

Brief Alcohol Intervention Components with Older Adults

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Following identification of at-risk or problem drinkers through screening techniques a semi-structured brief intervention can be conducted. The content of the intervention needs to be elder-specific and include the following steps:

1. *Identification of future goals for health, activities, hobbies, relationships, and financial stability.*
2. *Customized feedback on screening questions relating to drinking patterns and other health habits* (may also include smoking, nutrition, tobacco use, etc.)
3. *Discussion of types of older drinkers in the population, where the patient's drinking patterns fits into the population norms for their age group, and definitions of standard drinks* (one standard drink = 12 oz. beer or ale; 1.5 oz shot of distilled spirits; 4-5 oz. wine; 4 oz. sherry; 4 oz. liqueur).
4. *Pros and cons of drinking.* This is particularly important because the practitioner needs to understand the role of alcohol in the context of the older patient's life including coping with loss and loneliness.
5. *Consequences of heavier drinking.* Some older patients may experience problems in physical, psychological, or social functioning even though they are drinking below cut-off levels.
6. *Reasons to cut down or quit drinking.* Maintaining independence, physical health, and mental capacity can be key motivators in this age group.
7. *Sensible drinking limits and strategies for cutting down or quitting.* Strategies that are useful in this age group include developing social opportunities that do not involve alcohol, getting reacquainted with hobbies and interests from earlier in life, and pursuing volunteer activities, if possible.
8. *Drinking agreement.* Agreed upon drinking limits that are signed by the patient and the practitioner are particularly effective in changing drinking patterns.
9. *Coping with risky situations.* Social isolation, boredom, and negative family interactions can present special problems in this age group.
10. *Summary of the session.*

Use these tools to generate opportunities for patient and practitioner to consider drinking cues, reasons for drinking, reasons to cut down or quit, a drinking agreement in the form of a prescription, and drinking diary cards for self monitoring. The approach to patients is non-confrontational and generally follows motivational interviewing principles as described by Miller and Rollnick, (1991).