

Program Design Recommendations and Treatment Strategies with Older Men

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Breaking the Rules and Proud of It!

- Participating in the rule breaker club – engaging in politically incorrect behavior
- The challenge to be taken seriously
 - Living with the ribbings of colleagues and friends
 - Books addressing the enlightened/informed man are predicted not to sell
- Accused of overlooking or belittling the greater challenges confronted by women

**Getting men on the agenda -
Because it is the right thing to do**

Why? Although boomer men were predicted to change the order of things, men continue to die 6-7 years sooner than women. Because we don't respect our bodies and minds and don't seek help when we need it most.

An unspoken *Death Wish* prevails in the mind set of too many men – regardless of color, age, national origin, ethnicity, socio-demographic status, or sexual preference.
Our poor help-seeking practices are killing us.

Try to Imagine . . .

- A man willingly asking for directions when he has no idea in the world where he is
- A man reminding his physician for a digital examination of his prostate
- A man breaking down in tears because of a friend's or colleague's misfortune
- The Marlboro man in therapy

Images that remain stranger than fiction

An Uphill Battle...

“They wash their hair with soap, they drink VO,
it’s what men do”

(Former Seagram’s advertising campaign)

The Challenge Before Us

- Men are 25% less likely than women to have visited a doctor within the past year
- Men are 38% more likely than women to have neglected having regular cholesterol tests
- Men are less likely than women to be screened regularly for high blood pressure, cholesterol, and cancers BUT 1.5 times more likely than women to die from heart disease, cancer, and chronic lower respiratory disease

And There is More Bad News

- Seven out of 10 Americans who haven’t visited a doctor in the last 5 years are men
- Men seek help less often than women for cocaine use, alcohol use, psychiatric illness, and physical problems
- Two thirds of mental health out-patient visits are made by women
- Men of color have experienced limited access to health care throughout their lives placing them at elevated risk. Older African American men have higher rates of chronic illness than their white counterparts and are also more likely to receive inadequate treatment for their medical conditions
- Older men are more likely than older women to utilize higher cost hospital services and outpatient surgery while older women are more likely to visit their primary care physician and utilize home-based services

The Fact Is

- Men endorse more negative attitudes toward help seeking than do women
- Men are less inclined than are women to seek help when they need it
- Men especially forego the benefits of preventative care
- Men lack awareness of health and social services that are available

Combine that with the Fact that

Practitioners are often not cognizant of their own potential biases and expectations concerning men

A Recipe for Failure!

Barriers to Help Seeking by Men

- Based on the Barriers to Help Seeking Scale (BHSS)
 - Need for control and self-reliance
 - Minimizing problem and resignation
 - Concrete barriers and distrust of caregivers
 - Privacy
 - Emotional control

Challenges to Serving This Population

- Stiff upper lip mentality
 - May be a changing dynamic given the characteristics of the baby boomer generation
- Fear of losing independence, power, and control
 - Threats to masculinity
 - Danger of loss of autonomy
- Educating/reaching men who are isolated or not familiar to the human services sector
 - They won't come to us, we must go to them!

Challenges to Serving This Population

- Distinguishing between physical or somatic presentation of symptoms and emotional/psychological underpinnings
- Physical complaints presented by male patients often have mental health correlates that require attention. Case in point: is the close relationship that exists between depression, alcoholism, stress and physical decline

Reversing Life Long Behaviors

- Depending on their particular circumstances and inclinations, resistance to asking for help may have kept men from taking advantage of needed healthcare services throughout their adult lives
- Critical for health care providers to understand the unique experiences and concerns of men. Men may have different personal perspectives surrounding life course milestones and role transitions when compared to women

What to Call the Phenomenon?

- Normative male alexithymia (“without words for emotions”)
- Male gender role conflict
- Traditional masculine behavior
- Traditional hegemonic masculinity
- The “disquiet” in men
- The masculine mystique

Past Strategies of Engaging Men

- A “do nothing” strategy – opening a clinic and waiting for men to show up
- Female model – programs for men modeled on programs that have attracted women
- Macho modeling – sending messages that participation is a sign of “being a man”
- Male oppression strategy – based on the assumption that men are as oppressed as women

Strategies for Facilitating Help Seeking by Men

- Start early – educate men at a younger age on ways they can be healthier
- Encourage more positive media imaging of men’s health
- Change the message sent about counseling and psychotherapy
- Try to have other males be available to talk to in health and human service agencies
- Gear more services toward men’s special needs
- Create more social networking opportunities for men – men’s groups, men’s nights, etc.
- Engage men in familiar, non-threatening venues

The Communication of Symptoms

- Men disclose symptoms at later stages of disease when more intense treatments are needed
- Gender differences in the portrayal of medical symptoms may impact diagnosis and treatment regimens
 - Men use fact-based/straightforward language and present fewer risks
 - Women use emotional/and dramatic language and present more risks
- More aggressive treatments may be attached to fact-based symptom description
- Practitioners need to be aware of the relationship between symptom presentation and clinical response

Don't Dismiss the Rural Factor

- Help seeking behavior of men is impacted by rural-urban status
 - Rural men adhere more to agrarian values that emphasize stoicism
 - Rural men use family and friends as first line of defense
 - Rural men prefer local, community-based services to formal, institutional care

Using Community-based Programs and Customized Outreach

- Innovative, nontraditional outreach essential for reaching men – indigenous outlets targeted
- Use naturally-occurring intersections for reaching out (local bars, sporting events, fraternal organizations, neighborhood groups, etc.)
- Practitioners advised to focus on addressing the attitudes, behaviors, beliefs and cultural barriers that prevent men from seeking help and/or optimizing the use of healthcare information

Gender Sensitive Agency Screening Processes

- Include explicit consideration of men's areas of vulnerability
- Explore potentially important transitions in a man's life in anticipation of role changes that accompany the aging process

Individual Therapy with Men

- Avoid reflective, feeling-centered questions
- Emphasize opportunities for goal setting
- Remember that in the therapeutic relationship, women often value “caring” and “understanding” while men value:
 - Independence
 - Respect

Individual Therapy: Promising Models

- Identifying times when difficulties were not present or much less serious
- Models focusing on redefining and re-writing the life “script”
- Life review and narrative therapies
 - Point of view questions: How others may view your actions or story
 - Contexts that are not a part of the problem situation story
- Using solution-focused therapy

Men-Friendly Styles of Therapy

- Gather information initially – avoid stereotyping
- Listen and show respect
- Make your office masculine congruent or gender-neutral
- Make office exteriors anonymous
- Confirm your credibility
- Use language carefully – focus on instrumental terms
- Play to men’s communication style as storytellers
- Engage in action-oriented exchanges and therapies
- Educate men to the therapeutic process
- Teach men how to identify and discuss their emotions
- Be patient and gain permission

Therapeutic Strategies to Consider – Matching the Client to the Service

- Make the terminology you use to describe therapy more palatable to men
 - “Consultation” rather than “therapy”
 - “Self-help”, “achievement” and “problem solving” rather than “emotional growth” and “insight” into self development and personal emotions
 - “Skills building” rather than “personal development”
 - “Classes”, “workshops” and “seminars” rather than “personal counseling”

Principles of Practice with Men in Groups

- Emphasize educational versus therapeutic themes
- Focus on task performance and goal setting
- Adhere to a more structured process
- Incorporate opportunities for expression of emotion that are more ritualized and non-threatening
- Emphasize individual problem-solving or assisting other group members with problem solving
- Facilitate the adaptation process that comes hand in hand with declining health and the presence of chronic disease

Making Support Groups More Attractive to Men

- Group structure
 - Co-leadership has its advantages – allows participation by at least one male facilitator and separate responsibility for information provision vs. group dynamics management
- Group sponsorship
 - Highly regarded organizations
 - Neutral or focused on services/products attractive to men
- Meeting time
 - Evening hours for working men or those who can get respite only at night; daylight hours for retirees
- Group location
 - Central, easily accessible, non-stigmatizing, gender neutral
- Group size
 - Depends on group's purpose
 - 8-20 members most common
 - Larger numbers for informational groups; smaller numbers for emotional support type groups

Making Support Groups More Attractive to Men

- Group format
 - Emphasize provision of practical information and problem solving
 - Include personal sharing, mutual support, and socializing as secondary components
- Group meeting content
 - Practical information -> skill development -> emotional and social issues
- Marketing the group
 - Market at a professional level stressing expert advice and provision of concrete information
 - Use gender-neutral language
 - Emphasize benefits (community resources, legal and financial information, expert speakers)
 - Include men in the marketing message
 - Use a credible male spokesperson
 - Have male group members recruit other men

Home vs. Congregate-Based Interventions?

- Advantages of congregate-based approaches:
 - Allows greater anonymity for the client
- Advantages of home-based or community-based approaches:
 - Doesn't require as much effort on behalf of the client
 - Gives the man the "home turf" advantage

Your Greatest Allies – Family and Friends

- Reaching men through their informal natural helping networks
 - Men are more likely to obtain health care information from trusted friends/relatives
 - Men have strong and enduring relationships with their "fraternity" of workplace, drinking, and sports buddies
 - Informal supports can serve as health care mediators
 - Important to accommodate family members who accompany men to appointments

Promising Developments

- Periodic campaigns encouraging men to take preventive steps in their health care
- Specialized health services and self help groups for men increasing in number
- Increase in public, not-for-profit, and commercial initiatives focusing on men's issues

Being a real man means taking care of yourself

- The leading causes of death among older men, in some cases, are preventable, if not significantly forestalled, given timely access to quality health care
- The top three causes of death for white, African American, Asian and Pacific Islander, and Hispanic older men are, in rank order, heart disease, cancer and stroke

We Just 'Don't Get It'

- Health and human service professionals who 'get it' need to radically alter the manner of their practice if they are to serve men successfully
- To maximize objectivity, clinical interventions need to be informed by sound research and augmented by the accumulation of professional experiences of working with older men
- Those men who 'get it' need to be recruited to role model healthy behaviors for others

Sad But True!

Marketing and sales personnel in the average auto dealership or retail clothing store are more in touch with the male psyche and responding to the needs of the average man than the lion's share of helping professionals

Because it is the right thing to do!

Getting men on the
research and practice agenda
of the helping professions

Thank you.
