The Road to Recovery 2016

April Show

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Generational Issues Affecting Recovery: From Childhood to Grandparenthood
December 4, 2015

Discussion Guide

The show will be filmed in a panel format, with free discussion between the show host and other panelists. This discussion guide is not to be considered a script. The information and resources provided in this discussion guide are provided to assist panelists in show preparation. The questions identified in each panel section will be asked by the show host. Panelists will respond to questions asked by the host, and they will also comment and add to information presented by other panelists in a discussion format. Panelists will bring their own keen anecdotal experiences to the show as well as references from scientific studies from the field.

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Show Description. Mental or substance use disorders often affect several generations of the same family.[1,2,3] The impact of parental mental or substance use disorders on children is significant—affecting emotional, social, and behavioral patterns and well-being early in their lives. [4,5,6] These problems can impact the overall health and well-being of children in the home. Traumatic experiences during childhood can increase the risk for a range of behavioral and physical problems in adulthood, including substance misuse and mental health issues.[7,8,9]

[1] Bailey, J. A., Hill, K. G., Oesterle, S., & Hawkins, J. D. (2006). Linking substance use and problem behavior across three generations. *Journal of Abnormal Child Psychology, 34*(3), 263–292.

[2] Newlin, D. B., Miles, D. R., van den Bree, M. B., Gupman, A. E., & Pickens, R. W. (2000). Environmental transmission of DSM-IV substance use disorders in adoptive and step families. *Alcoholism: Clinical and Experimental Research, 24*(12), 1785–1794.

[3] Hancock, K. J., Mitrou, F., Shipley, M., Lawrence, D., & Zubrick, S. R. (2013). A three generation study of the mental health relationships between grandparents, parents and children. *BMC Psychiatry, 13*, 299.

[4] Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. *Social Work in Public Health, 28*(3–4), 194–205.

[5] Verrocchio, M. C., Ambrosini, A., & Fulcheri, M. (2013). Promotion of mental health in children of parents with a mental disorder. *Annali dell'Istituto Superiore di Sanità, 49*(4), 406–411.

[6] Kahn, R. S., Brandt, D., & Whitaker, R. C. (2004). Combined effect of mothers' and fathers' mental health symptoms on children's behavioral and emotional well-being. *Archives of Pediatrics and Adolescent Medicine, 158*(8), 721–729.

[7] Anda, R. F., et al. (2006). The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience, 256*(3), 174–186.

[8] Dube, S. R., et al. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The adverse childhood experiences study. *Pediatrics*, *111*(3), 564–572.

[9] Anda, R. F., et al. (2007). Adverse childhood experiences and prescribed psychotropic medications in adults. *American Journal of Preventive Medicine*, *32*(5), 389–394.

However, early intervention with these families can interrupt these intergenerational patterns.[10] This show will discuss the generational issues that can affect families in recovery—including grandparents, their adult children, and their grandchildren. Panelists will explore the issues that arise in these families, such as the struggle to maintain overall wellness, mental health, and a substance-free lifestyle. Panelists will discuss the pressures members of the middle generation may face when both their parents and their children experience behavioral health problems. They will also examine protective factors, effective interventions, and the role of other family members, social support, and community involvement in helping those with mental or substance use disorders find their own unique path to healing, hope, and wellness.

When mental or substance use disorders affect the middle generation, grandparents may become the caregivers of their grandchildren from childhood into adolescence as well as trying to help their own child into recovery. According to the latest census, of the 65 million grandparents in the United States in 2012, 7 million (10 percent), lived with at least one grandchild, compared with 7 percent in 1992.[11] The survey also found the following indications of grandparents raising grandchildren: More than 60 percent of these households were maintained by a grandparent, about one in three had no parent present, and about 39 percent of these grandparent caregivers have cared for their grandchildren for 5 years or more.[12] Grandparent caregivers can experience extra responsibilities and stress,[13] which may trigger physical ailments or behavioral health problems. Panelists will discuss the support needed to promote recovery in these families, issues that can arise when an older adult is the caregiver of a younger person with mental or substance use disorders, and generational differences and how to deal with them.

By 2030, people aged 65 and older will make up 20 percent of the total U.S. population.[14] Older adults have significant behavioral health needs, and demand for services will undoubtedly increase as their numbers grow. For example, an estimated 15–20 percent of older adults have experienced depression, and approximately 11 percent have anxiety disorders.[15] People who are aged 55 or older also experience behavioral health problems.[16] For example, researchers project that the number of Americans aged 50 years or older with a substance use disorder will

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[10] Bailey, J. A., Hill, K. G., Oesterle, S., & Hawkins, J. D. (2006). Linking substance use and problem behavior across three generations. *Journal of Abnormal Child Psychology, 34*(3), 263–292.

[11] U.S. Census Bureau. (2014, October 22). 10 percent of grandparents live with a grandchild, Census Bureau reports. From http://www.census.gov/newsroom/press-releases/2014/cb14-194.html (accessed August 24, 2015).

[12] U.S. Census Bureau. (2014, October 22). 10 percent of grandparents live with a grandchild, Census Bureau reports. From http://www.census.gov/newsroom/press-releases/2014/cb14-194.html (accessed August 24, 2015).

[13] Gladstone, J. W., Brown, R. A., & Fitzgerald, K. A. (2009). Grandparents raising their grandchildren: tensions, service needs and involvement with child welfare agencies. *International Journal of Aging and Human Development, 69*(1), 55–78.

[14] Substance Abuse and Mental Health Services Administration. (2014, October 9). Age- and gender-based populations. From http://www.samhsa.gov/specific-populations/age-gender-based (accessed August 17, 2015).

[15] American Psychological Association. (n.d.). Mental and behavioral health and older Americans. From http://www.apa.org/about/gr/issues/aging/mental-health.aspx (accessed August 17, 2015).

[16] Scheinholtz, M. K. (2014, May 13). Older adult behavioral health: Issues and background [slides]. SAMHSA and National Council on Aging Webinar. From https://www.ncoa.org/wp-content/uploads/Grantee-Webinar_May-13-2014.pdf (accessed on August 27, 2015).

increase to 5.7 million in 2020.[17] This show will touch upon behavioral health problems among older adults in the United States, including the special considerations for mental or substance use disorders among this population (e.g., marijuana misuse, mixing medications with alcohol and illicit substances, lower levels of treatment seeking, and co-occurring medical conditions). The panelists will review approaches to treatment and recovery for older people—including the development of effective support networks—as well as efforts and resources for these individuals and their families.

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Panel 1: Mental or Substance Use Disorders Across the Generations

Key Questions:

1. **Why is it important to talk about mental or substance use disorders from the generational perspective? How many children are growing up with a parent who is experiencing a mental or substance use disorder?**
2. **What are some of the characteristics of families experiencing generational behavioral health issues?**
3. **What does research tell us about the reasons why generations experience mental or substance use disorders? What is generational trauma?**
4. **What is the impact of growing up in a family with a parent who has a mental or substance use disorder on physical and mental health? For those who experience trauma during childhood, what is the long-term impact? Can these experiences set them up for generational trauma?**
5. **What are some protective experiences or characteristics that boost resiliency among children whose parents experience mental or substance use disorders?**
6. **How can intervention help interrupt intergenerational patterns of mental or substance use disorders?**
7. **How can other family members, social support, and community involvement help families experiencing generational mental or substance use disorders into recovery?**
8. **What are some efforts and resources to support prevention, treatment, and recovery for families experiencing generational mental or substance use disorders?**

Importance of the Generational Perspective

Source: Bailey, J. A., Hill, K. G., Oesterle, S., & Hawkins, J. D. (2006). Linking substance use and problem behavior across three generations. *Journal of Abnormal Child Psychology, 34*(3), 263–292.

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[17] 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.

- This study examined patterns of between-generation continuity in substance misuse across three generations by modeling prospective, longitudinal data from 808 participants, their parents, and their children.
- The results suggested cross-generational continuity in the general tendency to use drugs.
- A key influence on this cross-generational continuity was whether the middle generation experienced behavioral health problems during adolescence, findings that highlight the importance of interrupting intergenerational cycles.

Source: Newlin, D. B., Miles, D. R., van den Bree, M. B., Gupman, A. E., & Pickens, R. W. (2000). Environmental transmission of DSM-IV substance use disorders in adoptive and step families. *Alcoholism: Clinical and Experimental Research, 24*(12), 1785–1794.

- There is a 3- to 5-fold increase in risk for substance use disorders (SUDs) among children of people with alcohol use disorder.

Source: Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. *Social Work in Public Health, 28*(3–4), 194–205.

- The effects of a substance use disorder (SUD) are felt by the whole family.
- The family context holds information about how SUDs develop, are maintained, and what can positively or negatively influence the treatment of the disorder.
- This article reviews several theories that provide a framework for understanding how SUDs affect the family, including identifying appropriate interventions.

Source: Hancock, K. J., Mitrou, F., Shipley, M., Lawrence, D., & Zubrick, S. R. (2013). A three generation study of the mental health relationships between grandparents, parents and children. *BMC Psychiatry, 13,* 299.

- This study examined mental health relationships across three generations of Australian families.
- The results suggested that mental health histories of both parents and grandparents play an important role in the social and emotional wellbeing of young children.

Prevalence of Growing Up With Parental Mental or Substance Use Disorder

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies. (2009). *The NSDUH Report: Children living with substance-depending or substance-abusing parents: 2002–2007.* Rockville, MD.

- An estimated 11.9 percent (8.3 million) of children, under 18 years of age, in this country lived with a parent who was dependent on or abused alcohol or other illicit drugs, according to National Survey on Drug Use and Health (NSDUH) data from the period 2002 to 2007. Of children, an estimated 10.3 percent (7.3 million) lived with a

parent who was dependent on or abused alcohol, and about 2.1 million (3 percent) lived with a parent who was dependent on or abused illicit drugs.

Source: SAMHSA. (2013). Behavioral health of parents/caregivers: Impact on children in child welfare system [slides]. Presentation by Administrator Hyde, Regional Partnership Grantee Kickoff Meeting, January 23, 2013. From http://store.samhsa.gov/product/Behavioral-Health-of-Parents-Caregivers-Impact-on-Children-in-Child-Welfare-System/SMA13-PHYDE012313 (accessed September 21, 2015).

- The majority of parents entering publicly funded substance abuse treatment are parents of minor-age children (59 percent had a child younger than age 18).

Source: Nicholson, J., Biebel, K., Katz-Leavy, J., & Williams, V. (2002). The prevalence of parenthood in adults with mental illness: Implications for state and federal policymakers, programs, and providers. *Psychiatry Publications and Presentations, Paper 153*. From http://escholarship.umassmed.edu/psych_pp/153 (accessed November 12, 2015).

- Parenthood is extremely prevalent among adults with mental disorders. Their unique characteristics and circumstances have implications for state and federal policies and programs and for provider practices.
- Analyses of data from the National Comorbidity Survey on the lifetime prevalence of mental disorders and parenting indicated that:
    - Parenthood among adults with no psychiatric disorder or substance abuse— women: 62.4 percent; men: 52.9 percent
    - Parenthood among adults with a psychiatric disorder only—women: 68 percent; men: 54.5 percent
    - Parenthood among adults with substance abuse only—women: 58.9 percent; men: 54.4 percent
    - Parenthood among adults with co-occurring psychiatric disorder and substance abuse—women: 67.2 percent; men: 59.7 percent

Source: Sherman, M. D. (2007). Reaching out to children of parents with mental illness. *Social Work Today, 7*(5) (Sept/Oct), 26. From http://www.socialworktoday.com/archive/septoct2007p26.shtml (accessed September 2, 2015).

- More than five million children in the United States have a parent with a serious mental illness (SMI) such as schizophrenia, bipolar disorder, or major depression.

Characteristics of Families Experiencing Generational Behavioral Health Issues

Source: Patient. (n.d.). Child–parent relationship and potential problems. From http://patient.info/doctor/child-parent-relationship-and-potential-problems (accessed October 15, 2015).

- [This website lists some parental, social/environmental, child, and family factors associated with behavioral health problems.]
- **Parental factors**
    - Family conflict and discord: lack of structure and discipline, disagreement about child rearing.
    - Parental control that is too tight.
    - Overprotection is a risk factor for childhood anxiety.
    - Marital conflict, divorce or separation: most of the negative effects are caused by disruption of parenting. The parents' ability to cope with the changes may be reflected in the child's ability to cope.
    - Involvement of the father; the emotional and social outcomes are significantly improved for children whose fathers play a visible and nurturing role in their upbringing. Father involvement is associated with positive cognitive, developmental and socio-behavioural child outcomes, such as improved weight gain in preterm infants, improved breast-feeding rates, higher receptive language skills and higher academic achievement.
    - Maternal depression, including postpartum depression. Young children of depressed mothers have an elevated risk of behavioural, developmental and emotional problems.
    - One study found that depressed individuals who are offspring of depressed parents may be at particular risk for the secondary deficits of depression. Such deficits may include physical dysfunction, pain and disability; anxiety, smoking, drinking-related problems and poorer social resources.
    - Parental mental illness.
    - Parental physical illness.
    - Parental alcohol and substance abuse.
    - Re-marriage/stepfamilies.
- **Social/environmental factors**
    - Poverty: mental disorders are more common in households with a low gross weekly income and in families where the parent was in a routine occupational group compared with those in a higher professional group. They were also more common in those living in the social sector (17%) compared with those who owned their accommodation (4%).
    - Neglect and/or abandonment; adopted children or children from foster homes.
    - Residential instability.
- **Child factors**
    - A chronically ill or disabled child.
    - Undiagnosed psychological or developmental problem—eg, attention deficit hyperactivity disorder (ADHD), autism.
    - Difficult temperament of a child and a clash in parenting style.
    - Fragile emotional temperament of a child.
    - Peer pressures.
- **Family factors**
    - Large families.
    - Family stress: working parents, job dissatisfaction, fatigue, stress and time, household chores.
    - Violence within the home.

      o   Child sex abuse.

      o   Trauma.

<u>Reasons for Generational Mental or Substance Use Disorder</u>

Source: Demers, C. H., Bogdan, R., & Agrawal, A. (2014). The genetics, neurogenetics and pharmacogenetics of addiction. *Current Behavioral Neuroscience Reports,1*(1), 33–44.

- Researchers have found substantial evidence that substance use disorders have a moderate, yet robust, heritability. That is, approximately 50 percent of the risk for developing a substance use disorder is genetic. Researchers continue to study the specific genetic mechanisms underlying the development and maintenance of substance use disorders.

Source: National Institute of Mental Health. Frequently asked questions about genome scans and genetic testing. From http://www.nimh.nih.gov/health/publications/looking-at-my-genes-what-can-they-tell-me/index.shtml (accessed September 2, 2015).

- The genetics of mental disorders and other health conditions are much more complex than the genetics of many of the rare, single-gene diseases. Mental disorders appear to involve variations in many genes combined with other factors, such as stress.
- Family history gives good information about the risk of developing many common health problems, including mental disorders. For example, bipolar disorder and schizophrenia tend to run in families.

Source: Newlin, D. B., Miles, D. R., van den Bree, M. B., Gupman, A. E., & Pickens, R. W. (2000). Environmental transmission of DSM-IV substance use disorders in adoptive and step families. *Alcoholism: Clinical and Experimental Research, 24*(12), 1785–1794.

- One factor contributing to the 3- to 5-fold increase in risk for substance use disorders (SUDs) among children of people with alcohol use disorder may be the family environment.
- Such environments may include: the availability of substances, modeling of SUDs, inadequate parenting, or other factors.
- This study examined the impact of family environment independent of genetics by assessing adoptees raised by non-biological parents.
- Being raised by and adoptive mother with alcohol use disorder had a greater influence on alcohol abuse by children than on alcohol dependence. Being raised by and adoptive father with alcohol use disorder increased children's risk for illicit drug misuse and dependence.

Source: Pears, K., Capaldi, D. M., & Owen, L. D. (2007). Substance use risk across three generations: The roles of parent discipline practices and inhibitory control. *Psychology of Addictive Behaviors*, *21*(3), 373–386.

- The authors studied risk for substance misuse across three generations by examining 21 years of prospective data. The results suggested that the link between cross-generational alcohol misuse.
- For misuse of illicit drugs, both poor inhibitory control and poor discipline influenced cross-generational patterns.

Source: Sherman, M. D. (2007). Reaching out to children of parents with mental illness. *Social Work Today*, *7*(5) (Sept/Oct), 26. From http://www.socialworktoday.com/archive/septoct2007p26.shtml (accessed September 2, 2015).

- When one person in the family experiences a mental disorder, everyone is affected. Everyday family life can become confusing and frightening. Young family members often take on adult responsibilities and experience uncertainty, anger, shame, sadness, and fear, asking "What is this all about? Why is it happening to me? How can I make my parent better? Will I be like my parent some day? What do I tell my friends?"
- Sometimes, parents may "act out" in confusing, upsetting ways, such as during times of active psychosis. Parents with difficulty dealing with strong feelings may explode in anger, scaring the child. Parents living with mood disorders may struggle with suicidal thinking and behavior, which can be very distressing. When parents act out in these ways, children may experience their parents as hostile, scary, out of control, and unpredictable. In turn, the children feel anxious, ashamed, sad, and angry.
- Parents (and the other parent/family members in the home) often become preoccupied with managing the illness, and much of the family's attention is directed to that person. Furthermore, the parent living with the SMI may detach (intentionally or unintentionally) from the child. Parental hospitalization and other separations from the parent (sometimes including the child living with other family members) can disrupt the parent-child bond.
  - Particularly with PTSD [post-traumatic stress disorder], many parents develop emotional numbness, which also interferes with the development of close relationships. Detachment, physical separation, and emotional numbing can directly impact the parent's ability to engage the child in everyday activities. Confused by the parental unavailability, children often feel uncared for, unloved, left out, and lonely. Children may also blame themselves for the change in their parent.
- It is important to note that children growing up with parents with a mental disorder can also develop valuable personal strengths. For example, adults reflecting on their upbringing in this family situation have described enhanced awareness of their own compassion, sensitivity, resourcefulness, strength, and independence.

Generational Trauma (Transgenerational or Historical Trauma)

Source: Wikipedia. (2015, June 16). Transgenerational trauma. From
https://en.wikipedia.org/wiki/Transgenerational_trauma (accessed October 15, 2015).

- Transgenerational trauma is trauma that is transferred from the first generation of trauma survivors to the second and further generations of offspring of the survivors via complex post-traumatic stress disorder mechanisms.

Source: Brown-Rice, K. (2014, October). Examining the theory of historical trauma among Native Americans. *The Professional Counselor.* From http://tpcjournal.nbcc.org/examining-the-theory-of-historical-trauma-among-native-americans/ (accessed October 15, 2015).

- The theory of historical trauma purports that some Native Americans are experiencing historical loss symptoms (e.g., depression, substance dependence, diabetes, dysfunctional parenting, unemployment) as a result of the cross-generational transmission of trauma from historical losses (e.g., loss of population, land, and culture).
- According to the theory of historical trauma, current social-environmental, psychological, and physiological distress in Native American communities is a direct result of the historical losses this population has suffered.
- Trauma is transmitted to subsequent generations by: (a) children identifying with their parents' suffering; (b) children being influenced by the style of communication caregivers use to describe the trauma; and (c) children being influenced by particular parenting styles.

Source: SAMHSA. (2014). *Tips for disaster responders: Understanding historical trauma when responding to an event in Indian Country.* From http://store.samhsa.gov/shin/content//SMA14-4866/SMA14-4866.pdf (accessed October 16, 2015).

- The effects of historical trauma can be manifested in many ways. Among Native Americans, it has included the following:
  - A breakdown of traditional Native family values;
  - Alcohol and other substance abuse;
  - Depression, anxiety, and suicidality;
  - Child abuse and neglect and domestic violence;
  - PTSD;
  - General loss of meaning and sense of hope; and
  - Internalized oppression, self-hatred.

Source: SAMHSA/GAINS Center for Behavioral Health and Justice Transformation. (n.d.). How being trauma-informed improves criminal justice system responses [training]. From http://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals (accessed October 16, 2015).
- Historical trauma may manifest itself as:
  - **Historical Unresolved Grief:** Grief as the result of historical trauma that has not been adequately expressed, acknowledged, or otherwise resolved.
  - **Disenfranchised Grief:** Grief as the result of historical trauma when loss cannot be voiced publicly or when loss is not openly acknowledged by the public.
  - **Internalized Oppression:** As the result of historical trauma, traumatized people may begin to internalize the views of the oppressor and perpetuate a cycle of self-hatred

that manifests itself in negative behaviors. Emotions such as anger, hatred, and aggression are self-inflicted, as well as inflicted on members of one's own group.

Source: Coyle, S. (2014, May/June). Intergenerational trauma—legacies of loss. *Social Work Today, 14*(3), 18. From http://www.socialworktoday.com/archive/051214p18.shtml (accessed October 15, 2015).

- In addition to Native American communities, other groups of people have experienced historical/generational trauma.
- The events and experiences most commonly associated with historical trauma include slavery, the experiences of internment among Japanese Americans during the Second World War, and the Holocaust.
- However, historical trauma is not relegated to these three alone, as other communities have been traumatized by wars and oppression (e.g., people in the Balkans and Rwanda).

Source: Castelloe, M. S. (2012, May 28). How trauma is carried across generations. *Psychology Today*. From https://www.psychologytoday.com/blog/the-me-in-we/201205/how-trauma-is-carried-across-generations (accessed October 15, 2015).

- Psychic legacies are often passed on through unconscious cues or affective messages that flow between child and adult. Sometimes anxiety falls from one generation to the next through stories told.
- Traumatic transmission ferries out unacknowledged grief along multiple vectors. [One expert] says mourning is "short-circuited," groups become "stuck" in time, and collective solidarity is created in the process.

Source: Portney, C. (2003, April 1). Intergenerational transmission of trauma: An introduction for the clinician. *Psychiatric Times*. From http://www.psychiatrictimes.com/articles/intergenerational-transmission-trauma-introduction-clinician (accessed October 15, 2015).

- In clinical practice, patients with parents suffering with PTSD often describe damaged, preoccupied parents who are emotionally limited. Symptoms in parents such as traumatic reliving, emotional numbing and dissociative phenomena do not help a child develop a reasonable sense of safety and predictability in the world. These parents are also less able to respond optimally during usual developmental crises and help the world to be more comprehensible to the child. The parent suffering with PTSD also has difficulty modeling a healthy sense of identity and autonomy, appropriate self-soothing mechanisms and affect regulation, and maintaining a balanced perspective when life challenges arise. Instead, they can model catastrophic or inappropriately numbed and disassociated responses. Therefore, the parent's high levels of anxiety can significantly interfere with the child's developmental progress.
- Children's self-image and object relations are also obviously affected by their image of their parents. Parents' success in coping and being resilient determines whether the child can be proud, ashamed or confused about their parents.

- Intergenerational transmission of trauma seems to have a particular significance in offspring of parents with a history of major trauma and subsequent PTSD. The phenomenon is not just limited to Holocaust survivors. Children of parents who suffer from PTSD are most likely to develop a specific lifetime vulnerability to traumatic stress and are possibly more likely to develop comorbidity.
- Future studies will have to shed more light on the different types of transmission. For instance, it is not known whether the transmission of trauma in Holocaust families is similar to the cycle of violence seen in families with other types of trauma. Similarly, the relationship between such factors of vulnerability and the social resiliency seen in some offspring of trauma survivors has to be further explored. In addition, there needs to be more research and better understanding of the genetic traits that make certain traumatized individuals most likely to develop PTSD. This would lead to better theories about what has been potentially genetically transmitted to the second (and third) generation that might influence their response, among other things, to their parent's psychopathology.

Impact of Growing Up With Parental Mental or Substance Use Disorder

General Behavioral Health Impact

Source: Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. *Social Work in Public Health, 28*(3–4), 194–205.

- The negative impacts of parental SUDs on the family include disruption of attachment, rituals, roles, routines, communication, social life, and finances.
- Families in which there is a parental SUD are characterized by an environment of secrecy, loss, conflict, violence or abuse, emotional chaos, role reversal, and fear.
- Many children living in a home where there is an addiction develop into "parentified children." This occurs when the caretaker is unable to meet the developmental needs of the child, and the child begins to parent themselves and perhaps younger siblings earlier than developmentally appropriate. In a phenomenon called "reversal of dependence needs" the child actually begins to parent the parent.
- As children transition into adulthood they are still strongly affected by their parents as their parents are by them. One of the factors that can perpetuate SUDs is the enabling that family members frequently engage in. Enabling is a form of accommodation that protects the individual with the SUD from fully experiencing the consequences of his or her substance misuse.

Source: Hancock, K. J., Mitrou, F., Shipley, M., Lawrence, D., & Zubrick, S. R. (2013). A three generation study of the mental health relationships between grandparents, parents and children. *BMC Psychiatry, 13,* 299.

- The researchers collected mental health data, along with a range of family demographic information, from more than 4,600 families in Growing Up in Australia: The Longitudinal Study of Australian Children, a nationally representative cohort study.

- The researchers studied the social and emotional wellbeing of two cohorts of children aged 4–5 years and 8–9 years, as well as the mental health of mothers and fathers and the mental health history of maternal and paternal grandmothers and grandfathers.
- Both cohorts of children had greater mental health distress if their mother or father had a mental health problem. For children aged 8-9 years, a history of mental health problems in maternal grandmothers and grandfathers was associated with higher mental health distress in grandchildren, after controlling for maternal and paternal mental health and other family characteristics.

Source: Verrocchio, M. C., Ambrosini, A., & Fulcheri, M. (2013). Promotion of mental health in children of parents with a mental disorder. *Annali dell'Istituto Superiore di Sanità, 49*(4), 406–411.

- Mental disorders are associated with many difficulties in the activities of daily living, work, relationships and family, and they have high social and economic costs.
- Children of parents with mental disorders grow up in environments that are potentially harmful to their mental health and are at risk of neglect and maltreatment. Risk depends on when the parents experience mental health problems and the severity and chronic nature of those problems.
- For children whose parents have mental health problems, research suggests the following risk factors for child mental health:
    - the characteristics of the child (genetic predisposition and temperament, age, gender, self-esteem, intelligence, physical disabilities and learning disorders);
    - functioning of the parent with a mental health problem (violence, hostility, abusive behaviors, and role reversal); and
    - family functioning (marital conflict, dysfunctional communication, level of cohesion and adaptability/flexibility).

Source: American Academy of Child and Adolescent Psychiatry. (2015, May). Children of parents with mental illness. Facts for Families. From http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/Children_Of_Parents_With_Mental_Illness_39.aspx (accessed August 31, 2015).

- Mental disorders in parents represent a risk for children in the family. These children have a higher risk for developing mental disorders than other children. When both parents have mental health problems, the chance is even greater that the child might develop a mental health problem.
- An inconsistent, unpredictable family environment also contributes to mental health problems in children. Mental disorders of a parent can put stress on the marriage and affect the parenting abilities of the couple, which in turn can harm the child.

Increased Risk for Neglect/Maltreatment

Source: Child Welfare Information Gateway. (2014). *Parental substance use and the child welfare system.* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

- Parental substance abuse is recognized as a risk factor for child maltreatment and child welfare involvement, and children with parents who abuse alcohol or drugs are more likely to experience abuse or neglect than children in other households.
- Family life for children with one or both parents that abuse drugs or alcohol often can be chaotic and unpredictable. Children's basic needs—including nutrition, supervision, and nurturing—may go unmet, which can result in neglect.
- These families often experience a number of other problems—such as mental illness, domestic violence, unemployment, and housing instability—that also affect parenting and contribute to high levels of stress.

Source: Reupert, A. E., Maybery, D. J., & Kowalenko, N. M. (2013). Children whose parents have a mental illness: prevalence, need and treatment. *Medical Journal of Australia, 199*(3Suppl), S7–9.

- Young people who live in families with a parent who has a mental disorder experience genetic, individual, family and environmental risk factors for developing problems.
- **The authors stress that parental mental disorders do not solely constitute a protective concern nor predispose a parent to abuse or neglect his or her children.**
- However, research suggests that mental health problems can compromise a parent's ability to care for children and the manner in which a parent interacts with his or her children. Two examples are: fathers with depression spend less time with their infants than fathers without depression anxious parents are less likely to grant their children autonomy and more likely to demonstrate lower levels of sensitivity.
- Parenting competence and responsiveness are moderated by a parent's diagnosis, chronicity and severity, the presence of other disorders (in particular, substance misuse), and the timing of a parent's mental illness with respect to the age of the child.
- Additionally, children have characteristics that predispose them to be more or less affected, including temperament, sex, and cognitive and social skills.
- The family context, including the presence of marital discord, violence, the presence or absence of the other parent (and the presence of a disorder in the other parent) and the social support available to the family will also influence the level of risk.

Long-term Impact of Experiencing Trauma on Behavioral Health

Source: The Adverse Childhood Experiences [ACE] Study. From http://www.acestudy.org (accessed September 21, 2015).

- The ACE Study is ongoing collaborative research between the CDC in Atlanta, GA, and Kaiser Permanente in San Diego, CA.
- The co-principal investigators of the study are Robert F. Anda, M.D., M.S., with the CDC; and Vincent J. Felitti, M.D., with Kaiser Permanente.
- Over 17,000 adult Kaiser patients (primary care, HMO) participating in routine health screening volunteered to participate in the study.
- The researchers collected baseline data on health behaviors, health status, and recall of exposure to adverse childhood experiences (ACEs) from 1995 to 1997.

- ACEs included abuse (emotional, physical, sexual), witnessing domestic violence, parental separation or divorce, or growing up in a household where family members had a mental disorder, were substance abusers, or were sent to prison.
- An ACE score is the total number of ACEs used as a measure of cumulative childhood stress.

Source: Dube, S. R., et al. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The adverse childhood experiences study. *Pediatrics, 111*(3), 564–572.

- The study found that each ACE increased the likelihood for early initiation of drug use (age 14 or younger) two- to four-fold.
- The ACE score had a strong graded relationship to drug use problems and drug addiction.
- Compared to people with a score of zero ACEs, people with 5 or more ACEs were seven- to ten-fold more likely to report illicit drug use problems and addiction to illicit drugs.

Source: Anda, R. F., et al. (2007). Adverse childhood experiences and prescribed psychotropic medications in adults. *American Journal of Preventive Medicine, 32*(5), 389–394.

- Prescription drugs are one of the fastest growing health care costs in the United States.
- Compared to persons with an ACE score of zero, persons with a score of equal to or more than 5 had a nearly three-fold increase in rates of psychotropic prescriptions.
- Graded relationships were observed between the score and prescription rates for antidepressant, anxiolytic, antipsychotic, and mood-stabilizing/bipolar medications; rates for persons with a score of equal to or more than 5 for these classes of drugs increased three-, two-, ten-, and seventeen-fold, respectively.

Source: Anda, R. F., et al. (2006). The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience, 256*(3), 174–186.

- These researchers examined the relationship between ACE score and 18 affective, cognitive, somatic, and behavioral problems (e.g., panic reactions, depressed affect, disturbed sleep, smoking, drug use, early sexual intercourse, sexual promiscuity) and the total number of these outcomes (comorbidity).
- Risk of every outcome in the affective, somatic, substance abuse, memory, sexual, and aggression-related domains increased in a graded fashion as the ACE score increased.
- The mean number of comorbid outcomes tripled across the range of the ACE score.

Source: Dube, S. R., et al. (2002). Adverse childhood experiences and personal alcohol abuse as an adult. *Addictive Behaviors*, *27*(5), 713–725.

- Each individual ACE was associated with a higher risk of alcohol abuse as an adult.
- Compared to persons with no ACEs, the risk of heavy drinking, self-reported alcoholism, and marrying an alcoholic were increased two-fold to four-fold by the presence of multiple ACEs, regardless of parental alcoholism.

Adverse Childhood Experiences and Generational Trauma

Source: Wickrama, K. A., Conger, R. D., & Abraham, W. T. (2005). Early adversity and later health: The intergenerational transmission of adversity through mental disorder and physical illness. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences, 60* (Special Issue 2), 125–129.

- [The researchers studied the processes that account for the transmission of socioeconomic adversity from one generation to the next in a longitudinal study of 485 youth.]
- [They found that stressful childhood experiences in the family of origin contributed to the development of mental disorder and physical illness during adolescence.]
- This influence was largely mediated through adolescents' disrupted transition to young adulthood.
- Levels of both mental and physical illnesses independently contributed to young adult adversity. Levels of physical health problems influenced changes in mental disorders.
- Changes in both mental and physical illnesses are also associated with young adult adversity.
- The study demonstrates key mediating pathways in the intergenerational transmission of social adversity and also highlights the importance of improving both socioeconomic and health resources for adolescents.

Source: Schilling, E. A., Aseltine, R. H., Jr., & Gore, S. (2007). Adverse childhood experiences and mental health in young adults: A longitudinal survey. *BMC Public Health*, *7*, 30.

- [This study examined self-reported lifetime exposure to a range of adverse childhood experiences (ACEs) in a community sample of high school seniors (N = 1093), who were interviewed in person in 1998 and over the telephone 2 years later.]
- [Most ACEs were strongly associated with depressive symptoms, drug abuse, and antisocial behavior 2 years later during the transition to adulthood.]
- The cumulative effect of ACEs was significant and of similar magnitude for all three outcomes.
- Except for sex abuse/assault, significant gender differences in the effects of single ACEs on depression and drug use were not observed.
- However, boys who experienced ACEs were more likely to engage in antisocial behavior early in young adulthood than girls who experienced similar ACEs.

Source: Goodman, A., Joyce, R., & Smith, J. P. (2011). The long shadow cast by childhood physical and mental problems on adult life. *Proceedings of the National Academy of Sciences of the United States of America, 108*(15), 6032–6037.

- [The researchers used unique prospective data from the British National Child Development Study, a continuing panel study of a cohort of 17,634 children born in Great Britain during a single week in March 1958.]

- [The data include contemporaneous information throughout childhood on physical and psychological health, captured by doctor- and nurse-led medical examinations and detailed parental and teacher questionnaires.]
- [The researchers combined these data with rich information on adult health and economic experiences—including earnings, labor supply, and other sources of family income; physical and psychological health; and relationship status.]
- [Childhood psychological problems significantly and negatively influenced the ability of affected children to work and earn as adults and on intergenerational and within-generation social mobility.]
- [Childhood psychological problems reduced adult family incomes by 28 percent by age 50 years, with sustained impacts on labor supply, marriage stability, and the conscientiousness and agreeableness components of the "Big Five" personality traits.]
- [The researchers found that the effects of psychological health issues during childhood are far more important over a lifetime than physical health problems.]

Protective Factors for Children

Source: American Academy of Child and Adolescent Psychiatry. (2015, May). Children of parents with mental illness. Facts for Families. From http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/Children_Of_Parents_With_Mental_Illness_39.aspx (accessed August 31, 2015).

- It is important for parents to get treatment. Research shows that when parents affected by mental illness get well with effective psychotherapy or medication, their children's symptoms improve.
- Other protective factors that can decrease the risk to children include:
  - Knowledge that their parent is ill and that they are not to blame
  - Help and support from family members
  - A stable home environment
  - Psychotherapy for the child and the parent(s)
  - A sense of being loved by the ill parent
  - A naturally stable personality in the child
  - Positive self esteem
  - Inner strength and good coping skills in the child
  - A strong relationship with a healthy adult
  - Friendships and positive peer relationships
  - Interest in and success at school
  - Healthy interests outside the home for the child
  - Help from outside the family to improve the family environment (for example, marital psychotherapy or parenting classes)

Source: Verrocchio, M. C., Ambrosini, A., & Fulcheri, M. (2013). Promotion of mental health in children of parents with a mental disorder. *Annali dell'Istituto Superiore di Sanità, 49*(4), 406–411.

- For children whose parents have mental health problems, research suggests the following protective factors for child mental health:
  - Individual resilience comprises the ability to find positive meaning in challenging events and to positively adjust to adversity. These abilities can be learned and cultivated.
  - Family, community, and culture can boost resilience by helping children develop the capacity to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being.

Source: Kahn, R. S., Brandt, D., & Whitaker, R. C. (2004). Combined effect of mothers' and fathers' mental health symptoms on children's behavioral and emotional well-being. *Archives of Pediatrics and Adolescent Medicine, 158*(8), 721–729.

- The researchers analyzed cross-sectional data from a national longitudinal survey of families provided information on 822 children aged 3 to 12 years who were living with both parents.
- They found that risk to child mental health was significantly reduced if the father's mental health was good even when the mother experienced mental health problems.

Source: State of Hawaii, Department of Health, Alcohol and Drug Abuse Division. (2015). Alcohol and drug abuse prevention. From http://health.hawaii.gov/substance-abuse/prevention-treatment/prevention/protective-factors/ (accessed September 4, 2015).

- When children grow up in a family affected by substance use disorders, studies suggest that they have a better chance of growing into healthy adulthood if they:
  - Can learn to do one thing well that is valued by themselves, their friends, or their community;
  - Are required to be helpful as they grow up;
  - Are able to ask for help for themselves;
  - Are able to elicit positive responses from others in their environment;
  - Are able to distance themselves from their dysfunctional families so that the family is not their sole frame of reference;
  - Are able to bond with some socially valued, positive entity such as school, community group, church, or another family;
  - Are able to interact with a caring adult who provides consistent caring responses.

- Protective factors along with risk factors need to be more widely publicized for the use of parents, gatekeepers, and prevention planners. Although many of the factors listed are the result of external forces, those factors that may be taught or instilled in children can provide some protection to youth at high risk for alcohol or other drug problems.

Source: Mental Health America. (n.d.). Parenting. From http://www.mentalhealthamerica.net/parenting (accessed August 31, 2015).

- Increasing a child's protective factors helps develop his or her resiliency. Resilient children understand that they are not responsible for their parent's difficulties, and are

able to move forward in the face of life's challenges. It is always important to consider the age and stage of development when supporting children. Protective factors for children include:

- A parent's warm and supportive relationship with his or her children
- Help and support from immediate and extended family members
- A sense of being loved by their parent
- Positive self-esteem
- Good coping skills
- Positive peer relationships
- Interest in and success at school
- Healthy engagement with adults outside the home
- An ability to articulate their feelings
- Parents who are functioning well at home, at work, and in their social relationships
- Parental employment

Interventions' Potential To Interrupt Generational Patterns

Source: SAMHSA. (n.d.). Series: Evidence-based practices KITs. From http://store.samhsa.gov/list/series?name=Evidence-Based-Practices-KITs (accessed September 8, 2015).

- This website provides links to information/documents on evidence-based treatments for a wide range of behavioral health problems.

Source: Verrocchio, M. C., Ambrosini, A., & Fulcheri, M. (2013). Promotion of mental health in children of parents with a mental disorder. *Annali dell'Istituto Superiore di Sanità, 49*(4), 406–411.

- Mental health professionals and social workers play an essential role in identifying children at risk and in supporting their families. Interventions to prevent mental disorders and psychological symptoms of children of parents with mental disorders are effective but supporting these families is a complex task which requires both cooperation between departments and an interdisciplinary knowledge.

Source: Reupert, A. E., Maybery, D. J., & Kowalenko, N. M. (2013). Children whose parents have a mental illness: prevalence, need and treatment. *Medical Journal of Australia, 199*(3Suppl), S7–9.

- There is significant potential for parental mental illness to adversely affect children. This also provides an opportunity for the mental health workforce to be proactive. It is imperative that there are procedures to identify the parenting status of patients, to screen for competence in various domains (parenting, child wellbeing and family dynamics) and, at a minimum, to refer parents or children to appropriate services if required. The opportune time to assess or intervene is when a patient presents for treatment.

- Children's mental health services may also be an appropriate location to identify parental mental health status and intervene with families in a holistic manner. Parenting support, educating children about mental illness, and intensive family therapy should also be available to families, depending on their need and the context from which the service is provided.

Source: Reupert, A., & Mayberry, D. (2007). Families affected by parental mental illness: A mulitperspective account of issues and interventions. *American Journal of Orthopsychiatry 77*(3), 362–369.

- This review discusses the relevant issues and subsequent interventions for families affected by parental mental disorder. The authors review various interventions—including those involving the children, the parent with mental illness, other family members, agencies, and society in general.
- Interventions may address attachment problems that lead to relationship issues in child and adulthood. These interventions provide children with ongoing opportunities to relate closely to consistent, healthy, and supportive others, from within the family (i.e., siblings, parents, extended family members) as well as outside the family (e.g., friends of the family, peers).
- Interventions may address transport, accommodation, and domestic issues when the parent is unwell or hospitalized. Such interventions include: family friendly hospital facilities; practical support for transport and domestic issues; and alternative or assisted stay at home accommodation.
- Interventions may attempt to disrupt the development of maladaptive coping styles by providing opportunities to learn and practice adaptive problem solving strategies.
- Interventions may address misconceptions about parent's mental disorder. Such interventions provide ongoing opportunities for child to express themselves; provide age appropriate education about parental mental disorder and mental health problems generally.
- Interventions may address that these young people assume onerous caring responsibilities for parent or siblings by providing education and adequate respite for care giving.
- The article also provides an overview of various issues and interventions for families affected by parental mental disorder from the perspectives of practitioners and program developers. It offers a resource bank for systematic evaluation, research, and policy.

Source: Adger, H., et al. (n.d.). Helping children and adolescents in families affected by substance abuse. National Association for Children of Alcoholics.

- This resource provides information for health care providers who work with children and adolescents of families affected by substance misuse and substance use disorders.
- All primary health care providers with responsibility for the care of children and adolescents, regardless of their specific area of training or discipline should, at a minimum, have the following knowledge and skills:
  - a basic understanding of the medical, psychiatric and behavioral symptoms of children and adolescents in families affected by substance use disorders;

- o familiarity with local resources;
  - o routine screening for family history/current use of alcohol and other drugs;
  - o determination of whether family resource needs and services are appropriate; and
  - o ability to express an appropriate level of concern and offer support and follow-up.
- The document also offers expected outcomes for interventions with children and adolescents affected by substance misuse and substance use disorders:
  - o The children or adolescents will understand that there are lots of children in similar families—that they are not alone.
  - o The children or adolescents will understand that they did not cause the drinking or drug use or the consequent behaviors—that it is not their fault.
  - o The children or adolescents will come to understand that their concern is valid—that there is a problem. Understanding that the difficulties they have experienced are a common reaction to the home situation can help youth take steps towards change.
  - o The children or adolescents will know where to turn for help.

Source: American Psychological Association. (n.d.). Family members of adults with substance abuse problems. From http://www.apa.org/pi/about/publications/caregivers/practice-settings/intervention/substance-abuse.aspx (accessed September 2, 2015).

- This webpage discusses the impact of substance use disorders on the family and provides links to interventions for family members—including the Johnson Intervention, Unilateral Family Therapy, Pressures to Change Procedures, and Community Reinforcement and Family Training.

Role of Support From Family Members and Others

Source: Sherman, M. D. (2007). Reaching out to children of parents with mental illness. *Social Work Today, 7*(5) (Sept/Oct), 26. From http://www.socialworktoday.com/archive/septoct2007p26.shtml (accessed September 2, 2015).

- Children of parents with a mental disorder need information, support, and hope. The following are 10 concrete things that these youths need:
  - o Reassurance that they're not alone—The opportunity to talk to other people who face similar situations can be comforting and healing.
  - o Honest acknowledgement of the parent's difficulties—Some families avoid talking about the disorder with the hope that this approach will be less stressful for the child. It's important to talk openly about various struggles that families face instead of perpetuating the secrecy and shame often surrounding mental illness.
  - o Information about the illness—People (kids especially) fear what they do not understand. Kids need answers to questions like: "What is going on? Why is this happening to me? How can I make my parent better? Will I be like my

parent some day?" Talking openly about these issues helps reduce the stigma and encourages young people to confide in you.

- o To be told that they are not to blame—Young people often blame themselves when problems arise in a family. It's reassuring for children to be told they didn't do anything wrong. Sending this message clearly and consistently can relieve considerable guilt and shame among teens.
- o To know that the parent loves them—Reminding young people that their parent cares about them can be comforting. Explaining why parents act in confusing ways can help kids avoid taking the behavior personally. Further, encouraging children to consider that their parents are probably "doing the best they can" under the circumstances can be useful.
- o To be able to be kids—Due to the family's preoccupation with the parent, some youths are given excessive responsibilities such as childcare for younger siblings, household chores, and even managing the parent's behavior and medications. It's important for kids to be able to get away from the heavy burdens at home and just have fun.
- o Support in knowing how to deal with stigma and their friends—Often, people forget that this stigma extends to the person's family as well, so the young people in the family often feel embarrassed and ashamed. Caring adults can role-play with teens about how to respond to friends' unkind comments and help teenagers weigh the pros and cons of talking about family problems with trustworthy friends.
- o Safe people to talk to—These young people need support from healthy adults and teens in their extended family, community, school, and church. Research has clearly found that young people growing up in challenging family situations have better outcomes if they have one positive adult in their lives to support them along the way.
- o Empowerment—It can be helpful to brainstorm with teens about small, specific ways they can support their parent, such as by playing cards together, sending a kind e-mail, or cleaning his/her room without being asked.
- o Hope—It's important for kids to know that situations probably won't always feel as tough, and many effective treatments are available for their parent. Recovery from serious mental illness is possible.

- Despite the challenges involved in dealing with mental illness, facing difficulties can bring families closer together. Both parents and children may discover strengths, resilience, and courage in themselves and each other that never would have surfaced otherwise. Families can grow by communicating openly and supporting each other so that they can navigate future difficulties more effectively.

Efforts and Resources To Help Families Experiencing Generational Mental or Substance Use Disorders

Source: SAMHSA. Behavioral Health Treatment Services Locator. From https://findtreatment.samhsa.gov/ (accessed September 8, 2015).

- This website is an on-line source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems.

Source: SAMHSA. (2014, October 9). Recovery and recovery support. From http://www.samhsa.gov/recovery (accessed September 8, 2015).

- This website describes how recovery-oriented care and recovery support systems help people with mental and/or substance use disorders manage their conditions successfully.

Source: SAMHSA. (2015, July 2). Publications and resources on recovery and recovery support. From http://www.samhsa.gov/recovery/publications-resources (accessed September 8, 2015).

- This website provides links to SAMHSA publications and other resources on recovery and recovery support.

Source: SAMHSA. (2015, January 15). Statewide Family Network Program. From http://www.samhsa.gov/grants/grant-announcements/sm-15-001 (accessed September 8, 2015).

- The Statewide Family Network Program builds on the work of SAMHSA's Center for Mental Health Services, which helped to establish a child and family focus in programs serving children and adolescents with mental health challenges around the country. Today, nearly every state has active family organizations dedicated to promoting systems of care that are responsive to the needs of children and adolescents with mental health challenges and their families. Although significant progress has been made, further support will ensure self-sufficient, empowered networks that will effectively participate in State and local mental health services planning and health care reform activities related to improving community-based services for children and adolescents with mental health challenges and their families.
- Eligible applicants for this program are family-controlled domestic public and private nonprofit organizations in states, territories, and Tribes. A family-controlled organization is one that has a board of directors made up of more than 50% family members who have primary daily responsibility for the raising of a child, youth, adolescent or young adult with a serious emotional disturbance up to age 18, or 21 if the adolescent is being served by an Individual Educational Plan (IEP), or age 26 if the young adult is being served by an Individual Service plan in transition to the adult mental health system.

Source: SAMHSA. (2008). Spotlight: Serving Transition Age Youth. From http://pathprogram.samhsa.gov/resource/spotlight-serving-transition-age-youth-37891.aspx (accessed September 8, 2015).

- Projects for Assistance in Transition from Homelessness (PATH) programs can improve services to transition age youth and young adults by assertively ensuring that their services are provided in a manner that is respectful, informed, and safe. Although most PATH programs are not designed specifically to serve young people between the ages of

16 and 25, youth are often served alongside adults in PATH programs. This program recognizes their special needs and helps prevent homelessness among this population.

Source: SAMHSA. (2015, June 9). Now is the Time—Prevention and early intervention. From http://www.samhsa.gov/priorities/now-is-the-time (accessed September 8, 2015).

- Now is the Time (NITT) is the President's initiative to increase access to mental health services.
- To address the needs of youth and young adults with behavioral health problems when they transition to adulthood, SAMHSA established the Healthy Transitions program within the NITT initiative. The Healthy Transitions program awarded five-year grants to 17 states to improve access to mental disorder treatments and related support services for young people ages 16 to 25 who either have, or are at risk of developing, a serious mental health condition.
- Through this program, states are expanding services, developing family and youth networks for information sharing and peer support, and disseminating best practices for services for these young individuals.

The following resources address transition age youth with mental health problems:

- A Difficult Passage: Helping Youth With Mental Health Needs Transition Into Adulthood (M. Herman, Sept. 2006, National Conference State Legislatures)
- Connecting Vulnerable Youth: A Municipal Leader's Guide (Center for Youth Development and Policy Research and National League of Cities Institute for Youth, Education, and Families)
- Facilitating Transition to Adulthood for Youth and Young Adults and Their Families: Issue Brief #1 (The National Center on Youth Transition, Louis de la Parte Florida Mental Health Institute, University of South Florida, May 2008)
- First Steps in Meaningful Youth Engagement (J. Formsma, n.d.)
- Negotiating the Transition-Age Years (*NAMI Beginnings*, Issue 8,Summer 2006)
- On the Move: Helping Young Adults with Serious Mental Health Needs Transition into Adulthood – Challenge (Seeking Effective Solutions: Partnerships for Youth Transition Initiative, June 2007)
- Pediatric Perspectives and Practices on Transitioning Adolescents with Special Needs to Adult Health Care (M. McManus, H. Fox, et. al., Oct. 2008, National Alliance to Advance Adolescent Health, Fact Sheet No. 6)
- Selected Resources on Transition (Compiled and organized by R. Wagner, N. Deschenes, & H. B. Clark, 2002, Department of Child & Family Studies, Florida Mental Health Institute, University of South Florida)
- Strengthening Transition Partnerships: Building Federal TA Center Capacity—Transition Resource Directory (U.S. Department of Education, Office of Special Education Programs [OSEP], 2008)
- Talking About Youth Transitions (Youth Transition Funders Group)
- Transitioning Youth: A Sampling of Recent Studies and Reports (Prepared for Annie E. Casey Family's A. Ortiz by the Center for Effective Child Welfare Practice, May 30, 2008)

- Young Adults with Serious Mental Illness: Some States and Federal Agencies Are Taking Steps to Address Their Transition Challenges (United States Government Accountability Office, GAO-08-678, June 2008)
- The RTC for Pathways to Positive Futures home page has a wealth of information on youth of transition age, from http://www.pathwaysrtc.pdx.edu/ (accessed September 23, 2015).

Source: National Alliance on Mental Illness. (n.d.). Coping tips for siblings and adult children of persons with mental illness. From http://www2.nami.org/Content/ContentGroups/Helpline1/Coping_Tips_for_Siblings_and_Adult_Children_of_Persons_with_Mental_Illness.htm

- This website provides information to help those who have an adult relation with a mental illness. It offers basic principles, strategies and realities, and advice on self-care.

Source: Freedom Institute. (n.d.). How to manage work and family obligations during your addiction treatment. From http://www.freedominstitute.org/how-to-manage-work-and-family-obligations-during-your-addiction-treatment/ (accessed September 2, 2015).

- This article acknowledges that daily responsibilities present unique challenges for people in SUD treatment who want to regain their health. It offers advice on how people in treatment can manage the daily demands of life—including work, childcare, financial obligations, and other responsibilities.

Source: SAMHSA. (2008, July). TIP 39: Substance abuse treatment and family therapy. From http://store.samhsa.gov/product/TIP-39-Substance-Abuse-Treatment-and-Family-Therapy/SMA12-4219 (accessed August 31, 2015).

- This resource for providers introduces substance abuse treatment and family therapy, as well as models for integrating the two approaches to therapy. It discusses cultural competency, considerations for specific populations, policy and program issues, and guidelines for assessing violence.

Source: SAMHSA. (2012, October). *Supporting infants, toddlers and families impacted by caregiver mental health problems, substance abuse, and trauma*. From http://store.samhsa.gov/product/Supporting-Infants-Toddlers-and-Families-Impacted-by-Caregiver-Mental-Health-Problems-Substance-Abuse-and-Trauma/SMA12-4726 (accessed September 21, 2015).

- This document presents resources to help service providers, advocates, and practitioners better understand and engage the community in responding to children whose caregivers are negatively impacted by mental illness, substance abuse, or trauma.

Source: SAMHSA. (2013). Behavioral health of parents/caregivers: Impact on children in child welfare system [slides]. Presentation by Administrator Hyde, Regional Partnership Grantee Kickoff Meeting, January 23, 2013. From http://store.samhsa.gov/product/Behavioral-Health-of-Parents-Caregivers-Impact-on-Children-in-Child-Welfare-System/SMA13-PHYDE012313 (accessed September 21, 2015).

- This presentation discusses the impact on children of parents and caregivers who have substance use disorders. It considers such factors as foster care, welfare, and trauma, and discusses the role of treatment and system-level changes to support these children.

Source: Mental Health America. (n.d.). Parenting. From http://www.mentalhealthamerica.net/parenting (accessed August 31, 2015).

- This website provides general advice on parenting for people with mental health problems. It includes information on the impact of a parent's problems on their children and child mental health.
- Parentingwell.org is a website especially for parents with mental illness.

Source: Addiction Technology Transfer Center (ATTC) Network—Women in Recovery. From http://www.attcnetwork.org/learn/topics/women/recovery.asp
- Women's Recovery Association (WRA)—exists to instill hope for a quality of life that includes becoming a successful, productive & healthy member of society. WRA specializes in services for women with co-occurring disorders in all programs.
- The Woman's Heart—Relapse Prevention for Women—Helping Women in Recovery—a relapse prevention Web portal helping women in recovery from alcoholism and drug addiction to find each other.
- Women for Sobriety—nonprofit organization dedicated to helping women overcome alcoholism and other addictions.
- www.SoberRecovery.com—lists hundreds of addiction treatment and alcoholism treatment resources in the U.S., Canada, and overseas.
- The Second Road….Where life intersects with recovery—not-for-profit group teaching those in recovery (and the families of those affected by addiction) how to live with the challenges presented by everyday life and continue on a fulfilling road of recovery.

The following websites offer resources for families experiencing behavioral health problems:

- National Alliance on Mental Illness—Child & Adolescent Action Center, Internet Resource List at http://www.nami.org/Template.cfm?Section=Child_and_Adolescent_Action_Center&template=/ContentManagement/ContentDisplay.cfm&ContentID=23448
- National Alliance on Mental Illness—For Parents, Caregivers, and Youth; Resource List at http://www.nami.org/template.cfm?section=For_Parents,_Caregivers,_and_Youth
- American Academy of Child & Adolescent Psychiatry—Family Resources at http://www.aacap.org/AACAP/Families_and_Youth/Family_Resources/Home.aspx

- American Academy of Child & Adolescent Psychiatry—Resources Centers (including one for military families) at http://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Home.aspx
- American Academy of Child & Adolescent Psychiatry—Youth Resources at http://www.aacap.org/AACAP/Families_and_Youth/Youth_Resources/Home.aspx
- SAMHSA, Center for Substance Abuse Treatment—Treatment of Adolescents with Substance Use Disorders, *Treatment Improvement Protocol (TIP) Series, No. 32* at http://www.ncbi.nlm.nih.gov/books/NBK64350/
- American Psychological Association—Effective Child Therapy (up-to-date information about mental health practice for children and adolescents) at http://www.effectivechildtherapy.com
- National Child Traumatic Stress Network—describes some of the clinical treatment and trauma-informed service approaches at http://www.nctsnet.org

Panel 2: Supporting Those Who Support Others:
The Middle Generation

Key Questions:

1. **What is the impact of the increase in multigenerational households?**
2. **What is the "middle generation," and why is it important to address the needs of this middle generation (also known as the sandwich generation)?**
3. **What are some generational tensions that can arise for the middle generation, particularly in families affected by mental or substance use disorders? How can families deal with these issues?**
4. **What are some resources for members of the middle generation as they support the treatment and recovery needs of their parents or children?**
5. **What behavioral health problems can members of the middle generation experience?**
6. **What are some resources to help support wellness and promote mental health among members of the middle generation?**

Increase in Multigenerational Households

Source: Generations United. Multigenerational households. From http://www.gu.org/OURWORK/Multigenerational.aspx (accessed September 2, 2015).

- The U.S. Census Bureau defines multigenerational families as those consisting of more than two generations living under the same roof.

Source: Lofquist, D. (2013, August 10–13). U.S. Census Bureau Social, Economic, and Housing Statistics Division. Presentation at the Annual Meeting of the American Sociological Association, New York City, NY.

- A project that explored these households found that there were 4.3 million multigenerational households, which account for 5.6 percent of family households in the United States.
- For many people being able to live in a multigenerational household allows them to lessen the effects of economic and personal hard times. Prior research has found that those who are economically vulnerable—young adults, recent immigrants, Hispanics, and blacks—experience lower poverty rates when they reside in multigenerational households than those in other types of households.
- Unmarried people, racial minorities (specifically Asians), and foreign born householders had higher odds of living in a multigenerational household than non-multigenerational family household. Those younger than 35 years, Blacks, and married people are more likely to live in this multigenerational household type.
- The majority of multigenerational household included a householder, child, and grandchild.

Source: Fry, R., & Passel, J. S. (2015, July 17). Young adults driving growth in multi-generational living. Pew Research Center. From http://www.pewsocialtrends.org/2014/07/17/young-adults-driving-growth-in-multi-generational-living/#types-of-multi-generational-households (accessed September 8, 2015).

- Historically, the oldest Americans, those ages 85 and older, have been the most likely to live with multiple generations of family.
- However, in 2011 young adults ages 25 to 34 eclipsed those ages 85 and older as the group most likely to live in a multi-generational household.
- The post-recession uptick in the population living in multi-generational arrangements has been particularly pronounced among young adults ages 25 to 34. In 2012, 23.6% of this age group lived in a multi-generational household, up from 21.6% in 2010.
- By and large, the patterns of relationship to the head of the household have not markedly changed from 1980 to 2012. In 2012, most young adults living in multi-generational households were the child of the household head and hence living in their parent(s)' house. Among those ages 25 to 34, 80% fell into this category in 2012.
- Among 65- to 84-year-olds living with multiple generations of family, nearly two-thirds (64%) were the head or spouse of the head. It is only among the nation's oldest Americans in multi-generational households in which a majority (59%) are the parent of the head and hence living in their adult child's abode.
- In 1980, only 39% of children younger than 18 in multi-generational arrangements were the grandchild of the household head. By 2012, many more children younger than 18 in multi-generational households were the grandchild of the head (55%).

Defining the Middle (Sandwich) Generation and Addressing Their Needs

Source: Kaiser Permanente. (2013, August 2). Advice for the sandwich generation. From http://share.kaiserpermanente.org/article/advice-for-the-sandwich-generation/ (accessed September 8, 2015).

- They experience basic caregiver stress, and the stress of multiple expectations. They may still be working, so they're trying to juggle a lot at once. Time and energy become critical issues.
- Because caregivers dedicate so much time to taking care of other people, they may feel they have no time to take care of themselves. No time for exercise, eating right, preparing healthy meals or taking care of routine health matters. Plus, they're dealing with the negative health effects of being under a lot of stress.

Source: University of Michigan Depression Center. (n.d.). Depression in the sandwich generation. From http://www.depressiontoolkit.org/news/depression_in_the_sandwich_generation.asp (accessed September 1, 2015).

- Research compiled by the National Center on Caregiving paints a picture of today's sandwich generation as overworked, overextended, overstressed and at risk of developing depression or other emotional or physical illnesses.
- This online article examines the issues affecting individuals who are juggling multiple care giving responsibilities. It includes information on the signs to watch for to indicate that a caregiver's mental health, physical health or relationships may be suffering. It also offers advice on self-care for caregivers.

Number of People in the Middle Generation

Source: Sandwichgeneration.com. Welcome to the Sandwich Generation®: A very special site. From http://www.sandwichgeneration.com/ (accessed September 1, 2015).

- Carol Abaya coined the term "sandwich generation" to refer to adults caring for older parents and their own children. This term has been in the Oxford English and Merriam Webster Dictionaries since 2006.
- This site covers a number of key areas related to elder care—from aging in general to legal, medical, and financial issues.

Source: AARP. (2012, June 28). The sandwich generation: You are not alone. From http://www.aarp.org/home-family/caregiving/info-06-2012/sandwich-generation-fl1845.html (accessed September 1, 2015).

- Members of the sandwich generation are between the ages of 40 and 65 and are simultaneously caring for their children and their parents.
- An estimated 66 million Americans are caring for their children, spouses and parent(s).

Generational Tensions for the Middle Generation

Source: Cigna. (2015). Squeezed in: The sandwich generation. From http://apps.cignabehavioral.com/web/basicsite/bulletinBoard/squeezedIn.jsp (accessed September 1, 2015).

- Being a caregiver in the "sandwich generation" can have an effect on many aspects of a person's life. Following are the most common areas that are affected:
    - **Finances.** Caring for others can result in added financial obligations for the caregiver. For example, they may be responsible for providing food, transportation, housing, or medications.
    - **Personal relationships.** Many couples look forward to the time when their children move out of the house so they can have more freedom and time together. However, for caregivers, this time may not come as quickly as anticipated, which could cause stress on their relationships with both their partner and the person(s) they are caring for. Additionally, children may not like that they have less time with their parents than they once did, or that they have to help with the caregiving duties.
    - **Free time.** The responsibilities involved with caring for others can leave very little, if any, free time to focus on hobbies or other activities that the caregiver may enjoy.
    - **Job.** Trying to balance work with increased pressures at home can be stressful and the caregiver may find it difficult to meet their caregiving responsibilities around their work schedule.
    - **Health.** Caring for others can leave less time for the caregiver to take care of him- or herself. Additionally, the stress of caregiving can contribute to increased health problems.
- Considering these factors, it's easy to see how taking care of your own children and aging parents at the same time can be stressful. It can also be emotionally hard to take care of someone you love whose health is ailing.
- However, it's important to know that not every aspect of being a caregiver is negative or potentially stressful. Caregiving can strengthen relationships and deepen bonds. It can also teach children the importance of family and show parents that you value and appreciate them.

Source: Parker, K., & Patton, E. (2013, January 30). The sandwich generation: Rising financial burdens for middle-aged Americans. The Pew Research Center. From http://www.pewsocialtrends.org/2013/01/30/the-sandwich-generation/ (accessed September 1, 21015).

- With an aging population and a generation of young adults struggling to achieve financial independence, the burdens and responsibilities of middle-aged Americans are increasing.
- Nearly half (47 percent) of adults in their 40s and 50s have a parent age 65 or older and are either raising a young child or financially supporting a grown child (age 18 or older).
- About one-in-seven middle-aged adults (15 percent) is providing financial support to both an aging parent and a child.
- The financial burdens associated with caring for multiple generations of family members are mounting. The increased pressure is coming primarily from grown children rather than aging parents.
- According to a new nationwide Pew Research Center survey, roughly half (48 percent) of adults ages 40 to 59 have provided some financial support to at least one grown child in the past year, with 27 percent providing the primary support. These shares are up

significantly from 2005. By contrast, about one-in-five middle-aged adults (21 percent) have provided financial support to a parent age 65 or older in the past year, basically unchanged from 2005.

Ways To Deal With Generational Tensions and Behavioral Health Problems

Source: AARP. Caregiving Resource Center. From http://www.aarp.org/home-family/caregiving/caregiving-tools/ (accessed September 1, 2015).

- This website offers a range of resources for caregivers, including an app that compiles all appointments and contacts for a loved one's health needs. Resources cover health, finances, legal, and other information.

Source: Battacharya, C. (2014, October 14). Who is the sandwich generation?. Philips Lifeline. From http://www.lifelinesys.com/content/blog/caregivers/work-life-balance/who-is-the-sandwich-generation (accessed September 1, 2015).

- Here are a few tips to promote work-life balance for caregivers:
  - **Ask for help.** If you feel overwhelmed, reach out to family and friends.
  - **Seek professional assistance.** Connect with a local social worker, your area's Agency on Aging, or the US Health and Human Services websites to get help developing strategies for caring for senior parents and children simultaneously.
  - **Find a support group.** Support groups are designed to provide help for caregivers in the forms of knowledge and support from others who are in a situation similar to yours.
  - **Socialize.** Make an effort each week to socialize and connect with family and friends.
  - **Stay healthy.** Find the time to be physically active, get a good night's sleep, and eat a healthy diet. Make sure to see your doctor regularly, too.

Source: Cigna. (2015). Squeezed in: The sandwich generation. From http://apps.cignabehavioral.com/web/basicsite/bulletinBoard/squeezedIn.jsp (accessed September 1, 2015).

- This website offers information for members of the middle generation, including tips for stress management:
  - **Look to the community.** Many communities have resources that caregivers can make use of such as childcare, home health, or transportation services that may help to ease some of the responsibility of caregiving.
  - **Enlist the help of friends and family.** It can be hard for others to know you need help if you don't ask. Don't be afraid to let others know you if you need their assistance, or assign tasks to other family members.
  - **Take care of yourself.** It's important to make sure you take care of yourself by eating healthfully and getting proper rest and medical care if necessary. It makes it more difficult to care for others if you aren't at your best.

- **Look into other options at work.** If you're having difficulty trying to juggle your responsibilities at work around your caregiving commitments, talk to your supervisor.
- **Nurture your relationships.** It's important to make time to devote to your relationships with your partner, friends, and children so they don't suffer as a result of being neglected.

Source: Generations United. (n.d.). Resources. From http://www.gu.org/RESOURCES.aspx (accessed September 8, 2015).

- This website offers resources for multigenerational households from Temple University.

Source: Abrahms, S. (2013, April). 3 Generations Under One Roof. AARP. From http://member.aarp.org/home-family/friends-family/info-04-2013/three-generations-household-american-family.html (accessed September 2, 2015).

- This article discusses some of the positive and negative aspects of multi-generational living and offers some tips for how to reduce possible tensions.

Source: Goyer, A. (2012, December 13). Tips for multigenerational living. AARP. From http://blog.aarp.org/2012/12/13/amy-goyer-how-generations-can-live-together/ (accessed September 23, 2015).

- This article focuses on practical advice for people living in multigenerational households.

Source: Pincus, D. (n.d.). Adult children living at home? How to manage without going crazy. EmpoweringParents.com. From http://www.empoweringparents.com/adult-child-living-at-home.php (accessed September 8, 2015).

- This article discusses the tensions that can arise when adult children live with their parents. It offers advice and tips on how to manage difficulties.

Resources for the Middle Generation To Support Recovery Needs of Parents or Children

Source: Hazelden Addiction Clinic. Older adults can overcome addictions to alcohol, medications. From http://www.hazelden.org/web/public/hff31020.page (accessed September 24, 2015).

- This resource provides the signs of a substance misuse problem suggestions on how to start the conversation, and ideas about getting help for an older person experiencing substance misuse.

Source: Drugrehab.us. (n.d.). How to protect your older parent from drug addiction. From http://www.drugrehab.us/news/how-to-protect-older-parent-from-drug-addiction/ (accessed September 1, 2015).

- This website suggests ways that adult children can help protect their older parents against substance misuse including the following:
  o Educate yourself about substance misuse among older people—It is important that you understand the issue and the signs of substance misuse among older people.
  o Talk about the issue with parents--If you can make your parents understand how risky it can be to abuse their prescriptions or to drink too much, they will likely make better decisions.
  o Help manage your parents' prescriptions—Nearly one-third of prescriptions in the U.S. are written to people over 50. Misuse of prescriptions is more likely the more they are prescribed.
  o Monitor behavior and get help—Watch for the signs of substance misuse among older people. Treatment options are available and seniors are more open to them than you might think. The good news is that statistics show that patients over 50 are the most successful when it comes to getting addiction treatment.

Source: SAMHSA. (2008, October). TIP 26: Substance abuse among older adults. From http://store.samhsa.gov/product/TIP-26-Substance-Abuse-Among-Older-Adults/SMA12-3918 (accessed September 8, 2015).

- This resource offers practice guidelines for the identification, screening, assessment, and treatment of the elderly for alcohol abuse and abuse of prescription drugs or over-the-counter drugs. It discusses outcomes and financial, ethical, and legal issues.

Source: National Institute on Drug Abuse. (2014, June). What to do if your teen or young adult has a problem with drugs. From http://www.drugabuse.gov/related-topics/treatment-research/if-teen-or-young-adult-has-drug-abuse-problem (accessed September 1, 2015).

- This website provides general information about illicit substance misuse, behavioral signs, and how to get help for teens and young people.

Source: Koelzer, B. (n.d.). Supporting your adult child in recovery. Addiction Hope. From http://www.addictionhope.com/recovery/self-help-tools-skills-tips/supporting-your-adult-child-in-addiction-recovery (site accessed September 8, 2015).

- This article provides advice for parents supporting the recovery of an adult child.

Source: SAMHSA. Behavioral Health Treatment Services Locator. From https://findtreatment.samhsa.gov/ (accessed September 8, 2015).

- This website is an on-line source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems.

Behavioral Health Problems Experienced by the Middle Generation

Source: University of Michigan Depression Center. (n.d.). Depression in the sandwich generation. From http://www.depressiontoolkit.org/news/depression_in_the_sandwich_generation.asp (accessed September 1, 2015).

- The online article highlights health and behavioral health problems of caregivers, including:
    - The majority of caregivers hold down full- or part-time jobs in addition to providing care.
    - Approximately 75% of caregivers are women, although the percentage of male caregivers has grown significantly in recent years.
    - It's more common for caregivers than for non-caregivers to experience anxiety, depression and other symptoms of emotional stress. Estimates of the percentage of caregivers reporting symptoms of depression range between 20% and 50%, with a higher incidence of depression reported by those caring for people with dementia. Overall, female caregivers are at greater risk than men for developing these symptoms.
    - Stressors including financial concerns and marriage and family conflicts place the caregiver at even greater risk of experiencing depression or other emotional distress.

Source: Chassin, L., Macy, J. T., Seo, D. C., Presson, C. C., & Sherman, S. J. (2010). The association between membership in the sandwich generation and health behaviors: A longitudinal study. *Journal of Applied Developmental Psychology*, *31*(1), 38–46.

- This study examined the association between membership in the sandwich generation and five health behaviors: checking the food label for health value when buying foods, using a seat belt, choosing foods based on health value, exercising regularly, and cigarette smoking. Participants (N=4943) were from a longitudinal study of a midwestern community-based sample.
- Multigenerational caregivers were less likely than noncaregivers and those who cared for children only to use seat belts, and they smoked marginally more cigarettes per day than those groups. Multigenerational caregivers were less likely than noncaregivers and those who cared for parents/in-laws only to exercise regularly.

Resources To Promote Wellness and Behavioral Health for the Middle Generation

Source: SAMHSA. (2015). Wellness strategies. From http://www.samhsa.gov/wellness/strategies (accessed September 8, 2015).

- This website offers general advice on wellness, including stress management.

Source: Davis, E. C. (2013, June 26). The sandwich generation: Feeling torn in two [blog]. Empowering Parents. From http://www.empoweringparents.com/blog/sandwich-generation/sandwich-generation-torn-in-two/ (accessed September 2, 2015).

- This blog discusses the stresses experienced by the middle generation looking after older parents and their own children. General help for parents regarding child behavior is provided here: http://www.empoweringparents.com/articles.php

Source: Kaiser Permanente. (2013, August 2). Advice for the sandwich generation. From http://share.kaiserpermanente.org/article/advice-for-the-sandwich-generation/ (accessed September 8, 2015).

Psychiatrist Dr. Mason Turner offers advice to reduce the stress of the sandwich generation:

- Figure out ways to limit your stress. It's basically learning how to say 'no,' and understanding what you can say 'no' to, and what you can't.
- Build in small bits of time in your day to do things that will help you feel better (e.g., relaxation, meditation, exercise, or putting together a healthy mea).
- When your stress is out of control, make tough decisions (e.g., get in-home care for your parents, taking leave from work in order to manage a particularly difficult period of time, or having hard conversations with your family about your limitations and need for self-care).
- Seek help when you need it.

Source: Caregiver.org. (n.d.). Sandwich generation. From http://www.icaregiver.org/caregiver-guide/sandwich-generation (accessed September 8, 2015).

This website offers practical advice for the middle generation regarding maintaining health and mental health, including:

- Get regular physical exercise.
- Maintain a normal sleeping schedule and get adequate amounts of sleep each night.
- Avoid drinking or smoking excessively.
- Take time out of the day for yourself—read a book, watch a movie, etc.
- Develop healthy coping strategies—such as relaxation techniques, yoga or meditation—for high-stress situations.
- Seek a balance between caregiving and the rest of your life.
- Recognize you are human and you are doing the best you can.
- Learn how to properly care for your family member.
- Get training so you know how to properly perform needed skills, which will make your work easier and safer.
- Practice healthy habits, including maintaining a balanced diet, getting regular exercise and sufficient sleep, and having regular physical checkups.
- When needed, get help with physical tasks from other care providers, neighbors, or sources of help.
- Work to keep your care recipient as independent as possible to reduce your stress and maintain dignity.

Panel 3: Grandparents Caring for Grandchildren

Key Questions:

1. **What are the dynamics of grandparent caregivers? Why has the number of grandparents caring for grandchildren increased during the past two decades?**
2. **What are the potential sources of stress for grandparent caregivers? How might care giving affect the behavioral health of grandparents?**
3. **How are youth affected by being raised by grandparent caregivers?**
4. **Are grandparents vulnerable to behavioral health issues themselves because of their caregiver roles?**
5. **How do grandparents handle behavioral health issues experienced by the children they are supporting?**
6. **Are there services available to address the special needs of grandparent caregivers?**
7. **How can providers obtain the expertise to assist the grandparent caregivers?**
8. **Are there stand-alone resources to support wellness and promote behavioral health among grandparent caregivers and their grandchildren?**

Dynamics of Grandparent Caregivers

Source: U.S. Census Bureau. (2014, October 22). 10 percent of grandparents live with a grandchild, Census Bureau reports. From http://www.census.gov/newsroom/press-releases/2014/cb14-194.html (accessed August 24, 2015).

- Of the 65 million grandparents in the United States in 2012, 7 million, or 10 percent, lived with at least one grandchild, rising from 7 percent in 1992.
- More than 60 percent of these households were maintained by a grandparent and about one in three had no parent present. About 39 percent of these grandparent caregivers have cared for their grandchildren for five years or more.

Source: Gladstone, J. W., Brown, R. A., & Fitzgerald, K. A. (2009). Grandparents raising their grandchildren: Tensions, service needs and involvement with child welfare agencies. *International Journal of Aging and Human Development, 69*(1), 55–78.

- Studies show that kinship care or relative foster care is increasing in the United States for a number of reasons including the need to respond to a parent's inability to care for their child and a diminishing supply of foster homes.
- Children placed in kinship care settings are especially likely to be removed from their homes because of parental neglect, which can be related, for example, to a parent's substance use disorder, incarceration, or incidence of HIV/AIDS.
- When kinship care is an option, grandparents are the most likely family members to take on a surrogate parenting role.

Source: Bachay, J. B., & Buzzi, B. M. (2012). Grandparents raising grandchildren: Challenges and opportunities for mental health practitioners. Paper presented at the 2012 American Counseling Association Annual Conference. San Francisco, CA., March 21–25, 2012.

- Demographic studies indicate that this new structure, the grandfamily, is created because of parental substance abuse, incarceration, illness and death, and financial crises. U.S. military policy allowing multiple deployments has gravely affected many families—sometimes leaving children without the presence of either parent.

Potential Stressors for Grandparent Caregivers

Source: Stelle, C., Fruhauf, C. A., Orel, N., & Landry-Meyer, L. (2010). Grandparenting in the 21st century: Issues of diversity in grandparent-grandchild relationships. *Journal of Gerontological Social Work, 53*(8), 682–701.

- Grandparent–grandchild relationships are diverse and complex, with many factors playing a role—including age, ethnicity, and socioeconomic status.
- The authors discuss the impact of other, less well-studied characteristics—including grandparents' gender, sexual orientation, and physical and/or cognitive limitations on the relationship.
- The discussion focuses on strength-based and empowerment-oriented strategies to strengthen intergenerational relationships.
- Research on the experience of grandparents as caregivers has evolved from a focus on the stress, strain, and associated costs of this role to a more balanced approach that views the exchange of support between generations comprised of both costs and rewards.
- Services and programs continue to be developed and assessed to provide appropriate support and guidelines for working with custodial grandparents, as research has demonstrated that adequate and appropriate social support can enhance the wellbeing of grandparent caregivers.
- Caregiving grandfathers have reported feelings of powerlessness in the transition to the new role of caregiver, in parenting activities, and in their long-term ability to provide care for their grandchildren.
- Custodial grandfathers have also shown lower levels of parenting efficacy, lower levels of social support, increased emotional strain for grandfathers, and more symptoms of depression, compared to custodial grandmothers.
- In addition, other researchers have found that grandfather's experiences becoming a caregiver involved a loss of freedom, the loss of an expected role as a non-caregiving grandparent, and concerns about their own health and the implications for their grandchildren if their health deteriorated further.

Source: Gladstone, J. W., Brown, R. A., & Fitzgerald, K. A. (2009). Grandparents raising their grandchildren: Tensions, service needs and involvement with child welfare agencies. *International Journal of Aging and Human Development, 69*(1), 55–78.

- The researchers conducted a qualitative study focused on 22 grandparents who were raising their grandchildren and involved with child welfare agencies.
- Interviews with grandparents explored the tensions experienced by these grandparents, ways that child welfare agencies alleviate these tensions, and factors preventing grandparents from utilizing services.
- Caregiver grandparents reported four categories of tensions:
    1. feeling responsible for grandchildren (associated with grandchild's behavior problems, reduced social life; and worry about grandchild's future);
    2. having limited financial resources;
    3. feelings toward the middle generation (e.g., feeling critical of their children's

lifestyle and limitations, yet wanting to preserve their relationships); and

4. relationship with the child welfare agency (e.g., some expressed frustration with the actions of the child welfare agency—including removal of grandchild from their parental home, going to court; lack of information; and worker's helping skills).

- Grandparents received various types of support from child welfare agencies including help with child management, financial assistance, and emotional support.
- Factors discouraging utilization of services included the social worker's age, lack of trust, and agency policy.

Impact of Care Giving on Grandparents' Behavioral Health

Source: Clottey, E. N., Scott, A. J., & Alfonso, M. L. (2015). Grandparent caregiving among rural African Americans in a community in the American South: Challenges to health and wellbeing. *Rural and Remote Health, 15*(3), 3313.

- [Low-income, African American women from the South are overrepresented in the growing population of grandparents caring for grandchildren.]
- This qualitative interview-based study was conducted in a high-poverty community in rural Georgia. In-depth interviews were conducted with African American grandparent caregivers and key informants from local community-based organizations.
- Rural African American grandparent caregivers faced a range of challenges to health. Direct physical challenges included chronic pain that interfered with sleep and daily functioning, mobility issues exacerbated by child care, and the pressure of managing their own medical conditions as well as their grandchildren's.
- Financial scarcity added to their vulnerability to poor health outcomes, especially when caregivers would forego purchase of medications or visits to the doctor because of expenses related to their grandchildren.
- In addition, lack of child care made health appointments and hospitalizations logistically difficult.
- Emotional strain was common as grandparent caregivers struggled to protect their grandchildren in communities where rates of drug use, HIV, and incarceration were high.
- Caregivers worried about their mortality and the related consequences for their grandchildren.
- Chronic stress, which is linked to a number of poor health outcomes, was self-reported by most rural grandparent caregivers.

Source: Hayslip, B., Jr., Blumenthal, H., & Garner, A. (2015). Social support and grandparent caregiver health: One-year longitudinal findings for grandparents raising their grandchildren. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences, 70*(5), 804–812.

- [This study examined the role of social support in predicting health among grandparents raising grandchildren among 86 grandparent caregivers assessed twice over a 1-year timeframe.] Findings suggested that social support predicted health over time rather

than vice versa [after adjusting for multiple factors, including previous levels of health, depression, and parental stress].

- For those who lacked social support, overall health was negatively related to self-reported depression symptoms 1 year later; this was not the case among those reporting greater social support.
- In addition, parental stress moderated the effects of social support on depression, and social support moderated the effects of parental stress on depression.
- Greater social support may lay the groundwork for better health, and such support, in concert with better health as well as lessened parental stress may prevent the development of depression among grandparent caregivers.

Source: Whitley, D. M., Fuller-Thomson, E., & Brennenstuhl, S. (2015). Health characteristics of solo grandparent caregivers and single parents: A comparative profile using the Behavior Risk Factor Surveillance Survey. *Current Gerontology and Geriatrics Research, 2015*, 630717.

- [The researchers compared the health characteristics of solo grandparents (925) raising grandchildren with those of single parents (7,786), using data from the 2012 Behavioral Risk Factor Surveillance System.]
- Compared to single parents, grandparents have a higher prevalence of physical health problems (e.g., arthritis).
- Both parent groups have a high prevalence of lifetime depression.
- A larger share of grandparents actively smoke and did no recreational physical exercise in the last month. However, grandparents appear to have better access to health services in comparison with single parents.

Source: Hughes, M. E., Waite, L. J., LaPierre, T. A., & Luo, Y. (2007). All in the family: The impact of caring for grandchildren on grandparents' health. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences, 62*(2), S108–S119.

- [The researchers use a sample of 12,872 grandparents aged 50 through 80 from the Health and Retirement Study to examine the relationship between stability and change in various types of grandchild care and subsequent health.]
- [The study's] findings suggest that the health disadvantages found previously among grandparent caregivers arise from grandparents' prior characteristics, not as a consequence of providing care.
- Health declines as a consequence of grandchild care appear to be the exception rather than the rule.

Source: Minkler, M., & Fuller-Thomson, D. E. (2001). Physical and mental health status of American grandparents providing extensive child care to their grandchildren. *Journal of the American Medical Women's Association, 56*(4), 199–205 (Fall).

- [This study compared] the physical, mental, and functional health status of grandparents providing extensive care to grandchildren (30+ hours per week or 90+ nights per year) with that of custodial grandparents, noncaregivers, and two categories of less intensive care providers.

- [It drew on data from] a subsample of 3260 respondents to the National Survey of Families and Households who reported being grandparents during the 1992 to 1994 interviews.
- Extensive caregivers had levels of depressive symptoms comparable to those of custodial caregivers and significantly higher than those of noncaregivers and less intense care providers.
- One in 5 extensive caregivers had clinically relevant levels of depressive symptoms. Two out of every 5 extensive caregivers had at least 1 limitation in activities of daily living.

Source: Sands, R. G., Goldberg-Glen, R., & Thornton, P. L. (2005). Factors associated with the positive well-being of grandparents caring for their grandchildren. *Journal of Gerontological Social Work, 45*(4), 65–82.

- This paper describes research on factors that are associated with grandparents' positive well-being. In particular, it investigated the extent to which the perception of grandparental stress and grandparents' resources are associated with grandparents' well-being, after controlling for sociodemographic and health factors.
- A sample of 129 grandparents had individual interviews.
- The authors found that a low perception of stress related to caring for grandchildren and resources were responsible for a high level of wellbeing.
- The findings of this study suggest that social workers can best help grandparent caregivers by lowering their perception of stress and enhancing their informal supports and community resources. This can be incorporated into supportive, strengths-based individual or family counseling.

Effects of Being Raised by Grandparents on Youth

Source: Smith, G. C., & Palmieri, P. A. (2007). Risk of psychological difficulties among children raised by custodial grandparents. *Psychiatric Services, 58*(10), 1303–1310.

- The researchers studied whether custodial grandchildren are at greater risk of emotional and behavioral problems than children who live in other family arrangements.
- They examined data from 9,878 caregivers from the 2001 National Health Interview Survey who completed the Strengths and Difficulties Questionnaire in reference to target children between ages four and 17.
- Custodial grandparents reported that their grandchildren had more emotional, conduct, and peer problems, as well as increased hyperactivity/inattention, compared with other caregivers.
- The researchers suggested two reasons why children raised by grandparents were reported as having more behavioral problems:
    (1) many grandchildren come into the grandparent's care because of a variety of serious family problems (e.g., substance abuse; parents are too young to care for them; parental incarceration, death, or illness; neglect or abuse). Children often arrive with pre-existing psychological and behavioral problems.
    (2) Unexpected pressures and difficulties experienced by grandparents who are unprepared to resume child-rearing lifestyles can detract from a grandchild's

psychological well-being. Irritability, anxiety, and feelings of guilt not only negatively affect a custodian's parenting skills, but can transfer from grandparent to grandchild.

Source: Pittman, L. D. (2014, October 21). Unique considerations for children raised by grandparents*. Psychology Today*. From https://www.psychologytoday.com/blog/the-wide-wide-world-psychology/201410/unique-considerations-children-raised-grandparents (accessed September 14, 2015).

- Usually living in grandparent-headed households is better than the alternative (i.e., living in single-parent households or the regular foster care system).
- Age of the child and culture are likely to influence the response to living with a grandparent. The expectation of how involved grandparents should be in taking care of grandchildren varies by culture.
- Many children in grandparent-headed households may do fine, but children living with grandparents are at risk for having more psychological problems than those living with traditional two-parent families—probably because of the negative circumstances that led to the household formation.

Vulnerability of Caregiver Grandparents to Behavioral Health Issues

Source: Child Welfare Information Gateway. (n.d.). Addressing the health and mental health of kinship caregivers. Administration for Children and Families (Children's Bureau). From https://www.childwelfare.gov/topics/outofhome/kinship/support/health/ (accessed September 14, 2015).

- This website offers many documents with general information on the topic as well as resources for providers working with grandparents who are raising their grandchildren. Topics addressed on the website include: assessing grandparents' needs; how to counsel grandparents; adapting brochures for grandparents in Hawai'i; gender differences; managing prescription medications; and the needs of grandparent caregivers in rural areas.

Source: Moore, V. R., & Miller, S. D. (2006). Coping resources: Effects on the psychological well-being of African American grandparents raising grandchildren. *Journal of Health & Social Policy, 22*(3–4), 137–148.

- Research suggests that African American grandparents who encounter a variety of challenges in raising their grandchildren are able to cope successfully with these situations if they derive a sufficient amount of psychological rewards from raising grandchildren. These rewards include increased gratification, feelings of usefulness, and increasing pride in their own abilities to meet new challenges.
- The authors investigated how intergenerational solidarity, informal social support, and spirituality enhance the psychological well-being of African American grandparents who are raising their grandchildren.

Source: Hadfield, J. C. (2014). The health of grandparents raising grandchildren: A literature

review. *Journal of Gerontological Nursing, 40*(4), 32–42.

- In the United States, where grandparents raising grandchildren are at increased risk for depression and declining physical health.
- This article explored the recent literature as it relates to the psychological and/or physical health of grandparents raising grandchildren. It reviewed 19 articles from the past 10 years.
- Studies consistently verify the health risks, especially depression, for grandparents raising grandchildren; however, the lack of research regarding grandfathers and non-African American caregivers is apparent.
- Because the factors influencing grandparents raising grandchildren are numerous, care providers should assess the needs, situations, and perceptions of grandparents individually.

Source: Extension. (2011, June 3). Mental health issues of grandparents raising grandchildren. From http://www.extension.org/pages/20272/mental-health-issues-of-grandparents-raising-grandchildren#.VfcRaZ1Viko (accessed September 14, 2015).

- It is not surprising, given the complex stressful and often tragic circumstances faced by grandparents rearing grandchildren, that these caregivers experience more symptoms of depression than grandparents who are not rearing grandchildren.
- Stressors reported by many grandparents are lack of access to support services and financial issues. Many grandparents are retired or nearing retirement and live on limited incomes. When a grandchild enters the household, costs can increase significantly, especially if the grandchild has special needs.

Source: Georgia State University. (2015, September 14). Solo grandparents at greater risk than parents for serious health problem. [press release]. From http://www.eurekalert.org/pub_releases/2015-09/gsu-sgr091415.php (accessed September 14, 2015).

- This press release briefly describes a study recently published in *Current Gerontology and Geriatrics Research*.
- Researchers at Georgia State University and the University of Toronto found that solo grandparents caring for grandchildren fare worse than single parents across four critical health areas: physical health, mental health, functional limitations and health behaviors.
- Their research looked at a sample of solo grandparents from 36 U.S. states using the 2012 Behavioral Risk Factor Surveillance System, a survey from the U.S. Centers for Disease Control and Prevention.

Grandparents' Handling of Behavioral Health Issues of the Children They Are Supporting

Source: Lehman, J. (n.d.). Raising grandkids: What to do when the honeymoon ends. From http://www.empoweringparents.com/raising-grandkids.php (accessed October 15, 2015).

- Children who are living with their grandparents because of parental addiction, neglect or abandonment bring a whole set of other problems to deal with. These kids are

already programmed to deal with the negative environment they came from, and may not be ready to move into a family situation where there are boundaries and rules. What grandparents have to remember is, when your grandchildren move in with you, *you are their new family.*

- In my private practice, I knew many grandparents who raised their grandchildren because of parental neglect, abandonment, incarceration or substance abuse. Frankly, these grandparents had their hands full. Often their grandkids came to them with a constellation of inappropriate behaviors already firmly in place. It was very hard for these grandparents to try to change that behavior or intervene in the child's life. And there are generational difficulties, as well as physical problems with caring for children when you're older. Your energy levels and mental flexibility may not be what they were when you were parenting young children yourself.

- If the picture is that the grandparents are raising the child because of parental neglect, abuse or abandonment, above all, the parents should not be allowed to undermine the authority or rules the grandparents have put in place. You should limit or forbid visits until the parent is willing to comply with that. That's because the grandparents have now become the primary parents, and the birth parents have to take a secondary role. It's all too easy for the secondary parents to judge grandparents and be critical of their efforts, because it helps the birth parent not look at his or her own irresponsibility and neglect. But this should not be tolerated, especially in front of the children. The grandparents and the birth parent have to communicate, share thoughts and ideas, and then come to some method of operating together.

- I want to be clear: such meetings should not become a forum for birth parents to be abusive, oppositional or defiant to the grandparent. This is all too often the case. Grandparents should not accept blame from birth parents who have lost their ability to meet their own parenting responsibilities.

- First of all, if your grandchild is being physically abusive to you, you should call the police. There's no excuse for physical abuse. You did not work all your life to be abused physically in your later years. If you want to be a martyr and allow that, that's your choice. But understand this: choosing to be a martyr doesn't help the child. If you think you are doing it to help that child, what you need to understand is that the most important thing for that child is to have powerful limits set for them. And if they won't accept the limits imposed by you, then you need to look outside the home for entities with more power, such as the police and the social service system. Often you'll hear grandparents state that they don't want to call the authorities because they're afraid their grandchild will end up in group home or institution. My response is clear: if he's physically hurting you, robbing you, or abusing you, maybe he needs to be in a group home or institution where the resources are available to teach him how to manage himself.

- I don't say this to be harsh. I say it with complete empathy for your situation. The fact remains that kids who are physically abusive, steal, set fires, or destroy property often need more resources than the ordinary family has to offer. These behaviors should be taken very seriously indeed, because they can be precursors of much larger problems.

- In my experience, many of the grandparents I worked with were very committed to their grandchildren, but were in fact just plain tired. They had lived their lives, they had worked like dogs, they had raised their kids, and now when they were dealing with their own failing health and financial problems, they felt obligated to take on the burden of

raising their grandchildren. While I respect the generosity of grandparents tremendously, I wouldn't always advise people to try to manage a behaviorally disordered grandchild. Each case is different. Remember, if the kid is well-behaved and knows how to manage himself, accept authority and recognize limits, the grandparents can do fine. But behaviorally disordered children are not only draining, they require people who have acquired special techniques in order to manage them. Many of the behaviors grandparents have to address today were not part of the youth culture 30 or 50 years ago: The blatant disrespect, the demand for autonomy, the open defiance to rules. These things were present, but not at the level of intensity they are today. Grandparents I met in my practice often reported to me how shocked and discouraged they where when their grandkids did not accept their authority or the limits they set.

- My advice to grandparents in cases where inappropriate behaviors start to emerge is to get help. That help can be outside the home in a counselor's office, or that help can be inside the home through a training program like The Total Transformation. If these children have behavior disorders, you're going to see all that goes along with that: manipulative behavior, risk taking, rigidity, senseless defiance. Remember not to blame yourself if these behaviors emerge: grandparents need as much help as anybody else in dealing with these issues.

Source: RaisingYourGrandchildren.com. (n.d.). Mental health disorders in children: Grandparents and relatives parenting children. From http://www.raisingyourgrandchildren.com/Mental_Health_Disorders.htm (accessed October 15, 2015).

- Many children suffer from a variety of mental health disorders, even children who may live in healthy environments. However, children who have been removed from their homes because of abuse or neglect come to us having experienced severe emotional trauma. Even babies and toddlers can suffer with mental health difficulties. It is important as grandparents and other caregivers that we be alert to the behaviors that may signal a serious problem or disorder in babies, young children, and our teenagers. It is a tragedy for these children to suffer more than they already have.
- [This website provides information on mental health problems that may occur among children in the care of their grandparents—including depression, anxiety, attachment disorders, and attention deficit disorder (ADD).]

Source: Dolbin-MacNab, M. L., & Traylor, R. M. (n.d.). Grandparents raising grandchildren. American Association for Marriage and Family Therapy. From http://www.aamft.org/imis15/AAMFT/Content/Consumer_Updates/Grandparents_Raising_Grandchildren.aspx (accessed October 15, 2015).

- Because of their experiences with their parents, children being raised in grandparent-headed families often display developmental, physical, behavioral, academic, and emotional problems. Some of these problems include depression, anxiety, ADHD, health problems, learning disabilities, poor school performance, and aggression.
- Grandchildren may also experience feelings of anger, rejection, and guilt. The degree to which grandchildren experience problems varies, although many grandchildren experience multiple problems.

- Relationships among family members can also create stress for grandchildren. Visits from parents can be upsetting, and often leave grandchildren feeling hurt and confused. Due to their age difference, grandchildren may also feel disconnected from their grandparent caregivers. Finally, household rules and expectations can be a source of tension and conflict.
- Because each family is different, it is difficult to say when a grandparent-headed family should seek help. However, grandparents should seek help if they feel unable to manage their stress, if their stress interferes with their ability to function, or if tension and conflict among family members becomes too difficult to manage. They should also seek help if their grandchildren's problems become overwhelming.
- Family Therapy: Custodial grandparenting impacts all members of a family. Family therapy can help individuals and families cope with their feelings about their family structure and improve the quality of their relationships. Family therapists are specially trained to understand the complicated feelings and relationships within grandparent-headed families. If you feel that your family could benefit from family therapy, find a therapist who has experience working with grandparent-headed families.
- Support Groups: Many communities offer support groups for grandparent-headed families. Most of these support groups are for grandparents raising grandchildren. However, support groups are also available for grandchildren. Support groups provide participants with an opportunity to talk about their experiences and feelings in a safe, supportive environment. Participants can also gain information, learn from one another, and meet people dealing with similar issues. Good support groups allow time for personal sharing, but also take a positive outlook, structure sharing time, connect participants to sources of support, and help participants set and reach goals. To find a support group near you, visit the Web sites of the organizations listed under Resources.

Source: Edwards, O. W., & Daire, A. P. (2006). School-age children raised by their grandparents: Problems and solutions. *Journal of Instructional Psychology, 33*(2). From http://www.freepatentsonline.com/article/Journal-Instructional-Psychology/148367616.html (accessed October 15, 2015).

- The series of circumstances associated with the increase in the numbers of children raised by their grandparents presents a daunting challenging. To illustrate, when the nuclear family breaks down children may experience social–emotional and school-related problems as a result. Subsequently, they are sent to live with their grandparents.
- These grandparents may encounter problems providing appropriate care to children who manifest difficult adjustment.
- A number of interventions helpful in assisting at-risk children may also improve the school functioning of children raised by their grandparents. Social support has been shown to serve as a buffer to stress and stress symptomatology. Thus, social support theory offers a useful framework to provide intervention services to these families. If these families are provided emotional and instrumental support, it should ease the transition from a traditional to alternate caregiver arrangement and limit subsequent social–emotional and school-related distress. Grandchildren and their grandparents should be encouraged to develop support networks in their communities, schools, and faith-based organizations as a proactive method of attenuating stress.

- Intergenerational counseling and intervention approaches that address interactions, affect, communication, and emotional support favorably impact many grandparents' emotional and physical well-being. The aforementioned processes can improve grandparents' functioning and their ability to support their grandchildren's interpersonal, emotional, and academic development.
- Psychologists, school counselors, and other school professionals can develop support groups for these family members. Meetings can be convened at the school separately for grandchildren and grandparents, and they can occasionally meet together. Support groups could focus on building on existing strengths of grandchildren and grandparents.
- Children raised by their grandparents may need substantial stability in their schooling and counselors should work to place these grandchildren with the same teachers and classmates in consecutive years. Grandchildren may benefit from social skills training and learning skills to establish and maintain friendships.
- They should also be offered the assistance of a peer, adult mentor, or school professional that could provide help with homework completion.
- Social workers can also help grandparents by connecting them with community agencies and resources that provide therapeutic, financial, and social service assistance. Grandparents may need information regarding referral sources for after-school care, medical and dental treatment, community-based counseling, and legal services to determine whether they can receive financial assistance for assuming the care of their grandchildren. Further, they may need assistance locating appropriate community activities such as sports and music programs as well as summer camps for their grandchildren. These extra-curricular activities are prosocial in nature and can enhance the grandchildren's socialization outcomes.

Behavioral Health Services Addressing the Needs of Grandparent Caregivers

Source: Fruhauf, C. A., Pevney, B., & Bundy-Fazioli, K. (2015). The needs and use of programs by service providers working with grandparents raising grandchildren. *Journal of Applied Gerontology, 34*(2), 138–157.

- One of the most challenging hardships of grandparents who assume full-time parenting responsibilities for grandchildren is navigating and finding services within complex systems.
- Grandparents often find their caregiving arrangement begins as a family crisis with little or no time to prepare for their new role.
- Along with this, there is a concern that grandparents who voluntarily choose to care for grandchildren will most likely receive fewer services and have a harder time navigating the system than other caregivers who are a part of the child welfare system.
- Possible reasons grandparents do not receive services include (a) not being aware of available services, (b) not willing to receive help, and (c) being fearful of working with the child welfare system.
- The authors used telephone interviews to understand service providers' views about programs and services they use when assisting grandparents raising grandchildren.
- Service providers discussed available supports and services they use to serve and assist grandparent caregivers. For example, they provided information and referral, counseling services, educational focus around benefits and legal issues, and assisted

grandparents with filling out paperwork.

- Participants suggested that they needed more education about grandparents, their needs and struggles, and how to better serve grandparent caregivers. They also reported that continued funding is essential to maintaining the services they already implement.
- Service providers particularly focused on the importance of the Kinship Care System Navigator (KCSN), which assists grandparent caregivers (and other kin caregivers) typically outside of the Department of Health and Human Services system in accessing resources and services. The Navigator provides case management and emotional support, leads educational programs, coordinates grandparent support groups, and provides information and referrals for community resources. This includes assisting grandparents in understanding programs and services as well as navigating their way through the system to get to the resources they need.
- Participants also discussed the importance of community providers sharing a common voice and working together with a range of other service providers to meet grandparents' needs.

Information for Providers Serving Grandparent Caregivers

Source: Bachay, J. B., & Buzzi, B. M. (2012). Grandparents raising grandchildren: Challenges and opportunities for mental health practitioners. Paper presented at the 2012 American Counseling Association Annual Conference. San Francisco, CA., March 21–25, 2012.

- This paper provides background information on grandparents raising grandchildren and discusses the application of three therapies—Filial Family Therapy, Narrative Therapy, and Structural Family Therapy—to grandfamilies.

Source: Association of Small Foundations. (2008, April 1). Helping grandparents raise grandchildren who succeed. From http://www.aecf.org/resources/helping-grandparents-raise-grandchildren-who-succeed/ (accessed September 14, 2015).

- This discussion guide shares information and ideas aimed at enhancing support for grandparents care giving for grandchildren.

Source: Pittman, L. D. (2014, October 21). Unique considerations for children raised by grandparents. *Psychology Today*. From https://www.psychologytoday.com/blog/the-wide-wide-world-psychology/201410/unique-considerations-children-raised-grandparents (accessed September 14, 2015).

- This online article provides some suggestions for how professionals can help grandchildren being raised by grandparents:
    - Raise awareness and use inclusive language (e.g., address caregivers, not just parents)
    - Expand programming to include help and resources for grandparents serving in the parent role.
    - Tailor services for the needs of these families.

Stand-Alone Resources (Promotion of Wellness and Behavioral Health) for Grandparents and Grandchildren

Source: SAMHSA. Wellness strategies. (2015, July 2). From
http://www.samhsa.gov/wellness/strategies (accessed September 8, 2015).

- This website offers general advice on wellness, including stress management.

Source: Extension. (2011, June 3). Mental health issues of grandparents raising grandchildren. From http://www.extension.org/pages/20272/mental-health-issues-of-grandparents-raising-grandchildren#.VfcRaZ1Viko (accessed September 14, 2015).

- If you are a grandparent raising a grandchild, take care of yourself physically and emotionally. Here are some tips:
    - See your health care provider on a regular basis.
    - Consider seeking out mental health services for yourself and your grandchild.
    - Recognize that you may be experiencing grief and loss due to your circumstances.
    - Consider taking parenting classes for an update on raising children.
    - Seek financial assistance through your local social services office.
    - Join a support group to broaden your social network.

Source: Raisingyourgrandchildren.com. (n.d.). Healthy living and wellness. From http://www.raisingyourgrandchildren.com/Healthy_Living_Wellness.htm (accessed September 14, 2015).

- This website offers nutrition, physical fitness, and mental and spiritual health tips for grandparents raising grandchildren.
- It also provides links to many relevant resources.

Source: HelpGuide.org. (2015, August). Grandparents raising grandchildren. From http://www.helpguide.org/articles/grandparenting/grandparents-as-parents.htm (accessed September 14, 2015).

- This site offers general advice for grandparents raising grandchildren. Its section on health presents the following tips:
- Most older adults did not expect that they would be raising children at this stage of life. At times, the physical, emotional, and financial demands may feel overwhelming. That's why it's vitally important that grandparents take care of themselves and get support.
- Grandparents preoccupied with the daily demands of raising grandkids may let their own needs fall by the wayside. But people cannot be good caretakers when overwhelmed, exhausted, and emotionally depleted. In order to keep up with grandkids, older adults need to be calm, centered, and focused—i.e., look after their own mental and physical health. Advice to grandparents includes:

    - **A healthy you means healthy grandchildren.** If you don't take care of your health, you won't be able to take care of your grandchildren, either. Make it a priority to eat nutritious meals, exercise regularly, and get adequate sleep. Don't let doctor's appointments or medication refills slide.

- o **Hobbies and relaxation are not luxuries.** Carving out time for rest and relaxation is essential to avoid burnout and depression. Use your "me time" to really nurture yourself. Choose activities that indulge your senses. Zoning out in front of the TV won't revive you.
  - o **It's okay to lean on your grandkids for help.** Kids are smarter and more capable than we often give them credit for. Even young children can pick up after themselves and help out around the house. Helping out will also make your grandkids feel good.
- Studies show that grandparents who cope well with the added stress of raising grandchildren are those who seek out others for support.

  - o **Find someone you can talk to about what you're going through.**
  - o **Look for support groups for grandparents raising grandchildren.**
  - o **Reach out in your community for childcare help.**
  - o **Connect with parents with children.**

Source: Storey, K. (2013). Bullying prevention: A guide for grandparents. Education Development Center. From http://www.eyesonbullying.org/pdfs/bullying-prevention-guide-for-grandparents.pdf (accessed September 14, 2015).

- This document provides information for grandparents about bullying (including cyberbullying) and what they can do to help their grandchildren.

Source: Raisingyourgrandchildren.com. (n.d.). Grandparents raising grandchildren. From http://www.raisingyourgrandchildren.com/ (accessed September 14, 2015).

- This website offers information, resources, and support for grandparents raising grandchildren. Topics covered include: state resources; tips for dealing with stress; healthy living and wellness; financial assistance; legal issues; and information on mental health problems and how to help children cope.

Source: HelpGuide.org. (2015, August). Grandparents raising grandchildren. From http://www.helpguide.org/articles/grandparenting/grandparents-as-parents.htm (accessed September 14, 2015).

- Raising a second generation brings many rewards, including the fulfillment of giving your grandkids a sense of security, developing a deeper relationship, and keeping the family together.
- It also comes with many challenges, and this website offers the following tips for grandparent caregivers:
  - o Acknowledge your feelings (positive and negative) and recognize that they don't mean you don't love your grandchildren.
  - o Take care of yourself, as this will help you take care of your grandchildren, and get the support you need from others.
  - o Realize that your grandchildren will have mixed feelings too, which may be expressed in their behavior.
  - o Focus on providing a stable environment, with routines and consistently applied rules. Give your grandchildren their own space and get their input on their new home.

- o Encourage open and honest communication with your grandchildren.
- o Encourage contact with parents.
- o Get legal, financial, and caregiving support.

Source: SeniorCare.net. (2012, February 17). Children raised by grandparents. From http://www.seniorcare.net/children-raised-by-grandparents/ (accessed September 14, 2015).

- This article addresses many issues related to grandparents raising grandchildren—including changing accommodation, necessary legal documents, and financial arrangements.

Source: Goyer, A. (2011, August 31). Raising grandchildren: Family issues. AARP. From http://member.aarp.org/relationships/friends-family/info-08-2011/grandfamilies-guide-family-challenges.html (accessed September 14, 2015).

- This article provides advice and links to resources for grandparents raising grandchildren.

Panel 4: Promoting Behavioral Health and Wellness Among People Aged 55 and Older

Key Questions:

1. What is the impact of the increasing numbers of people aged 55 and older on the behavioral health system?
2. How many people aged 55 and older misuse substances? What substances are most commonly misused by this population?
3. How many people aged 55 and older have a substance use disorder? How many received treatment for substance use disorders?
4. How many people aged 55 and older have mental health problems? What mental health problems are most commonly experienced by this group (including co-occurring substance use disorder)?
5. How many people aged 55 and older receive treatment for mental health problems?
6. What are some special considerations for behavioral health among people aged 55 and older (e.g., mixing medications with alcohol and illicit substances and co-occurring medical conditions)?
7. What are SAMHSA and other federal agencies doing to address the behavioral health needs of the aging U.S. population?
8. What are some efforts and resources to promote wellness and recovery support for people aged 55 and older? What are some approaches to treatment and recovery—including the development of effective support networks for older people with behavioral health problems and their families?

Impact of Increasing Numbers of People Aged 55 and Older on the Behavioral Health System

Source: SAMHSA. (2014, October 9). Age- and gender-based populations. From http://www.samhsa.gov/specific-populations/age-gender-based (accessed August 24, 2015).

- In 2014, there were about 43.1 million people ages 65 and older living in the United States. This population group is expected to account for about 20 percent of the total U.S. population by 2030.
- In 2014, about 25 percent of older adults had some type of mental health problems, such as a mood disorder not associated with normal aging.

Source: National Council on Aging, SAMHSA, & Administration on Aging &. (2012). Issue brief: Older Americans behavioral health series overview. From https://www.ncoa.org/resources/issue-brief-older-americans-behavioral-health-series-overview/ (accessed September 15, 2015).

- This document offers an overview of issues, facts, evidence-based programs and practices, partnering opportunities, financing and other resources.
- Behavioral health problems—such as depression, anxiety, and medication and alcohol misuse—are associated with higher health care use; lower quality of life; and increased complexity of illnesses, disability and impairment, caregiver stress, mortality, and risk of

suicide.

- One in four persons aged 55 and over experiences behavioral health disorders that are not part of the normal aging process. Older adults are significantly less likely to receive any mental health treatment when compared to younger adults.
- Despite the availability of proven interventions for mental health and substance use problems, the majority of older adults with these behavioral health issues do not receive the treatments they need.
- Older adults often do not know they may benefit from prevention and treatment because they are neither screened nor referred for diagnosis and care. Many older adults do not seek treatment because of stigma.

Source: American Psychological Association. (n.d.). Growing mental and behavioral health concerns facing older Americans. From http://www.apa.org/about/gr/issues/aging/growing-concerns.aspx (accessed September 18, 2015).

- As America's population ages, the need for mental and behavioral health services continues to increase.
- The mental and behavioral problems associated with growing old, such as loss of spouse, loss of mobility and independence, admittance to a long-term care facility and declining physical and sometimes mental health.
- Some of the most critical concerns facing older Americans today include depression, anxiety, substance misuse, dementia, and chronic illnesses.
- There is a need for more behavioral health specialists trained to work with this population.

Source: 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.

- The number of Americans aged 50+ years with a substance use disorder is projected to double from 2.8 million in 2002–2006 to 5.7 million in 2020.
- Rates of treatment admissions involving primary use of illicit and misuse of prescription drugs have increased, while rates involving primary use of alcohol only have decreased.
- There is robust evidence showing that an increased number of older adults will need substance abuse care in the coming decades.

Source: American Society on Aging. (2014, December 11). The implications of the Affordable Care Act for mental health care. *Generations*. From http://www.asaging.org/blog/implications-affordable-care-act-mental-health-care (accessed September 18, 2015).

- This online article highlights the mental health services need among older Americans and the potential impact of the Affordable Care Act. It discusses Accountable Care Organizations, Community Health Centers, and the need to bring Medicare mental health coverage in line with that of private insurance.
- The mental health needs of older adults long have been neglected in the United States.
- The healthcare workforce is largely unprepared, in numbers and expertise, to confront the specific mental health needs of our aging population.

- Even clinicians lacking training in geriatrics have been unable to provide adequate mental health services to our aging population due to a long history of disparity in insurance coverage for physical and mental health treatments.
- The Affordable Care Act (ACA), though not a panacea, provides an opportunity to bolster a broken mental health system that disproportionately ignores the needs of older adults.

Source: National Council on Aging, SAMHSA, & the Administration on Aging. (2012). Issue brief #1: Aging and behavioral health partnerships in the changing health care environment. From https://www.ncoa.org/resources/issue-brief-1-aging-and-behavioral-health-partnerships-in-the-changing-health-care-environment/ (accessed September 17, 2015).

- States are advancing older adult behavioral health services through partnerships between State Aging, Mental Health, and Single State Authorities. These partnerships have increased access to health interventions for suicide prevention, depression, at-risk alcohol and medication misuse, and chronic disease management such as the evidence-based practices and programs.
- Many aging service providers offer care management, chronic disease self-management, and other evidence-based health promotion and prevention programs. Aging service providers also link older adults with benefits information and long-term services and supports. Health systems that choose to partner with aging service providers and behavioral health providers can better reach dual eligible and home-bound populations and link to community-delivered evidence-based services, to ultimately improve care coordination and reduce cost.
- The changing health care landscape is expanding focus on community-based services and care. Aging service and behavioral health providers have a unique opportunity to work with hospital networks, managed care organizations, and other providers and leverage their expertise in community-based care and meeting the needs of older adults.
- Health care is also transforming to better support models of care that coordinate or integrate services across care delivery settings, such as primary care, behavioral health, and aging services. Integrating mental health and substance abuse services with primary care services—and linking them with aging health and social services—may yield the best health outcomes and be the most acceptable and effective approach to serving older adults.

Substance Misuse and Commonly Misused Substances Among People Aged 55 and Older (Also Includes Data on Those Aged 50 and Older)

Source: Drugrehab.us. (n.d.). How to protect your older parent from drug addiction. From http://www.drugrehab.us/news/how-to-protect-older-parent-from-drug-addiction/ (accessed September 1, 2015).

- Older adults are more likely than younger people to experience certain social factors that may contribute to substance misuse: social isolation, a feeling of uselessness after retirement, the loss of a spouse, and depression.

Source: SAMHSA. (2015, September 10). *Results from the 2014 National Survey on Drug Use and Health: Detailed tables.* From http://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs2014/NSDUH-DetTabs2014.htm#tab1-11a (accessed September 16, 2015).

- In 2014, the numbers and percentages of people who used <u>tobacco</u> products during the past month among those aged 50 or older were:
  - 6,823,000 (28.7 percent) of people aged 50 to 54;
  - 5,630,000 (27.0 percent) of people aged 55 to 59;
  - 3,882,000 (22.1 percent) of people aged 60 to 64; and
  - 5,535,000 (12.3 percent) of people aged 65 or older.
- In 2014, the numbers and percentages of people who used and misused <u>alcohol</u> during the past month among those aged 50 or older were:
  - 13,687 ,000 (57.6 percent) of people aged 50 to 54 used alcohol, with 5,516,000 (23.2 percent) binge drinking, and 1,597,000 (6.7 percent) engaging in heavy drinking;
  - 11,430,000 (54.8 percent) of people aged 55 to 59 used alcohol, with 4,237,000 (20.3 percent) binge drinking, and 1,083,000 (5.2 percent) engaging in heavy drinking;
  - 9,192,000 (52.4 percent) of people aged 60 to 64 used alcohol, with 2,373,000 (13.5 percent) binge drinking, and 694,000 (4.0 percent) engaging in heavy drinking; and
  - 19,824,000 (44.1 percent) of people aged 65 or older used alcohol, with 4,016,000 (8.9 percent) binge drinking, and 975,000 (2.2 percent) engaging in heavy drinking.
- In 2014, the numbers and percentages of people who used <u>illicit drugs</u> during the past month among those aged 50 or older were:
  - 1,885,000 (7.9 percent) of people aged 50 to 54;
  - 1,860,000 (8.9 percent) of people aged 55 to 59;
  - 947,000 (5.4 percent) of people aged 60 to 64; and
  - 832,000 (1.9 percent) of people aged 65 or older.
- In 2014, the numbers and percentages of people who used <u>marijuana</u> during the past month among those aged 50 or older were:
  - 1,251,000 (5.3 percent) of people aged 50 to 54;
  - 1,578,000 (7.6 percent) of people aged 55 to 59;
  - 763,000 (4.4 percent) of people aged 60 to 64; and
  - 575,000 (1.3 percent) of people aged 65 or older.
- In 2014, the numbers and percentages of people who engaged in <u>nonmedical use of pain relievers</u> during the past month among those aged 50 or older were:
  - 419,000 (1.8 percent) of people aged 50 to 54;
  - 245,000 (1.2 percent) of people aged 55 to 59;
  - 113,000 (0.6 percent) of people aged 60 to 64; and
  - 153,000 (0.3 percent) of people aged 65 or older.

<u>Substance Use Disorder: People Aged 55 and Older</u>

Source: SAMHSA. (2015, September 10). *Results from the 2014 National Survey on Drug Use and Health: Detailed tables.* From http://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs2014/NSDUH-DetTabs2014.htm#tab1-11a (accessed September 16, 2015).

- In 2014, the numbers and percentages of people who had a substance use disorder (i.e., substance abuse or dependence) during the past year among those aged 50 or older were:
- For illicit drugs:
    - 484,000 (2.0 percent) of people aged 50 to 54;
    - 285,000 (1.4 percent) of people aged 55 to 59;
    - 177,000 (1.0 percent) of people aged 60 to 64; and
    - 161,000 (0.4 percent) of people aged 65 or older.
- For alcohol:
    - 1,441,000 (6.1 percent) of people aged 50 to 54;
    - 1,038,000 (5.0 percent) of people aged 55 to 59;
    - 600,000 (3.4 percent) of people aged 60 to 64; and
    - 978,000 (2.2 percent) of people aged 65 or older.
- For illicit drugs or alcohol:
    - 1,721,000 (7.2 percent) of people aged 50 to 54;
    - 1,234,000 (5.9 percent) of people aged 55 to 59;
    - 726,000 (4.1 percent) of people aged 60 to 64; and
    - 1,114,000 (2.5 percent) of people aged 65 or older.

Substance Use Treatment Among People Aged 55 and Older

Source: SAMHSA. (2015, September 10). *Results from the 2014 National Survey on Drug Use and Health: Detailed tables.* From http://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs2014/NSDUH-DetTabs2014.htm#tab1-11a (accessed September 16, 2015).

- In 2014, the numbers and percentages of people who received substance use treatment during the past year among those aged 50 or older were:
- For illicit drugs:
    - 237,000 (1.0 percent) of people aged 50 to 54;
    - 227,000 (1.1 percent) of people aged 55 to 59;
    - 61,000 (0.3 percent) of people aged 60 to 64; and
    - 101,000 (0.2 percent) of people aged 65 or older.
- For alcohol:
    - 308,000 (1.3 percent) of people aged 50 to 54;
    - 228,000 (1.1 percent) of people aged 55 to 59;
    - 152,000 (0.9 percent) of people aged 60 to 64; and
    - 205,000 (0.5 percent) of people aged 65 or older.
- For illicit drugs and alcohol:
    - 174,000 (0.7 percent) of people aged 50 to 54;
    - 153,000 (0.7 percent) of people aged 55 to 59;
    - 42,000 (0.2 percent) of people aged 60 to 64; and

o   98,000 (0.2 percent) of people aged 65 or older.

Mental Health Problems Among People Aged 55 and Older

Source: SAMHSA. (2015, September 10). *Results from the 2014 National Survey of Drug Use and Health: Mental health detailed tables.* From http://www.samhsa.gov/data/sites/default/files/NSDUH-MHDetTabs2014/NSDUH-MHDetTabs2014.htm (accessed September 16, 2015).

- In 2014, the percentages of people who had any mental illness (AMI)—with percentages for men and women—during the past year among people aged 50 or older were:
    o   18.5 percent of people aged 50 to 54—14.3 percent of men and 22.4 percent of women;
    o   17.0 percent of people aged 55 to 59—12.1 percent of men and 21.7 percent of women;
    o   15.7 percent of people aged 60 to 64—13.6 percent of men and 17.6 percent of women; and
    o   13.0 percent of people aged 65 or older—8.9 percent of men and 16.2 percent of women.
- In 2014, the percentages of people who had serious mental illness (SMI)—with percentages for men and women—during the past year among people aged 50 or older were:
    o   5.6 percent of people aged 50 to 54—4.5 percent of men and 6.6 percent of women;
    o   4.0 percent of people aged 55 to 59—2.8 percent of men and 5.2 percent of women;
    o   2.9 percent of people aged 60 to 64—2.8 percent of men and 3.0 percent of women; and
    o   1.5 percent of people aged 65 or older—1.5 percent of men and 1.4 percent of women.

Common Mental Health Problems (Including Co-Occurring SUD) Among People Aged 55 and Older

Source: Center for Behavioral Health Statistics and Quality. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (HHS Publication No. SMA 15-4927, NSDUH Series H-50).

- Among adults aged 50 or older, 5.2 percent had a past-year major depressive episode (MDE) in 2014.
- Among adults aged 50 or older, 3.5 percent had a past-year MDE with severe impairment in 2014.
- Among adults aged 50 or older, with past-year SUDs, 10.3 percent had co-occurring AMI in the past year in 2014.
- Among adults aged 50 or older, with past-year AMI, 35.6 percent had a co-occurring SUD in the past year in 2014.

Source: Centers for Disease Control and Prevention & National Association of Chronic Disease Directors. (2008). The state of mental health and aging in America—Issue brief 1: What do the data tell us? Atlanta, GA: National Association of Chronic Disease Directors.

- This Issue Brief provides an overview of mental health among older people in the U.S. It cites findings from CDC's Behavioral Risk Factor Surveillance System.
- Because mental health is essential to overall health and well-being, it must be recognized and treated in all Americans, including older adults, with the same urgency as physical health.
- It is estimated that 20 percent of people age 55 years or older experience some type of mental health concern.
- The most common conditions include anxiety, severe cognitive impairment, and mood disorders (such as depression or bipolar disorder)
- Depression is the most prevalent mental health problem among older adults. It is associated with distress and suffering and can lead to impairments in physical, mental, and social functioning.
- Depression often adversely affects the course and complicates the treatment of other chronic diseases. Older adults with depression visit the doctor and emergency room more often, use more medication, incur higher outpatient charges, and stay longer in the hospital.
- Depression is not a normal part of growing older and is treatable in 80 percent of cases.
- Risk factors for late-onset depression included widowhood, physical illness, low educational attainment (less than high school), impaired functional status, and heavy alcohol consumption.
- Anxiety in this age group may be underestimated because older adults are less likely to report psychiatric symptoms and more likely to emphasize physical complaints.
- Adequate social and emotional support is associated with reduced risk of mental illness, physical illness, and mortality.
- Adults age 65 or older were more likely than adults age 50–64 to report that they "rarely" or "never" received the social and emotional support they needed (12.2% compared to 8.1%, respectively).

Source: National Institute of Mental Health. (n.d.). Older adults and mental health. From http://www.nimh.nih.gov/health/topics/older-adults-and-mental-health/index.shtml (accessed September 15, 2015).

- Depression often co-occurs with other serious illnesses, such as heart disease, stroke, diabetes, cancer, and Parkinson's disease. Because many older adults face these illnesses as well as various social and economic difficulties, health care professionals may mistakenly conclude that depression is a normal consequence of these problems— an attitude often shared by patients themselves.
- These factors together contribute to the under-diagnosis and under-treatment of depression in older people. Depression can and should be treated when it co-occurs with other illnesses, for untreated depression can delay recovery from or worsen the outcome of these other illnesses.

Mental Health Treatment Among People Aged 55 and Older

Source: SAMHSA. (2015, September 10). *Results from the 2014 National Survey of Drug Use and Health: Mental health detailed tables.* From http://www.samhsa.gov/data/sites/default/files/NSDUH-MHDetTabs2014/NSDUH-MHDetTabs2014.htm (accessed September 16, 2015).

- In 2014, the percentages of people who received mental health treatment during the past year among people aged 50 or older with various levels of past-year mental health problems were:
- Outpatient Mental Health Treatment/Counseling
  o 23.9 percent of people with AMI;
  o 47.3 percent of people with SMI;
  o 29.0 percent of people with moderate mental illness;
  o 12.4 percent of people with mild mental illness; and
  o 2.9 percent of people with no mental illness.
- Prescription Medication
  o 45.3 percent of people with AMI;
  o 72.9 percent of people with SMI;
  o 53.4 percent of people with moderate mental illness;
  o 30.8 percent of people with mild mental illness; and
  o 7.7 percent of people with no mental illness.

- Yet, 14.3 percent of people aged 50 or older with past-year AMI perceived an unmet need for mental health treatment/counseling in the past year in 2014.
- And, 33.9 percent of people aged 50 or older with past-year AMI perceived an unmet need for mental health treatment/counseling in the past year in 2014.

Special Considerations for Behavioral Health Among People Aged 55 and Older

Medications and Substance Misuse

Source: Drugrehab.us. (n.d.). How to protect your older parent from drug addiction. From http://www.drugrehab.us/news/how-to-protect-older-parent-from-drug-addiction/ (accessed September 1, 2015).

- There are several reasons older Americans are susceptible to substance abuse. One is access to prescriptions. Nearly one-third of prescriptions in the U.S. are written to people over 50.
- Becoming dependent on habit-forming prescriptions is more likely the more they are prescribed.

Source: National Council on Aging, SAMHSA, & the Administration on Aging. (2012). Issue brief #5: Prescription medication misuse and abuse among older adults. From https://www.ncoa.org/resources/issue-brief-5-prescription-medication-misuse-and-abuse-among-older-adults/ (accessed September 17, 2015).

- Problematic prescription medication use by older adults is usually unintentional, and most misused medications are obtained legally through prescriptions. However, unintentional prescription medication misuse can progress to abuse if an older adult continues to use a medication for the desirable effects it provides.
- Older adults are among those most vulnerable to medication misuse and abuse because they use more prescription and over-the-counter (OTC) medications than other age groups.
- They are likely to experience more problems with relatively small amounts of medications because of increased medication sensitivity as well as slower metabolism and elimination.
- Older adults are at high risk for medication misuse due to conditions like pain, sleep disorders/insomnia, and anxiety that commonly occur in this population. They are, therefore, more likely to receive prescriptions for psychoactive medications with misuse and abuse potential, such as opioid analgesics for pain and central nervous system depressants like benzodiazepines for sleep disorders and anxiety. Approximately 25 percent of older adults use prescription psychoactive medications that have a potential to be misused and abused.
- Older adults are more likely to use psychoactive medications for longer periods than younger adults. Longer periods of use increases the risk of misuse and abuse. In addition to concerns regarding misuse of medications alone, the combination of alcohol and medication misuse has been estimated to affect up to 19 percent of older Americans.

Co-occurring Medical Conditions

Source: American Psychological Association. (n.d.). Growing mental and behavioral health concerns facing older Americans. From http://www.apa.org/about/gr/issues/aging/growing-concerns.aspx (accessed September 18, 2015).

- 85 percent of older adults have at least one chronic illness: Almost 50 percent have arthritis, 40 percent have hypertension, 30 percent have heart disease, 12 percent have diabetes, 30 percent have hearing loss, 15 percent cataracts and 10 percent have a stroke.

- Behavior including such habits as poor diet, inactivity, alcohol and tobacco contribute to the onset of chronic illnesses while other behaviors such as medication compliance, a controlled diet and exercise program often assist in the treatment and recovery (or remission) chronic illnesses.

Alcohol Use and Misuse

Source: National Council on Aging, SAMHSA, & the Administration on Aging. (2012). Issue brief #2: Alcohol misuse and abuse prevention. From https://www.ncoa.org/resources/issue-brief-2-alcohol-misuse-and-abuse-prevention/ (accessed September 17, 2015).

- The misuse and abuse of alcohol in older adults present unique challenges for recognizing the problem and determining the most appropriate treatment

interventions.
- Older individuals should not drink any alcohol if they:
    - Are taking certain prescription medications, especially psychoactive prescription medications (e.g., opioid analgesics and benzodiazepines),
    - Have medical conditions that can be made worse by alcohol (e.g., diabetes, heart disease),
    - Are planning to drive a car or engage in other activities requiring alertness and skill,
    - Are recovering from alcohol dependence, should not drink alcohol.

Suicide

Source: Lipari, R., Piscopo, K., Kroutil, L. A., and Miller, G. K. (2015, September). Suicidal thoughts and behaviors among adults: Results from the 2014 National Survey of Drug Use and Health. *NSDUH Data Review*.

- In 2014, 2.7 percent of adults aged 50 or older had serious thoughts of suicide, which represents about 2.9 million adults in this group.
- In 2014, 0.7 percent of adults aged 50 or older had a suicide plan in the past year, which represents about 754,000 adults in this group.
- In 2014, 0.2 percent of adults aged 50 or older attempted suicide in the past year, which represents about 196,000 adults in that population.

Source: National Council on Aging, SAMHSA, & the Administration on Aging. (2012). Issue brief #4: Preventing suicide in older adults. From https://www.ncoa.org/resources/issue-brief-4-preventing-suicide-in-older-adults/ (accessed September 17, 2015).

- There are several important risk factors for suicide in older adults. These include, among others:
    - Depression,
    - Prior suicide attempts,
    - Marked feelings of hopelessness,
    - Co-morbid general medical conditions that significantly limit functioning or life expectancy,
    - Pain and declining role function (e.g., loss of independence or sense of purpose),
    - Social isolation,
    - Family discord or losses,
    - Inflexible personality or marked difficulty adapting to change,
    - Access to lethal means,
    - Alcohol or medication misuse or abuse, and
    - Impulsivity in the context of cognitive impairment.

- Thoughts of death and suicidal ideation are common among older persons who are receiving mental health or substance abuse treatment. Behavioral health providers can take a variety of actions to reduce risk for suicide:
    - Screen for suicidal ideation among older adults receiving mental health or

substance abuse treatment.

- o Increase the effectiveness of behavioral health services by implementing evidence-based practices for depression, tracking outcomes systematically, and taking steps to improve treatment compliance (see Resources: *Treatment of Depression in Older Adults EBP KIT*).
- o Offer assertive help after a suicide attempt and help the older adult explore realistic future perspectives.

SAMHSA and Federal Efforts To Address Behavioral Health Needs of an Aging Population

Source: National Council on Aging. Older Americans Behavioral Health Series. From https://www.ncoa.org/healthy-aging/behavioral-health/older-americans-behavioral-health-series/ (accessed August 31, 2015).

- SAMHSA and the Administration on Aging, in partnership with the National Council on Aging and others, developed a series of Issue Briefs to address behavioral health issues that are important to older Americans. These resources identify actions that can improve the lives of older people.
- The issue brief series focuses on various issues relevant to this population—including suicide, anxiety and depression, prescription drug misuse and abuse, and alcohol abuse. The target audience for the Issue Briefs are the local and State Aging Services Network, behavioral health community, and substance abuse providers.
- A complementary webinar series also covers these topics.

Source: Enomoto, K., Greenlee, K., & Reed, J. (2015, September 8). New resource helps senior centers promote behavioral health and prevent suicide. SAMHSA blog. From http://blog.samhsa.gov/2015/09/08/new-resource-helps-senior-centers-promote-behavioral-health-and-prevent-suicide/#.VfrDKCBViko (accessed September 17, 2015).

- There are more than 11,000 senior centers that offer a wide range of services and supports to help older adults stay mentally and physically healthy and live independently in their communities.

- In order to support the work of these valuable organizations, SAMHSA and the Administration for Community Living are pleased to release *Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Centers*. This resource serves as a companion piece to the SAMHSA publication *Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities*. The toolkit for senior centers includes resources to help senior centers implement three strategies that promote emotional health, recognize and respond to suicide risk, and respond to a suicide attempt or death.

Source: SAMHSA. (2004, May). *As you age…A guide to aging, medications, and alcohol.* From http://store.samhsa.gov/product/As-You-Age-A-Guide-to-Aging-Medicines-and-Alcohol/SMA04-3940 (accessed September 17, 2015).

- This resource warns about the dangers of the elderly misusing alcohol, prescription drugs, and over-the-counter drugs. It describes the signs of misuse and steps that older adults can take to prevent problems and includes a chart for listing all medicines and dietary supplements.

Source: SAMHSA. (2008, July). *Aging, medications, and alcohol.* From http://store.samhsa.gov/product/Aging-Medicines-and-Alcohol/SMA12-3619 (accessed September 17, 2015).

- This resource is designed to increase awareness among older adult consumers about possible problems related to the misuse of alcohol, prescription drugs, or over-the-counter drugs. It lists signs of misuse and suggests actions the elderly can take to avoid or deal with problems.

Source: SAMHSA. (2008). TIP 26: Substance abuse among older adults. From http://store.samhsa.gov/product/TIP-26-Substance-Abuse-Among-Older-Adults/SMA12-3918 (accessed September 8, 2015).

- This resource offers practice guidelines for the identification, screening, assessment, and treatment of the elderly for alcohol abuse and abuse of prescription drugs or over-the-counter drugs. It discusses outcomes and financial, ethical, and legal issues.

Source: SAMHSA. (2003, December). *Linking older adults with medication, alcohol, and mental health resources.* From http://store.samhsa.gov/product/Linking-Older-Adults-With-Medication-Alcohol-and-Mental-Health-Resources/SMA03-3824 (accessed September 17, 2015).

- This toolkit helps service providers for the aging learn more about alcohol and medication misuse and mental health problems in older adults to address these issues more effectively. It provides tools such as a program coordinator's guide, suggested curricula, and handouts.

Source: SAMHSA. (2011, September). *Treatment of depression in older adults evidence-based practices (EBP) kit.* From http://store.samhsa.gov/product/Treatment-of-Depression-in-Older-Adults-Evidence-Based-Practices-EBP-KIT/SMA11-4631CD-DVD (accessed September 17, 2015).

- This kit offers information about an array of evidence-based practices for treatment and services to improve outcomes for older adults with depression, including dysthymia. It considers planning, implementation, and maintenance.

Source: SAMHSA. (2001, December). *Good mental health is ageless.* From http://store.samhsa.gov/product/Good-Mental-Health-is-Ageless/SMA15-3618 (accessed September 17, 2015).

- This resource is designed to increase awareness among older adults about the importance of good mental health. This easy-to-read brochure identifies signs of depression and other emotional problems and suggests steps the elderly can take to overcome these problems.

Source: SAMHSA. (2005, January). *Mentally healthy aging: A report on overcoming stigma for older Americans.* From http://store.samhsa.gov/product/Mentally-Healthy-Aging-A-Report-on-Overcoming-Stigma-for-Older-Americans/SMA05-3988 (accessed September 17, 2015).

- This report discusses the stigma and discrimination against older adults with mental illness. It explores research findings and discusses manifestations of prejudices, barriers to eliminating them, and strategies for overcoming them (including a personal story).

Source: National Council on Aging, SAMHSA, & the Administration on Aging. (2012). Issue brief #1: Aging and behavioral health partnerships in the changing health care environment. From https://www.ncoa.org/resources/issue-brief-1-aging-and-behavioral-health-partnerships-in-the-changing-health-care-environment/ (accessed September 17, 2015).

- This document reviews examples of strong partnerships for addressing behavioral health issues among older adults.

Source: National Council on Aging, SAMHSA, & the Administration on Aging. (2012). Issue brief #2: Alcohol misuse and abuse prevention. From https://www.ncoa.org/resources/issue-brief-2-alcohol-misuse-and-abuse-prevention/ (accessed September 17, 2015).

- This document provides information on and examples of misuse and abuse of alcohol in older adults, as well as information on innovative screening, prevention, intervention, and treatment methods for alcohol and drug misuse among older adults.

Source: National Council on Aging, SAMHSA, & the Administration on Aging. (2012). Issue brief #3: Screening and preventive brief interventions for alcohol and psychoactive medication misuse/abuse. From https://www.ncoa.org/resources/issue-brief-3-screening-and-preventive-brief-interventions-for-alcohol-and-psychoactive-medication-misuseabuse/ (accessed September 17, 2015).

- This document helps health care and social service providers learn strategies to deliver screening and brief interventions for older adults who misuse alcohol and/or psychoactive prescription medications.

Source: National Council on Aging, SAMHSA, & the Administration on Aging. (2012). Issue brief #4: Preventing suicide in older adults. From https://www.ncoa.org/resources/issue-brief-4-preventing-suicide-in-older-adults/ (accessed September 17, 2015).

- This document discusses how health care and social service organizations can prevent suicide in older adults.

Source: National Council on Aging, SAMHSA, & the Administration on Aging. (2012). Issue brief #5: Prescription medication misuse and abuse among older adults. From https://www.ncoa.org/resources/issue-brief-5-prescription-medication-misuse-and-abuse-among-older-adults/ (accessed September 17, 2015).

- This document explores strategies for education, screening, and early interventions for prevention of prescription medication misuse and abuse.

Source: National Council on Aging, SAMHSA, & the Administration on Aging. (2013). Issue brief #6: Depression and anxiety: Screening and intervention. From https://www.ncoa.org/resources/issue-brief-6-depression-and-anxiety-screening-and-intervention/ (accessed September 17, 2015).

- This resource provides information to help health care and social service organizations develop strategies to serve older adults with depression and anxiety.

Source: National Council on Aging, SAMHSA, & the Administration on Aging. (2013). Issue brief #7: Using the RE-AIM implementation framework to improve behavioral health. From https://www.ncoa.org/resources/issue-brief-7-using-the-re-aim-implementation-framework-to-improve-behavioral-health/ (accessed September 17, 2015).

- This document provides information on fostering the adoption of evidence-based behavioral health programs and promising practices by state and local service system leaders and learn essential elements of behavioral health practices that support sustainability of services.

Source: National Council on Aging, SAMHSA, & the Administration on Aging. (2013). Issue brief #8: Integration of behavioral health and physical health care. From https://www.ncoa.org/resources/issue-brief-8-integration-of-behavioral-health-and-physical-health-care/ (accessed September 17, 2015).

- This document presents strategies for primary and behavioral health care providers to integrate care for older adults.

Source: National Council on Aging, SAMHSA, & the Administration on Aging. (2013). Issue brief #9: Financing and sustaining older adult behavioral health and supportive services. From https://www.ncoa.org/resources/issue-brief-9-financing-and-sustaining-older-adult-behavioral-health-and-supportive-services/ (accessed September 17, 2015).

- This resource reviews financing and sustainability strategies for providers of behavioral health and supportive services to older adults.

Source: National Council on Aging, SAMHSA, & the Administration on Aging. (2013). Issue brief #10: Expanding home- and community-based behavioral health services for older adults. From https://www.ncoa.org/resources/issue-brief-10-expanding-home-and-community-based-behavioral-health-services-for-older-adults/ (accessed September 28, 2915).

- This document describes innovative actions that five community organizations have taken to implement behavioral health programming for older adults and provides recommendations to help care providers implement effective behavioral health services.

Source: National Council on Aging, SAMHSA, & the Administration on Aging. (2013). Issue brief #11: Reaching diverse older adult populations and engaging them in prevention services and early interventions. From https://www.ncoa.org/resources/issue-brief-11-reaching-diverse-older-adult-populations-and-engaging-them-in-prevention-services-and-early-interventions/ (accessed September 17, 2015).

- This resource identifies strategies to reach and engage diverse older adult populations in prevention services and early interventions to address behavioral health concerns.

Source: National Council on Aging, SAMHSA, & the Administration on Aging. (2013). Issue brief #12: Caregivers as partners and clients of behavioral health services. From https://www.ncoa.org/resources/issue-brief-12-caregivers-as-partners-and-clients-of-behavioral-health-services/ (accessed September 17, 2015).

- This document explores the behavioral health needs of informal caregivers.

Wellness and Recovery Support Resources for Older People

Source: Centers for Disease Control and Prevention. (2013, July 30). Mental health and aging. From http://www.cdc.gov/aging/mentalhealth/ (accessed September 15, 2015).

- CDC's Healthy Aging Program is dedicated to monitoring the mental health status of the older adult population and connecting public health and aging services professionals with resources they can use to improve the health and quality of life of older Americans.

Source: Centers for Disease Control and Prevention. (2015, May 25). Healthy aging. From http://www.cdc.gov/aging/index.html (accessed September 15, 2015).

- This website offers information and links to resources on health topics for older adults—including alcohol, HIV/AIDS, care giving, depression, mental health, nutrition, physical activities, sexual health, healthy eating, substance misuse, and advance care planning.

Source: Administration on Aging. National Aging Network. From http://www.aoa.acl.gov/AoA_Programs/OAA/Aging_Network/Index.aspx (accessed September 17, 2015).

- The Administration on Aging (AoA) awards funds for nutrition and supportive home and community-based services to the 56 State Units on Aging (SUAs), 629 Area Agencies on Aging, 244 Tribal organizations, and 2 Native Hawaiian organizations.
- In addition, funds are awarded for disease prevention/health promotion services, elder rights programs (long-term care ombudsman program, legal services, and elder abuse prevention efforts), the National Family Caregiver Support Program (NFCSP) and the Native American Caregiver Support Program (NACSP).

Source: Administration on Aging. Supportive Services and Senior Centers Program. From http://www.aoa.acl.gov/AoA_Programs/HCLTC/supportive_services/index.aspx (accessed September 17, 2015).

- Home and Community-Based Supportive Services, established in 1973, provides grants to States and Territories using a formula based primarily on their share of the national population aged 60 and over. The grants fund a broad array of services that enable seniors to remain in their homes for as long as possible. These services include but are not limited to:

- o Access services such as transportation, case management, and information and assistance;
  - o In-home services such as personal care, chore, and homemaker assistance; and
  - o Community services such as legal services, mental health services, and adult day care.
- This program also funds multi-purpose senior centers that coordinate and integrate services for the older adults such as congregate meals, community education, health screening, exercise/health promotion programs and transportation.

Source: National Institutes of Health. (2015, April). NIH senior health. From http://nihseniorhealth.gov/ (accessed September 17, 2015).

- This website provides links to health and wellness information for older adults.

Source: National Council on Aging. (n.d.). Healthy aging. From https://www.ncoa.org/healthy-aging/ (accessed September 17, 2015).

- This site provides older people with health promotion and disease prevention information.

Treatment and Recovery Approaches for Older People and Their Families

Source: SAMHSA. (2008). TIP 26: Substance abuse among older adults. From http://store.samhsa.gov/product/TIP-26-Substance-Abuse-Among-Older-Adults/SMA12-3918 (accessed September 8, 2015).

- This document recommends incorporating the following features into treatment:
  - o Age-specific group treatment that is supportive and nonconfrontational and aims to build or rebuild the patient's self-esteem
  - o A focus on coping with depression, loneliness, and loss (e.g., death of a spouse, retirement)
  - o A focus on rebuilding the client's social support network
  - o A pace and content of treatment appropriate for the older person
  - o Staff members who are interested and experienced in working with older adults
  - o Linkages with medical services, services for the aging, and institutional settings for referral into and out of treatment, as well as case management.
- Building from these six features, treatment programs should adhere to the following principles:
  - o Treat older people in age-specific settings where feasible
  - o Create a culture of respect for older clients
  - o Take a broad, holistic approach to treatment that emphasizes age-specific psychological, social, and health problems
  - o Keep the treatment program flexible
  - o Adapt treatment as needed in response to clients' gender.
- The following are recommended general approaches for effective treatment of older

adults with SUDs:
- o Cognitive-behavioral approaches
- o Group-based approaches
- o Individual counseling
- o Medical/psychiatric approaches
- o Marital and family involvement/family therapy
- o Case management/community-linked services and outreach.
- It is important to recognize barriers to treatment in the older population, including:
  - o Lack of financial resources or insurance coverage
  - o Stigma, shame, or denial
  - o Transportation problems, especially in rural communities
  - o Shrinking social support network
  - o Time (owing to care giving commitments)
  - o Lack of expertise for addressing the concerns of older adults among treatment programs

Source: SAMHSA. (2011, September). *Treatment of depression in older adults evidence-based practices (EBP) kit*.   From http://store.samhsa.gov/product/Treatment-of-Depression-in-Older-Adults-Evidence-Based-Practices-EBP-KIT/SMA11-4631CD-DVD (accessed September 17, 2015).

Evidence-based practices for older adults with depression include:

- Psychotherapy Interventions Cognitive Behavioral Therapy
  - o Behavioral Therapy
  - o Problem Solving Treatment
  - o Interpersonal Psychotherapy
  - o Reminiscence Therapy
  - o Cognitive Bibliotherapy
  - o Antidepressant Medications
- Multidisciplinary Geriatric Mental Health Outreach Services
- Collaborative and Integrated Mental and Physical Health Care

Source: American Society on Aging. From http://www.asaging.org/ (accessed September 18, 2015).

- This website provides information on a range of topics of interest to professionals who serve older people, including mental health, wellness, health care, and legal issues.

Source: Administration on Aging. National Family Caregiver Support Program. From http://www.aoa.acl.gov/AoA_Programs/HCLTC/Caregiver/ (accessed September 18, 2015).

- The National Family Caregiver Support Program (NFCSP), established in 2000, provides grants to States and Territories, based on their share of the population aged 70 and over, to fund a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible.
- The NFCSP offers a range of services to support family caregivers. Under this program, States shall provide five types of services:

- o information to caregivers about available services,
- o assistance to caregivers in gaining access to the services,
- o individual counseling, organization of support groups, and caregiver training,
- o respite care, and
- o supplemental services, on a limited basis.
- These services work in conjunction with other State and Community-Based Services to provide a coordinated set of supports. Studies have shown that these services can reduce caregiver depression, anxiety, and stress and enable them to provide care longer, thereby avoiding or delaying the need for costly institutional care.

Source: Botek, A. M. (n.d.). 3 strategies for boosting a senior's self-esteem. AgeCare.com. From https://www.agingcare.com/Articles/strategies-boost-seniors-self-esteem-174446.htm (accessed September 18, 2015).

There are a few ways older individuals can cultivate healthier levels of self-esteem:

1. Seek out social connection: Regardless of age, individuals who have supportive, loving relationships with friends and family consistently report higher self-esteem and overall happiness.
2. Promote feelings of independence: One possible cause for self-esteem dips in aging adults is the loss of independence due to physical and cognitive decline. This is played out in the conflicts created by conversations of whether an elderly loved one should still be driving, or if they can still safely live on their own.
3. Cope with life changes by finding support: Human beings are social creatures by nature, and we connect with each other by telling stories and sharing experiences. Communities and groups aimed at supporting members through various life transitions—from becoming an empty-nester to dealing with a loved one's death—are good resources for handling these events in a healthy way.

Source: SAMHSA. (2014, October 9). Recovery and recovery support. From http://www.samhsa.gov/recovery (accessed September 8, 2015).

- This website describes how recovery-oriented care and recovery support systems help people with mental and/or substance use disorders manage their conditions successfully.

Source: Lee, J. (2015, June 16). 7 characteristics of effective addiction treatment for older adults and seniors. ChooseHelp.com. From http://www.choosehelp.com/topics/rehab-older-adults/effective-addiction-treatment-for-older-adults-seniors (accessed September 18, 2015).

- Effective addiction treatment for older adults should:
  - o Be supportive and non-confrontational
  - o Link with other health and social services
  - o Focus on the social and psychological needs of older adults (loneliness, loss, depression)
  - o Focus on rebuilding social support networks
  - o Teaching speed and content should be matched to an older audience

- The program and staff need to offer respect
- Program duration should be individualized and flexible

Source: Medicare Matters. (2015, May 4). Mental illness is not a "normal" part of aging. From https://www.mymedicarematters.org/2015/05/mental-illness-is-not-a-normal-part-of-aging/ (accessed September 18, 2015).

- This site offers advice to older adults about seeking treatment for depression or anxiety.

Source: Reardon, C. (2012, January/February). The changing face of older adult substance abuse. *Social Work Today, 12*(1), 8. From http://www.socialworktoday.com/archive/012312p8.shtml (accessed September 28, 2015).

- Some SUD treatment providers have recognized the differences between baby boomers and their older counterparts and have tailored services for each group.
- For baby boomers, these programs provide "vibrancy" by giving clients ample opportunities for activities and physical exercise. Group sessions focus on boomers' concerns, including sex and intimacy, "sandwich" generation responsibilities, and issues at work.
- Clients born during the Great Depression or World War II are more likely to readily accept therapists' recommendations about the course of treatment, while boomers are more likely to ask questions and demand explanations for treatment decisions.

Source: National Council on Aging. (n.d.). Senior center facts. From https://www.ncoa.org/news/resources-for-reporters/get-the-facts/senior-center-facts/ (accessed September 18, 2015).

- Recognized by the Older Americans Act (OAA) as a community focal point, senior centers have become one of the most widely used services among America's older adults. Today, 11,400 senior centers serve more than 1 million older adults every day.
- Senior centers serve as a gateway to the nation's aging network—connecting older adults to vital community services that can help them stay healthy and independent.
- Senior centers offer a wide variety of programs and services, including:
  - Meal and nutrition programs
  - Information and assistance
  - Health, fitness, and wellness programs
  - Transportation services
  - Public benefits counseling
  - Employment assistance
  - Volunteer and civic engagement opportunities
  - Social and recreational activities
  - Educational and arts programs
  - Intergenerational programs

A link check was run on all the external websites listed in the discussion guide to identify and fix any broken links as of 10/20/15. However, we acknowledge that URLs change frequently and may require ongoing link checks for accuracy. Last updated: 10/20/15.