CHAPTER 6 ADVISING THE OLDER ADULT ABOUT TRANSITIONING FROM DRIVING

KEY POINTS

- Driving decline happens slowly, so older adults and family members may have already adapted and adjusted to minimize driving risks.
- Health care providers should proactively/annually screen frail older adults for driving safety to establish a pattern over time.
- Health professionals are encouraged to have a transportation planning discussion before an older adult is facing imminent loss of the privilege to drive.
- When an older adult is unsafe to drive, he or she and their caregivers should review the assessment and conclusions and discuss alternative transportation options; this should be documented in the older adult's health record.
- If an older adult who is unsafe to drive continues driving, caregiver responsibility and intervention (when available) is important to document. A "do not drive" prescription may be provided to the older driver and, if appropriate, the caregiver. Clinicians should also be aware of their state mandatory reporting laws and process to report unsafe drivers to the licensing authority, if permissible under state guidelines.
- Ideally, clinicians will know referral sources (gerontological care managers, social workers, driving rehabilitation specialists, and local Agencies on Aging) in the community that can provide accessible/affordable mobility counseling and information on local transportation alternatives, with the goal to make transportation opportunities available for all.
- All clinicians must "emphasize the need for counseling to be personalized. Older drivers vary in their openness to discussing driving and their preferences for when and with whom to have such conversations."[1]

You continue to provide care for **Mr. Phillips'** *chronic conditions and follow up on his driving safety. Mr. Phillips has gradually decreased his driving over the years. Three years later, Mr. Phillips has a right middle cerebral artery stroke and deficits of left-sided weakness and hemispatial inattention. His health has declined to the extent that you now believe it is no longer safe for him to drive, and you advise him that it is time to stop driving completely. You also feel that because of the fixed nature of his deficits (longer than 6 months since the event), driver rehabilitation is unlikely to improve his driving safety. Mr. Phillips replies, "We've talked about this before, and I figured it was coming sooner or later." He believes that rides from family, friends, and the senior citizen shuttle in his community will be adequate for his transportation needs, and he plans to give his car to his granddaughter.*

Mrs. Bales *was able to reduce her narcotic pain medication use with increased physical therapy and topical anti-inflammatory medication. She also stopped her alcohol use, helping her to continue driving for another 2 years. However, her early macular degeneration began to progress rapidly and is now considered severe.*

For most of us, driving is a symbol of independence and a source of self-esteem. When we retire from driving, we lose not only a form of transportation but also all the emotional and social benefits derived from driving. In primary preventive care, the transition to cessation of driving may be discussed as part of Medicare Preventative Services in the Medicare Wellness Visit. The Medicare Learning Network (detailed on https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html [accessed April 2019]) provides educational products and information to proactively address health conditions that may adversely affect driving ability.

Advance planning for driving cessation ideally will be reviewed along with other standard instrumental activities of daily living in primary prevention. In secondary prevention, referral to the clinical team can assist with anticipation of and preparation for driving cessation,[2] rather than responding abruptly in an acute need. It is strongly recommended that older adults explore and utilize a variety of local alternative transportation options well in advance of need so that if/when the time comes that they do need to rely on other transportation options, they have experience and realistic expectations already in place.

For various reasons, clinical team members may be reluctant to discuss driving cessation with older adults. Clinicians may fear delivering bad news or be concerned that the older adult will lose mobility and all its benefits. Clinicians may also avoid discussions of driving altogether, because they believe that an individual will not heed their advice or become angry. Clinicians may be concerned about losing an individual to another practice.

These concerns are all valid. However, clinical team members have an ethical and, in some states, a legal responsibility to protect the safety of the older adult, as well as that of the public, through assessing driving-related functions, exploring medical and rehabilitation options to improve driving safety, and when all other options have been exhausted, providing recommendations for restriction or cessation of driving. Within the clinical team, primary clinicians are often considered key for driver licensing and assessment referral. In tertiary preventive care, when it is clear to the clinical team that an older adult driver must stop driving, the team must manage such challenging cases, including encouraging the older adult driver to involve caregivers in creating a transportation plan and obtaining the older adult driver's permission when involving his or her support system.

USEFUL STEPS IN COUNSELING OLDER ADULTS TO STOP DRIVING

Begin with the Older Adult's Perspective

An initial assessment of the older adult's perception of his or her driving ability often directly influences the process in which a person redefines not only personal mobility but also public risk. Reviewing the self-perceived driving skills of the older adult is critical in any discussion regarding driving cessation. Clinicians and caregivers must acknowledge that their goals may be very different from those of the older adult. In addition, within this later stage of life, "individuals vary in their functional abilities, lifestyle, personal resources, and attitudes."[3] Driving cessation stress often directly creates an identity change, challenging how one thinks of himself or herself, not as a driver, but as an "old person."[4] Older adults' self-assessments suggest they may over-estimate personal driving competences. Longstanding character appraisal may bias older adults toward objectively acknowledging their safety risk.[5] The older adult's individual insight, self-determination, confidence, autonomy, and

relatedness to social activity require understanding by the clinical team.

Utilize Clinical Practice Tool: Assessment of Readiness for Mobility Transition (ARMT)

Consider the ARMT, for use by social service, health, and transportation professionals when assessing older clients and intervening to promote individualized planning. The ARMT is based on multiphase, qualitative-quantitative research effort to identify and measure key individual differences that define the construct of readiness[6] to discontinue driving. In addition, the ARMT may assist in the identification of health changes in the older adult and individualize the driving retirement discussion[7] (detailed on www.umsl.edu/mtci/PDFs/ARMT%20Manual%208-11.pdf [accessed April 2019]).

Assess Family/Caregiver Readiness for Mobility Transition

Whenever available, there is no substitute for critical caregiver support in developing plans for driving cessation. It is important early on to determine whether the older adult has any caregivers who can support this transition. Of note, if the primary care provider recommends an older adult retire from driving, the older adult often takes this advice.[8] For a planned transition from driving by the clinical team to be successful, caregiver buy-in to a unified position and support is critical. It is very difficult to successfully counsel older adults to stop driving if their caregivers wish them to continue operating a motor vehicle or disagree among themselves.

Remember that an involved caregiver, if present, is the one constant and consistent member of the "team." Education of caregivers may increase informed decision-making and prevent plan-of-care errors.[9] When no caregiver support is available, it is very important to engage local resources through community agencies such as Area Agencies on Aging to provide additional services.

Utilize a Clinical Team

Clinical teams require skill sets, assessment instruments, and an appreciation of age-related driving retirement challenges. Because driving cessation involves so many aspects of the older adult's coping style and physical and mental health, the availability of social support and a clinical team sensitive to age-related mobility change is critical to address multiple needs and direct an intervention plan.[10]

Develop Clinical Team Communication

Clinical teams concur that concise communication is both fundamental and one of the most challenging aspects of good care during a transition process. Cultural heritage must be acknowledged and respected in decision-making, because a lack of understanding may prevent the older adult from requesting clarification. Older adults with compromised health literacy may agree with the clinician in an effort to maintain their dignity, even when they do not fully understand medical terminology.[11]

Explain the Importance of Driving Cessation

If the older adult driver has undergone the CADReS toolbox assessments (see Chapters 3 and 4) or assessment by a driver rehabilitation specialist, results in simple language should be provided to the older adult driver and his or her caregivers to share and discuss. Results must be clearly explained, including the intended needs of the older adult and what the findings indicate about the older adult driver's level of function and why this function is important for driving. The potential risks of driving should be stated, ending with the recommendation that the older adult stop driving.

This might be a good time to discuss the older adult driver's thoughts or feelings, especially if he or she were to cause a vehicle crash. If the older adult should not drive, the clinical team might discuss issues related to injury, public safety, and/or financial liability. This discussion should be put in writing with copies given to the older adult driver. If the older driver lacks decision-making capacity, a copy must be given to a family member or caregiver.

> **"Mrs. Bales,** *the results of your eye exam show that your vision isn't as good as it used to be. Good vision is important for driving because you need to be able to see the road, other cars, pedestrians, bicyclists, and traffic signs. With your vision becoming severely impaired, I'm concerned you'll be in a car crash. Because your visual deficits from your macular degeneration cannot be corrected to a level safe for driving, for your own safety and the safety of others, it's time for you to retire from driving. In addition, there are legal requirements for vision that, unfortunately, you no longer meet."*

Older adult drivers may become upset or angry at the clinical team's recommendation to curtail driving. These feelings must be acknowledged, and although clinicians should be sensitive to the practical and emotional implications of driving cessation, it is necessary to remain firm with the recommendation. Engaging in disputes or long explanations should be avoided. Instead, the focus must be on making certain that the older adult understands the recommendation and that it was made for his or her safety. If the older adult driver is mentally competent and willing to allow a caregiver to be present at the visit, this may be helpful when communicating this sensitive information. All discussions should be documented in the health record. It is critical for the clinical team to reinforce, reinterpret, and follow up with the older adult driver and caregiver during this transition with the goal to think of a new framework for independence and needs at this stage of life.

Consider Dignified Approaches

Caregivers who know the older adult may identify outside factors to retire from driving, such as creating a written pro and con list allowing the older adult to see and recognize the facts. Also, putting the focus on the older adult helping another family member (child, grandchild) who needs a car more than he or she does, may help. In addition, comparing the annual car-related cost (insurance, car maintenance) with alternative modes of transportation may be a more dignified reason to stop owning a car.

Proactive Transportation Planning

It's important to encourage older adult drivers to begin to think about what to expect when their driving abilities begin to decline and to let them know that many people make the decision to restrict or stop driving when safety becomes a concern. Older adults are encouraged to take control of their future by creating a transportation plan and discussing with their family or caregivers if possible. If the individual does not have the cognitive capability for these tasks, see the section on those who lack decision-making capacity later in this chapter. As with all late life planning, preparation before the event of need, creating a driving cessation plan with transitional strategies, is necessary.

Discuss Transportation Options

Once driving cessation has been recommended, possible transportation alternatives need to be explored and discussed with the older adult. "A conditional concern is the general lack of awareness about alternative transportation options such as van

services"[12] often operated by community agencies to make transportation affordable.

Providing the older adult with resources to explore options (e.g., handouts in Appendix B) will help empower him or her to formulate a personal plan for transportation. Special mention is made of The Hartford's (The Hartford Center for Mature Market Excellence) educational guidebooks: We Need to Talk: Family Conversations with Older Drivers (https://s0.hfdstatic.com/sites/the_hartford/files/we-need-to-talk.pdf), At the Crossroads: Family Conversations about Alzheimer's Disease, Dementia & Driving (https://s0.hfdstatic.com/sites/the_hartford/files/cmme-crossroads.pdf), and You and Your Car: A Guide to Driving Wellness (http://hartfordauto.thehartford.com/UI/Downloads/You_and_Your_Car.pdf)[all accessed April 2019]).[13] Using alternative transportation options, such as buses, trains, cabs, ride-hailing services, or even walking, offers older adults independence from having to rely on others.

A discussion of driving alternatives can begin by asking if the older adult has made plans to stop driving or how he or she currently finds rides when driving is not an option. Alternative transportation methods (Table 6.1) should be explored, as well as any barriers the older adult foresees (e.g., financial constraints, limited service and destinations, required physical skills for accessibility, rural community, living out of the mainstream). Discussing the economic impact of owning and maintaining a vehicle may be an important detail for the older adult. The funds currently used toward owning a vehicle will be available for alternative transportation options.

The older adult may need assistance to develop a transportation plan that identifies his or her most feasible transportation options, because certain cognitive and physical skills are often necessary to safely use common transportation alternatives, such as the bus. The importance of planning for social activities, which contribute to quality of life, should be stressed. Helpful resources addressing transportation include Area Agency on Aging and/or the Alzheimer's Association. For information on local resources such as taxis, ride-hailing services, public transportation services, and senior-specific transportation services, contact The Eldercare Locator (1-800-677-1116, www.eldercare.gov/ [accessed April 2019]; be prepared to provide the relevant city and state) which can provide connections to senior services nationwide. This might be a good time to refer to clinical teams, including a social worker, occupational therapist, nurse, or a gerontologic care manager. The team may be aware of alternative modes of transportation and/or may deal with the older adult's feelings of social isolation or depression.

Older adults should be encouraged to involve caregivers and supportive friends and to form a social network in creating a transportation plan. The older adult's permission should always be obtained when involving others, who would be encouraged to offer rides and formulate a weekly schedule for running errands. However, the older adult must be included when caregivers are also included in the discussion. Help in arranging for delivery of prescriptions, newspapers, groceries, and other services may also be considered (see Table 6.2).

Reinforce Driving Cessation

Although the message to cease driving is essential for ensuring the older adult's safety, this approach also places a significant demand on the adult to change his or her current behavior. Therefore, the clinical team will need to ensure the older adult understands the reasons (legal, health, and safety) for the driving cessation recommendation. In many

cases, older adults may become argumentative or emotional during the office visit. They may not fully comprehend the recommendations or remember all the information provided, partly due to the emotions of tension and fear when anyone receives negative feedback.

The following strategies may reinforce patient education:

- Make open-ended statements, such as "Please share with me your concerns regarding the assessment and recommendations." Alternatively, "What worries you the most about not driving?" Reassure the older adult that you and the clinical team are available if he or she has questions or needs further assistance.
- Use a teach-back technique by requesting the older adult to repeat why he or she must not drive. Reinforce that this recommendation is for his or her personal safety and the safety of others on the road and may optimally reduce the amount of stress and energy to drive.
- The older adult driver may benefit from visual reinforcement of a prescription with the words "Do Not Drive." Ensuring that the older adult understands why he or she is receiving this prescription may help avoid feelings of anxiety or anger. See Table 6.3 for further reinforcement tips. This can also be helpful for the family or care providers so that they can be seen as supporters of the older adult rather than as the one telling them they cannot drive, especially if there are memory issues.
- Send the older adult a letter that recommends driving cessation (see Table 6.6 for a template). Place a copy of this letter in the health record as both documentation and another visual tool for reinforcement. The letter should be written in simple language to ensure the older adult understands the clinical team's recommendation.
- The clinical team must understand each state's reporting requirements and explain this requirement to the older adult driver and caregivers (see Chapters 7 and 8 for more details). State regulations, in the case of mandatory reporting laws, dictate that older adult drivers and possibly by proxy, their caregivers) must inform the local state licensing agency of medical conditions that could affect the older adult's safe operation of a vehicle. The older adult should be informed that the state licensing agency will follow up and advised about what to expect as part of this evaluation (i.e., a review of the driving record, a medical statement, potential on-road testing).
- In states with voluntary laws, a referral to the licensing agency could still be appropriate, and older adults may be informed that unsafe/non-compliant actions will be reported if they drive against medical advice (detailed in Chapter 7, Ethical and Legal Issues).
- Help facilitate caregiver assistance in encouraging driving cessation, and if necessary, encourage the older adult to self-report his or her impairment to the state licensing agency. It may be helpful to enlist other trusted allies, such as clergy, friends, or the family attorney.

Follow-Up with the Older Adult

At the older adult's follow-up appointment, for completeness, assess:

- The older adult's ability to comply with the driving cessation recommendation,
- Transportation resources the older adult identified and has or has not used, evaluating the viability of the chosen options,
- Signs of isolation or depression.

The assessment begins by asking the older adult how he or she got to the appointment that day.

This will help determine whether the older adult has been able to plan for and schedule transportation to and from necessary appointments. Ensure that the older adult has secured reliable and sufficient transportation resources to meet his or her needs.

Utilize the clinical team; refer to a social worker or gerontologic care manager.

Clinician: I'm pleased to see you for your follow-up appointment today. How were you able to get to the office?

Mrs. Bales: *Oh, my son dropped me off.*

Clinician: I see. Has he been driving you lately?

Mrs. Bales: Yes, ever since I stopped driving, he and his wife have been taking me where I need to go. He's going to pick me up in 15 minutes.

Clinician: How has that been working for you?

Mrs. Bales: It's worked quite well.

Clinician: I have a prescription for you to refill your medicines after our appointment. Will your son be able to take you to the pharmacy?

Mrs. Bales: Yes, that won't be a problem.

Clinician: It's wonderful that your son and daughter-in-law are a reliable source of rides for you. What do you do when they are unable to drive you where you need to go?

Mrs. Bales: I am stuck at home.

Clinician: I understand how that can be frustrating. Here is a list of some programs in our area, which are ride services, like a taxi, and your son can help you choose which one might work the best for you so you can call for a ride anytime you want.

Anguish and rumination regarding driving cessation may persist for months, resulting in a prolonged negative impact on the relationship between the older adult and family caregivers. Clinicians provide a valuable service to communicate delicately with the family caregivers the essential need to maintain a supportive connection, especially during this period with the retired driver and anticipate feelings of grief from driving cessation.[14]

In all levels of care, clinicians must be alert to signs of depression, neglect, and social isolation (see Table 6.4 and Table 6.5). It is important to continue to monitor older adults for any signs of worsening mental or physical health and to ask how they are managing without driving. Caregivers must be educated on signs of depression and asked if they have any concerns. Clinicians are encouraged to consider using formal assessments for depression such as the Geriatric Depression Scale (http://www.npcrc.org/files/news/geriatric_depression_scale_short_form.pdf) or the PHQ-9 (Patient Health Questionnaire) (https://www.phqscreeners.com/select-screener/36).

The older adult's functional or cognitive impairments should continue to be assessed and treated. If the older adult improves to the extent that he or she is safe to drive again, the individual should be notified and given the resource sheet on Tips for Safe Driving (see Appendix B).

SITUATIONS THAT REQUIRE ADDITIONAL COUNSELING

Additional counseling may be needed to encourage driving retirement or to help older adults cope with this loss. Potential situations that may arise with individuals who have difficulty coping or adhering to the recommendation to stop driving are described below.

The Resistant Older Adult Driver

If the older adult becomes belligerent or refuses to stop driving, it is important to understand why. Knowing the reason will help to address the

individual's concerns.

Be sure to listen and use supportive statements when addressing the older adult's concerns. Let the individual know you are an advocate for his or her health and safety.

Remember that driving cessation can have severe emotional and practical implications, and older adults may have a difficult time adjusting. It is also important to remember that driving is more than a mode of transportation for baby boomers.[15,16] This segment of the population grew up with the automobile as their method of social networking,[15,16] so giving up their car needs to be approached the same as other losses. It is often about more than getting to where they need and want to go.

Asking the older adult driver to define when a person would be unfit to drive may help the individual better recognize impairment in his or her own driving capabilities, as well as provide an opportunity to assess his or her judgment and insight. In addition, it might open up discussion to reach some common ground.

Many older adult drivers are able to identify peers whose driving they consider unsafe, yet may not have the insight to recognize their own unsafe driving habits. It can be helpful to ask older adults if they have friends with whom they are afraid to drive and why. Older adult drivers should be encouraged to obtain a second opinion if they feel additional consultation would be helpful.

In addition:

- Help the older adult driver identify support systems. Ask him or her to list family members, faith communities, neighbors, etc., who are able and willing to help with transportation. This may help the older adult driver become aware of a supportive network and feel more at ease when searching for alternative transportation.
- Assist the older adult driver to consider the positives of this decision—an opportunity to assert control over a limitation. Often, discussion of relinquishing driving privileges tends to focus on the negative aspects of driving cessation, such as "losing independence" or "giving up freedom." Help the older adult driver view this as a step in health promotion and safety for themselves and others. Use phrases such as "It's time to retire from driving." and point out that older adults can still stay connected by requesting rides from caregivers and using community services. It may be helpful to point out that the older driver has quite likely been giving rides to others throughout his or her driving career, and others may now be allowed to return the favor. Another positive is that expenses will be lower without the financial responsibility of maintaining a vehicle. Help older adult drivers calculate the expenses (licensure, registration, insurance, maintenance, parking, etc.) they will no longer have to pay for compared with the cost of alternative transportation. This exercise may help them see the monetary value in driving cessation.
- Refer the older adult driver to a social worker or clinical team member. Older adult drivers may need additional help in securing resources and transitioning to a life without driving. Social workers often provide supportive counseling to older adults and caregivers, assess the individual's psychosocial needs, assist in locating and coordinating community services and transportation, and enable older adults to maintain independence and safety while preserving quality of life. The National Association of Social Workers Register of Clinical Social Workers is a valuable resource for finding local social workers who have met national, verified, professional standards for education, experience, and supervision. Information may

be ordered and the online register accessed at www.helpstartshere.org/find-asocial-worker. Local hospitals are another resource for social workers, and referral sources include the Area Agency on Aging or the Alzheimer's Association.

- Some areas offer public transportation training for seniors. If this is offered in the older adult's area, a recommendation to participate may be helpful.

The Older Adult Driver with Symptoms of Depression

As noted, "decreased life satisfaction, and less productive engagement in life can result from DRC"[17] (driving reduction and cessation). Depression may occur from a combination of factors such as diminished health, social isolation, and feelings of loss. An older adult driver suspected of being depressed and resulting in bereavement (see Table 6.4) should be fully assessed to determine the most appropriate treatment. Older adults and caregivers should be educated about symptoms of depression and available treatment options. Referring the older adult to individual or group therapy, and/or to social/recreational activities may be considered. Pharmacologic treatment or referral to a mental health professional may also be appropriate. It is important to acknowledge that the older adult has suffered a loss due to driving cessation and recognize that this may be an especially difficult time for him or her.

The Older Adult Driver Who Lacks Decision-Making Capacity

When the older adult driver has significant cognitive impairment and/or lacks insight or decision-making capacity (e.g., in certain cases of dementia, stroke, etc.), it is imperative to obtain the help of the caregiver, surrogate decision-maker, or guardian, if available. Caregivers play a crucial role in encouraging the older adult to stop driving and to help the individual find alternatives. Clinicians should inform caregivers that the clinical team would support and assist their efforts in any way possible.

In rare instances, it may be necessary to appoint a legal guardian for the older adult. In turn, the guardian may forfeit the older adult's car and license on behalf of the individual's safety. These actions should be taken only as a last resort. From a practical standpoint, hiding, donating, dismantling, or selling the car may also be useful in these difficult situations.

The Older Adult Driver Who Shows Signs of Self-Neglect, Neglect, or Abuse

Older adults may be unable to secure resources for themselves and may be isolated, lacking sufficient support from family, friends, or an appointed caregiver. If the older adult does not have the capacity to care for his or herself, or caregivers are unable to provide adequate care, signs of neglect or self-neglect (see Table 6.5) may be evident.

If neglect or self-neglect are suspected, Adult Protective Services (APS) should be involved. Neglect is the failure of a caregiver to fulfill his or her caregiving responsibilities, whether because of willful neglect or as a result of disability, stress, ignorance, lack of maturity, or lack of resources. Self-neglect is the inability to provide for one's own essential needs. APS will investigate for neglect, self-neglect, or abuse of the older adult. APS can secure services such as case planning, monitoring, and evaluation, and can arrange for medical, social, economic, legal, housing, law enforcement, and other emergency or supportive services. Contact information for each state office can be obtained by calling the Eldercare Locator at 800-677-1116.

Table 6.1. Transportation Alternatives

■ Walking
■ Train/subway
■ Bus
■ Taxi/ride-hailing services
■ Family and friends
■ Community transportation services
■ Hospital shuttles
■ Medi-car
■ Delivery services
■ Volunteer drivers (e.g., church, synagogue, temple, mosque, community centers)
■ Private for-profit senior care services
■ Rides in Sight (www.ridesinsight.org, call toll-free 855-607-4337)
Rides in Sight is a free transportation referral service that assists individuals in finding a transportation program that fits their specific needs in the older adult's area. They can be found online or by phone during business hours.

Table 6.2. Family/Caregiver Assistance

■ Encourage family members and caregivers to promote the health and safety of the older adult by endorsing clinician recommendations and assisting in securing needed transportation.
■ Include caregivers in the mobility counseling process.
■ Provide resources to caregivers.
■ Provide copies of the How to Assist the Older Driver resource sheet (Appendix B).
■ Look for signs of caregiver burnout.
■ Keep the communication door open to caregivers.
■ In the case of cognitive impairment when it is believed the older adult driver does not have decision-making capacity (e.g., lack of insight), communication with a family member or caregiver to reinforce recommendations is imperative.
■ Recognize that if family members or caregivers depend on the older adult driver for transportation, the situation may require more time, counseling, and support to meet everyone's needs.
■ Be attentive to the changing needs of the older adult and caregiver.
■ Offer to have a family member "stop by" on a set schedule for a set time period with his or her vehicle and be available to assist with any transportation needs the older adult may have. This will eliminate the need for the older adult to ask for a ride to the bank or market and allow them to plan ahead.

Websites (all accessed April 2019)

AAA Long Road Senior Cohort Study
(https://aaafoundation.org/resources/)
Online free resources to help older adults assess personal driving readiness, and resources to make informed choices.

AAA Senior Driving (https://seniordriving.aaa.com/)
This website, a AAA product, is intended to provide users with general information to help them better understand the traffic safety implications of certain health conditions and human behaviors as we get older.

Alzheimer's Association
(www.alz.org/care/alzheimers-dementia-and-driving.asp)
The Alzheimer's Association provides links to driving counseling support for caregivers.

American Occupational Therapy Association
(https://www.aota.org/Practice/Productive-Aging/Driving.aspx)
Locate an occupational therapist able to conduct driving assessment and locations by ZIP code.

Centers for Disease Control and Prevention
(CDC) MyMobility Plan (https://www.cdc.gov/motorvehiclesafety/older_adult_drivers/mymobility/index.html)

MyMobility Plan provides general guidance for older adults seeking to maintain both individual and community mobility.

Family Caregiver Alliance (www.caregiver.org)
This organization supports and sustains the important work of families nationwide caring for adult loved ones with chronic, disabling health conditions.

Health in Aging Foundation
(www.HealthinAging.org)
This Foundation was established by the American Geriatrics Society to bring the knowledge of geriatrics healthcare professionals to the public, with a wide range of resources.

National Aging and Disability Transportation Center
(www.seniortransportation.net)
Works to increase transportation availability for older adults, individuals with disabilities, and caregivers.

National Association of Area Agencies on Aging
(www.n4a.org/about-n4a)
Area Agencies on Aging are a leading aging issues resource providing specific regional services.

National Association of Social Workers
(http://www.helpstartshere.org)
Locate a social worker by ZIP code.

National Council on Aging NCOA
(https://www.ncoa.org/)
Review NCOA assistance on healthy aging, financial security and more for professionals, older adults, caregivers, and supporters.

National Highway Traffic Safety Administration
(https://www.nhtsa.gov/road-safety/older-drivers)
NHTSA's priorities are to reduce the number of deaths and injuries by preventing traffic-related crashes or mitigating risks of serious injuries associated with traffic-related crashes. This includes addressing behaviors of drivers, pedestrians, and cyclists in relation to one another and addressing vehicle safety issues. NHTSA's Older Drivers site offers downloadable materials and short video clips that clinicians can offer their patients and families to help them understand how aging can affect driving and what an older driver or caregiver can do to continue driving safely with age, such as adapting a vehicle to meet specific needs. See also, "Talking With Older Drivers About Safe Driving," intended to provide users with general information to help them better understand the traffic safety implications of certain health conditions and human behaviors as we get older.

National Volunteer Transportation Center
(www.NationalVolunteerTransportationCenter.org)
The National Volunteer Transportation Center was created to support existing and emerging volunteer transportation programs and services across the country.

Rides in Sight (https://www.ridesinsight.org/)
A national non-profit transportation system supported by Independent Transportation Network America dedicated to helping find transportation alternatives. This service is membership-based; people 60 and older and visually impaired adults are eligible to join.

Table 6.3. Tips to Reinforce Driving Cessation

- Give the older adult and caregiver a written prescription that states: "Do Not Drive, For Your Safety and the Safety of Others." This acts as a reminder for the older adult and emphasizes the strength of your message.
- Remind the older adult that this recommendation is for his or her safety and for the safety of other drivers.
- Ask the older adult driver how he or she might feel if he or she were to get in a crash and injure himself, herself, or someone else.
- Point out the economic advantages of not having a car, which will eliminate many expenses, including gas, maintenance (oil changes, tires, and tune-ups), insurance, registration/license fees, financing expenses, and depreciation of the car's value.
- Have a plan in place that involves caregiver support for alternative transportation.

Table 6.4 Questions to Assess for Major Depressive Disorder (adapted from DSM-5)[18]

These questions are concerning most of the day or nearly every day and are not related to another medical illness.

- Has your mood been sad, empty, or hopeless?
- Have you lost enjoyment in all or most activities?
- Have you noticed any weight changes?
- Have you noticed any changes in sleeping habits or concentration?
- Have you noticed a lack of energy or slower movement?
- Have you noticed feelings of worthlessness or recurrent ideas of death?

Table 6.5 Signs of Neglect, Self-Neglect, or Abuse in Older Adults

- An injury that has not been properly treated
- Symptoms of dehydration and/or malnourishment
- Weight loss
- Soiled clothing
- Recurrent falls with or without injuries
- Evidence of inadequate or inappropriate administration of medications
- Spoiled or outdated food in the refrigerator
- Loss of income from difficulty with finances

Table 6.6 Sample Letter

January 23, 2019
Mr. Clayton Phillips
123 Lincoln Lane
Sunnydale, XX 55555

Dear Mr. Phillips:

I am writing to follow-up on your clinic visit of January 5, 2019. You will recall we talked about your driving safety. I tested your vision (eyes), strength, movement, and thinking skills, and reviewed your health problems and medicines. I recommended you stop driving because of your poor vision, muscle weakness, and slowed reaction time.

I know that driving is important to you, and I know it is hard to give up. However, your safety is more important. To help you get around, your son and your friends have offered to help you. You may also use the public transportation system in your neighborhood. Alternatively, please consider Rides in Sight (www.ridesinsight.org). Rides in Sight will assist you with your individual specific needs in your neighborhood. You may search online or call toll free (1-855-607-4337); a person will answer during business hours. The handout How to Assist the Older Driver (enclosed) has some other ideas we talked about. I am also sending a copy of these materials to your son so that you two can discuss this plan together.

I want to make sure you can still visit your friends and go other places without a car. It is important for you to maintain your connection with the community. Please see me again in one month—we will talk about how this plan is working for you.

In a state that has mandatory reporting, consider adding:

As we discussed, the state of (state name) requires me to notify the state licensing agency of people who have medical conditions that might affect driving safety. Because I am required by law to do this, I have given your name to the _ (state name) licensing agency. The licensing agency will send you a letter in a few weeks to discuss your driver's license.

In a state that has voluntary reporting, consider adding:

It is very important that you do not drive, because you are putting yourself and the public at risk. If you continue to drive, I will need to submit your name to the state licensing agency for an evaluation and possible revocation of your license.

Please call my office if you have any questions. I look forward to seeing you next month.

Sincerely,
Physician

Enc: How to Assist the Older Driver

cc: Son's name

Note: The sample letter in Table 6.6 has been written at an average 9th grade level. It should be easily understood by 14- to 15-year-olds according to Flesch-Kincaid Readability www.webpagefx.com/tools/read-able/flesch-kincaid.html (accessed April 2019).

REFERENCES

1. Betz, M. E, Scott, K., Jones, J., & DiGuiseppi, C. (2015). Older adults' preferences for communication with healthcare providers about driving A LongROAD Study. Washington, D.C.: AAA Foundation for Traffic Safety. Retrieved from https://aaafoundation.org/wp-content/uploads/2017/12/OlderAdultsPreferencesForCommunicationReport.pdf.
2. Betz, M. E., Jones, V. C., & Lowenstein, S. R. (2014). Physicians and advance planning for "driving retirement". *American Journal of Medicine, 127*, 689-690. https://doi.org/10.1016/j.amjmed.2014.03.025.
3. Dickerson, A. E., Molnar, L. J., Bedard M., Eby, D. W., Berg-Weger, M., Moon, C., Grigg, J., Horowitz, A., Meuser, T., Myers A., O'Connor, M., & Silverstein, N. M. (2017). Transportation and aging: an updated research agenda to advance safe mobility among older adults transitioning from driving to non-driving. *Gerontologist,59*(2), 215-221. https://doi.org/10.1093/geront/gnx120.
4. Pachana, N.A., Jetten, J., Gustafsson, L., & Liddle, J. (2017). To be or not to be (an older driver): social identity theory and driving cessation in later life. *Ageing & Society, 37*, 1597-1608. https://doi.org/10.1017/S0144686X16000507.
5. Gabaude, C., Paire-Ficout, L., & Lafont, S. (2016, November). Determinants of driving errors in older adults. *The Gerontologist, 56*, Issue Suppl_3. 571. https://doi.org/10.1093/geront/gnw162.2294.
6. Meuser, T. M., Berg-Weger, M., Chibnall, J. T., Harmon, A. C., & Stowe, J. D. (2011). Assessment of readiness for mobility transition (ARMT): a tool for mobility transition counseling with older adults. *Journal of Applied Gerontology, 32*, 484-507. https://doi.org/10.1177/0733464811425914.
7. Kandasamy, D., Harmon, A. C., Meuser, T. M., Carr, D. B., & Betz, M. E. (2018). Predictors of readiness for mobility transition in older drivers. *Journal of Gerontological Social Work, 61*, 193-202. https://doi.org/10.1080/01634372.2018.1433260.
8. Morgan, E. (2018, February). Driving dilemmas: a guide to driving assessment in primary care. *Clinical Geriatric Medicine, 34*(1), 107-115. https://doi.org/10.1016/j.cger.2017.09.006.
9. Brummel-Smith, K., Munn, J. C., & Danforth, D. A. (2014). Interprofessional team care. In R. J. Ham et al. (eds). *Ham's Primary Care Geriatrics*. 6th Edition. Philadelphia: Elsevier, Inc.
10. Berg-Weger, M., Meuser, T. M., & Stowe, J. (2013). Addressing individual differences in mobility transition counseling with older adults. *Journal of Gerontological Social Work, 56*, 201-218. https://doi.org/10.1080/01634372.2013.764374.
11. Moore, I. (2014). Assessing the geriatric patient: planning for transitions of care. *Consultant Pharmacist, 29*(6), 369-374. https://doi.org/10.4140/TCP.n.2014.369.
12. Zhang, Q., Northridge, M. E., Jin, Z., & Metcalf, S. S. (2018). Modeling accessibility of screening and treatment facilities for older adults using transportation networks. *Applied Geography, 93*, 64-75. https://doi.org/10.1016/j.apgeog.2018.02.013.
13. The Hartford Financial Services Group, Inc. We Need to Talk: Family Conversations with Older Drivers.(accessed April 2019) Retrieved from www.thehartford.com/mature-market-excellence/family-conversations-with-older-drivers; At the Crossroads: Family Conversations about Alzheimer's Disease, Dementia & Driving. Available at https://s0.hfdstatic.com/sites/the_hartford/files/crossroads-kit-intro.pdf; and You and Your Car: A Guide to Driving Wellness. (http://hartfordauto.thehartford.com/UI/Downloads/You_and_Your_Car.pdf).
14. Liddle, J., Gustafsson, L., Mitchell, G., & Pachana, N. A. (2017). A difficult journey: reflections on driving and driving cessation from a team of clinical researchers. *The Gerontologist. 57*(1), 82-88. https://doi.org/10.1093/geront/gnw079.
15. Dickerson, A. E. (2016). Driving and Community Mobility as an Instrumental Activity of Daily Living. In: Gillen, G. (Ed.) *Stroke Rehabilitation, 4th edition*. St. Louis, MO: Elsevier Publishing, pp. 237-264.
16. Dickerson, A. E., Stinchcombe, A., & Bédard, M. (2017). Chapter 23: Transferability of driving simulation findings to the real world. In: S. Classen (Ed.), *Best Evidence and Best Practices in Driving Simulation: A Guide for Health Care Professionals.* Bethesda, MD: AOTA Press, pp. 281-294.
17. Vivoda, J. M., Heeringa, S. G., Schulz, A. J., Grengs, J., & Connell, C. M. (2017). The influence of the transportation environment on driving reduction and cessation. *The Gerontologist, 57*(5),824-832. https://doi.org/10.1093/geront/gnw088.
18. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*. Washington, D.C.: American Psychiatric Association.