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Substance Abuse Among the Elderly: What Works in Treatment

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SUBSTANCE ABUSE AMONG THE ELDERLY:

WHAT WORKS IN TREATMENT

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Sophia Salima Morelli

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ABSTRACT

Social workers are trained during the course of their education to work with the elderly and to understand the various dynamics of aging. These professionals also receive education on substance abuse and how to assess clients as well as link them to appropriate supportive services. How can social workers be more inclined to effectively treat the elderly substance abuser? What are, if any, special considerations a social worker should be aware of when working with the geriatric population? What treatment modalities seem to be more effective with the elderly client? This study utilized a qualitative analysis consisting of interviews with eight clinicians who specialize in the area of addiction treatment amongst the aging population. The purpose of this study was to gain insight and knowledge that can be used to promote social worker awareness of elderly substance abuse as well as the identification of effective addiction treatment methods in the field of gerontological social work. The findings of this study will impact future social work practice, policy and research in the areas of education, treatment, and advocacy for the aging and substance abuse populations.

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CHAPTER ONE

STATEMENT OF THE PROBLEM

Introduction

In social work practice, there are many avenues and populations that one can focus on. Although many social workers dedicate their time to working with children and families, there is an emerging area where increased expertise is needed. Geriatric social work is a specialized field which provides comprehensive support and case management to the elderly population. By definition, the geriatric population is represented by those adults who are aged 65 and above. This special population of individuals is largely composed of the "baby boomer" population, or those born between 1946 and 1964 (US Census Bureau, 2010). Figures show that the geriatric population is increasing at a rapid rate; the impact is becoming more apparent:

> By 2030, all of the baby boomers will have moved into the ranks of the older population. This will result in a shift in the age structure, from 13 percent of the population aged 65 and older in 2010 to 19 percent in 2030. (US Census Bureau, 2010, pg. 3).

The data show there is high growth of the geriatric population and as a result, over the course of the next 15 years, there will be increasing demand for geriatric social workers or those who are knowledgeable about the aging population and various late life dynamics that can impact these individuals.

Statement of the Problem

There are many issues that can adversely affect persons in late adulthood; some of these specialized issues are situations like development of chronic health conditions, financial issues, depression, changes in roles, shrinking social support system, no longer being able to be as physically active and having to rely on others for help and support (Zastrow & Kirst-Ashman, 2012). In addition, major stressors can arise during older adulthood such as having to plan for end of life issues or cope with the loss of a loved one. Throughout the course of an individual's life, they tend to have support from different systems such as family, friends, coworkers and so forth. However, as individuals age, they may lose some of these critical social supports (Jensen et al., 2014). As a result of shrinking support systems and adjusting to coping with various issues in late adulthood, individuals may develop depression, role confusion, and struggle with identity or experience feelings of worthlessness or isolation. In addition, these elderly individuals may also have chronic health conditions. Due to these chronic health conditions and in part to the normal aging process, elderly individuals have become more prone to taking multiple medications to manage an array of medical or mental health conditions.

The trend of polypharmacy amongst the geriatric population is becoming increasingly common; "Older adults often suffer from chronic disease states for which multiple medicines are prescribed. These comorbid medical conditions, along with the effects of physiological aging, make older adults particularly

susceptible to adverse drug events (ADEs) and drug-drug interactions" (Hayes, Klein-Schwartz, & Barrueto, 2007, pg. 371). Additionally, a study conducted by Steinman et al., (2006), found that,

> …inappropriate medication use and underuse were common in older people taking five or more medications, with both simultaneously present in more than 40% of patients. Inappropriate medication use is most frequent in patients taking many medications, but underuse is also common and merits attention regardless of the total number of medications taken. (pg. 1516).

Polypharmacy among the elderly is not a new trend; however, the statistics show that it is becoming more common. One longitudinal study over a ten year period (1990-1999) found that, "polypharmacy (concomitant use of over five medications) increased from 19 to 25%...These changes were most prominent among persons aged 85 years or over, especially among women. Polypharmacy is a complex and worrying phenomenon that merits more research" (Linjakumpu et al., 2002, pg. 109). Substance abuse amongst the geriatric population is also a growing concern due to this population being at an increased risk for developing a substance abuse disorder due to typically being in poor health, lacking adequate social support, and having to cope with a vast array of late life issues, changes and losses. The issue of geriatric substance abuse effects not only the entire geriatric population, but also the family members of these individuals and the professionals who are likely to work with geriatric

individuals. For example, the issue of geriatric substance abuse or polypharmacy is likely to impact doctors, nursing staff, mental health workers, physical therapists, various agencies that provide services to the geriatric population, and social workers. In this sense, we should all be concerned about geriatric substance abuse.

From a policy perspective, there are several issues at hand; the most pressing one being the massive and rapid growth of the geriatric population. Another additional factor that may affect future policy would be the emerging trend of polypharmacy use amongst the elderly. Lastly, the need for more social workers who possess education and skills to work in substance abuse and mental health settings with the geriatric population is something that must be publicly addressed. Some of the problems that could arise from the continuous increase in the geriatric population would manifest in health care areas such as hospitals, nursing homes, long term care centers, acute rehabilitation facilities, boarding homes, hospices, psychiatric facilities and other places where the elderly population receives services. These agencies would be greatly impacted as a result of the growth, as would public social services and community organizations such as senior centers. With further research, policies may be implemented to better support the increasing census.

In regards to substance abuse policy, there is much room for improvement in the way that pharmaceuticals are prescribed and the way in which they are distributed to patients. Prescription drug monitoring (which is already done in

many states) could be structured in a way where additional safeguards are in place for the elderly patient. The creation of new safety measures such as informed consent for polypharmacy may provide another protective barrier for the elderly patient receiving medications. There is much that could be done in the future to improve the ways in which medications are managed; further research is crucial in this area of geriatric polypharmacy. This research could utilize findings to propose new policies aimed at early intervention and prevention through local programs, or proposals for reforming existing policy at a local level.

Additionally, training and hiring of skilled social workers should be a priority;

> Employment of mental health and substance abuse social workers is projected to grow 23 percent from 2012 to 2022, much faster than the average for all occupations. Employment will grow as more people seek treatment for mental illness and substance use disorders. (U.S. Department of Labor, 2014)

As there is increased demand, innovative policies or incentives could be implemented at a national, state or local level to encourage social worker involvement in mental health and substance abuse treatment.

From a macro perspective, the issue of elderly substance abuse often goes unseen in our community. How then, can we as social workers raise awareness of this problem? How can we as professionals stay true to our duties as social workers and promote the health and well-being of the geriatric

population as a whole? We must take a community based approach. By focusing on our macro practitioner roles, social workers should serve as advocators, activists, educators, liaisons, consultants, facilitators, planners and so forth. We must advocate for increased community services for the elderly and serve as liaisons between clients and agencies. As educators, we should promote knowledge within the community and local agencies to teach them about elderly substance abuse and appropriate interventions. As planners and policy advocates, we have the ability to create, change, or challenge policies that affect the geriatric population. As social workers, it is part of our responsibility to become aware of gaps or barriers to treatment and service delivery. Another facet of the social worker's role in the macro arena is to engage in research, contribute to social work theory and evaluate practice methods; these are crucial aspects of macro social work. These macro roles allow us a platform for beginning the change process, whether it may be at an agency, city, county, state or national level.

As a micro practitioner, social worker roles tend to focus on enabling, educating, mediating, brokering and empowering not only the client, but their families and immediate support systems as well. The inherent role of a social worker is to convey transformative power to the client. In this sense, social workers promote a message of hope and recovery with the elderly substance abuser. At a micro level, practitioners should inform clients of appropriate interventions available and provide support as individuals maneuver the

treatment process. A micro practitioner treating a client for substance abuse connects the client to supportive services within the community such as support groups like Narcotics Anonymous or Alcoholics Anonymous. Additionally, depending on the severity of the client's problems, the micro practitioner may provide referrals to substance abuse treatment facilities on an inpatient or outpatient basis. The main roles of the micro practitioner in working with clients with substance abuse stress the importance of adequate assessment, providing appropriate interventions, ensuring positive support systems are in place, linking the client to resources and providing follow-up services when necessary. Treatment should be mutual, meaning that both the social worker and client are confident in not only the *outcomes* of treatment, but also in the follow-up or aftercare plan as well.

Purpose of the Study

Due to the rapid growth of the baby boomer population, the number of older adults using prescription drugs also increases. Currently, there has been a general lack of research in the area of substance abuse among the elderly; "Few studies have addressed treatment issues that may be unique to elderly substance abuse patients" (Patterson & Jeste, 1999, pg. 1184). By studying the issue of elderly substance abuse further and utilizing the findings, we as social workers might be able to change our interventions and strategies used in order to become more effective in preventing and treating substance abuse among the elderly. Clinicians must strive to provide interventions that are age appropriate

and promote recovery and overall well-being. Social workers should also strive to empower the geriatric population so that individuals gain knowledge of conditions that are likely to affect them. The findings of a study like this may likely impact the training and emphasis on increasing competencies amongst practitioners in the mental health and medical fields within the areas of substance abuse and gerontology. The outcome would aim at providing the most effective support or services needed, and *earlier on* in order to counter the emerging trend of geriatric substance abuse.

In order to adequately address this problem, the study should focus on two key components; the clinician and the elderly client. In terms of the clinician, the emphasis is essentially on intervention methods used with the elderly client during the course of treatment. The clinician will provide qualitative data that could be used to evaluate effectiveness of the treatment interventions used as well as addressing any strengths or weaknesses of the interventions utilized. In regards to the elderly client, the study will attempt to better understand what treatment interventions seem to be most *valuable* to this specific population based on the clinician's perspective of clinician-client interactions during the course of treatment. The study would center on clinicians who have worked with geriatric individuals who generally belong to the moderate to high functioning population. These individuals are most often independent and able to complete most or all of their normal activities of daily living; these clients are most likely to

be managing their own medications, thus leaving them at an increased risk for substance abuse or medication mismanagement.

Although one approach to collecting data for this type of study would come directly from the clients or individuals themselves, there are many barriers that arise when working with the geriatric population such as confidentiality, accessibility, feasibility, convenience, and so forth. Collecting quantitative surveys at an agency or examining client records may be helpful in some aspects. However, what the research is specifically aimed at is not determining how many geriatric individuals are affected by substance abuse, or what contributing factors may have led to the development of a substance abuse problem; but more so, the research begs, “what are the interventions that have been most effective for this population, and why?” Therefore, I feel that the most appropriate means to achieving data for the purpose of the study is through a qualitative approach utilizing clinicians as the primary data source.

The qualitative instrument to be used in this research will be the use of interviews. During these interviews, the clinicians assess their own performance and provide feedback regarding their professional evaluations on clinician effectiveness in working with the elderly substance abuser. The research attempts to identify barriers, strengths and weaknesses amongst interventions utilized as well as service delivery. As a social worker, it is important to routinely self-reflect, process, and evaluate one’s performance and effectiveness as a clinician. Ideally, this type of qualitative review could be applied regularly within

an agency. As a tool, qualitative data has the potential to assist the social worker in identifying any areas of strength or weakness in their own interventions employed; qualitative data also provides an abundance of wealth and tremendous insight into the treatment process.

Impact on Social Work as a Profession

It is crucial then, as social workers, to first and foremost, be aware of the emerging trend of polypharmacy use amongst the elderly. In order to better understand the issue of geriatric substance abuse, we as social workers must seek information and knowledge through prior research in order to properly treat this potential epidemic.

As social workers, one of our main duties is to educate ourselves further on the theories, dynamics and central themes that affect the geriatric population. It is critical that we (as social workers) understand the most basic themes of the geriatric social worker's role so that we may promote their recovery, health and wellbeing. This process begins with education so that we can identify potential risks or precursors to the development of substance abuse among the elderly; in turn, this allows us the opportunity to take preventative measures and learn effective, age-appropriate interventions.

In terms of the generalist intervention process, this study focuses on the *evaluation* phase of the intervention process however; its finding will likely impact *all* phases of the generalist intervention process. This research will hopefully provide useful information that social workers could utilize during the beginning

phase where treatment is sought, but also in the assessment, planning, implementation, evaluation and termination phases as well. Firstly, the beginning phase of treatment would focus on engagement of the elderly client. As with every client, we must treat them as an individual and ensure that we accommodate their needs effectively and respectfully. There are special considerations a social worker must be aware of when working with an elderly client such as accommodating to any hearing or vision impairments, being aware of any medical conditions, addressing mobility and transportation issues, as well as any reading, writing or comprehension barriers that may affect the treatment process. These considerations must be taken into account during the beginning phase of treatment, as these issues could adversely affect the success outcomes for the client.

Secondly, this research will also greatly inform the assessment phase of the generalist model due to the fact that there are various dynamics that affect the geriatric population. As social workers, we must be aware of these factors such as: previous substance abuse, mental illness, chronic or acute medical conditions, shrinking support systems, grief, loss of a family member, depression, disability, hearing/vision impairments, dementia, Alzheimer's, caregiver support or lack thereof, language barriers, medications, etc… "Some evidence suggests that substance abuse treatment outcomes are poorer among individuals with cognitive impairment, and special treatment strategies are needed for elderly persons with dementia" (Patterson & Jeste, 1999, pg. 1184). Due to this,

Patterson & Jeste (1999) also state, “Based on this information, we suggest research strategies to further elucidate these issues” (pg. 1184). This research aims not to build upon what is already known about geriatric substance abuse but it attempts to solidify effective intervention strategies for the practitioner to employ in practice with the elderly substance abuser. The study seeks to evaluate these specialized needs of the elderly and attempt to address any additional special considerations social workers should take into account during the assessment phase in order to serve the geriatric substance abuser most appropriately.

Thirdly, this research would greatly influence the planning and implementing phase of the generalist intervention process, as this study attempts to uncover the most effective and ideal treatment interventions to use amongst this population in the treatment of substance abuse. We as clinicians do typically rely on evidence-based practice; however, in the field of substance abuse treatment, there is little research that has been done to measure the most effective treatment modalities and interventions for the *elderly* client. This research aims to find just that and utilize those treatment modalities and interventions for the social work profession. By understanding and addressing this, social workers would be better inclined to work more efficiently with the elderly client during the planning phase as well as the implementation phase of the intervention process.

Additionally, the evaluation phase of the intervention process would also be impacted by the findings of this study due to the fact that this study is aimed at understanding the dialogue that goes on between the elderly client and practitioner. In relation to substance abuse treatment, the evaluation phase is one of the most critical; it provides a platform for the elderly client to assess their own treatment, provide feedback to the practitioner, and also allows the practitioner (social worker) to evaluate their own efficacy. In this sense, these feedback loops serve a tremendous amount of value not only to the client and practitioner, but also to the intervention and treatment process as a whole.

Lastly, the termination phase of treatment would also be significantly influenced by the findings of this research in that, the termination phase allows the social worker to address any potential barriers to follow-up treatment such as aftercare, positive peer support, membership to support groups such as Al-Anon or Nar-Anon. Research has shown that a lack of these services may adversely affect the maintenance of sobriety following substance abuse treatment. Furthermore, the termination phase can be a stressful time for the client no matter what their age; for the elderly client it can be especially strenuous as they may not have adequate support systems in place. This issue is something that the proposed research could address so that the termination phase of treatment could be improved with the geriatric population in mind.

Summary

I feel that by studying the issue further and utilizing the findings, we as social workers might be able to change our interventions and strategies used in order to become more effective in *preventing* geriatric substance abuse, *treating* geriatric substance abuse, *empowering* our clients, and just as importantly; providing knowledge and education to clients, families, communities, interdisciplinary teams, medical and mental health professionals as well as agencies that serve the geriatric population. Social workers have an ethical and social duty to the geriatric population to protect them from greater harm and to empower them individually and as a group. We also have the duty to educate the geriatric population and the community as a whole, while advocating for policies that would improve the health and well-being of these individuals. Further research in this area might lead to improvements in social work education, practice and future policy implementation at a city, county, state or federal level. In looking at this issue closely, the research question would be, *"What are the most effective interventions to counter substance abuse in the geriatric population?"*

CHAPTER TWO

LITERATURE REVIEW

Introduction

Social workers play a central role in the overall support of the geriatric population. As social workers, we must strive to provide interventions that are age appropriate and promote recovery and overall well-being. Social workers should also strive to empower the geriatric population so that individuals gain knowledge of conditions that are likely to affect them; in this sense, social workers are acting as advocates, enablers, educators and supporters. In order to prevent substance abuse among the geriatric population, we must promote awareness and bring attention to the issue. Education, communication, empowerment, focus on prevention and age appropriate interventions are all important aspects of the recovery process. With more training and emphasis on competent practitioners in the mental health and medical fields in the areas of substance abuse and gerontology, the geriatric population will hopefully gain the support and services needed *early on* in order to counter these emerging trends.

Review of Literature

Scope of Problem

Substance abuse is a universal phenomenon; it does not discriminate. According to the SAMHSA website approximately “15.3 million people aged 12 or older used prescription drugs non-medically in the past year” (“SAMHSA:

Prescription Drug Misuse and Abuse," 2014). Although one may think stereotypical thoughts of the alcohol or drug user, drug use has become more common amongst the working and upper classes. What is even more interesting is that a surprising number of elderly people suffer from substance-related disorders. A new field of research termed "geriatric addictionology" has been on the rise. Estimates currently show that substance abuse among the elderly population is as high as 17 percent. This number is expected to double by the year 2020 ("Substance abuse among the elderly: a growing problem," 2014). With an increasing national trend in substance abuse, a need for additional health care services for the geriatric population must be addressed.

As the size of the elderly population grows, so will the problem of geriatric substance abuse. "Although research shows that alcohol use *declines* as people grow older, the trend appears to be offset by *increased* misuse and abuse of over-the-counter and prescribed medications" (Memmott, 2003, pg. 86). As individuals age, they are more apt to developing health problems. Much of the geriatric population struggles with management of multiple, chronic health conditions. Some of the common health issues that geriatric individuals are diagnosed with are illnesses and diseases such as diabetes, hypertension, chronic obstructive pulmonary disease, glaucoma, stroke, heart attack, osteoporosis, arthritis and other chronic ailments due to breakdown of joints, organs, muscle and tissue. In order to alleviate some of the symptoms of these conditions, multiple medications may be prescribed.

The trend of “polypharmacy” is becoming more common amongst the geriatric population. The concept of polypharmacy is the systematic prescription of multiple medications to a single individual for the treatment or management of multiple acute or chronic health conditions. These medications may or may not be prescribed by the same doctor. These medications have side effects and can interact negatively with other prescribed drugs; in many cases, additional medications are prescribed to counter negative side effects of another medication. Due to the number of medications prescribed, the side effects of certain medications, and the potential addictive qualities of some medications, the risk for developing a substance abuse problem amongst the elderly is concerning. Older adults account for a large proportion of prescription and over-the-counter drug use. Numbers show that 30-40% of these drugs are accounted for in the elderly population (Lococo & Staplin, 2006). Although this percentage may not seem extreme or worrisome, the geriatric population receives a large number of annual prescriptions, on average 15. At times individuals may be consuming four to five medications at the same time (Lococo & Staplin, 2006).

Due to the amount of medications prescribed and because these medications are often taken simultaneously, elderly individuals are at an increased risk of adverse side effects. For example, “numerous studies have evaluated the association of medication use with fall risk in elderly patients” (Chen, Zhu, & Zhou, 2014). In the research conducted by Chen, Zhu & Zhou, it was discovered that,

> The degree of medication-related fall risk was dependent on one or some of the following factors: drug pharmacokinetic/pharmacodynamic properties (e.g., elimination half-life, metabolic pathway, genetic polymorphism, risk rating of medications despite belonging to the same therapeutic class) and/or characteristics of medication use (e.g., number of medications and drug-drug interactions, dose strength, duration of medication use and time since stopping, medication change, prescribing appropriateness, and medication adherence. (Chen et al., 2014, pg 437).

Due to these various factors, health care providers and prescribers of medications must be aware of the elderly client's health history, including history of falls or prior medication-related hospitalizations (i.e.: adverse side effects, overdose, allergic reaction, etc…).

Another startling reality is that elderly individuals can cause harm by intentionally or *unintentionally* mismanaging their medications, or by taking them with alcohol. Amongst the geriatric population, alcohol is being used singly or with over-the-counter prescription drugs and as a result, the individual puts themselves at tremendous risk for developing substance-related disorders (Lococo & Staplin, 2006). Whether the misuse and abuse is intentional or not, it places the elderly individual in a dangerous position for developing a potential substance abuse disorder and in some cases, at risk for overdose or even death. Many elderly individuals manage their own medications and have not been fully informed of the risks of taking medications with alcohol or in combination with

another drug. As with alcohol and any drug, the potential for developing dependency is always present and additional special precautions should be taken when a person is older, as medications and alcohol are metabolized at a slower rate; therefore increasing the risk of overdose or adverse effects.

The geriatric population is at a higher risk for experiencing adverse effects or negative drug interactions due to biological changes in late adulthood. SAMHSA discusses an article on geriatric substance abuse, stating:

> People 65 and older consume more prescribed and over-the-counter medications than any other age group in the United States. Prescription drug misuse and abuse is prevalent among older adults not only because more drugs are prescribed to them but also because, as with alcohol, aging makes the body more vulnerable to drugs' effects. (SAMHSA, 2000, pg. xvi).

Even if elderly individuals are compliant with their medications, they could still be at risk for developing alcoholism, substance abuse dependency or liver and kidney problems based on these factors. As the individual ages, the body deteriorates and the physical processes function less efficiently. For these reasons, it is imperative that the elderly client understand both the potential immediate and long-term side effects of prescribed medications. Elderly clients should also receive disclosure on the addictive qualities of certain medications and be aware of the dangerousness of deviating from the designated pharmacotherpy plan.

Individuals who have developed a substance abuse problem also have an increased risk of suicide;

> Recent evidence indicates persons 60 years and over experience significant alcohol and substance abuse problems. Since a combination of alcoholism and depression is likely to increase the relative risk of suicide, it is important to examine the prevalence of dual diagnosis in older adults. (Blixen, McDougall, & Suen, 1997, pg. 307).

Although prior studies have shown a correlation between decreased inhibition, impulsivity and suicide. In general, most of the research was conducted and aimed toward suicide-related ideation and behavior among *younger* adults. Neufeld & O-Rourke (2009) conducted research on older adults and the findings were shocking;

> Our findings suggest that the impulse to self-harm may be even more pronounced among older adults less likely to present as typically depressed. It is further suggested that impulsivity is more broadly associated with suicide-related ideation than hopelessness, and that screening for impulsivity as well as hopelessness may increase clinicians' ability to identify older adults at greatest risk of self-harm. (pg. 684).

Due to the severity of these potential factors and the implications they may have on elderly clients, it is critical that social workers be aware of trends in research as well as theories that affect the geriatric population.

Theories Guiding Conceptualization

There have been many theories on why individuals become addicted to drugs or alcohol. One major theory of addiction is the disease model. In this theory, individuals who have substance abuse problems are likely to have issues with addiction due to genetic predisposition. “The disease model of addiction describes an addiction as a disease with biological, neurological, genetic, and environmental sources of origin” (National Institue on Drug Abuse, n.d.). Those who have a family history of alcohol or drug abuse are in some ways exposed or predisposed to the “addiction gene”. Due to this addictive gene, a person is at a higher risk of developing problems with chemical dependency. One important thing that this theory poses is that the disease can be triggered at any point in a person’s life; thus, if they use when they are younger, the disease will be triggered earlier and they will likely have a lifelong struggle to abstain once they have used drugs or alcohol. This theory is based on findings of families who have history of alcoholism or chemical dependency; research strongly suggests that there is in fact some correlation between genetics and the development of substance abuse disorders.

A second major theory of substance abuse illness poses that those that are apt to develop addiction may also have an underlying mental illness, and there is speculation that the two conditions often present with one another. Some of the prior research conducted shows a strong correlation between substance abuse and mental illness; “According to the Epidemiologic Catchment Area

Study, depressive symptoms occur in an estimated 15 percent of community residents over the age of 65" (SAMHSA, 2000, pg. 85). Individuals with co-occurring disorders fall into a specialized population where the continuum of care must be carefully managed in order for optimal recovery and prevention of relapse with the substance abuse or mental illness.

Another theory of substance abuse disorders attributes addiction to social factors such as associating with negative peer groups, lack of positive social support or anti-social behavior. "Most of the behaviors that people display are learned, either deliberately or inadvertently, through the influence of example" (Bandura, 1971, pg. 5). Having association with negative peer groups, especially early on in life during adolescence and early development can trigger problems with substance abuse due to peer pressure or desire to experiment. Although not all individuals that experiment with drugs and alcohol become addicted, it is the patterns of use that can become problematic if set early on in life, and if they continue throughout adulthood. Often, substance abuse is a chronic problem, meaning it worsens over time and duration. Therefore, those who use or abuse substances in their adolescence or early adulthood are likely to continue this use over time, as a result, they may begin to experience negative consequences of use.

Substance abuse can also be used by individuals as a coping mechanism. There are many issues that can arise throughout the human lifespan which can be traumatic or stressful experiences. Individuals can develop substance abuse

problems due to genetic factors, experiencing abuse firsthand, witnessing abuse, growing up in a violent household, experiencing anxiety, stress, depression, feelings of low self-worth, desire to rebel against authority, relational problems, wanting to “fit in” and so forth. In regards to the geriatric population, there are many advanced and complicated situations in which they must deal with. Some of these late life issues are due to chronic medical conditions, psychological problems, role changes, loss of status and income, shrinking social support systems, and a host of other life changes such as death of a spouse or other major losses (Memmott, 2003). Additionally, older adults are more likely to struggle with feelings of isolation and depression which can often be undiagnosed or overlooked by health care professionals.

There are many psychological theories of aging in late life that could potentially be applied to attempting to further understand how addiction can develop in older adulthood. In terms of the most relevant theories on aging in relation to geriatric addictionology, the disengagement theory can be a helpful theory to further understand some of the late life dynamics. This theory poses that as individuals age, they begin to withdraw and retreat from greater society (Webber, 1962). If this is true, then one of the reasons why the elderly may use alcohol or abuse prescription medications is in part attributed to social isolation and possibly due to feelings of depression, worthlessness, role confusion and other perceptions that develop as a result of the phasing out of support systems. Becoming disengaged in late adulthood essentially removes much of the social,

emotional, physical and psychological support systems; leaving the individual without adequate tools to employ in times of crises or need.

Another psychological theory of aging that may support the increase in alcohol or drug dependency in the geriatric population is the activity theory. The activity theory poses that as individuals transition throughout life they become accustomed to maintaining a certain level of activity within their daily lives. As people age, they slowly begin to decrease these activities either due to role changes, health problems or simply not having enough time, resources or need to continue certain activities. In this sense, there is potential for individuals to feel a sense of loss due to having to give up certain activities or roles that they have previously filled. Decreasing activity can potentially make individuals feel as though they are not able to be as productive or contribute as much; as a result they may experience feelings of grief, depression or anxiety about these transitions. In examining the activity theory, one study found that

> …regression analyses indicated that greater overall activity level was related to greater happiness, better function, and reduced mortality. Different activities were related to different outcome measures; but generally, social and productive activities were positively related to happiness, function, and mortality… (Menec, 2003, pg. 74).

As social workers, it is critical to understand the scope of the problem on a macro level so that we are adequately prepared to work at micro level with the elderly client. Although there can be many attributes, speculations, theories and causes

on why substance abuse can happen in late adulthood, it is the intervention that this research centers on.

Intervention Strategies

The emphasis on social support and utilizing these existing systems, *or,* the establishment of new support systems is critical to providing any type of intervention for the geriatric population. Making connections with individuals through routine, supportive interaction is one of the most beneficial forms of intervention as it provides an open means of communication as well as serving as a formal support system for the geriatric individual. It is important to keep in mind that much of the geriatric population have lost spouses, friends and family members over time and the building of positive relationships and social contact is a meaningful and powerful intervention tool. Any practitioners who seek to provide interventions for the elderly should be cognizant of increasing social support systems for the geriatric patient. Once a positive relationship can be built and communication can be open, the geriatric patient has the opportunity to gain confidence and trust in the practitioner, thus increasing the chances of a successful intervention outcome. The use of empathy, listening, affirmation, validation and respect for geriatric individuals is critical to promoting a therapeutic environment where recovery can take place.

Treatment should begin with a knowledgeable health care or mental health practitioner. The practitioner must be knowledgeable about conditions and issues that affect the geriatric population so that they can be effective in

advocating for the individual in various aspects as well as encouraging the client to actively participate in their own recovery. Hutchinson & Allnock (2014) found that

> …a lack of strategic engagement with substance use in social care was one of the barriers cited to adequate training provision. Implications for social work education include the importance of embedding AOD education in post-qualifying training frameworks at both university and employer levels. (pg. 589).

This finding stresses the importance of alcohol and other drug (AOD) training not only amongst social workers but within all health and mental health care professions. It is also the role of the social worker then to educate members of an interdisciplinary team if they do not have adequate knowledge of this specialized area. If the social work practitioner has not received AOD training, it is in essence, their duty to obtain the necessary information on substance abuse by completing continuing education or attending trainings. Without proper education in this area, the social worker is ineffective in their role and may negatively impact treatment outcomes for the client.

Once the problem of substance abuse has been identified, the client must desire treatment; without a will, recovery is not possible. In this sense, a skilled practitioner also must act as an enabler for the geriatric patient. In addition to enabling, educating the geriatric client is a major piece of the intervention process. A skilled social worker is able to encourage the client to become an

expert on all of their existing health conditions or diagnoses. Education has the potential to be one of the most effective tools in prevention, treatment and recovery. The geriatric population must be educated on theories, research and trends in geriatric substance abuse and late life issues.

Even if individuals have no history of substance abuse in the past, they may become more susceptible to developing a substance abuse problem in late life due to major life changes. Once we are aware of trends in research, we can begin to educate the geriatric population so they can gain a sense of insight and understanding as to how late life issues will possibly impact or affect them. Although theories, research and data may seem obscure, the social worker must make the client connection concrete to ensure that the elderly client understands how the theories, research and data may affect them directly. Furthermore, educating elderly clients may possibly reduce the risk of anxiety or fear regarding medical conditions, medication management or physical and psychological changes in late adulthood. Ultimately, with proper education, the elderly client can begin to prepare for these “normative” changes in late adulthood. If geriatric individuals can essentially become their own “experts”, they can determine what type of interventions would be most appropriate to them and anticipate the need for certain services or supports rather than becoming fearful of asking for help.

Encouraging elderly clients to seek expert consultation is also helpful as much of the contact that the geriatric population has is with their established primary care physicians, specialty doctors, nurses, social workers, case

managers and so forth. These professionals are typically trained in the areas of geriatrics and should know how to appropriately assess the elderly individual. By encouraging the elderly client to consult, this essentially allows them to become their own advocate, serving to empower them in the process. Although many medical and mental health providers have experience working with the elderly,

> …to be effective, treatment has to address drug use and associated medical, psychological, social, vocational, and legal problems. This is obviously an area where social workers, who are trained to take an environmental perspective, have more to offer than some other professionals… (Memmott, 2003, pg. 86).

For this reason, it is crucial that as a profession, we take the issue of elderly substance abuse seriously in order to ensure their health, longevity and well-being.

One promising approach to treating polypharmacy among the elderly involves the use of a "multicomponent pharmaceutical care intervention"; this type of intervention plan requires a collaborative effort from the elderly client, primary care doctor and pharmacist. In a recent study, researchers found that "it is likely that the patient's health will benefit from a close collaboration between the patient, the GP [general practitioner] and the pharmacist" (Leendertse et al., 2013, pg. 379). Although the results of their study did *not* support a reduction in hospital readmissions, it did however show increased communication between health care practitioners and client while providing an additional safety support

system through regular pharmacist follow-up with the client. Emerging treatment interventions to counter geriatric substance abuse and polypharmacy seem promising; however, there is much additional research in this arena that needs to be done.

Another critical aspect of effectively treating the elderly substance abuser focuses on the substance abuse counselor or clinician. The beliefs and attitudes that a counselor or clinician holds can greatly impact the treatment that the elderly client receives. A research study was conducted and found:

> …317 staff members concerning their beliefs about addiction treatment. More than 80% of respondents supported increased use of research-based innovations, 12-step/traditional approaches, and spirituality in addiction treatment, while only 39% and 34%, respectively, and endorsed the increased use of naltrexone and methadone maintenance. Also, 35% of respondents indicated that confrontation [with the client experiencing denial] should be used more. (Forman, Bovasso, & Woody, 2001, pg. 1).

Furthermore, in a separate study, it was discovered that "Counselor beliefs hold promise as critical components in developing an empirical and theoretical understanding of the gap between research and practice in substance abuse counseling" (Davis, 2005, pg. 1). This research aims to build upon these insightful research studies previously conducted in the area of substance abuse counselor beliefs and attitudes as this may be a key area in improving the effectiveness of treatment amongst the elderly.

Summary

Social workers should strive to counter the emerging data that show an increase of substance abuse amongst the elderly. In addition, social workers should have knowledge of specialized geriatric issues and substance abuse treatment. In addition, experience with appropriate screening tools, interventions and resources are crucial. The main role of a social worker or practitioner who serves the elderly substance abuser is to provide competent care and case management. In relevance to the growth of the geriatric population as it relates to the field of social work, there will be an "increased demand for social workers that know how to screen, assess, and treat elders for substance abuse and other substance-related disorders" (Memmott, 2003, pg. 98). The practitioner should be able to treat, provide adequate interventions and educate clients on a multitude of issues, not just limited to substance abuse. In order to provide a therapeutic environment that is conducive to promoting recovery in the geriatric patient, practitioners must be aware of any potential issues that may prevent or interfere with treatment and interventions. Social workers must also possess knowledge of existing research as well as an awareness of any emerging trends in this demographic, as this age group is one of the most vulnerable populations and it is our duty as a profession to protect, empower, educate and advocate.

CHAPTER THREE

METHODS

Introduction

The purpose of this chapter is to outline the methods that will be utilized in this particular study. The study design, sampling, data collection, instrument, procedures, protection of human subjects and data analysis will be overviewed. Detailed information on the study construction will provide a purposive framework that will explain the goals of the design and how these goals will be achieved. The overarching goal of this particular research is to construct a *qualitative* assessment of the clinician's evaluation of treatment outcomes and the perceived effectiveness of interventions used among clients. The rationale for utilizing this methodological approach is based on the lack of previous research in this area as well as the need for this specific type of qualitative data in order to enhance the understanding of social work interventions in this particular area of study. The goal of this particular methodological approach is to lay a foundation for further inquisition and research in this area.

Study Design

The purpose of this study is to explore substance abuse among the elderly; and more so, what works in treatment? The research methodology that will be utilized in this study design will be qualitative in nature. In order to explore, explain and evaluate what interventions are most effective in substance abuse treatment among the elderly, the study design should allow for *qualitative*

dialogue between clinician and interviewer. This dialogue will be collected in an individual interview format; participants will remain anonymous and will be identified as Participant 1, Participant 2, etc... The design of the study utilizes a set of 15-20 questions which serve as an "interview guide". These questions are formulated based on existing and supporting literature in the areas of substance abuse, social work practice and gerontology. The goal of the research is to collect qualitative data that can be further explored and examined to identify common themes, concepts and ideas within the scope of this research topic. Of course, like all other research, there are special considerations and implications in the selection of a particular study design. Due to this study design being qualitative, it is assumed that the collection of data may be more time consuming. Another implication of the study design may be the need for coordination amongst multiple clinicians in relation to the allotment of time for interview scheduling. Lastly, another implication due to study design may be the intimate nature of qualitative interviewing which could perhaps inhibit to some extend the content or amount of clinician disclosure. However, due to the importance of this qualitative data and the value it could bring to the field of social work, the study design should be executed in this manner as the clinicians are indeed the experts on this particular area of focus.

Sampling

It is important to qualitatively assess the clinician's evaluation of treatment outcomes and the effectiveness of interventions used among elderly clients

through the use of individual interviews. Interviews with clinicians have been determined to be most appropriate in regards to the study design, as individual interviews will provide the qualitative data needed in order to further explore the research topic. Clinicians are also most suitable for this methodological approach due to the fact that these clinicians are seen therapeutically as experts in their areas of practice. Criteria for selection of clinicians are based on several critical factors. These factors include clinician experience in working with elderly clients, education and training in substance abuse and understanding of how to assess their own effectiveness as a practitioner.

In regards to practicality and feasibility, the sample size and instrument used are conducive to the study design and the purpose of the study. The sample size and qualitative instrument will be sufficient in order to obtain qualitative data that could be generalized and also expanded upon with future research. The study design and methodology is reasonable and for these reasons, it is anticipated that the collection gathering and analyzing of data can be completed within a time span of approximately 3 months. The study anticipates access to a substance abuse treatment agency in Upland, California and has already been granted initial authorization. Although no client or agency documentation will be examined, interviews will be scheduled and conducted on-site at this agency and for this reason, a letter of authorization from the agency director will be obtained.

Data Collection and Instruments

The data collected during this study will be qualitative in nature. Due to the study design, the qualitative data will be measured by identifying keywords, themes and concepts in relation to the exploration of substance abuse treatment among the elderly and effective intervention strategies. The goal of this data collection is to qualitatively examine any possible relationships, parallels and correlations between clinician provided data. If correlations, themes and parallel concepts exist, it is possible that a larger study could be conducted and in turn, could possibly create further foundation to support emerging evidence-based practices. Due to the collection of data being qualitative and the collection method strictly utilizing clinician interviews, there are no identified dependent and independent variables in this study. Instead, the data collection protocol is less restrictive and allows the clinicians to provide feedback and information they deem useful in exploring the relationship between substance abuse treatment among the elderly and effective interventions. The construction of an instrument was conducted and based on professional literature which focuses on evaluation of clinician effectiveness, achievement of successful substance abuse treatment outcomes, evidence-based substance abuse recovery, and gerontological social work. The qualitative instrument is attached; please reference Appendix A.

In regards to the practical methodological implications of this study design, one must consider the possible negative implication which would be the reliance of clinicians' self-reporting. Although in this study, the most beneficial data source

is the clinician, we must take into consideration any possible barriers to the accurate collection of data. In this particular study design, clinicians may not wish to self-report or self-reveal when asked the interview questions. Additionally, in regards to the interview process, some clinicians may be uncomfortable providing qualitative data vs. quantitative data, as most quantitative surveys can be completed anonymously. In order to address these possible negative methodological implications, clinicians will be informed of the purpose of the study and will be briefed on the goal of the research so that they are aware of the motives for this particular study. It is imperative to educate the clinicians on the purpose of this research and the implications and future impact it could have in the areas of substance abuse treatment and social work interventions for clinicians working with the elderly population. By addressing these issues and being forthcoming, rapport can be established and potentially decrease any risk of the clinician providing “superficial” data.

Another element that could potentially be constraining on the study design is the element of time, which is one of the largest limitations. In conducting the study, clinicians will be interviewed individually and asked a set of 15-20 questions. During these interviews, clinicians will be allotted a specific amount of time per interview, of approximately 20 minutes; however, due to the qualitative nature of the data, the clinician feedback must be free-flowing in nature and the interviewer should respect the clinician’s provision of data by trying to allot for additional time during interview questions if need be. In addition, time should be

considered during the data collection due to the fact that the clinicians are currently practicing; therefore, it is crucial to ensure that the clinician's professional time is conserved and respected in order to allow the clinician to maintain a schedule conducive to the needs of their clients. Arrangements have been made in advance in order to ensure appropriate use of clinician's time and to allow the clinician to make accommodations if necessary.

The strengths of this type of data collection in relation to this particular research greatly outweigh any of the potential limitations. Firstly, there is little to no risk associated with the qualitative nature of the interview questions. Clinicians will have the right to skip over questions or they may choose not to answer specific questions; clinicians also have full authority to disclose only what they feel necessary. The qualitative data has tremendous weight and value in terms of implications to the field of social work and substance abuse treatment among the elderly. The data collected will be examined and explored in order to better understand what types of interventions are most successful and effective for this population; and more importantly, *why.* The main goal of utilizing clinician interviews and qualitative data collection with this instrument is to create dialogue and prompts that are inherently critical. Furthermore, this specific type of data could also provide a wealth of knowledge and depth, leading to an enhanced understanding of the particular hypothesis chosen.

The instrument used has limitations in a sense that change is the only constant; that is, questions contained within the instrument can always be added

and removed based on emerging literature. Questions used in this instrument may be null or void in the future depending on other studies and supporting literature. Therefore, it is critical that this data is collected and examined and the findings published in order to prompt further research that could enhance our understanding as social workers and in turn, impact future interventions and strategies. If further studies are conducted in this specific area, supporting literature could potentially lead to the formation of new evidence-based practices in the field of social work for utilization with the elderly.

Procedures

This study will consist of 8-10 clinician interviews. Clinician interviews will be conducted privately and individually. Clinicians will be informed of the study and will be invited to participate via email invitation; the clinicians will be selected at random. The agency selected has already provided initial authorization and the director of the agency has provided a list of clinicians that could be interviewed, if they wish to participate in this study. If clinicians wish to participate in this study, an allotted time and date will be set for the conduction of an interview. During this interview, clinicians will be asked a series of 15-20 questions that are expressed in a qualitative format. Due to the data itself being abstract, sensitive and qualitative in nature, clinician expressiveness must be transmitted through verbal communication from clinician to *interviewer.* That is, clinicians must accurately and descriptively provide detailed information in order for the data to be meaningful and meet criteria for further exploration and

interpretation for the purposes of the study. In order to ensure that the data is sufficient and useable for the study, it will be transcribed [with clinician consent]. Transcription of interviews will be conducted in order to ensure accuracy and uphold the integrity of the clinician's statements taken during the data collection process. Interviews will be conducted by this researcher. Qualitative data received will be transcribed by this researcher with consent of the clinician and the data will be analyzed off-site by this researcher. The study anticipates the need for an approximate 4 month window in order to ensure adequate time for scheduling clinician interviews, as the clinicians will dictate when they are available to participate. This time frame will be sufficient in allowing for the conduction of interviews, transcription process and examination of data/findings.

Protection of Human Subjects

Due to the subjects in this study being clinicians and not a specific group of individuals falling into a protected category, the study identifies little to no risk of harm. All clinicians will provide written consent showing their willingness to participate in this study. Additionally, the participants will also provide written consent to the use of data transcription during the interview process. The written transcriptions and any other identifying information and documentation collected will remain confidential and the data shall be secured in a lockbox off-site. Participants of this study will also receive debriefing statements after the interview is conducted. Participants are free to refrain from participating in this study if they experience discomfort or have any concerns regarding this study.

Data Analysis

After collecting the qualitative data, the data will be examined by exploring people, places, things and ideas as revealed in thematic qualitative clusters. The purpose of the data analysis is to gather parallels and correlations between the qualitative data collected. These possible correlations, ideas, concepts and themes (if emerging from the data) will be utilized in order to address any possible generalizations that could be made in this area of study. If the data show commonality, this research could be used by other researchers in order to expand upon this particular area of study, thus creating further data that could be analyzed to build upon appropriate interventions and create evidence-based practice for working with elderly clients.

Summary

The goal of this study is to further examine substance abuse among the elderly: what works in treatment. The study design will consist of qualitative data collection through the use of individual clinician interviews. Interviews will be conducted at an agency that services elderly substance abusers. There will be approximately 8-10 clinicians interviewed utilizing a set of approximately 15 interview questions. The qualitative data gathered during this study will be utilized in order to explore any possible correlations, ideas, concepts and themes and will be analyzed qualitatively in chapter 4 of this thesis. The aim of this study is to expand upon this hypothesis and bring further knowledge to this area of research so that future researchers can build upon this initial data.

CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

Introduction

This chapter presents the results of the data collected in the form of a qualitative analysis. The data presented in the findings section of this chapter were collected and processed in response to the hypothesis posed in chapter one of this thesis. The purpose of this study was not to determine how many geriatric individuals are affected by substance abuse or what contributing factors may have led to the development of a substance abuse problem; but more so, the research was aimed at identifying the most effective interventions for this population in the opinion of knowledgeable substance abuse professionals. As presented in chapter one of this project, the research hypothesis stated, "What are the most effective interventions to counter substance abuse in the geriatric population?" It is the opinion of this researcher that the goals and objectives of this study were accomplished through the use of interviews, data dissemination and qualitative data analysis.

Demographic Data

The data presented in this chapter are derived as a result of qualitative analysis of eight clinician interviews. These clinicians were selected by the Residential Services Coordinator of a substance abuse treatment agency in Upland, Ca based on the specified clinician criteria which consisted of: having a minimum of one year experience as a certified drug and alcohol counselor and

also having at least one year experience in working with older populations (aged 65 and above). There were five female clinicians and three male clinicians that participated in the data collection/ interview process. All clinicians participated in an approximate 20 minute interview and were asked the same set of 15 interview questions which aimed at addressing the overarching goal of this study which was to further examine substance abuse among the elderly: what works in treatment.

Findings

After collecting the qualitative data, the data was examined by this researcher by exploring people, places, things and ideas that were revealed in thematic qualitative clusters. The purpose of performing qualitative interviews and collecting data for this study was guided by the hypothesis; the data collected in terms of this research has the potential to shape future education, training and interventions in the fields of substance abuse counseling and social work. In order to further analyze and uncover parallels and correlations within the data collected during the clinician interview process, the data was transcribed by this researcher and then each of the clinician responses were compared to one another with categorization by theme. After careful review and analysis, several common themes and ideas emerged from the data. In response to the hypothesis, “Substance abuse among the elderly: what works in treatment?” the answers became apparent through examining the data as clinician consensus revealed thematic clusters which included various domains. Out of these

domains, this researcher identified six specific domains which were repeated throughout each of the clinician interviews. These six domains included: establishing rapport, respect, communication, specialized assessment, case management and social support. Each of these six domains were identified and expanded upon by the clinicians during the interview process; these six domains and their respective sub domains are presented in the tables below.

Table 1. Building Rapport sets the Therapeutic Foundation

Domain 1- Establishing Rapport
Sub domains: ▪ "Having good rapport increases positive treatment outcomes" (Participant 3, February 2015). ▪ Rapport begins with the initial meeting; show respect by providing a handshake and addressing the client formally (i.e.: Mr. or Mrs.). ▪ Speak in a loud and clear tone; be aware of any disability accommodations prior to meeting with the client as this population may have mobility issues or visual/hearing impairment. ▪ Make eye contact with the client. ▪ Be transparent with the client. ▪ Express to the client that they are a priority; put the client first. ▪ Allow time for the gradual building of trust. ▪ Listen to the client actively; "Hear- don't tell, lecture or give advice. Older adults want their experiences to be validated" (Participant 6, February 2015). ▪ Build upon the established rapport by connecting with their generation; Be genuine in wanting to get a better understanding of who they are and where they came from; understand their life experiences by asking questions. ▪ Be "empathetic, kind, personable, understanding, compassionate and accepting" (Participant 4, February 2015). ▪ Show "unconditional positive regard" (Participant 1, February 2015). ▪ Provide validation to the client. ▪ Encourage open communication from the initial meeting; appreciate client feedback. ▪ Try to relate to the client's life experiences when genuine and possible.

Table 2. Respect for the Elder Client

Domain 2- Respect
Sub domains: ▪ "Respect is the key to building the therapeutic relationship" (Participant 1, February 2015). ▪ Treat the older adult as an "Elder" (Elders are typically viewed as wiser and more experienced). ▪ Speak in a manner that the older adult is accustomed to (i.e.: formal titles). ▪ Important for the clinician to be aware of ageism (both clinician to client and client to clinician). ▪ "Be patient" "Allow more time for progress" (Participant 1, February 2015). ▪ "Listen" (Participant 7, February 2015). ▪ Meet the client where they are; "Respect where the client is, understand that the change process may be slower" (Participant 3, February 2015). ▪ "Always put the needs of the client first" (Participant 7, February 2015). ▪ Have extra patience in working with older adults. ▪ Be aware of co-dependency; "Have a 'helping-attitude' with older adults rather than a 'care-taking' attitude" (Participant 5, February 2015). ▪ Show consideration; be aware of "physical, cognitive, medical, mental health conditions, etc… in order to adequately accommodate their needs" (Participant 2, February 2015).

Table 3. Communication as a Cornerstone of Compassionate Care

Domain 3- Communication
Sub domains: ▪ Speak in a manner that the older adult is accustomed to (i.e.: formal titles, do not use “slang” or terms the client may be unfamiliar with). ▪ Speak in a loud and clear tone; be aware of any disability accommodations prior to meeting with the client as this population may have mobility issues or visual/hearing impairment. ▪ Make eye contact with the client. ▪ Be clear and transparent with the client about roles and expectations. ▪ Listen to the client actively; “Hear- don’t tell, lecture or give advice. Older adults want their experiences to be validated” (Participant 6, February 2015). ▪ Provide acknowledgement and validation to the client. ▪ Encourage open communication from the initial meeting; appreciate and seek client feedback; “Direct client feedback is one of the main methods for assessing client progress in treatment” (Participant 1, February 2015). ▪ “Find ways to connect with the client” (Participant 2, February 2015).

Table 4. Highly Specialized and Thorough Assessment

Domain 4- Specialized Assessment
Sub domains: ▪ Thorough assessment is critical however there are several key areas that must be addressed including: environmental risks (i.e.: living alone, mobility issues, disability, etc…), legal issues, mental health (i.e.: depression, dementia, schizophrenia, Alzheimer's, etc..), medical issues (i.e.: COPD, diabetes, chronic pain, arthritis, etc…), caretaking/care-giving roles, cognitive capacity, occupational/vocational (i.e.: retired), family/social/community support, transportation barriers, source of income (i.e.: retirement funds, SSI, SDI), housing (i.e.: homeless, low income, skilled nursing, sober living, transitional housing, senior living, etc…), Thorough and specialized assessment is critical for case management during treatment; specialized assessment helps clinician to identify necessary resources and assistance needed, etc… ▪ Due to extensive life experiences past trauma(s) must be addressed during the assessment process in order to establish referrals and complete case management services during the course of treatment; (i.e.: bereavement-widow or widower, loss of children, social supports, etc…). ▪ Clinicians must address assessment with sensitivity and inquire about unique life experiences of the older adult (i.e.: LGBTQ, experiencing ageism, racism, sexism, stigma, etc…) This is critical that the clinician is aware of sensitive areas so that this can be addressed in the therapeutic environment. ▪ Crucial to assess what Participant 3 referred to as the "standard modality of treatment" and its effectiveness and suitability for the client; some older adults may not be suitable for treatment programs that cannot provide wrap around or case management services (Participant 3, February 2015). ▪ Critical to identify high risk older adults during assessment phase (i.e.: dual diagnosis, disability/mobility issues, living alone) in order to create emergency/crisis/safety planning with client and treatment team.

Table 5. Comprehensive and Advanced Case Management Services

Domain 5- Case Management
Sub domains: ▪ Case management is the direct extension of thorough and specialized assessment which is "critical for case management during treatment"; specialized assessment helps clinician to identify necessary resources and assistance needed, etc… (Participant 6, February 2015). ▪ Case management when working with older adults is "specialized" and "advanced" in nature; services should ideally be "wrap-around" and extend into the community for additional supports (Participant 7, February 2015). ▪ Case management has increased intensity in older adult populations due to highly specialized needs revealed through the assessment process such as: environmental risks (i.e.: living alone, mobility issues, disability, etc…), legal issues, mental health (i.e.: depression, dementia, schizophrenia, Alzheimer's, etc..), medical issues (i.e.: COPD, diabetes, chronic pain, arthritis, etc…), caretaking/care-giving roles, cognitive capacity, occupational/vocational (i.e.: retired), family/social/community support, transportation barriers, source of income (i.e.: retirement funds, SSI, SDI), housing. ▪ Increase in chronicity and acuity of medical and mental health conditions in older adults (i.e.: chronic pain, multiple medical diagnoses, mental health conditions, etc…) therefore a large component to advanced case management among older adults requires direct linkage to medical teams and routine follow-up to ensure the medical and mental health needs of the client are addressed and are effective. ▪ Dental/Vision/Mobility needs must be addressed. ▪ Examples of typical "specialized" advanced case management services for older adults include identifying and providing resources for: housing (i.e.: homeless, low income, skilled nursing, sober living, transitional housing, veteran, senior living, etc…), provision of psycho educational services: vocational, financial or educational training (i.e.: linking to courses at local community colleges or senior centers), ensuring adequate transportation, linkage to social and community support through 12-step community, senior center, recreation programs for seniors, volunteering, fellowship, religious and community organizations, etc…, bereavement support and resources, social services (i.e.: DMV, obtaining SSI/SDI, IHSS, veteran's services, etc…). ▪ Ensuring linkage to social and community support groups and organizations is crucial to improving the engagement and success of the client in treatment but also for the client's long term recovery post treatment; emphasis on generativity.

Table 6. Social Support as an Integral Protective Factor

Domain 6- Social Support
Sub domains: ▪ Often Clinician must initiate and provide linkage to social supports; “linking to resources is key” (Participant 4, February 2015). ▪ 12-Step support ▪ Individual Sponsorship ▪ Recovery/Therapeutic community ▪ Religious organizations or spiritual affiliations ▪ Sober living or supportive (transitional) housing ▪ Recreational organizations and activities ▪ Educational institutions ▪ Community centers ▪ Senior centers ▪ Community outreach ▪ Family support ▪ Peer support ▪ Support groups (i.e.: seniors, LGTBQ, addiction, mental health, bereavement, retired, etc…) ▪ Encouraging volunteerism through community or charity organizations (i.e.: Meals on Wheels, Salvation Army, community center, etc…) ▪ Encouraging older adults to engage in the “concept of community” and to “be a part of something” (Participant 1, February 2015).

Summary

In consideration of the data reviewed, there were six domains that were identified which were repeated by each of the clinicians in thematic clusters, uncovered during the qualitative interview process. These six domains are: establishing rapport, respect, communication, specialized assessment, case management and social support. Each of these six domains contained a rich, diverse and multi-faceted set of various “sub domains” that were further explored, explained and detailed in the preceding tables in this chapter. These six domains and their respective sub domains hold a wealth of information and knowledge that could further be explored in terms of their impact and implications in the fields of substance abuse counseling, social work and gerontology. These domains will be dissected and assessed further in the following chapter.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will include discussion of the findings, conclusions regarding the outcome of the study as well as suggestions and recommendations for social work practice, policy and research. The purpose of the study was to examine substance abuse among the elderly: what works in treatment. In order to conduct a study that would measure key factors that promote recovery in treatment, it was necessary to identify what professionals are most likely to encounter older adults struggling with substance abuse issues. Although social workers have historically been the comprehensive providers of assessment, crisis intervention, case management and treatment of various populations; drug and alcohol counselors are typically the professionals who provide specialized services such as one on one assessment, case management, education, support and treatment in the area of substance abuse.

Additionally, substance abuse counselors have a similar scope of duties as well as professional code of conduct, like that of a social worker. For these reasons, it was critical to interview knowledgeable and experienced drug and alcohol counselors in order to gain further insight and to achieve a better understanding of what techniques and principles seem to be most valuable and effective in treating older adults with substance abuse issues. Although this study did not include interviews of social workers, the findings of this study may greatly

impact the field of social work in regards to education, training, interventions and preparation in regards to working with the aging population as well as those who are struggling with alcohol and drug abuse.

Discussion

In completing the qualitative interviews, through the discovery of the six highlighted domains presented in chapter four, it became apparent that drug and alcohol counselors are professionally trained on some of the very same counseling and therapeutic principles to that of a social worker. For example, as discussed in chapter four of this research and outlined further in Table 1. Building Rapport Sets the Therapeutic Foundation, the first domain focused on the establishment of building rapport which was found to be critical to the success of treatment among elderly substance abusers. As discovered through analyzing the data, one participant stated, “Having good rapport increases positive treatment outcomes,” due to building a positive foundation for the fostering of recovery and promotion of the therapeutic treatment experience (Participant 3, February 2015). In addition, many of the participants agreed with and shared the view that the counselor’s demonstration of showing unconditional positive regard is imperative to the building of the therapeutic relationship; much like the National Association of Social Workers’ value of “Dignity and Worth of the Person”.

> The NASW states that social workers should
>
> Treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote

clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs (“Code of Ethics of the National Association of Social Workers,” 2008).

These values and principles were echoed by the interviewees during the qualitative interview process. The interviewees expressed the beliefs that in order for the treatment experience to be therapeutic and authentic, the clinician must connect with the client during the initial stages of treatment by conducting themselves in an “empathetic, kind, personable, understanding, compassionate and accepting” manner (Participant 4, February 2015). It also became apparent through the interview process that in order to build lasting rapport, the clinician must be transparent in their practice. In the context of this aspect, interviewees explained that transparency is one of the most forward ways to build rapport with the elder client by being upfront, honest, explanatory and disclosing during the initial assessment the scope, role and goals of the counselor in relation to their therapeutic relationship with the elder client.

The next domain that was discovered through the research was outlined in chapter four, Table 2. Respect for the Elder Client. One statement that resonated throughout discussion on the topic of respect as a domain critical to the successful treatment of the elderly substance abuser was the belief that “respect is the key to building the therapeutic relationship” (Participant 1, February 2015). Although the first domain identified in chapter four was the building of rapport, the

sub domains of rapport and respect differ greatly in their therapeutic value. For example, respect for the client is expressed through facets of the counselor's specific understanding of the needs of the elder population. The sub domains in the area of respect were described as the displaying of characteristics such as being aware of the era that the client comes from and attempting to genuinely connect with them; being interested and validating their experiences. In addition, the clinicians echoed the belief that in dealing with the older population, it is critical to be additionally patient and understanding with older clients as they may progress more slowly therapeutically.

Furthermore, one sub domain that was pertinent to the building of respect was expressed as "allowing more time for progress" (Participant 1, February 2015). Explicitly stated, the interviewees noted that the clinician must "meet the client where they are; respect where the client is, understand that the change process may be slower" (Participant 3, February 2015). In addition, clinicians can gain respect by "showing consideration; being aware of physical, cognitive, medical, mental health conditions, etc… in order to adequately accommodate their needs" (Participant 2, February 2015). As the clinician gains this insight and understanding of the client's goals and needs for treatment, the mutual building of respect can take place.

"Communication as a Cornerstone of Compassionate Care" was the third domain that was discovered through the analysis of data and presented in Table 3. The importance of developing fluid communication with the elderly client differs

from working with other populations in that clinicians explained, participants agreed that clinicians must speak in a manner that the older adult is accustomed to; this includes utilizing formal titles and refraining from the usage of slang or terminology the elder client may be unfamiliar with. Furthermore, the clinicians agreed that when working with older adults it is important to be cognizant of tone, clarity and projection; as the participants agreed that it was important to speak in a loud and clear tone and to be aware of any disability accommodations prior to meeting with the client as this population may have visual/hearing impairments. Communication can begin by attempting to assess, understand and become aware of the client's specific needs. Data analysis showed the importance of encouraging open communication between client and clinician from the initial meeting; as well as appreciating and seeking client feedback. "Direct client feedback is one of the main methods for assessing client progress in treatment" (Participant 1, February 2015). During the interview process, multiple clinicians shared the view that the older client differs from the younger populations in that the clinician should "Listen to the client actively; "Hear- don't tell, lecture or give advice. Older adults want their experiences to be validated and they don't want advice or to be told what will work for them. Provide them with guidance because they ultimately have the solutions within" (Participant 6, February 2015).

Displayed in the previous chapter is the domain of "Highly Specialized and Thorough Assessment", presented in Table 4 which highlights the importance of performing an assessment unique to the elderly client as there are a multitude of

various and diverse factors that have the potential to greatly impact the quality and scope of treatment and case management services received. Participants agreed and expressed the view that thorough and specialized assessment is critical for case management during treatment; this type of specialized assessment helps clinician to identify necessary resources and assistance needed, etc…Although all clinicians must to some degree assess the substance abuse client for risk, the elderly client is much more prone to multiple risk factors. Counselors must then identify high risk factors in older adults as soon as possible during assessment phase. Some of these risk factors the participants identified collectively were clients experiencing dual diagnosis, having disability/mobility issues, living alone, recent loss/bereavement, history of depression or self-harm, and polypharmacy.

These specialized risk factors must be addressed and identified early on in the assessment process in order to create emergency/crisis/safety planning with client and treatment team and ensure that the elder client meets criteria for the specific program. “There is additional specialized consideration when working with the elderly population in substance abuse treatment because you must assess the “standard modality of treatment” and its effectiveness and suitability for the client; some older adults may not be suitable for treatment programs that cannot provide wrap around or case management services” (Participant 3, February, 2015). For these reasons as well as the other sub domains highlighted in table four of chapter four, assessment is more specialized for the elder client

versus younger populations in that there is increased need for safety and advanced, wrap around case management services for the older client.

In terms of case management services, Table 5. Comprehensive and Advanced Case Management Services showcases several of the sub domains that the clinicians provided during the qualitative interview process. As expressed by one participant, case management is the "direct extension of thorough and specialized assessment which is critical for case management during treatment; specialized assessment helps us to identify necessary resources and assistance needed" (Participant 6, February 2015). The elderly client typically requires intensive and advanced case management services throughout the treatment duration which extends into discharge planning and aftercare services. In addition to specialized risk factors, the older population is also at increased need of comprehensive case management services due to a multitude of factors such as: environmental risks (i.e.: living alone, mobility issues, disability, etc…), legal issues, mental health (i.e.: depression, dementia, schizophrenia, Alzheimer's, etc..), medical issues (i.e.: COPD, diabetes, chronic pain, arthritis, etc…), caretaking/care-giving roles, cognitive capacity, occupational/vocational (i.e.: retired), family/social/community support, transportation barriers, source of income (i.e.: retirement funds, SSI, SDI), housing and other unique needs. Also, through data analysis and supported by the literature review, it was reiterated that case management with the elderly client must be advanced in nature due to the chronicity and acuity of medical and mental health conditions in older adults

(i.e.: chronic pain, multiple medical diagnoses, mental health conditions, etc…) therefore a large component to advanced case management among older adults requires direct linkage to medical teams and routine follow-up to ensure the medical and mental health needs of the client are addressed and are effective.

The last major domain identified through data collection and analysis is displayed in Table 6. Social Support as an Integral Protective Factor; chapter four provides the data sub domains of social support as encompassing many diverse aspects of social support that are unique to the elderly client's needs. Data showed that ensuring linkage to social and community support groups and organizations is crucial to improving the engagement and success of the client in treatment but also for the client's long term recovery post treatment; the aspect that is unique to working with the older population is the emphasis that clinicians must place on generativity. The concept of generativity stems primarily from psychologist Erik Erikson and his theory on the psychosocial stages of adult development; as an older adult, the psychosocial stages of development that are relevant are the stages of "generativity vs. stagnation" as well as "ego identity vs. ego despair" (McLeod, 2008). The Eriksonian principle of generativity emphasizes the genuine regard for others and a desire to guide and assist younger generations; in essence an inherent and unspoken desire to have a purpose in life or face feelings of confusion and despair. In order to encourage generativity among older clients, data showed a specific need for linkage to dynamic social support systems. It is important for the clinician to initiate and

provide linkage to social supports; all participants agreed that linking to resources is critical to ensuring adequate support both during and after treatment.

Some of the support systems that were suggested by the interviewees included: support groups (for a multitude of issues such as widower, bereavement, parents raising grandchildren, veteran, etc…), 12 step programs, therapeutic and recovery communities, religious and spiritual organizations, recreational groups, community organizations, increasing and building peer/family support and individual sponsorship through a 12 step program. Furthermore, there was emphasis on encouraging older adults to participate in volunteerism and engage in the concept of community; “encourage them to be a part of something” (Participant 1, February 2015). As clinicians link the elder client to outside supports, the chances of lasting recovery and success increase; the clinician, through linkage of support encourages the promotion of accountability, sobriety, productivity and generativity. Many community resources include programs for seniors as well as12-step programs like Alcoholics Anonymous and Narcotics Anonymous. These agencies that serve seniors typically provide a multitude of needs through local senior centers (housing, recreation, peer support, counseling, etc…), health care agencies that provide medical and mental health services to older adults, and agencies that provide bereavement and care giving resources should also be considered. The community integration aspect is crucial, as this supports a lasting recovery as well as overall health and wellness as individuals continue to age.

Conclusions

Many insights were gained both through the collection of data and during the qualitative analysis review conducted during this research. After examining the data further as well as the clinician feedback, responses and six domains identified, these findings were in fact supported by the literature review conducted and outlined in chapter two of this research. For example, the interviewees supported the literature stating that, “Although research shows that alcohol use *declines* as people grow older, the trend appears to be offset by *increased* misuse and abuse of over-the-counter and prescribed medications” (Memmott, 2003, pg. 86). Clinicians expressed this growing concern for increased polypharmacy among the elderly due to the degenerative nature of the aging process and the increase in chronic pain conditions as well as an influx of dual diagnosis individuals needing substance abuse treatment.

Another aspect of the findings that was supported by the previous literature review conducted was the theory that in order for substance abuse treatment to be effective, it must “address drug use and associated medical, psychological, social, vocational, and legal problems. This is obviously an area where social workers, who are trained to take an environmental perspective, have more to offer than some other professionals…” (Memmott, 2003, pg. 86). The clinician feedback and interviews provided a tremendous amount of real-life experience, knowledge and insight into the diverse, intensified spectrum of specialized needs required to adequately service the aging population. The

revealing of the six domains and their respective sub domains that were highlighted in chapter four shows that these systems must be integrated and assessed in their totality and then incorporated seamlessly into the matrix of care; furthermore, care for the elderly should be envisioned and executed on a continuum rather than being finite.

The discussion amongst the interviewees during the qualitative interview process supported the overarching values and principles of the Recovery Model while emphasizing, as Irvin Yalom identified, the "instillation of hope" which is critical to establishing recovery and connectivity in group therapy (Yalom, 2005). Utilizing the cornerstones of psychology, counseling and social work, specific therapeutic interventions and techniques such as the expression of empathy, kindness, compassion, active listening, building rapport, respect, unconditional positive regard, validation and comprehensive case management were continually emphasized and validated by the clinicians during the qualitative interview process. Although many aspects of working with the older population in a therapeutic hold true to all populations and age ranges, it was discovered through data analysis that there are specific domains in which extra caution, care and comprehensive measures must be taken.

Recommendations for Social Work Practice, Policy and Research

As previously stated in the literature review, the main role of a social worker or practitioner who serves the elderly substance abuser is to provide

competent care and case management. In relevance to the growth of the geriatric population as it relates to the field of social work, there will be an "increased demand for social workers that know how to screen, assess, and treat elders for substance abuse and other substance-related disorders" (Memmott, 2003, pg. 98). The data collected by this researcher and the outcomes of this study align with the literature review and the view that social workers will be greatly impacted by the growing aging population. It becomes critically apparent in light of the statistics discussed in chapter two, that there will be an increased need for social workers in the field who are educated, trained and experienced in the areas of gerontology as well as substance abuse.

In terms of the implications of this research on social work policy, the findings suggest that there should be more emphasis on increasing protective factors amongst elderly individuals and the aging population as a whole. In attempting to apply the findings to support policy proposals, perhaps increased local and state funding on programs that service the aging population would be not only beneficial but preventative in nature as well. For example, agencies like the Riverside County Department of Aging Services (DAS), hospitals, nursing and boarding care facilities, Long Term Care (LTC) agencies, assisted living facilities, independent living communities, counseling agencies, senior centers and mental health agencies are all areas within the service range. Each of these agencies has the capacity and the ability to create and promote the health and wellbeing of the aging population as a prevention measure as well as an

intervention and support system; not only to the elderly substance abuser but for all members of the aging population. There are many important and valuable community agencies and organizations that simply lack funding, man power and capacity to provide the spectrum of services that they are capable of; with additional research in the areas of substance abuse and gerontology, perhaps future policies may be created in light of the growing trends of substance abuse and co-occurring disorders among the elderly.

In regards to the findings of this study and the implications that it may have on future research, the data collected by this researcher was limited to one agency, in one city, in one county, in one state, amongst one profession. There are thousands of skilled, knowledgeable geriatric and substance abuse practitioners that could add a tremendous amount of wealth, insight and diversity into similar future research. Perhaps the National Association of Social Workers could create a survey via internet that could assess social worker's perceptions of the aging population as well as substance abuse in order to gauge the levels of confidence, experience and knowledge possessed by social workers in order to establish further training and continuing education; perhaps there would be mandatory education provided to social work students in order to promote competencies in the areas of substance abuse and gerontology, as the research shows these two areas will be greatly impacted in the near future.

In relation to social work practice, there are many true, tried, and tested interventions and theories that have been utilized with the substance abuse and

aging populations. However, there are an abundance of new and innovative techniques and interventions that have yet to receive attention amongst the social work profession. An emerging micro practice intervention in the area of substance abuse is described as, “Mindfulness-Oriented Recovery Enhancement (MORE), a new behavioral treatment that integrates elements from mindfulness training, cognitive-behavioral therapy, and positive psychology” (Garland, 2002, pg. 2). This innovative intervention could possibly provide positive outcomes for the aging population in relation to substance abuse. Eric Garland, Ph.D., LCSW conducted research in the area of addiction and aims to utilize the MORE intervention to

> …strengthen attentional control over automatic cognitive biases, use mindfulness practices to potentiate cognitive reappraisal of maladaptive thoughts contributing to negative emotions and addictive behaviors and enhance positive emotion and motivation by instructing participants to mindfully focus attention on and savor naturally rewarding experiences… (Garland, n.d.).

As a micro practitioner, it is important to be aware of research and emerging trends in order to gain exposure to new and useful intervention techniques that could be utilized effectively with this population. Social workers must continuously strive to remain competent, knowledgeable and experienced in all aspects of social work, as we have a liability to protect, serve, empower and educate vulnerable populations. Once we can begin to educate the geriatric

population, they can in some sense gain insight and understanding as to how late life issues will impact them, they can begin to prepare for these “normative” changes. Substance abuse affects not only the individual, but those friends and family members around them as well as the greater community. By educating individuals and having them be directly involved in their education and treatment, we can empower these individuals to gain control of their addiction. If individuals can essentially become their own “experts”, they can then determine what type of interventions would be most effective or most appropriate to them.

As a macro practitioner, education should begin with the social worker and extend outward to health care practitioners, mental health workers, substance abuse counselors, therapists and all agencies providing services to seniors such as home health agencies, senior centers, etc… By educating these clinicians, professionals and communities on these topics and the importance of caring for the aging population, it could possibly lead to the creation and expansion of additional supports and services for the aging population. As a result of increased social work awareness, knowledge, education and competency in the area of aging, we as social workers will help promote recovery, empowerment and resilience of the aging population.

In order to aid in substance abuse prevention efforts, social workers should have knowledge of specialized geriatric issues and substance abuse treatment. In addition, experience with appropriate screening tools, interventions and resources are crucial. The main role of a social worker or practitioner who

serves the elderly substance abuser is to provide competent care and case management. The practitioner should be able to treat, provide adequate interventions and educate clients on a multitude of issues, not just limited to substance abuse. In order to provide a therapeutic environment that is conducive to promoting recovery in the geriatric patient, practitioners must be aware of any potential issues that may prevent or interfere with treatment and interventions. Realizing the tremendous potential that social workers have in the areas of aging and substance abuse treatment is critical; we can truly make a positive impact for the clients, families, professionals and communities that we serve.

Although this research was performed on a small scale, the implications and significance of the literature review and findings have the potential to make the most powerful impact on the aging population, addiction treatment, social work as a profession and all other professionals and agencies who serve these populations. By promoting education, we as social workers give our clients the ability to become their own experts, manage their own care, create their own plan for recovery, educate themselves and others, gain positive peer support and promote generativity. Social workers have the uniquely important role of advocating, empowering, educating and treating those within the community that are in need of support and services.

Elderly substance abusers will be one area of the population that will greatly and tremendously benefit from social workers who have been trained and educated on substance abuse treatment as well as possessing knowledge of the

diverse theories and aspects of aging. Those social workers who demonstrate a competency and ability to work with the aging population will surely have ample opportunities for success, professional growth and possibly the ability to create policy changes, promote research in the areas of gerontology and substance abuse and create new programs and interventions for the aging population. In terms of this research, it is merely the beginning stage of uncovering the vast and important abundance of additional knowledge and insights that should be incorporated into the education of future social workers; not only for the benefit of the social work profession, but for the aging population as a whole.

APPENDIX A

INSTRUMENT

Qualitative Interview Guide

1. In your professional opinion, how are “successful” treatment outcomes achieved for the elderly client; what factors do you assess?

2. How do you evaluate your own effectiveness as a clinician?

3. What are special considerations a clinician must take into account when working with an elderly client?

4. How do you establish rapport with the elderly client; are there special considerations for this population?

5. How is your previous experience applicable to the work you do here?

6. What do you think is going to happen in the field in the next five years in relation to elderly substance abuse?

7. What are some of the specialized risk factors during the assessment process that may be highlighted or identified in the elderly client?

8. If the client does not have family participation in treatment, what other interventions or tools do you utilize to ensure adequate social support?

9. What techniques do you use in individual therapy with the elderly client?

10. What outside interventions/agencies/supports are incorporated into the treatment process?

11. In examining success rates, does participation in 12 Step groups seem to have a positive effect on elderly individuals? Are elderly individuals attending these types of groups? What types of support groups seem to be most helpful?

12. In your professional opinion, what interventions seem to prove most effective in working with the elderly substance abuser? Are these interventions evidence based? If not, how do you measure the intervention effectiveness?

13. How would you describe your agency's viewpoint on recovery for the elderly substance abuser?

14. What are some of the most common barriers to treatment that you see in working with the elderly population?

15. What suggestions or professional consultation would you provide to clinicians preparing to work with the elderly substance abuser?

16. Do you believe there are differences in attitudes of clinicians working with elderly clients vs. those who do not; do you feel you have gained any specific insight in relation to working with this population?

Instrument created by Sophia Salima Morelli

APPENDIX B

CLINICIAN INFORMED CONSENT FOR INTERVIEW

The study in which you are being asked to participate is designed to investigate substance abuse among the elderly and most effective interventions for treatment. This study is being conducted by Sophia Morelli, MSW Student, under the supervision of Dr. Thomas Davis, Professor of Social Work at California State University, San Bernardino. This study has been approved by the School of Social Work subcommittee of the Institutional Review Board of California State University, San Bernardino.

PURPOSE:
The goal of this study is to further examine substance abuse among the elderly: what works in treatment. The study design will consist of qualitative data collection through the use of individual clinician interviews. The qualitative data gathered during this study will be utilized in order to explore any possible correlations, ideas, concepts and themes. The aim of this study is to expand upon this hypothesis and bring further knowledge to this area of research so that future researchers can build upon this initial data.

PARTICIPATION: Please note that your participation in this study is completely voluntary and you do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time.

CONFIDENTIALITY:
Your participation in this research study will be kept confidential. Participants must sign an audio recording consent form if they agree to have their interview recorded for the purposes of data transcription; if you choose *not* to sign the audio recording consent form, the interview will be conducted without audio recording and the data/participant responses will be manually transcribed by this investigator. All documents and data pertaining to this research will be stored in a lockbox off-site. All audio recordings will be destroyed 1 year after the research project has concluded. All data transcription will remain on file for 1 year after the research project has concluded and these documents will then be destroyed. A hard copy of this study will be converted into a thesis submitted to the Graduate Studies office at California State University, San Bernardino. All participant information shall be kept confidential throughout the research study as well as after it has commenced. If you would like to request a copy of the results and study outcomes, please refer to the instructions contained in the Results section below.

DURATION:
Each interview is anticipated to last approximately 30 minutes and will consist of a set of 10-15 qualitative interview questions.

RISKS:
This study identifies no physical, psychological, social, legal or economic harms or risks for participants who voluntarily agree to contribute to this research by participating in the interview process. If for any reasons participants no longer want to participate in the interview process, participants will be debriefed, provided with contact information should they have any questions, comments or concerns and any audio recordings will be destroyed. Confidentiality will be maintained throughout this research.

BENEFITS:
A benefit of your participation in this research builds a foundation for future research in the areas of substance abuse and social service delivery among the elderly population. Participants of the study may gain insight into the implications of their professional work. Participants may also promote personal development skills through the sharing of knowledge and contributions to the field of social work through this research.

AUDIO: I understand that this research will be audio recorded. I also understand that I must complete an audiotape consent form prior to the interview being conducted.

Mark: _____

CONTACT: If for any reason you should have questions, comments or concerns regarding this research, research subjects' rights please contact Dr. Thomas Davis, CSUSB Faculty Research Advisor (909) 537-3839.

RESULTS: If you are interested in obtaining the results of this research study, please contact the John M. Pfau Library at California State University, San Bernardino (909) 537-5091 or request in person at John M. Pfau Library at California State University, San Bernardino 5500 University Parkway, San Bernardino, Ca, 92407-2318.

CONFIRMATION STATEMENT:
I have read and understand the consent document and agree to participate in your study.

Mark: _____ Date: _____

APPENDIX C

AUDIO USE INFORMED CONSENT FORM

As part of this research project, audiotape recording of interviews will be conducted in this research study. Please indicate what uses of this audiotape you are willing to consent to by initialing below. You are free to initial any number of spaces from zero to all of the spaces, and your response will in no way affect your credit for participating. Audiotape in ways that you agree to. In any use of this audiotape, your name would *not* be identified. If you do not initial any of the spaces below, audiotape recording of the interview will not be conducted.

Please indicate the type of informed consent

☒Audiotape

(*AS APPLICABLE*)

- **The audiotape can be studied by the research team for use in the research project.**

  Please initial: _____

- **The audiotape can be played to subjects in other experiments.**

  Please initial: _____

- **The audiotape can be used for scientific publications.**

  Please initial: _____

- **The audiotape can be played at meetings of scientists.**

  Please initial: _____

- **The audiotape can be played in classrooms to students.**

  Please initial: _____

- **The audiotape can be played in public presentations to nonscientific groups.**

  Please initial: _____

- **The audiotape can be used on television and radio.**

  Please initial: _____

I have read the above description and give my consent for the use of the audiotape as indicated above.

SIGNATURE _____ DATE _____

APPENDIX D

DEBRIEFING STATEMENT

The interview you chose to participate in was designed to investigate substance abuse among the elderly and what interventions are most effective in treatment. This research study will assess, explore and examine central themes, ideas, people, places and concepts in relation to substance abuse among the elderly and what works in treatment. This research is particularly interested in the relationship between clinician knowledge of age appropriate interventions and clinician perception of effectiveness in treating this population.

If you have any questions or concerns about the study, please feel free to contact Dr. Thomas Davis, CSUSB Faculty Research Advisor at (909) 537-3839. If you would like to inquire about the results of this study, or to request a written copy, please contact the John M. Pfau Library at California State University, San Bernardino (909) 537-5091 or request in person at John M. Pfau Library at California State University, San Bernardino 5500 University Parkway, San Bernardino, Ca, 92407-2318.

Thank you for your participation and valuable contributions to this research.

APPENDIX E

AGENCY CLEARANCE

To: California State University, San Bernardino School of Social Work

This letter is to provide confirmation that Master of Social Work student, Sophia Morelli has been granted access to conduct research at Inland Valley Recovery Services. This letter shall serve as formal permission to collect data and conduct interviews at this facility. If you should have any questions or concerns, please feel free to contact me directly.

Thank you,

Sophia Ortega, CADCII
Inland Valley Recovery Services
Residential Services Coordinator
909-908-3558
916 N. Mountain Avenue, Suite A
Upland, CA 91786

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