge drinking appears to**

be more of an issue for older men than older women.⁶⁰³ Yet binge drinking among older women is rapidly increasing.⁶⁰⁴

Binge drinking creates additional health problems for older adults. Binge drinking is related to a number of health and safety issues, including accidents, an increased chance of physical injury (e.g., falls), and higher death rates.^{605,606} Binge drinking is also related to a higher risk of AUD in both men and women as they age.^{607,608}

AUD

Baby boomers drink more than earlier generations, which is likely to lead to a large increase in the number of older adults with AUD as this generation ages.⁶⁰⁹ Furthermore, the number of adults ages 65 and older in the U.S. population is predicted to increase from about 56 million in 2020 to more than 85 million by 2050.^{610,611}

In the general population, only an estimated 1.52 percent of adults ages 60 and older report AUD in the past 12 months; 16.1 percent report AUD in their lifetime.⁶¹² Conversely, up to 30 percent of older adults hospitalized in general medical units and up to 50 percent hospitalized in psychiatric units have AUD.⁶¹³ This is significant, because older adults with AUD who are hospitalized might not report their level of drinking to healthcare providers and could be at risk for alcohol withdrawal during their hospitalization. So too, these percentages may not capture the actual prevalence of AUD in this population, as DSM diagnostic criteria do not always accurately identify AUD in older adults.⁶¹⁴

According to the 2019 NSDUH,
10.7% of adults ages **65** and
older **BINGE DRINK.**



Co-Occurring Health Conditions and Mental Disorders

Alcohol use can worsen the effects of many co-occurring mental health and health conditions (e.g., depressive disorders, high blood pressure, and diabetes). In addition, many physiological changes naturally take place during the aging process; clients need to understand that drinking can accelerate these health-related changes.

Anxiety

Anxiety symptoms and anxiety disorders are common in adults ages 60 and older in community and treatment settings.⁶¹⁵ Older adults also have a high rate of co-occurring anxiety disorders and AUD.⁶¹⁶ Anxiety causes high personal distress, reduces life satisfaction, and increases the risk for disability among older adults. Anxiety also increases the risk of death among older adults from suicide and from heart disease.⁶¹⁷ **Older adults who drink to lessen their anxiety increase their health-related risks.**

Depression

Depression is one of the most common co-occurring mental disorders among older adults with AUD. Approximately 4.5 percent of older adults (ages 50 and older) met past-year prevalence of major depression.⁶¹⁸ This estimate does not include those who meet either DSM-5 diagnostic criteria for other depressive disorders or have symptoms of depression that interfere with everyday functioning. The negative effects of depression in older adults include suicide risk, increased cognitive impairment, a higher risk of dementia, and poorer physical health.⁶¹⁹

Alcohol is a depressant drug (meaning it reduces activity of the CNS). Drinking alcohol can worsen depression or increase the risk of late-life depression.⁶²⁰ In approximately 30 percent of older adults with co-occurring AUD and depression, the depression is not directly linked to drinking but instead was present before the onset of AUD or developed separately from AUD.⁶²¹

RESOURCE ALERT: TREATING DEPRESSION IN OLDER ADULTS

See SAMHSA's Evidence-Based Practices KIT (Knowledge Informing Transformation) *The Treatment of Depression in Older Adults* (<https://store.samhsa.gov/product/Treatment-Depression-Older-Adults-Evidence-Based-Practices-EBP-Kit/SM11-4631>) for more information and treatment strategies.

Diagnosing depression in older adults with AUD is challenging. Depression may be underdiagnosed because its symptoms are similar to those of dementia and common complaints of older adults, such as loss of interests, slowed thinking, lack of energy, or general aches and pains.⁶²² **Assess depression and other mood disorders at the start of AUD treatment, and reassess from time to time** to learn whether abstinence or a reduction in alcohol use reduces symptoms of depression.

Serious Mental Illness

People with serious mental illness (SMI), like schizophrenia, typically have higher levels of stress, tobacco use, and alcohol use than the general population. They are also more likely to have poor overall health, an inactive lifestyle, and an increased risk of death.⁶²³ **About 19 percent of older adults with SMI have a co-occurring SUD, and AUD is one of the most common.**⁶²⁴

Co-occurring AUD and SMI among older adults has not been studied widely. However, alcohol use is a factor in people not taking their psychotropic medication as prescribed, and co-occurring AUD is related to longer length of psychiatric stay and an increase in co-occurring medical conditions.

See Chapter 6 of this TIP for details on the links between alcohol use and dementia among older adults.



Pain

Chronic pain is a common condition in older adults that reduces their ability to move and perform ADLs. A study of U.S. older adults estimated that 52.9 percent, or as many as 18.7 million, have pain that makes their daily functioning difficult.⁶²⁵

Older adults with chronic pain who drink to reduce their pain are at risk for late-onset AUD.⁶²⁶ Drinking while taking pain medications also increases other health-related risks (e.g., serious liver disease, overdose death). Common pain medications older adults may take include nonsteroidal anti-inflammatory drugs (NSAIDs) and opioids (e.g., hydrocodone, oxycodone).

Screening and Assessment

Many older adults who misuse alcohol do not need specialized addiction treatment services. Still, screening and brief educational and motivational interventions can help older adults reduce alcohol use and health-related harms when delivered in healthcare and mental health service settings.⁶²⁷

AUD is often underdiagnosed in older adults. Some DSM-5 diagnostic criteria may not apply to them. For example, the criterion of failing to fulfill major duties at work will not apply to an older adult who is retired. Furthermore, **providers may mistake AUD symptoms for other conditions** that are commonly, yet often incorrectly, thought to be normal signs of aging, such as:⁶²⁸

- Sleep problems.
- Memory loss.
- Depression.
- Anxiety.
- Aches and pains.
- Poor diet.
- Loss of interest in sex.

Older adults in long-term care settings, such as assisted living and nursing homes, are often not diagnosed or treated for AUD.⁶²⁹ The key to finding the right interventions for alcohol misuse, including AUD, is to **adapt screening, assessment, and diagnostic criteria to older clients, regardless of the settings in which they receive health or social services.**

Widespread Screening

Widespread screening in healthcare and behavioral health service settings is an opportunity for brief intervention and, when needed, referral to addiction-specific treatment services.⁶³⁰

Older adults are often not screened for alcohol misuse because providers hold incorrect beliefs about alcohol use in this population. They may think that older adults don't drink much or, if they do drink, they should be allowed this "one last pleasure" of life.⁶³¹ Providers also may choose not to ask older adults about their drinking history and current alcohol use for fear that asking these questions will hurt their relationship with these clients. However, baby boomers tend to be more accepting than earlier generations of the idea of talking about and seeking help for mental disorders and SUDs.

Challenge false beliefs by educating your fellow providers and supporting widespread alcohol screening as a normal, ongoing practice. Doing so can help reduce any mixed feelings providers have about screening older adults. It can also increase the chances of identifying alcohol misuse early in older clients. (Chapter 3 of this TIP offers more information on screening and assessing for substance misuse in older adults.)

WHEN TO SCREEN OLDER ADULTS FOR ALCOHOL MISUSE⁶³²

- As part of every annual physical exam
- As part of the initial assessment in behavioral health service settings
- As part of the initial intake or admission process to older adult–focused social service programs
- When the older adult starts a new medication
- When the older adult has major stressful life changes (e.g., death of a significant other, retirement, major illness or declining health, loss of social supports)
- When potential signs and symptoms of an alcohol-related problem are present, such as sleep difficulties, falls, injuries, depression, and problems with daily living skills
- When the older adult has multiple healthcare providers or uses more than one pharmacy
- When the older adult reports that a medication is not working as well over time
- When the older adult reports a past personal or family history of substance use or mental disorders

The consensus panel recommends widespread screening of older adults for alcohol misuse and alcohol-related problems in all healthcare settings and emergency departments, where older adults are frequently seen because of accidents and falls related to alcohol use. Also screen older adults for alcohol misuse at the initial intake or assessment when admitted to social services agencies and behavioral health service programs.

Screening Tools

The Alcohol Use Disorders Identification Test (AUDIT) and the Short Michigan Alcoholism Screening Test-Geriatric Version (SMAST-G) are two common, easy-to-use, brief instruments that can successfully screen older adults for alcohol misuse and signs of AUD.⁶³³

AUDIT

The AUDIT is a 10-item screening instrument for heavy drinking from the World Health Organization. The AUDIT collects information about alcohol use, drinking behaviors, and alcohol-related problems over the past year.⁶³⁴ It is a validated (tested and approved) measure of alcohol-related risk in people of different genders, ages, and cultures.⁶³⁵ There are two versions—one given by clinicians and one that clients complete by themselves. (See the Chapter 4 Appendix for both.) A cutoff score of 8 generally indicates hazardous and harmful alcohol use. For older adults, however, a score of 5 means you should assess further.⁶³⁶

SMAST-G

Researchers at the University of Michigan developed the MASt-G, a 24-item screening instrument specifically for use with older adults. The MASt-G can be used to identify alcohol misuse in older adults.

The SMAST-G is a shorter, 10-item, validated version of MASt-G.⁶³⁷ The SMAST-G does not ask about amount and frequency of alcohol use; it focuses more on the older adult's relationship to alcohol and effects of drinking. The SMAST-G is about as reliable and accurate for older adults as the AUDIT. Two or more "yes" responses indicate possible alcohol misuse.⁶³⁸ (See the Chapter 4 Appendix for the SMAST-G.)

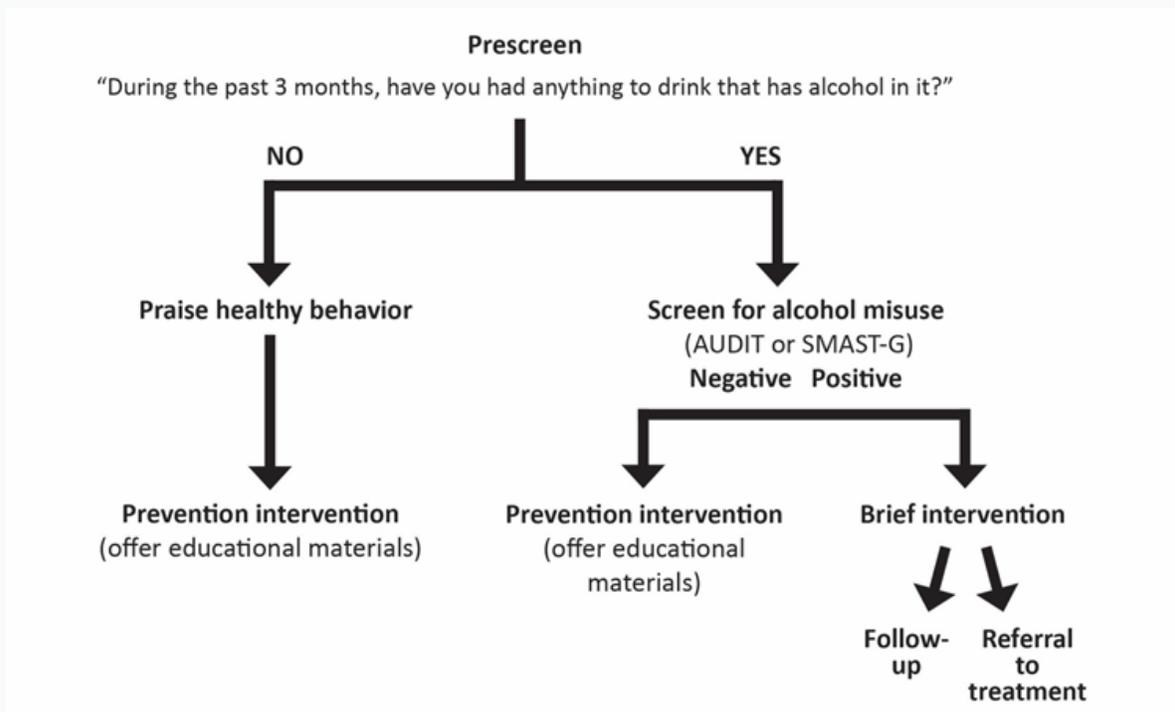
Considerations When Using AUD Screening Instruments

Although screening instruments can help you quickly identify potential alcohol misuse in older adults and offer a chance to use prevention strategies (Exhibit 4.2), they can sometimes be overly sensitive and lead to false positives.⁶³⁹ Some questions on alcohol screening instruments refer to physical complaints that are often age associated. Conversely, brief screening does not always capture symptoms that may indicate AUD. **Always follow up positive screens with more questions and indepth assessment (or referral to assessment) for AUD.**

EXHIBIT 4.2. Preventing Alcohol Misuse Among Older Adults

You can support prevention efforts by helping older adults develop the knowledge, attitudes, and skills they need to make good choices about alcohol use before their drinking puts their physical and mental health at risk. The key to prevention is identifying early which older adults drink alcohol. You can often help older adults to reduce their drinking, or to seek help if their alcohol use begins to affect their health, simply by giving them information about standard drink sizes, guidelines for low-risk drinking, health risks of alcohol misuse, and health risks of mixing medication with alcohol.

Early identification and prevention begin with widespread prescreening in all healthcare and community-based senior service settings.⁶⁴⁰ The following decision tree shows the early identification and prevention process.



Adapted from material in the public domain.⁶⁴¹

Assessment and Diagnosis of AUD

It is essential that you, or another provider with sufficient qualifications, perform indepth assessments for AUD in your older adult clients. Older adults with AUD are often underdiagnosed because DSM-5 criteria do not always capture AUD in older adults. Also, some signs of AUD may be mistaken for symptoms of co-occurring medical or mental disorders or natural aging processes. **If you only use DSM-5 diagnostic criteria to diagnose AUD, you may miss many older adults with alcohol-related problems, which means they may not receive proper treatment.**⁶⁴²

A full assessment should address the client's:

- History of alcohol use.
- Age of onset of alcohol-related problems.
- Past and current amount and frequency of alcohol use (with attention to periods of binge drinking).
- Relationship between his or her drinking and daily functioning.
- Co-occurring medical conditions.
- Past attempts to limit or control alcohol intake.

- Co-occurring mental disorders, particularly depression and anxiety.
- Current medications.
- Use of alcohol to cope with sleep problems, depression, anxiety, stressful life events, or pain.

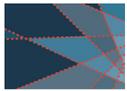
For information on how to give an in-depth assessment for AUD, refer to Chapter 3 of this TIP.

Understanding DSM-5 Diagnostic Criteria Versus Alcohol-Related Risk Criteria

For an AUD diagnosis, your client must have at least 2 out of 11 symptoms listed in DSM-5. However, as noted before, some of these symptoms may not apply to older adults. Exhibit 4.3 summarizes the physical, cognitive, and social aspects of aging you should think about when using these criteria to assess and diagnose AUD in older adults.

EXHIBIT 4.3. DSM-5 Criteria for AUD and Considerations for Older Adults

DSM-5 CRITERIA FOR AUD ⁶⁴³	CLINICAL CONSIDERATIONS ^{644,645,646,647,648}
Criterion A1	Older adults may need less alcohol to feel physical effects. Cognitive impairment can make it hard for older adults to keep track of their drinking.
Criterion A2	No special considerations for older adults.
Criterion A3	Effects of alcohol can result from drinking even small amounts, so relatively less time may be spent getting and drinking alcohol and recovering from using it.
Criterion A4	No special considerations for older adults.
Criterion A5	Older adults may have different role responsibilities because of life-stage changes, such as retirement. Role responsibilities more common in older adulthood include caregiving for a spouse or another family member, such as a grandchild.
Criterion A6	Older adults may not realize that social or interpersonal problems they are experiencing are connected to their alcohol use.
Criterion A7	Older adults may take part in fewer activities generally, making it more difficult to discover when drinking is causing them to withdraw from activities.
Criterion A8	Older adults may not understand that their alcohol use is hazardous, especially when they are drinking the same as or less than before. In addition, older adults may not realize the physical dangers of drinking in certain situations (e.g., before using a step stool).
Criterion A9	Older adults experiencing physical or psychological problems may not realize that drinking could be a factor.
Criterion A10	Changes in tolerance occur because of increased sensitivity to alcohol with age. Previously manageable quantities of alcohol may cause greater impairment.
Criterion A11	Withdrawal symptoms in older adults can last longer, be less obvious, or be mistaken for age-related illness.



DSM-5 diagnostic criteria related to physical and emotional effects (e.g., craving, desire to cut down) may be key signs of AUD in older adults.⁶⁴⁹ When deciding whether an older individual's alcohol misuse meets DSM-5 criteria for AUD, remember older adults' lowered tolerance to alcohol and the unique aspects of withdrawal from alcohol and other sedative-hypnotic drugs, like benzodiazepines.

To diagnose AUD in older adults, use alcohol-related risk criteria in addition to DSM-5 diagnostic criteria. For example, alcohol-related risk criteria for older adults in the Comorbidity Alcohol Risk Evaluation Tool (CARET), based on the Alcohol-Related Problems Survey,⁶⁵⁰ include:⁶⁵¹

- Amount and frequency of alcohol use (e.g., drinking more than recommended guidelines).
- Brief periods of excessive drinking (e.g., binge drinking).
- Driving after drinking.
- Others being concerned about the older adult's drinking.
- Co-occurring medical and mental disorders.
- Symptoms caused or worsened by drinking (e.g., cognitive impairment).
- Medications that interact negatively with alcohol or that do not work properly if taken with alcohol.

The amount and frequency of drinking described as "at-risk" for older adults is paired with specific drinking behaviors, use of medications, and co-occurring conditions in the past 12 months. For more information about the items in the CARET and how to score them, please see Barnes et al., 2010.⁶⁵²

For example, if an older adult has chronic liver disease and drinks any alcohol or even binge drinks just once a week, he or she may not meet DSM-5 criteria for AUD. Still, his or her drinking is a risk for serious alcohol-related health consequences. **Using age-adjusted DSM-5 criteria and CARET health-related risk criteria will more accurately**

gauge severity of AUD and the degree to which your client may exhibit behavioral or health-related effects of drinking that should be a focus of treatment.

In assessing and diagnosing AUD in older adults, the consensus panel recommends that you think through all aspects of health-related risk in addition to age-specific issues.

Late-Onset Alcohol Misuse and AUD

Most older adults meeting criteria or receiving treatment for AUD began drinking earlier in their lives. However, **some older adults begin to misuse alcohol later in life (called late-onset alcohol misuse or, if severe enough to meet criteria for AUD, late-onset AUD).** Older adults who begin misusing alcohol late in life may not realize their increased risk for health-related harms related to drinking. They may start misusing alcohol to cope with co-occurring medical or mental disorders, grief and isolation upon the loss of a loved one, or the stress of life changes, such as retirement.⁶⁵³ Stress, role or identity loss, and approval of drinking by members of older adults' social groups are linked to an increased risk of late-onset AUD.⁶⁵⁴

Assessments should address risk factors related to late-life alcohol misuse among older adults (Exhibit 4.4). **Assessment is a chance for you to use education as a prevention and early intervention tool.**

~78% of older adults in the U.S. who drink also take **MEDICATIONS** that **INTERACT** with **ALCOHOL.**



EXHIBIT 4.4. Risk Factors Related to Alcohol Misuse in Late Life⁶⁵⁵

Physical risk factors:

- Long-lasting pain
- Physical disabilities or problems getting around
- Changes in care or living situations
- Poor health status
- Chronic physical illness
- Multiple prescription drugs

Mental risk factors:

- Avoidance coping style (e.g., drinking to cope with stressful events)
- History of alcohol misuse
- Past or co-occurring SUDs (including tobacco use disorder)
- Past or co-occurring mental disorders

Social risk factors:

- Financial stress, including having a fixed income and having difficulty obtaining Medicare/Medicaid and other health benefits
- Bereavement
- Unexpected or forced retirement
- Social isolation

Assessing Alcohol–Drug Interactions

Alcohol–drug interactions are a major factor in the overall health risk for older adults who drink.⁶⁵⁶ Changes in older adults' ability to absorb and metabolize alcohol and medications (i.e., higher sensitivity) can increase the risk of negative alcohol–drug interactions. Alcohol can also increase or reduce a medication's therapeutic effect and interfere with its effectiveness in treating medical illnesses commonly seen in older adults, like high blood pressure, depression, gout, and insomnia.⁶⁵⁷

Some older adults may also be at greater risk for negative alcohol–drug interactions because of the number and types of medications they take.

Approximately 78 percent of older adults in the United States who drink also take medications that interact with alcohol.^{658,659} Emergency department visits are increasing for dangerous alcohol–drug reactions in older adults.

Many classes of prescription medications can interact negatively with alcohol, including:⁶⁶⁰

- Antibiotics.
- Antidepressants.
- Antihistamines.
- Barbiturates.
- Benzodiazepines.
- Muscle relaxants.
- Nonopioid pain medications.
- Anti-inflammatory agents.
- Opioids.
- Anticoagulants.

Learn more about commonly used prescription and over-the-counter medications and how they interact with alcohol in NIAAA's publication *Harmful Interactions* (www.niaaa.nih.gov/publications/brochures-and-fact-sheets/harmful-interactions-mixing-alcohol-with-medicines).

RESOURCE ALERT: ALCOHOL AND DRUG INTERACTION CHECKERS

Learn more about interactions between alcohol and specific medications by using a drug interaction checker (e.g., the one available at www.drugs.com/drug_interactions.html). Check for interactions between ethanol (the type of alcohol in alcoholic beverages) and medications (prescription and over-the-counter) and dietary supplements (e.g., vitamins, herbal products).

With permission, you can also check with your client's pharmacist about alcohol–drug interactions for the specific medications your client takes.

Always learn which medications your client takes. Nonjudgmentally offer information about the ways alcohol can interfere with a medication's effectiveness and increase the risk of harmful effects.

The consensus panel recommends that you educate older adults about negative alcohol–drug interactions and work with your clients to help them reduce or abstain from alcohol use while taking these medications.

Continuum of Care

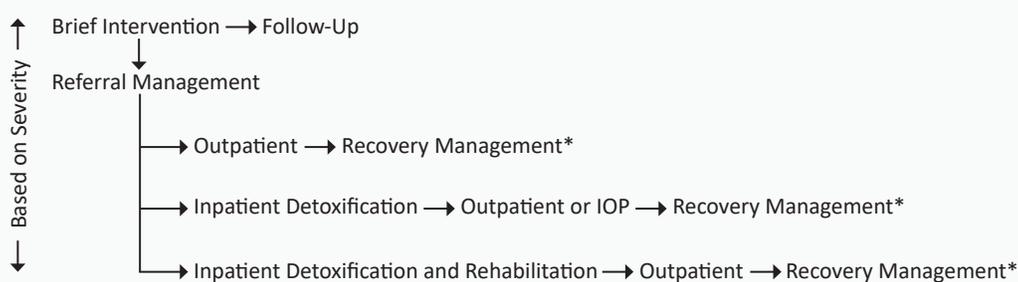
A continuum of care exists for older adults with alcohol misuse, including AUD. It ranges from least to most intensive: from brief interventions, to outpatient or intensive outpatient treatment (IOP) in programs that specialize in mental health services or SUD treatment, to inpatient detoxification and rehabilitation.

Continuing care should focus not only on achieving abstinence from or reducing alcohol use but also on improving quality of life. AUD treatment goals are like treatment goals for any other chronic condition. They include:⁶⁶¹

- Respectfully helping older adults participate in treatment throughout the continuum.
- Helping them stay motivated to change risk behaviors to improve their health and quality of life throughout treatment and recovery.
- Using multiple treatments as needed, including pharmacotherapy and psychosocial interventions.
- Reducing the risk of relapse.

Apply a stepped-care approach that starts with the least intensive treatment option that meets the needs of the older adult, and then increase the level of intensity as needed. Exhibit 4.5 shows the possible treatment pathways along the continuum of care for older adults with alcohol misuse.

EXHIBIT 4.5. Continuum of Care Pathways for Older Adults



Note: Pharmacological interventions may be started at any time across the continuum of care to meet clients' needs.

*For more about recovery management, see the "Recovery Management" section of this chapter.

Treatment Approaches Suited to Older Adults

Despite common stereotypes, older adults are generally open to and accepting of alcohol treatment, especially when programs offer age-specific groups, age-sensitive treatment (i.e., treatments that meet their special needs), and providers trained in issues unique to older adults.^{662,663} Older men and women who participate in alcohol treatment:⁶⁶⁴

- Are successful in reaching treatment goals of abstinence or risk reduction.

- Have nearly the same or better outcomes than younger adults.
- Are more likely to complete treatment than younger adults.
- Benefit greatly from age-specific treatment.

The consensus panel recommends that all treatment providers adopt the age-sensitive practices in Exhibit 4.6. (For more information on principles of care for older adults, see Chapter 2 of this TIP.)

EXHIBIT 4.6. Characteristics of Age-Sensitive Alcohol Treatment for Older Adults⁶⁶⁵

Regardless of the settings and modalities in which you offer treatment services to older adults, they are more likely to be open to and respond to treatment if interventions are:

- **Supportive and nonconfrontational** (e.g., forming a respectful partnership with your clients, which is the primary way to support behavior change).
- **Flexible** (e.g., supplying services at home or over the phone if clients cannot get to you).
- **Sensitive to gender differences** (e.g., addressing in AUD treatment the fact that women are more likely to be prescribed psychoactive medications than men).
- **Sensitive to cultural differences** (e.g., using print materials in your clients' primary language).
- **Sensitive to the client's level of physical and cognitive functioning** (e.g., using shorter sessions; meeting in a room close to the building entrance; giving information in multiple formats, like verbally and in writing).
- **Holistic and thorough** (e.g., addressing cognitive, physical, social, mental, financial, emotional, and spiritual factors that may inhibit treatment engagement or enhance recovery).
- **Focused on helping older adults develop and improve coping and social skills** (i.e., instead of focusing on internal mental processes, using treatment that focuses on behavioral change to reduce their alcohol-related risk and increase quality of life, such as developing problem-solving strategies to manage triggers for drinking and strengthening social connections with nondrinking friends or members of mutual-help groups).

Brief Interventions for Alcohol Misuse

Brief interventions can support AUD prevention and risk reduction (e.g., helping clients to reduce or abstain from drinking to decrease health-related risks). Brief intervention also can be a starting point for entry into more intensive AUD treatment. (See Chapter 3 of this TIP for more information.) Older adults are likely to participate in and accept this approach to addressing alcohol misuse.^{666,667,668}

Brief interventions are a good fit for many different treatment settings, including primary care, emergency departments, older adult-focused social service settings, and outpatient behavioral health service programs. They are cost effective, low intensity,^{669,670} and efficient, generally consisting of one to four sessions that last from 15 to 60 minutes.^{671,672} Brief interventions may include:



- Referral as needed to medical specialists.
- Inpatient/outpatient addiction-specific treatment.
- Older adult–focused social services.
- Community-based mutual help and recovery support groups, such as AA.

RESOURCE ALERT: SCREENING AND BRIEF INTERVENTIONS FOR OLDER ADULTS

See SAMHSA's *A Guide to Preventing Older Adult Alcohol and Psychoactive Medication Misuse/ Abuse: Screening and Brief Interventions* at www.ncoa.org/wp-content/uploads/SBIRT-Older-Adult-Manual-Final.pdf for more information about prevention strategies and brief interventions. You can use the guide's "Health Promotion Workbook" (included as an appendix) when conducting brief interventions for alcohol misuse.

Motivational Interviewing

Motivational interviewing (MI) strategies are a cornerstone of brief interventions for alcohol misuse. You can combine these strategies with longer therapeutic approaches to treat AUD in older adults.⁶⁷³ MI can help people of many different ages and ethnic, racial, and cultural backgrounds participate in treatment. MI is flexible and focuses on empathetic, reflective listening and a respectful, client-centered approach.⁶⁷⁴ MI strategies may be particularly useful with older adults who may not be aware of the health risks related to their alcohol use. Because MI is a nonjudgmental and nonconfrontational approach, it may also be useful with clients who have mixed feelings about changing their drinking.

MI can help older adults change risk behaviors, such as reducing or abstaining from alcohol use.^{675,676,677} However, not many studies have looked at MI's usefulness in getting older adults to reduce or stop alcohol use. Some of the ways in which MI affects behavior change may be different for older adults than for younger adults.⁶⁷⁸

KEY ASPECTS OF MI

- Being willing to collaborate with the client
- Being accepting and nonjudgmental
- Offering compassionate and empathetic responses to client concerns
- Asking clients about their concerns and goals for treatment instead of forcing your own agenda for change on them⁶⁷⁹

The mnemonic "FRAMES" outlines the most common MI strategies used in brief interventions to address alcohol misuse:

- **F: Give specific and nonjudgmental, objective Feedback to your clients about their drinking,** including information about health risk and potential effects. This feedback is often based on results of alcohol misuse screening instruments.
- **R: Point out to your clients their personal Responsibility for change** and emphasize that it is up to them to decide what, if anything, to change about their drinking. Responsibility for change also means respecting your clients' independence and decisions about behavior change.
- **A: Give clear Advice and recommendations to your clients about changing their drinking.** In the spirit of a client-centered approach, ask permission to give advice, and then ask your clients about their understanding of the recommendations you offered.
- **M: Offer a Menu of options for changing drinking behaviors** if your clients choose to change. Options may include altering drinking behaviors, abstaining, or accepting referral to more intensive mental health services or addiction-specific treatment.
- **E: Use an Empathetic communication style** that is respectful, supportive, and focused on listening to your clients' views and concerns about their drinking.
- **S: Support Self-efficacy** by recognizing clients' knowledge about and ability to change behaviors in support of their health and well-being, including changing drinking behaviors.^{680,681}

MI generally focuses on:⁶⁸²

- Helping clients deal with any mixed feelings they may have about changing their drinking.
- Asking clients about their own reasons for change.
- Having a respectful and joint conversation about behavior change based on clients' stated goals.

Exhibit 4.7 shows a brief intervention developed specifically for older adults that builds on the FRAMES model and uses MI strategies, such as discussing the client's reasons to reduce or quit drinking and summarizing the discussion at the session's end.

EXHIBIT 4.7. Brief Alcohol Intervention Parts for Older Adults⁶⁸³

After you find that an older adult is misusing alcohol, use a semistructured brief intervention, including the following steps:

1. Ask the client about future goals for health, activities, hobbies, relationships, and financial stability.
2. Adapt your feedback based on the client's responses to screening questions relating to drinking patterns and other health habits (which may also include smoking, nutrition, and tobacco use).
3. Discuss how the client's drinking compares with that of others in his or her age group; review definitions of standard drinks (one standard drink equals 12 ounces of beer or ale, one 1.5 ounce shot of distilled spirits, 5 ounces of wine, 3–4 ounces of sherry, or 2–3 ounces of liqueur⁶⁸⁴).
4. Discuss the “pros and cons” of drinking if appropriate. Doing so can help you understand the role of alcohol in the older adult's life, including its role in coping with loss and loneliness, without influencing the client to move toward any specific change.
5. Give information about the effects of heavier drinking in a nonjudgmental way. Some older adults may have problems in physical, mental, or social abilities despite drinking within recommended limits.
6. Discuss the client's reasons to cut down or quit drinking. Staying independent, having good physical health, and keeping mental abilities can be key motivators in this age group.
7. Offer information about drinking limits and ways to cut down or quit (e.g., participating in social activities that do not involve alcohol, taking up hobbies and interests from earlier in life, finding volunteer activities).
8. Create a drinking agreement. Agreed-upon drinking limits that are signed by the client and the provider are particularly helpful in changing drinking patterns.
9. Discuss ways to cope with risky situations when the client may feel tempted to drink beyond agreed-upon limits. Social isolation, boredom, and negative family interactions can be problems in this age group.
10. Summarize the session.

If clients are already motivated to change their drinking, exploring their mixed feelings can accidentally lead to “sustain talk” (i.e., talk about reasons for not changing) instead of “change talk” (i.e., talk about reasons for changing). Sustain talk can keep clients from making improvements. You should assess clients' readiness to change at the beginning of a brief intervention. **If clients appear ready to make changes, urge them to talk more about the positive reasons for changing their alcohol use instead of focusing on the “pros and cons” of changing.**^{685,686,687,688}



Treatment of Co-Occurring Conditions and Disorders

Co-occurring medical conditions and mental disorders can contribute to or worsen AUD. They can also complicate treatment of AUD in older adults. These conditions should be addressed at the same time as AUD, either by the same provider or provider team or through active referral to and care coordination with other medical or behavioral health services.⁶⁸⁹ Factors that will help you decide how to address co-occurring conditions include:⁶⁹⁰

- The severity and duration of AUD and any co-occurring conditions.
- Client preference.
- Availability of services in the community.
- The availability of care coordination among different providers.

You can address co-occurring health conditions and mental disorders in older adults by:

- **Helping clients who do not have a primary healthcare provider find one**, and referring them to healthcare for an indepth physical, including screening and assessment for:
 - High blood pressure.
 - Liver disease.
 - Osteoporosis.
 - Sleep disorders.
 - Cancer.
 - Diabetes.
 - Heart disease.
- **Screening for cognitive impairment** and, if needed, referring for an indepth geriatric assessment. (See Chapter 6 of this TIP for more information.)
- **Providing emotional support and behavioral interventions** instead of standard CBT for older adults with cognitive impairments.⁶⁹¹
- **Assessing for other SUDs**, including tobacco use disorder and opioid use disorder.
- **Giving clients treatment and intervention options for tobacco use disorder, pain management, and sleeping difficulties** (e.g., CBT, relaxation training, exercise, physical

therapy).⁶⁹² Options should be scientifically supported and nonpharmacological whenever possible.

- **Screening, assessing, and treating mental disorders** (including depression and anxiety) within the scope of your practice, or referring to mental health services.
- **Referring for pharmacotherapy for SUDs or mental disorders as needed** to a medical provider trained in older adult care.
- **Addressing mental disorders** in age-sensitive/age-specific co-occurring treatment programs.
- **Following up with other providers regularly and keeping track of clients' treatment progress together with the clients.** (See the "Referral Management and Care Coordination" section.)

The consensus panel recommends that you treat co-occurring medical conditions and mental disorders among older adults while you treat the AUD.

Referral Management and Care Coordination

The keys to positive outcomes in a stepped-care approach are effective management of referrals to the right level of treatment and ongoing coordination of care. You can adapt to many different settings the following strategies for referral management and care coordination for older adults:

- **Identify a provider** (e.g., nurse manager, case manager, social worker) in your organization who can help older adults with referral and follow-up after referral. This provider should be knowledgeable of older adults' needs and of age-sensitive/age-specific resources in the community.
- **Identify and develop linkages** to age-appropriate medical, mental health, addiction treatment, recovery support, and social service resources and programs in your community.⁶⁹³ In areas where no age-specific treatment is available, work with programs to offer such services.

- **Gather information** about programs' eligibility criteria, treatment length, type of treatment, philosophy, and continuing-care options so you can match clients to the right program.⁶⁹⁴
- **Keep an updated referral list** of contacts and phone numbers of treatment resources. Keep on hand current information on services offered, cost, schedule, and accessibility.⁶⁹⁵ Contact key individuals in that organization, and maintain an ongoing relationship with them.
- **Match the referral to treatment** with your clients' stated goals, treatment needs, problem severity and available resources.
- **Include family members and caregivers** in conversations about treatment planning, with clients' permission.
- **Address your clients' hopes for treatment** by:
 - Describing the type of program to which you are referring clients.
 - Asking and responding to any questions they may have.
 - Acknowledging their worries through reflective listening.
 - Clearing up incorrect beliefs with information about treatment and its usefulness.
 - Offering hope by describing other older adults' positive outcomes with AUD treatment.
- **Address clients' concerns** about confidentiality, and get all necessary paperwork signed so you can communicate with other providers while your clients are in treatment.
- **Offer a "warm handoff"** (i.e., introduce clients directly) to the care coordinator or behavioral health service provider in your integrated care organization.
- **Be prepared to take on the responsibility** of managing the referral and coordinating care if you are not part of an integrated care team.⁶⁹⁶
- **Follow up** with clients to make sure referral was successful or to make another referral if needed.⁶⁹⁷
- **Keep track of clients' progress** in treatment; work closely with other providers to offer ongoing care as needed.

Higher Intensity Treatment Approaches for AUD

Several scientifically supported approaches to AUD treatment are a good fit for older adults in outpatient, intensive outpatient, or inpatient residential settings. Treatment approaches that work best for older adults with AUD who need more intensive treatment than a brief intervention include CBT, TSF, pharmacological interventions, and inpatient AUD treatment tailored to older adults.

CBT for Older Adults

CBT is a well-established and scientifically supported approach for treating AUD as well as co-occurring conditions often present in older adults, such as depression, anxiety, pain, insomnia, physical disability, and other SUDs.^{698,699,700} CBT includes both cognitive and behavioral interventions applied separately or together. CBT is effective for individual and group sessions. **Its flexibility and adaptability are pluses for treating the complex medical and mental health concerns of older adults.**⁷⁰¹ Although CBT can be adapted to healthcare, outpatient, inpatient, and residential settings in which SUD treatment is available, older adults may have better outcomes with CBT in outpatient settings.⁷⁰²

CBT for AUD focuses on helping clients find and change thoughts, feelings, and behaviors that lead to alcohol misuse. CBT assumes that thoughts and feelings that occur before drinking behaviors take place are set in motion by situations or cues (e.g., attending a wedding where alcohol is served, smelling a favorite alcoholic beverage). In CBT, the client learns to identify these thoughts, feelings, and cues and then applies skills and coping methods to manage them.⁷⁰³

Strong evidence supports CBT's usefulness in helping a wide range of client populations and ages, including older adults, reduce alcohol misuse and support and continue abstinence.⁷⁰⁴ For older adults with memory problems, CBT provides a structured and educational approach.⁷⁰⁵ Treatment programs using CBT report improved



drinking outcomes for older veterans with significant co-occurring medical, mental health, and social problems and for women with late-life onset of heavy drinking.⁷⁰⁶

Given common age-related cognitive changes, CBT can be useful with older adults when you:⁷⁰⁷

- Make sure the older adult remembers the information and skills learned in counseling sessions.
- **Summarize and repeat information**, cognitive and behavioral change strategy steps, and the client's new awareness and insights several times throughout and at the end of each session.
- **Urge the older adult to take notes on key points** of the session, or you can take notes and give a copy to the client at the end of the session. Once permission is obtained from the client, you may want to arrange for a family member or significant person to attend and learn information and skills.
- **Offer handouts, forms, and reminder calls** to increase the chances that the older client will complete between-session assignments and tasks.

Skills-based approaches, relapse prevention, and PST are CBT adaptations that have been used successfully in the treatment of AUD among older adults.

Skills-based approaches and relapse prevention

Skills-based approaches may work well with older adults. Skills-based interventions focus on reducing health-related risks for alcohol use and continuing abstinence if the client decides that abstinence is the goal. The most commonly used skills-based approaches in AUD treatment that can be adapted for use with older adults are social skills training and coping skills training.

Social skills training helps older adults grow or improve social networks to decrease the effects of substance use, loneliness, and depression in their lives. Social skills training helps clients keep existing or create new social networks that support reduced drinking or abstinence. A key element for clients with AUD is learning skills for turning down drinks when in social situations.

Coping skills training helps older adults learn about and avoid or manage high-stress or high-risk situations they used to cope with by drinking. Key elements of coping skills training adapted for older adults with AUD are learning the ABCs (antecedents, behaviors, and consequences) of alcohol use, breaking down this chain of events, then identifying and practicing other ways of coping in high-risk situations.^{708,709} Exhibit 4.8 depicts an example of an AUD behavioral chain for a 72-year-old woman.

EXHIBIT 4.8. Drinking Behavioral Chain of Events

This chain of events is for a 72-year-old woman who recently lost her spouse. She is having trouble sleeping.



Adapted from material in the public domain.⁷¹⁰

RPT combines social skills and coping skills training into a structured program that can be used in group or individual treatment. One 16-week group treatment approach designed for older adults includes the following structured sections that can be repeated as needed:⁷¹¹

- Identifying individual-specific behavioral chains for drinking
- Managing social pressures to drink
- Developing coping strategies for being home and alone
- Coping with negative thoughts and emotions related to drinking (e.g., anxiety, anger, depression, loneliness)
- Managing cues that lead to drinking (e.g., seeing a beer commercial on television)
- Coping with urges to drink
- Preventing a return to drinking after a period of abstinence (also known as a “slip”) from becoming a full return to past levels of alcohol use and negative effects

PST

Older adults face many everyday stressors, including chronic medical illnesses and cognitive and physical limitations. **PST is a simple approach that older adults can learn easily, including those who have mild cognitive impairment.**⁷¹² PST assumes that finding the best solution to everyday problems reduces stress. Reducing stress improves people’s functioning and well-being. Teaching people problem-solving skills helps them identify and apply solutions to current and future problems of living.⁷¹³

PST includes the following steps:

- **Identify the client’s view of the problem** (i.e., a positive or negative view of the problem or of the possibility of identifying solutions).
- **Define the problem** in specific terms.
- Brainstorm possible solutions to the problem.
- Review the possible solutions.
- **Select the best** possible solution.
- **Use the chosen solution**, and track whether it is useful.
- **Adjust the solution**, if needed, and then use and review the new solution.⁷¹⁴

PST is widely used in many settings, including healthcare settings, outpatient addiction treatment, and home care. It is useful across age groups, including older adults, and across many mental disorders.⁷¹⁵

MINING THE WISDOM OF AGE AND LIVED EXPERIENCE

When you work with older adults, remember that they have a great deal of wisdom from their life experience. This experience is like gold; mine it to help them solve their current problems. After you help clients define a problem, ask, “How have you dealt with a similar challenge in the past?” or “What are some of the ways you solved similar problems in your life?” Talking with older adults about their skills and abilities empowers them and is a respectful and supportive way to help them recognize their own knowledge and wisdom.

TSF

Twelve-Step recovery support groups such as AA, as well as other mutual-help groups, can deliver positive outcomes for people with AUD. Such outcomes including a greater likelihood of stopping alcohol use, improved psychosocial functioning, and greater levels of self-efficacy.⁷¹⁶ Factors related to these improved outcomes include:

- Participating in 12-Step meetings held at the treatment facility.
- Attending 12-Step meetings while participating in outpatient or inpatient addiction treatment.
- Attending and actively participating in 12-Step meetings consistently, early in the recovery process, and frequently (e.g., three or more meetings per week).
- Participating in other 12-Step group activities (e.g., doing service at meetings, reading 12-Step literature, doing “step work,” getting a sponsor, calling other AA members for support).⁷¹⁷
- Creating nondrinking social networks.⁷¹⁸
- Increasing spirituality and participating in spiritual practices like prayer and meditation.^{719,720}



TSF therapy is a structured therapeutic approach that links people to, and helps them stick with, **community-based 12-Step recovery support groups**. TSF interventions range from 4 to 12 sessions of individual or group treatment in inpatient or outpatient settings. During sessions, the provider:

- Explores different 12-Step themes (e.g., powerlessness, personal responsibility, spirituality).
- Explores the client's attitudes about those themes and other aspects of 12-Step support groups.
- Identifies solutions to barriers hindering the client's active participation in 12-Step support groups.

Some evidence exists that TSF therapy is effective with older adults and, like CBT, gives support, structure, goal direction, and opportunities for older adults to develop positive coping skills and a social network that values abstinence and a recovery focus.⁷²¹

RESOURCE ALERT: TSF THERAPY MANUAL

The *Twelve Step Facilitation Therapy Manual*—found at <https://pubs.niaaa.nih.gov/publications/projectmatch/match01.pdf>—was designed to standardize TSF therapy as a 12-session treatment approach for the original Project MATCH multisite clinical research trial. The manual, published by NIAAA, offers an overview of Project MATCH and the trial's standardized TSF modules. The TSF manual is the basis for other types and adaptations of TSF interventions. **Adapt the confrontational interventions described in this manual for older adults, who respond better to and are more accepting of nonconfrontational approaches.**

Pharmacological Interventions

Options for pharmacological interventions to treat AUD are more limited for older than younger adults.⁷²² Although these medications may work well and be safe for older adults, the risk of negative reactions is higher because older adults are more likely to have co-occurring medical problems, take multiple medications, and have a decreased ability to eliminate medications given age-related changes in liver and kidney functions.^{723,724}

To avoid harmful drug–drug interactions, prescribers must review all medications an older adult uses before giving a new prescription to treat AUD and consider a lower dose of the AUD medication when appropriate.

Three medications are approved by the Food and Drug Administration to treat AUD, but clinicians should note for each of these the effectiveness and safety profile in older adults specifically. Furthermore, **none of these medications have been studied across numerous long-term, randomized, controlled trials of older populations.**⁷²⁵ This limits understanding of their true benefits and drawbacks to older clients. Nonetheless, potential pharmacologic options and some of their considerations include:

- **Acamprosate**, which reduces symptoms of protracted withdrawal from alcohol, such as sleep and mood problems, by altering brain changes related to alcohol use.⁷²⁶ It can also reduce craving and the pleasurable effects of alcohol.^{727,728} Not enough research exists on the efficacy and safety of acamprosate in older adults. Because it is removed from the body through the kidneys, healthcare providers should first evaluate and then monitor renal function in older clients.^{729,730}
- **Naltrexone**, which reduces craving and the pleasurable effects of alcohol.⁷³¹ It comes in an oral formulation that is taken daily or an injectable formulation that requires a monthly visit to a healthcare provider. A very small number of studies suggest that naltrexone may be tolerable in adults ages 50 and older, but widespread data on its tolerability in older aged

individuals are missing.⁷³² Prescribers should consider the following:

- Naltrexone is removed from the body through the liver and should be used cautiously in older adults with possible liver problems.⁷³³
- Naltrexone blocks the effects of opioids used to treat chronic pain, which is common in older adults.⁷³⁴ A client who begins naltrexone treatment while still taking opioids can suffer acute opioid withdrawal serious enough to require hospitalization.^{735,736}

Ask older adults about their use of opioid pain medication before starting naltrexone treatment. (See SAMHSA's TIP 63, *Medications for Opioid Use Disorder* [<https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Documents/PEP20-02-01-006>], for more information about naltrexone.)

- Naltrexone can trigger symptoms of major depression, including suicidal ideation.⁷³⁷ Closely watch older adults with a history of depression who take naltrexone.⁷³⁸
- Although naltrexone's potential side effects are relatively benign (e.g., dizziness, nausea, reduced appetite, increased daytime sleepiness), they can be significant in older adults.⁷³⁹ Clinicians should monitor older clients appropriately.
- **Disulfiram**, which triggers an acute physical reaction to alcohol, including flushing, fast heartbeat, nausea, chest pain, dizziness, and changes in blood pressure. It is prescribed to motivate people to abstain from alcohol. Because these effects can be harmful to older people, disulfiram is generally not recommended for use with older adults and, if used, is done so only with great caution.^{740,741} Physicians and other providers must closely monitor older clients taking disulfiram for the occurrence of these effects. Additionally, family/caregivers may need to supervise older adults taking disulfiram to make sure they take it correctly and do not take it while continuing to use alcohol, which can lead to serious complications.⁷⁴²

RESOURCE ALERT: MEDICATIONS FOR AUD

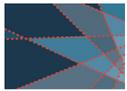
For more information about medications for AUD, including dosing considerations for older adults, see SAMHSA's *Medication for the Treatment of Alcohol Use Disorder: A Brief Guide* (<https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>).

Medical Management Counseling

Older adults with AUD who have no access to addiction-specific treatment and do not need medically supervised withdrawal can get treatment in general healthcare settings with pharmacological interventions and brief treatment. Medical management counseling for this approach includes:

- Providing feedback on lab tests that show potential drinking-related health issues. This feedback can help increase motivation to change drinking habits.
- **Recommending abstinence as the safest course** while supporting movement toward that goal.
- Frequently checking that the older adult is taking his or her medication as prescribed, then reducing the frequency of visits after an appropriate period of abstinence.
- **Actively linking the older adult to supports**, such as to AA or other mutual-help and recovery support groups (see the "Recovery Support Groups" section) that welcome older adults.
- Urging and supporting active participation in recovery activities.

Brief medical management counseling and following clients to make sure they take AUD medications as prescribed can help individuals with AUD stop drinking and remain alcohol free.⁷⁴³



The consensus panel recommends using medications to treat AUD in older adults when necessary. Key parts of pharmacotherapy for older adults include:

- Carefully reviewing potentially harmful drug–drug interactions.
- Using lower doses of medications.
- Following up with clients and making sure they take medications as prescribed.
- Linking clients to recovery supports.

Inpatient AUD Treatment for Older Adults

Inpatient treatment can be a good fit for older adults who:

- Meet criteria for AUD.
- Have co-occurring health and mental health concerns.
- Need medically supervised withdrawal.
- Chose abstinence as their primary treatment goal.

Inpatient treatment may be limited to medically supervised withdrawal followed by active referral and immediate start of outpatient or IOP specialty treatment or can include a longer residential stay for an indepth recovery-oriented rehabilitation program.⁷⁴⁴ **All inpatient treatment programs should use age-sensitive practices for older adults** (Exhibit 4.6).

Medically supervised withdrawal

Alcohol withdrawal symptoms in older adults can differ in severity, may occur 7 days or longer after the last drink, and are more likely to happen in people who have had withdrawal symptoms in the past.⁷⁴⁵ Detoxification, also known as medically supervised withdrawal, should **consider the unique aspects of alcohol withdrawal in older adults**:

- **Older adults are more likely to have delirium** (i.e., rapid onset of a confused mental state) during withdrawal, which may be mistaken for early signs of dementia.⁷⁴⁶
- Typical withdrawal symptoms may be less obvious yet last longer in older adults.⁷⁴⁷ Typical withdrawal symptoms include:
 - Autonomic hyperactivity (e.g., increased pulse rate, blood pressure, and temperature).

- Restlessness.
- Sleep problems.
- Anxiety.
- Nausea.
- Tremor (shaking/shivering).

- **Withdrawal may worsen other medical issues** (e.g., heart disease, diabetes) and mental disorders (e.g., depression, anxiety) in older adults.⁷⁴⁸
- **Older adults are at greater risk than younger adults for alcohol withdrawal-related medical and neurological problems.** This is because older adults have higher rates of co-occurring physical and mental disorders and cognitive impairments and an increased sensitivity to medications used to treat withdrawal symptoms (e.g., benzodiazepines).⁷⁴⁹ Watch older adults closely for signs of delirium or seizures during withdrawal.

Older adults may be at greater risk for harmful drug events during medically supervised withdrawal if they are taking medications to treat other medical conditions. Conduct an indepth assessment and continue to follow clients to learn:

- Which medications are being taken for other medical conditions.
- The client's risk of falls while being treated with common medications for managing withdrawal symptoms (e.g., benzodiazepines).
- Which co-occurring medical conditions are present (e.g., heart disease, breathing problems, diabetes, cognitive impairment). See Chapter 6 for more information about assessing cognitive impairment in older adults.

RESOURCE ALERT: TIP 45, DETOXIFICATION AND SUBSTANCE ABUSE TREATMENT

SAMHSA's TIP 45 offers guidance for medically supervised alcohol withdrawal and additional information about older adults (<https://store.samhsa.gov/product/TIP-45-Detoxification-and-Substance-Abuse-Treatment/SMA15-4131>).

To reduce the risk of complicated withdrawal, older adults should complete medically supervised withdrawal in a medically supervised inpatient facility.⁷⁵⁰ The revised Clinical Institute Withdrawal Assessment of Alcohol Scale–Revised (CIWA-Ar) is an objective measure of alcohol withdrawal and shows the use and dosage of medications (e.g., short-acting benzodiazepines) to ease withdrawal symptoms. See “Resource Alert: Clinical Institute Withdrawal Assessment of Alcohol Scale–Revised (CIWA-Ar).” However, the CIWA-Ar may not be as accurate for older adults with co-occurring medical conditions that hide or increase withdrawal symptoms.⁷⁵¹ Treatment during withdrawal should be based on your knowledge of the unique physiology of older adults, clinical judgment, and close tracking of clients.

RESOURCE ALERT: CLINICAL INSTITUTE WITHDRAWAL ASSESSMENT OF ALCOHOL SCALE–REVISED (CIWA Ar)

The CIWA-Ar is available for download at https://umem.org/files/uploads/1104212257_CIWA-Ar.pdf.

Age-specific treatment

Age-specific treatment for older adults helps support clients in seeking, entering, and staying in treatment. It also improves their treatment experience.⁷⁵² Whereas some older adults benefit from mixed-age treatment, other older adults are more likely to benefit from age-specific treatment, such as those with more chronic co-occurring health conditions and problems with functioning, and those ages 75 and older.⁷⁵³ Research shows positive outcomes; for instance, **60 percent to 85 percent of older adults who participated in age-specific inpatient treatment programs were still abstinent 12 months after leaving treatment.**⁷⁵⁴ These programs offered:⁷⁵⁵

- Individual and group therapy and community activities.

- Adaptations for older adults (e.g., slower pace; adaptations for vision, hearing and cognitive needs).
- Special topic groups for older adults that focused on grief, loss, isolation, physical health issues, recreation, and life changes.
- A nonconfrontational therapeutic approach highlighting the therapeutic alliance while using CBT, MI, and a 12-Step philosophy.

PARTS OF A SUCCESSFUL INPATIENT REHABILITATION PROGRAM FOR OLDER ADULTS

Positive outcomes have been achieved by inpatient SUD rehabilitation programs for older adults that use:

- Nonconfrontational group therapy for grief, denial, anger, shame, age-related loss, and loneliness.
- CBT and dialectical behavioral therapy (DBT) focusing on:
 - Teaching clients how to manage distress, how to control emotions, and how to improve relationship skills.
 - Allowing people to rebuild social-support networks.
 - Using self-awareness to deal with grief, loneliness, and depression.
- Medical and mental health services, including 24-hour access to nursing care.
- Personal care aides, if needed.
- Health and wellness activities, including:
 - Massage.
 - Acupuncture.
 - Hydrotherapy.
 - Movement therapy.
 - Meditation.
 - Mindfulness practice.
- Family involvement in treatment.
- Active links to medical, social, and case management services.



Recovery Management

Per SAMHSA, recovery is “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”⁷⁵⁶ Recovery management is an organizing philosophy for addiction treatment and recovery support services to help individuals and family members achieve and continue long-term addiction recovery. **Not everyone who misuses alcohol needs ongoing recovery management support, but some older adults may benefit from ongoing tracking and recovery support,** including those with:⁷⁵⁷

- Co-occurring medical conditions or mental disorders.
- Social isolation.
- Little support from family and friends.

Recovery support for older adults who misuse alcohol can begin after a brief intervention in a healthcare setting or while the older adult is in mental disorder or AUD treatment (Exhibit 4.5). However, ongoing recovery management is most like the continuing care approach to addiction treatment and to the philosophy of ongoing illness management in the treatment of chronic medical illnesses like diabetes. In the addiction treatment research, some of the continuing care interventions that work well for older adults and show positive effects include:⁷⁵⁸

- Home visits.
- Telephone counseling.
- Recovery checkups.
- Linkages to community resources, such as recovery support groups.

In addition, using case management services and helping supportive family members participate in the older adult’s treatment can support ongoing recovery.

Case and Care Management Services

Case and care management (CCM) services focus on helping older adults reduce the health-related risks of alcohol misuse and enter addiction-specific treatment when necessary. CCM models can be particularly helpful to older adults who

are isolated, because the CCM provider can offer services:

- In the client’s home.
- By phone.
- Through videoconferencing.
- At the healthcare provider’s office.
- In community-based social service settings.
- In residential or long-term care facilities.

For older adults, whose social networks tend to get smaller with age, CCM strategies should focus on connecting them to age-related resources in the community that support recovery. The CCM provider helps clients access medical, mental health, social, financial, education, work-related, and other community-based services. Nurse care managers, social workers, addiction treatment or mental health counselors, or peer recovery supporters can offer CCM. CCM services often lead to positive outcomes for older adults with AUD or co-occurring medical conditions or mental disorders.⁷⁵⁹

CCM models may be particularly good at supporting and keeping older adults in treatment and offering a complete approach to addressing the needs of older adults with complex medical and mental health issues. CCM services are part of a comprehensive approach. They focus on overall health improvement, which is a common goal among older adults, rather than just addressing AUD (which may feel uncomfortable or shameful to older adults).⁷⁶⁰ Program reviews of CCM approaches support case management as a key part of a long-term recovery management approach for older adults with AUD.⁷⁶¹

Caregiver Involvement

Involving caregivers throughout treatment and ongoing recovery can help improve an individual’s chances of staying in AUD treatment. It can also improve AUD treatment outcomes.⁷⁶² However, the client must give permission for you to involve others in their treatment. Issues of confidentiality and protection of dignity are highly important. You should know whom the older adult trusts or prefers for support. Caregivers may include a spouse or partner, adult children,

siblings, or extended family members, friends, or neighbors. Caregivers may be family members or individuals significant to the older adult who might be involved in the older adult's health decisions.

Caregivers:

- Often make the first contact with treatment services and should be involved in the initial assessment of the older adult (with the older adult's permission).
- Often supply strong motivation for the older adult to enter treatment.
- Can also offer important details about the older adult's drinking history and health-related risks related to current alcohol use.
- Should also be involved throughout treatment, including during development of a posttreatment recovery plan for the older adult and ongoing recovery support.

Ways to involve a caregiver in AUD treatment include helping the caregiver:

- Develop contingency contracts for specific AUD behaviors (e.g., taking AUD treatment medication, attending mutual help and recovery support groups, effects of returning to drinking).⁷⁶³
- Improve daily interactions and reinforce positive communication.
- Find caregiver education groups where caregivers learn and share with others.
- Develop and engage in shared recreational activities as alternatives to drinking.
- Reinforce positive change (e.g., praising steps to reduce or stop alcohol use).
- Develop constructive problem-solving skills (e.g., how to identify relapse triggers and respond with coping skills or strategies to prevent relapse, how to reengage with the recovery plan).
- Respond more effectively to the older adult's drinking (e.g., make sure the older adult is safe, then follow through with the consequences agreed to in the contingency contract instead of arguing or judging; encourage reengagement with the recovery plan and return to treatment if needed).

RESOURCE ALERT: HOW TO TALK TO AN OLDER PERSON WHO HAS A PROBLEM WITH ALCOHOL OR MEDICATIONS

This easy-to-read online article for family members and concerned others offers information about how to identify signs that the older adult may be misusing alcohol, how to talk with the older adult in a nonconfrontational way, and how to get help (www.hazeldenbettyford.org/articles/how-to-talk-to-an-older-person-who-has-a-problem-with-alcohol-or-medications).

A legal guardian (who may or may not be a family member) should participate in the treatment and recovery process for an older adult with cognitive impairment who cannot manage his or her own affairs. When a guardian has the healthcare power of attorney, the guardian should sign releases to speak with all providers involved in the older adult's treatment.

Addressing Caregiver Needs

Family members and others significant to older adults with AUD often take on the role of caregivers and case managers, particularly when co-occurring chronic medical conditions (e.g., diabetes) or mental/neurocognitive disorders (e.g., depression, dementia) are involved. Caregivers often get left out of treatment decisions and recovery planning, despite their commitment to and important role in the care and ongoing health management of these older adults.⁷⁶⁴

Because of the stress of this responsibility and lack of support, caregivers can develop health-risk behaviors, such as sleep disorders, poor diet, smoking, alcohol use, and substance misuse. Caregivers may ignore their own care, which may worsen their own chronic medical conditions or increase their risk of stress-related illnesses.⁷⁶⁵ **You can help address caregivers' needs by:**⁷⁶⁶

- Identifying primary caregivers by reviewing clients' medical records.⁷⁶⁷ Make sure all necessary paperwork is signed to allow family members and other providers to speak with one another.



- Involving them in the treatment and recovery planning process.
- Asking them about their own use of alcohol and other substances and history of mental disorders.
- Screening, assessing, and referring them to treatment for SUDs or mental disorders as needed.
- Supporting their use of healthy self-care activities, such as:
 - Getting enough sleep.
 - Eating a healthy diet.
 - Quitting smoking.
 - Exercising moderately.
 - Getting an annual physical with their primary care provider.
 - Reducing or avoiding alcohol use.
- Reminding them to ask for help from other family, friends, community members, or social service agency representatives who may be able to offer respite care.
- Exploring available caregiver supports in the community, such as the local Area Agency on Aging. (See “Resource Alert: Community-Based Supports for Caregivers.”)
- Urging them to participate in mutual-help groups (e.g., Al-Anon, caregiver support groups).
- Reminding them to take breaks from the caregiver role.
- Pointing out that they are still the relative, spouse, or partner of the older adult, and that relationship has meaning and can still give them satisfaction.

RESOURCE ALERT: COMMUNITY BASED SUPPORTS FOR CAREGIVERS

For more information on **Al-Anon family groups** and finding local/online meetings, go to <https://al-anon.org>.

For more information about local and online **caregiver support groups** for family members of older adults with dementia, go to www.alz.org/events/event_search?etid=2&cid=0.

Recovery Support Groups

Older adults who have social supports that reinforce abstinence from alcohol have better outcomes in long-term AUD recovery than older adults without those social supports.⁷⁶⁸ Two key factors for older adults in continuing recovery over time are having people in their lives who support their recovery and not having people in their social networks who encourage or enable alcohol use.⁷⁶⁹

A key factor in long-term recovery for older adults is **not** having people in their social networks who encourage alcohol use.

Community-based recovery support groups highlight the importance of developing social relationships that support recovery rather than drinking.⁷⁷⁰ Although a growing range and number of recovery support groups are available to adults who have AUD, **AA and SMART Recovery are widely available and may be the most useful supports for older adults.**

AA

AA is the most well known and widely available recovery support group for older adults with AUD. It offers a community-based, long-term recovery management approach to treating AUD. AA meetings and activities following treatment can be cost-effective sources of ongoing social support.⁷⁷¹ Key elements of AA especially well suited to older adults include:^{772,773}

- Decreasing social ties that support drinking.
- Increasing social ties that support abstinence.
- Providing social support, goal direction, and structure.
- Offering opportunities to participate in substance-free social activities.
- Helping participants improve their self-efficacy and coping skills.

Research on AA has found that older adults who attend more group meetings and have a sponsor have better 1-year alcohol-related and mental stress outcomes and less alcohol use at

5-year follow-up than those who do not.⁷⁷⁴ The structured social support of AA may help older adults whose social networks have become smaller by improving their interpersonal and social coping skills.^{775,776}

Some research has found that older adults are less likely to attend AA meetings than younger adults. Results are mixed on older adults' level of involvement in AA meetings compared with that of younger AA members.^{777,778} **Sometimes older adults feel shut out** by the culture, language, and experiences of younger adults in AA meetings. However, other evidence indicates that older adults' membership in AA is increasing. The AA Membership Survey showed increases from 2007 to 2014 in members ages 61 to 70 (from 12.3 percent to 18 percent) and in members ages 71 and older (from 5.3 percent to 7 percent).⁷⁷⁹

Starting and staying in AA may be challenging for older adults with AUD, but not participating may put older adults at increased risk for return to alcohol use and negative long-term outcomes.⁷⁸⁰

When older adults do participate in AA, they benefit by:^{781,782}

- Having better drinking-related outcomes.
- Feeling less stress.
- Participating in more spiritual practices.
- Increasing social interactions and support.
- Having improved recovery.

BARRIERS TO AA ATTENDANCE FOR OLDER ADULTS⁷⁸³

- Lacking transportation
- Facing physical limitations
- Feeling uncomfortable going to meetings at night
- Having smaller social networks because of aging
- Having less interest than younger adults in increasing their social networks
- Relying on a spouse for recovery support

SMART Recovery

SMART Recovery is a network of local and online abstinence-focused recovery support groups that is based on principles of CBT and MI. Unlike AA meetings, SMART Recovery meetings are run by trained volunteers. The SMART program⁷⁸⁴ is based on helping people:

- Build and keep motivation.
- Cope with urges.
- Manage thoughts, feelings, and behaviors.
- Live a balanced life.

The principles and structured format of SMART Recovery follow CBT and MI approaches to treating older adults. Research suggests that it is as effective as other community-based mutual-help approaches in supporting abstinence and in reducing the severity of the effects of alcohol misuse, particularly for people with less severe AUD.⁷⁸⁵ SMART Recovery may also be an important option for those who feel uncomfortable with the spiritual underpinnings of AA and the 12-Step approach. Although the mutual-help group is less available in some areas of the country, online or telephone meetings are becoming more popular in all recovery support groups.

The program does not support use of labels such as “alcoholic,” which may benefit older adults who feel shame and fear discrimination or judgment because of having AUD. SMART Recovery, like AA, offers chances for older adults to improve their recovery and quality of life by serving as volunteers.

RESOURCE ALERT: SMART RECOVERY WEBSITE

The SMART Recovery website (www.smartrecovery.org) gives information about SMART Recovery principles and training opportunities, including how to become a facilitator for meetings. It also has a searchable database of local and online meetings.



You can help older adults become involved in mutual-help groups by:

- Actively linking clients to available mutual-help groups, and supporting them in trying different groups so that they can find the one that best fits their needs.
- Asking clients about their understanding of and any past participation in mutual-help groups.
- Discussing the benefits of being involved in mutual-help groups as a part of recovery.
- Exploring ways to overcome barriers to joining and participating in mutual-help groups.
- Contacting local, regional, or state AA groups or other mutual-help groups or recovery community organizations (RCOs; see text box) to ask about community outreach efforts for older adults.
- Helping older clients find an age-friendly home group with older adult participants or a Seniors in Sobriety meeting (see “Resource Alert: Seniors in Sobriety”).
- Linking older adults to mutual-help group volunteers/peer recovery support specialists who can introduce them to the group, attend some meetings with them, and introduce them to other older members.
- Teaching them about sponsorship and how clients can find an AA sponsor or mutual-help group mentor who can guide them in the recovery process.

RESOURCE ALERT: SENIORS IN SOBRIETY

Since 1990, AA has actively reached out to older adults with AUD. Efforts include urging local meetings to be senior friendly and starting Seniors in Sobriety (SIS) meetings. The SIS website (www.seniorsinsobriety.com/) has information on SIS’s history, focus, and annual conference and other meetings.

WHAT IS AN RCO?

“A recovery community organization (RCO) is an independent, nonprofit organization led and governed by representatives of local communities of recovery. These organizations organize recovery-focused policy advocacy activities, carry out recovery-focused community education and outreach programs, and supply peer-based recovery support services (P-BRSS).”⁷⁸⁶

Search for an RCO near you (<https://facesandvoicesofrecovery.org/arco/arco-members-on-the-map/>).

The consensus panel recommends that you actively link older clients to age-sensitive case management and ongoing recovery supports for older adults. Family, caregivers, and community-based mutual-help groups are key elements of recovery support for older adults.

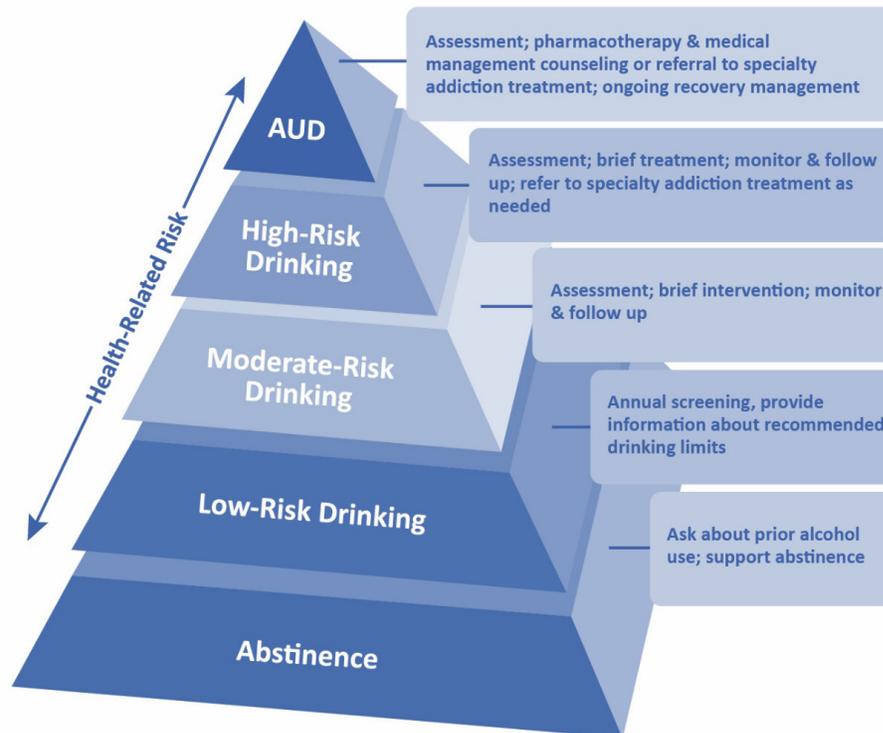
Clinical Scenarios

The level of intensity of clinical interventions for older adults should match the severity of alcohol misuse. Interventions range from healthcare providers asking clients about their alcohol use during an annual screening to inpatient treatment for older adults who have AUD. Exhibit 4.9 shows how to match levels of health-related risk associated with alcohol misuse with different clinical interventions.

The higher up the pyramid, the higher the level of risk and the more intense the intervention. In this graphic, the level of health-related drinking risk is defined as follows:

- **Abstinence:** Does not currently use alcohol.
- **Low-Risk Drinking:** Drinks within recommended limits.
- **Moderate-Risk Drinking:** Drinks above recommended limits.
- **High-Risk Drinking:** Binge drinks or drinks above recommended limits and has a co-occurring health condition or mental disorder.
- **AUD:** Meets DSM-5 diagnostic criteria for AUD.

EXHIBIT 4.9. Alcohol Health-Related Risk and Treatment Response Pyramid^{787,788,789}



The following clinical case scenarios are examples of different levels of alcohol misuse. They show how to use prevention strategies and clinical interventions that match risk levels in Exhibit 4.9.

Clinical Scenario: Abstinence

During the initial screening for alcohol misuse, ask about earlier alcohol use even if the older adult reports that he or she does not drink at all. The older adult may have always abstained from alcohol, identify as being in recovery, or have stopped drinking for health-related reasons, which is common as people age. The following clinical scenario shows the importance of asking about earlier alcohol use when deciding which treatment to offer.

- **Abstinence:** An older adult reports no alcohol use in the past 3 years.
- **Treatment Setting:** Outpatient healthcare clinic
- **Provider:** Nurse practitioner (NP)
- **Prevention/Treatment Strategies:** Ask about earlier alcohol use; support abstinence using a brief problem-solving intervention.

George is 76 years old and has been divorced for 5 years. He recently moved to a retirement community near his oldest daughter. He goes to see a new primary care provider for an initial medical exam. As part of the health history questionnaire, which includes the AUDIT, George says that he does not currently drink, but he was injured earlier because of his drinking. His primary care provider reviews George's questionnaire and



sees that George does not meet the AUDIT criteria for alcohol misuse but flags the item about alcohol-related injury.

During the clinical interview, the provider asks about an item on the AUDIT in a curious, nonjudgmental way. The NP says, “I noticed on the health questionnaire that you may have been injured after drinking. Can you tell me more about that?” George says that he used to drink from time to time, but 3 years ago he twisted his ankle badly after having a couple of drinks and had to use a walker for several weeks. He tells the NP that he decided not to drink at all because he didn’t want to risk any more injuries. The NP praises his commitment to his health and urges him to continue to avoid drinking.

George feels comfortable opening up to the NP and says that since he moved to the retirement community, he has participated in a lot of social activities with alcohol. He likes socializing but feels uncomfortable when people offer him drinks all the time. He says, “I know they are just being friendly, but sometimes they just don’t give up.” George states that he does not want to drink but does want to keep going to the social activities. The NP uses brief problem-solving by asking George, “How have you dealt with a challenge like this in the past?” The NP then invites George to brainstorm some solutions to the current problem, including ideas from his earlier struggles. George decides that he can say “no” firmly and tell people that alcohol doesn’t agree with him when they continue to urge him to drink. George states that he feels good about that solution and will try it out at the next social event. The NP writes a treatment note about George’s chosen solution in the electronic medical record and gives him a copy, telling him that if this plan doesn’t work to schedule a follow-up visit soon.

Clinical Scenario: Low-Risk Drinking

For many older adults, the relationship with their primary care provider is often one of their strongest and most stable. The annual physical is a chance to screen for alcohol misuse and any changes in alcohol use related to life events, such as a death in the immediate family. The following

REMINDER ABOUT DRINKING IN RETIREMENT COMMUNITIES

Hazardous drinking may be more common among older adults in age-separated residential settings (e.g., continuing care and planned retirement communities) than community-dwelling older adults. A recent survey reported that 15.4 percent of people who took the survey and live in a large retirement community had hazardous drinking compared with around 10 percent in the general older adult population.⁷⁹⁰ Although older adults in these settings may drink to cope with problems, they usually drink because they want to socialize, and they believe that their peers affect their drinking.⁷⁹¹ Avoiding alcohol in these settings can be a challenge for older adults.

scenario addresses the importance of conducting an annual screen for alcohol misuse with older adults and shows how to actively link clients to a referral for grief counseling and care coordination.

- **Low-Risk Drinking:** An older adult drinks within recommended guidelines and has no co-occurring physical or mental illness that limits daily functioning.
- **Treatment Setting:** Integrated outpatient medical and behavioral health clinic
- **Providers:** Primary care provider (PCP); licensed clinical social worker
- **Prevention/Treatment Strategies:** Screen for alcohol misuse, depression, and stressors that may put the older adult at risk for increased alcohol use; supply information on drinking guidelines for older adults; offer a menu of options for addressing grief; coordinate follow-up care.

Lily is 80 years old. Her husband of 60 years died 6 months ago. Lily goes to her doctor for her annual physical. Her PCP tells Lily that she is sorry to hear about her husband’s death. They talk for a few minutes about how she is doing and what kinds of recreational activities and social support she has in her life right now. Lily tells her PCP that she belongs to the local church and is still active

in volunteer activities there. Her son and her granddaughter live nearby and visit on a regular basis. She goes to an arts and crafts class on Wednesday afternoons at the local senior center.

The PCP then tells Lily that she wants to ask her a few more questions about her health, including alcohol use, if that is okay with her. Lily feels comfortable talking with her PCP and agrees. The PCP mixes in questions from both the AUDIT and the SMAST-G with her general health questions. Lily says that she drinks one 5-ounce glass of white wine two to three times a week (an AUDIT score of three) and sometimes has another drink when she feels lonely (an SMAST-G score of one), but she has not used more alcohol since her husband died. She says, “If I drink too much, I feel lightheaded, and I worry that I’ll fall and break something.”

The PCP offers information on drinking guidelines and praises Lily for staying within those guidelines. The PCP then tells her that sometimes when older people lose a spouse, they may start drinking a bit more when they feel sad or lonely or they may simply lose track of how much they are drinking. The PCP tells Lily to call her if that happens. Lily says she will, then states, “You know, I have been feeling a bit blue in the past few weeks, and I haven’t been sleeping well. I really miss him.”

The PCP follows up on Lily’s statement by saying, “It seems like you are keeping busy and have a lot of good support in your life. At the same time, I am wondering if it would be helpful to have someone other than your family to talk to about how you have been feeling recently. I can suggest a few options if you are interested.” Lily says that she doesn’t like to burden her family and that talking to someone might be good. The PCP offers two suggestions: “There is a grief support group at the same senior center where you take your arts and crafts class. Or, I can introduce you to a counselor right here at the clinic who knows a lot about helping folks with loss.” Lily says she wouldn’t feel comfortable talking in a group. The PCP describes the counselor with whom she would like Lily to talk. Lily agrees to meet her after the appointment with the PCP. The PCP also conducts an initial depression screening.

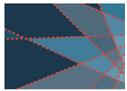
The PCP arranges a follow-up phone call for Lily from the nurse care manager who will coordinate care with the PCP and the counselor. The PCP then walks Lily over to the licensed clinical social worker at the clinic and does a “warm handoff.” The licensed clinical social worker talks briefly with Lily, gives her a large-print handout that explains the grieving process, and schedules a follow-up visit that includes a depression assessment. (See the Chapter 4 Appendix for a large-print handout on grief for older adults.)

Clinical Scenario: Moderate-Risk Drinking

All too often, spouses of people who misuse alcohol drink as a shared social activity with their spouse. For older spouses, this can easily turn into their own health risk behavior, particularly if, to reduce the stress of being a caregiver, they take medication that negatively interacts with alcohol. The following scenario focuses on the importance of assessing family members’ alcohol and medication use while at the same time addressing their needs as caregivers.

- **Moderate-Risk Drinking:** An older adult drinks above recommended limits while also taking a sedating medication.
- **Treatment Setting:** Outpatient behavioral health program
- **Provider:** Behavioral health service provider (provider)
- **Prevention/Treatment Strategies:** Supply information about drinking guidelines; screen for anxiety; give information about risks for alcohol and medication use; explore strategies for family members to address the spouse’s drinking and to address caregiver needs.

Rose is 69 years old. She is married to Ed, who is 78 years old. Ed drinks heavily daily, has a history of bipolar disorder, and recently was diagnosed with early-stage dementia. Ed sees the same PCP as Rose and also sees a psychiatrist for medication management for bipolar disorder. Rose is growing more worried about Ed’s drinking and is unsure of how to take care of him as his dementia worsens.



Rose calls an outpatient behavioral treatment program after a friend of hers tells Rose that she is worried about Rose's health. The friend also recommends a counselor she had seen there.

At the initial appointment, the provider assesses Rose's substance use. Rose reports that she drinks one to three standard glasses of wine about three to four times a week when she and Ed go out to dinner or to social events. She also tells the counselor that she takes a benzodiazepine prescribed by her PCP about one to two times a week when she can't sleep. Rose states, "When Ed drinks at night, he becomes aggressive and sometimes gets very confused. I worry about him so much that I can't get to sleep."

The counselor acknowledges Rose's distress about Ed's drinking, then asks her if it would be okay to talk with her briefly about her drinking and use of benzodiazepines. Rose agrees. The counselor offers this personalized feedback to Rose: "Based on what you have told me about your own drinking, it looks like you are drinking over the recommended guidelines on the days you have more than one drink a day. Also, you may not be aware that the sleep medication you are taking can increase the depressant effect of alcohol in your body and could put you at risk for oversedation, memory loss, and even overdose if you forget how much you had to drink or mistakenly take too many pills." The counselor asks Rose what she makes of this information. Rose says, "I had no idea that drinking and taking sleep medication might be so dangerous. It also makes me think that I might not be helping Ed with controlling his drinking if I drink with him."

After exploring possible strategies to address her own health risks, Rose decides that she will stop drinking completely while she is taking the sleep medication and tell Ed why she can't drink with him when they go out. The counselor supports Rose's decision and suggests that one way she can help Ed is to find positive recreational activities that they can share without drinking. Rose becomes excited and says she can think of several things they can do together that they both enjoy without drinking, like going to lectures at the local senior adult education program.

The counselor then asks Rose to tell her more about her difficulties with worry and sleep, and conducts an anxiety screening. They also explore self-care strategies for managing worry and getting to sleep. Rose decides she can tell Ed that she is going to sleep in another room if he is up late and has been drinking. The counselor then teaches Rose a relaxation exercise she can do before bed, and Rose practices it in the session. Rose agrees to talk with her doctor about less risky medication for sleep.

RESOURCE ALERT: OLDER ADULTS AND SLEEP

The National Institute on Aging has a webpage with information and useful tips for helping older adults get a good night's sleep (www.nia.nih.gov/health/good-nights-sleep).

The counselor shifts the conversation to what further support Rose may need to address Ed's drinking while taking care of herself. Rose identifies her PCP and Ed's psychiatrist as potential supports. She states that Ed has given permission for her to talk with both. The counselor suggests she ask both to discuss Ed's drinking with him, state firmly that Ed should not drink at all, and then put their recommendations in writing. Both Ed and Rose can then refer to the recommendations instead of getting into an argument about his drinking. Rose likes this idea and feels confident that she can express her concerns to both of Ed's providers and ask for their help in addressing Ed's alcohol misuse.

The counselor explores other self-care and recovery strategies with Rose, including Al-Anon and a dementia caregiver support group. Rose is not sure that she wants to try Al-Anon but then agrees to talk with a peer recovery support specialist the counselor knows at the local recovery community center who is Rose's age and helps family members. The counselor sets up a series of sessions with Rose. She will continue to track Rose's drinking, benzodiazepine use, and strategies for self-care.

Clinical Scenario: High-Risk Drinking

Older adults may not know that their drinking is negatively affecting their physical and mental health. The following scenario focuses on the importance of screening for alcohol misuse in settings where older adults are being treated for mental disorders and shows how a brief intervention focused on alcohol use can improve physical and mental health.

- **High-Risk Drinking:** An older adult drinks above recommended limits, including binge drinks, and has a co-occurring mental disorder (depression) and health condition (high blood pressure).
- **Treatment Setting:** Hospital-based mental health clinic
- **Provider:** Geriatric psychiatrist
- **Prevention/Treatment Strategies:** Supply feedback on AUDIT score; give information about the risks of taking medications for depression and high blood pressure while drinking; offer nonjudgmental advice about abstaining from alcohol use; continue to watch alcohol and medication use.

Carl is 68 years old. His PCP refers him to a geriatric psychiatrist for medication management of his major depression. Carl currently takes one tricyclic antidepressant—which, when taken with alcohol, increases his risk for oversedation and low blood pressure—and a blood pressure medication, which can lower his blood pressure even more. The psychiatrist gives Carl the clinical interview version of the AUDIT as part of the initial psychiatric evaluation. Carl's score on the AUDIT is a 9 and includes positive responses to daily drinking and binge drinking about once a month.

The psychiatrist offers Carl nonjudgmental feedback about his AUDIT score and says that Carl's drinking may be worsening both his depression and his high blood pressure. At first, Carl makes light of his drinking by saying, "I really don't drink that much. And besides, I have been drinking the same amount for years, and it's never been a problem before." The psychiatrist acknowledges Carl's mixed feelings, then asks if he would be interested in more information. After Carl

agrees, the psychiatrist describes the health risks of drinking while taking antidepressants and blood pressure medication, stating in a nonjudgmental, factual tone that alcohol can keep his medications from working correctly. He also states that the type of antidepressant Carl is taking can lead to low blood pressure when he drinks, especially when taken with his blood pressure medication, and can cause harmful effects like increased depression, dizziness, and fatigue. Carl responds, "Now that you mention it, I have noticed feeling very tired in the afternoon. I really don't like feeling that way. It's like the depression is getting worse."

The psychiatrist supports Carl's ability to make his own decisions, then gives him clear advice: "Although it is up to you in the end, I think that in your situation you are better off not drinking at all while you are being treated for depression and high blood pressure. What do you think you would like to do about the drinking?" Carl agrees to stop drinking to see whether abstinence improves his health. The psychiatrist supports Carl's decision; summarizes their conversation; writes out a brief alcohol use agreement that supports Carl's decision to remain abstinent but also tracks his alcohol use if he does drink; and schedules a follow-up visit in a month. (See the Chapter 4 Appendix for an alcohol use agreement and drinking tracking cards.)

At the next visit, Carl says that his depression has gotten better and that he no longer feels tired or gets dizzy. Carl says that he wants to continue not drinking because he feels so much better. The psychiatrist supports Carl's efforts to avoid drinking and, after discussion with Carl, prescribes a different antidepressant medication for him. In future medication management visits, the psychiatrist tracks Carl's depression, his response to the new medication, his blood pressure, and his success in avoiding alcohol.

Clinical Scenario: AUD

Older adults with a long history of heavy drinking, multiple past periods of treatment, or co-occurring mental disorders often need medically supervised withdrawal and age-sensitive, age-specific treatment to address multiple co-occurring



conditions at the same time. This scenario focuses on age-specific treatment, RPT, and recovery support for an older adult with AUD and co-occurring disorders.

- **AUD:** An older adult has a long history of heavy drinking and meets criteria for AUD.
- **Treatment Setting:** Inpatient detox and rehabilitation program
- **Provider:** Licensed alcohol and drug counselor on a multidisciplinary treatment team
- **Treatment Strategies:** Offer CBT, RPT adapted for older adults, trauma-informed counseling strategies to address emotional dysregulation, and recovery management strategies.

Barb is 72 years old and enters an inpatient treatment program after her three adult children intervene. She has a long history of heavy drinking and brief periods of treatment followed by a return to drinking. Barb has been married four times and was recently divorced from her fourth husband. She has been diagnosed with anxiety, depression, posttraumatic stress disorder, and binge eating disorder, for which she had gastric bypass surgery. This is her fourth treatment for AUD. Her pattern of returning to drinking tends to happen when she is having difficult relationships, intense emotions, and traumatic stress reactions. Barb is carefully watched throughout detoxification at the facility; she is then transferred to the rehabilitation program, which includes an age-specific track for older adults.

Barb's primary counselor offers relapse prevention approaches, which are focused on identifying and managing relapse triggers. Barb's CBT counseling focuses on strategies to address the communication issues between Barb and her daughter and to help her identify and replace negative automatic thoughts about drinking triggered by relationship problems. For example, when Barb's daughter criticizes her, Barb feels ashamed. Barb replaces the negative thought, "I drink because I can't stand to feel ashamed" with a more positive thought, "I can stand to feel shame for a while, until the urge to drink goes away."

Barb's group counseling at the older adult program includes focused topic groups for older adults, relapse prevention coping skills groups, and a DBT group. The DBT group teaches her mindfulness

skills for distress tolerance, emotional regulation, and effective interpersonal interactions. With permission, Barb's counselor keeps contact with her family. They attend family group sessions, too.

During an individual session, Barb and her counselor discuss her improvement in treatment. The counselor opens the conversation: "I know this is your fourth time in treatment. How would you say this time has been different for you?" Barb says, "I really like the group discussions on topics that are important to me at this stage in my life. Staying here for such a long time has helped a lot, too. I needed the extra time to let all this information about recovery and all the skills I have learned really sink in."

Near the end of her time at the treatment facility, Barb's counselor actively links her to a continuing care group and individual outpatient counseling at an addiction treatment program in her community, as well as women's and senior-friendly AA meetings. Staying in treatment longer allows Barb to improve her emotional regulation, work on relapse prevention, and improve her interpersonal skills in a safe, supportive place. It also helps her get connected to community-based support before she ends treatment.

RESOURCE ALERT: DBT

DBT, a variation of CBT, was developed for adult women with chronic suicidal behavior who meet the diagnostic criteria for borderline personality disorder.^{792,793} More recently, adaptations of DBT skills training have been shown to help adults with borderline personality disorder and SUDs, adults with binge eating disorder, older adults with depression, and family caregivers of older adults with dementia.^{794,795} DBT uses mindfulness practices and helps people manage overwhelming emotions. This skill-building approach shows promise in treating older adults with emotional dysregulation and poor interpersonal skills.

For more information about DBT, the latest research, and training opportunities, go to the website of the Behavioral Research and Therapy Clinics at the University of Washington (<http://depts.washington.edu/uwbrtc/>).

Summary

As older adults' levels of alcohol use and related risk of negative health effects increase, more complex and intense interventions are needed. MI and adaptations of CBT (including PST and RPT) are useful in brief interventions and long-term treatment. Whichever strategy you use, take a nonconfrontational, age-sensitive approach when working with older adults with alcohol misuse, including AUD. Ongoing recovery management strategies increase the chance that improvements will continue over time and not only help older adults reduce negative alcohol-related health and mental health outcomes, but also help improve their quality of life.

Chapter 4 Resources

Provider Resources

A Clinician's Guide to CBT With Older People (www.uea.ac.uk/documents/246046/11919343/CBT_BOOKLET_FINAL_FEB2016%287%29.pdf/280459ae-a1b8-4c31-a1b3-173c524330c9): This workbook explores age-sensitive strategies for adapting CBT for older adults.

BNI-ART Institute—Tools for the Brief Negotiated Interview (BNI) (www.bu.edu/bniart/sbirt-in-health-care/sbirt-educational-materials/sbirt-brief-intervention/): This webpage includes an algorithm, or script, that guides providers through an intervention for substance misuse with carefully phrased key questions and responses.

Motivational Interviewing Network of Trainers (<https://motivationalinterviewing.org>): This website includes references, articles, videos, and links to training opportunities in the theory and practice of MI.

National Council on Aging—Resources (www.ncoa.org/audience/professional-resources/?post_type=ncoaresource): This webpage contains a searchable database of articles, webinars, and manuals.

Consumer Resources

AA—A.A. for the Older Alcoholic—Never Too Late (large print) (www.aa.org/assets/en_US/p-22-AAfortheOlderAA.pdf): This brochure describes the stories of men and women who became involved with AA as older adults and includes comments from AA speakers at meetings.

National Association of Area Agencies on Aging (n4a) (www.n4a.org): This national association provides searchable services, resources, and advocacy for older adults and professionals who work with them.

National Council on Aging—Resources (www.ncoa.org/audience/older-adults-caregivers-resources/?post_type=ncoaresource): This webpage contains a searchable database of articles and webinars.

National Institute on Aging—Alcohol Use or Abuse (www.nia.nih.gov/health/topics/alcohol-use-or-abuse): This webpage contains links to older adult-specific information on alcohol misuse.

NIAAA Alcohol Treatment Navigator (<https://alcoholtreatment.niaaa.nih.gov>): In addition to helping visitors find the best alcohol misuse treatment options, this treatment navigator details a step-by-step process for understanding AUD.

This page intentionally left blank.

Chapter 4 Appendix

Alcohol Use Disorders Identification Test (AUDIT): Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying “Now I am going to ask you some questions about your use of alcoholic beverages during this past year.” Explain what is meant by “alcoholic beverages” by using local examples of beer, wine, vodka, etc. Code answers in terms of “standard drinks.” Place the correct answer number in the box at the right.

<p>1. How often do you have a drink containing alcohol?</p> <p>(0) Never [Skip to Qs 9-10] (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week</p> <p style="text-align: right;"><input type="text"/></p>	<p>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <p style="text-align: right;"><input type="text"/></p>	
<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</p> <p>(0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more</p> <p style="text-align: right;"><input type="text"/></p>	<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <p style="text-align: right;"><input type="text"/></p>	
<p>3. How often do you have six or more drinks on one occasion?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <p><i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i></p> <p style="text-align: right;"><input type="text"/></p>	<p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <p style="text-align: right;"><input type="text"/></p>	
<p>4. How often during the last year have you found that you were not able to stop drinking once you had started?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <p style="text-align: right;"><input type="text"/></p>	<p>9. Have you or someone else been injured as a result of your drinking?</p> <p>(0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <p style="text-align: right;"><input type="text"/></p>	
<p>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <p style="text-align: right;"><input type="text"/></p>	<p>10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?</p> <p>(0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <p style="text-align: right;"><input type="text"/></p>	
Record total of specific items here		<input type="text"/>
<p>Scoring: The cutoff score indicating hazardous and harmful alcohol use for the AUDIT is generally 8; however, for older adults a score of 5 indicates a need for clarifying questions and further assessment.⁷⁹⁶</p> <p><i>Adapted from Barbor et al. (2001).⁷⁹⁷</i></p>		



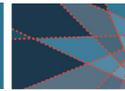
Alcohol Use Disorders Identification Test (AUDIT): Self-Report Version

CLIENT: Alcohol use can affect your health and interfere with some medications and treatments, so it's important that we ask some questions about your alcohol use. Your answers will remain confidential; please be honest.

Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	
<i>Adapted from Barbor et al. (2001).⁷⁹⁸</i>						

Provider Note: The self-report version should be given to older clients to fill out. Ask them to return it to you, and then discuss the results with them. A cutoff score of 5 means you need to assess further.⁷⁹⁹



Short Michigan Alcoholism Screening Test-Geriatric Version (SMAST-G)

	Yes (1)	No (0)
1. When talking with others, do you ever underestimate how much you drink?		
2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?		
3. Does having a few drinks help decrease your shakiness or tremors?		
4. Does alcohol sometimes make it hard for you to remember parts of the day or night?		
5. Do you usually take a drink to relax or calm your nerves?		
6. Do you drink to take your mind off your problems?		
7. Have you ever increased your drinking after experiencing a loss in your life?		
8. Has a doctor or nurse ever said they were worried or concerned about your drinking?		
9. Have you ever made rules to manage your drinking?		
10. When you feel lonely, does having a drink help?		
TOTAL SMAST-G-SCORE (0-10) _____		
SCORING: 2 OR MORE "YES" RESPONSES IS INDICATIVE OF AN ALCOHOL PROBLEM.		
<p>Ask the extra question below but do not calculate it in the final score.</p> <p>Extra question: Do you drink alcohol and take mood or mind-altering drugs, including prescription tranquilizers, prescription sleeping pills, prescription pain pills, or any illicit drugs?</p> <p>© The Regents of the University of Michigan, 1991. Source: University of Michigan Alcohol Research Center.⁸⁰⁰ Adapted with permission.</p>		



Large-Print Grief Handout

What Is Grief?

Grief is a natural response to loss. It's the emotional suffering you feel when something or someone you love is taken away. Whatever your loss, it's personal to you.

Coping With Grief

Although loss is a part of life that cannot be avoided, there are ways to help cope with the pain, come to terms with your grief, and eventually, find a way to move on with your life. This doesn't mean you will forget your loved one, but you can find a way to hold that individual in your heart and your memories while continuing to live your life. This includes:

- Acknowledging your pain.
- Accepting that grief can bring up many different and unexpected feelings.
- Understanding that your grieving process will be unique to you.
- Seeking out face-to-face support from people who care about you.
- Supporting yourself emotionally by taking care of yourself physically.
- Learning the difference between grief and depression.

The Grieving Process

Grieving is highly individual; there's no right or wrong way to grieve. The grieving process takes time. Healing happens gradually; it can't be forced or hurried—and **there is no "normal" timetable for grieving**. Some people start to feel better in weeks or months. For others, the grieving process is measured in years. Whatever grief is like for you, it's important to be patient with yourself and allow the process to naturally unfold.

Reprinted with permission.⁸⁰¹



Alcohol Use Agreement and Drinking Diary Cards

The purpose of this step is to decide on a drinking limit for yourself for a particular period of time. Negotiate with your healthcare provider so you can both agree on a reasonable goal. A reasonable goal for some people is abstinence—not drinking any alcohol.

As you develop this agreement, answer the following questions:

- How many standard drinks?
- How frequently?
- For what period of time?

Agreement

Date _____

Client signature _____

Clinician signature _____

Drinking Diary Card

One way to keep track of how much you drink is the use of drinking diary cards. One card is used for each week. Every day record the number of drinks you had. At the end of the week add up the total number of drinks you had during the week.

Card A

Keep Track of What You Drink Over The Next 7 Days

Starting Date _____				
	Beer	Wine	Liquor	Number
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
WEEK'S TOTAL:				

Card B

Keep Track of What You Drink Over The Next 7 Days

Starting Date _____				
	Beer	Wine	Liquor	Number
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
WEEK'S TOTAL:				

Adapted from material in the public domain.⁸⁰²

This page intentionally left blank.



Appendix—Bibliography

- ¹ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- ² U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- ³ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- ⁴ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁵ Kaiser Permanente. (2019). Alcohol use in older adults. Retrieved from <https://wa.kaiserpermanente.org/healthAndWellness/index.jhtml?item=%2Fcommon%2FhealthAndWellness%2FhealthyLiving%2Flifestyle%2Falcohol-seniors.html>
- ⁶ Family Caregiver Alliance. (2019, April 17). Caregiver statistics: Demographics. Retrieved from www.caregiver.org/caregiver-statistics-demographics
- ⁷ Drugs.com. (2018). What are drug interactions? Retrieved August 27, 2018, from www.drugs.com/drug_interactions.html
- ⁸ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁹ U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- ¹⁰ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- ¹¹ Centers for Disease Control and Prevention. (2018). Alcohol and Public Health. Frequently Asked Questions. Retrieved from www.cdc.gov/alcohol/faqs.htm
- ¹² U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- ¹³ World Health Organization. (2018). Management of substance abuse: Psychoactive substances. Retrieved from www.who.int/substance_abuse/terminology/psychoactive_substances/en/
- ¹⁴ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ¹⁵ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ¹⁶ Substance Abuse and Mental Health Services Administration. (2020). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2019, Data on substance abuse treatment facilities*. Retrieved from https://www.dasis.samhsa.gov/dasis2/nssats/NSSATS_2019/2019-NSSATS-R.pdf
- ¹⁷ Blazer, D. G. (2013). The Institute of Medicine report on the mental health and substance use workforce for older adults: A reflection. *American Journal of Geriatric Psychiatry*, 21(10), 1038–1042.
- ¹⁸ Substance Abuse and Mental Health Services Administration. (2020). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2019, Data on substance abuse treatment facilities*. Retrieved from https://www.dasis.samhsa.gov/dasis2/nssats/NSSATS_2019/2019-NSSATS-R.pdf
- ¹⁹ Grant, B. F., Chou, S. P., Saha, T. D., Pickering, R. P., Kerridge, B. T., Ruan, W. J., ... Hasin, D. S. (2017). Prevalence of 12-month alcohol use, high-risk drinking, and DSM-IV alcohol use disorder in the United States, 2001–2002 to 2012–2013: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *JAMA Psychiatry*, 74(9), 911–923.



- ²⁰ Han, B. H. (2018). Aging, multimorbidity, and substance use disorders: The growing case for integrating the principles of geriatric care and harm reduction. *International Journal of Drug Policy, 85*, 135–136.
- ²¹ Gfroerer, J., Penne, M., Pemberton, M., & Folsom, R. (2003). Substance abuse treatment need among older adults in 2020: The impact of the aging baby-boom cohort. *Drug and Alcohol Dependence, 69*(2), 127–135.
- ²² Institute of Medicine. (2012). *The mental health and substance use workforce for older adults: In whose hands?* Washington, DC: National Academies Press.
- ²³ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.
- ²⁴ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ²⁵ Vincent, G. K., & Velkoff, V. A. (2010). *The next four decades: The older population in the United States: 2010 to 2050*. Washington, DC: Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau.
- ²⁶ Fox-Grage, W. (2016, April 18). The growing racial and ethnic diversity of older adults. Retrieved from <https://blog.aarp.org/thinking-policy/the-growing-racial-and-ethnic-diversity-of-older-adults>
- ²⁷ Gfroerer, J., Penne, M., Pemberton, M., & Folsom, R. (2003). Substance abuse treatment need among older adults in 2020: The impact of the aging baby-boom cohort. *Drug and Alcohol Dependence, 69*(2), 127–135.
- ²⁸ Wu, L.-T., & Blazer, D. G. (2011). Illicit and nonmedical drug use among older adults: A review. *Journal of Aging and Health, 23*(3), 481–504.
- ²⁹ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews, 38*(1), 115.
- ³⁰ Davies, E. A., & O'Mahony, M. S. (2015). Adverse drug reactions in special populations: The elderly. *British Journal of Clinical Pharmacology, 80*, 796–807.
- ³¹ Grant, B. F., Goldstein, R. B., Saha, T. D., Chou, S. P., Jung, J., Zhang, H., ... Hasin, D. S. (2015). The epidemiology of DSM-5 alcohol use disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions, III. *JAMA Psychiatry, 72*, 757–766.
- ³² Grant, B. F., Saha, T. D., Ruan, W. J., Goldstein, R. B., Chou, S. P., Jung, J., ... Hasin, D. S. (2016). Epidemiology of DSM-5 drug use disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions-III. *JAMA Psychiatry, 73*, 39–47.
- ³³ Choi, N. G., DiNitto, D. M., & Marti, C. N. (2016). Older-adult marijuana users and ex-users: Comparisons of sociodemographic characteristics and mental and substance use disorders. *Drug and Alcohol Dependence, 165*, 94–102.
- ³⁴ Reynolds, K., Pietrzak, R. H., El-Gabalawy, R., Mackenzie, C. S., & Sareen, J. (2015). Prevalence of psychiatric disorders in U.S. older adults: Findings from a nationally representative survey. *World Psychiatry, 14*(1), 74–81.
- ³⁵ Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Washington, DC: Department of Health and Human Services.
- ³⁶ Whitlock, E. P., Polen, M. R., Green, C. A., Orleans, T., & Klein, J. (2004). Behavioral counseling interventions in primary care to reduce risky/harmful alcohol use by adults: A summary of the evidence for the U.S. Preventive Services Task Force. *Annals of Internal Medicine, 140*(7), 557–568.
- ³⁷ Kuerbis, A. N., Yuan, S. E., Borok, J., LeFevre, P., Kim, G. S., Lum, D., ... Moore, A. A. (2015). Testing the initial efficacy of a mailed screening and brief feedback intervention to reduce at-risk drinking in middle-aged and older adults: The Comorbidity Alcohol Risk Evaluation Study. *Journal of the American Geriatrics Society, 63*(2), 321–326.
- ³⁸ Schonfeld, L., Hazlett, R. W., Hedgecock, D. K., Duchene, D. M., Burns, L. V., & Gum, A. M. (2015). Screening, brief intervention, and referral to treatment for older adults with substance misuse. *American Journal of Public Health, 105*(1), 205–211.
- ³⁹ Ettner, S. L., Xu, H., Duru, O. K., Ang, A., Tsengh C.-H., Tallen, L., ... Moore, A. A. (2014). The effect of an educational intervention on alcohol consumption, at-risk drinking, and health care utilization in older adults: The Project SHARE study. *Journal of Studies on Alcohol and Drugs, 75*(3), 447–457.
- ⁴⁰ Satre, D. D., Mertens, J. R., Areán, P. A., & Weisner, C. (2004). Five-year alcohol and drug treatment outcomes of older adults versus middle-aged and younger adults in a managed care program. *Addiction, 99*(10), 1286–1297.
- ⁴¹ Oslin, D. W., Pettinati, H., & Volpicelli, J. R., (2002). Alcoholism treatment adherence: Older age predicts better adherence and drinking outcomes. *American Journal of Geriatric Psychiatry, 10*(6), 740–747.

- ⁴² Taylor, M. H., & Grossberg, G. T. (2012). The growing problem of illicit substance abuse in the elderly: A review. *Primary Care Companion for CNS Disorders*, 14(4).
- ⁴³ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁴⁴ National Institute on Alcohol Abuse and Alcoholism. (n.d.). What's a "standard" drink? Retrieved June 14, 2019, from www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx
- ⁴⁵ Callahan, C. M., & Tierney, W. M. (1995). Health services use and mortality among older primary care patients with alcoholism. *Journal of the American Geriatrics Society*, 43(12), 1378–1383.
- ⁴⁶ Kirchner, J. E., Zubritsky, C., Cody, M., Coakley, E., Chen, H., Ware, J. H., ... Levkoff, S. (2007). Alcohol consumption among older adults in primary care. *Journal of General Internal Medicine*, 22(1), 92–97.
- ⁴⁷ Weyerer, S., Schäufele, M., Eifflaender-Gorfer, S., Köhler, L., Maier, W., Haller, F., ... Steffi, G. (2009). At-risk alcohol drinking in primary care patients aged 75 years and older. *International Journal of Geriatric Psychiatry*, 24(12), 1376–1385.
- ⁴⁸ Kirchner, J. E., Zubritsky, C., Cody, M., Coakley, E., Chen, H., Ware, J. H., ... Levkoff, S. (2007). Alcohol consumption among older adults in primary care. *Journal of General Internal Medicine*, 22(1), 92–97.
- ⁴⁹ Substance Abuse and Mental Health Services Administration. (2012). *Older Americans Behavioral Health Issue Brief 2: Alcohol misuse and abuse prevention* (p. 1). Retrieved from www.acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%20%20Alcohol%20Misuse.pdf
- ⁵⁰ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Older adults. Retrieved from www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/older-adults
- ⁵¹ Bagnardi, V., Rota, M., Botteri, E., Tramacere, I., Islami, F., Scotti, L., ... LaVecchia, C. (2015). Alcohol consumption and site-specific cancer risk: A comprehensive dose-response meta-analysis. *British Journal of Cancer*, 112(3), 580–593.
- ⁵² Bagnardi, V., Rota, M., Botteri, E., Tramacere, I., Islami, F., Fedirki, L., ... LaVecchia, C. (2013). Light alcohol drinking and cancer: A meta-analysis. *Annals of Oncology*, 24(2), 301–308.
- ⁵³ Shaw, B. A., Agahi, N., & Krause, N. (2011). Are changes in financial strain associated with changes in alcohol use and smoking among older adults? *Journal of Studies on Alcohol and Drugs*, 72(6), 917–925.
- ⁵⁴ Sacco, P., Bucholz, K. K., & Harrington, D. (2014). Gender differences in stressful life events, social support, perceived stress, and alcohol use among older adults: Results from a national survey. *Substance Use and Misuse*, 49(4), 456–465.
- ⁵⁵ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research*, 38(1), 115–120.
- ⁵⁶ Holton, A. E., Gallagher, P., Fahey, T., & Cousins, G. (2017). Concurrent use of alcohol interactive medications and alcohol in older adults: A systematic review of prevalence and associated adverse outcomes. *BMC Geriatrics*, 17(1), 148.
- ⁵⁷ Breslow, R. A., Dong, C., & White, A. (2015). Prevalence of alcohol-interactive prescription medication use among current drinkers: United States, 1999 to 2010. *Alcoholism, Clinical and Experimental Research*, 39(2), 371–379.
- ⁵⁸ Breslow, R. A., Dong, C., & White, A. (2015). Prevalence of alcohol-interactive prescription medication use among current drinkers: United States, 1999 to 2010. *Alcoholism, Clinical and Experimental Research*, 39(2), 371–379.
- ⁵⁹ Moore, A. A., Whiteman, E. J., & Ward, K. T. (2007). Risks of combined alcohol/medication use in older adults. *American Journal of Geriatric Pharmacotherapy*, 5(1), 64–74.
- ⁶⁰ National Center for Health Statistics. (2019). *Health, United States, 2018*. Retrieved from www.cdc.gov/nchs/data/hus/hus18.pdf
- ⁶¹ Qato, D. M., Wilder, J., Schumm, L. P., Gillet, V., & Alexander, G. C. (2016). Changes in prescription and over-the-counter medication and dietary supplement use among older adults in the United States, 2005 vs. 2011. *JAMA Internal Medicine*, 176(4), 473–482.
- ⁶² Davies, E. A., & O'Mahony, M. S. (2015). Adverse drug reactions in special populations: The elderly. *British Journal of Clinical Pharmacology*, 80, 796–807.
- ⁶³ Bush, D. M. (2013). Emergency department visits for drug misuse or abuse involving the pain medication tramadol. *The CBHSQ Report*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/sites/default/files/report_1966/ShortReport-1966.html
- ⁶⁴ Agency for Healthcare Research and Quality. (2019, September). Patient safety primer: Medication administration errors. Retrieved October 10, 2019, from <https://psnet.ahrq.gov/primer/medication-administration-errors>



- ⁶⁵ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁶⁶ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁶⁷ Aira, M., Hartikainen, S., & Sulkava, R. (2008). Drinking alcohol for medicinal purposes by people aged over 75: A community-based interview study. *Family Practice*, 25(6), 445–449.
- ⁶⁸ Levi-Minzi, M. A., Surratt, H. L., Kurtz, S. P., & Buttram, M. E. (2013). Under treatment of pain: A prescription for opioid misuse among the elderly. *Pain Medicine*, 14(11), 1719–1729.
- ⁶⁹ Christie, M. M., Bamber, D., Powell, C., Arrindell, T., & Pant, A. (2013). Older adult problem drinkers: Who presents for alcohol treatment? *Aging and Mental Health*, 17(1), 24–32.
- ⁷⁰ Colliver, J. D., Compton, W. M., Gfroerer, J. C., & Condon, T. (2006). Projecting drug use among aging baby boomers in 2020. *Annals of Epidemiology*, 16, 257–265.
- ⁷¹ Olfson, M., Wang, S., Iza, M., Crystal, S., & Blanco, C. (2013). National trends in the office-based prescription of schedule II opioids. *Journal of Clinical Psychiatry*, 74(9), 932–939.
- ⁷² Dobscha, S. K., Lovejoy, T. I., Morasco, B. J., Kovas, A. E., Peters, D. M., Hart, K., ... McFarland, B. H. (2016). Predictors of improvements in pain intensity in a national cohort of older veterans with chronic pain. *Journal of Pain*, 17(7), 824–835.
- ⁷³ Jones, C. M., Paulozzi, L. J., & Mack, K. A. (2014). Alcohol involvement in opioid pain reliever and benzodiazepine drug abuse-related emergency department visits and drug-related deaths: United States, 2010. *Morbidity and Mortal Weekly Report*, 63(40), 881–885.
- ⁷⁴ Food and Drug Administration. (2017). FDA Drug Safety Communication: FDA warns about serious risks and death when combining opioid pain or cough medicines with benzodiazepines; Requires its strongest warning. Retrieved from www.fda.gov/Drugs/DrugSafety/ucm518473.htm
- ⁷⁵ van der Schrier, R., Roozkrans, M., Olofsen, E., Aarts, L., & van Velzen, M. (2017). Influence of ethanol on oxycodone-induced respiratory depression: A dose-escalating study in young and elderly individuals. *Anesthesiology*, 126(3), 534–542.
- ⁷⁶ Centers for Disease Control and Prevention, National Center for Health Statistics. (2020). *Multiple cause of death data 1999-2018 on CDC WONDER* [Data set]. Retrieved April 14, 2020, from <https://wonder.cdc.gov/mcd.html>
- ⁷⁷ Food and Drug Administration. (2017). FDA Drug Safety Communication: FDA urges caution about withholding opioid addiction medications from patients taking benzodiazepines or CNS depressants: Careful medication management can reduce risks. Retrieved from www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-urges-caution-about-withholding-opioid-addiction-medications
- ⁷⁸ Maust, D. T., Kales, H. C., Wiechers, I. R., Blow, F. C., & Olfson, M. (2016). No end in sight: Benzodiazepine use in older adults in the United States. *Journal of the American Geriatrics Society*, 64, 2546–2553.
- ⁷⁹ Woolcott, J. C., Richardson, K. J., & Wiens, M. O. (2009). Meta-analysis of the impact of 9 medication classes on falls in elderly persons. *Archives of Internal Medicine*, 169(21), 1952–1960.
- ⁸⁰ Tannenbaum, C., Paquette, A., Hilmer, S., Holroyd-Leduc, J., & Carnahan, R. (2012). A systematic review of amnestic and non-amnestic mild cognitive impairment induced by anticholinergic, antihistamine, GABAergic, and opioid drugs. *Drugs and Aging*, 29(8), 639–658.
- ⁸¹ Dassanayake, T., Michie, P., Carter G., & Jones, A. (2011). Effects of benzodiazepines, antidepressants and opioids on driving. *Drug Safety*, 34(2), 125–156.
- ⁸² Jones, C. M., Mack, K. A., & Paulozzi, L. J. (2013). Pharmaceutical overdose deaths, United States, 2010. *JAMA*, 309(7), 657–659.
- ⁸³ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁸⁴ Compton, W. M., Han, B., Hughes, A., Jones, C. M., & Blanco, C. (2017). Use of marijuana for medical purposes among adults in the United States. *JAMA*, 317, 209–211.
- ⁸⁵ Minerbi, A., Häuser, W., & Fitzcharles, M. A. (2019). Medical cannabis for older patients. *Drugs and Aging*, 36(1), 39–51.
- ⁸⁶ Minerbi, A., Häuser, W., & Fitzcharles, M. A. (2019). Medical cannabis for older patients. *Drugs and Aging*, 36(1), 39–51.
- ⁸⁷ Briscoe, J., & Casarett, D. (2018). Medical marijuana use in older adults. *Journal of the American Geriatrics Society*, 66, 859–863.

- ⁸⁸ McCance-Katz, E. F. (2019). Urgent and emerging issues in prevention: Marijuana, kratom, e-cigarettes. Retrieved from www.samhsa.gov/sites/default/files/samhsas_15th_annual_prevention_day_afternoon_plenary_recording.pdf
- ⁸⁹ Alsherbiny, M. A., & Li, C. G. (2018). Medicinal cannabis—Potential drug interactions. *Medicines (Basel)*, 6(1), 3.
- ⁹⁰ Bolla, K. I., Brown, K., Eldreth, D., Tate, K., & Cadet, J. L. (2002). Dose-related neurocognitive effects of marijuana use. *Neurology*, 59(9), 1337–1343.
- ⁹¹ Hayatbakhsh, M. R., Najman, J. M., Jamrozik, K., Mamun, A. A., Alati, R., & Bor, W. (2007). Cannabis and anxiety and depression in young adults: A large prospective study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(3), 408–417.
- ⁹² van Laar, M., van Dorsselaer, S., Monshouwer, K., & de Graaf, R. (2007). Does cannabis use predict the first incidence of mood and anxiety disorders in the adult population? *Addiction*, 102(8), 1251–1260.
- ⁹³ Briscoe, J., & Casarett, D. (2018). Medical marijuana use in older adults. *Journal of the American Geriatrics Society*, 66, 859–863.
- ⁹⁴ ElSohly, M. A., Mehmedic, Z., Foster, S., Gon, C., Chandra, S., & Church, J. C. (2016). Changes in cannabis potency over the last 2 decades (1995–2014): Analysis of current data in the United States. *Biological Psychiatry*, 79(7), 613–619.
- ⁹⁵ Substance Abuse and Mental Health Services Administration. (2014). *Results from the 2013 National Survey on Drug Use and Health: Summary of national findings*. NSDUH Series H-48. HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ⁹⁶ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁹⁷ Chhatre, S., Cook, R., Mallik, E., & Jayadevappa, R. (2017). Trends in substance use admissions among older adults. *BMC Health Services Research*, 17(1), 584.
- ⁹⁸ Qato, D. M., Wilder, J., Schumm, L. P., Gillet, V., & Alexander, G. C. (2016). Changes in prescription and over-the-counter medication and dietary supplement use among older adults in the United States, 2005 vs. 2011. *JAMA Internal Medicine*, 176(4), 473–482.
- ⁹⁹ Qato, D. M., Wilder, J., Schumm, L. P., Gillet, V., & Alexander, G. C. (2016). Changes in prescription and over-the-counter medication and dietary supplement use among older adults in the United States, 2005 vs. 2011. *JAMA Internal Medicine*, 176(4), 473–482.
- ¹⁰⁰ Satre, D. D., Chi, F., Mertens, J., & Weisner, C. (2012). Effects of age and life transitions on alcohol and drug treatment outcome over nine years. *Journal of Studies on Alcohol and Drugs*, 73, 459–468.
- ¹⁰¹ Sajatovik, M., Blow, F., & Ignacio, R. V. (2006). Psychiatric comorbidity in older adults with bipolar disorder. *International Journal of Geriatric Psychiatry*, 21, 582–587.
- ¹⁰² Bartels, S. J., Blow, F. C., Van Citters, A. D., & Brockmann, L. M. (2006). Dual diagnosis among older adults: Co-occurring substance abuse and psychiatric illness. *Journal of Dual Diagnosis*, 2(3), 9–30.
- ¹⁰³ Bartels, S. J., Miles, K. M., Oxman, T. E., Zimmerman, S., Cori, L. A., Pomerantz, A. S., ... Mendolevicz, N. (2006). Correlates of co-occurring depressive symptoms and alcohol use in an older primary care clinic population. *Journal of Dual Diagnosis*, 2(3), 57–72.
- ¹⁰⁴ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- ¹⁰⁵ Satre, D. D., Chi, F., Mertens, J., & Weisner, C. (2012). Effects of age and life transitions on alcohol and drug treatment outcome over nine years. *Journal of Studies on Alcohol and Drugs*, 73, 459–468.
- ¹⁰⁶ Satre, D. D., Chi, F., Mertens, J., & Weisner, C. (2012). Effects of age and life transitions on alcohol and drug treatment outcome over nine years. *Journal of Studies on Alcohol and Drugs*, 73, 459–468.
- ¹⁰⁷ Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS Publication No. (SMA) 03-3824. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824>
- ¹⁰⁸ Wu, L. T., & Blazer, D. G. (2011). Illicit and nonmedical drug use among older adults: A review. *Journal of Aging and Health*, 23(3), 481–504.
- ¹⁰⁹ Klein, W. C., & Jess, C. (2002). One last pleasure? Alcohol use among elderly people in nursing homes. *Health and Social Work*, 27(3), 193–203.
- ¹¹⁰ Benschoff, J. J., Harrawood, L. K., & Koch, D. S. (2003). Substance abuse and the elderly: Unique issues and concerns. *Journal of Rehabilitation*, 69(2), 43.
- ¹¹¹ Whitlock, E. P., Green, C. A., & Polen, M. R. (2004). Behavioral counseling interventions in primary care to reduce risky/harmful alcohol use by adults: A summary of the evidence for the U.S. Preventive Services Task Force. *Annals of Internal Medicine*, 140(7), 557–568.



- ¹¹² Kuerbis, A. N., Yuan, S. E., Borok, J., LeFevre, P., Kim, G. S., Lum, D., ... Moore, A. A. (2015). Testing the initial efficacy of a mailed screening and brief feedback intervention to reduce at-risk drinking in middle-aged and older adults: The Comorbidity Alcohol Risk Evaluation Study. *Journal of the American Geriatrics Society*, *63*(2), 321–326.
- ¹¹³ Schonfeld, L., King-Kallimanis, B. L., Duchene, D. M., Etheridge, R. L., Herrera, J. R., Barry, K. L., & Lynn, N. (2015). Screening, brief intervention, and referral to treatment for older adults with substance misuse. *American Journal of Public Health*, *105*(1), 205–211.
- ¹¹⁴ Ettner, S. L., Xu, H., Duru, O. K., Ang, A., Tseng, C.-H., Tallen, L., ... Moore, A. A. (2014). The effect of an educational intervention on alcohol consumption, at-risk drinking, and health care utilization in older adults: The Project SHARE study. *Journal of Studies on Alcohol and Drugs*, *75*(3), 447–457.
- ¹¹⁵ Satre, D. D., Mertens, J. R., Areán, P. A., & Weisner, C. (2004). Five-year alcohol and drug treatment outcomes of older adults versus middle-aged and younger adults in a managed care program. *Addiction*, *99*(10), 1286–1297.
- ¹¹⁶ Oslin, D. W., Pettinati, H., & Volpicelli, J. R. (2002). Alcoholism treatment adherence: Older age predicts better adherence and drinking outcomes. *American Journal of Geriatric Psychiatry*, *10*(6), 740–747.
- ¹¹⁷ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, *38*(1), 115.
- ¹¹⁸ Barry, K. L., Brockmann, L., & Blow, F. C. (2010). Brief interventions for alcohol and drug problems. In N. S. Miller & M. S. Gold (Eds.), *Addictive disorders in medical populations* (pp. 557–573). Hoboken, NJ: Wiley-Blackwell.
- ¹¹⁹ Schonfeld, L., Hazlett, R. W., Hedgecock, D. K., Duchene, D. M., Burns, L. V., & Gum, A. M. (2015). Screening, brief intervention, and referral to treatment for older adults with substance misuse. *American Journal of Public Health*, *105*(1), 205–211.
- ¹²⁰ Barry, K., & Fleming, M. (1990). Computerized administration of alcoholism screening tests in a primary care setting. *Journal of the American Board of Family Practice*, *3*(2), 93–98.
- ¹²¹ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, *30*(3), 629–654.
- ¹²² Gfroerer, J., Penne, M., Pemberton, M., & Folsom, R. (2003). Substance abuse treatment need among older adults in 2020: The impact of the aging baby-boom cohort. *Drug and Alcohol Dependence*, *69*(2), 127–135.
- ¹²³ Chhatre, S., Cook, E., Mallik, E., & Jayadevappa, R. (2017). Trends in substance use admissions among older adults. *BMC Health Services Research*, *17*(1), 584.
- ¹²⁴ Chhatre, S., Cook, E., Mallik, E., & Jayadevappa, R. (2017). Trends in substance use admissions among older adults. *BMC Health Services Research*, *17*(1), 584.
- ¹²⁵ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research*, *38*(1), 115–120.
- ¹²⁶ Babatunde, O. T., Outlaw, K. R., Forbe, B., & Gay, T. (2014). Revisiting baby boomers and alcohol use: Emerging treatment trends. *Journal of Human Behavior in the Social Environment*, *24*, 597–611.
- ¹²⁷ Kinney, J. (2011). *Loosening the grip: A handbook of alcohol information* (10th ed.). Boston, MA: McGraw-Hill.
- ¹²⁸ Bommersbach, T. J., Lapid, M. A., Rumman, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, *90*(5), 659–666.
- ¹²⁹ Babatunde, O. T., Outlaw, K. R., Forbe, B., & Gay, T. (2014). Revisiting baby boomers and alcohol use: Emerging treatment trends. *Journal of Human Behavior in the Social Environment*, *24*, 597–611.
- ¹³⁰ Jonas, D. E., Amick, H. R., Feltner, C., Bobashev, G., Thomas, K., Wines, R., ... Garbutt, J. C. (2014). Pharmacotherapy for adults with alcohol use disorders in outpatient settings: A systematic review and meta-analysis. *JAMA*, *311*(18), 1889–1900.
- ¹³¹ Winslow, B. T., Onysko, M., & Hebert, M. (2016). Medications for alcohol use disorder. *American Family Physician*, *93*(6), 457–465.
- ¹³² Witkiewitz, K., Saville, K., & Hamreus, K. (2012). Acamprosate for treatment of alcohol dependence: Mechanisms, efficacy, and clinical utility. *Therapeutics and Clinical Risk Management*, *8*, 45–53.
- ¹³³ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, *30*(3), 629–654.
- ¹³⁴ Mooney, L. J., & McCance-Katz, E. F. (2016). Psychopharmacological treatments. In A. H. Mack, K. T. Brady, S. I., Miller, & R. F. Frances (Eds.), *Clinical textbook of addictive disorders* (4th ed., pp. 668–694). New York, NY: Guilford Press.
- ¹³⁵ Substance Abuse and Mental Health Services Administration & National Institute on Alcohol Abuse and Alcoholism. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. HHS Publication No. (SMA) 15-4907. Retrieved from <https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>
- ¹³⁶ Winslow, B. T., Onysko, M., & Hebert, M. (2016). Medications for alcohol use disorder. *American Family Physician*, *93*(6), 457–465.

- ¹³⁷ Mooney, L. J., & McCance-Katz, E. F. (2016). Psychopharmacological treatments. In A. H. Mack, K. T. Brady, S. I. Miller, & R. F. Frances (Eds.), *Clinical textbook of addictive disorders* (4th ed., pp. 668–694). New York, NY: Guilford Press.
- ¹³⁸ Hassell, C., Wilkins, K., & Trevisan, L. A. (2017). Pharmacology of geriatric substance use disorders: Considerations and future directions. *Current Treatment Options in Psychiatry*, 4(1), 102–115.
- ¹³⁹ Le Roux, C., Tang, Y., & Drexler, K. (2016). Alcohol and opioid use disorder in older adults: Neglected and treatable illnesses. *Current Psychiatry Reports*, 18, 87.
- ¹⁴⁰ Lal, R., & Pattanayak, R. D. (2017). Alcohol use among the elderly: Issues and considerations. *Journal of Geriatric Mental Health*, 4(1), 4–10.
- ¹⁴¹ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- ¹⁴² Skinner, M. D., Lahmek, P., Pham, H., & Aubin, H. J. (2014). Disulfiram efficacy in the treatment of alcohol dependence: A meta-analysis. *PLoS One*, 9(2), e87366. doi:10.1371/journal.pone.0087366
- ¹⁴³ Winslow, B. T., Onysko, M., & Hebert, M. (2016). Medications for alcohol use disorder. *American Family Physician*, 93(6), 457–465.
- ¹⁴⁴ Sinclair, J., Chambers, S., Shiles, C., & Baldwin, D. S. (2016). Safety and tolerability of pharmacological treatment of alcohol dependence: Comprehensive review of evidence. *Drug Safety*, 39, 627–645.
- ¹⁴⁵ Connery, H. S. (2015). Medication-assisted treatment of opioid use disorder: Review of the evidence and future directions. *Harvard Review of Psychiatry*, 23(2), 63–75.
- ¹⁴⁶ Substance Abuse and Mental Health Services Administration. (2020). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. Publication No. PEP20-02-01-006. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ¹⁴⁷ Substance Abuse and Mental Health Services Administration. (2020). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. Publication No. PEP20-02-01-006. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ¹⁴⁸ Oslin, D., Liberto, J. G., O'Brien, J., & Krois, S. (1997). Tolerability of naltrexone in treating older, alcohol-dependent patients. *American Journal on Addictions*, 6(3), 266–270.
- ¹⁴⁹ Oslin, D., Liberto, J. G., O'Brien, J., Krois, S., & Norbeck, J. (1997). Naltrexone as an adjunctive treatment for older patients with alcohol dependence. *American Journal of Geriatric Psychiatry*, 5(4), 324–332.
- ¹⁵⁰ World Health Organization. (2017). *WHO model list of essential medications*. Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/273826/EML-20-eng.pdf?ua=1>
- ¹⁵¹ Herget, G. (2005). Methadone and buprenorphine added to the WHO list of essential medicines. *HIV/AIDS Policy and Law Review*, 10(3), 23–24.
- ¹⁵² Joshi, P., Shah, N. K., & Kirane, H. D. (2019). Medication-assisted treatment for opioid use disorder in older adults: An emerging role for the geriatric psychiatrist. *American Journal of Geriatric Psychiatry*, 27(4), 455–457.
- ¹⁵³ Karp, J. F., Butters, M. A., Begley, A. E., Miller, M. D., Lenze, E. J., Blumberger, D. M., ... Reynolds, C. F., III. (2014). Safety, tolerability, and clinical effect of low-dose buprenorphine for treatment-resistant depression in midlife and older adults. *Journal of Clinical Psychiatry*, 75(8), e785–e793.
- ¹⁵⁴ Purdue Pharma L.P. (2017). Advisory Committee briefing materials for Joint Meeting of the Anesthetic and Analgesic Drug Products Advisory Committee and Drug Safety and Risk Management Advisory Committee. Retrieved from www.fda.gov/media/107620/download
- ¹⁵⁵ Pergolizzi, J. V., Raffa, R. B., Marcum, Z., Colucci, S., & Ripa, S. R. (2017). Safety of buprenorphine transdermal system in the management of pain in older adults. *Postgraduate Medicine*, 129(1), 92–101.
- ¹⁵⁶ Substance Abuse and Mental Health Services Administration. (2020). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. Publication No. PEP20-02-01-006. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ¹⁵⁷ World Health Organization. (2017). *WHO model list of essential medications*. Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/273826/EML-20-eng.pdf?ua=1>
- ¹⁵⁸ Herget, G. (2005). Methadone and buprenorphine added to the WHO list of essential medicines. *HIV/AIDS Policy and Law Review*, 10(3), 23–24.
- ¹⁵⁹ Sullivan, M., & Levin, F. (2016). *Addiction in the older patient*. New York, NY: Oxford University Press.
- ¹⁶⁰ Abdulla, A., Adams, N., Bone, M., Elliott, A. M., Gaffin, J., ... Schofield, P. (2013). Guidance on management of pain in older people. *Age and Ageing*, 42, i1–i57.
- ¹⁶¹ Malec, M., & Shega, J. W. (2015). Pain management in the elderly. *Medical Clinics of North America*, 99(2), 337–350.
- ¹⁶² Gallagher, R. (2009). Methadone: An effective, safe drug of first choice for pain management in frail older adults. *Pain Medicine*, 10(2), 319–326.



- ¹⁶³ Martin, J. A., Campbell, A., Killip, T., Kotz, M., Krantz, M. J., Kreek, M. J., ... Substance Abuse and Mental Health Services Administration. (2011). QT interval screening in methadone maintenance treatment: Report of a SAMHSA expert panel. *Journal of Addictive Diseases*, 30(4), 283–306.
- ¹⁶⁴ Vu Bach, T., Pan, J., Kirstein, A., Grief, C. J., & Grossman, D. (2016). Use of methadone as an adjuvant medication to low-dose opioids for neuropathic pain in the frail elderly: A case series. *Journal of Palliative Medicine*, 19(12), 1351–1355.
- ¹⁶⁵ Lehn, J. M., & Pinderhughes, S. T. (2017, January). Methadone for treating pain in older adults. *Elder Care*. Retrieved from www.uofazcenteronaging.com/sites/default/files/methadone_for_treatment_of_pain.pdf
- ¹⁶⁶ World Health Organization. (2017). *WHO model list of essential medications*. Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/273826/EML-20-eng.pdf?ua=1>
- ¹⁶⁷ Chau, D. L., Walker, V., Pai, L., & Cho, L. M. (2008). Opiates and elderly: Use and side effects. *Clinical Interventions in Aging*, 3(2), 273–278.
- ¹⁶⁸ Satre, D. D., Mertens, J. R., Areán, P. A., & Weisner, C. (2004). Five-year alcohol and drug treatment outcomes of older adults versus middle-aged and younger adults in a managed care program. *Addiction*, 99(10), 1286–1297.
- ¹⁶⁹ Oslin, D. W., Pettinati, H., & Volpicelli, J. R. (2002). Alcoholism treatment adherence: Older age predicts better adherence and drinking outcomes. *American Journal of Geriatric Psychiatry*, 10(6), 740–747.
- ¹⁷⁰ Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse: Research and Treatment*, 7, 13–37.
- ¹⁷¹ Lemke, S., & Moos, R. H. (2003). Treatment and outcomes of older patients with alcohol use disorders in community residential programs. *Journal of Studies on Alcohol*, 64(2), 219–226.
- ¹⁷² Substance Abuse and Mental Health Services Administration. (2020). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2019, Data on substance abuse treatment facilities*. Retrieved from https://www.dasis.samhsa.gov/dasis2/nssats/NSSATS_2019/2019-NSSATS-R.pdf
- ¹⁷³ Shutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2014). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. Rao, & P. Crome (Eds.), *Substance use and older people*. West Sussex, UK: Wiley-Blackwell.
- ¹⁷⁴ D'Agostino, C. S., Blow, F. C., Barry, K., & Podgorski, C. (2006). Community interventions for older adults with comorbid substance abuse: The Geriatric Addictions Program (GAP). *Journal of Dual Diagnosis*, 2(3), 31–45.
- ¹⁷⁵ Schonfeld, L., Hazlett, R. W., Hedgecock, D. K., Duchene, D. M., Burns, L. V., & Gum, A. M. (2015). Screening, brief intervention, and referral to treatment for older adults with substance misuse. *American Journal of Public Health*, 105(1), 205–211.
- ¹⁷⁶ Han, B. H., Masukawa, K., Rosenbloom, D., Kuerbis, A., Helmuth, E., Liao, D. H., & Moore, A. A. (2018). Use of web-based screening and brief intervention for unhealthy alcohol use by older adults. *Journal of Substance Abuse Treatment*, 86, 70.
- ¹⁷⁷ Choi, N. G., DiNitto, D. M., & Marti, N. C. (2014). Treatment use, perceived need, and barriers to seeking treatment for substance abuse and mental health problems among older adults compared to younger adults. *Drug and Alcohol Dependence*, 145, 113–120.
- ¹⁷⁸ Blais, R. K., Tsai, J., Southwick, S. M., & Pietrzak, R. H. (2015). Barriers and facilitators related to mental health care use among older veterans in the United States. *Psychiatric Services*, 66(5), 500–506.
- ¹⁷⁹ Crome, I. (2013). Substance misuse in the older person: Setting higher standards. *Clinical Medicine (London)*, 13(Suppl. 6), s46–s49.
- ¹⁸⁰ Royal College of Psychiatrists. (2015). *Substance misuse in older people: An information guide*. Older Persons' Substance Misuse Working Group faculty report. Retrieved from www.researchgate.net/publication/278779731_Substance_misuse_in_Older_People_an_information_guide
- ¹⁸¹ Crome, I. (2013). Substance misuse in the older person: Setting higher standards. *Clinical Medicine (London)*, 13(Suppl. 6), s46–s49.
- ¹⁸² Substance Abuse and Mental Health Services Administration. (2020). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2019, Data on substance abuse treatment facilities*. Retrieved from https://www.dasis.samhsa.gov/dasis2/nssats/NSSATS_2019/2019-NSSATS-R.pdf
- ¹⁸³ Priester, M. A., Browne, T., Iachini, A., Clone, S., DeHart, D., & Seay, K. D. (2016). Treatment access barriers and disparities among individuals with co-occurring mental health and substance use disorders: An integrative literature review. *Journal of Substance Abuse Treatment*, 61, 47–59.
- ¹⁸⁴ Sacco, P., & Kuerbis, A. (2013). Older adults. In M. G. Vaughn & B. E. Perron (Eds.), *Social work practice in the addictions*. New York, NY: Springer.
- ¹⁸⁵ Borok, J., Galier, P., Dinolfo, M., Welgreen, S., Hoffing, M., Davis, J. W., ... Moore, A. A. (2013). Why do older unhealthy drinkers decide to make changes or not in their alcohol consumption? Data from the Healthy Living as You Age study. *Journal of the American Geriatrics Society*, 61(8), 1296–1302.
- ¹⁸⁶ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.

- ¹⁸⁷ Royal College of Psychiatrists. (2015). *Substance misuse in older people: An information guide*. Older Persons' Substance Misuse Working Group faculty report. Retrieved from www.researchgate.net/publication/278779731_Substance_misuse_in_Older_People_an_information_guide
- ¹⁸⁸ Briggs, W., Magnus, V., Lassiter, P., Patterson, A., & Smith, L. (2011). Substance use, misuse, and abuse among older adults: Implications for clinical mental health counselors. *Journal of Mental Health Counseling, 33*(2), 112–127.
- ¹⁸⁹ Royal College of Psychiatrists. (2015). Substance misuse in older people: An information guide. Older Persons' Substance Misuse Working Group faculty report. Retrieved through www.researchgate.net/publication/278779731_Substance_misuse_in_Older_People_an_information_guide
- ¹⁹⁰ Chrisler, J. C., Barney, A., & Palatino, B. (2016). Ageism can be hazardous to women's health: Ageism, sexism, and stereotypes of older women in the healthcare system. *Journal of Social Issues, 72*(1), 86–104.
- ¹⁹¹ Royal College of Psychiatrists. (2015). Substance misuse in older people: An information guide. Older Persons' Substance Misuse Working Group faculty report. Retrieved through www.researchgate.net/publication/278779731_Substance_misuse_in_Older_People_an_information_guide
- ¹⁹² Choi, N. G., DiNitto, D. M., & Marti, N. C. (2014). Treatment use, perceived need, and barriers to seeking treatment for substance abuse and mental health problems among older adults compared to younger adults. *Drug and Alcohol Dependence, 145*, 113–120.
- ¹⁹³ Osborn, R., Doty, M. M., Moulds, D., Sarnak, D. O., & Shah, A. (2017). Older Americans were sicker and faced more financial barriers to health care than counterparts in other countries. *Health Affairs (Millwood), 36*(12), 2123–2132.
- ¹⁹⁴ Choi, N. G., DiNitto, D. M., & Marti, N. C. (2014). Treatment use, perceived need, and barriers to seeking treatment for substance abuse and mental health problems among older adults compared to younger adults. *Drug and Alcohol Dependence, 145*, 113–120.
- ¹⁹⁵ Hadley Strout, E., Fox, L., Castro, A., Haroun, P., Leavitt, B., Ross, C., ... Carney, J. K. (2016). Access to transportation for Chittenden County Vermont older adults. *Aging Clinical and Experimental Research, 28*(4), 769–774.
- ¹⁹⁶ Castle, N., Wagner, L., Ferguson-Rome, J., Smith, M., & Handler, S. (2012). Alcohol misuse and abuse reported by nurse aides in assisted living. *Research on Aging, 34*(3), 321–336.
- ¹⁹⁷ Klein, W. C., & Jess, C. (2002). One last pleasure? Alcohol use among elderly people in nursing homes. *Health and Social Work, 27*(3), 193–203.
- ¹⁹⁸ White, J. B., Duncan, D. F., Burr, D., Nicholson, B. T., Bonaguro, J., & Abrahamson, K. (2015). Substance abuse policies in long-term care facilities: A survey with implications for education of long-term care providers. *Educational Gerontology, 41*(7), 519–526.
- ¹⁹⁹ Moos, R. H., Schutte, K. K., Brennan, P. L., & Moos, B. S. (2011). Personal, family and social functioning among older couples concordant and discordant for high-risk alcohol consumption. *Addiction, 106*(2), 324–334.
- ²⁰⁰ Bremer, D., Inhestern, L., & von dem Knesebeck, O. (2017). Social relationships and physician utilization among older adults: A systematic review. *PLoS One, 12*(9), e0185672. <https://doi.org/10.1371/journal.pone.0185672>
- ²⁰¹ Graham, C. L., Scharlach, A. E., & Price Wolf, J. (2014). The impact of the "Village" model on health, well-being, service access, and social engagement of older adults. *Health Education Behavior, 41*(Suppl. 1), 91S–97S.
- ²⁰² Institute of Medicine. (2012). *The mental health and substance use workforce for older adults: In whose hands?* Washington, DC: National Academies Press.
- ²⁰³ Bartels, S. J., Pepin, R., & Gill, L. E. (2014). The paradox of scarcity in a land of plenty: Meeting the needs of older adults with mental health and substance use disorders. *Generations, 38*(3), 6–13.
- ²⁰⁴ Institute of Medicine. (2012). *The mental health and substance use workforce for older adults: In whose hands?* Washington, DC: National Academies Press.
- ²⁰⁵ Gage, S., & Melillo, K. D. (2011). Substance abuse in older adults: Policy issues. *Journal of Gerontology Nursing, 37*(12), 8–11.
- ²⁰⁶ Institute of Medicine. (2012). *The mental health and substance use workforce for older adults: In whose hands?* Washington, DC: National Academies Press.
- ²⁰⁷ National Research Council. (2006). When I'm 64. In L. L. Carstensen & C. R. Hartel (Eds.), *Motivation and behavior change*. Committee on Aging Frontiers in Social Psychology, Personality, and Adult Developmental Psychology. Board on Behavioral, Cognitive, and Sensory Sciences, Division of Behavioral and Social Sciences and Education. Washington, DC: National Academies Press.
- ²⁰⁸ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.
- ²⁰⁹ Stahl, S. T., & Schulz, R. (2014). Changes in routine health behaviors following late-life bereavement: A systematic review. *Journal of Behavioral Medicine, 37*(4), 736–755.
- ²¹⁰ Kelly, S., Olanrewaju, O., Cowan, A., Brayne, C., & Lafortune, L. (2018). Alcohol and older people: A systematic review of barriers, facilitators and context of drinking in older people and implications for intervention design. *PLoS One, 13*(1), e0191189.



- ²¹¹ Levy, H., & Janke, A. (2016). Health literacy and access to care. *Journal of Health Communication, 21*(Suppl. 1), 43–50.
- ²¹² Geboers, B., Reijneveld, S. A., Jansen, C. J. M., & de Winter, A. F. (2016). Health literacy is associated with health behaviors and social factors among older adults: Results from the LifeLines Cohort Study. *Journal of Health Communication, 21*(Suppl. 2), 45–53.
- ²¹³ Findley, A. (2015). Low health literacy and older adults: Meanings, problems, and recommendations for social work. *Social Work in Health Care, 54*(1), 65–81.
- ²¹⁴ Royal College of Psychiatrists. (2015). Substance misuse in older people: An information guide. Older Persons' Substance Misuse Working Group faculty report. Retrieved through www.researchgate.net/publication/278779731_Substance_misuse_in_Older_People_an_information_guide
- ²¹⁵ Barrio, C., Palinkas, L. A., Yamada, A. M., Fuentes, D., Criado, V., Garcia, P., & Jeste, D. V. (2008). Unmet needs for mental health services for Latino older adults: Perspectives from consumers, family members, advocates, and service providers. *Community Mental Health Journal, 44*(1), 57–74.
- ²¹⁶ Jimenez, D. E., Bartels, S. J., Cardenas, V., & Alegria, M. (2013). Stigmatizing attitudes toward mental illness among racial/ethnic older adults in primary care. *International Journal of Geriatric Psychiatry, 28*(10), 1061–1068.
- ²¹⁷ De Guzman, E., Woods-Giscombe, C. L., & Beeber, L. S. (2015). Barriers and facilitators of Hispanic older adult mental health service utilization in the USA. *Issues in Mental Health Nursing, 36*(1), 11–20.
- ²¹⁸ Barrio, C., Palinkas, L. A., Yamada, A. M., Fuentes, D., Criado, V., Garcia, P., & Jeste, D. V. (2008). Unmet needs for mental health services for Latino older adults: Perspectives from consumers, family members, advocates, and service providers. *Community Mental Health Journal, 44*(1), 57–74.
- ²¹⁹ Sorkin, D. H., Murphy, M., Nguyen, H., & Biegler, K. A. (2016). Barriers to mental health care for an ethnically and racially diverse sample of older adults. *Journal of the American Geriatrics Society, 64*(10), 2138–2143.
- ²²⁰ Auldridge, A., Tamar-Mattis, A., Kennedy, S., Ames, E., & Tobin, H. J. (2012). *Improving the lives of transgender older adults: Recommendations for policy and practice*. Services and Advocacy for GLBT Elders and the National Center for Transgender Equality. Retrieved from <https://transequality.org/issues/resources/improving-lives-transgender-older-adults-full-report>
- ²²¹ Koenig, T. L., & Crisp, C. (2008). Ethical issues in practice with older women who misuse substances. *Substance Use and Misuse, 43*(8–9), 1045–1061.
- ²²² Chrisler, J. C., Barney, A., & Palatino, B. (2016). Ageism can be hazardous to women's health: Ageism, sexism, and stereotypes of older women in the healthcare system. *Journal of Social Issues, 72*(1), 86–104.
- ²²³ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- ²²⁴ U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- ²²⁵ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- ²²⁶ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ²²⁷ Kaiser Permanente. (2019). Alcohol use in older adults. Retrieved from <https://wa.kaiserpermanente.org/healthAndWellness/index.jhtml?item=%2Fcommon%2FhealthAndWellness%2FhealthyLiving%2Flifestyle%2Falcohol-seniors.html>
- ²²⁸ Family Caregiver Alliance. (2019, April 17). Caregiver statistics: Demographics. Retrieved from www.caregiver.org/caregiver-statistics-demographics
- ²²⁹ Drugs.com. (2018). What are drug interactions? Retrieved August 27, 2018, from www.drugs.com/drug_interactions.html
- ²³⁰ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ²³¹ U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- ²³² National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- ²³³ Centers for Disease Control and Prevention. (2018). Alcohol and Public Health. Frequently Asked Questions. Retrieved from www.cdc.gov/alcohol/faqs.htm

- ²³⁴ U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- ²³⁵ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ²³⁶ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ²³⁷ Moy, I., Crome, P., Crome, I., & Fisher, M. (2011). Systematic and narrative review of treatment for older people with substance problems. *European Geriatric Medicine*, *2*(4), 212–236.
- ²³⁸ Satre, D. D. (2015). Alcohol and drug use problems among older adults. *Clinical Psychology: Science and Practice*, *22*(3), 238–254.
- ²³⁹ Rothrauff, T. C., Abraham, A. J., Bride, B. E., & Roman, P. M. (2011). Substance abuse treatment for older adults in private centers. *Substance Abuse*, *32*(1), 7–15.
- ²⁴⁰ Substance Abuse and Mental Health Services Administration. (2020). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2019, Data on substance abuse treatment facilities*. Retrieved from https://www.dasis.samhsa.gov/dasis2/nssats/NSSATS_2019/2019-NSSATS-R.pdf
- ²⁴¹ Benshoff, J. J., Harrawood, L. K., & Koch, D. S. (2003). Substance abuse and the elderly: Unique issues and concerns. *Journal of Rehabilitation*, *69*(2), 43–48.
- ²⁴² Babatunde, O. T., Outlaw, K. R., Forbes, B., & Gay, T. (2014). Revisiting baby boomers and alcohol use: Emerging treatment trends. *Journal of Human Behavior in the Social Environment*, *24*(5), 597–611.
- ²⁴³ National Evaluation Data Services. (2002). *Substance abuse among aging adults: A literature review*. Rockville, MD: Center for Substance Abuse Treatment. Retrieved from www.readkong.com/page/substance-abuse-among-aging-adults-a-literature-review-5220038
- ²⁴⁴ Rothrauff, T. C., Abraham, A. J., Bride, B. E., & Roman, P. M. (2011). Substance abuse treatment for older adults in private centers. *Substance Abuse*, *32*(1), 7–15.
- ²⁴⁵ Rothrauff, T. C., Abraham, A. J., Bride, B. E., & Roman, P. M. (2011). Substance abuse treatment for older adults in private centers. *Substance Abuse*, *32*(1), 7–15.
- ²⁴⁶ Substance Abuse and Mental Health Services Administration. (2014). *Improving cultural competence. Treatment Improvement Protocol (TIP) Series 59*. HHS Publication No. (SMA) 14-4849. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ²⁴⁷ American Psychological Association, Committee on Aging. (2009). *Multicultural competency in geropsychology*. Washington, DC: American Psychological Association. Retrieved from www.apa.org/pi/aging/programs/pipeline/multicultural-competency.pdf
- ²⁴⁸ American Psychological Association, Committee on Aging. (2009). *Multicultural competency in geropsychology*. Washington, DC: American Psychological Association. Retrieved from www.apa.org/pi/aging/programs/pipeline/multicultural-competency.pdf
- ²⁴⁹ American Psychological Association, Committee on Aging. (2009). *Multicultural competency in geropsychology*. Washington, DC: American Psychological Association. Retrieved from www.apa.org/pi/aging/programs/pipeline/multicultural-competency.pdf
- ²⁵⁰ American Psychological Association, Committee on Aging. (2009). *Multicultural competency in geropsychology*. Washington, DC: American Psychological Association. Retrieved from www.apa.org/pi/aging/programs/pipeline/multicultural-competency.pdf
- ²⁵¹ Shutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2014). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. Rao, & P. Crome (Eds.), *Substance use and older people*. West Sussex, UK: Wiley-Blackwell.
- ²⁵² Shutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2014). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. Rao, & P. Crome (Eds.), *Substance use and older people*. West Sussex, UK: Wiley-Blackwell.
- ²⁵³ American Psychological Association, Committee on Aging. (2009). *Multicultural competency in geropsychology*. Washington, DC: American Psychological Association. Retrieved from www.apa.org/pi/aging/programs/pipeline/multicultural-competency.pdf
- ²⁵⁴ Fung, H. H. (2013). Aging in culture. *Gerontologist*, *53*(3), 369–377.
- ²⁵⁵ Fung, H. H. (2013). Aging in culture. *Gerontologist*, *53*(3), 369–377.
- ²⁵⁶ Babatunde, O. T., Outlaw, K. R., Forbes, B., & Gay, T. (2014). Revisiting baby boomers and alcohol use: Emerging treatment trends. *Journal of Human Behavior in the Social Environment*, *24*(5), 597–611.
- ²⁵⁷ Sahker, E., Schultz, S. K., & Arndt, S. (2015). Treatment of substance use disorders in older adults: Implications for care delivery. *Journal of the American Geriatrics Society*, *63*(11), 2317–2323.



- ²⁵⁸ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research*, *38*(1), 115–120.
- ²⁵⁹ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research*, *38*(1), 115–120.
- ²⁶⁰ Kuerbis, A. N., Yuan, S. E., Borok, J., LeFevre, P. M., Kim, G. S., Lum, D., ... Moore, A. A. (2015). Testing the initial efficacy of a mailed screening and brief feedback intervention to reduce at-risk drinking in middle-aged and older adults: The Comorbidity Alcohol Risk Evaluation Study. *Journal of the American Geriatrics Society*, *63*(2), 321–326.
- ²⁶¹ Schonfeld, L., Hazlett, R. W., Hedgecock, D. K., Duchene, D. M., Burns, L. V., & Gum, A. M. (2015). Screening, brief intervention, and referral to treatment for older adults with substance misuse. *American Journal of Public Health*, *105*(1), 205–211. doi:10.2105/AJPH.2013.301859
- ²⁶² Lin, J. C., Karno, M. P., Barry, K. L., Blow, F. C., Davis, J. W., Tang, L., & Moore, A. A. (2010). Determinants of early reductions in drinking in older at-risk drinkers participating in the intervention arm of a trial to reduce at-risk drinking in primary care. *Journal of the American Geriatrics Society*, *58*(2), 227–233.
- ²⁶³ Gordon, A. J., Conigliaro, J., Maisto, S. A., McNeil, M., Kraemer, K. L., & Kelley, M. E. (2003). Comparison of consumption effects of brief interventions for hazardous drinking elderly. *Substance Use and Misuse*, *38*(8), 1017–1035.
- ²⁶⁴ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ²⁶⁵ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ²⁶⁶ Schonfeld, L., King-Kallimanis, B. L., Duchene, D. M., Etheridge, R. L., Herrera, J. R., Barry, K. L., & Lynn, N. (2010). Screening and brief intervention for substance misuse among older adults: The Florida BRITE Project. *American Journal of Public Health*, *100*(1), 108–114.
- ²⁶⁷ American Geriatrics Society Consensus Panel on Person-Centered Care. (2016). Person-centered care: A definition and essential elements. *Journal of the American Geriatrics Society*, *64*(1), 15–18.
- ²⁶⁸ American Geriatrics Society Consensus Panel on Person-Centered Care. (2016). Person-centered care: A definition and essential elements. *Journal of the American Geriatrics Society*, *64*(1), 15–18.
- ²⁶⁹ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ²⁷⁰ Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, *7*, 13–37.
- ²⁷¹ Horvath, A. O., Del Re, A., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. In J. C. Norcross (Ed.), *Psychotherapy relationships that work* (2nd ed.). New York, NY: Oxford University Press.
- ²⁷² Horvath, A. O., Del Re, A., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. In J. C. Norcross (Ed.), *Psychotherapy relationships that work* (2nd ed.). New York, NY: Oxford University Press.
- ²⁷³ Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, *7*, 13–37.
- ²⁷⁴ Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, *7*, 13–37.
- ²⁷⁵ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, *30*(3), 629–654.
- ²⁷⁶ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, *30*(3), 629–654.
- ²⁷⁷ Satre, D. D., Chi, F. W., Mertens, J. R., & Weisner, C. M. (2012). Effects of age and life transitions on alcohol and drug treatment outcome over nine years. *Journal of Studies on Alcohol and Drugs*, *73*(3), 459–468.
- ²⁷⁸ Nicholson, N. R. (2012). A review of social isolation: An important but underassessed condition in older adults. *Journal of Primary Prevention*, *33*(2–3), 137–152.
- ²⁷⁹ Mannes, Z. L., Burrell, L. E., Bryant, V. E., Dunne, E. M., Hearn, L. E., & Whitehead, N. E. (2016). Loneliness and substance use: The influence of gender among HIV+ Black/African American adults 50+. *AIDS Care*, *28*(5), 598–602.
- ²⁸⁰ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, *30*(3), 629–654.
- ²⁸¹ McCrady, B. S. (2006). Family and other close relationships. In W. R. Miller & K. M. Carroll (Eds.), *Rethinking substance abuse: What the science shows, and what we should do about it* (pp. 166–181). New York, NY: Guilford Press.

- ²⁸² National Academies of Sciences, Engineering, and Medicine. (2016). *Families caring for an aging America*. Washington, DC: National Academies Press.
- ²⁸³ National Academies of Sciences, Engineering, and Medicine. (2016). *Families caring for an aging America*. Washington, DC: National Academies Press.
- ²⁸⁴ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ²⁸⁵ Substance Abuse and Mental Health Services Administration. (2014). *Improving cultural competence*. Treatment Improvement Protocol (TIP) Series 59. HHS Publication No. (SMA) 14-4849. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ²⁸⁶ Substance Abuse and Mental Health Services Administration. (2014). *Improving cultural competence*. Treatment Improvement Protocol (TIP) Series 59. HHS Publication No. (SMA) 14-4849. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ²⁸⁷ Institute of Medicine. (2012). *The mental health and substance use workforce for older adults: In whose hands?* Washington, DC: National Academies Press.
- ²⁸⁸ Kuerbis, A., Sacco, P., Blazer, D., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, *30*, 629–654.
- ²⁸⁹ Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Washington, DC: Department of Health and Human Services.
- ²⁹⁰ Schulte, M. T., & Hser, Y. I. (2014). Substance use and associated health conditions throughout the lifespan. *Public Health Reviews*, *35*(2), ii.
- ²⁹¹ Institute of Medicine. (2012). *The mental health and substance use workforce for older adults: In whose hands?* Washington, DC: National Academies Press.
- ²⁹² National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- ²⁹³ U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- ²⁹⁴ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- ²⁹⁵ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ²⁹⁶ Kaiser Permanente. (2019). Alcohol use in older adults. Retrieved from <https://wa.kaiserpermanente.org/healthAndWellness/index.jhtml?item=%2Fcommon%2FhealthAndWellness%2FhealthyLiving%2Flifestyle%2Falcohol-seniors.html>
- ²⁹⁷ Family Caregiver Alliance. (2019, April 17). Caregiver statistics: Demographics. Retrieved from www.caregiver.org/caregiver-statistics-demographics
- ²⁹⁸ Drugs.com. (2018). What are drug interactions? Retrieved August 27, 2018, from www.drugs.com/drug_interactions.html
- ²⁹⁹ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ³⁰⁰ U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- ³⁰¹ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- ³⁰² Centers for Disease Control and Prevention. (2018). Alcohol and Public Health. Frequently Asked Questions. Retrieved from www.cdc.gov/alcohol/faqs.htm
- ³⁰³ U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- ³⁰⁴ World Health Organization. (2018). Management of substance abuse: Psychoactive substances. Retrieved August 27, 2018, from www.who.int/substance_abuse/terminology/psychoactive_substances/en/
- ³⁰⁵ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ³⁰⁶ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ³⁰⁷ Alpert, P. T. (2014). Alcohol abuse in older adults: An invisible population. *Home Health Care Management and Practice*, *26*(4), 269–272.



- ³⁰⁸ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30, 629–654.
- ³⁰⁹ Choi, N. G., DiNitto, D. M., & Marti, C. N. (2014). Treatment use, perceived need, and barriers to seeking treatment for substance abuse and mental health problems among older adults compared to younger adults. *Drug and Alcohol Dependence*, 145, 113–120.
- ³¹⁰ Kuerbis, A., Sacco, P., Blazer, D., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30, 629–654.
- ³¹¹ Pace, C. A., & Uebelacker, L. A. (2018). Addressing unhealthy substance use in primary care. *Medical Clinics of North America*, 102(4), 567–586.
- ³¹² Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ³¹³ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ³¹⁴ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ³¹⁵ West, N. A., Severtson, S. G., Green, J. L., & Dart, R. C. (2015). Trends in abuse and misuse of prescription opioids among older adults. *Drug and Alcohol Dependence*, 149, 117–121.
- ³¹⁶ Choi, N. G., DiNitto, D. M., & Marti, C. N. (2015). Treatment use, perceived need, and barriers to seeking treatment for substance abuse and mental health problems among older adults compared to younger adults. *Drug and Alcohol Dependence*, 145, 113–120.
- ³¹⁷ Kuerbis, A., Hagman, B. T., & Sacco, P. (2013). Functioning of alcohol use disorders criteria among middle-aged and older adults: Implications for DSM-5. *Substance Use and Misuse*, 48(4), 309–322.
- ³¹⁸ Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Washington, DC: Department of Health and Human Services.
- ³¹⁹ 2019 American Geriatrics Society Beers Criteria® Update Expert Panel. (2019). Updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. *Journal of the American Geriatrics Society*, 67(4), 674–694.
- ³²⁰ Tansil, K. A., Esser, M. B., Sandhu, P., Reynolds, J. A., Elder, R. W., Williamson, R. S., ... Fielding, J. E. (2016). Alcohol electronic screening and brief intervention: A community guide systematic review. *American Journal of Prevention Medicine*, 51(5), 801–811.
- ³²¹ U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- ³²² Centers for Disease Control and Prevention. (2018). Alcohol and Public Health. Frequently Asked Questions. Retrieved from www.cdc.gov/alcohol/faqs.htm
- ³²³ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- ³²⁴ U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- ³²⁵ U.S. Preventive Services Task Force. (2018). Final recommendation statement: Unhealthy alcohol use in adolescents and adults: Screening and behavioral counseling interventions. Retrieved from www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions
- ³²⁶ U.S. Preventive Services Task Force. (2018). Screening and behavioral counseling interventions to reduce unhealthy alcohol use in adolescents and adults: Recommendation statement. *JAMA*, 320(18), 1899–1909.
- ³²⁷ U.S. Preventive Services Task Force. (2018). Final recommendation statement: Unhealthy alcohol use in adolescents and adults: Screening and behavioral counseling interventions. Retrieved from www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions
- ³²⁸ Aalto, M., Alho, H., Halm, J., & Seppä, K. (2011). The Alcohol Use Disorders Identification Test (AUDIT) and its derivatives in screening for heavy drinking among the elderly. *International Journal of Geriatric Psychiatry*, 26, 881–885.

- ³²⁹ Selin, K. H. (2003). Test-retest reliability of the Alcohol Use Disorder Identification Test in a general population sample. *Alcoholism, Clinical and Experimental Research*, 27(9), 1428–1435.
- ³³⁰ Purcell, B., & Olmstead, M. C. (2014). The performance and feasibility of three brief alcohol screening tools in a senior population. *Canadian Psychology*, 55(2a), 19.
- ³³¹ Purcell, B., Flower, M. C., & Busto, U. (2017). Senior Alcohol Misuse Indicator (SAMI) tool. Centre for Addiction and Mental Health. Retrieved June 19, 2019, from www.porticonetwork.ca/documents/21686/0/SAMI+fillable/f6668443-559f-4ad8-9e5f-6de47a38e70a
- ³³² Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- ³³³ Adamson, S. J., Kay-Lambkin, F. J., Baker, A. L., Lewin, T. J., Thornton, L., ... Sellman, J. D. (2010). An improved brief measure of cannabis misuse: The Cannabis Use Disorders Identification Test–Revised (CUDIT-R). *Drug and Alcohol Dependence*, 110, 137–143.
- ³³⁴ Adamson, S. J., Kay-Lambkin, F. J., Baker, A. L., Lewin, T. J., Thornton, L., ... Sellman, J. D. (2010). An improved brief measure of cannabis misuse: The Cannabis Use Disorders Identification Test–Revised (CUDIT-R). *Drug and Alcohol Dependence*, 110, 137–143.
- ³³⁵ McNeely, J., Strauss, S. M., Rotrosen, J., Ramautar, A., & Gourevitch, M. N. (2016). Validation of an audio computer-assisted self-interview (ACASI) version of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) in primary care clients. *Addiction*, 111(2), 233–244.
- ³³⁶ Gryczynski, J., Kelly, S. M., Mitchell, S. G., Kirk, A., O’Grady, K. E., & Schwartz, R. P. (2015). Validation and performance of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) among adolescent primary care patients. *Addiction*, 110(2), 240–247.
- ³³⁷ Ali, R., Meena, S., Eastwood, B., Richards, I., & Marsden, J. (2013). Ultra-rapid screening for substance use disorders: The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST-Lite). *Drug and Alcohol Dependence*, 132, 352–361.
- ³³⁸ Cacciola, J. S., Alterman, A. I., DePhillippis, D., Drapkin, M. L., Valadez, C., Jr., Fala, N. C., ... McKay, J. R. (2013). Development and initial evaluation of the Brief Addiction Monitor (BAM). *Journal of Substance Abuse Treatment*, 44(3), 256–263.
- ³³⁹ Cacciola, J. S., Alterman, A. I., DePhillippis, D., Drapkin, M. L., Valadez, C., Jr., Fala, N. C., ... McKay, J. R. (2013). Development and initial evaluation of the Brief Addiction Monitor (BAM). *Journal of Substance Abuse Treatment*, 44(3), 256–263.
- ³⁴⁰ Brown, R. L., & Rounds, L. A. (1995). Conjoint screening questionnaires for alcohol and other drug abuse: Criterion validity in a primary care practice. *Wisconsin Medical Journal*, 94(3), 135–140.
- ³⁴¹ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ³⁴² Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ³⁴³ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- ³⁴⁴ Searby, A., Maude, P., & McGrath, I. (2015). Dual diagnosis in older adults: A review. *Issues in Mental Health Nursing*, 36(2), 104–111.
- ³⁴⁵ Hendrie, H. C., Lindgren, D., Hay, D. P., Lane, K. A., Gao, S., Purnell, C., ... Callahan, C. M. (2013). Comorbidity profile and healthcare utilization in elderly patients with serious mental illnesses. *American Journal of Geriatric Psychiatry*, 21(12), 1267–1276.
- ³⁴⁶ Lane, S. D., Costa, S. C., Teixeira, A. L., Reynolds, C. F., & Diniz, B. S. (2018). The impact of substance use disorders on clinical outcomes in older-adult psychiatric inpatients. *International Journal of Geriatric Psychiatry*, 33(2), 323–329.
- ³⁴⁷ Searby, A., Maude, P., & McGrath, I. (2015). Dual diagnosis in older adults: A review. *Issues in Mental Health Nursing*, 36(2), 104–111.
- ³⁴⁸ Sacco, P., Unick, G. J., Zanjani, F., & Camlin, E. A. S. (2015). Hospital outcomes in major depression among older adults: Differences by alcohol comorbidity. *Journal of Dual Diagnosis*, 11(1), 83–92.
- ³⁴⁹ Cleary, M., Sayers, J., Bramble, M., Jackson, D., & Lopez, V. (2017). Overview of substance use and mental health among the “baby boomers” generation. *Issues in Mental Health Nursing*, 38(1), 61–65.
- ³⁵⁰ Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2015). Associations of mental health and substance use disorders with presenting problems and outcomes in older adults’ emergency department visits. *Academic Emergency Medicine*, 22(11), 1316–1326.
- ³⁵¹ Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2015). Associations of mental health and substance use disorders with presenting problems and outcomes in older adults’ emergency department visits. *Academic Emergency Medicine*, 22(11), 1316–1326.

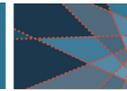


- ³⁵² Bartels, S. J., Blow, F. C., Van Citters, A. D., & Brockmann, L. M. (2006). Dual diagnosis among older adults: Co-occurring substance abuse and psychiatric illness. *Journal of Dual Diagnosis, 2*(3), 9–30.
- ³⁵³ Moore, A. A., Beck, J. C., Barbor, T. F., Hays, R. D., & Reuben, D. B. (2002). Beyond alcoholism: Identifying older, at-risk drinkers in primary care. *Journal of Studies on Alcohol, 63*, 316–324.
- ³⁵⁴ Ettner, S. L., Xu, H., Duru, O. K., Ang, A., Tseng, C. H., Tallen L., ... Moore A. A. (2014). The effect of an educational intervention on alcohol consumption, at-risk drinking, and health care utilization in older adults: The Project SHARE study. *Journal of Studies on Alcohol and Drugs, 75*(3), 447–457.
- ³⁵⁵ Barnes, A. J., Moore, A. A., Xu, H., Ang, A., Tallen, L., Mirkin, M., & Ettner, S. L. (2010). Prevalence and correlates of at-risk drinking among older adults: The Project SHARE study. *Journal of General Internal Medicine, 25*(8), 840–846.
- ³⁵⁶ Barnes, A. J., Moore, A. A., Xu, H., Ang, A., Tallen, L., Mirkin, M., & Ettner, S. L. (2010). Prevalence and correlates of at-risk drinking among older adults: The Project SHARE study. *Journal of General Internal Medicine, 25*(8), 840–846.
- ³⁵⁷ Searby, A., Maude, P., & McGrath, I. (2015). Dual diagnosis in older adults: A review. *Issues in Mental Health Nursing, 36*(2), 104–111.
- ³⁵⁸ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ³⁵⁹ Searby, A., Maude, P., & McGrath, I. (2015). Dual diagnosis in older adults: A review. *Issues in Mental Health Nursing, 36*(2), 104–111.
- ³⁶⁰ Wu, L. T., & Blazer, D. G. (2014). Substance use disorders and psychiatric comorbidity in mid and later life: A review. *International Journal of Epidemiology, 43*(2), 304–317.
- ³⁶¹ Yesavage, J. A. (n.d.). Geriatric Depression Scale. Retrieved from <https://web.stanford.edu/~yesavage/GDS.html>
- ³⁶² Brown, E. L., Raue, P. J., & Halpert, K. (2015). Evidence-based practice guideline: Depression detection in older adults with dementia. *Journal of Gerontological Nursing, 41*(11), 15–21.
- ³⁶³ Brown, E. L., Raue, P. J., & Halpert, K. (2015). Evidence-based practice guideline: Depression detection in older adults with dementia. *Journal of Gerontological Nursing, 41*(11), 15–21.
- ³⁶⁴ Brown, E. L., Raue, P. J., & Halpert, K. (2015). Evidence-based practice guideline: Depression detection in older adults with dementia. *Journal of Gerontological Nursing, 41*(11), 15–21.
- ³⁶⁵ Yesavage, J. A. (n.d.). Geriatric Depression Scale. Retrieved from <https://web.stanford.edu/~yesavage/GDS.html>
- ³⁶⁶ U.S. Preventive Services Task Force. (2019). *Final recommendation statement: Depression in adults: Screening*. Retrieved from www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-adults-screening1
- ³⁶⁷ Phelan, E., Williams, B., Meeker, K., Bonn, K., Frederick, J., Logerfo, J., & Snowden, M. (2010). A study of the diagnostic accuracy of the PHQ-9 in primary care elderly. *BMC Family Practice, 11*, 63.
- ³⁶⁸ Richardson, T. M., He, H., Podgorski, C., Tu, X., & Conwell, Y. (2010). Screening for depression in aging services clients. *American Journal of Geriatric Psychiatry, 18*(12), 1116–1123.
- ³⁶⁹ Richardson, T. M., He, H., Podgorski, C., Tu, X., & Conwell, Y. (2010). Screening for depression in aging services clients. *American Journal of Geriatric Psychiatry, 18*(12), 1116–1123.
- ³⁷⁰ Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*(9), 606–613.
- ³⁷¹ Kroene, K., & Spitzer, R. L. (2002). The PHQ-9: A new depression diagnostic and severity measure. *Psychiatric Annals, 32*, 509–521.
- ³⁷² Richardson, T. M., He, H., Podgorski, C., Tu, X., & Conwell, Y. (2010). Screening for depression in aging services clients. *American Journal of Geriatric Psychiatry, 18*(12), 1116–1123.
- ³⁷³ Bower, E. S., Wetherell, J. L., Mon, T., & Lenze, E. J. (2015). Treating anxiety disorders in older adults: Current treatments and future directions. *Harvard Review of Psychiatry, 23*(5), 329–342.
- ³⁷⁴ Reynolds, K., Pietrzak, R. H., El-Gabalawy, R., Mackenzie, C. S., & Sareen, J. (2015). Prevalence of psychiatric disorders in U.S. older adults: Findings from a nationally representative survey. *World Psychiatry, 14*(1), 74–81.
- ³⁷⁵ Bower, E. S., Wetherell, J. L., Mon, T., & Lenze, E. J. (2015). Treating anxiety disorders in older adults: Current treatments and future directions. *Harvard Review of Psychiatry, 23*(5), 329–342.
- ³⁷⁶ Reynolds, K., Pietrzak, R. H., El-Gabalawy, R., Mackenzie, C. S., & Sareen, J. (2015). Prevalence of psychiatric disorders in U.S. older adults: Findings from a nationally representative survey. *World Psychiatry, 14*(1), 74–81.
- ³⁷⁷ Koychev, I., & Ebmeier, K. P. (2016). Anxiety in older adults often goes undiagnosed. *Practitioner, 260*(1789), 17–20, 2–3.

- ³⁷⁸ Wolitzky-Taylor, K. B., Castriotta, N., Lenze, E. J., Stanley, M. A., & Craske, M. G. (2010). Anxiety disorders in older adults: A comprehensive review. *Depression and Anxiety, 27*(2), 190–211.
- ³⁷⁹ Koychev, I., & Ebmeier, K. P. (2016). Anxiety in older adults often goes undiagnosed. *Practitioner, 260*(1789), 17–20, 2–3.
- ³⁸⁰ Bower, E. S., Wetherell, J. L., Mon, T., & Lenze, E. J. (2015). Treating anxiety disorders in older adults: Current treatments and future directions. *Harvard Review of Psychiatry, 23*(5), 329–342.
- ³⁸¹ Kessler, R. C., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Wittchen, H.-U. (2012). Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the United States. *International Journal of Methods in Psychiatric Research, 21*(3), 169–184.
- ³⁸² Kessler, R. C., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Wittchen, H.-U. (2012). Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the United States. *International Journal of Methods in Psychiatric Research, 21*(3), 169–184.
- ³⁸³ Reynolds, K., Pietrzak, R. H., Mackenzie, C. S., Chou, K. L., Sareen, J. (2016). Post-traumatic stress disorder across the adult lifespan: Findings from a nationally representative survey. *American Journal of Geriatric Psychiatry, 24*(1), 81–93.
- ³⁸⁴ Bryant, C., Jackson, H., & Ames, D. (2008). The prevalence of anxiety in older adults: Methodological issues and a review of the literature. *Journal of Affective Disorders, 109*(3), 233–250.
- ³⁸⁵ Lin, J. C., Karno, M. P., Grella, C. E., Ray, L. A., Liao, D. H., & Moore, A. A. (2014). Psychiatric correlates of alcohol and tobacco use disorders in U.S. adults aged 65 years and older: Results from the 2001–2002 National Epidemiologic Survey of Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry, 22*(11), 1356–1363.
- ³⁸⁶ Lin, J. C., Karno, M. P., Grella, C. E., Ray, L. A., Liao, D. H., & Moore, A. A. (2014). Psychiatric correlates of alcohol and tobacco use disorders in U.S. adults aged 65 years and older: Results from the 2001–2002 National Epidemiologic Survey of Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry, 22*(11), 1356–1363.
- ³⁸⁷ Christie, M. M., Bamber, D., Powell, C., Arrindell, T., & Pant, A. (2013). Older adult problem drinkers: Who presents for alcohol treatment? *Aging and Mental Health, 17*(1), 24–32.
- ³⁸⁸ Mackenzie, C. S., Reynolds, K., Chou, K. L., Pagura, J., & Sareen, J. (2011). Prevalence and correlates of generalized anxiety disorder in a national sample of older adults. *American Journal of Geriatric Psychiatry, 19*(4), 305–315.
- ³⁸⁹ Blazer, D. G., & Wu, L. T. (2012). Patterns of tobacco use and tobacco-related psychiatric morbidity and substance use among middle-aged and older adults in the United States. *Aging and Mental Health, 16*(3), 296–304.
- ³⁹⁰ Therrien, Z., & Hunsley, J. (2012). Assessment of anxiety in older adults: A systematic review of commonly used measures. *Aging and Mental Health, 16*(1), 1–16.
- ³⁹¹ Gould, C. E., Segal, D. L., Yochim, B. P., Pachana, N. A., Byrne, G. J., & Beaudreau, S. A. (2014). Measuring anxiety in late life: A psychometric examination of the Geriatric Anxiety Inventory and Geriatric Anxiety Scale. *Journal of Anxiety Disorder, 28*(8), 804–811.
- ³⁹² Mueller, A. E., Segal, D. L., Gavett, B., Marty, M. A., Yochim, B., June, A., & Coolidge, F. L. (2015). Geriatric Anxiety Scale: Item response theory analysis, differential item functioning, and creation of a ten-item short form (GAS-10). *International Psychogeriatrics, 27*(7), 1099–1111.
- ³⁹³ Balsamo, M., Cataldi, F., Carlucci, L., & Fairfield, B. (2018). Assessment of anxiety in older adults: A review of self-report measures. *Clinical Interventions in Aging, 13*, 573–593.
- ³⁹⁴ Segal, D. L., June, A., Payne, M., Coolidge, F. L., & Yochim, B. (2010). Development and initial validation of a self-report assessment tool for anxiety among older adults: The Geriatric Anxiety Scale. *Journal of Anxiety Disorders, 24*, 709–714.
- ³⁹⁵ Meyer, T., Miller, M., Metzger, R., & Borkovec, T. D. (1990). Development and validation of the Penn State Worry Scale. *Behaviour Research and Therapy, 28*, 487–495.
- ³⁹⁶ Therrien, Z., & Hunsley, J. (2012). Assessment of anxiety in older adults: A systematic review of commonly used measures. *Aging and Mental Health, 16*(1), 1–16.
- ³⁹⁷ Flanagan, J. C., Korte, K. J., Killeen, T. K., & Back, S. E. (2016). Concurrent treatment of substance use and PTSD. *Current Psychiatry Reports, 18*(8), 70.
- ³⁹⁸ Forman-Hoffman, V. L., Bose, J., Batts, K. R., Glasheen, C., Hirsch, E., Karg, R. S., ... Hedden, S. L. (2016). Correlates of lifetime exposure to one or more potentially traumatic events and subsequent posttraumatic stress among adults in the United States: Results from the Mental Health Surveillance Study, 2008–2012. *CBHSQ Data Review*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ³⁹⁹ Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2017). Association of adverse childhood experiences with lifetime mental and substance use disorders among men and women aged 50+ years. *International Psychogeriatrics, 29*(3), 359–372.



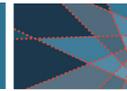
- ⁴⁰⁰ Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2017). Association of adverse childhood experiences with lifetime mental and substance use disorders among men and women aged 50+ years. *International Psychogeriatrics*, *29*(3), 359–372.
- ⁴⁰¹ Kessler, R. C., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Wittchen, H.-U. (2012). Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the United States. *International Journal of Methods in Psychiatric Research*, *21*(3), 169–184.
- ⁴⁰² Reynolds, K., Pietrzak, R. H., Mackenzie, C. S., Chou, K. L., & Sareen, J. (2016). Post-traumatic stress disorder across the adult lifespan: Findings from a nationally representative survey. *American Journal of Geriatric Psychiatry*, *24*(1), 81–93.
- ⁴⁰³ Cukor, J., Wyka, K., Jayasinghe, N., & Difede, J. (2010). The nature and course of subthreshold PTSD. *Journal of Anxiety Disorder*, *24*(8), 918–923.
- ⁴⁰⁴ Centers for Disease Control and Prevention. (2017). Elder abuse prevention. Retrieved April 9, 2019, from www.cdc.gov/features/elderabuse/index.html
- ⁴⁰⁵ Hall, J. E., Karch, D. L., & Crosby, A. E. (2016). *Elder abuse surveillance: Uniform definitions and recommended core data elements for use in elder abuse surveillance, version 1.0*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from www.cdc.gov/violenceprevention/pdf/ea_book_revised_2016.pdf
- ⁴⁰⁶ Knight, L., & Hester, M. (2016). Domestic violence and mental health in older adults. *International Review of Psychiatry*, *28*(5), 464–474.
- ⁴⁰⁷ Dong, X. Q. (2015). Elder abuse: Systematic review and implications for practice. *Journal of the American Geriatrics Society*, *63*(6), 1214–1238.
- ⁴⁰⁸ Dong, X. Q. (2015). Elder abuse: Systematic review and implications for practice. *Journal of the American Geriatrics Society*, *63*(6), 1214–1238.
- ⁴⁰⁹ Acierno, R., Hernandez-Tejada, M. A., Anetzberger, G. J., Loew, D., & Muzzy, W. (2017). The National Elder Mistreatment Study: An 8-year longitudinal study of outcomes. *Journal of Elder Abuse and Neglect*, *29*, 254–269.
- ⁴¹⁰ Dong, X. Q. (2015). Elder abuse: Systematic review and implications for practice. *Journal of the American Geriatrics Society*, *63*(6), 1214–1238.
- ⁴¹¹ Pless Kaiser, A., Cook, J. M., Glick, D. M., & Moye, J. (2019). Posttraumatic stress disorder in older adults: A conceptual review. *Clinical Gerontologist*, *42*(4), 359–376.
- ⁴¹² Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ⁴¹³ Tsai, J., Armour, C., Southwick, S. M., & Pietrzak, R. H. (2015). Dissociative subtype of DSM-5 posttraumatic stress disorder in U.S. veterans. *Journal of Psychiatric Research*, *66*, 67–74.
- ⁴¹⁴ Ho, C. L., Schlenger, W. E., Kulka, R. A., & Marmar, C. R. (2017). The influence of different criteria for establishing optimal cutoff scores on performance of two self-report measures for warzone PTSD. *Psychological Assessment*, *29*(2), 232–237.
- ⁴¹⁵ Shrira, A. (2016). A youthful age identity mitigates the effect of post-traumatic stress disorder symptoms on successful aging. *American Journal of Geriatric Psychiatry*, *24*(2), 174–175.
- ⁴¹⁶ Ho, C. L., Schlenger, W. E., Kulka, R. A., & Marmar, C. R. (2017). The influence of different criteria for establishing optimal cutoff scores on performance of two self-report measures for warzone PTSD. *Psychological Assessment*, *29*(2) 232–237.
- ⁴¹⁷ Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). PTSD Checklist for DSM-5 (PCL-5). Retrieved from www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp
- ⁴¹⁸ Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD Checklist for DSM-5 (PCL-5). Scale available from the National Center for PTSD at www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp
- ⁴¹⁹ Prins, A., Bovin, M. J., Smolenski, D. J., Marx, B. P., Kimerling, R., Jenkins-Guarnieri, M. A., ... Tiet, Q. Q. (2016). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and evaluation within a veteran primary care sample. *Journal of General Internal Medicine*, *31*(10), 1206–1211.
- ⁴²⁰ Prins, A., Bovin, M. J., Smolenski, D. J., Marx, B. P., Kimerling, R., Jenkins-Guarnieri, M. A., ... Tiet, Q. Q. (2016). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and evaluation within a veteran primary care sample. *Journal of General Internal Medicine*, *31*(10), 1206–1211.
- ⁴²¹ Prins, A., Bovin, M. J., Smolenski, D. J., Marx, B. P., Kimerling, R., Jenkins-Guarnieri, M. A., ... Tiet, Q. Q. (2016). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and evaluation within a veteran primary care sample. *Journal of General Internal Medicine*, *31*(10), 1206–1211.
- ⁴²² Yaffe, M. J., & Tazkarji, B. (2012). Understanding elder abuse in family practice. *Canadian Family Physician*, *58*(12), 1336–1340.



- ⁴²³ Langa, K. M., Larson, E. B., Crimmins, E. M., Faul, J. D., Levine, D. A., Kabeto, M. U., & Weir, D. R. (2017). A comparison of the prevalence of dementia in the United States in 2000 and 2012. *JAMA Internal Medicine*, *177*(1), 51–58.
- ⁴²⁴ Langa, K. M., Larson, E. B., Crimmins, E. M., Faul, J. D., Levine, D. A., Kabeto, M. U., & Weir, D. R. (2017). A comparison of the prevalence of dementia in the United States in 2000 and 2012. *JAMA Internal Medicine*, *177*(1), 51–58.
- ⁴²⁵ Petersen, R. C. (2011). Clinical practice: Mild cognitive impairment. *New England Journal of Medicine*, *364*(23), 2227–2234.
- ⁴²⁶ Petersen, R. C. (2016). Mild cognitive impairment. *Continuum (Minneapolis, Minnesota)*, *22*(2 Dementia), 404–408.
- ⁴²⁷ Petersen, R. C., Caracciolo, B., Brayne, C., Gauthier, S., Jelic, V., & Fratiglioni, L. (2014). Mild cognitive impairment: A concept in evolution. *Journal of Internal Medicine*, *275*(3), 214–228.
- ⁴²⁸ González-Reimers, E., Santolaria-Fernández, F., Martín-González, M. C., Fernández-Rodríguez, C. M., & Quintero-Platt, G. (2014). Alcoholism: A systemic proinflammatory condition. *World Journal of Gastroenterology*, *20*(40), 14660–14671.
- ⁴²⁹ Bjork, J. M., & Gilman, J. M. (2014). The effects of acute alcohol administration on the human brain: Insights from neuroimaging. *Neuropharmacology*, *84*, 101–110.
- ⁴³⁰ Downer, B., Zanjani, F., & Fardo, D. W. (2014). The relationship between midlife and late life alcohol consumption, APOE e4 and the decline in learning and memory among older adults. *Alcohol and Alcoholism*, *49*(1), 17–22.
- ⁴³¹ Gongvatana, A., Morgan, E. E., Iudicello, J. E., Letendre, S. L., Grant, I., & Woods, S. P. (2014). A history of alcohol dependence augments HIV-associated neurocognitive deficits in persons aged 60 and older. *Journal of Neurovirology*, *20*(5), 505–513.
- ⁴³² Kuźma, E., Llewellyn, D. J., Langa, K. M., Wallace, R. B., & Lang, I. A. (2014). History of alcohol use disorders and risk of severe cognitive impairment: A 19-year prospective cohort study. *American Journal of Geriatric Psychiatry*, *22*(10), 1047–1054.
- ⁴³³ de la Monte, S. M., & Kril, J. J. (2014). Human alcohol-related neuropathology. *Acta Neuropathologica*, *127*(1), 71–90.
- ⁴³⁴ Topiwala, A., Allan, C. L., Valkanova, V., Zsoldos, E., Filippini, N., Sexton, C., ... Ebmeier, K. P. (2017). Moderate alcohol consumption as risk factor for adverse brain outcomes and cognitive decline: Longitudinal cohort study. *BMJ*, *357*, j2353.
- ⁴³⁵ Woods, A. J., Porges, E. C., Bryant, V. E., Seider, T., Gongvatana, A., Kahler, C. W., ... Cohen, R. A. (2016). Current heavy alcohol consumption is associated with greater cognitive impairment in older adults. *Alcoholism, Clinical and Experimental Research*, *40*(11), 2435–2444.
- ⁴³⁶ Zhong, G., Wang, Y., Zhang, Y., & Zhao, Y. (2015). Association between benzodiazepine use and dementia: A meta-analysis. *PLoS One*, *10*(5), e0127836.
- ⁴³⁷ Billioti de Gage, S., Pariente, A., & Bégaud, B. (2015). Is there really a link between benzodiazepine use and the risk of dementia? *Expert Opinion on Drug Safety*, *14*(5), 733–747.
- ⁴³⁸ Puustinen, J., Lähteenmäki, R., Polo-Kantola, P., Salo, P., Vahlberg, T., Lyles, A., ... & Kivelä, S. L. (2014). Effect of withdrawal from long-term use of temazepam, zopiclone or zolpidem as hypnotic agents on cognition in older adults. *European Journal of Clinical Pharmacology*, *70*(3), 319–329.
- ⁴³⁹ Curran, H. V., Freeman, T. P., Mokrysz, C., Lewis, D. A., Morgan, C. J., & Parsons, L. H. (2016). Keep off the grass? Cannabis, cognition and addiction. *National Reviews: Neuroscience*, *17*(5), 293–306.
- ⁴⁴⁰ Volkow, N. D., Swanson, J. M., Evins, A. E., DeLisi, L. E., Meier, M. H., Gonzalez, R., ... & Baler R. (2016). Effects of cannabis use on human behavior, including cognition, motivation, and psychosis: A review. *JAMA Psychiatry*, *73*(3), 292–297.
- ⁴⁴¹ Broyd, S. J., van Hell, H. H., Beale, C., Yücel, M., & Solowij, N. (2016). Acute and chronic effects of cannabinoids on human cognition: A systematic review. *Biological Psychiatry*, *79*(7), 557–567.
- ⁴⁴² Mahoney, J. J. (2019). Cognitive dysfunction in individuals with cocaine use disorder: Potential moderating factors and pharmacological treatments. *Experimental and Clinical Psychopharmacology*, *27*(3), 203–214.
- ⁴⁴³ Zhong, G., Wang, Y., Zhang, Y., Guo, J. J., & Zhao, Y. (2015). Smoking is associated with an increased risk of dementia: A meta-analysis of prospective cohort studies with investigation of potential effect modifiers. *PLoS One*, *10*(3), e0118333.
- ⁴⁴⁴ National Institute on Aging. (n.d.). Assessing cognitive impairment in older patients. Retrieved from www.nia.nih.gov/health/assessing-cognitive-impairment-older-patients#bunn
- ⁴⁴⁵ Alzheimer's Association. (n.d.). Cognitive assessment. Retrieved from www.alz.org/professionals/health-systems-clinicians/cognitive-assessment



- ⁴⁴⁶ Fage, B. A., Chan, C. C., Gill, S. S., Noel-Storr, A. H., Herrmann, N., Smailagic, N., ... Seitz, D. P. (2015). Mini-Cog for the diagnosis of Alzheimer's disease dementia and other dementias within a community setting. *Cochrane Database of Systematic Reviews*, 2015(2), 1–33. doi:10.1002/14651858.CD010860.pub2.
- ⁴⁴⁷ Yokomizo, J. E., Simon, S. S., & Bottino, C. M. (2014). Cognitive screening for dementia in primary care: A systematic review. *International Psychogeriatrics*, 26(11), 1783–1804.
- ⁴⁴⁸ Tsoi, K. K., Chan, J. Y., Hirai, H. W., Wong, S. Y., & Kwok, T. C. (2015). Cognitive tests to detect dementia: A systematic review and meta-analysis. *JAMA Internal Medicine*, 175(9), 1450–1458.
- ⁴⁴⁹ Montreal Cognitive Assessment. (n.d.). FAQ. Retrieved from www.mocatest.org/faq
- ⁴⁵⁰ PAR. (n.d.). MMSE. Retrieved from www.parinc.com/Products/Pkey/237
- ⁴⁵¹ Shapiro, B., Coffa, D., & McCance-Katz, E. F. (2013). A primary care approach to substance misuse. *American Family Physician*, 88(2), 113–121.
- ⁴⁵² Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). New York, NY: Guilford Press.
- ⁴⁵³ Substance Abuse and Mental Health Services Administration. (1999). *Brief interventions and brief therapies for substance abuse*. Treatment Improvement Protocol (TIP) Series. 34. HHS Publication No. (SMA) 12-3952. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ⁴⁵⁴ Boucek, L., Kane, I., Lindsay, D. L., Hagle, H., Salvio, K., & Mitchell, A. M. (2019). Screening, brief intervention, and referral to treatment (SBIRT) education of residential care nursing staff: Impact on staff and residents. *Geriatric Nursing*, 40(6), 553–557.
- ⁴⁵⁵ Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, 7, 13–37.
- ⁴⁵⁶ National Institute on Drug Abuse. (2014). *Principles of drug abuse treatment for criminal justice populations: A research-based guide*. Retrieved from www.drugabuse.gov/publications/principles-drug-abuse-treatment-criminal-justice-populations/legally-mandated-treatment-effective
- ⁴⁵⁷ Schonfeld, L., King-Kallimanis, B. L., Duchene, D. M., Etheridge, R. L., Herrera, J. R., Barry, K. L., & Lynn, N. (2010). Screening and brief intervention for substance misuse among older adults: The Florida BRITE project. *American Journal of Public Health*, 100(1), 108–114.
- ⁴⁵⁸ Schonfeld, L., Hazlett, R. W., Hedgecock, D. K., Duchene, D. M., Burns, L. V., & Gum, A. M. (2015). Screening, brief intervention, and referral to treatment for older adults with substance misuse. *American Journal of Public Health*, 105(1), 205–211.
- ⁴⁵⁹ Schonfeld, L., King-Kallimanis, B. L., Duchene, D. M., Etheridge, R. L., Herrera, J. R., Barry, K. L., & Lynn, N. (2010). Screening and brief intervention for substance misuse among older adults: The Florida BRITE project. *American Journal of Public Health*, 100(1), 108–114.
- ⁴⁶⁰ Colrain, I. M., Nicholas, C. L., & Baker, F. C. (2014). Alcohol and the sleeping brain. *Handbook of Clinical Neurology*, 125, 415–431.
- ⁴⁶¹ Garcia, A. N., & Salloum, I. M. (2015). Polysomnographic sleep disturbances in nicotine, caffeine, alcohol, cocaine, opioid, and cannabis use: A focused review. *American Journal on Addictions*, 24(7), 590–598.
- ⁴⁶² Canham, S. L., Kaufmann, C. N., Mauro, P. M., Mojtabai, R., & Spira, A. P. (2015). Binge drinking and insomnia in middle-aged and older adults: The Health and Retirement Study. *International Journal of Geriatric Psychiatry*, 30(3), 284–291.
- ⁴⁶³ Cohrs, S., Rodenbeck, A., Riemann, D., Szagun, B., Jaehne, A., Brinkmeyer, J., ... Winterer, G. (2014). Impaired sleep quality and sleep duration in smokers—Results from the German Multicenter Study on Nicotine Dependence. *Addiction Biology*, 19(3), 486–496.
- ⁴⁶⁴ Garcia, A. N., & Salloum, I. M. (2015). Polysomnographic sleep disturbances in nicotine, caffeine, alcohol, cocaine, opioid, and cannabis use: A focused review. *American Journal on Addictions*, 24(7), 590–598.
- ⁴⁶⁵ Correa, D., Farney, R. J., Chung, F., Prasad, A., Lam, D., & Wong, J. (2015). Chronic opioid use and central sleep apnea: A review of the prevalence, mechanisms, and perioperative considerations. *Anesthesia and Analgesia*, 120(6), 1273–1285.
- ⁴⁶⁶ Substance Abuse and Mental Health Services Administration. (2014). Treating sleep problems of people in recovery from substance use disorders. *In Brief*, 8(2). Retrieved from <https://store.samhsa.gov/product/Treating-Sleep-Problems-of-People-in-Recovery-From-Substance-Use-Disorders/SMA14-4859>
- ⁴⁶⁷ Wu, L., & Sun, D. (2017). Sleep duration and falls: A systemic review and meta-analysis of observational studies. *Journal of Sleep Research*, 26(3), 293–301.
- ⁴⁶⁸ Stone, K. L., Blackwell, T. L., Ancoli-Israel, S., Cauley, J. A., Redline, S., Marshall, L. M., & Ensrud, K. E. (2014). Sleep disturbances and risk of falls in older community-dwelling men: The outcomes of Sleep Disorders in Older Men (MrOS Sleep) Study. *Journal of the American Geriatrics Society*, 62(2), 299–305.



- ⁴⁶⁹ da Silva, A. A., de Mello, R. G. B., Schaan, C. W., Fuchs, F. D., Redline, S., & Fuchs, S. C. (2016). Sleep duration and mortality in the elderly: A systematic review with meta-analysis. *BMJ Open*, *6*(2), e008119.
- ⁴⁷⁰ Saccomano, S. J. (2014). Sleep disorders in older adults. *Journal of Gerontological Nursing*, *40*(3), 38–45.
- ⁴⁷¹ Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2017). Association between nonmedical marijuana and pain reliever uses among individuals aged 50+. *Psychoactive Drugs*, *49*(4), 267–278.
- ⁴⁷² Brennan, P. L., & Soohoo, S. (2013). Pain and use of alcohol in later life: Prospective evidence from the Health and Retirement Study. *Journal of Aging and Health*, *25*(4), 656–677.
- ⁴⁷³ Brennan, P. L., & Soohoo, S. (2013). Pain and use of alcohol in later life: Prospective evidence from the Health and Retirement Study. *Journal of Aging and Health*, *25*(4), 656–677.
- ⁴⁷⁴ Gilson, K. M., Bryant, C., & Judd, F. (2014). The hidden harms of using alcohol for pain relief in older adults. *International Psychogeriatrics*, *26*(11), 1929–1930.
- ⁴⁷⁵ Kang, Y., & Demiris, G. (2017). Self-report pain assessment tools for cognitively intact older adults: Integrative review. *International Journal of Older People Nursing*, *13*(2), e12170.
- ⁴⁷⁶ Schofield, P., & Abdulla, A. (2018). Pain assessment in the older population: What the literature says. *Age and Ageing*, *47*(3), 324–327.
- ⁴⁷⁷ Schofield, P., & Abdulla, A. (2018). Pain assessment in the older population: What the literature says. *Age and Ageing*, *47*(3), 324–327.
- ⁴⁷⁸ Horgas, A. L. (2017). Pain assessment in older adults. *Nursing Clinics of North America*, *52*(3), 375–385.
- ⁴⁷⁹ Horgas, A. L. (2017). Pain assessment in older adults. *Nursing Clinics of North America*, *52*(3), 375–385.
- ⁴⁸⁰ Booker, S. Q., & Herr, K. A. (2016). Assessment and measurement of pain in adults in later life. *Clinics in Geriatric Medicine*, *32*(4), 677–692.
- ⁴⁸¹ Booker, S. Q., & Herr, K. A. (2016). Assessment and measurement of pain in adults in later life. *Clinics in Geriatric Medicine*, *32*(4), 677–692.
- ⁴⁸² Booker, S. Q., & Herr, K. A. (2016). Assessment and measurement of pain in adults in later life. *Clinics in Geriatric Medicine*, *32*(4), 677–692.
- ⁴⁸³ Kang, Y., & Demiris, G. (2017). Self-report pain assessment tools for cognitively intact older adults: Integrative review. *International Journal of Older People Nursing*, *13*(2), e12170.
- ⁴⁸⁴ Kang, Y., & Demiris, G. (2017). Self-report pain assessment tools for cognitively intact older adults: Integrative review. *International Journal of Older People Nursing*, *13*(2), e12170.
- ⁴⁸⁵ Shega, J., W., Tiedt, A. D., Grant, K., & Dale, W. (2014). Pain measurement in the National Social Life, Health, and Aging Project: Presence, intensity, and location. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, *69*(8), S191–S197.
- ⁴⁸⁶ American Geriatrics Society Panel on the Pharmacological Management of Persistent Pain in Older Persons. (2009). Pharmacological management of persistent pain in older persons. *Journal of the American Geriatrics Society*, *57*, 1331–1346.
- ⁴⁸⁷ American Geriatrics Society Panel on the Pharmacological Management of Persistent Pain in Older Persons. (2009). Pharmacological management of persistent pain in older persons. *Journal of the American Geriatrics Society*, *57*, 1331–1346.
- ⁴⁸⁸ American Geriatrics Society Panel on the Pharmacological Management of Persistent Pain in Older Persons. (2009). Pharmacological management of persistent pain in older persons. *Journal of the American Geriatrics Society*, *57*, 1331–1346.
- ⁴⁸⁹ American Geriatrics Society Panel on the Pharmacological Management of Persistent Pain in Older Persons. (2009). Pharmacological Management of Persistent Pain in Older Persons. *Journal of the American Geriatrics Society*, *57*, 1331–1346.
- ⁴⁹⁰ Centers for Disease Control and Prevention, National Center for Health Statistics. (2020). *Multiple cause of death data 1999-2018 on CDC WONDER* [Data set]. Retrieved April 14, 2020, from <https://wonder.cdc.gov/mcd.html>
- ⁴⁹¹ Centers for Disease Control and Prevention, National Center for Health Statistics. (2020). *Multiple cause of death data 1999-2018 on CDC WONDER* [Data set]. Retrieved April 14, 2020, from <https://wonder.cdc.gov/mcd.html>
- ⁴⁹² McGuire, B. E., Nicholas, M. K., Asghari, A., Wood, B. M., & Main, C. J. (2014). The effectiveness of psychological treatments for chronic pain in older adults: Cautious optimism and an agenda for research. *Current Opinion in Psychiatry*, *27*(5), 380–384.
- ⁴⁹³ Reid, M. C., Ong, A. D., & Henderson, C. R. (2016). Why we need nonpharmacologic approaches to manage chronic low back pain in older adults. *JAMA Internal Medicine*, *176*(3), 338–339. doi: 10.1001/jamainternmed.2015.8348.
- ⁴⁹⁴ Davies, P. S. (2017). Opioids for pain management in older adults: Strategies for safe prescribing. *Nurse Practitioner*, *42*(2), 20–26.
- ⁴⁹⁵ Dowell, D., Haegerich, T. M., & Chou, R. (2016). CDC guideline for prescribing opioids for chronic pain: United States, 2016. *JAMA*, *315*(15), 1624–1645.
- ⁴⁹⁶ Dowell, D., Haegerich, T. M., & Chou, R. (2016). CDC guideline for prescribing opioids for chronic pain: United States, 2016. *JAMA*, *315*(15), 1624–1645.



- ⁴⁹⁷ Ali, A., Arif, A. W., Bhan, C., Kumar, D., Malik, M. B., Sayyed, Z., ... Ahmad, M. Q. (2018). Managing chronic pain in the elderly: An overview of the recent therapeutic advancements. *Cureus, 10*(9), e3293.
- ⁴⁹⁸ Makris, U. E., Abrams, R. C., Gurland, B., & Reid, M. C. (2014). Management of persistent pain in the older patient: A clinical review. *JAMA, 312*(8), 825–836.
- ⁴⁹⁹ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁵⁰⁰ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁵⁰¹ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁵⁰² Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁵⁰³ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁵⁰⁴ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁵⁰⁵ Lai, H. M., Cleary, M., Sitharthan, T., & Hunt, G. E. (2015). Prevalence of comorbid substance use, anxiety and mood disorders in epidemiological surveys, 1990–2014: A systematic review and meta-analysis. *Drug and Alcohol Dependence, 154*, 1–13.
- ⁵⁰⁶ Fink, D. S., Hu, R., Cerdá, M., Keyes, K. M., Marshall, B. D., Galea, S., & Martins, S. S. (2015). Patterns of major depression and nonmedical use of prescription opioids in the United States. *Drug and Alcohol Dependence, 153*, 258–264.
- ⁵⁰⁷ Dworkin, E. R., Wanklyn, S., Stasiewicz, P. R., & Coffey, S. F. (2018). PTSD symptom presentation among people with alcohol and drug use disorders: Comparisons by substance of abuse. *Addictive Behaviors, 76*, 188–194.
- ⁵⁰⁸ Pietrzak, R. H., Goldstein, R. B., Southwick, S. M., & Grant, B. F. (2011). Prevalence and Axis I comorbidity of full and partial posttraumatic stress disorder in the United States: Results from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Anxiety Disorders, 25*(3), 456–465.
- ⁵⁰⁹ Espinoza, R., & Kaufman, A. H. (2014). Diagnosis and treatment of late-life depression. *Psychiatric Times, 31*(10), 1–8.
- ⁵¹⁰ Lagana, L. (2009). Pilot testing a new short screen for the assessment of older women's PTSD symptomatology. *Educational Gerontology, 35*(8), 732–751.
- ⁵¹¹ Jeste, D. V., Peschin, S., Buckwalter, K., Blazer, D. G., McGuire, M., Moutier, C., ... Reynolds, C. F. (2018). Promoting wellness in older adults with mental illnesses and substance use disorders: Call to action to all stakeholders. *American Journal of Geriatric Psychiatry, 26*(6), 617–630.
- ⁵¹² Soper, R. G. (2014, October 6). Intimate partner violence and co-occurring substance abuse/addiction. *ASAM Magazine*. Retrieved from www.asam.org/resources/publications/magazine/read/article/2014/10/06/intimate-partner-violence-and-co-occurring-substance-abuse-addiction
- ⁵¹³ Lachs, M., & Pillemer, K. (2015). Elder abuse. *New England Journal of Medicine, 373*, 1947–1956.
- ⁵¹⁴ Stone, A. L., Becker, L. G., Huber, A. M., & Catalano, R. F. (2012). Review of risk and protective factors of substance use and problem use in emerging adulthood. *Addictive Behaviors, 37*(7), 747–775.
- ⁵¹⁵ Urbanoski, K. A., & Kelly, J. F. (2012). Understanding genetic risk for substance use and addiction: A guide for non-geneticists. *Clinical Psychology Reviews, 32*(1), 60–70.
- ⁵¹⁶ Urbanoski, K. A., & Kelly, J. F. (2012). Understanding genetic risk for substance use and addiction: A guide for non-geneticists. *Clinical Psychology Reviews, 32*(1), 60–70.
- ⁵¹⁷ Hummel, A., Shelton, K. H., Heron, J., Moore, L., & van den Bree, M. B. (2013). A systematic review of the relationships between family functioning, pubertal timing and adolescent substance use. *Addiction, 108*(3), 487–496.
- ⁵¹⁸ Katz, S., Ford, A. B., Moskowitz, R. W., Jackson, B. A., & Jaffe, M. W. (1963). Studies of illness in the aged: The Index of ADL; a standardized measure of biological and psychosocial function. *JAMA, 185*(12), 914–919.

- ⁵¹⁹ Mahoney, F., & Barthel, D. (1965). Functional evaluation: The Barthel Index. *Maryland State Medical Journal*, *14*, 61–65.
- ⁵²⁰ NINDS Common Data Elements. (n.d.). Report Viewer [for Barthel Index]. Retrieved from www.commondataelements.ninds.nih.gov/report-viewer/23804/www.mapi-trust.org
- ⁵²¹ Pfeffer, R. I., Kurosaki, T. T., Harrah, C. H., Chance, J. M., & Filos, S. (1982). Measurement of functional activities in older adults in the community. *Journal of Gerontology*, *37*(3), 323–329.
- ⁵²² Marshall, G. A., Zoller, A. S., Lorus, N., Amariglio, R. E., Locascio, J. J., Johnson, K. A., ... Alzheimer's Disease Neuroimaging Initiative. (2015). Functional Activities Questionnaire items that best discriminate and predict progression from clinically normal to mild cognitive impairment. *Current Alzheimer Research*, *12*(5), 493.
- ⁵²³ Centers for Disease Control and Prevention. (2016, September 22). Falls are leading cause of injury and death in older Americans. Retrieved April 11, 2019, from www.cdc.gov/media/releases/2016/p0922-older-adult-falls.html
- ⁵²⁴ Centers for Disease Control and Prevention. (2016). Older adult falls data. Retrieved February 12, 2018, from www.cdc.gov/homeandrecreationsafety/falls/fallcost.html
- ⁵²⁵ Bergen, G., Stevens, M. R., & Burns, E. R. (2016). Falls and fall injuries among adults aged ≥65 years — United States, 2014. *MMWR: Morbidity and Mortality Weekly Report*, *65*(37), 993–998.
- ⁵²⁶ Burns, E. B., Stevens, J. A., & Lee, R. L. (2016). The direct costs of fatal and non-fatal falls among older adults: United States. *Journal of Safety Research*, *58*, 99–103.
- ⁵²⁷ Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2015). Associations of mental health and substance use disorders with presenting problems and outcomes in older adults' emergency department visits. *Academic Emergency Medicine*, *22*(11), 1316–1326.
- ⁵²⁸ Ambrose, A. F., Paul, G., & Hausdorff, J. M. (2013). Risk factors for falls among older adults: A review of the literature. *Maturitas* *75*(1), 51–61.
- ⁵²⁹ Arora, A., O'Neill, A., Crome, P., & Martin, F. C. (2015). Clinical medicine and substance misuse: Research, assessments and treatment. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 35–55). Hoboken, NJ: Wiley-Blackwell.
- ⁵³⁰ Richardson, K., Bennett, K., & Kenny, R. A. (2015). Polypharmacy including falls risk-increasing medications and subsequent falls in community-dwelling middle-aged and older adults. *Age and Ageing*, *44*(1), 90–96.
- ⁵³¹ Stone, K. L., Blackwell, T. L., Ancoli-Israel, S., Cauley, J. A., Redline, S., Marshall, L. M., & Ensrud, K. E. (2014). Sleep disturbances and risk of falls in older community-dwelling men: The outcomes of Sleep Disorders in Older Men (MrOS Sleep) Study. *Journal of the American Geriatrics Society*, *62*(2), 299–305.
- ⁵³² Hayley, A. C., Williams, L. J., Kennedy, G. A., Holloway, K. L., Berk, M., Brennan-Olsen, S. L., & Pasco, J. A. (2015). Excessive daytime sleepiness and falls among older men and women: Cross-sectional examination of a population-based sample. *BMC Geriatrics*, *15*, 74.
- ⁵³³ Panel on Prevention of Falls in Older Persons, American Geriatrics Society and British Geriatrics Society. (2011). Summary of the updated American Geriatrics Society/British Geriatrics Society clinical practice guideline for prevention of falls in older persons. *Journal of the American Geriatrics Society*, *59*(1), 148–157.
- ⁵³⁴ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ⁵³⁵ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ⁵³⁶ American Association of Community Psychiatrists. (2016). *LOCUS: Level of Care Utilization System for Psychiatric and Addiction Services Adult Version 20*. Retrieved from www.communitypsychiatry.org/resources/locus
- ⁵³⁷ National Guardianship Association. (2013). *Standards of practice* (4th ed.). Retrieved from www.guardianship.org/wp-content/uploads/2017/07/NGA-Standards-with-Summit-Revisions-2017.pdf
- ⁵³⁸ Wilkins, J. M. (2017). Dementia, decision making, and quality of life. *AMA Journal of Ethics*, *19*, 637–639.
- ⁵³⁹ Friedrichs, A., Spies, M., Härter, M., & Buchholz, A. (2016). Patient preferences and shared decision making in the treatment of substance use disorders: A systematic review of the literature. *PLoS One*, *11*(1), e0145817.
- ⁵⁴⁰ Friedrichs, A., Spies, M., Härter, M., & Buchholz, A. (2016). Patient preferences and shared decision making in the treatment of substance use disorders: A systematic review of the literature. *PLoS One*, *11*(1), e0145817.
- ⁵⁴¹ Elwyn, G., Dehlendorf, C., Epstein, R. M., Marrin, K., White, J., & Frosch, D. L. (2014). Shared decision making and motivational interviewing: Achieving patient-centered care across the spectrum of health care problems. *Annals of Family Medicine*, *12*(3), 270–275.



- ⁵⁴² Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. HHS Publication No. PEP19-02-01-003. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ⁵⁴³ Purath, J., Keck, A., & Fitzgerald, C. (2014). Motivational interviewing for older adults in primary care: A systematic review. *Geriatric Nursing, 35*(3), 219–224.
- ⁵⁴⁴ Elwyn, G., Dehlendorf, C., Epstein, R. M., Marrin, K., White, J., & Frosch, D. L. (2014). Shared decision making and motivational interviewing: Achieving patient-centered care across the spectrum of health care problems. *Annals of Family Medicine, 12*(3), 270–275.
- ⁵⁴⁵ Sahker, E., Schultz, S. K., & Arndt, S. (2015). Treatment of substance use disorders in older adults: Implications for care delivery. *Journal of the American Geriatrics Society, 63*(11), 2317–2323.
- ⁵⁴⁶ Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse, 7*, 13–37.
- ⁵⁴⁷ Sahker, E., Schultz, S. K., & Arndt, S. (2015). Treatment of substance use disorders in older adults: Implications for care delivery. *Journal of the American Geriatrics Society, 63*(11), 2317–2323.
- ⁵⁴⁸ Carew, A. M., & Comiskey, C. (2018). Treatment for opioid use and outcomes in older adults: A systematic literature review. *Drug and Alcohol Dependence, 182*, 48–57.
- ⁵⁴⁹ Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse, 7*, 13–37.
- ⁵⁵⁰ Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse, 7*, 13–37.
- ⁵⁵¹ Moy, I., Crome, P., Crome, I., & Fisher, M. (2011). Systematic and narrative review of treatment for older people with substance problems. *European Geriatric Medicine, 358*, 212–236.
- ⁵⁵² Bhatia, U., Nadkarni, A., Murthy, P., Rao, R., & I. Crome. (2015). Recent advances in treatment for older people with substance use problems: An updated systematic and narrative review. *European Geriatric Medicine, 358*, 580–586.
- ⁵⁵³ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.
- ⁵⁵⁴ Aalto, M., Alho, H., Halme, J. T., & Seppä, K. (2011). The Alcohol Use Disorders Identification Test (AUDIT) and its derivatives in screening for heavy drinking among the elderly. *International Journal of Geriatric Psychiatry, 26*(9), 881–885.
- ⁵⁵⁵ Barbor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in primary care* (2nd ed., p. 17). Geneva, Switzerland: World Health Organization.
- ⁵⁵⁶ Bush, K., Kivlahan, D. R., McDonnell, M. B., Fihn, S. D., & Bradley, K. A. (1998). The AUDIT alcohol consumption questions (AUDIT-C): An effective brief screening test for problem drinking. Ambulatory Care Quality Improvement Project (ACQUIP). *Archives of Internal Medicine, 158*, 1789–1795.
- ⁵⁵⁷ U.S. Department of Veterans Affairs. (n.d.). AUDIT-C Frequently Asked Questions. Retrieved from www.queri.research.va.gov/tools/alcohol-misuse/alcohol-faqs.cfm#top
- ⁵⁵⁸ Blow, F. C., et al. (1998). Brief screening for alcohol problems in elderly populations using the Short Michigan Alcoholism Screening Test-Geriatric Version (SMAST-G). Hilton Head Island, SC: Research Society on Alcoholism Annual Scientific Meeting.
- ⁵⁵⁹ Purcell, B. (2003). *Senior Alcohol Misuse Indicator*. Toronto, Canada: Centre for Addiction and Mental Health, University of Toronto.
- ⁵⁶⁰ Adamson, S. J., Kay-Lambkin, F. J., Baker, A. L., Lewin, T. J., Thornton, L., Kelly, B. J., & Sellman, J. D. (2010). An improved brief measure of cannabis misuse: The Cannabis Use Disorders Identification Test-Revised (CUDIT-R). *Drug and Alcohol Dependence, 110*, 137–143.
- ⁵⁶¹ Meyer, T., Miller, M., Metzger, R., & Borkovec, T. D. (1990). Development and validation of the Penn State Worry Questionnaire. *Behaviour Research and Therapy, 28*, 487–495.
- ⁵⁶² Therrien, Z., & Hunsley, J. (2012). Assessment of anxiety in older adults: A systematic review of commonly used measures. *Aging and Mental Health, 16*(1), 1–16.
- ⁵⁶³ Prins, A., Bovin, M. J., Kimerling, R., Kaloupek, D. G., Marx, B. P., Pless Kaiser, A., & Schnurr, P. P. (2015). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5). Retrieved from www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp
- ⁵⁶⁴ Prins, A., Bovin, M. J., Smolenski, D. J., Marx, B. P., Kimerling, R., Jenkins-Guarnieri, M. A., ... Tiet, Q. Q. (2016). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and evaluation within a veteran primary care sample. *Journal of General Internal Medicine, 31*(10), 1206–1211.

- 565 Ware, L. J., Herr, K. A., Booker, S. S., Dotson, K., Key, J., Poindexter, N., ... Packard, A. (2015). Psychometric evaluation of the revised Iowa Pain Thermometer (IPT-R) in a sample of diverse cognitively intact and impaired older adults: A pilot study. *Pain Management Nursing*, 16(4), 475–482.
- 566 Katz, S., Down, T. D., Cash, H. R., & Grotz, R. C. (1970). Progress in the development of the index of ADL. *Gerontologist*, 10, 20–30.
- 567 Grant, B. F., Chou, S. P., Saha, T. D., Pickering, R. P., Kerridge, B. T., Ruan, W. J., ... Hasin, D. S. (2017). Prevalence of 12-month alcohol use, high-risk drinking, and DSM-IV Alcohol Use Disorder in the United States, 2001–2002 to 2012–2013: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *JAMA Psychiatry*, 74(9), 911–923.
- 568 National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- 569 U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- 570 American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- 571 National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- 572 Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- 573 Kaiser Permanente. (2019). Alcohol use in older adults. Retrieved from <https://wa.kaiserpermanente.org/healthAndWellness/index.jhtml?item=%2Fcommon%2FhealthAndWellness%2FhealthyLiving%2Flifestyle%2Falcohol-seniors.html>
- 574 Family Caregiver Alliance. (2019). Caregiver statistics: Demographics. Retrieved from www.caregiver.org/caregiver-statistics-demographics
- 575 Drugs.com. (2018). What are drug interactions? Retrieved August 27, 2018, from www.drugs.com/drug_interactions.html
- 576 World Health Organization. (2018). Lexicon of alcohol and drug terms published by the World Health Organization, Management of Substance Abuse. Retrieved from www.who.int/substance_abuse/terminology/who_lexicon/en/
- 577 World Health Organization. (2018). Lexicon of alcohol and drug terms published by the World Health Organization, Management of Substance Abuse. Retrieved from www.who.int/substance_abuse/terminology/who_lexicon/en/
- 578 Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- 579 U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- 580 National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- 581 Centers for Disease Control and Prevention. (2018). Alcohol and Public Health. Frequently Asked Questions. Retrieved from www.cdc.gov/alcohol/faqs.htm
- 582 U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- 583 American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- 584 American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- 585 Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- 586 Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- 587 DiBartolo, M. C., & Jarosinski, J. M. (2017). Alcohol use disorder in older adults: Challenges in assessment and treatment. *Issues in Mental Health Nursing*, 38(1), 25–32.
- 588 Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- 589 Arndt, S., & Schultz, S. K. (2015). Epidemiology and demography of alcohol and the older person. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people*. (pp. 75–90). West Sussex, UK: Wiley-Blackwell.



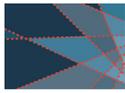
- ⁵⁹⁰ Wilson, S. R., Knowles, S. B., Huang, Q., & Fink, A. (2014). The prevalence of harmful and hazardous alcohol consumption in older U.S. adults: Data from the 2005–2008 National Health and Nutrition Examination Survey (NHANES). *Journal of General Internal Medicine*, 29(2), 312–319.
- ⁵⁹¹ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- ⁵⁹² Simou, E., Britton, J., & Leonardi-Bee, J. (2018). Alcohol and the risk of sleep apnoea: A systematic review and meta-analysis. *Sleep Medicine*, 42(2018), 38–46.
- ⁵⁹³ Grant, B. F., Chou, S. P., Saha, T. D., Pickering, R. P., Kerridge, B. T., Ruan, W. J., ... Hasin, D. S. (2017). Prevalence of 12-month alcohol use, high-risk drinking, and DSM-IV alcohol use disorder in the United States, 2001–2002 to 2012–2013: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *JAMA Psychiatry*, 74(9), 911–923. doi:10.1001/jamapsychiatry.2017.2161
- ⁵⁹⁴ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- ⁵⁹⁵ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- ⁵⁹⁶ Ramchandani, V. A., Slattum, P. W., Patkar, A. A., Wu, L.-T., Lee, J. C., Mohanty, M., ... Li, T.-K. (2014). Psychopharmacology and the consequences of alcohol and drug interactions. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 149–170). West Sussex, UK: Wiley-Blackwell.
- ⁵⁹⁷ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁵⁹⁸ Chernick, R., & Kuerbis, A. (2016). Social and familial contexts for drinking among older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 149–166). New York, NY: Springer.
- ⁵⁹⁹ Schonfeld, L. (2016). Adapting SBIRT for older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 215–232). New York, NY: Springer.
- ⁶⁰⁰ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁶⁰¹ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- ⁶⁰² Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁶⁰³ Arndt, S., & Schultz, S. K. (2015). Epidemiology and demography of alcohol and the older person. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 75–90). West Sussex, UK: Wiley-Blackwell.
- ⁶⁰⁴ Han, B. H., Moore, A. A., Sherman, S., Keyes, K. M., & Palamar, J. J. (2017). Demographic trends of binge alcohol use and alcohol use disorders among older adults in the United States, 2005–2014. *Drug and Alcohol Dependence*, 170, 198–207.
- ⁶⁰⁵ Arndt, S., & Schultz, S. K. (2015). Epidemiology and demography of alcohol and the older person. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 75–90). West Sussex, UK: Wiley-Blackwell.
- ⁶⁰⁶ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- ⁶⁰⁷ Chou, K. L., Liang, K., & Mackenzie, C. S. (2011). Binge drinking and Axis I psychiatric disorders in community-dwelling middle-aged and older adults: Results from the National Epidemiology Survey on Alcohol and Related Conditions (NESARC). *Journal of Clinical Psychiatry*, 72(5), 640–647.
- ⁶⁰⁸ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁶⁰⁹ Grant, B. F., Chou, S. P., Saha, T. D., Pickering, R. P., Kerridge, B. T., Ruan, W. J., ... Hasin, D. S. (2017). Prevalence of 12-month alcohol use, high-risk drinking, and DSM-IV alcohol use disorder in the United States, 2001–2002 to 2012–2013: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *JAMA Psychiatry*, 74(9), 911–923.
- ⁶¹⁰ U.S. Census Bureau. (2017). *2017 national population projections tables: Main series* (Table 2). Retrieved April 17, 2020, from www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html

- ⁶¹¹ U.S. Census Bureau. (2019, October 8). *Older people projected to outnumber children for first time in U.S. history* [Revised press release]. Retrieved April 14, 2020, from www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html
- ⁶¹² Arndt, S., & Schultz, S. K. (2015). Epidemiology and demography of alcohol and the older person. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 75–90). West Sussex, UK: Wiley-Blackwell.
- ⁶¹³ Caputo, F., Vignoli, T., Leggio, L., Addolorato, G., Zoli, G., & Bernardi, M. (2012). Alcohol use disorders in the elderly: A brief overview from epidemiology to treatment options. *Experimental Gerontology*, *47*(6), 411–416.
- ⁶¹⁴ Arndt, S., & Schultz, S. K. (2015). Epidemiology and demography of alcohol and the older person. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people*. (pp. 75–90). West Sussex, UK: Wiley-Blackwell.
- ⁶¹⁵ Bryant, C., Jackson, H., & Ames, D. (2008). The prevalence of anxiety in older adults: Methodological issues and a review of the literature. *Journal of Affective Disorders*, *109*(3), 233–250.
- ⁶¹⁶ Wolitzky-Taylor, K. B., Castriotta, N., Lenze, E. J., Stanley, M. A., & Craske, M. G. (2010). Anxiety disorders in older adults: A comprehensive review. *Depression and Anxiety*, *27*(2), 190–211.
- ⁶¹⁷ Bryant, C., Jackson, H., & Ames, D. (2008). The prevalence of anxiety in older adults: Methodological issues and a review of the literature. *Journal of Affective Disorders*, *109*(3), 233–250.
- ⁶¹⁸ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁶¹⁹ Meeks, T. W., Vahia, I. V., Lavretsky, H., Kulkarni, G., & Jeste, D. V. (2011). A tune in “A minor” can “B major”: A review of epidemiology, illness course, and public health implications of subthreshold depression in older adults. *Journal of Affective Disorders*, *129*(1–3), 126–142.
- ⁶²⁰ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁶²¹ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁶²² Wilson, D., Jackson, S., Crome, I. B., Rao, R. T., & Crome, P. (2015). Comprehensive geriatric assessment and the special needs of older people. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 171–191). West Sussex, UK: Wiley-Blackwell.
- ⁶²³ Osterweil, N. (2012, November 12). Older adults with schizophrenia can achieve remission. *Clinical Psychiatry News*. Retrieved from www.mdedge.com/clinicalpsychiatrynews/article/56692/schizophrenia-other-psychotic-disorders/older-adults
- ⁶²⁴ Lane, S. D., da Costa, S. C., Teixeira, A. L., Reynolds, C. F., & Diniz, B. S. (2018). The impact of substance use disorders on clinical outcomes in older-adult psychiatric inpatients. *International Journal of Geriatric Psychiatry*, *33*(2), e323–e329.
- ⁶²⁵ Patel, K. V., Guralnik, J. M., Dansie, E. J., & Turk, D. C. (2013). Prevalence and impact of pain among older adults in the United States: Findings from the 2011 National Health and Aging Trends Study. *Pain*, *154*(12), 2649–2657.
- ⁶²⁶ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁶²⁷ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, *38*(1), 115–120.
- ⁶²⁸ DiBartolo, M. C., & Jarosinski, J. M. (2017). Alcohol use disorder in older adults: Challenges in assessment and treatment. *Issues in Mental Health Nursing*, *38*(1), 25–32.
- ⁶²⁹ Klein, W. C., & Jess, C. (2002). One last pleasure? Alcohol use among elderly people in nursing homes. *Health and Social Work*, *27*(3), 193–203.
- ⁶³⁰ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, *38*(1), 115–120.
- ⁶³¹ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, *30*(3), 629–654.
- ⁶³² Massachusetts Department of Public Health, Bureau of Substance Abuse Services. (2015). Alcohol and medication issues for older adults. Retrieved from <http://files.hria.org/files/SA1003.pdf>
- ⁶³³ Blow, F. C., et al. (1998). Brief screening for alcohol problems in elderly populations using the Short Michigan Alcoholism Screening Test-Geriatric Version (SMAST-G). Hilton Head Island, SC: Research Society on Alcoholism Annual Scientific Meeting.



- ⁶³⁴ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- ⁶³⁵ Barbor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in primary care* (2nd ed.). Geneva, Switzerland: World Health Organization. Retrieved from http://apps.who.int/iris/bitstream/10665/67205/1/WHO_MSD_MSB_01.6a.pdf
- ⁶³⁶ Aalto, M., Alho, H., Halme, J. T., & Seppä, K. (2011). The Alcohol Use Disorders Identification Test (AUDIT) and its derivatives in screening for heavy drinking among the elderly. *International Journal of Geriatric Psychiatry*, 26(9), 881–885. doi:10.1002/gps.2498
- ⁶³⁷ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- ⁶³⁸ Blow, F. C., & Barry, K. L. (2012). Alcohol and substance misuse in older adults. *Current Psychiatry Reports*, 14(4), 310–319.
- ⁶³⁹ Arndt, S., & Schultz, S. K. (2015). Epidemiology and demography of alcohol and the older person. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 75–90). West Sussex, UK: Wiley-Blackwell.
- ⁶⁴⁰ Substance Abuse and Mental Health Services Administration. (2017). *A guide to preventing older adult alcohol and psychoactive medication misuse/abuse: Screening and brief interventions*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.ncoa.org/wp-content/uploads/SBIRT-Older-Adult-Manual-Final.pdf
- ⁶⁴¹ Substance Abuse and Mental Health Services Administration. (2017). *A guide to preventing older adult alcohol and psychoactive medication misuse/abuse: Screening and brief interventions*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.ncoa.org/wp-content/uploads/SBIRT-Older-Adult-Manual-Final.pdf
- ⁶⁴² Sacco, P. (2016). Understanding alcohol consumption patterns among older adults: Continuity and change. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 19–34). New York, NY: Springer.
- ⁶⁴³ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ⁶⁴⁴ Moore, A. A., Kuerbis, A., Sacco, P., Chen, G. I., & Garcia, M. B. (2016). Screening and assessment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 169–180). New York, NY: Springer.
- ⁶⁴⁵ Barry, K. L., Blow, F. C., & Oslin, D. W. (2002). Substance abuse in older adults: Review and recommendations for education and practice in medical settings. *Substance Abuse*, 23(3 Suppl.), 105–131.
- ⁶⁴⁶ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- ⁶⁴⁷ Satre, D. D. (2015). Alcohol and drug use problems among older adults. *Clinical Psychology: Science and Practice*, 22(3), 238–254.
- ⁶⁴⁸ Alpert, P. T. (2014). Alcohol abuse in older adults: An invisible population. *Home Health Care Management and Practice*, 26(4), 269–272.
- ⁶⁴⁹ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- ⁶⁵⁰ Fink, A., Morton, S. C., Beck, J. C., Hays, R. D., Spritzer, K., Oishi, S. M., & Moore, A. A. (2002). The Alcohol-Related Problems Survey: Identifying hazardous and harmful drinking in older primary care patients. *Journal of American Geriatrics Society*, 50, 1717–1722.
- ⁶⁵¹ Moore, A. A., Kuerbis, A., Sacco, P., Chen, G. I., & Garcia, M. B. (2016). Screening and assessment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 169–180). New York, NY: Springer.
- ⁶⁵² Barnes, A. J., Moore, A. A., Xu, H., Ang, A., Tallen, L., Mirkin, M., & Ettner, S. L. (2010). Prevalence and correlates of at-risk drinking among older adults: The Project SHARE study. *Journal of General Internal Medicine*, 25(8), 840–846.
- ⁶⁵³ Cummings, S. M., Bride, B., Cassie, K. M., & Rawlins-Shaw, A. (2009). Substance abuse. In S. M. Cummings & N. P. Kropf (Eds.), *Handbook of psychosocial interventions with older adults: Evidence-based approaches* (pp. 215–241). New York, NY: Haworth Press.
- ⁶⁵⁴ Emiliussen, J., Søggaard Nielsen, A., & Andersen, K. (2017). Identifying risk factors for late-onset (50+) alcohol use disorder and heavy drinking: A systematic review. *Substance Use and Misuse*, 52(12), 1575–1588.
- ⁶⁵⁵ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- ⁶⁵⁶ Slattum, P. W., & Hassan, O. E. (2016). Medications, alcohol, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 117–129). New York, NY: Springer.

- ⁶⁵⁷ Barnes, A. J., Moore, A. A., Xu, H., Ang, A., Tallen, L., Mirkin, M., & Ettner, S. L. (2010). Prevalence and correlates of at-risk drinking among older adults: The Project SHARE study. *Journal of General Internal Medicine, 25*(8), 840–846.
- ⁶⁵⁸ Gilson, K. M., Bryant, C., & Judd, F. (2017). Understanding older problem drinkers: The role of drinking to cope. *Addictive Behaviors, 64*, 101–106.
- ⁶⁵⁹ Breslow, R., Dong, C., & White, A. (2015). Prevalence of alcohol-interactive prescription medication use among current drinkers: United States, 1999 to 2010. *Alcoholism, 39*, 371–379.
- ⁶⁶⁰ Slattum, P. W., & Hassan, O. E. (2016). Medications, alcohol, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 117–129). New York, NY: Springer.
- ⁶⁶¹ DiBartolo, M. C., & Jarosinski, J. M. (2017). Alcohol use disorder in older adults: Challenges in assessment and treatment. *Issues in Mental Health Nursing, 38*(1), 25–32.
- ⁶⁶² Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- ⁶⁶³ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁶⁶⁴ Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- ⁶⁶⁵ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁶⁶⁶ Moore, A. A., Blow, F. C., Hoffing, M., Welgreen, S., Davis, J. W., Lin, J. C., ... Barry, K. L. (2011). Primary care-based intervention to reduce at-risk drinking in older adults: A randomized controlled trial. *Addiction, 106*(1), 111–120.
- ⁶⁶⁷ Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- ⁶⁶⁸ Blow, F. C., & Barry, K. L. (2000). Older patients with at-risk and problem drinking patterns: New developments in brief interventions. *Journal of Geriatric Psychiatry and Neurology, 13*(3), 115–123.
- ⁶⁶⁹ Moore, A. A., Blow, F. C., Hoffing, M., Welgreen, S., Davis, J. W., Lin, J. C., ... Barry, K. L. (2011). Primary care-based intervention to reduce at-risk drinking in older adults: A randomized controlled trial. *Addiction, 106*(1), 111–120.
- ⁶⁷⁰ Moore, A. A., Blow, F. C., Hoffing, M., Welgreen, S., Davis, J. W., Lin, J. C., ... Barry, K. L. (2011). Primary care-based intervention to reduce at-risk drinking in older adults: A randomized controlled trial. *Addiction, 106*(1), 111–120.
- ⁶⁷¹ Miller, W. R., Forcehimes, A., & Zweben, A. (2011). *Treating addiction: A guide for professionals*. New York, NY: Guilford Press.
- ⁶⁷² Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁶⁷³ Satre, D. D., & Leibowitz, A. (2015). Brief alcohol and drug interventions and motivational interviewing for older adults. In P. A. Areán (Ed.), *Treatment of late-life depression, anxiety, trauma, and substance abuse* (pp. 163–180). Washington, DC: American Psychological Association.
- ⁶⁷⁴ Serdarevic, M. (2016). Literature review: Motivational interviewing with the older adult. *Journal of Psychology and Clinical Psychiatry, 6*(7), 00409. doi:10.15406/jpcpy.2016.06.00409
- ⁶⁷⁵ Satre, D. D., & Leibowitz, A. (2015). Brief alcohol and drug interventions and motivational interviewing for older adults. In P. A. Areán (Ed.), *Treatment of late-life depression, anxiety, trauma, and substance abuse* (pp. 163–180). Washington, DC: American Psychological Association.
- ⁶⁷⁶ Cummings, S. M., Cooper, R. L., & Cassie, K. M. (2009). Motivational interviewing to affect behavioral change in older adults. *Research on Social Work Practice, 19*(2), 195–204.
- ⁶⁷⁷ Lundahl, B., Moleni, T., Burke, B., Butters, R., Tollefson, D., Butler, C., & Rollnick, S. (2013). Motivational interviewing in medical care settings: A systematic review and meta-analysis of randomized controlled trials. *Patient Education and Counseling, 93*(2), 157–168.
- ⁶⁷⁸ Kuerbis, A., Treloar Padovano, H., Shao, S., Houser, J., Muench, F., & Morgenstern, J. (2018). Comparing daily drivers of problem drinking among older and younger adults: An electronic daily diary study using smartphones. *Drug and Alcohol Dependence, 183*, 240–246.



- ⁶⁷⁹ Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). New York, NY: Guilford Press.
- ⁶⁸⁰ Miller, W. R., Forcehimes, A., & Zweben, A. (2011). *Treating addiction: A guide for professionals*. New York, NY: Guilford Press.
- ⁶⁸¹ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁶⁸² Miller, W. R., Forcehimes, A., & Zweben, A. (2011). *Treating addiction: A guide for professionals*. New York, NY: Guilford Press.
- ⁶⁸³ Blow, F. C., & Barry, K. L. (2000). Older patients with at-risk and problem drinking patterns: New developments in brief interventions. *Journal of Geriatric Psychiatry and Neurology*, 13(3), 115–123.
- ⁶⁸⁴ National Institute on Alcohol Abuse and Alcoholism. (n.d.). What's a "standard" drink? Retrieved June 14, 2019, from www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx
- ⁶⁸⁵ Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). New York, NY: Guilford Press.
- ⁶⁸⁶ Magill, M., Stout, R. L., & Apodaca, T. R. (2013). Therapist focus on ambivalence and commitment: A longitudinal analysis of motivational interviewing treatment ingredients. *Psychology of Addictive Behaviors*, 27(3), 754–762.
- ⁶⁸⁷ Magill, M., Kiluk, B. D., McCrady, B. S., Tonigan, J. S., & Longabaugh, R. (2015). Active ingredients of treatment and client mechanisms of change in behavioral treatments for alcohol use disorders: Progress 10 years later. *Alcoholism, Clinical and Experimental Research*, 39(10), 1852–1862.
- ⁶⁸⁸ Magill, M., Gaume, J., Apodaca, T. R., Walthers, J., Mastroleo, N. R., Borsari, B., & Longabaugh, R. (2014). The technical hypothesis of motivational interviewing: A meta-analysis of MI's key causal model. *Journal of Consulting and Clinical Psychology*, 82(6), 973–983.
- ⁶⁸⁹ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁶⁹⁰ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁶⁹¹ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁶⁹² Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁶⁹³ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁶⁹⁴ Substance Abuse and Mental Health Services Administration & National Institute on Alcohol Abuse and Alcoholism. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. HHS Publication No. (SMA) 15-4907. Retrieved from <https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>
- ⁶⁹⁵ Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS Publication No. (SMA) 03-3824. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824>
- ⁶⁹⁶ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁶⁹⁷ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁶⁹⁸ Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, 7, 13–37.
- ⁶⁹⁹ Satre, D. D., Knight, B. G., & David, S. (2006). Cognitive-behavioral interventions with older adults: Integrating clinical and gerontological research. *Professional Psychology: Research and Practice*, 37(5), 489–498.
- ⁷⁰⁰ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.

- ⁷⁰¹ Satre, D. D., Knight, B. G., & David, S. (2006). Cognitive-behavioral interventions with older adults: Integrating clinical and gerontological research. *Professional Psychology: Research and Practice, 37*(5), 489–498.
- ⁷⁰² Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- ⁷⁰³ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁷⁰⁴ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.
- ⁷⁰⁵ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.
- ⁷⁰⁶ Satre, D. D. (2015). Alcohol and drug use problems among older adults. *Clinical Psychology: Science and Practice, 22*(3), 238–254.
- ⁷⁰⁷ Satre, D. D., Knight, B. G., & David, S. (2006). Cognitive-behavioral interventions with older adults: Integrating clinical and gerontological research. *Professional Psychology: Research and Practice, 37*(5), 489–498.
- ⁷⁰⁸ Substance Abuse and Mental Health Services Administration. (2005). *Substance abuse relapse prevention for older adults: A group treatment approach*. HHS Publication No. (SMA) 05-4053. Rockville, MD: Substance Abuse and Mental Health Services Administration. <https://preventionlane.org/wp-content/uploads/2018/01/SMA05-4053.pdf>
- ⁷⁰⁹ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁷¹⁰ Center for Substance Abuse Treatment. (2005). *Substance abuse relapse prevention for older adults: A group treatment approach* (p. 23). HHS Publication No. (SMA) 05-4053. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://preventionlane.org/wp-content/uploads/2018/01/SMA05-4053.pdf>
- ⁷¹¹ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁷¹² Kiosses, D. N., & Alexopoulos, G. S. (2014). Problem-solving therapy in the elderly. *Current Treatment Options in Psychiatry, 1*(1), 15–26.
- ⁷¹³ Kiosses, D. N., & Alexopoulos, G. S. (2014). Problem-solving therapy in the elderly. *Current Treatment Options in Psychiatry, 1*(1), 15–26.
- ⁷¹⁴ Kiosses, D. N., & Alexopoulos, G. S. (2014). Problem-solving therapy in the elderly. *Current Treatment Options in Psychiatry, 1*(1), 15–26.
- ⁷¹⁵ Kiosses, D. N., & Alexopoulos, G. S. (2014). Problem-solving therapy in the elderly. *Current Treatment Options in Psychiatry, 1*(1), 15–26.
- ⁷¹⁶ Donovan, D. M., Ingalsbe, M. H., Benbow, J., & Daley, D. C. (2013). 12-Step interventions and mutual support programs for substance use disorders: An overview. *Social Work in Public Health, 28*(3–4), 313–332.
- ⁷¹⁷ Donovan, D. M., Ingalsbe, M. H., Benbow, J., & Daley, D. C. (2013). 12-Step interventions and mutual support programs for substance use disorders: An overview. *Social Work in Public Health, 28*(3–4), 313–332.
- ⁷¹⁸ Kelly, J. F., Stout, R. L., Magill, M., & Tonigan, J. S. (2011). The role of Alcoholics Anonymous in mobilizing adaptive social network changes: A prospective lagged mediational analysis. *Drug and Alcohol Dependence, 114*(2–3), 119–126.
- ⁷¹⁹ Kelly, J. F., Stout, R. L., Magill, M., Tonigan, J. S., & Pagano, M. E. (2011). Spirituality in recovery: A lagged mediational analysis of Alcoholics Anonymous' principal theoretical mechanism of behavior change. *Alcoholism, Clinical and Experimental Research, 35*(3), 454–463.
- ⁷²⁰ Montes, K. S., & Tonigan, J. S. (2017). Does age moderate the effect of spirituality/religiousness in accounting for Alcoholics Anonymous benefit? *Alcoholism Treatment Quarterly, 35*(2), 96–112.
- ⁷²¹ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁷²² Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.
- ⁷²³ Substance Abuse and Mental Health Services Administration & National Institute on Alcohol Abuse and Alcoholism. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. HHS Publication No. (SMA) 15-4907. Retrieved from <https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>
- ⁷²⁴ Klotz, U. (2009). Pharmacokinetics and drug metabolism in the elderly. *Drug Metabolism Reviews, 41*(2), 67–76.



- ⁷²⁵ Lal, R., & Pattanayak, R. D. (2017). Alcohol use among the elderly: Issues and considerations. *Journal of Geriatric Mental Health, 4*(1), 4–10.
- ⁷²⁶ Ramchandani, V. A., Slattum, P. W., Patkar, A. A., Li-Tzy, W., Lee, J. C., Mohanty, M., ... Ting-Kai, L. (2015). Psychopharmacology and the consequences of alcohol and drug interactions. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 149–170). West Sussex, UK: Wiley-Blackwell.
- ⁷²⁷ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.
- ⁷²⁸ Witkiewitz, K., Saville, K., & Hamreus, K. (2012). Acamprosate for treatment of alcohol dependence: Mechanisms, efficacy, and clinical utility. *Therapeutics and Clinical Risk Management, 8*, 45–53.
- ⁷²⁹ Hassell, C., Wilkins, K., & Trevisan, L. A. (2017). Pharmacology of geriatric substance use disorders: Considerations and future directions. *Current Treatment Options in Psychiatry, 4*(1), 102–115.
- ⁷³⁰ Substance Abuse and Mental Health Services Administration & National Institute on Alcohol Abuse and Alcoholism. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. HHS Publication No. (SMA) 15-4907. Retrieved from <https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>
- ⁷³¹ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.
- ⁷³² Sinclair, J., Chambers, S., Shiles, C., & Baldwin, D. S. (2016). Safety and tolerability of pharmacological treatment of alcohol dependence: Comprehensive review of evidence. *Drug Safety, 39*, 627–645.
- ⁷³³ Hassell, C., Wilkins, K., & Trevisan, L. A. (2017). Pharmacology of geriatric substance use disorders: Considerations and future directions. *Current Treatment Options in Psychiatry, 4*(1), 102–115.
- ⁷³⁴ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.
- ⁷³⁵ Substance Abuse and Mental Health Services Administration & National Institute on Alcohol Abuse and Alcoholism. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. HHS Publication No. (SMA) 15-4907. Retrieved from <https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>
- ⁷³⁶ Substance Abuse and Mental Health Services Administration. (2015). *Clinical use of extended-release injectable naltrexone in the treatment of opioid use disorder: A brief guide*. HHS Publication No. (SMA) 14-4892. Retrieved from <https://store.samhsa.gov/product/Clinical-Use-of-Extended-Release-Injectable-Naltrexone-in-the-Treatment-of-Opioid-Use-Disorder-A-Brief-Guide/SMA14-4892R>
- ⁷³⁷ Substance Abuse and Mental Health Services Administration. (2015). *Clinical use of extended-release injectable naltrexone in the treatment of opioid use disorder: A brief guide*. HHS Publication No. (SMA) 14-4892. Retrieved from <https://store.samhsa.gov/product/Clinical-Use-of-Extended-Release-Injectable-Naltrexone-in-the-Treatment-of-Opioid-Use-Disorder-A-Brief-Guide/SMA14-4892R>
- ⁷³⁸ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.
- ⁷³⁹ Hassell, C., Wilkins, K., & Trevisan, L. A. (2017). Pharmacology of geriatric substance use disorders: Considerations and future directions. *Current Treatment Options in Psychiatry, 4*(1), 102–115.
- ⁷⁴⁰ Le Roux, C., Tang, Y., & Drexler, K. (2016). Alcohol and opioid use disorder in older adults: Neglected and treatable illnesses. *Current Psychiatry Reports, 18*, 87.
- ⁷⁴¹ Lal, R., & Pattanayak, R. D. (2017). Alcohol use among the elderly: Issues and considerations. *Journal of Geriatric Mental Health, 4*(1), 4–10.
- ⁷⁴² Lal, R., & Pattanayak, R. D. (2017). Alcohol use among the elderly: Issues and considerations. *Journal of Geriatric Mental Health, 4*(1), 4–10.
- ⁷⁴³ Friedmann, P. D. (2013). Alcohol use in adults. *New England Journal of Medicine, 368*(17), 1655–1656.
- ⁷⁴⁴ Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings, 90*(5), 659–666.
- ⁷⁴⁵ Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings, 90*(5), 659–666.
- ⁷⁴⁶ Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings, 90*(5), 659–666.
- ⁷⁴⁷ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.

- ⁷⁴⁸ Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- ⁷⁴⁹ Taheri, A., Dahri, K., Chan, P., Shaw, M., Aulakh, A., & Tashakkor, A. (2014). Evaluation of a symptom-triggered protocol approach to the management of alcohol withdrawal syndrome in older adults. *Journal of the American Geriatrics Society, 62*(8), 1551–1555.
- ⁷⁵⁰ Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings, 90*(5), 659–666.
- ⁷⁵¹ Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings, 90*(5), 659–666.
- ⁷⁵² Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁷⁵³ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁷⁵⁴ Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse, 7*, 13–37.
- ⁷⁵⁵ Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse, 7*, 13–37.
- ⁷⁵⁶ Substance Abuse and Mental Health Services Administration. (2012). *SAMHSA's working definition of recovery* (p. 3). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF>
- ⁷⁵⁷ Kelly, J. F., & White, W. L. (2011). Addiction recovery management: Theory, research and practice. In W. L. White & J. F. Kelly (Eds.), *Addiction recovery management: Theory, research and practice* (pp. xi, 326). Totowa, NJ: Humana Press.
- ⁷⁵⁸ McKay, J. R. (2011). Continuing care and recovery. In J. F. Kelly & W. L. White (Eds.), *Addiction recovery management: Theory, research and practice* (pp. 163–183). Totowa, NJ: Humana Press.
- ⁷⁵⁹ Atkinson, R. M., & Misra, S. (2002). Further strategies in the treatment of aging alcoholics. In A. M. Gurnack, R. Atkinson, & N. J. Osgood (Eds.), *Treating alcohol and drug abuse in the elderly* (pp. 131–154). New York, NY: Springer.
- ⁷⁶⁰ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.
- ⁷⁶¹ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.
- ⁷⁶² McCrady, B. S. (2006). Family and other close relationships. In W. R. Miller & K. M. Carroll (Eds.), *Rethinking substance abuse: What the science shows, and what we should do about it* (pp. 166–181). New York, NY: Guilford Press.
- ⁷⁶³ McCrady, B. S. (2006). Family and other close relationships. In W. R. Miller & K. M. Carroll (Eds.), *Rethinking substance abuse: What the science shows, and what we should do about it* (pp. 166–181). New York, NY: Guilford Press.
- ⁷⁶⁴ National Academies of Sciences, Engineering, and Medicine. (2016). *Families caring for an aging America* (p. 366). Washington, DC: National Academies Press.
- ⁷⁶⁵ National Academies of Sciences, Engineering, and Medicine. (2016). *Families caring for an aging America* (p. 366). Washington, DC: National Academies Press.
- ⁷⁶⁶ National Academies of Sciences, Engineering, and Medicine. (2016). *Families caring for an aging America* (p. 366). Washington, DC: National Academies Press.
- ⁷⁶⁷ National Academies of Sciences, Engineering, and Medicine. (2016). *Families caring for an aging America* (p. 366). Washington, DC: National Academies Press.
- ⁷⁶⁸ Satre, D. D., Chi, F. W., Mertens, J. R., & Weisner, C. M. (2012). Effects of age and life transitions on alcohol and drug treatment outcome over nine years. *Journal of Studies on Alcohol and Drugs, 73*(3), 459–468.
- ⁷⁶⁹ Satre, D. D., Chi, F. W., Mertens, J. R., & Weisner, C. M. (2012). Effects of age and life transitions on alcohol and drug treatment outcome over nine years. *Journal of Studies on Alcohol and Drugs, 73*(3), 459–468.
- ⁷⁷⁰ Satre, D. D., Chi, F. W., Mertens, J. R., & Weisner, C. M. (2012). Effects of age and life transitions on alcohol and drug treatment outcome over nine years. *Journal of Studies on Alcohol and Drugs, 73*(3), 459–468.



- ⁷⁷¹ Donovan, D. M., Ingalsbe, M. H., Benbow, J., & Daley, D. C. (2013). 12-Step interventions and mutual support programs for substance use disorders: An overview. *Social Work in Public Health, 28*(3–4), 313–332.
- ⁷⁷² Timko, C. (2008). Outcomes of AA for special populations. In M. Galanter & L. A. Kaskutas (Eds.), *Research on Alcoholics Anonymous and spirituality in addiction recovery* (pp. 373–392). New York, NY: Springer.
- ⁷⁷³ Kelly, J. F., Stout, R. L., Magill, M., & Tonigan, J. S. (2011). The role of Alcoholics Anonymous in mobilizing adaptive social network changes: A prospective lagged mediational analysis. *Drug and Alcohol Dependence, 114*(2–3), 119–126.
- ⁷⁷⁴ Moos, R., & Timko, C. (2008). Outcome research on 12-Step and other self-help programs. In M. Galanter & H. O. Kleber (Eds.), *Textbook of substance abuse treatment* (pp. 511–521). Washington, DC: American Psychiatric Press.
- ⁷⁷⁵ Moos, R., & Timko, C. (2008). Outcome research on 12-Step and other self-help programs. In M. Galanter & H. O. Kleber (Eds.), *Textbook of substance abuse treatment* (pp. 511–521). Washington, DC: American Psychiatric Press.
- ⁷⁷⁶ Satre, D. D., Mertens, J. R., Areán, P. A., & Weisner, C. (2004). Five-year alcohol and drug treatment outcomes of older adults versus middle-aged and younger adults in a managed care program. *Addiction, 99*(10), 1286–1297.
- ⁷⁷⁷ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁷⁷⁸ Lemke, S., & Moos, R. H. (2003). Outcomes at 1 and 5 years for older patients with alcohol use disorders. *Journal of Substance Abuse Treatment, 24*(1), 43–50.
- ⁷⁷⁹ Alcoholics Anonymous World Services, Inc. (2015). Reaching the older alcoholics: The “Invisible Epidemic.” *Box 459, 61*(4), 6–7.
- ⁷⁸⁰ Satre, D. D., Blow, F. C., Chi, F. W., & Weisner, C. (2007). Gender differences in seven-year alcohol and drug treatment outcomes among older adults. *American Journal on Addictions, 16*(3), 216–221.
- ⁷⁸¹ Timko, C. (2008). Outcomes of AA for special populations. In M. Galanter & L. A. Kaskutas (Eds.), *Research on Alcoholics Anonymous and spirituality in addiction recovery* (pp. 373–392). New York, NY: Springer.
- ⁷⁸² Montes, K. S., & Tonigan, J. S. (2017). Does age moderate the effect of spirituality/religiousness in accounting for Alcoholics Anonymous benefit? *Alcoholism Treatment Quarterly, 35*(2), 96–112.
- ⁷⁸³ Satre, D. D., Mertens, J. R., Areán, P. A., & Weisner, C. (2004). Five-year alcohol and drug treatment outcomes of older adults versus middle-aged and younger adults in a managed care program. *Addiction, 99*(10), 1286–1297.
- ⁷⁸⁴ SMART Recovery. (2017). *Five year strategic plan: Freedom from addiction*. Mentor, OH: SMART Recovery. Retrieved from http://smartrecovery.org/wp-content/uploads/2017/11/2017_SMART_Strategic_Plan_Final.pdf
- ⁷⁸⁵ Beck, A. K., Forbes, E., Baker, A. L., Kelly, P. J., Deane, F. P., Shakeshaft, A., ... Kelly, J. F. (2017). Systematic review of SMART Recovery: Outcomes, process variables, and implications for research. *Psychology of Addictive Behaviors, 31*(1), 1–20.
- ⁷⁸⁶ Valentine, P., White, W., & Taylor, P. (2007). *The recovery community organization: Toward a definition and description* (p. 1). Retrieved from www.williamwhitepapers.com/pr/2007DefiningRecoveryCommunityOrganization.pdf
- ⁷⁸⁷ Substance Abuse and Mental Health Services Administration. (2011). *Screening, brief intervention, and referral to treatment (SBIRT) in behavioral healthcare*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf
- ⁷⁸⁸ Friedmann, P. D. (2013). Alcohol use in adults. *New England Journal of Medicine, 368*(17), 1655–1656.
- ⁷⁸⁹ Babor, T. F., & Higgins-Biddle, J. C. (2001). *Brief intervention for hazardous and harmful drinking: A manual for use in primary care*. Retrieved from <https://apps.who.int/iris/handle/10665/67210>
- ⁷⁹⁰ Fishleder, S., Schonfeld, L., Corvin, J., Tyler, S., & VandeWeerd, C. (2016). Drinking behavior among older adults in a planned retirement community: Results from the Villages survey. *International Journal of Geriatric Psychiatry, 31*(5), 536–543.
- ⁷⁹¹ Sacco, P., Burruss, K., Smith, C. A., Kuerbis, A., Harrington, D., Moore, A. A., & Resnick, B. (2015). Drinking behavior among older adults at a continuing care retirement community: Affective and motivational influences. *Aging and Mental Health, 19*(3), 279–289.
- ⁷⁹² Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.
- ⁷⁹³ Valentine, S. E., Bankoff, S. M., Poulin, R. M., Reidler, E. B., & Pantalone, D. W. (2015). The use of dialectical behavior therapy skills training as stand-alone treatment: A systematic review of the treatment outcome literature. *Journal of Clinical Psychology, 71*(1), 1–20.
- ⁷⁹⁴ Chapman, A. L. (2006). Dialectical behavior therapy: Current indications and unique elements. *Psychiatry, 3*(9), 62–68.

- ⁷⁹⁵ Drossel, C., Fisher, J. E., & Mercer, V. (2011). A DBT skills training group for family caregivers of persons with dementia. *Behavior Therapy, 42*(1), 109–119.
- ⁷⁹⁶ Aalto, M., Alho, H., Halme, J. T., & Seppä, K. (2011). The Alcohol Use Disorders Identification Test (AUDIT) and its derivatives in screening for heavy drinking among the elderly. *International Journal of Geriatric Psychiatry, 26*(9), 881–885.
- ⁷⁹⁷ Barbor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in primary care* (2nd ed., p. 17). Geneva, Switzerland: World Health Organization.
- ⁷⁹⁸ Barbor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in primary care* (2nd ed., p. 31). Geneva, Switzerland: World Health Organization.
- ⁷⁹⁹ Aalto, M., Alho, H., Halme, J. T., & Seppä, K. (2011). The Alcohol Use Disorders Identification Test (AUDIT) and its derivatives in screening for heavy drinking among the elderly. *International Journal of Geriatric Psychiatry, 26*(9), 881–885.
- ⁸⁰⁰ Blow, F. C., et al. (1998). Brief screening for alcohol problems in elderly populations using the Short Michigan Alcoholism Screening Test-Geriatric Version (SMAST-G). Hilton Head Island, SC: Research Society on Alcoholism Annual Scientific Meeting.
- ⁸⁰¹ Smith, M., Robinson, L., & Segal, J. (2019). Coping with grief and loss: Understanding the grieving process and learning to heal. Retrieved from <https://staging.helpguide.org/articles/grief/coping-with-grief-and-loss.htm>
- ⁸⁰² Substance Abuse and Mental Health Services Administration. (2017). *A guide to preventing older adult alcohol and psychoactive medication misuse/abuse: Screening and brief interventions* (p. 83). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.ncoa.org/wp-content/uploads/SBIRT-Older-Adult-Manual-Final.pdf
- ⁸⁰³ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁸⁰⁴ Outlaw, F. H., Marquart, J. M., Roy, A., Luellen, J. K., Moran, M., Willis, A., & Doub, T. (2010). Treatment outcomes for older adults who abuse substances. *Journal of Applied Gerontology, 31*(1), 78–100.
- ⁸⁰⁵ Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse, 7*, 13–37.
- ⁸⁰⁶ Mowbray, O., & Quinn, A. (2015). A scoping review of treatments for older adults with substance use problems. *Research on Social Work Practice, 26*(1), 74–87.
- ⁸⁰⁷ Mowbray, O., & Quinn, A. (2015). A scoping review of treatments for older adults with substance use problems. *Research on Social Work Practice, 26*(1), 74–87.
- ⁸⁰⁸ Carew, A. M., & Comiskey, C. (2018). Treatment for opioid use and outcomes in older adults: A systematic literature review. *Drug and Alcohol Dependence, 182*, 48–57.
- ⁸⁰⁹ Family Caregiver Alliance. (2019). Caregiver statistics: Demographics. Retrieved from www.caregiver.org/caregiver-statistics-demographics
- ⁸¹⁰ Drugs.com. (2018). What are drug interactions? Retrieved August 27, 2018, from www.drugs.com/drug_interactions.html
- ⁸¹¹ World Health Organization. (2018). Management of substance abuse: Psychoactive substances. Retrieved from www.who.int/substance_abuse/terminology/psychoactive_substances/en/
- ⁸¹² American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ⁸¹³ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ⁸¹⁴ U.S. Census Bureau. (2019, October 8). *Older people projected to outnumber children for first time in U.S. history* [Revised press release]. Retrieved April 14, 2020, from www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html
- ⁸¹⁵ Cleary, M., Sayers, J., Bramble, M., Jackson, D., & Lopez, V. (2017). Overview of substance use and mental health among the “baby boomers” generation. *Issues in Mental Health Nursing, 38*(1), 61–65.
- ⁸¹⁶ Wu, L.-T., & Blazer, D. G. (2011). Illicit and nonmedical drug use among older adults: A review. *Journal of Aging and Health, 23*(3), 481–504.
- ⁸¹⁷ Han, B. H., Sherman, S., Mauro, P. M., Martins, S. S., Rotenberg, J., & Palamar, J. J. (2017). Demographic trends among older cannabis users in the United States, 2006–13. *Addiction (Abingdon, England), 112*(3), 516–525.
- ⁸¹⁸ National Drug Intelligence Center. (2011). *The economic impact of illicit drug use on American society*. Retrieved from www.justice.gov/archive/ndic/pubs44/44731/44731p.pdf
- ⁸¹⁹ Florence, C. S., Zhou, C., Luo, F., & Xu, L. (2016). The economic burden of prescription opioid overdose, abuse, and dependence in the United States, 2013. *Medical Care, 54*(10), 901–906.



- ⁸²⁰ Buttorff, C., Rudder, T., & Bauman, M. (2017). *Multiple chronic conditions in the United States*. Santa Monica, CA: RAND Corporation.
- ⁸²¹ Rich, P. B., & Adams, S. D. (2015). Health care: Economic impact of caring for geriatric patients. *Surgical Clinics of North America*, *95*(1), 11–21.
- ⁸²² Sambamoorthi, U., Tan, X., & Deb, A. (2015). Multiple chronic conditions and healthcare costs among adults. *Expert Review of Pharmacoeconomics and Outcomes Research*, *15*(5), 823–832.
- ⁸²³ Alpert, P. T. (2014). Alcohol abuse in older adults: An invisible population. *Home Health Care Management and Practice*, *26*(4), 269–272.
- ⁸²⁴ Benshoff, J. J., Harrawood, L. K., & Koch, D. S. (2003). Substance abuse and the elderly: Unique issues and concerns. *Journal of Rehabilitation*, *69*(2), 43.
- ⁸²⁵ Alpert, P. T. (2014). Alcohol abuse in older adults: An invisible population. *Home Health Care Management and Practice*, *26*(4), 269–272.
- ⁸²⁶ Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, *7*, 13–37.
- ⁸²⁷ Mowbray, O., & Quinn, A. (2016). A scoping review of treatments for older adults with substance use problems. *Research on Social Work Practice*, *26*(1), 74–87.
- ⁸²⁸ Moy, I., Crome, P., Crome, I., & Fisher, M. (2011). Systematic and narrative review of treatment for older people with substance problems. *European Geriatric Medicine*, *2*(4), 212–236.
- ⁸²⁹ Bhatia, U., Nadkarni, A., Murthy, P., Rao, R., & Crome, I. (2015). Recent advances in treatment for older people with substance use problems: An updated systematic and narrative review. *European Geriatric Medicine*, *6*(6), 580–586.
- ⁸³⁰ Satre, D. D. (2015). Alcohol and drug use problems among older adults. *Clinical Psychology: Science and Practice*, *22*(3), 238–254.
- ⁸³¹ National Center for Health Statistics. (2019). *Health, United States, 2018*. Retrieved from www.cdc.gov/nchs/data/abus/abus18.pdf
- ⁸³² Milton, J. C., Hill-Smith, I., & Jackson, S. H. (2008). Prescribing for older people. *BMJ*, *336*(7644), 606–609.
- ⁸³³ 2019 American Geriatrics Society Beers Criteria® Update Expert Panel. (2019). Updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. *Journal of the American Geriatrics Society*, *67*(4), 674–694.
- ⁸³⁴ Milton, J. C., Hill-Smith, I., & Jackson, S. H. (2008). Prescribing for older people. *BMJ*, *336*(7644), 606–609.
- ⁸³⁵ Rochon, P. A. (2020). Drug prescribing for older adults. In J. Givens (Ed.), *UpToDate*. Retrieved from www.uptodate.com/contents/drug-prescribing-for-older-adults
- ⁸³⁶ Aira, M., Hartikainen, S., & Sulkava, R. (2008). Drinking alcohol for medicinal purposes by people aged over 75: A community-based interview study. *Family Practice*, *25*(6), 44–59.
- ⁸³⁷ Levi-Minzi, M. A., Surratt, H. L., Kurtz, S. P., & Buttram, M. E. (2013). Under treatment of pain: A prescription for opioid misuse among the elderly? *Pain Medicine*, *14*(11), 1719–1729.
- ⁸³⁸ Christie, M. M., Bamber, D., Powell, C., Arrindell, T., & Pant, A. (2013). Older adult problem drinkers: Who presents for alcohol treatment? *Aging and Mental Health*, *17*(1), 24–32.
- ⁸³⁹ West, N. A., Severtson, S. G., Green, J. L., & Dart, R. C. (2015). Trends in abuse and misuse of prescription opioids among older adults. *Drug and Alcohol Dependence*, *149*, 117–121.
- ⁸⁴⁰ Institute of Medicine. (2011). *Relieving pain in America: A blueprint for transforming prevention, care, education, and research*. Washington, DC: The National Academies Press.
- ⁸⁴¹ Wick, J. Y. (2013). The history of benzodiazepines. *Consultant Pharmacist*, *28*(9), 538–548.
- ⁸⁴² Tannenbaum, C., Paquette, A., Hilmer, S., Holroyd-Leduc, J., & Carnahan, R. (2012). A systematic review of amnestic and non-amnestic mild cognitive impairment induced by anticholinergic, antihistamine, GABAergic, and opioid drugs. *Drugs and Aging*, *29*(8), 639–658.
- ⁸⁴³ Wang, R., Chen, L., Fan, L., Gao, D., Liang, Z., He, J., ... Gao, L. (2015). Incidence and effects of polypharmacy on clinical outcome among patients aged 80+: A five-year follow-up study. *PLoS One*, *10*(11), e0142123.
- ⁸⁴⁴ Alomar, M. J. (2014). Factors affecting the development of adverse drug reactions (Review article). *Saudi Pharmaceutical Journal*, *22*(2), 83–94.
- ⁸⁴⁵ Maher, R. L., Hanlon, J. T., & Hajjar, E. R. (2014). Clinical consequences of polypharmacy in elderly. *Expert Opinion on Drug Safety*, *13*(1), 57–65.
- ⁸⁴⁶ Park, T. W., Saitz, R., Ganoczy, D., Ilgen, M. A., & Bohnert, A. S. (2015). Benzodiazepine prescribing patterns and deaths from drug overdose among US veterans receiving opioid analgesics: Case-cohort study. *BMJ*, *350*. doi:10.1136/bmj.h2698
- ⁸⁴⁷ Food and Drug Administration. (2016). FDA Drug Safety Communication: *FDA warns about serious risks and death when combining opioid pain or cough medicines with benzodiazepines; Requires its strongest warning*. Retrieved from www.fda.gov/Drugs/DrugSafety/ucm518473.htm

- ⁸⁴⁸ Food and Drug Administration. (2017). FDA Drug Safety Communication: *FDA urges caution about withholding opioid addiction medications from patients taking benzodiazepines or CNS depressants: Careful medication management can reduce risks*. Retrieved from www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-urges-caution-about-withholding-opioid-addiction-medications
- ⁸⁴⁹ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁸⁵⁰ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁸⁵¹ Chhatre, S., Cook, R., Mallik, E., & Jayadevappa, R. (2017). Trends in substance use admissions among older adults. *BMC Health Services Research*, 17(1), 584.
- ⁸⁵² Black, P., & Joseph, L. J. (2014). Still dazed and confused: Midlife marijuana use by the baby boom generation. *Deviant Behavior*, 35(10), 822–841.
- ⁸⁵³ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁸⁵⁴ Curran, H. V., Freeman, T. P., Mokrysz, C., Lewis, D. A., Morgan, C. J., & Parsons, L. H. (2016). Keep off the grass? Cannabis, cognition and addiction. *National Reviews: Neuroscience*, 17(5), 293–306.
- ⁸⁵⁵ Lev-Ran, S., Roerecke, M., Le Foll, B., George, T. P., McKenzie, K., & Rehm, J. (2014). The association between cannabis use and depression: A systematic review and meta-analysis of longitudinal studies. *Psychological Medicine*, 44(4), 797–810.
- ⁸⁵⁶ Armentano, P. (2013). Cannabis and psychomotor performance: A rational review of the evidence and implications for public policy. *Drug Testing and Analysis*, 5(1), 52–56.
- ⁸⁵⁷ Mechoulam, R., & Parker, L. A. (2013). The endocannabinoid system and the brain. *Annual Review of Psychology*, 64, 21–47.
- ⁸⁵⁸ ElSohly, M. A., Mehmedic, Z., Foster, S., Gon, C., Chandra, S., & Church, J. C. (2016). Changes in cannabis potency over the last 2 decades (1995–2014): Analysis of current data in the United States. *Biological Psychiatry*, 79(7), 613–619.
- ⁸⁵⁹ Han, B. H., & Moore, A. A. (2018). Prevention and screening of unhealthy substance use by older adults. *Clinics in Geriatric Medicine*, 34(1), 117–129.
- ⁸⁶⁰ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁸⁶¹ Searby, A., Maude, P., & McGrath, I. (2015). Dual diagnosis in older adults: A review. *Issues in Mental Health Nursing*, 36(2), 104–111.
- ⁸⁶² Sacco, P., Unick, G. J., Zanjani, F., & Camlin, E. A. S. (2015). Hospital outcomes in major depression among older adults: Differences by alcohol comorbidity. *Journal of Dual Diagnosis*, 11(1), 83–92.
- ⁸⁶³ Schulte, M. T., & Hser, Y.-I. (2014). Substance use and associated health conditions throughout the lifespan. *Public Health Reviews*, 35(2).
- ⁸⁶⁴ Han, B. H., & Moore, A. A. (2018). Prevention and screening of unhealthy substance use by older adults. *Clinics in Geriatric Medicine*, 34(1), 117–129.
- ⁸⁶⁵ Han, B. H., & Moore, A. A. (2018). Prevention and screening of unhealthy substance use by older adults. *Clinics in Geriatric Medicine*, 34(1), 117–129.
- ⁸⁶⁶ Han, B. H., & Moore, A. A. (2018). Prevention and screening of unhealthy substance use by older adults. *Clinics in Geriatric Medicine*, 34(1), 117–129.
- ⁸⁶⁷ Agency for Healthcare Research and Quality. (2015). *Health Literacy Universal Precautions Toolkit* (2nd ed.). Retrieved from www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2.html
- ⁸⁶⁸ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ⁸⁶⁹ Weiss, B. D., Brega, A. G., LeBlanc, W. G., Mabachi, N. M., Barnard, J., Albright, K., ... West, D. R. (2016). Improving the effectiveness of medication review: Guidance from the Health Literacy Universal Precautions Toolkit. *Journal of the American Board of Family Medicine*, 29(1), 18–23.
- ⁸⁷⁰ Han, B. H., & Moore, A. A. (2018). Prevention and screening of unhealthy substance use by older adults. *Clinics in Geriatric Medicine*, 34(1), 117–129.
- ⁸⁷¹ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.



- ⁸⁷² Han, B. H., & Moore, A. A. (2018). Prevention and screening of unhealthy substance use by older adults. *Clinics in Geriatric Medicine*, 34(1), 117–129.
- ⁸⁷³ Barry, K. L., Blow, F. C., & Oslin, D. W. (2002). Substance abuse in older adults: Review and recommendations for education and practice in medical settings. *Substance Abuse*, 23(Suppl. 3), 105–131.
- ⁸⁷⁴ Kuerbis, A., Sacco, P., Blazer, D., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30, 629–654.
- ⁸⁷⁵ Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Washington, DC: Department of Health and Human Services.
- ⁸⁷⁶ National Institute on Drug Abuse. (2018). *Principles of drug addiction treatment: A research-based guide* (3rd ed.). Bethesda, MD: National Institute on Drug Abuse. Retrieved from www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface
- ⁸⁷⁷ Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., & Miller, M. M. (Eds.). (2013). Application to adult special populations: Older adults. In *The ASAM criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (3rd ed., pp. 307–317). Carson City, NV: The Change Companies.
- ⁸⁷⁸ Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., & Miller, M. M. (Eds.). (2013). Level of care placement (3rd ed., pp. 174–306). In *The ASAM criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (3rd ed., pp. 307–317). Carson City, NV: The Change Companies.
- ⁸⁷⁹ Satre, D. D. & Leibowitz, A. (2015). Brief alcohol and drug interventions and motivational interviewing. In P. Areán (Ed.), *Treatment of late-life depression, anxiety, trauma and substance abuse* (pp. 163–280). Washington, DC: American Psychological Association.
- ⁸⁸⁰ Substance Abuse and Mental Health Services Administration. (2017). *A guide to preventing older adult alcohol and psychoactive medication misuse/abuse: Screening and brief interventions*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.ncoa.org/wp-content/uploads/SBIRT-Older-Adult-Manual-Final.pdf
- ⁸⁸¹ Mercadante, S. (2015). Opioid metabolism and clinical aspects. *European Journal of Pharmacology*, 769, 71–78.
- ⁸⁸² Martin, C. M., & Forrester, C. S. (2013). Anticipating and managing opioid side effects in the elderly. *Consultant Pharmacist*, 28(3), 150–159.
- ⁸⁸³ Dowell, D., Haegerich, T. M., & Chou, R. (2016). CDC guideline for prescribing opioids for chronic pain: United States, 2016. *MMWR Recommendations and Reports*, 65(No. RR-1), 1–49.
- ⁸⁸⁴ Substance Abuse and Mental Health Services Administration. (2018). *SAMHSA opioid overdose prevention toolkit*. HHS Publication No. (SMA) 18-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742>
- ⁸⁸⁵ Bommersbach, T. J., Lapid, M. A., Rumman, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- ⁸⁸⁶ Substance Abuse and Mental Health Services Administration. (2020). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. Publication No. PEP20-02-01-006. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ⁸⁸⁷ Kahan, M., Srivastava, A., Ordean, A., & Cirone, S. (2011). Buprenorphine: New treatment of opioid addiction in primary care. *Canadian Family Physician*, 57(3), 281–289.
- ⁸⁸⁸ Whelan, P. J., & Remski, K. (2012). Buprenorphine vs. methadone treatment: A review of evidence in both developed and developing worlds. *Journal of Neurosciences in Rural Practice*, 3(1), 45–50.
- ⁸⁸⁹ Karp, J. F., Butters, M. A., Begley, A. E., Miller, M. D., Lenze, E. J., Blumberger, D. M., ... Reynolds, C. F., III. (2014). Safety, tolerability, and clinical effect of low-dose buprenorphine for treatment-resistant depression in midlife and older adults. *Journal of Clinical Psychiatry*, 75(8), e785–e793.
- ⁸⁹⁰ Le Roux, C., Tang, Y., & Drexler, K. (2016). Alcohol and opioid use disorder in older adults: Neglected and treatable illnesses. *Current Psychiatry Reports*, 18(9), 87.
- ⁸⁹¹ Dugosh, K., Abraham, A., Seymour, B., McLoyd, K., Chalk, M., & Festinger, D. (2016). A systematic review on the use of psychosocial interventions in conjunction with medications for the treatment of opioid addiction. *Journal of Addiction Medicine*, 10(2), 93–103.
- ⁸⁹² Makris, U. E., Abrams, R. C., Gurland, B., & Reid, M. C. (2014). Management of persistent pain in the older patient: A clinical review. *JAMA*, 312(8), 825–836.
- ⁸⁹³ Makris, U. E., Abrams, R. C., Gurland, B., & Reid, M. C. (2014). Management of persistent pain in the older patient: A clinical review. *JAMA*, 312(8), 825–836.
- ⁸⁹⁴ Keilman, L. (2015). *Compendium of evidence-based nonpharmacologic interventions for pain in older adults*. East Lansing, MI: Michigan State University, College of Nursing.
- ⁸⁹⁵ Bicket, M. C., & Mao, J. (2015). Chronic pain in older adults. *Anesthesiology Clinics*, 33(3), 577–590.

- ⁸⁹⁶ Makris, U. E., Abrams, R. C., Gurland, B., & Reid, M. C. (2014). Management of persistent pain in the older patient: A clinical review. *JAMA*, *312*(8), 825–836.
- ⁸⁹⁷ Schroeck, J. L., Ford, J., Conway, E. L., Kurtzhals, K. E., Gee, M. E., Vollmer, K. A., & Mergenhagen, K. A. (2016). Review of safety and efficacy of sleep medicines in older adults. *Clinical Therapeutics*, *38*(11), 2340–2372.
- ⁸⁹⁸ Hood, S. D., Norman, A., Hince, D. A., Melichar, J. K., & Hulse, G. K. (2014). Benzodiazepine dependence and its treatment. *British Journal of Clinical Pharmacology*, *77*, 285–294.
- ⁸⁹⁹ Gould, R. L., Coulson, M. C., Patel, N., Highton-Williamson, E., & Howard, R. J. (2014). Interventions for reducing benzodiazepine use in older people: Meta-analysis of randomised controlled trials. *British Journal of Psychiatry*, *204*(2), 98–107.
- ⁹⁰⁰ Markota, M., Rummans, T., Bostwick, M., & Lapid, M. (2016). Benzodiazepine use in older adults: Dangers, management, and alternative therapies. *Mayo Clinic Proceedings*, *91*(11), 1632–1639.
- ⁹⁰¹ Tannenbaum, C., Martin, P., Tamblyn, R., Benedetti, A., & Ahmed, S. (2014). Reduction of inappropriate benzodiazepine prescriptions among older adults through direct patient education: The EMPOWER cluster randomized trial. *JAMA Internal Medicine*, *174*(6), 890–898.
- ⁹⁰² Paquin, A. M., Zimmerman, K., & Rudolph, J. L. (2014). Risk versus risk: A review of benzodiazepine reduction in older adults. *Expert Opinion on Drug Safety*, *13*(7), 919–934.
- ⁹⁰³ Tannenbaum, C. (2015). Inappropriate benzodiazepine use in elderly patients and its reduction. *Journal of Psychiatry and Neuroscience*, *40*(3), E27–E28.
- ⁹⁰⁴ Lovato, N., Lack, L., Wright, H., & Kennaway, D. J. (2014). Evaluation of a brief treatment program of cognitive behavior therapy for insomnia in older adults. *Sleep*, *37*(1), 117–126.
- ⁹⁰⁵ Rybarczyk, B., Lund, H. G., Garroway, A. M., & Mack, L. (2013). Cognitive behavioral therapy for insomnia in older adults: Background, evidence, and overview of treatment protocol. *Clinical Gerontologist*, *36*(1), 70–93.
- ⁹⁰⁶ McMurry, S. M., Logsdon, R. G., Teri, L., & Vitiello, M. V. (2007). Evidence-based psychological treatments for insomnia in older adults. *Psychology and Aging*, *22*(1), 18–27.
- ⁹⁰⁷ Belanger, L., LeBlanc, M., & Morin, C. M. (2012). Cognitive behavioral therapy for insomnia in older adults. *Cognitive and Behavioral Practice*, *19*(1), 101–115.
- ⁹⁰⁸ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ⁹⁰⁹ Bonnet, U., & Preuss, U. W. (2017). The cannabis withdrawal syndrome: Current insights. *Substance Abuse and Rehabilitation*, *8*, 9–37.
- ⁹¹⁰ National Institute on Drug Abuse. (2019). Marijuana Research Report. www.drugabuse.gov/publications/research-reports/marijuana
- ⁹¹¹ Stern, T. A., Celano, C. M., Gross, A. F., Huffman, J. C., Freudenreich, O., Kontos, N., ... Thompson, B. T. (2010). The assessment and management of agitation and delirium in the general hospital. *Primary Care Companion to the Journal of Clinical Psychiatry*, *12*(1), PCC.09r00938.
- ⁹¹² Kim, J. H., & Lawrence, A. J. (2014). Drugs currently in Phase II clinical trials for cocaine addiction. *Expert Opinion on Investigational Drugs*, *23*(8), 1105–1122.
- ⁹¹³ Haile, C. N., & Kosten, T. R. (2013). Pharmacotherapy for stimulant-related disorders. *Current Psychiatry Reports*, *15*(11), 10.1007/s11920-013-0415-y.
- ⁹¹⁴ Lee, N. K., & Rawson, R. A. (2008). A systematic review of cognitive and behavioural therapies for methamphetamine dependence. *Drug and Alcohol Review*, *27*(3), 309–317.
- ⁹¹⁵ Jhanjee, S. (2014). Evidence-based psychosocial interventions in substance use. *Indian Journal of Psychological Medicine*, *36*(2), 112–118.
- ⁹¹⁶ Jhanjee, S. (2014). Evidence-based psychosocial interventions in substance use. *Indian Journal of Psychological Medicine*, *36*(2), 112–118.
- ⁹¹⁷ Bhatia, U., Nadkarni, A., Murthy, P., Rao, R., & Crome, I. (2015). Recent advances in treatment for older people with substance use problems: An updated systematic and narrative review. *European Geriatric Medicine*, *6*, 580–586.
- ⁹¹⁸ Kiosses, D. N., & Alexopoulos, G. S. (2014). Problem-solving therapy in the elderly. *Current Treatment Options in Psychiatry*, *1*(1), 15–26.
- ⁹¹⁹ Zbikowski, S. M., Magnusson, B., Pockey, J. R., Tindle, H. A., & Weaver, K. E. (2012). A review of smoking cessation interventions for smokers aged 50 and over. *Maturitas*, *71*, 131–141.
- ⁹²⁰ Kropf, N. P., & Cummings, S. M. (2017). *Evidence-based treatment with older adults: Theory, Practice, and Research*. New York, NY: Oxford University Press.
- ⁹²¹ Moy, I., Crome, P., Crome, I., & Fisher, M. (2011). Systematic and narrative review of treatment for older people with substance problems. *European Geriatric Medicine*, *2*(4), 212–236.
- ⁹²² Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.

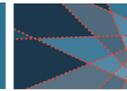


- ⁹²³ Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse, 7*, 13–37.
- ⁹²⁴ Oslin, D. W., Slaymaker, V. J., Blow, F. C., Owen, P. L., & Colleran, C. (2005). Treatment outcomes for alcohol dependence among middle-aged and older adults. *Addictive Behaviors, 30*(7), 1431–1436.
- ⁹²⁵ Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse, 7*, 13–37.
- ⁹²⁶ Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS Publication No. (SMA) 03-3824. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824>
- ⁹²⁷ Kelly, J. F., & White, W. L. (2011). Addiction recovery management: Theory, research and practice. In J. F. White & W. L. White (Eds.), *Current clinical psychiatry* (pp. xi, 326). Totowa, NJ: Humana Press.
- ⁹²⁸ Kelly, J. F., & White, W. L. (2011). Addiction recovery management: Theory, research and practice. In J. F. White & W. L. White (Eds.), *Current clinical psychiatry* (pp. xi, 326). Totowa, NJ: Humana Press.
- ⁹²⁹ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.
- ⁹³⁰ Oslin, D. W., Grantham, S., Coakley, E., Maxwell, J., Miles, K., Ware, J., ... Levkoff, S. (2006). PRISM-E: Comparison of integrated care and enhanced specialty referral in managing at-risk alcohol use. *Psychiatric Services, 57*(7), 954–958.
- ⁹³¹ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.
- ⁹³² McCrady, B. S. (2006). Family and other close relationships. In W. R. Miller & K. M. Carroll (Eds.), *Rethinking substance abuse: What the science shows, and what we should do about it* (pp. 166–181). New York, NY: Guilford Press.
- ⁹³³ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.
- ⁹³⁴ Donovan, D. M., Ingalsbe, M. H., Benbow, J., & Daley, D. C. (2013). 12-Step Interventions and mutual support programs for substance use disorders: An overview. *Social Work in Public Health, 28*(3–4), 313–332.
- ⁹³⁵ Donovan, D. M., Ingalsbe, M. H., Benbow, J., & Daley, D. C. (2013). 12-Step interventions and mutual support programs for substance use disorders: An overview. *Social Work in Public Health, 28*(3–4), 313–332.
- ⁹³⁶ Beck, A. K., Forbes, E., Baker, A. L., Kelly, P. J., Deane, F. P., Shakeshaft, A., ... Kelly, J. F. (2017). Systematic review of SMART Recovery: Outcomes, process variables, and implications for research. *Psychology of Addictive Behaviors, 31*(1), 1–20.
- ⁹³⁷ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.
- ⁹³⁸ Kelly, J. F., Greene, M. C., & Bergman, B. G. (2014). Do drug-dependent patients attending Alcoholics Anonymous rather than Narcotics Anonymous do as well? A prospective, lagged, matching analysis. *Alcohol and Alcoholism, 49*(6), 645–653.
- ⁹³⁹ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.
- ⁹⁴⁰ Kelly, J. F., Stout, R. L., Magill, M., & Tonigan, J. S. (2011). The role of Alcoholics Anonymous in mobilizing adaptive social network changes: A prospective lagged mediational analysis. *Drug and Alcohol Dependence, 114*(2–3), 119–126.
- ⁹⁴¹ Wolitzky-Taylor, K. B., Castriotta, N., Lenze, E. J., Stanley, M. A., & Craske, M. G. (2010). Anxiety disorders in older adults: A comprehensive review. *Depression and Anxiety, 27*(2), 190–211.
- ⁹⁴² Wolitzky-Taylor, K. B., Castriotta, N., Lenze, E. J., Stanley, M. A., & Craske, M. G. (2010). Anxiety disorders in older adults: A comprehensive review. *Depression and Anxiety, 27*(2), 190–211.
- ⁹⁴³ Chernick, R., & Kuerbis, A. (2016). Social and familial contexts for drinking among older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 149–166). New York, NY: Springer.
- ⁹⁴⁴ Bogenschutz, M. P., Donovan, D. M., Mandler, R. N., Perl, H. I., Forcehimes, A. A., Crandall, C., ... Douaihy, A. (2014). Brief intervention for drug users presenting in emergency departments (NIDA CTN Protocol 0047: SMART-ED). *JAMA Internal Medicine, 174*(11), 1736–1745.
- ⁹⁴⁵ Lofwall, M. R., Schuster, A., & Strain, E. C. (2008). Changing profile of abused substances by older persons entering treatment. *Journal of Nervous and Mental Disease, 196*(12), 898–905.
- ⁹⁴⁶ Yarnell, S. C. (2015). Cocaine abuse in later life: A case series and review of the literature. *Primary Care Companion for CNS Disorders, 17*(2), 10.4088/PCC.14r01727.

- ⁹⁴⁷ Yarnell, S. C. (2015). Cocaine abuse in later life: A case series and review of the literature. *Primary Care Companion for CNS Disorders*, 17(2), 10.4088/PCC.14r01727.
- ⁹⁴⁸ Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., & Miller, M. M. (Eds.). (2013). Application to adult special populations: Older adults. In *The ASAM criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (3rd ed., pp. 307–317). Carson City, NV: The Change Companies.
- ⁹⁴⁹ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- ⁹⁵⁰ Rooney, R. F. (2014). Preventing dementia: How lifestyle in midlife affects risk. *Current Opinion in Psychiatry*, 27(2), 149–157.
- ⁹⁵¹ Baumgart, M., Snyder, H. M., Carrillo, M. C., Fazio, S., Kim, H., & Johns, H. (2015). Summary of the evidence on modifiable risk factors for cognitive decline and dementia: A population-based perspective. *Alzheimer's and Dementia*, 11(6), 718–726.
- ⁹⁵² National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- ⁹⁵³ U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- ⁹⁵⁴ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ⁹⁵⁵ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- ⁹⁵⁶ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁹⁵⁷ Kaiser Permanente. (2019). Alcohol use in older adults. Retrieved from <https://wa.kaiserpermanente.org/healthAndWellness/index.jhtml?item=%2Fcommon%2FhealthAndWellness%2FhealthyLiving%2Flifestyle%2Falcohol-seniors.html>
- ⁹⁵⁸ Family Caregiver Alliance. (2019). Caregiver statistics: Demographic. Retrieved from www.caregiver.org/caregiver-statistics-demographics
- ⁹⁵⁹ Drugs.com. (2018). What are drug interactions? Retrieved August 27, 2018, from www.drugs.com/drug_interactions.html
- ⁹⁶⁰ World Health Organization. (2018). Lexicon of alcohol and drug terms published by the World Health Organization. Retrieved from www.who.int/substance_abuse/terminology/who_lexicon/en/
- ⁹⁶¹ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁹⁶² U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- ⁹⁶³ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- ⁹⁶⁴ Centers for Disease Control and Prevention. (2018). Alcohol and Public Health. Frequently Asked Questions. Retrieved from www.cdc.gov/alcohol/faqs.htm
- ⁹⁶⁵ U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- ⁹⁶⁶ World Health Organization. (2018). Management of substance abuse: Psychoactive substances. Retrieved August 27, 2018, from www.who.int/substance_abuse/terminology/psychoactive_substances/en/
- ⁹⁶⁷ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ⁹⁶⁸ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ⁹⁶⁹ Chhatre, S., Cook, R., Mallik, E., & Jayadevappa, R. (2017). Trends in substance use admissions among older adults. *BMC Health Services Research*, 17(1), 584.
- ⁹⁷⁰ Alpert, P. (2014). Alcohol abuse in older adults: An invisible population. *Home Health Care Management and Practice*, 26(4), 269–272.
- ⁹⁷¹ American Psychiatric Association. (2015). Position statement on substance use disorders in older adults. www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Substance-Use-Disorders-in-Older-Adults.pdf



- ⁹⁷² Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- ⁹⁷³ Qato, D. M., Manzoor, B. S., & Lee, T. A. (2015). Drug-alcohol interactions in older U.S. adults. *Journal of the American Geriatrics Society*, 63(11), 2324–2331.
- ⁹⁷⁴ Mattson, M., Lipari, R. N., Hays, C., & Van Horn, S. L. (2017). A day in the life of older adults: Substance use facts. *The CBHSQ Report*. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved March 10, 2018, from www.samhsa.gov/data/sites/default/files/report_2792/ShortReport-2792.html
- ⁹⁷⁵ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁹⁷⁶ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁹⁷⁷ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁹⁷⁸ National Institute on Alcohol Abuse and Alcoholism. (2016). *Rethinking drinking*. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism.
- ⁹⁷⁹ Breslow, R. A., Castle, I. P., Chen, C. M., & Graubard, B. I. (2017). Trends in alcohol consumption among older Americans: National Health Interview Surveys, 1997 to 2014. *Alcoholism, Clinical and Experimental Research*, 41(5), 976–986.
- ⁹⁸⁰ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁹⁸¹ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁹⁸² National Institute on Drug Abuse. (2018). Misuse of prescription drugs. Retrieved from www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs
- ⁹⁸³ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ⁹⁸⁴ Blazer, D. G., & Wu, L. T. (2012). Patterns of tobacco use and tobacco-related psychiatric morbidity and substance use among middle-aged and older adults in the United States. *Aging and Mental Health*, 16(3), 296–304.
- ⁹⁸⁵ American Geriatrics Society. (2019). Updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. *Journal of the American Geriatrics Society*, 67(4), 674–694.
- ⁹⁸⁶ Markota, M., Rummans, T. A., Bostwick, J. M., & Lapid, M. I. (2016). Benzodiazepine use in older adults: Dangers, management, and alternative therapies. *Mayo Clinic Proceedings*, 91(11), 1632–1639.
- ⁹⁸⁷ Choi, N. G., DiNitto, D. M., & Marti, C. N. (2016). Older marijuana users: Life stressors and perceived social support. *Drug and Alcohol Dependence*, 169, 56–63.
- ⁹⁸⁸ Bolla, K. I., Brown, K., Eldreth, D., Tate, K., & Cadet, J. L. (2002). Dose-related neurocognitive effects of marijuana use. *Neurology*, 59(9), 1337–1343.
- ⁹⁸⁹ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- ⁹⁹⁰ Moore, A. A., Whiteman, E. J., & Ward, K. T. (2007). Risks of combined alcohol/medication use in older adults. *American Journal of Geriatric Pharmacotherapy*, 5(1), 64–74.
- ⁹⁹¹ Holton, A. E., Gallagher, P., Fahey, T., & Cousins, G. (2017). Concurrent use of alcohol interactive medications and alcohol in older adults: A systematic review of prevalence and associated adverse outcomes. *BMC Geriatrics*, 17(1), 148.
- ⁹⁹² Zanjani, F., Smith, R., Slavova, S., Charnigo, R., Schoenberg, N., ... Clayton, R. (2016). Concurrent alcohol and medication poisoning hospital admissions among older rural and urban residents. *American Journal of Drug and Alcohol Abuse*, 42(4), 422–430.
- ⁹⁹³ Clausen, T., Martinez, P., Towers, A., Greenfield, T., & Kowal, P. (2016). Alcohol consumption at any level increases risk of injury caused by others: Data from the Study on Global AGEing and Adult Health. *Substance Abuse*, 9(Suppl. 2), 125–132.



- ⁹⁹⁴ Thompson, H. J., Dikmen, S., & Temkin, N. (2012). Prevalence of comorbidity and its association with traumatic brain injury and outcomes in older adults. *Research in Gerontological Nursing*, *5*(1), 17–24.
- ⁹⁹⁵ Grossbard, J., Malte, C. A., Lapham, G., Pagulayan, K., Turner, A. P., Rubinsky, A. D., ... Hawkins, E. J. (2017). Prevalence of alcohol misuse and follow-up care in a national sample of OEF/OIF VA patients with and without TBI. *Psychiatric Services*, *68*(1), 48–55.
- ⁹⁹⁶ Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2016). Nonsuicidal self-injury and suicide attempts among ED patients older than 50 years: Comparison of risk factors and ED visit outcomes. *American Journal of Emergency Medicine*, *34*(6), 1016–1021.
- ⁹⁹⁷ Blow, F. C., & Barry, K. L. (2012). Alcohol and substance misuse in older adults. *Current Psychiatry Reports*, *14*(4), 310–319.
- ⁹⁹⁸ Mayo Clinic. (2019). Alcohol: Does it affect blood pressure? Retrieved June 17, 2019, from www.mayoclinic.org/diseases-conditions/high-blood-pressure/expert-answers/blood-pressure/faq-20058254
- ⁹⁹⁹ Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, *90*(5), 659–666.
- ¹⁰⁰⁰ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, *38*(1), 115–120.
- ¹⁰⁰¹ Harada, C. N., Natelson Love, M. C., & Triebel, K. L. (2013). Normal cognitive aging. *Clinics in Geriatric Medicine*, *29*(4), 737–752.
- ¹⁰⁰² National Institute on Aging. (2017). How the aging brain affects thinking. Retrieved June 17, 2019, from www.nia.nih.gov/health/how-aging-brain-affects-thinking
- ¹⁰⁰³ Harada, C. N., Natelson Love, M. C., & Triebel, K. L. (2013). Normal cognitive aging. *Clinics in Geriatric Medicine*, *29*(4), 737–752.
- ¹⁰⁰⁴ Sudhinaraset, M., Wigglesworth, C., & Takeuchi, D. T. (2016). Social and cultural contexts of alcohol use: Influences in a social-ecological framework. *Alcohol Research*, *38*(1), 35–45.
- ¹⁰⁰⁵ GBD 2016 Alcohol Collaborators. (2018). Alcohol use and burden for 195 countries and territories, 1990–2016: A systematic analysis for the Global Burden of Disease Study 2016. *Lancet*, *392*(10152), 1015–1035.
- ¹⁰⁰⁶ Piazza-Gardner, A. K., Gaffud, T. J., & Barry, A. E. (2013). The impact of alcohol on Alzheimer's disease: A systematic review. *Aging and Mental Health*, *17*(2), 133–146.
- ¹⁰⁰⁷ Downer, B., Zanjani, F., & Fardo, D. W. (2014). The relationship between midlife and late life alcohol consumption, APOE e4 and the decline in learning and memory among older adults. *Alcohol and Alcoholism*, *49*(1), 17–22.
- ¹⁰⁰⁸ Kužma, E., Llewellyn, D. J., Langa, K. M., Wallace, R. B., & Lang, I. A. (2014). History of alcohol use disorders and risk of severe cognitive impairment: A 19-year prospective cohort study. *American Journal of Geriatric Psychiatry*, *22*(10), 1047–1054.
- ¹⁰⁰⁹ González-Reimers, E., Santolaria-Fernández, F., Martín-González, M. C., Fernández-Rodríguez, C. M., & Quintero-Platt, G. (2014). Alcoholism: A systemic proinflammatory condition. *World Journal of Gastroenterology*, *20*(40), 14660–14671.
- ¹⁰¹⁰ Bjork, J. M., & Gilman, J. M. (2014). The effects of acute alcohol administration on the human brain: Insights from neuroimaging. *Neuropharmacology*, *84*, 101–110.
- ¹⁰¹¹ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, *38*(1), 115–120.
- ¹⁰¹² Qato, D. M., Manzoor, B. S., & Lee, T. A. (2015). Drug-alcohol interactions in older U.S. adults. *Journal of the American Geriatrics Society*, *63*(11), 2324–2331.
- ¹⁰¹³ Stavro, K., Pelletier, J., & Potvin, S. (2013). Widespread and sustained cognitive deficits in alcoholism: A meta-analysis. *Addiction Biology*, *18*(2), 203–213.
- ¹⁰¹⁴ Bates, M. E., Buckman, J. F., & Nguyen, T. T. (2013). A role for cognitive rehabilitation in increasing the effectiveness of treatment for alcohol use disorders. *Neuropsychology Review*, *23*(1), 27–47.
- ¹⁰¹⁵ de la Monte, S. M., & Kril, J. J. (2014). Human alcohol-related neuropathology. *Acta Neuropathology*, *127*(1), 71–90.
- ¹⁰¹⁶ Kim, J. W., Lee, D. Y., Lee, B. C., Jung, M. H., Kim, H., Choi, Y. S., & Choi, I. G. (2012). Alcohol and cognition in the elderly: A review. *Psychiatry Investigation*, *9*(1), 8–16.
- ¹⁰¹⁷ Topiwala, A., Allan, C. L., Valkanova, V., Zsoldos, E., Filippini, N., Sexton, C., ... Ebmeier, K. P. (2017). Moderate alcohol consumption as risk factor for adverse brain outcomes and cognitive decline: Longitudinal cohort study. *BMJ*, *357*, j2353.
- ¹⁰¹⁸ Huang, W.-J., Zhang, X., & Chen, W.-W. (2016). Association between alcohol and Alzheimer's disease. *Experimental and Therapeutic Medicine*, *12*(3), 1247–1250.
- ¹⁰¹⁹ Piazza-Gardner, A. K., Gaffud, T. J., & Barry, A. E. (2013). The impact of alcohol on Alzheimer's disease: A systematic review. *Aging and Mental Health*, *17*(2), 133–146.
- ¹⁰²⁰ Downer, B., Zanjani, F., & Fardo, D. W. (2014). The relationship between midlife and late life alcohol consumption, APOE e4 and the decline in learning and memory among older adults. *Alcohol and Alcoholism*, *49*(1), 17–22.



- ¹⁰²¹ Kuźma, E., Llewellyn, D. J., Langa, K. M., Wallace, R. B., & Lang, I. A. (2014). History of alcohol use disorders and risk of severe cognitive impairment: A 19-year prospective cohort study. *American Journal of Geriatric Psychiatry, 22*(10), 1047–1054.
- ¹⁰²² Xue, H., Sun, Q., Liu, L., Zhou, L., Liang, R., He, R., & Yu, H. (2017). Risk factors of transition from mild cognitive impairment to Alzheimer's disease and death: A cohort study. *Comprehensive Psychiatry, 78*, 91–97.
- ¹⁰²³ Nordstrom, P., Nordstrom, A., Eriksson, M., Wahlund, L. O., & Gustafson, Y. (2013). Risk factors in late adolescence for young-onset dementia in men: A nationwide cohort study. *JAMA Internal Medicine, 173*(17), 1612–1618.
- ¹⁰²⁴ Anttila, T., Helkala, E. L., Viitanen, M., Kareholt, I., Fratiglioni, L., Winblad, B., ... Kivipelto, M. (2004). Alcohol drinking in middle age and subsequent risk of mild cognitive impairment and dementia in old age: A prospective population-based study. *BMJ, 329*(7465), 539.
- ¹⁰²⁵ de Oliveira, F. F., Wajman, J. R., Bertolucci, P. H., Chen, E. S., & Smith, M. C. (2015). Correlations among cognitive and behavioural assessments in patients with dementia due to Alzheimer's disease. *Clinical Neurology and Neurosurgery, 135*, 27–33.
- ¹⁰²⁶ González-Reimers, E., Santolaria-Fernández, F., Martín-González, M. C., Fernández-Rodríguez, C. M., & Quintero-Platt, G. (2014). Alcoholism: A systemic proinflammatory condition. *World Journal of Gastroenterology, 20*(40), 14660–14671.
- ¹⁰²⁷ Bjork, J. M., & Gilman, J. M. (2014). The effects of acute alcohol administration on the human brain: Insights from neuroimaging. *Neuropharmacology, 84*, 101–110.
- ¹⁰²⁸ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews, 38*(1), 115–120.
- ¹⁰²⁹ Qato, D. M., Manzoor, B. S., & Lee, T. A. (2015). Drug-alcohol interactions in older U.S. adults. *Journal of the American Geriatrics Society, 63*(11), 2324–2331.
- ¹⁰³⁰ Panza, F., Capurso, C., D'Introno, A., Colacicco, A. M., Frisardi, V., Lorusso, M., ... Solfrizzi, V. (2009). Alcohol drinking, cognitive functions in older age, predementia, and dementia syndromes. *Journal of Alzheimer's Disease, 17*(1), 7–31.
- ¹⁰³¹ GBD 2016 Alcohol Collaborators. (2018). Alcohol use and burden for 195 countries and territories, 1990–2016: A systematic analysis for the Global Burden of Disease Study 2016. *Lancet, 392*(10152), 1015–1035.
- ¹⁰³² Hein, C., Forgues, A., Piau, A., Sommet, A., Vellas, B., & Nourhashemi, F. (2014). Impact of polypharmacy on occurrence of delirium in elderly emergency patients. *Journal of the American Medical Directors Association, 15*(11), e811–e855.
- ¹⁰³³ Inouye, S. K., Robinson, T., Blaum, C., Busby-Whitehead, J., Boustani, M., Chalian, A., ... Richter, H. (2015). Postoperative delirium in older adults: Best practice statement from the American Geriatrics Society. *Journal of the American College of Surgeons, 220*(2), 136–148.
- ¹⁰³⁴ Inouye, S. K., Westendorp, R. G., & Saczynski, J. S. (2014). Delirium in elderly people. *Lancet, 383*(9920), 911–922.
- ¹⁰³⁵ Costin, B. N., & Miles, M. F. (2014). Molecular and neurologic responses to chronic alcohol use. *Handbook of Clinical Neurology, 125*, 157–171.
- ¹⁰³⁶ Mainerova, B., Prasko, J., Latalova, K., Axmann, K., Cerna, M., ... Bradacova, R. (2015). Alcohol withdrawal delirium: Diagnosis, course and treatment. *Biomedical Papers of the Medical Faculty of the University Palacky, Olomouc, Czechoslovakia, 159*(1), 44–52.
- ¹⁰³⁷ Schuckit, M. A. (2014). Recognition and management of withdrawal delirium (delirium tremens). *New England Journal of Medicine, 371*(22), 2109–2113.
- ¹⁰³⁸ Schuckit, M. A. (2014). Recognition and management of withdrawal delirium (delirium tremens). *New England Journal of Medicine, 371*(22), 2109–2113.
- ¹⁰³⁹ Sachdeva, A., Chandra, M., Choudhary, M., Dayal, P., & Anand, K. S. (2016). Alcohol-related dementia and neurocognitive impairment: A review study. *International Journal of High-Risk Behaviors and Addiction, 5*(3), e27976.
- ¹⁰⁴⁰ Cheng, C., Huang, C. L., Tsai, C. J., Chou, P. H., Lin, C. C., & Chang, C. K. (2017). Alcohol-related dementia: A systemic review of epidemiological studies. *Psychosomatics, 58*(4), 331–342.
- ¹⁰⁴¹ Sachdeva, A., Chandra, M., Choudhary, M., Dayal, P., & Anand, K. S. (2016). Alcohol-related dementia and neurocognitive impairment: A review study. *International Journal of High Risk Behaviors and Addiction, 5*(3), e27976.
- ¹⁰⁴² Sachdeva, A., Chandra, M., Choudhary, M., Dayal, P., & Anand, K. S. (2016). Alcohol-related dementia and neurocognitive impairment: A review study. *International Journal of High Risk Behaviors and Addiction, 5*(3), e27976.
- ¹⁰⁴³ Zahr, N. M., Kaufman, K. L., & Harper, C. G. (2011). Clinical and pathological features of alcohol-related brain damage. *Nature Reviews: Neurology, 7*, 284–294.
- ¹⁰⁴⁴ Galvin, R., Bräthen, G., Ivashynka, A., Hillbom, M., Tanasescu, R., & Leone, M. A. (2010). EFNS guidelines for diagnosis, therapy and prevention of Wernicke encephalopathy. *European Journal of Neurology, 17*(12), 1408–1418.

- ¹⁰⁴⁵ Galvin, R., Bråthen, G., Ivashynka, A., Hillbom, M., Tanasescu, R., & Leone, M. A. (2010). EFNS guidelines for diagnosis, therapy and prevention of Wernicke encephalopathy. *European Journal of Neurology*, *17*(12), 1408–1418.
- ¹⁰⁴⁶ Gerritzen, I. J., Moerman-van den Brink, W. G., Depla, M. F., Verschuur, E. M., Veenhuizen, R. B., van der Wouden, J. C., ... Joling, K. J. (2017). Prevalence and severity of behavioural symptoms in patients with Korsakoff syndrome and other alcohol-related cognitive disorders: A systematic review. *International Journal of Geriatric Psychiatry*, *32*(3), 256–273.
- ¹⁰⁴⁷ Zhong, G., Wang, Y., Zhang, Y., & Zhao Y. (2015). Association between benzodiazepine use and dementia: A meta-analysis. *PLoS One*, *10*(5), e0127836.
- ¹⁰⁴⁸ Billioti de Gage, S., Pariente, A., & Bégaud, B. (2015). Is there really a link between benzodiazepine use and the risk of dementia? *Expert Opinions in Drug Safety*, *14*(5), 733–747.
- ¹⁰⁴⁹ Zhong, G., Wang, Y., Zhang, Y., & Zhao Y. (2015). Association between benzodiazepine use and dementia: A meta-analysis. *PLoS One*, *10*(5), e0127836.
- ¹⁰⁵⁰ 2019 American Geriatrics Society Beers Criteria® Update Expert Panel. (2019). Updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. *Journal of the American Geriatrics Society*, *67*(4), 674–694.
- ¹⁰⁵¹ 2019 American Geriatrics Society Beers Criteria® Update Expert Panel. (2019). Updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. *Journal of the American Geriatrics Society*, *67*(4), 674–694.
- ¹⁰⁵² Zhong, G., Wang, Y., Zhang, Y., Guo, J. J., & Zhao, Y. (2015). Smoking is associated with an increased risk of dementia: A meta-analysis of prospective cohort studies with investigation of potential effect modifiers. *PLoS One*, *10*(3), e0118333.
- ¹⁰⁵³ Peters, R., Poulter, R., Warner, J., Beckett, N., Burch, L., & Bulpitt, C. (2008). Smoking, dementia and cognitive decline in the elderly: A systematic review. *BMC Geriatrics*, *8*, 36.
- ¹⁰⁵⁴ Cataldo, J. K., Prochaska, J. J., & Glantz, S. A. (2010). Cigarette smoking is a risk factor for Alzheimer's disease: An analysis controlling for tobacco industry affiliation. *Journal of Alzheimer's Disease*, *19*(2), 465–480.
- ¹⁰⁵⁵ Anstey, K. J., von Sanden, C., Salim, A., & O'Kearney, R. (2007). Smoking as a risk factor for dementia and cognitive decline: A meta-analysis of prospective studies. *American Journal of Epidemiology*, *166*(4), 367–378.
- ¹⁰⁵⁶ Beydoun, M. A., Beydoun, H. A., Gamaldo, A. A., Teel, A., Zonderman, A. B., & Wang, Y. (2014). Epidemiologic studies of modifiable factors associated with cognition and dementia: Systematic review and meta-analysis. *BMC Public Health*, *14*, 643.
- ¹⁰⁵⁷ Wu, L. T., & Blazer, D. G. (2014). Substance use disorders and psychiatric comorbidity in mid and later life: A review. *International Journal of Epidemiology*, *43*(2), 304–317.
- ¹⁰⁵⁸ Wu, L. T., & Blazer, D. G. (2014). Substance use disorders and psychiatric comorbidity in mid and later life: A review. *International Journal of Epidemiology*, *43*(2), 304–317.
- ¹⁰⁵⁹ Mowbray, O., Washington, T., Purser, G., & O'Shields, J. (2017). Problem drinking and depression in older adults with multiple chronic health conditions. *Journal of the American Geriatrics Society*, *65*(1), 146–152.
- ¹⁰⁶⁰ Shimada, H., Park, H., Makizako, H., Doi, T., Lee, S., & Suzuki, T. (2014). Depressive symptoms and cognitive performance in older adults. *Journal of Psychiatric Research*, *57*, 149–156.
- ¹⁰⁶¹ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ¹⁰⁶² Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ¹⁰⁶³ Searby, A., Maude, P., & McGrath, I. (2015). Dual diagnosis in older adults: A review. *Issues in Mental Health Nursing*, *36*(2), 104–111.
- ¹⁰⁶⁴ Sacco, P., Unick, G. J., Zanjani, F., & Camlin, E. A. S. (2015). Hospital outcomes in major depression among older adults: Differences by alcohol comorbidity. *Journal of Dual Diagnosis*, *11*(1), 83–92.
- ¹⁰⁶⁵ Bartels, S. J., Coakley, E., Oxman, T. E., Constantino, G., Oslin, D., Chen, H., ... Sanchez, H. (2002). Suicidal and death ideation in older primary care patients with depression, anxiety, and at-risk alcohol use. *American Journal of Geriatric Psychiatry*, *4*, 417–427.
- ¹⁰⁶⁶ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, *30*(3), 629–654.
- ¹⁰⁶⁷ Searby, A., Maude, P., & McGrath, I. (2015). Dual diagnosis in older adults: A review. *Issues in Mental Health Nursing*, *36*(2), 104–111.



- ¹⁰⁶⁸ Kuring, J. K., Mathias, J. L., & Ward, L. (2018). Prevalence of depression, anxiety and PTSD in people with dementia: A systematic review and meta-analysis. *Neuropsychology Reviews*, 28(4), 393–416.
- ¹⁰⁶⁹ Mowbray, O., Washington, T., Purser, G., & O'Shields, J. (2017). Problem drinking and depression in older adults with multiple chronic health conditions. *Journal of the American Geriatrics Society*, 65(1), 146–152.
- ¹⁰⁷⁰ Hunt, S. A., Kay-Lambkin, F. J., Baker, A. L., & Michie, P. T. (2015). Systematic review of neurocognition in people with co-occurring alcohol misuse and depression. *Journal of Affective Disorders*, 179, 51–64.
- ¹⁰⁷¹ Bennett, S., & Thomas, A. J. (2014). Depression and dementia: Cause, consequence or coincidence? *Maturitas*, 79(2), 184–190.
- ¹⁰⁷² Ownby, R. L., Crocco, E., Acevedo, A., John, V., & Loewenstein, D. (2006). Depression and risk for Alzheimer's disease: Systematic review, meta-analysis, and metaregression analysis. *Archives of General Psychiatry*, 63, 530–538.
- ¹⁰⁷³ Diniz, B. S., Butters, M. A., Albert, S. M., Dew, M. A., & Reynolds, C. F. (2013). Late-life depression and risk of vascular dementia and Alzheimer's disease: Systematic review and meta-analysis of community-based cohort studies. *British Journal of Psychiatry*, 202(5), 329–335.
- ¹⁰⁷⁴ Spira, A. P., Rebok, G. W., Stone, K. L., Kramer, J. H., & Yaffe, K. (2012). Depressive symptoms in oldest-old women: Risk of mild cognitive impairment and dementia. *American Journal of Geriatric Psychiatry*, 20(12), 1006–1015.
- ¹⁰⁷⁵ da Silva, J., Gonçalves-Pereira, M., Xavier, M., & Mukaetova-Ladinska, E. B. (2013). Affective disorders and risk of developing dementia: Systematic review. *British Journal of Psychiatry*, 202(3), 177–186.
- ¹⁰⁷⁶ Bower, E. S., Wetherell, J. L., Mon, T., & Lenze, E. J. (2015). Treating anxiety disorders in older adults: Current treatments and future directions. *Harvard Review of Psychiatry*, 23(5), 329–342.
- ¹⁰⁷⁷ Reynolds, K., Pietrzak, R. H., El-Gabalawy, R., Mackenzie, C. S., & Sareen, J. (2015). Prevalence of psychiatric disorders in U.S. older adults: Findings from a nationally representative survey. *World Psychiatry*, 14(1), 74–81.
- ¹⁰⁷⁸ Wolitzky-Taylor, K. B., Castriotta, N., Lenze, E. J., Stanley, M. A., & Craske, M. G. (2010). Anxiety disorders in older adults: A comprehensive review. *Depression and Anxiety*, 27(2), 190–211.
- ¹⁰⁷⁹ Reynolds, K., Pietrzak, R. H., El-Gabalawy, R., Mackenzie, C. S., & Sareen, J. (2015). Prevalence of psychiatric disorders in U.S. older adults: Findings from a nationally representative survey. *World Psychiatry*, 14(1), 74–81.
- ¹⁰⁸⁰ Lin, J. C., Karno, M. P., Grella, C. E., Ray, L. A., Liao, D. H., & Moore, A. A. (2014). Psychiatric correlates of alcohol and tobacco use disorders in U.S. adults aged 65 years and older: Results from the 2001–2002 National Epidemiologic Survey of Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry*, 22(11), 1356–1363.
- ¹⁰⁸¹ Wu, L. T., & Blazer, D. G. (2014). Substance use disorders and psychiatric comorbidity in mid and later life: A review. *International Journal of Epidemiology*, 43(2), 304–317.
- ¹⁰⁸² Mackenzie, C. S., El-Gabalawy, R., Chou, K. L., & Sareen, J. (2014). Prevalence and predictors of persistent versus remitting mood, anxiety, and substance disorders in a national sample of older adults. *American Journal of Geriatric Psychiatry*, 22(9), 854–865.
- ¹⁰⁸³ Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- ¹⁰⁸⁴ Beaudreau, S. A., & O'Hara, R. (2008). Late-life anxiety and cognitive impairment: A review. *American Journal of Geriatric Psychiatry*, 16(10), 790–803.
- ¹⁰⁸⁵ Beaudreau, S. A., & O'Hara, R. (2008). Late-life anxiety and cognitive impairment: A review. *American Journal of Geriatric Psychiatry*, 16(10), 790–803.
- ¹⁰⁸⁶ Lin, J. C., Karno, M. P., Grella, C. E., Ray, L. A., Liao, D. H., & Moore, A. A. (2014). Psychiatric correlates of alcohol and tobacco use disorders in U.S. adults aged 65 years and older: Results from the 2001–2002 National Epidemiologic Survey of Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry*, 22(11), 1356–1363.
- ¹⁰⁸⁷ Kuring, J. K., Mathias, J. L., & Ward, L. (2018). Prevalence of depression, anxiety and PTSD in people with dementia: A systematic review and meta-analysis. *Neuropsychology Reviews*, 28(4), 393–416.
- ¹⁰⁸⁸ Burton, C., Campbell, P., Jordan, K., Strauss, V., & Mallen, C. (2013). The association of anxiety and depression with future dementia diagnosis: A case-control study in primary care. *Family Practice*, 30(1), 25–30.
- ¹⁰⁸⁹ Burton, C., Campbell, P., Jordan, K., Strauss, V., & Mallen, C. (2013). The association of anxiety and depression with future dementia diagnosis: A case-control study in primary care. *Family Practice*, 30(1), 25–30.
- ¹⁰⁹⁰ Burton, C., Campbell, P., Jordan, K., Strauss, V., & Mallen, C. (2013). The association of anxiety and depression with future dementia diagnosis: A case-control study in primary care. *Family Practice*, 30(1), 25–30.

- ¹⁰⁹¹ Gulpers, B., Ramakers, I., Hamel, R., Köhler, S., Oude Voshaar, R., & Verhey, F. (2016). Anxiety as a predictor for cognitive decline and dementia: A systematic review and meta-analysis. *American Journal of Geriatric Psychiatry, 24*(10), 823–842.
- ¹⁰⁹² Andreescu, C., & Varon, D. (2015). New research on anxiety disorders in the elderly and an update on evidence-based treatments. *Current Psychiatry Reports, 17*(7), 53.
- ¹⁰⁹³ Reynolds, K., Pietrzak, R. H., El-Gabalawy, R., Mackenzie, C. S., & Sareen, J. (2015). Prevalence of psychiatric disorders in U.S. older adults: Findings from a nationally representative survey. *World Psychiatry, 14*(1), 74–81.
- ¹⁰⁹⁴ Pietrzak, R. H., Goldstein, R. B., Southwick, S. M., & Grant, B. F. (2012). Psychiatric comorbidity of full and partial posttraumatic stress disorder among older adults in the United States: Results from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry, 20*(5), 380–390.
- ¹⁰⁹⁵ Kuring, J. K., Mathias, J. L., & Ward, L. (2018). Prevalence of depression, anxiety and PTSD in people with dementia: A systematic review and meta-analysis. *Neuropsychological Reviews, 28*(4), 393–416.
- ¹⁰⁹⁶ Kang, B., Xu, H., & McConnell, E. S. (2019). Neurocognitive and psychiatric comorbidities of posttraumatic stress disorder among older veterans: A systematic review. *International Journal of Geriatric Psychiatry, 34*(4), 522–538.
- ¹⁰⁹⁷ Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Retrieved from <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>
- ¹⁰⁹⁸ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Retrieved from <https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>
- ¹⁰⁹⁹ Hiskey, S., & McPherson, S. (2013). That's just life: Older adult constructs of trauma. *Aging and Mental Health, 17*(6), 689–696.
- ¹¹⁰⁰ Searby, A., Maude, P., & McGrath, I. (2015). Dual diagnosis in older adults: A review. *Issues in Mental Health Nursing, 36*(2), 104–111.
- ¹¹⁰¹ Wu, L. T., & Blazer, D. G. (2014). Substance use disorders and psychiatric comorbidity in mid and later life: A review. *International Journal of Epidemiology, 43*(2), 304–317.
- ¹¹⁰² Lin, J. C., Karno, M. P., Grella, C. E., Ray, L. A., Liao, D. H., & Moore, A. A. (2014). Psychiatric correlates of alcohol and tobacco use disorders in U.S. adults aged 65 years and older: Results from the 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry, 22*(11), 1356–1363.
- ¹¹⁰³ Balsamo, M., Cataldi, F., Carlucci, L., & Fairfield, B. (2018). Assessment of anxiety in older adults: A review of self-report measures. *Clinical Interventions in Aging, 13*, 573–593.
- ¹¹⁰⁴ Wuthrich, V. M., Johnco, C., & Knight, A. (2014). Comparison of the Penn State Worry Questionnaire (PSWQ) and abbreviated version (PSWQ-A) in a clinical and non-clinical population of older adults. *Journal of Anxiety Disorders, 28*(7), 657–663.
- ¹¹⁰⁵ Pietrzak, R. H., Goldstein, R. B., Southwick, S. M., & Grant, B. F. (2012). Psychiatric comorbidity of full and partial posttraumatic stress disorder among older adults in the United States: Results from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry, 20*(5), 380–390.
- ¹¹⁰⁶ Satre, D. D., & Leibowitz, A. (2015). Brief alcohol and drug interventions and motivational interviewing. In P. Areán (Ed.), *Treatment of late-life depression, anxiety, trauma and substance abuse* (pp. 163–180). Washington, DC: American Psychological Association.
- ¹¹⁰⁷ Satre, D. D., & Leibowitz, A. (2015). Brief alcohol and drug interventions and motivational interviewing. In P. Areán (Ed.), *Treatment of late-life depression, anxiety, trauma and substance abuse* (pp. 163–180). Washington, DC: American Psychological Association.
- ¹¹⁰⁸ Oyebode, J. R., & Parveen, S. (2019). Psychosocial interventions for people with dementia: An overview and commentary on recent developments. *Dementia (London), 18*(1), 8–35.
- ¹¹⁰⁹ de Oliveira, A. M., Radanovic, M., de Mello, P. C., Buchain, P. C., Vizzotto, A. D., ... Forlenza, O. V. (2015). Nonpharmacological interventions to reduce behavioral and psychological symptoms of dementia: A systematic review. *BioMed Research International, 21*8980.
- ¹¹¹⁰ Bernabei, V., De Ronchi, D., La Ferla, T., Moretti, F., Tonelli, L., Ferrari, B., ... Atti, A. R. (2013). Animal-assisted interventions for elderly patients affected by dementia or psychiatric disorders: A review. *Journal of Psychiatric Research, 47*(6), 762–773.
- ¹¹¹¹ Rooney, R. F. (2014). Preventing dementia: How lifestyle in midlife affects risk. *Current Opinion in Psychiatry, 27*(2), 149–157.
- ¹¹¹² Yaffe, K., & Hoang, T. (2013). Nonpharmacologic treatment and prevention strategies for dementia. *Continuum (Minneapolis, Minnesota), 19*(2 Dementia), 372–381.



- ¹¹¹³ Cipriani, G., Lucetti, C., Danti, S., & Nuti, A. (2015). Sleep disturbances and dementia. *Psychogeriatrics*, *15*(1), 65–74.
- ¹¹¹⁴ Lindauer, A., Sexson, K., & Harvath, T. A. (2017). Medication management for people with dementia. *American Journal of Nursing*, *117*(2), 60–64.
- ¹¹¹⁵ AARP and National Alliance for Caregiving. (2020). *Caregiving in the U.S. 2020*. Retrieved from www.caregiving.org/caregiving-in-the-us-2020/
- ¹¹¹⁶ National Association of Social Workers. (2010). *NASW standards for social work practice with family caregivers of older adults*. Retrieved from www.socialworkers.org/LinkClick.aspx?fileticket=aUwQL98exRM%3d&portalid=0
- ¹¹¹⁷ Chiao, C. Y., Wu, H. S., & Hsiao, C. Y. (2015). Caregiver burden for informal caregivers of patients with dementia: A systematic review. *International Nursing Review*, *62*(3), 340–350.
- ¹¹¹⁸ Moon, H., & Dilworth-Anderson, P. (2015). Baby boomer caregiver and dementia caregiving: Findings from the National Study of Caregiving. *Age and Ageing*, *44*(2), 300–306.
- ¹¹¹⁹ Dong, X., Chen, R., & Simon, M. A. (2014). Elder abuse and dementia: A review of the research and health policy. *Health Affairs (Millwood)*, *33*(4), 642–649.
- ¹¹²⁰ Perkins, M., Howard, V. J., Wadley, V. G., Crowe, M., Safford, M. M., Haley, W. E., ... Roth, D. L. (2013). Caregiving strain and all-cause mortality: Evidence from the REGARDS study. *Journal of Gerontology, Series B, Psychological Sciences and Social Sciences*, *68*(4), 504–512.
- ¹¹²¹ Kim, Y., Carver, C. S., Cannady, R. S., & Shaffer, K. M. (2013). Self-reported medical morbidity among informal caregivers of chronic illness: The case of cancer. *Quality of Life Research*, *22*(6), 1265–1272.
- ¹¹²² Fonareva, I., & Oken, B. S. (2014). Physiological and functional consequences of caregiving for relatives with dementia. *International Psychogeriatrics*, *26*(5), 725–747.
- ¹¹²³ Martín-Carrasco, M., Ballesteros-Rodríguez, J., Domínguez-Panchón, A. I., Muñoz-Hermoso, P., & González-Fraile, E. (2014). Interventions for caregivers of patients with dementia. *Actas Españolas de Psiquiatría*, *42*(6), 300–314.
- ¹¹²⁴ Brodaty, H., & Donkin, M. (2009). Family caregivers of people with dementia. *Dialogues in Clinical Neuroscience*, *11*(2), 217–228.
- ¹¹²⁵ Gilhooly, K. J., Gilhooly, M. L., Sullivan, M. P., McIntyre, A., Wilson, L., Harding, E., ... Crutch, S. (2016). A meta-review of stress, coping and interventions in dementia and dementia caregiving. *BMC Geriatrics*, *16*, 106.
- ¹¹²⁶ Sattar, S. P., Padala, P. R., McArthur-Miller, D., Roccaforte, W. H., Wengel, S. P., & Burke, W. J. (2007). Impact of problem alcohol use on patient behavior and caregiver burden in a geriatric assessment clinic. *Journal of Geriatric Psychiatry and Neurology*, *20*(2), 120–127.
- ¹¹²⁷ García-Fernández, F. P., Arrabal-Orpez, M. J., Rodríguez-Torres Mdel, C., Gila-Selas, C., Carrascosa-García, I., & Laguna-Parras, J. M. (2014). Effect of hospital case-manager nurses on the level of dependence, satisfaction and caregiver burden in patients with complex chronic disease. *Journal of Clinical Nursing*, *23*(19–20), 2814–2821.
- ¹¹²⁸ Labrum, T. (2018). Caregiving for relatives with psychiatric disorders vs. co-occurring psychiatric and substance use disorders. *Psychiatric Quarterly*, *89*(3), 631–644.
- ¹¹²⁹ Yesavage, J. A. (n.d.). Geriatric Depression Scale. Retrieved from <https://web.stanford.edu/~yesavage/GDS.html>
- ¹¹³⁰ Brown, E. L., Raue, P. J., & Halpert, K. (2015). Evidence-based practice guideline: Depression detection in older adults with dementia. *Journal of Gerontological Nursing*, *41*(11), 15–21.
- ¹¹³¹ Brown, E. L., Raue, P. J., & Halpert, K. (2015). Evidence-based practice guideline: Depression detection in older adults with dementia. *Journal of Gerontological Nursing*, *41*(11), 15–21.
- ¹¹³² Brown, E. L., Raue, P. J., & Halpert, K. (2015). Evidence-based practice guideline: Depression detection in older adults with dementia. *Journal of Gerontological Nursing*, *41*(11), 15–21.
- ¹¹³³ Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD Checklist for DSM-5 (PCL-5). Retrieved from <https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>
- ¹¹³⁴ Family Caregiver Alliance. (2019). Caregiver statistics: Demographics. Retrieved from www.caregiver.org/caregiver-statistics-demographics
- ¹¹³⁵ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ¹¹³⁶ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ¹¹³⁷ Satre, D. D., Chi, F. W., Mertens, J. R., & Weisner, C. M. (2012). Effects of age and life transitions on alcohol and drug treatment outcome over nine years. *Journal of Studies on Alcohol and Drugs*, *73*(3), 459–468.
- ¹¹³⁸ Nicholson, N. R. (2012). A review of social isolation: An important but underassessed condition in older adults. *Journal of Primary Prevention*, *33*(2–3), 137–152.

- ¹¹³⁹ Koenig, H. G. (2015). Religion, spirituality, and health: A review and update. *Advances*, 29(3), 19–26.
- ¹¹⁴⁰ Zimmer, Z., Jagger, C., Chiu, C. T., Ofstedal, M. B., Rojo, F., & Saito, Y. (2016). Spirituality, religiosity, aging and health in global perspective: A review. *SSM-Population Health*, 2, 373–381.
- ¹¹⁴¹ Zimmer, Z., Jagger, C., Chiu, C. T., Ofstedal, M. B., Rojo, F., & Saito, Y. (2016). Spirituality, religiosity, aging and health in global perspective: A review. *SSM-Population Health*, 2, 373–381.
- ¹¹⁴² Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *ISRN Psychiatry*, 2012, 278730.
- ¹¹⁴³ Zimmer, Z., Jagger, C., Chiu, C. T., Ofstedal, M. B., Rojo, F., & Saito, Y. (2016). Spirituality, religiosity, aging and health in global perspective: A review. *SSM-Population Health*, 2, 373–381.
- ¹¹⁴⁴ Kim, S., Spilman, S. L., Liao, D. H., Sacco, P., & Moore, A. A. (2018). Social networks and alcohol use among older adults: A comparison with middle-aged adults. *Aging and Mental Health*, 22(4), 550–557.
- ¹¹⁴⁵ Cohen-Mansfield, J., Hazan, H., Lerman, Y., & Shalom, V. (2016). Correlates and predictors of loneliness in older-adults: A review of quantitative results informed by qualitative insights. *International Psychogeriatrics*, 28(4), 557–576.
- ¹¹⁴⁶ Gardiner, C., Geldenhuys, G., & Gott, M. (2018). Interventions to reduce social isolation and loneliness among older people: An integrative review. *Health and Social Care in the Community*, 26(2), 147–157.
- ¹¹⁴⁷ Nicholson, N. R. (2012). A review of social isolation: An important but underassessed condition in older adults. *Journal of Primary Prevention*, 33(2–3), 137–152.
- ¹¹⁴⁸ Mannes, Z. L., Burrell, L. E., Bryant, V. E., Dunne, E. M., Hearn, L. E., & Whitehead, N. E. (2016). Loneliness and substance use: The influence of gender among HIV+ Black/African American adults 50+. *AIDS Care*, 28(5), 598–602.
- ¹¹⁴⁹ Rainer, J. P. (2013). *Life after loss: Contemporary grief counseling and therapy*. Eau Claire, WI: PESI Publishing & Media.
- ¹¹⁵⁰ Winokuer, H. R., & Harris, D. L. (2015). *Principles and practice of grief counseling* (2nd ed.). New York, NY: Springer.
- ¹¹⁵¹ Nicholson, N. R. (2012). A review of social isolation: An important but underassessed condition in older adults. *Journal of Primary Prevention*, 33(2–3), 137–152.
- ¹¹⁵² Wethington, E., & Pillemer, K. (2014). Social isolation among older people. In R. J. Coplan & J. C. Bowker (Eds.), *The handbook of solitude: Psychological perspectives on social isolation, social withdrawal, and being alone* (pp. 242–259). Chichester, England: Wiley-Blackwell.
- ¹¹⁵³ Bhatti, A. B., & Haq, A. U. (2017). The pathophysiology of perceived social isolation: Effects on health and mortality. *Cureus*, 9(1), e994. doi:10.7759/cureus.994
- ¹¹⁵⁴ Cacioppo, J. T., Hawkley, L. C., Norman, G. J., & Berntson, G. G. (2011). Social isolation. *Annals of the New York Academy of Sciences*, 1231, 17–22.
- ¹¹⁵⁵ Bhatti, A. B., & Haq, A. U. (2017). The pathophysiology of perceived social isolation: Effects on health and mortality. *Cureus*, 9(1), e994. doi:10.7759/cureus.994
- ¹¹⁵⁶ Cacioppo, J. T., Hawkley, L. C., Norman, G. J., & Berntson, G. G. (2011). Social isolation. *Annals of the New York Academy of Sciences*, 1231, 17–22.
- ¹¹⁵⁷ Wethington, E., & Pillemer, K. (2014). Social isolation among older people. In R. J. Coplan & J. C. Bowker (Eds.), *The handbook of solitude: Psychological perspectives on social isolation, social withdrawal, and being alone* (pp. 242–259). Chichester, England: Wiley-Blackwell.
- ¹¹⁵⁸ Bhatti, A. B., & Haq, A. U. (2017). The pathophysiology of perceived social isolation: Effects on health and mortality. *Cureus*, 9(1), e994. doi:10.7759/cureus.994
- ¹¹⁵⁹ Nicholson, N. R. (2012). A review of social isolation: An important but underassessed condition in older adults. *Journal of Primary Prevention*, 33(2–3), 137–152.
- ¹¹⁶⁰ Doukas, N. (2017). Older adults prescribed methadone for opiate replacement therapy: A literature review. *Journal of Addiction and Preventive Medicine*, 2(1), 1–6.
- ¹¹⁶¹ Wethington, E., & Pillemer, K. (2014). Social isolation among older people. In R. J. Coplan & J. C. Bowker (Eds.), *The handbook of solitude: Psychological perspectives on social isolation, social withdrawal, and being alone* (pp. 242–259). Chichester, England: Wiley-Blackwell.
- ¹¹⁶² Gouveia, O. M. R., Matos, A. D., & Schouten, M. J. (2016). Social networks and quality of life of elderly persons: A review and critical analysis of literature. *Revista Brasileira de Geriatria e Gerontologia*, 19, 1030–1040.
- ¹¹⁶³ Gardiner, C., Geldenhuys, G., & Gott, M. (2018). Interventions to reduce social isolation and loneliness among older people: An integrative review. *Health and Social Care in the Community*, 26(2), 147–157.
- ¹¹⁶⁴ Gardiner, C., Geldenhuys, G., & Gott, M. (2018). Interventions to reduce social isolation and loneliness among older people: An integrative review. *Health and Social Care in the Community*, 26(2), 147–157.



- ¹¹⁶⁵ Momtaz, Y. A., Haron, S. A., Ibrahim, R., & Hamid, T. A. (2014). Social embeddedness as a mechanism for linking social cohesion to well-being among older adults: Moderating effect of gender. *Clinical Interventions in Aging, 9*, 863–870.
- ¹¹⁶⁶ Jackson, S. L. (2014). All elder abuse perpetrators are not alike: The heterogeneity of elder abuse perpetrators and implications for intervention. *International Journal of Offender Therapy and Comparative Criminology, 60*(3), 265–285.
- ¹¹⁶⁷ Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the United States: A systematic review. *Journal of Substance Abuse Treatment, 63*, 1–9.
- ¹¹⁶⁸ Reif, S., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Ghose, S. S., ... Delphin-Rittmon, M. E. (2014). Peer recovery support for individuals with substance use disorders: Assessing the evidence. *Psychiatric Services, 65*(7), 853–861.
- ¹¹⁶⁹ Stevens, E., Jason, L. A., Ram, D., & Light, J. (2015). Investigating social support and network relationships in substance use disorder recovery. *Substance Abuse, 36*(4), 396–399.
- ¹¹⁷⁰ Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the United States: A systematic review. *Journal of Substance Abuse Treatment, 63*, 1–9.
- ¹¹⁷¹ Center for Substance Abuse Treatment. (2009). *What are peer recovery support services?* HHS Publication No. (SMA) 09-4454. Retrieved from <https://store.samhsa.gov/product/What-Are-Peer-Recovery-Support-Services-/SMA09-4454>
- ¹¹⁷² Gardiner, C., Geldenhuys, G., & Gott, M. (2018). Interventions to reduce social isolation and loneliness among older people: An integrative review. *Health and Social Care in the Community, 26*(2), 147–157.
- ¹¹⁷³ Leist, A. K. (2013). Social media use of older adults: A mini-review. *Gerontology, 59*(4), 378–384.
- ¹¹⁷⁴ Anderson, M., & Perrin, A. (2017). Tech adoption climbs among older adults. Retrieved June 13, 2019, from http://assets.pewresearch.org/wp-content/uploads/sites/14/2017/05/16170850/PI_2017.05.17_Older-Americans-Tech_FINAL.pdf
- ¹¹⁷⁵ Kuerbis, A., Mulliken, A., Muench, F., Moore, A. A., & Gardner, D. (2017). Older adults and mobile technology: Factors that enhance and inhibit utilization in the context of behavioral health. *Mental Health and Addiction Research, 2*(2), 1–11.
- ¹¹⁷⁶ Fang, M. L., Canham, S. L., Battersby, L., Sixsmith, J., Wada, M., & Sixsmith, A. (2019). Exploring privilege in the digital divide: Implications for theory, policy, and practice. *Gerontologist, 59*(1), e1–e15.
- ¹¹⁷⁷ Federal Communications Commission. (2018). 2018 broadband deployment report. Retrieved from www.fcc.gov/reports-research/reports/broadband-progress-reports/2018-broadband-deployment-report
- ¹¹⁷⁸ Chernick, R., & Kuerbis, A. (2016). Social and familial contexts for drinking among older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 149–166). New York, NY: Springer.
- ¹¹⁷⁹ Fishleder, S., Schonfeld, L., Corvin, J., Tyler, S., & VandeWeerd, C. (2016). Drinking behavior among older adults in a planned retirement community: Results from The Villages survey. *International Journal of Geriatric Psychiatry, 31*(5), 536–543.
- ¹¹⁸⁰ Kobrin, M. (2019). Promoting wellness for better behavioral and physical health. Retrieved from https://mfpc.samhsa.gov/ENewsArticles/Article12b_2017.aspx
- ¹¹⁸¹ McMahon, S., & Fleury, J. (2012). Wellness in older adults: A concept analysis. *Nursing Forum, 47*(1), 39–51.
- ¹¹⁸² Kobrin, M. (2019). Promoting wellness for better behavioral and physical health. Retrieved from https://mfpc.samhsa.gov/ENewsArticles/Article12b_2017.aspx
- ¹¹⁸³ Substance Abuse and Mental Health Services Administration. (2016). Learn the eight dimensions of wellness. Retrieved from <https://store.samhsa.gov/product/Learn-the-Eight-Dimensions-of-Wellness-Poster-/SMA16-4953>
- ¹¹⁸⁴ Gerontological Society of America. (2012). Communicating with older adults: An evidence-based review of what really works. Retrieved from www.changetogether.com/app/uploads/2016/03/GSA_Communicating-with-Older-Adults-high-Final.pdf
- ¹¹⁸⁵ Satre, D. D., & Leibowitz, A. (2015). Brief alcohol and drug interventions and motivational interviewing. In P. Areán (Ed.), *Treatment of late-life depression, anxiety, trauma and substance abuse* (pp. 163–180). Washington, DC: American Psychological Association.
- ¹¹⁸⁶ Cummings, S. M., Cooper, R. L., & Cassie, K. M. (2009). Motivational interviewing to affect behavioral change in older adults. *Research on Social Work Practice, 19*(2), 195–204.
- ¹¹⁸⁷ Purath, J., Keck, A., & Fitzgerald, C. E. (2014). Motivational interviewing for older adults in primary care: A systematic review. *Geriatric Nursing, 35*(3), 219–224.

- ¹¹⁸⁸ Cherniack, E. P., & Cherniack, A. R. (2014). The benefit of pets and animal-assisted therapy to the health of older individuals. *Current Gerontology and Geriatrics Research, 2014*, 1–9.
- ¹¹⁸⁹ Harvard Women’s Health Watch. (2015). The health benefits of tai chi. Retrieved from www.health.harvard.edu/staying-healthy/the-health-benefits-of-tai-chi
- ¹¹⁹⁰ Hackney, M. E., & Wolf, S. L. (2014). Impact of Tai Chi Chu’an practice on balance and mobility in older adults: An integrative review of 20 years of research. *Journal of Geriatric Physical Therapy, 37*(3), 127–135.
- ¹¹⁹¹ Irwin, M. R., Olmstead, R., & Motivala, S. J. (2008). Improving sleep quality in older adults with moderate sleep complaints: A randomized controlled trial of Tai Chi Chih. *Sleep, 31*(7), 1001–1008.
- ¹¹⁹² Fountain-Zaragoza, S., & Prakash, R. S. (2017). Mindfulness training for healthy aging: Impact on attention, well-being, and inflammation. *Frontiers in Aging Neuroscience, 9*, 1–15.
- ¹¹⁹³ Krause, N., & Hayward, R. D. (2014). Religious involvement, practical wisdom, and self-rated health. *Journal of Aging and Health, 26*(4), 540–558.
- ¹¹⁹⁴ Kelly, J. F., Stout, R. L., Magill, M., Tonigan, J. S., & Pagano, M. E. (2011). Spirituality in recovery: A lagged mediational analysis of Alcoholics Anonymous’ principal theoretical mechanism of behavior change. *Alcoholism, Clinical and Experimental Research, 35*(3), 454–463.
- ¹¹⁹⁵ Zimmer, Z., Jagger, C., Chiu, C. T., Ofstedal, M. B., Rojo, F., & Saito, Y. (2016). Spirituality, religiosity, aging and health in global perspective: A review. *SSM-Population Health, 2*, 373–381.
- ¹¹⁹⁶ Ponnuswami, I., Francis, A., & Udhayakumar, P. (2012). *Strengths-based approach to social work practice with older persons*. Retrieved from [www.academia.edu/3470933/Strengths-based Approach to Social Work Practice with Older Persons](http://www.academia.edu/3470933/Strengths-based-Approach-to-Social-Work-Practice-with-Older-Persons)
- ¹¹⁹⁷ National Council on Aging. (2016). *Fact sheet: Chronic disease self-management*. Arlington, VA: National Council on Aging. Retrieved from www.ncoa.org/resources/fact-sheet-cdsmp
- ¹¹⁹⁸ Schulman-Green, D., Jaser, S. S., Park, C., & Whittemore, R. (2016). A metasynthesis of factors affecting self-management of chronic illness. *Journal of Advanced Nursing, 72*(7), 1469–1489.
- ¹¹⁹⁹ National Council on Aging. (2016). *Fact sheet: Chronic disease self-management*. Arlington, VA: National Council on Aging. Retrieved from www.ncoa.org/resources/fact-sheet-cdsmp
- ¹²⁰⁰ Erdem, E., & Korda, H. (2014). Self-management program participation by older adults with diabetes: Chronic Disease Self-Management Program and Diabetes Self-Management Program. *Family and Community Health, 37*(2), 134–146.
- ¹²⁰¹ Satre, D. D., Mertens, J. R., Areán, P. A., & Weisner, C. (2004). Five-year alcohol and drug treatment outcomes of older adults versus middle-aged and younger adults in a managed care program. *Addiction, 99*(10), 1286–1297.
- ¹²⁰² Litt, M. D., Kadden, R. M., Kabela-Cormier, E., & Petry, N. M. (2009). Changing network support for drinking: Network Support Project 2-year follow-up. *Journal of Consulting and Clinical Psychology, 77*(2), 229–242.
- ¹²⁰³ Davidoff, J., Higgins, R., & Kipnis, S. (2004). Working with aging client populations: Preventing, identifying and treating alcohol, and substance abuse and supporting recovery [Presentation slides]. Retrieved June 1, 2019, from <https://omh.ny.gov/omhweb/geriatric/resources.html>
- ¹²⁰⁴ Davidoff, J., Higgins, R., & Kipnis, S. (2004). Working with aging client populations: Preventing, identifying and treating alcohol & substance abuse and supporting recovery [Presentation slides]. Retrieved June 1, 2019, from <https://omh.ny.gov/omhweb/geriatric/resources.html>
- ¹²⁰⁵ Schonfeld, L., & MacFarland, N. S. (2015). Relapse prevention treatment for substance abuse disorders in older adults. In P. A. Areán (Ed.), *Treatment of late-life depression, anxiety, trauma, and substance abuse* (pp. 211–234). Washington, DC: American Psychological Association.
- ¹²⁰⁶ Burzinski, C. A., & Zgierska, A. (2014). Reducing relapse risk: Clinical tool. Retrieved from http://projects.hsl.wisc.edu/SERVICE/modules/35/M35_CT_Reducing_Relapse_Risk.pdf
- ¹²⁰⁷ Alim, T. N., Lawson, W. B., Feder, A., Iacoviello, B. M., Saxena, S., Bailey, C. R., ... Neumeister, A. (2012). Resilience to meet the challenge of addiction: Psychobiology and clinical considerations. *Alcohol Research: Current Reviews, 34*(4), 506–515.
- ¹²⁰⁸ Nilsson, H., Bülow, P. H., & Kazemi, A. (2015). Mindful sustainable aging: Advancing a comprehensive approach to the challenges and opportunities of old age. *Europe’s Journal of Psychology, 11*(3), 494–508.
- ¹²⁰⁹ American Psychological Association. (2014). Guidelines for psychological practice with older adults. *American Psychologist, 69*(1), 34–65.
- ¹²¹⁰ Hildon, Z., Smith, G., Netuveli, G., & Blane, D. (2008). Understanding adversity and resilience at older ages. *Sociology of Health and Illness, 30*(5), 726–740.
- ¹²¹¹ Walter, C. A., & McCoyd, J. L. M. (2015). *Grief and loss across the lifespan: A biopsychosocial perspective* (2nd ed.). New York, NY: Springer.



- ¹²¹² Slosser, A., McKibbin, C., Lee, A., Bourassa, K., & Carrico, C. (2015). Perceived health status and social network as predictors of resilience in rural older adults. Retrieved from www.uwyo.edu/wycoa/_files/powerpoints/as_gsa%20poster%202015.pdf
- ¹²¹³ American Psychological Association. (2018). Building your resilience. Retrieved from www.apa.org/helpcenter/road-resilience
- ¹²¹⁴ Lavretsky, H. (2014). *Resilience and aging: Research and practice*. Baltimore, MD: Johns Hopkins University Press.
- ¹²¹⁵ Bovend'Eerd, T. J. H., Botell, R. E., & Wade, D. T. (2009). Writing SMART rehabilitation goals and achieving goal attainment scaling: A practical guide. *Clinical Rehabilitation*, 23(4), 352–361.
- ¹²¹⁶ National Committee for Quality Assurance. (2016). Goals to care: How to keep the person in “person-centered.” Retrieved from www.ncqa.org/Portals/0/Programs/Goals%20to%20Care%20-%20Spotlight%20Report.pdf?ver=2016-02-23-113526-113
- ¹²¹⁷ Tracy, E., & Whittaker, J. (1990). The Social Network Map: Assessing social support in clinical practice. *Families in Society*, 71, 461–470.
- ¹²¹⁸ Tracy, E., & Whittaker, J. (1990). The Social Network Map: Assessing social support in clinical practice. *Families in Society*, 71, 461–470.
- ¹²¹⁹ Tracy, E., & Whittaker, J. (1990). The Social Network Map: Assessing social support in clinical practice. *Families in Society*, 71, 461–470.
- ¹²²⁰ Tracy, E., & Whittaker, J. (1990). The Social Network Map: Assessing social support in clinical practice. *Families in Society*, 71, 461–470.
- ¹²²¹ Tracy, E., & Whittaker, J. (1990). The Social Network Map: Assessing social support in clinical practice. *Families in Society*, 71, 461–470.
- ¹²²² Lubben, J., & Gironde, M. (2004). Measuring social networks and assessing their benefits. In C. Phillipson, G. Allan, & D. Morgan (Eds.), *Social networks and social exclusion: Sociological and policy perspectives* (pp. 20–35). Aldershot, England: Ashgate.
- ¹²²³ Lubben, J., Blozik, E., Gillmann, G., Iliffe, S., von Renteln Kruse, W., Beck, J. C., & Stuck, A. E. (2006). Performance of an abbreviated version of the Lubben Social Network Scale among three European community-dwelling older adult populations. *Gerontologist*, 46(4), 503–513.
- ¹²²⁴ Lubben, J., Blozik, E., Gillmann, G., Iliffe, S., von Renteln Kruse, W., Beck, J. C., & Stuck, A. E. (2006). Performance of an abbreviated version of the Lubben Social Network Scale among three European community-dwelling older adult populations. *Gerontologist*, 46(4), 503–513.
- ¹²²⁵ Gabrielson, M. L., & Holston, E. C. (2014). Broadening definitions of family for older lesbians: Modifying the Lubben Social Network Scale. *Journal of Gerontological Social Work*, 57(2–4), 198–217.
- ¹²²⁶ White, A. M., Philogene, G. S., Fine, L., & Sinha, S. (2009). Social support and self-reported health status of older adults in the United States. *American Journal of Public Health*, 99(10), 1872–1878.
- ¹²²⁷ Hwang, E. H., & Peralta-Catipon, T. (2016). *Health Enhancement Lifestyle Profile (HELP) & HELP Screener: Older adult version; Guide for clinicians*. Dominguez Hills, CA: California State University. Retrieved from [www.csudh.edu/Assets/csudh-sites/ot/docs/3%20Health%20Enhancement%20Lifestyle%20Profile%20\(HELP\)-Guide%20for%20Clinicians-2016.pdf](http://www.csudh.edu/Assets/csudh-sites/ot/docs/3%20Health%20Enhancement%20Lifestyle%20Profile%20(HELP)-Guide%20for%20Clinicians-2016.pdf)
- ¹²²⁸ Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). New York, NY: Guilford Press.
- ¹²²⁹ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ¹²³⁰ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research*, 38(1), 115–120.
- ¹²³¹ Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- ¹²³² Kok, R. M. (2014). Treatment of alcohol use disorders in the elderly: An overview of RCTs. *International Psychogeriatrics*, 26(11), 1767–1770.
- ¹²³³ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research*, 38(1), 115–120.
- ¹²³⁴ Schutte, K. K., Moos, R. H., & Brennan, P. L. (2006). Predictors of untreated remission from late-life drinking problems. *Journal of Studies on Alcohol*, 67(3), 354–362.
- ¹²³⁵ American Public Health Association & Education Development Center. (2008). *Alcohol screening and brief intervention: A guide for public health practitioners*. Washington, DC: National Highway Traffic Safety Administration, Department of Transportation.
- ¹²³⁶ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking

- ¹²³⁷ U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- ¹²³⁸ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- ¹²³⁹ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ¹²⁴⁰ Kaiser Permanente. (2019). Alcohol use in older adults. Retrieved from <https://wa.kaiserpermanente.org/healthAndWellness/index.jhtml?item=%2Fcommon%2FhealthAndWellness%2FhealthyLiving%2Flifestyle%2Falcohol-seniors.html>
- ¹²⁴¹ Family Caregiver Alliance. (2019). Caregiver statistics: Demographics. Retrieved from www.caregiver.org/caregiver-statistics-demographics
- ¹²⁴² Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ¹²⁴³ U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- ¹²⁴⁴ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- ¹²⁴⁵ Centers for Disease Control and Prevention. (2018). Alcohol and Public Health. Frequently Asked Questions. Retrieved from www.cdc.gov/alcohol/faqs.htm
- ¹²⁴⁶ U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- ¹²⁴⁷ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ¹²⁴⁸ U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- ¹²⁴⁹ Centers for Disease Control and Prevention. (2018). Alcohol and Public Health. Frequently Asked Questions. Retrieved from www.cdc.gov/alcohol/faqs.htm
- ¹²⁵⁰ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- ¹²⁵¹ Kaiser Permanente. (2019). Alcohol use in older adults. Retrieved from <https://wa.kaiserpermanente.org/healthAndWellness/index.jhtml?item=%2Fcommon%2FhealthAndWellness%2FhealthyLiving%2Flifestyle%2Falcohol-seniors.html>
- ¹²⁵² Downer, B., & Boron, J. B. (2016). Alcohol and cognition. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 79–96). New York, NY: Springer.
- ¹²⁵³ Downer, B., & Boron, J. B. (2016). Alcohol and cognition. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 79–96). New York, NY: Springer.
- ¹²⁵⁴ National Institute on Alcohol Abuse and Alcoholism. (2015). *Beyond hangovers: Understanding alcohol's impact on your health*. NIH Publication No. 15–7604. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.
- ¹²⁵⁵ GBD 2016 Collaborators. (2018). Alcohol use and burden for 195 countries and territories, 1990–2016: A systematic analysis for the Global Burden of Disease Study 2016. *Lancet*, 392(10152), 1015–1035.
- ¹²⁵⁶ Substance Abuse and Mental Health Services Administration. (2012). *Older Americans Behavioral Health Issue Brief 2: Alcohol misuse and abuse prevention* (p. 1). Retrieved from www.acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%20%20Alcohol%20Misuse.pdf
- ¹²⁵⁷ Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- ¹²⁵⁸ Substance Abuse and Mental Health Services Administration. (2012). *Older Americans Behavioral Health Issue Brief 2: Alcohol misuse and abuse prevention* (p. 1). Retrieved from www.acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%20%20Alcohol%20Misuse.pdf
- ¹²⁵⁹ Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- ¹²⁶⁰ Substance Abuse and Mental Health Services Administration. (2012). *Older Americans Behavioral Health Issue Brief 2: Alcohol misuse and abuse prevention* (p. 1). Retrieved from www.acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%20%20Alcohol%20Misuse.pdf



- ¹²⁶¹ Leggett, A., Kavanagh, J., Zivin, K., Chiang, C., Kim, H. M., & Kales, H. C. (2015). The association between benzodiazepine use and depression outcomes in older veterans. *Journal of Geriatric Psychiatry and Neurology*, 28(4), 281–287.
- ¹²⁶² Substance Abuse and Mental Health Services Administration. (2012). *Older Americans Behavioral Health Issue Brief 2: Alcohol misuse and abuse prevention* (p. 1). Retrieved from www.acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%20%20Alcohol%20Misuse.pdf
- ¹²⁶³ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research*, 38(1), 115–120.
- ¹²⁶⁴ Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- ¹²⁶⁵ Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2016). Alcohol, injury, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 97–115). New York, NY: Springer.
- ¹²⁶⁶ Addiction Technology Transfer Center Network. (2001). A stomach enzyme deficit may place women at more risk from drinking alcohol. Retrieved from www.eurekalert.org/pub_releases/2001-04/ACER-Ased-1404101.php
- ¹²⁶⁷ Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research*, 38(1), 115–120.
- ¹²⁶⁸ Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- ¹²⁶⁹ Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2016). Alcohol, injury, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 97–115). New York, NY: Springer.
- ¹²⁷⁰ Letizia, M., & Reinbolz, M. (2005). Identifying and managing acute alcohol withdrawal in the elderly. *Geriatric Nursing*, 26(3), 176–183.
- ¹²⁷¹ Saitz, R. (2013). Brief intervention for unhealthy alcohol use. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 41–48). New York, NY: Springer.
- ¹²⁷² Epstein, E. E., Fischer-Elber, K., & Al-Otaiba, Z. (2007). Women, aging, and alcohol use disorders. *Journal of Women and Aging*, 19(1–2), 31–48.
- ¹²⁷³ Substance Abuse and Mental Health Services Administration. (2009). *Substance abuse treatment: Addressing the specific needs of women*. Treatment Improvement Protocol (TIP) Series 51. HHS Publication No. (SMA) 15-4426. Retrieved from <https://store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA15-4426>
- ¹²⁷⁴ Alcohol Pharmacology Education Partnership. (n.d.). Gender differences in alcohol metabolism. Retrieved from <https://sites.duke.edu/apep/module-1-gender-matters/content/content-gender-differences-in-alcohol-metabolism>
- ¹²⁷⁵ Epstein, E. E., Fischer-Elber, K., & Al-Otaiba, Z. (2007). Women, aging, and alcohol use disorders. *Journal of Women and Aging*, 19(1–2), 31–48.
- ¹²⁷⁶ Blow, F., & Barry, K. (2002). Use and misuse of alcohol among older women. *Alcohol Research and Health: The Journal of the National Institute on Alcohol Abuse and Alcoholism*, 26(4), 308–315.
- ¹²⁷⁷ Substance Abuse and Mental Health Services Administration. (2009). *Substance abuse treatment: Addressing the specific needs of women*. Treatment Improvement Protocol (TIP) Series 51. HHS Publication No. (SMA) 15-4426. Retrieved from <https://store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA15-4426>
- ¹²⁷⁸ Olfson, M., King, M., & Schoenbaum, M. (2015). Benzodiazepine use in the United States. *JAMA Psychiatry*, 72(2), 136–142.
- ¹²⁷⁹ Satre, D. D., Mertens, J. R., & Weisner, C. (2004). Gender differences in treatment outcomes for alcohol dependence among older adults. *Journal of Studies on Alcohol*, 65(5), 638–642.
- ¹²⁸⁰ Wettlaufer, A. (2018). Can a label help me drink in moderation? A review of the evidence on standard drink labelling. *Substance Use and Misuse*, 53(4), 585–595.
- ¹²⁸¹ National Institute on Alcohol Abuse and Alcoholism. (n.d.). What's a “standard” drink? Retrieved June 14, 2019, from www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx
- ¹²⁸² Kuerbis, A., Chernick, R., & Gardner, D. S. (2016). Alcohol use and comorbid psychiatric and subsyndromal disorders among older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 35–53). New York, NY: Springer.
- ¹²⁸³ Satre, D. D. (2015). Alcohol and drug use problems among older adults. *Clinical Psychology: Science and Practice*, 22, 238–254.

- ¹²⁸⁴ Haighton, C. (2016). Thinking behind alcohol consumption in old age: Psychological and sociological reasons for drinking in old age. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 3–16). New York, NY: Springer.
- ¹²⁸⁵ Kuerbis, A., Treloar Padovano, H., Shao, S., Houser, J., Muench, F. J., & Morgenstern, J. (2018). Comparing daily drivers of problem drinking among older and younger adults: An electronic daily diary study using smartphones. *Drug and Alcohol Dependence, 183*, 240–246.
- ¹²⁸⁶ Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS. Pub. No. (SMA) 03-3824. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824>
- ¹²⁸⁷ Kelly, S., Olanrewaju, O., Cowan, A., Brayne, C., & Lafortune, L. (2018). Alcohol and older people: A systematic review of barriers, facilitators and context of drinking in older people and implications for intervention design. *PLoS One, 13*(1), e0191189.
- ¹²⁸⁸ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.
- ¹²⁸⁹ Satre, D. D. (2015). Alcohol and drug use problems among older adults. *Clinical Psychology: Science and Practice, 22*, 238–254.
- ¹²⁹⁰ Chernick, R., & Kuerbis, A. (2016). Social and familial contexts for drinking among older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 149–166). New York, NY: Springer.
- ¹²⁹¹ Canham, S. L., & Mauro, P. M. (2016). Self-medication with alcohol: Aging issues. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 201–214). New York, NY: Springer.
- ¹²⁹² Canham, S. L., & Mauro, P. M. (2016). Self-medication with alcohol: Aging issues. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 201–214). New York, NY: Springer.
- ¹²⁹³ Blow, F. C., Brockmann, L. M., & Barry, K. L. (2004). Role of alcohol in late-life suicide. *Alcoholism, Clinical and Experimental Research, 28*(Suppl. 1), 48S–56S.
- ¹²⁹⁴ Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- ¹²⁹⁵ Canham, S. L., & Mauro, P. M. (2016). Self-medication with alcohol: Aging issues. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 201–214). New York, NY: Springer.
- ¹²⁹⁶ Gilson, K.-M., Bryant, C., & Judd, F. (2017). Understanding older problem drinkers: The role of drinking to cope. *Addictive Behaviors, 64*, 101–106.
- ¹²⁹⁷ Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS. Pub. No. (SMA) 03-3824. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824>
- ¹²⁹⁸ DiBartolo, M. C., & Jarosinski, J. M. (2017). Alcohol use disorder in older adults: Challenges in assessment and treatment. *Issues in Mental Health Nursing, 38*(1), 25–32.
- ¹²⁹⁹ Gilson, K.-M., Bryant, C., & Judd, F. (2017). Understanding older problem drinkers: The role of drinking to cope. *Addictive Behaviors, 64*, 101–106.
- ¹³⁰⁰ Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS. Pub. No. (SMA) 03-3824. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824>
- ¹³⁰¹ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine, 30*(3), 629–654.
- ¹³⁰² DiBartolo, M. C., & Jarosinski, J. M. (2017). Alcohol use disorder in older adults: Challenges in assessment and treatment. *Issues in Mental Health Nursing, 38*(1), 25–32.



- ¹³⁰³ Gilson, K.-M., Bryant, C., & Judd, F. (2017). Understanding older problem drinkers: The role of drinking to cope. *Addictive Behaviors, 64*, 101–106.
- ¹³⁰⁴ Gilson, K.-M., Bryant, C., & Judd, F. (2017). Understanding older problem drinkers: The role of drinking to cope. *Addictive Behaviors, 64*, 101–106.
- ¹³⁰⁵ Substance Abuse and Mental Health Services Administration & Food and Drug Administration. (2004). As you age: A guide to aging, medicines, and alcohol. Retrieved from www.fda.gov/drugs/resources-you/you-agea-guide-aging-medicines-and-alcohol
- ¹³⁰⁶ Gilson, K.-M., Bryant, C., & Judd, F. (2017). Understanding older problem drinkers: The role of drinking to cope. *Addictive Behaviors, 64*, 101–106.
- ¹³⁰⁷ Gilson, K.-M., Bryant, C., & Judd, F. (2017). Understanding older problem drinkers: The role of drinking to cope. *Addictive Behaviors, 64*, 101–106.
- ¹³⁰⁸ Gilson, K.-M., Bryant, C., & Judd, F. (2017). Understanding older problem drinkers: The role of drinking to cope. *Addictive Behaviors, 64*, 101–106.
- ¹³⁰⁹ Gilson, K.-M., Bryant, C., & Judd, F. (2017). Understanding older problem drinkers: The role of drinking to cope. *Addictive Behaviors, 64*, 101–106.
- ¹³¹⁰ Gordon, A. J., Gordon, J. M., & Broyles, L. M. (2013). Medical consequences of unhealthy alcohol. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 107–118). New York, NY: Springer.
- ¹³¹¹ World Health Organization. (2018). Alcohol. Retrieved from www.who.int/news-room/fact-sheets/detail/alcohol
- ¹³¹² Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research, 38*(1), 115–120.
- ¹³¹³ GBD 2016 Collaborators. (2018). Alcohol use and burden for 195 countries and territories, 1990–2016: A systematic analysis for the Global Burden of Disease Study 2016. *Lancet, 392*(10152), 1015–1035.
- ¹³¹⁴ Rehm, J., Gmel, G. E., Sr., Gmel, G., Hasan, O. S. M., Imtiaz, S., Popova, S., ... Shuper, P. A. (2017). The relationship between different dimensions of alcohol use and the burden of disease—An update. *Addiction, 112*, 968–1001.
- ¹³¹⁵ NIH Osteoporosis and Related Bone Disease National Resource Center. (n.d.). What people recovering from alcoholism need to know about osteoporosis. Retrieved from www.bones.nih.gov/health-info/bone/osteoporosis/conditions-behaviors/alcoholism
- ¹³¹⁶ Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS Publication No. (SMA) 03-3824. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824>
- ¹³¹⁷ Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2016). Alcohol, injury, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 97–115). New York, NY: Springer.
- ¹³¹⁸ Rehm, J., Gmel, G. E., Sr., Gmel, G., Hasan, O. S. M., Imtiaz, S., Popova, S., ... Shuper, P. A. (2017). The relationship between different dimensions of alcohol use and the burden of disease—An update. *Addiction, 112*, 968–1001.
- ¹³¹⁹ National Institute on Aging. (2017). Facts about aging and alcohol. Retrieved from www.nia.nih.gov/health/facts-about-aging-and-alcohol
- ¹³²⁰ National Institute on Alcohol Abuse and Alcoholism. (n.d.). HIV/AIDS. Retrieved from www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/hivaids
- ¹³²¹ AIDSinfo. (n.d.). HIV and older people. Retrieved from <https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/25/80/hiv-and-older-people>
- ¹³²² Ford, C. L., Godette, D. C., Mulatu, M. S., & Gaines, T. L. (2015). Recent HIV testing prevalence, determinants, and disparities among U.S. older adult respondents to the Behavioral Risk Factor Surveillance System. *Sexually Transmitted Diseases, 42*(8), 405–410.
- ¹³²³ Rehm, J., Gmel, G. E., Sr., Gmel, G., Hasan, O. S. M., Imtiaz, S., Popova, S., ... Shuper, P. A. (2017). The relationship between different dimensions of alcohol use and the burden of disease—An update. *Addiction, 112*, 968–1001.
- ¹³²⁴ Berkeley Wellness. (2017). Alcohol's benefits: New questions. Retrieved from www.berkeleywellness.com/self-care/preventive-care/article/alcohols-health-benefits-new-questions
- ¹³²⁵ Andréasson, S., Chikritzhs, T., Dangardt, F., Holder, H., Naimi, T., & Stockwell T. (2014). Evidence about health effects of “moderate” alcohol consumption: Reasons for skepticism and public health implications. In *Alcohol and society 2014* (pp. 6–23). Stockholm, Sweden: IOGT-NTO and Swedish Society of Medicine.
- ¹³²⁶ Molina, P. E., Gardner, J. D., Souza-Smith, F. M., & Whitaker, A. M. (2014). Alcohol abuse: Critical pathophysiological processes and contribution to disease burden. *Physiology (Bethesda, Maryland), 29*(3), 203–215.

- ¹³²⁷ Caputo, F., Vignoli, T., Leggio, L., Addolorato, G., Zoli, G., & Bernardi, M. (2012). Alcohol use disorders in the elderly: A brief overview from epidemiology to treatment options. *Experimental Gerontology, 47*, 411–416.
- ¹³²⁸ DiBartolo, M. C., & Jarosinski, J. M. (2017). Alcohol use disorder in older adults: Challenges in assessment and treatment. *Issues in Mental Health Nursing, 38*(1), 25–32.
- ¹³²⁹ Gordon, A. J., Gordon, J. M., & Broyles, L. M. (2013). Medical consequences of unhealthy alcohol. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 107–118). New York, NY: Springer.
- ¹³³⁰ Rehm, J., Gmel, G. E., Sr, Gmel, G., Hasan, O. S. M., Imtiaz, S., Popova, S., ... Shuper, P. A. (2017). The relationship between different dimensions of alcohol use and the burden of disease—An update. *Addiction, 112*, 968–1001.
- ¹³³¹ Savage, C. L., Finnell, D. S., & Choflet, A. (2016). Cancer, alcohol, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 65–77). New York, NY: Springer.
- ¹³³² Simou, E., Britton, J., & Leonardi-Bee, J. (2018). Alcohol and the risk of pneumonia: A systematic review and meta-analysis. *BMJ Open, 8*(8), 1–10.
- ¹³³³ Elmets, C. A., Leonardi, C. L., Davis, D. M. R., Gelfand, J. M., Lichten, J., Mehta, N. N., ... Menter, A. (2019). Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with awareness and attention to comorbidities. *Journal of the American Academy of Dermatology, 80*, 1073–1113.
- ¹³³⁴ Li, S., Cho, E., Drucker, A. M., Qureshi, A. A., & Li, W. Q. (2017). Alcohol intake and risk of rosacea in US women. *Journal of the American Academy of Dermatology, 76*(6), 1061–1067.
- ¹³³⁵ Topiwala, A., & Ebmeier, K. P. (2018). Effects of drinking on late-life brain and cognition. *Evidence-Based Mental Health, 21*(1), 12–15.
- ¹³³⁶ Qato, D. M., Manzoor, B. S., & Lee, T. A. (2015). Drug–alcohol interactions in older U.S. adults. *Journal of the American Geriatrics Society, 63*(11), 2324–2331.
- ¹³³⁷ Breslow, R. A., Dong, C., & White, A. (2015). Prevalence of alcohol-interactive prescription medication use among current drinkers: United States, 1999 to 2010. *Alcoholism, Clinical and Experimental Research, 39*(2), 371–379.
- ¹³³⁸ Breslow, R. A., Dong, C., & White, A. (2015). Prevalence of alcohol-interactive prescription medication use among current drinkers: United States, 1999 to 2010. *Alcoholism, Clinical and Experimental Research, 39*(2), 371–379.
- ¹³³⁹ National Institute on Alcohol Abuse and Alcoholism. (2014). Harmful interactions: Mixing alcohol with medicines. Retrieved from www.niaaa.nih.gov/publications/brochures-and-fact-sheets/harmful-interactions-mixing-alcohol-with-medicines
- ¹³⁴⁰ Meier, P., & Seitz, H. K. (2008). Age, alcohol metabolism and liver disease. *Current Opinion in Clinical Nutrition and Metabolic Care, 11*, 21–26.
- ¹³⁴¹ National Institute on Alcohol Abuse and Alcoholism. (2014). Harmful interactions: Mixing alcohol with medicines. Retrieved from www.niaaa.nih.gov/publications/brochures-and-fact-sheets/harmful-interactions-mixing-alcohol-with-medicines
- ¹³⁴² Slattum, P. W., & Hassan, O. E. (2016). Medications, alcohol, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 117–129). New York, NY: Springer.
- ¹³⁴³ National Institute on Alcohol Abuse and Alcoholism. (2014). Harmful interactions: Mixing alcohol with medicines. Retrieved from www.niaaa.nih.gov/publications/brochures-and-fact-sheets/harmful-interactions-mixing-alcohol-with-medicines
- ¹³⁴⁴ Slattum, P. W., & Hassan, O. E. (2016). Medications, alcohol, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 117–129). New York, NY: Springer.
- ¹³⁴⁵ Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2016). Alcohol, injury, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 97–115). New York, NY: Springer.
- ¹³⁴⁶ Drugs.com. (n.d.). Cough syrup DM (dextromethorphan) and alcohol/food interactions. Retrieved from www.drugs.com/food-interactions/dextromethorphan,cough-syrup-dm.html
- ¹³⁴⁷ Arora, S., Baraona, E., & Lieber, C. S. (2000). Alcohol levels are increased in social drinkers receiving ranitidine. *American Journal of Gastroenterology, 95*(1), 208–213.
- ¹³⁴⁸ Weaver, M. (2013). Choices for patients and clinicians: Ethics and legal issues. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 195–206). New York, NY: Springer.
- ¹³⁴⁹ Paquin, A. M., Zimmerman, K., & Rudolph, J. L. (2014). Risk versus risk: A review of benzodiazepine reduction in older adults. *Expert Opinion on Drug Safety, 13*(7), 919–934.
- ¹³⁵⁰ Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2016). Alcohol, injury, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 97–115). New York, NY: Springer.



- ¹³⁵¹ Harrington, A. (2013). Psychiatric comorbidity. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 119–128). New York, NY: Springer.
- ¹³⁵² Paquin, A. M., Zimmerman, K., & Rudolph, J. L. (2014). Risk versus risk: A review of benzodiazepine reduction in older adults. *Expert Opinion on Drug Safety, 13*(7), 919–934.
- ¹³⁵³ Gould, R. L., Coulson, M. C., Patel, N., Highton-Williamson, E., & Howard, R. J. (2014). Interventions for reducing benzodiazepine use in older people: Meta-analysis of randomised controlled trials. *British Journal of Psychiatry, 204*(2), 98–107.
- ¹³⁵⁴ Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2016). Alcohol, injury, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 97–115). New York, NY: Springer.
- ¹³⁵⁵ Gudin, J. A., Mogali, S., Jones, J. D., & Comer, S. D. (2013). Risks, management, and monitoring of combination opioid, benzodiazepines, and/or alcohol use. *Postgraduate Medicine, 125*(4), 115–130.
- ¹³⁵⁶ Gunderson, E. W., & Alford, D. P. (2013). Managing pain in the context of unhealthy alcohol use. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 93–105). New York, NY: Springer.
- ¹³⁵⁷ Taheri, A., Dahri, K., Chan, P., Shaw, M., Aulakh, A., & Tashakkor, A. (2014). Evaluation of a symptom-triggered protocol approach to the management of alcohol withdrawal syndrome in older adults. *Journal of the American Geriatrics Society, 62*(8), 1551–1555.
- ¹³⁵⁸ Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings, 90*(5), 659–666.
- ¹³⁵⁹ Long, D., Long, B., & Koyfman, A. (2017). The emergency medicine treatment of severe alcohol withdrawal. *American Journal of Emergency Medicine, 35*, 1005–1011.
- ¹³⁶⁰ Blondell, R. D., & Azadfard, M. (2013). Hospital management. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 207–220). New York, NY: Springer.
- ¹³⁶¹ Blondell, R. D., & Azadfard, M. (2013). Hospital management. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 207–220). New York, NY: Springer.
- ¹³⁶² Dixit, D., Endicott, J., Burry, L., Ramos, L., Yeung, S. Y., Devabhakthuni, S., ... Bulloch, M. N. (2016). Management of acute alcohol withdrawal syndrome in critically ill patients. *Pharmacotherapy, 36*(7), 797–822.
- ¹³⁶³ Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- ¹³⁶⁴ Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings, 90*(5), 659–666.
- ¹³⁶⁵ Eberly, M. E., Lockwood, A. G., Lockwood, S., & Davis, K. W. (2016). Outcomes after implementation of an alcohol withdrawal protocol at a single institution. *Hospital Pharmacy, 51*(9), 752–758.
- ¹³⁶⁶ Letizia, M., & Reinbolz, M. (2005). Identifying and managing acute alcohol withdrawal in the elderly. *Geriatric Nursing, 26*(3), 176–183.
- ¹³⁶⁷ Blondell, R. D., & Azadfard, M. (2013). Hospital management. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 207–220). New York, NY: Springer.
- ¹³⁶⁸ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Planning for change. Retrieved June 1, 2019, from www.rethinkingdrinking.niaaa.nih.gov/Thinking-about-a-change/Its-up-to-you/Planning-For-Change.aspx
- ¹³⁶⁹ Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobmeyer, A. C. (2017). Alcohol and prescription medication misuse. In C. L. Hunt, J. L. Goodie, M. S. Oordt, & A. C. Dobmeyer (Eds.), *Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention* (pp. 175–186). Washington, DC: American Psychological Association.
- ¹³⁷⁰ Miller, W. R., & Muñoz, R. F. (2013). *Controlling your drinking: Tools to make moderation work for you* (2nd ed.). New York, NY: Guildford Press.
- ¹³⁷¹ National Institute on Alcohol Abuse and Alcoholism. (2016). *Rethinking drinking*. NIH Publication No. 15-3770. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.
- ¹³⁷² National Institute on Aging. (n.d.). Getting help for alcohol problems. Retrieved from www.nia.nih.gov/health/getting-help-alcohol-problems
- ¹³⁷³ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking tracker cards. Retrieved June 1, 2019, from www.rethinkingdrinking.niaaa.nih.gov/tools/Interactive-worksheets-and-more/Track-what-you-drink/Drinking-Tracker-Cards.aspx
- ¹³⁷⁴ National Institute on Aging. (n.d.). Getting help for alcohol problems. Retrieved from www.nia.nih.gov/health/getting-help-alcohol-problems
- ¹³⁷⁵ Alcoholics Anonymous. (2016). *The Twelve Steps of Alcoholics Anonymous*. Retrieved from www.aa.org/assets/en_US/smf-121_en.pdf

- ¹³⁷⁶ Alcoholics Anonymous. (2017). Serving all alcoholics: Making the A.A. message accessible. Retrieved from www.aa.org/assets/en_US/f-107_servingallalcoholics.pdf
- ¹³⁷⁷ Addiction Recovery Guide. (n.d.). Mobile apps for addiction. Retrieved from www.addictionrecoveryguide.org/resources/mobile_apps
- ¹³⁷⁸ Jewell, T. (2020). The best alcohol addiction recovery apps of 2020. Retrieved from www.healthline.com/health/addiction/top-alcoholism-iphone-android-apps#nomo
- ¹³⁷⁹ Jewell, T. (2020). The best alcohol addiction recovery apps of 2020. Retrieved from www.healthline.com/health/addiction/top-alcoholism-iphone-android-apps#nomo
- ¹³⁸⁰ Castle, N., Smith, M. L., & Wolf, D. G. (2016). Long-term care and alcohol use. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 233–246). New York, NY: Springer.
- ¹³⁸¹ Han, B. H., & Moore, A. A. (2018). Prevention and screening of unhealthy substance use by older adults. *Clinics in Geriatric Medicine*, 34, 117–129.
- ¹³⁸² Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS. Pub. No. (SMA) 03-3824. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824>
- ¹³⁸³ Moore, A. A., Kuerbis, A., Sacco, P., Chen, G. I., & Garcia, M. B. (2016). Screening and assessment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 169–180). New York, NY: Springer.
- ¹³⁸⁴ Barry, K. L., & Blow, F. C. (2010). Screening, assessing and intervening for alcohol and medication misuse in older adults. In P. A. Lichtenberg (Ed.), *Handbook of assessment in clinical gerontology* (pp. 307–330). Burlington, MA: Elsevier.
- ¹³⁸⁵ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Why do different people need different options? Retrieved from <https://alcoholtreatment.niaaa.nih.gov/what-to-know/different-people-different-options>
- ¹³⁸⁶ Substance Abuse and Mental Health Services Administration, & National Institute on Alcohol Abuse and Alcoholism. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. HHS Publication No. (SMA) 15-4907. Retrieved from <https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>
- ¹³⁸⁷ Moore, A. A., Kuerbis, A., Sacco, P., Chen, G. I., & Garcia, M. B. (2016). Screening and assessment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 169–180). New York, NY: Springer.
- ¹³⁸⁸ Substance Abuse and Mental Health Services Administration & National Institute on Alcohol Abuse and Alcoholism. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. HHS Publication No. (SMA) 15-4907. Retrieved from <https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>
- ¹³⁸⁹ Substance Abuse and Mental Health Services Administration & National Institute on Alcohol Abuse and Alcoholism. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. HHS Publication No. (SMA) 15-4907. Retrieved from <https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>
- ¹³⁹⁰ Substance Abuse and Mental Health Services Administration & National Institute on Alcohol Abuse and Alcoholism. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. HHS Publication No. (SMA) 15-4907. Retrieved from <https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>
- ¹³⁹¹ Knopf, A. (2011, May 15). Some experts charge centers that avoid drug treatments with shunning science and ethics. *Addiction Professional*, 9(3).
- ¹³⁹² National Institute on Alcohol Abuse and Alcoholism. (2014). Treatment for alcohol problems: Finding and getting help. Retrieved from <https://pubs.niaaa.nih.gov/publications/Treatment/treatment.htm#chapter04>
- ¹³⁹³ Moore, A. A., Kuerbis, A., Sacco, P., Chen, G. I., & Garcia, Maristela, B. (2016). Screening and assessment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 169–180). New York, NY: Springer.
- ¹³⁹⁴ Moore, A. A., Kuerbis, A., Sacco, P., Chen, G. I., & Garcia, M. B. (2016). Screening and assessment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 169–180). New York, NY: Springer.
- ¹³⁹⁵ Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–200). New York, NY: Springer.



- ¹³⁹⁶ Dixit, D., Endicott, J., Burry, L., Ramos, L., Yeung, S. Y., Devabhakthuni, S., ... Bulloch, M. N. (2016). Management of acute alcohol withdrawal syndrome in critically ill patients. *Pharmacotherapy*, *36*(7), 797–822.
- ¹³⁹⁷ Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, *90*(5), 659–666.
- ¹³⁹⁸ McCarty, D., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2014). Substance abuse intensive outpatient programs: Assessing the evidence. *Psychiatric Services (Washington, D.C.)*, *65*(6), 718–726.
- ¹³⁹⁹ Rastegar, D. A. (2013). Making effective referrals to specialty care. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 63–72). New York, NY: Springer.
- ¹⁴⁰⁰ McCarty, D., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2014). Substance abuse intensive outpatient programs: Assessing the evidence. *Psychiatric Services (Washington, D.C.)*, *65*(6), 718–726.
- ¹⁴⁰¹ McCarty, D., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2014). Substance abuse intensive outpatient programs: Assessing the evidence. *Psychiatric Services (Washington, D.C.)*, *65*(6), 718–726.
- ¹⁴⁰² Rastegar, D. A. (2013). Making effective referrals to specialty care. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 63–72). New York, NY: Springer.
- ¹⁴⁰³ Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., & Miller, M. M. (Eds.). (2013). *The ASAM Criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (3rd ed.). Carson City, NV: The Change Companies.
- ¹⁴⁰⁴ Satre, D. D., Mertens, J., Areán, P. A., & Weisner, C. (2003). Contrasting outcomes of older versus middle-aged and younger adult chemical dependency patients in a managed care program. *Journal of Studies on Alcohol*, *64*(4), 520–530.
- ¹⁴⁰⁵ Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse: Research and Treatment*, *7*, 13–37.
- ¹⁴⁰⁶ MedLine Plus. (2017). Alcohol use disorder (AUD) treatment. Retrieved from <https://medlineplus.gov/alcoholusedisorderautreatment.html>
- ¹⁴⁰⁷ Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- ¹⁴⁰⁸ Petkus, A. J., & Wetherell, J. L. (2013). Acceptance and commitment therapy with older adults: Rationale and considerations. *Cognitive and Behavioral Practice*, *20*, 47–56.
- ¹⁴⁰⁹ O'Farrell, T. J., & Clements, K. (2012). Review of outcome research on marital and family therapy in treatment for alcoholism. *Journal of Marital and Family Therapy*, *38*(1), 122–144.
- ¹⁴¹⁰ McHugh, R. K., Hearon, B. A., & Otto, M. W. (2010). Cognitive behavioral therapy for substance use disorders. *Psychiatric Clinics of North America*, *33*(3), 511–525.
- ¹⁴¹¹ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, *30*(3), 629–654.
- ¹⁴¹² Rastegar, D. A. (2013). Making effective referrals to specialty care. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 63–72). New York, NY: Springer.
- ¹⁴¹³ Substance Abuse and Mental Health Services Administration. (2013). *Family therapy can help*. HHS Publication No. (SMA) 13-4784. Retrieved from <https://store.samhsa.gov/product/Family-Therapy-Can-Help-For-People-in-Recovery-From-Mental-Illness-or-Addiction/SMA15-4784>
- ¹⁴¹⁴ Chawla, N., Collin, S., Bowen, S., Hsu, S., Grow, J., Douglass, A., & Marlatt, G. A. (2010). The Mindfulness-Based Relapse Prevention Adherence and Competence Scale: Development, interrater reliability, and validity. *Psychotherapy Research*, *20*(4), 388–397.
- ¹⁴¹⁵ Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). New York, NY: Guildford Press.
- ¹⁴¹⁶ Amodeo, M., & López, L. M. (2013). Making effective referrals to Alcoholics Anonymous and other 12-Step programs. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 73–83). New York, NY: Springer.
- ¹⁴¹⁷ Doyle, T. J., Peter D., Friedmann, P. D., & Zywiak, W. H. (2013). Management of patients with alcohol dependence in recovery: Options for maintenance and anticipating and managing relapse in primary care. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 85–92). New York, NY: Springer.
- ¹⁴¹⁸ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Social support to stop drinking. Retrieved June 1, 2019, from www.rethinkingdrinking.niaaa.nih.gov/Thinking-about-a-change/Support-for-quitteing/Social-Support.aspx

- ¹⁴¹⁹ Substance Abuse and Mental Health Services Administration. (2013). *Family therapy can help*. HHS Publication No. (SMA) 13-4784. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Family-Therapy-Can-Help-For-People-in-Recovery-From-Mental-Illness-or-Addiction/SMA15-4784>
- ¹⁴²⁰ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Tips to try. Retrieved June 14, 2019, from www.rethinkingdrinking.niaaa.nih.gov/Thinking-about-a-change/Strategies-for-cutting-down/Tips-To-Try.aspx
- ¹⁴²¹ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- ¹⁴²² NAADAC, The Association for Addiction Professionals. (2014). Understanding the role of peer recovery coaches in the addiction profession. Retrieved from www.naadac.org/assets/2416/2014-05-01_understanding_role_peer_recovery_coaches_webinarslides.pdf
- ¹⁴²³ National Institute on Aging. (n.d.). Getting help for alcohol problems. Retrieved from www.nia.nih.gov/health/getting-help-alcohol-problems
- ¹⁴²⁴ Hazelden Betty Ford Foundation. (2015, September 1). How do you talk to older adults who may be addicted? Retrieved from www.hazeldenbettyford.org/articles/how-to-talk-to-an-older-person-who-has-a-problem-with-alcohol-or-medications
- ¹⁴²⁵ SeniorNavigator. (n.d.). Alcoholism and the older adult. Retrieved from <https://seniornavigator.org/article/12411/alcoholism-and-older-adult%20%20>
- ¹⁴²⁶ Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS Publication No. (SMA) 03-3824. Retrieved from <https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824>
- ¹⁴²⁷ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- ¹⁴²⁸ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- ¹⁴²⁹ National Academies of Sciences, Engineering, and Medicine. (2016). *Families caring for an aging America*. Washington, DC: National Academies Press.
- ¹⁴³⁰ Hazelden Betty Ford Foundation. (2015, September 1). How do you talk to older adults who may be addicted? Retrieved from www.hazeldenbettyford.org/articles/how-to-talk-to-an-older-person-who-has-a-problem-with-alcohol-or-medications
- ¹⁴³¹ Hazelden Betty Ford Foundation. (2019). How to talk about addiction: When a friend has a drinking or drug problem. Retrieved from www.hazeldenbettyford.org/articles/what-can-i-say-to-get-you-to-stop
- ¹⁴³² MedLine Plus. (2017). Helping a loved one with a drinking problem. Retrieved from <https://medlineplus.gov/ency/patientinstructions/000815.htm>
- ¹⁴³³ Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- ¹⁴³⁴ HealthyAging.org (n.d.). Tools & Tips: Caregiver Self Assessment Questionnaire. Retrieved from www.healthinaging.org/tools-and-tips/caregiver-self-assessment-questionnaire
- ¹⁴³⁵ MedLine Plus. (2017). Helping a loved one with a drinking problem. Retrieved from <https://medlineplus.gov/ency/patientinstructions/000815.htm>
- ¹⁴³⁶ Hazelden Betty Ford Foundation. (2019). How to talk about addiction: When a friend has a drinking or drug problem. Retrieved from www.hazeldenbettyford.org/articles/what-can-i-say-to-get-you-to-stop
- ¹⁴³⁷ Hazelden Betty Ford Foundation. (2019). How to talk about addiction: When a friend has a drinking or drug problem. Retrieved from www.hazeldenbettyford.org/articles/what-can-i-say-to-get-you-to-stop
- ¹⁴³⁸ Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.samhsa.gov/data/
- ¹⁴³⁹ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking
- ¹⁴⁴⁰ Kaiser Permanente. (2019). Alcohol use in older adults. Retrieved from <https://wa.kaiserpermanente.org/healthAndWellness/index.jhtml?item=%2Fcommon%2FhealthAndWellness%2FhealthyLiving%2Flifestyle%2Falcohol-seniors.html>
- ¹⁴⁴¹ U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- ¹⁴⁴² National Institute on Alcohol Abuse and Alcoholism. (2017). Cocktail content calculator. Retrieved June 14, 2019, from www.rethinkingdrinking.niaaa.nih.gov/Tools/Calculators/cocktail-calculator.aspx



- ¹⁴⁴³ Substance Abuse and Mental Health Services Administration. (2012). *Older Americans Behavioral Health Issue Brief 2: Alcohol misuse and abuse prevention* (p. 1). Retrieved from www.acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%20%20Alcohol%20Misuse.pdf
- ¹⁴⁴⁴ National Institute on Alcohol Abuse and Alcoholism. (n.d.). What's a "standard" drink? Retrieved from www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx
- ¹⁴⁴⁵ Blow, F. C., et al. (1998). Brief screening for alcohol problems in elderly populations using the Short Michigan Alcoholism Screening Test-Geriatric Version (SMAST-G). Hilton Head Island, SC: Research Society on Alcoholism Annual Scientific Meeting.
- ¹⁴⁴⁶ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ¹⁴⁴⁷ Moore, A. A., Kuerbis, A., Sacco, P., Chen, G. I., & Garcia, M. B. (2016). Screening and assessment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 169–180). New York, NY: Springer.
- ¹⁴⁴⁸ Barry, K. L., Blow, F. C., & Oslin, D. W. (2002). Substance abuse in older adults: Review and recommendations for education and practice in medical settings. *Substance Abuse*, 23(3 Suppl.), 105–131.
- ¹⁴⁴⁹ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- ¹⁴⁵⁰ Barnes, A. J., Moore, A. A., Xu, H., Ang, A., Tallen, L., Mirkin, M., & Ettner, S. L. (2010). Prevalence and correlates of at-risk drinking among older adults: The Project SHARE study. *Journal of General Internal Medicine*, 25(8), 840–846.
- ¹⁴⁵¹ Aalto, M., Alho, H., Halme, J. T., & Seppä, K. (2011). The Alcohol Use Disorders Identification Test (AUDIT) and its derivatives in screening for heavy drinking among the elderly. *International Journal of Geriatric Psychiatry*, 26(9), 881–885.
- ¹⁴⁵² Barbor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in primary care* (2nd ed., p. 17). Geneva, Switzerland: World Health Organization.
- ¹⁴⁵³ Barbor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in primary care* (2nd ed., p. 31). Geneva, Switzerland: World Health Organization.
- ¹⁴⁵⁴ Aalto, M., Alho, H., Halme, J. T., & Seppä, K. (2011). The Alcohol Use Disorders Identification Test (AUDIT) and its derivatives in screening for heavy drinking among the elderly. *International Journal of Geriatric Psychiatry*, 26(9), 881–885.
- ¹⁴⁵⁵ Bush, K., Kivlahan, D. R., McDonnell, M. B., Fihn, S. D., & Bradley, K. A. (1998). The AUDIT alcohol consumption questions (AUDIT-C): An effective brief screening test for problem drinking. *Archives of Internal Medicine*, 158, 1789–1795.
- ¹⁴⁵⁶ U.S. Department of Veterans Affairs. (n.d.). AUDIT-C Frequently Asked Questions. Retrieved from www.queri.research.va.gov/tools/alcohol-misuse/alcohol-faqs.cfm#top
- ¹⁴⁵⁷ Purcell, B. (2003). *Senior Alcohol Misuse Indicator*. Toronto, Canada: Centre for Addiction and Mental Health, University of Toronto.
- ¹⁴⁵⁸ Adamson, S. J., Kay-Lambkin, F. J., Baker, A. L., Lewin, T. J., Thornton, L., Kelly, B. J., & Sellman, J. D. (2010). An improved brief measure of cannabis misuse: The Cannabis Use Disorders Identification Test–Revised (CUDIT-R). *Drug and Alcohol Dependence*, 110, 137–143.
- ¹⁴⁵⁹ Adamson, S. J., Kay-Lambkin, F. J., Baker, A. L., Lewin, T. J., Thornton, L., Kelly, B. J., & Sellman, J. D. (2010). An improved brief measure of cannabis misuse: The Cannabis Use Disorders Identification Test–Revised (CUDIT-R). *Drug and Alcohol Dependence*, 110, 137–143.
- ¹⁴⁶⁰ Brown, R. L., & Rounds, L. A. (1995). Conjoint screening questionnaires for alcohol and other drug abuse: Criterion validity in a primary care practice. *Wisconsin Medical Journal*, 94(3), 135–140.
- ¹⁴⁶¹ Substance Abuse and Mental Health Services Administration. (2011). Screening, brief intervention and referral to treatment (SBIRT) in behavioral healthcare. Retrieved from www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf
- ¹⁴⁶² Friedmann, P. D. (2013). Alcohol use in adults. *New England Journal of Medicine*, 368(17), 1655–1656.
- ¹⁴⁶³ Babor, T. F., & Higgins-Biddle, J. C. (2001). *Brief intervention for hazardous and harmful drinking: A manual for use in primary care*. Retrieved from <https://apps.who.int/iris/handle/10665/67210>
- ¹⁴⁶⁴ Substance Abuse and Mental Health Services Administration. (2017). *A guide to preventing older adult alcohol and psychoactive medication misuse/abuse: Screening and brief interventions* (p. 87). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.ncoa.org/wp-content/uploads/SBIRT-Older-Adult-Manual-Final.pdf

- ¹⁴⁶⁵ Vasiliadis, H. M., Chudzinski, V., Gontijo-Guerra, S., & Prévile, M. (2015). The 10-item Kessler Psychological Distress Scale (K10) and the 7-item Generalized Anxiety Disorder Scale (GAD-7): Screening instruments for a population of older adults. *Gerontologist, 55*(Suppl. 2), 87.
- ¹⁴⁶⁶ Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. A. (2006). Brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine, 166*(10), 1092–1097.
- ¹⁴⁶⁷ Segal, D. L., June, A., Payne, M., Coolidge, F. L., & Yochim, B. (2010). Development and initial validation of a self-report assessment tool for anxiety among older adults: The Geriatric Anxiety Scale. *Journal of Anxiety Disorders, 24*, 709–714.
- ¹⁴⁶⁸ Mueller, A. E., Segal, D. L., Gavett, B., Marty, M. A., Yochim, B., June, A., & Coolidge, F. L. (2015). Geriatric Anxiety Scale: Item response theory analysis, differential item functioning, and creation of a ten-item short form (GAS-10). *International Psychogeriatrics, 27*(7), 1099–1111.
- ¹⁴⁶⁹ Segal, D. L., June, A., Payne, M., Coolidge, F. L., & Yochim, B. (2010). Development and initial validation of a self-report assessment tool for anxiety among older adults: The Geriatric Anxiety Scale. *Journal of Anxiety Disorders, 24*, 709–714.
- ¹⁴⁷⁰ Meyer, T., Miller, M., Metzger, R., & Borkovec, T. D. (1990). Development and validation of the Penn State Worry Scale. *Behaviour Research and Therapy, 28*, 487–495.
- ¹⁴⁷¹ Therrien, Z., & Hunsley, J. (2012). Assessment of anxiety in older adults: A systematic review of commonly used measures. *Aging and Mental Health, 16*(1), 1–16.
- ¹⁴⁷² Brown, E. L., Raue, P. J., & Halpert, K. (2015). Evidence-based practice guideline: Depression detection in older adults with dementia. *Journal of Gerontological Nursing, 41*(11), 15–21.
- ¹⁴⁷³ Brown, E. L., Raue, P. J., & Halpert, K. (2015). Evidence-based practice guideline: Depression detection in older adults with dementia. *Journal of Gerontological Nursing, 41*(11), 15–21.
- ¹⁴⁷⁴ Brown, E. L., Raue, P. J., & Halpert, K. (2015). Evidence-based practice guideline: Depression detection in older adults with dementia. *Journal of Gerontological Nursing, 41*(11), 15–21.
- ¹⁴⁷⁵ Yesavage, J. A. (n.d.). Geriatric Depression Scale. Retrieved from <https://web.stanford.edu/~yesavage/GDS.html>
- ¹⁴⁷⁶ Phelan, E., Williams, B., Meeker, K., Bonn, K., Frederick, J., Logerfo, J., & Snowden, M. (2010). A study of the diagnostic accuracy of the PHQ-9 in primary care elderly. *BMC Family Practice, 11*, 63.
- ¹⁴⁷⁷ Richardson, T. M., He, H., Podgorski, C., Tu, X., & Conwell, Y. (2010). Screening for depression in aging services clients. *American Journal of Geriatric Psychiatry, 18*(12), 1116–1123.
- ¹⁴⁷⁸ Richardson, T. M., He, H., Podgorski, C., Tu, X., & Conwell, Y. (2010). Screening for depression in aging services clients. *American Journal of Geriatric Psychiatry, 18*(12), 1116–1123.
- ¹⁴⁷⁹ Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*(9), 606–613.
- ¹⁴⁸⁰ Kroene, K., & Spitzer, R. L. (2002). The PHQ-9: A new depression diagnostic and severity measure. *Psychiatric Annals, 32*, 509–521.
- ¹⁴⁸¹ Richardson, T. M., He, H., Podgorski, C., Tu, X., & Conwell, Y. (2010). Screening for depression in aging services clients. *American Journal of Geriatric Psychiatry, 18*(12), 1116–1123.
- ¹⁴⁸² Hudson, S. A., Beckford, L. A., Jackson, S. D., & Philpot, M. P. (2008). Validation of a screening instrument for post-traumatic stress disorder in a clinical sample of older adults. *Aging and Mental Health, 12*(5), 670–673.
- ¹⁴⁸³ Weathers, F. W., Litz, B. T., Herman, J. A., Huska, J. A., & Keane, T. M. (1993). The PTSD Checklist (PCL): Reliability, validity and diagnostic utility. Paper presented at the 9th Annual Conference of the International Society of Traumatic Stress Studies. San Antonio, Texas.
- ¹⁴⁸⁴ Pietrzak, R. H., Van Ness, P. H., Fried, T. R., Galea, S., & Norris, F. (2012). Diagnostic utility and factor structure of the PTSD Checklist in older adults. *International Psychogeriatrics, 24*(10), 1684–1696.
- ¹⁴⁸⁵ Yeager, D. E., & Magruder, K. M. (2014). PTSD checklist scoring rules for elderly Veterans Affairs outpatients. *American Journal of Geriatric Psychiatry, 22*(6), 545–550.
- ¹⁴⁸⁶ Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD Checklist for DSM-5 (PCL-5). Retrieved from <https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>
- ¹⁴⁸⁷ Prins, A., Bovin, M. J., Smolenski, D. J., Marx, B. P., Kimerling, R., Jenkins-Guarnieri, M. A., ... Tiet, Q. Q. (2016). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and evaluation within a veteran primary care sample. *Journal of General Internal Medicine, 31*(10), 1206–1211.
- ¹⁴⁸⁸ Prins, A., Bovin, M. J., Kimerling, R., Kaloupek, D. G., Marx, B. P., Pless Kaiser, A., & Schnurr, P. P. (2015). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5). Retrieved from www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp



- ¹⁴⁸⁹ Yaffe, M. J., & Tazkarji, B. (2012). Understanding elder abuse in family practice. *Canadian Family Physician*, 58(12), 1336–1340.
- ¹⁴⁹⁰ Booker, S. Q., & Herr, K. A. (2016). Assessment and measurement of pain in adults in later life. *Clinics in Geriatric Medicine*, 32(4), 677–692.
- ¹⁴⁹¹ Booker, S. Q., & Herr, K. A. (2016). Assessment and measurement of pain in adults in later life. *Clinics in Geriatric Medicine*, 32(4), 677–692.
- ¹⁴⁹² Ware, L. J., Herr, K. A., Booker, S. S., Dotson, K., Key, J., Poindexter, N., ... Packard, A. (2015). Psychometric evaluation of the revised Iowa Pain Thermometer (IPT-R) in a sample of diverse cognitively intact and impaired older adults: A pilot study. *Pain Management Nursing*, 16(4), 475–482.
- ¹⁴⁹³ Booker, S. Q., & Herr, K. A. (2016). Assessment and measurement of pain in adults in later life. *Clinics in Geriatric Medicine*, 32(4), 677–692.
- ¹⁴⁹⁴ Katz, S., Ford, A. B., Moskowitz, R. W., Jackson, B. A., & Jaffe, M. W. (1963). Studies of illness in the aged: The Index of ADL; a standardized measure of biological and psychosocial function. *JAMA*, 185(12), 914–919.
- ¹⁴⁹⁵ Hartigan, I. (2007). A comparative review of the Katz ADL and the Barthel Index in assessing the activities of daily living of older people. *International Journal of Older People Nursing*, 2(3), 204–212.
- ¹⁴⁹⁶ Katz, S., Down, T. D., Cash, H. R., & Grotz, R. C. (1970). Progress in the development of the Index of ADL. *Gerontologist*, 10, 20–30.
- ¹⁴⁹⁷ Mahoney, F., & Barthel, D. (1965). Functional evaluation: The Barthel Index. *Maryland State Medical Journal*, 14, 61–65.
- ¹⁴⁹⁸ Hartigan, I. (2007). A comparative review of the Katz ADL and the Barthel Index in assessing the activities of daily living of older people. *International Journal of Older People Nursing*, 2(3), 204–212.
- ¹⁴⁹⁹ NINDS Common Data Elements. (n.d.). Report Viewer [for Barthel Index]. Retrieved from www.commondataelements.ninds.nih.gov/report-viewer/23804/www.mapi-trust.org
- ¹⁵⁰⁰ Pfeffer, R. I., Kurosaki, T. T., Harrah, C. H., Chance, J. M., & Filos, S. (1982). Measurement of functional activities in older adults in the community. *Journal of Gerontology*, 37(3), 323–329.
- ¹⁵⁰¹ Tracy, E., & Whittaker, J. (1990). The Social Network Map: Assessing social support in clinical practice. *Families in Society*, 71, 461–470.
- ¹⁵⁰² Tracy, E., & Whittaker, J. (1990). The Social Network Map: Assessing social support in clinical practice. *Families in Society*, 71, 461–470.
- ¹⁵⁰³ Tracy, E., & Whittaker, J. (1990). The Social Network Map: Assessing social support in clinical practice. *Families in Society*, 71, 461–470.
- ¹⁵⁰⁴ National Committee for Quality Assurance. (2016). Goals to care: How to keep the person in “person-centered.” Retrieved from www.ncqa.org/Portals/0/Programs/Goals%20to%20Care%20-%20Spotlight%20Report.pdf?ver=2016-02-23-113526-113
- ¹⁵⁰⁵ Haight, B. K., and Haight, B. S. (2007). *The handbook of structured life review*. Baltimore, MD: Health Professions Press.
- ¹⁵⁰⁶ Smith, M., Robinson, L., & Segal, J. (2019). Coping with grief and loss: Understanding the grieving process and learning to heal. Retrieved from <https://staging.helpguide.org/articles/grief/coping-with-grief-and-loss.htm>
- ¹⁵⁰⁷ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking tracker cards. Retrieved June 14, 2019, from www.rethinkingdrinking.niaaa.nih.gov/tools/Interactive-worksheets-and-more/Track-what-you-drink/Drinking-Tracker-Cards.aspx
- ¹⁵⁰⁸ Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobbmeyer, A. C. (2017). Alcohol and prescription medication misuse. In C. L. Hunt, J. L. Goodie, M. S. Oordt, & A. C. Dobbmeyer (Eds.), *Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention* (pp. 175–186). Washington, DC: American Psychological Association.
- ¹⁵⁰⁹ National Institute on Alcohol Abuse and Alcoholism. (n.d.). Planning for change. Retrieved June 14, 2019, from www.rethinkingdrinking.niaaa.nih.gov/Thinking-about-a-change/Its-up-to-you/Planning-For-Change.aspx

This page intentionally left blank.

SAMHSA Publication No. PEP20-02-01-011
Published 2020

Substance Abuse and Mental Health Services Administration
SAMHSA's mission is to reduce the impact of substance abuse
and mental illness on America's communities.

1-877-SAMHSA-7 (1-877-726-4727) | 1-800-486-4889 (TDD)
www.samhsa.gov

SAMHSA
Substance Abuse and Mental Health
Services Administration