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SOCIAL WORKER’S PERCEPTION OF IN HOME THERAPY TO REDUCE DEPRESSION AMONG THE ELDERLY

Christine A. Mettlen

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SOCIAL WORKER’S PERCEPTION OF IN HOME THERAPY TO REDUCE DEPRESSION AMONG THE ELDERLY

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

by
Christine Annette Mettlen
June 2015
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REDUCE DEPRESSION AMONG THE ELDERLY

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Approved by:

Dr. Rosemary McCaslin, Faculty Supervisor, Social Work
Dr. Rosemary McCaslin, M.S.W. Research Coordinator
ABSTRACT

This paper will discuss the barriers to the elderly population and how providing in home therapy could reduce depression in order to provide a better long lasting life. There are high levels of depression related to psychological problems, aging and illness. Depression can be associated with cumulative loss, restricted sense of control and declining abilities. The main problem is that elderly individuals tend to isolate so they will not seek help to address their depression. Providing guidance and support to the elderly will allow them to be able to function longer, remain independent, and extend their life.

The total number of participants that were recruited for the study was twenty two. This study examined social workers’ awareness and knowledge regarding depression among the elderly and their perception if providing in home therapy will reduce depression among the elderly. Both quantitative and qualitative methodologies were used to give the researcher a systematic illustration of their perception. Findings from this study provide an understanding of the stigma associated with depression. Participants in the study indicated various levels of knowledge regarding depression among the elderly. Researcher suggests further research and examination if older adults would be receptive to receiving therapeutic services in their home and if those services will have a significant impact in improving their overall health, function and quality of life.
ACKNOWLEDGMENTS

Sincere gratitude is extended to my employer Medpoint Management who went beyond to accommodate me with my work schedule so that I can obtain my degree. I want to thank my family and friends who stood by me and dealt with my absence and craziness throughout the past three years. Most importantly I want to thank my partner Diana for all her support and encouragement. You drove me crazy every time you’d ask “what page are you on now” when I was only an hour into my paper.

I dedicate this research project to my great grandparents Anna and Miguel Quintana who have taught me so much about family and love. Thank you “Pappy” for all your support and guidance. Thank you for pushing me to achieve a higher academic, not letting me settle for less and especially supporting me through all my sporting events. To my grandmother Anna, how I wish I could have been there to advocate for you, but because of you I am here advocating for all the older adults in my community. I miss you two so much, there’s never a day that goes by that I don’t think of you.
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CHAPTER ONE
INTRODUCTION

Many elderly individuals live at home independently and don’t access care for their mental health needs. This chapter will examine depression among the elderly population, the purpose of the study and its significance.

Problem Statement

One of the greatest challenges for the elderly is getting them to leave the home in order to obtain services to address their mental needs. The elderly also may have limitations on what they can do. According to Center for Disease Control & Merek Company Foundation, the cost of providing health care for an older American is three to five times greater than the cost for someone younger than 65. By 2030, the nation’s health care spending is projected to increase by 25% due to demographic shifts unless improving and preserving the health of older adults is more actively addressed. By 2030, the number of Americans aged 65 and older will more than double to 71 million older Americans, comprising roughly 20 percent of the U.S. population. (2007, p. 3)

By improving and maintaining the health of the elderly, healthcare spending will decrease.

Many older adults live alone whether in their own home or a senior community. According to the Elderly Accommodation Counsel
The 2001 census showed that 90% of people under the age of 79 lived in general housing, that is homes that were not specially built for older people; 13% of people aged 80-84 lived in retirement housing, 19% of people aged 85 and over lived in retirement housing. (2009, para. 2)

The older population tends to isolate and eventually neglect their mental health needs. According to NHS Choices, “Previous research has suggested that people who have limited social contact are at increased risk of death” (2013, para. 2).

The elderly population is dealing with some type of disability ranging from mild forms of impairment to severe disabilities requiring home services. According to Coachella Valley Economic Partnership, “there are approximately 152,131 seniors over the age of 55 whom reside in the valley” (2009, para. 3).

There are no or few programs that address the lack of in home therapy for elderly. This problem is important because if there is no in home therapy for elderly, a big segment of the geriatric population will continue with depression and will not receive any care. Subsequently, lack of care for mental illness will lead to or exacerbate co-morbid conditions, leading ultimately to more morbidity and mortality. According to American Association for Geriatric Psychiatry (2004), “It is estimated that only half of older adults who acknowledge mental health problems receive treatment from any health care provider, and only a fraction of those receive specialty mental health services” (para. 1).
Purpose of the Study

The purpose of the study was to examine social workers’ perceptions in regards to providing in-home therapy to reduce depression among the elderly population. The number of senior citizens is rapidly increasing, which means disease and disability is increasing. There are various special problems and needs that affect the elderly population including health, mental, and all forms of abuse issues.

Health problems are a major contribution; some health issues are heart disease, cancer, malnutrition, thyroid gland problems, tuberculosis, and stroke. Other issues would be mental, neurological and psychological conditions such as Alzheimer’s and Parkinson’s disease. A social worker can assist the elderly by providing psychological services necessary to alleviate or prevent any further health, mental, or physical issues so that the elderly can stay healthy and be independent for as long as possible.

According to Conner, Copeland, Grote, Koeske, Rosen, Reynolds, and Brown,

Depression among elderly persons is widespread and is often undiagnosed and untreated. In 2002, approximately 15% of adults aged 65 and older had a clinically significant depressive disorder. By 2030, the numbers of older adults with depression will nearly double the current numbers. These projections are largely based on the aging of the “baby boomer” cohort and greater life expectancy. Despite these
high prevalence rates, few older adults report seeing a mental health professional for treatment. In fact, older adults seek professional mental health treatment at a rate lower than any other adult age group. (2010, p. 533)

The elderly population is in need of assistance, so that they can continue to live their lives as normally as possible.

Significance of the Project for Social Work

This study examined social workers’ perception of whether in home therapy will benefit the geriatric population. The benefit was measured by analyzing the responses received from the social workers. The elderly population will be impacted as well as social workers providing services. The geriatric population faces many physical, psychological and social role changes that affect their independence. According to Conner, Copeland, Grote, Koeske, Rosen, Reynolds, and Brown,

Without appropriate mental health intervention, older adults with depression experience significant disability and impairment, including impaired quality of life, increased mortality, and poor health outcomes. In addition to the above, older adults have the highest rate of completed suicide, which is associated with high rates of depression. With the numbers of older adults rapidly increasing in the United States, untreated mental illness among this population is one of the most
significant challenges facing the mental health service delivery system. (2010, p. 539)

The elderly tend to isolate in fear that if they seek help, they may be institutionalized. According to the Journal of the American Geriatrics Society

In almost every U.S. jurisdiction, elder self-neglect is the most common allegation addressed by Adult Protective Service (APS) agencies. Not only is self-neglect common, but this form of mistreatment is an independent risk factor for death. A lack of understanding of the precipitating factors and root causes and of the effect on social and medical systems persists in this field. (2008, para. 1)

As the elderly age, they face numerous chronic health conditions over their life span. Older adult's also face various psychological stressors such as loss of loved ones. Older adults do not have the cognitive or behavioral interventions to adjust to these changes. According to the American Psychological Association, “Research shows that long-term activation of your body’s stress response impairs your immune system’s ability to fight against disease and increases the risk of physical and mental health problems” (2003, para. 5). This study will show whether or not social workers feel there are benefits in reducing depression among the geriatric populations receiving in home therapy.

This benefit can be measured by improvement in quality of life, improvement in overall health and well-being, abatement of pathology,
resolution of the problem, and increased life expectancy. Social workers will provide the tools, interventions and strategies for patients to utilize in order to cope with negative outcomes in their lives due to their behaviors or disorders. Patients will obtain the knowledge and education they need to address it in their lives.
CHAPTER TWO
LITERATURE REVIEW

Introduction
This chapter will discuss depression among the elderly, why elderly will not seek out help, interventions to address depression, and research findings on the impact with in home therapy.

Depression
According to the National Alliance on Mental Illness, Late-life depression increases risk for medical illness and cognitive decline. Unrecognized and untreated depression has fatal consequences in terms of both suicide and non-suicide mortality. Depression is the single most significant risk factor for suicide in the elderly population. Tragically, many of those people who go on to die by suicide have reached out for help—20 percent see a doctor the day they die, 40 percent the week they die and 70 percent in the month they die. Yet depression is frequently missed. Elderly persons are more likely to seek treatment for other physical ailments than they are to seek treatment for depression. (2009, para. 4)

The elderly population is in need of assistance, so that they can continue to live their lives as normally as possible. Many elderly people need some type of
assistance or support. Providing guidance and support to the elderly will allow
them to be able to function longer, remain independent, and extend their life.

Stigma on Depression

Generational stigma surrounding mental health often stands in the way
of proper care for the elderly. According to Conner, Copeland, Grote, Koeske,
Rosen, Reynolds and Brown, “An individual’s perceptions about society’s
attitudes and beliefs about their mental health status often lead to negative
attitudes about mental health treatment and thus become a barrier to help
seeking” (2010, p. 540). The judgments of others have an impact on whether
or not older adults will seek out treatment.

Most of senior citizens today were taught in their upbringing to *tough it
out* so to speak. It was believed during their youth that they should be able to
handle their own problems and if they couldn’t, that they needed to seek out
family or a clergy member. Most seniors grew up in a society were mental
health problems were not discussed and it was shameful to have mental
problems, so many seniors today need to be educated on what is available for
them today and that it is acceptable to seek out help. According to Evans and
Mottram,

Depression tends to be denied by the current generation of elderly
people, many of whom were raised in an atmosphere where showing
feelings was discouraged, and this adds to diagnostic difficulties.

Elderly patients may actively deny depressed mood because of the
perceived stigma both of depression itself and of the need for help with psychiatric problems. (2000, para. 1)

Parodies of mental health only add to the stigma. While senior citizens were growing up, many mental health treatments were long and severe and very expensive so they still believe it is like that in this era.

There are few programs in the public or private sector available to have social workers do house calls to address depression among the elderly. According to the California Department of Aging website, there are no programs that exist for providing in home therapy from the private or public sector. Many programs are offered in the community or in facilities were the elderly reside. There can be many factors as to why psychologists, psychiatrists, marriage family therapists and social workers are not interested in providing in home therapy such as liability. It can be time consuming, varies issues with insurance reimbursement, and commuting or travel time. For most clinicians it’s more productive when clients go to a therapist’s office versus the therapist going to the home.

Theories Guiding Conceptualization

Lack of in home therapy for geriatric populations can be explored by this study. To address depression among the elderly, cognitive behavioral therapy recognizes making positive changes with the individual’s thoughts, behavior and emotions. According to National Alliance on Mental Illness,
Cognitive behavioral therapy (CBT) is a form of treatment that focuses on examining the relationships between thoughts, feelings and behaviors. By exploring patterns of thinking that lead to self-destructive actions and the beliefs that direct these thoughts, people with mental illness can modify their patterns of thinking to improve coping. (2012, para. 8)

CBT is a combination of two types of therapy; cognitive therapy and behavioral therapy. Cognitive therapy helps with thinking processes such as unwanted thoughts, attitudes and beliefs whereas behavioral therapy focuses on behavior in response to those thoughts. The primary outcome is to reduce symptoms of depression among the elderly who reside alone in the community.

According to Areán,

There are several state-of-the-art and evidence-based psychotherapies for treating late-life depression, each having a theoretical rationale and application to older patients. In CBT, the emphasis of treatment is on teaching older patients a set of mood regulation techniques that will assist them in modulating depressive affect in order to overcome the problems that are making them feel depressed. (2004, p. 243)

Clinicians are able to promote health and well-being if they are successful in teaching the elderly to replace those dysfunctional patterns of behavior with positive thoughts and emotions.
Interventions for CBT include coping skill training, cognitive restructuring and problem solving training. With coping skills training, the elderly are assisted in developing behavioral and cognitive skills for dealing with challenging situations. When applying cognitive restructuring, the elderly are encouraged to modify maladaptive thought patterns. Problem solving training expands their general capacity for understanding and facing challenging problems. According to Cox and D’Oley,

The purpose of CBT is to help the patient reduce or eliminate the behavior and thinking patterns that are contributing to his or her suffering and to replace dysfunctional patterns of behavior and thought with patterns that promote health and well-being. (2011, para. 2)

Research Findings

A randomized controlled trial was conducted in Seattle, Washington between 2000 and 2003 using human subjects to determine if in home therapy was effective in reducing depression. According to the American Medical Association (2004), “The PEARLS program, a community-integrated, home based treatment for depression, significantly reduced depressive symptoms and improved health status in chronically medically ill adults with minor depression and dysthymia” (p. 1). One hundred thirty eight elderly individuals age 60 and over participated in the study. They received eight 50 minute sessions in their homes within 19 weeks. The elderly individuals in this study showed 50% or greater had a reduction in depressed symptoms, and there
were lower hospitalization rates and improvements in quality of life. A review of the above literature revealed that evidence based treatment can provide a significant reduction in depression to ensure a successful aging process to live a longer healthier life.

Conclusion

Major concepts of the theoretical framework include determining the variables that need to be measured such as the lack of availability of programs providing in home therapy for the elderly, lack of interest by providers, lack of stamina, interest, and capacity by elderly population to seek out ambulatory care and finally lack of resources available to the elderly.

This study will examine the benefits to geriatric populations receiving in home therapy. This benefit can be measured by improvement in quality of life, improvement in overall health and well-being, abatement of pathology, resolution of the problem, and increased life expectancy. Social Workers will provide the tools, interventions and strategies for patients to utilize in order to cope with negative outcomes in their lives due to their behaviors or disorders. Patients will obtain the knowledge and education they need to address it in their lives.
CHAPTER THREE

METHODS

Introduction

The purpose of this study was to retrieve social worker’s perception if providing in home therapy will reduce depression among the elderly. This chapter will cover an in depth review of how a quantitative and qualitative approach was utilized in gathering data. It will discuss the sample that was selected, data collection and the instrument that was used. Finally the chapter will discuss the protection of human subjects and the data analysis.

Study Design

The purpose of this study was to explore the outcomes of social workers’ point of view if providing in home therapy will reduce depression with the elderly population. The objective of the study is to examine social workers’ awareness, attitude and perception on providing in home therapy to reduce depression. Will providing in home therapy have an impact in helping the elderly engage and be active?

A qualitative and quantitative approach was chosen in selecting research methods for the survey. The qualitative and quantitative methods will provide an understanding and create new knowledge about providing in home therapy to reduce depression. Closed and open ended questions were utilized to get the opinions of current social workers. The survey included an informed
consent, questions pertaining to the survey, demographics and a debriefing statement.

Some limitations to this study can include survey’s not being returned in a timely manner, questionnaires not answered effectively; for example the participant may be in a rush to get it over with to work on their case load. Participants may not answer to the best of their knowledge. Questionnaires may be returned incomplete. According to Wyse,

Surveys with closed-ended questions may have a lower validity rate than other question types. Data errors due to question non-responses may exist. The number of respondents who choose to respond to a survey question may be different from those who chose not to respond, thus creating bias. (2012, p. 1)

There may be some limitations, thus the need to seek a good number of participants to get enough data to test the hypothesis.

Research question: What are social workers perceptions of in home therapy to reduce depression among the elderly?

Sampling

Snowball sampling will be utilized for this study to access a full range of social workers in the field that are not associated to one agency. This allows the researcher to gather data from various social workers who work in a number of agencies in Southern California with a similar trait of interest.
The subjects selected have characteristics that are similar such as degree and the population they work with. Demographic questions that were surveyed were their gender, age, ethnicity, degree held and years experience with the geriatric population.

Participants were chosen from various agencies in the community, those participants will in turn refer social workers they are acquaint with. The focus of the study is to examine the social workers’ opinion on whether elderly individuals who are depressed will seek therapeutic services if offered at their home environment. Subjects will be informed to focus on individuals who do not reside in an assisted living facility or skilled nursing facility. Most geriatric individuals whom reside in a facility have access to therapeutic services so the study needs to focus on individuals who reside in their own living environment.

The estimated sample is projected to consist of at least 25 participants who have been employed at least five years as a social worker and who have worked with the geriatric population. Social workers will be recruited by referral from contacts through hospitals, hospice agencies and home health agencies, known as snowballing, a qualitative research method. According to Mack, Woodsong, MacQueen, Guest, and Namey, snowballing – also known as chain referral sampling – is considered a type of purposive sampling. in this method, participants or informants with whom contact has already been made use their social networks to
refer the researcher to other people who could potentially participate in or contribute to the study. (2005, p. 5)

The participants will either be handed or emailed the survey, asked to fill it out and return their response to the researcher.

Data Collection and Instruments

There were no prior research instruments on social workers perception of in home therapy. The researcher generated an interview guide in order to be able to attain key components of the experimental study. Data collection methods will include a self-administered questionnaire (Appendix A) in order to obtain opinions on whether or not therapeutic services provided would be effective in reducing depression. The plan for evaluating the perceptions of social workers’ would be by collecting feedback through questionnaires from the sample. The type of questionnaire that will be distributed will be simple and easy to follow. The questionnaire will consist of no more than 15 questions.

This study will also collect information regarding participants’ demographic information including ages, gender, license, and years working with the elderly population and length of employment in the field. Subjects will answer 15 close and open ended questions. Nine questions require a truth or false response and six require the subjects to write out their opinion in the blank sections. The truth and false questions are to see how knowledgeable social workers are in regards to depression among the elderly population. Participants were asked questions pertaining to their opinion on what keeps
older adults from seeking treatment, why does depression in older adults go untreated, what are some consequences of untreated depression in older adults, can depression be treated, if there are enough programs in the community that are available for seniors who reside at home and do they feel older adults would be receptive to seeking treatment if offered in their home environment. There will be an allotted time to gather the data, a total of six weeks to obtain the surveys. The estimated number of surveys will be depended on how many surveys were returned, the final number needed is estimated at no less than 25. Limitations to this survey are getting questionnaires returned in a timely manner or making sure they are completed correctly and fully.

The exploratory design will be utilized in this case study since there is no clear single set of outcome and there are various variables that can impact the study. According to Unrau and Grinnell,

Exploratory designs are used when little is known about the field of study and data are gathered in an effort to find out what’s out there.
These ideas are then used to generate hypotheses that can be verified using more rigorous research designs. (2011, p. 283)

Procedures

Participants were asked to contact the researcher in order to consent to participate in the study. Once permission was granted, the participants were informed they will be receiving an email with several attachments; survey
(Appendix A), informed consent (Appendix B), and debriefing statement (Appendix C). Participants were asked to email, fax or mail their response to the researcher.

Protection of Human Subjects

In order to protect anonymity of the participants, each participant will be asked to mark an informed consent (Appendix B) prior to completing the survey. The informed consent will include the purpose of the study, description, participation, confidentiality, duration, risk, benefits, contact information, results and a confirmation statement. The researcher will provide all participants a debriefing statement (Appendix C) so they have an explanation of how the data will be used. The data will be kept electronically to protect participants’ anonymity.

Data Analysis

The research consisted of qualitative and quantitative approaches. Responses from each participant will be analyzed and matched with other similar response to see if the correlate. The goal is to examine the social workers perception and knowledge in regards to how depression affects the elderly and their opinion if in home therapy would be effective. The researcher utilized descriptive statistics in order to analyze the data that were received from the demographic section for each participant.
Summary

Chapter three focused on the study design, how participants were chosen, the sampling procedure utilized, the data collection and measuring instrument, and the procedure for analyzing the data. Also discussed in this chapter was the protection of human subjects and data analysis. The results of the evaluation will help determine the perceptions of social workers on whether in-home therapy will be effective in reducing depression among the elderly. Data collection methods included a questionnaire asking closed and open-ended questions in regards to demographics and their perceptions about depression and isolation among the elderly community.
CHAPTER FOUR

RESULTS

Introduction

This chapter will discuss the results utilizing the quantitative and qualitative method to gather data. The first section will summarize the demographic variables; gender, age, ethnicity, level of degree and years experience working with geriatric population. The second section will categorize a common theme emerged from the qualitative questions.

Presentation of the Findings

The total number of participants that were recruited for the study was 22. The participants were willing participants who volunteered to partake in the study.

Table 1. Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>4</td>
<td>18%</td>
</tr>
<tr>
<td>Female</td>
<td>18</td>
<td>82%</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>100%</td>
</tr>
</tbody>
</table>

The above graph shows that of the 22 subjects that participated in this study, four (18%) were male and the remaining eighteen (82%) were female.
Table 2. Age

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Male</th>
<th>Female</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-30</td>
<td>1</td>
<td>1</td>
<td>9%</td>
</tr>
<tr>
<td>30-40</td>
<td>2</td>
<td>8</td>
<td>45%</td>
</tr>
<tr>
<td>40-50</td>
<td>1</td>
<td>6</td>
<td>32%</td>
</tr>
<tr>
<td>50 and over</td>
<td>0</td>
<td>3</td>
<td>14%</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>18</td>
<td>100%</td>
</tr>
</tbody>
</table>

As demonstrated in Table 2, one male and one female (9%) were between the ages of 20 and 30. Two males and eight females (45%) were between the ages of 30 and 40. One male and six females (32%) were between the ages of 40 and 50. Three females (14%) were over the age of 50.

Table 3. Race

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Male</th>
<th>Female</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>1</td>
<td>6</td>
<td>32%</td>
</tr>
<tr>
<td>Latino</td>
<td>2</td>
<td>8</td>
<td>45%</td>
</tr>
<tr>
<td>African American</td>
<td>0</td>
<td>4</td>
<td>18%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>1</td>
<td>0</td>
<td>5%</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>18</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 3 shows that of 22 subjects who participated in this study, one male and six females were Caucasian (32%). Two males and eight females
were Latino (45%). Four females were African American (18%). One male was
Asian/Pacific Islander (5%).

Table 4. Degree Level or License Held

<table>
<thead>
<tr>
<th>Degree/License</th>
<th>Male</th>
<th>Female</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelors</td>
<td>3</td>
<td>4</td>
<td>32%</td>
</tr>
<tr>
<td>Masters</td>
<td>1</td>
<td>11</td>
<td>54%</td>
</tr>
<tr>
<td>ACSW</td>
<td>0</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>LCSW</td>
<td>0</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>18</td>
<td>100%</td>
</tr>
</tbody>
</table>

As demonstrated in Table 4, three males and four females (32%) have
a Bachelor’s in social work (BSW). One male and eleven females (54%) have
a Master’s in Social Work (MSW). Two females (9%) are members of the
Academy of Certified Social Workers (ACSW) and one female (5%) is a
Licensed Clinical Social Worker (LCSW).

Table 5. Years’ Experience Working with Geriatric Population

<table>
<thead>
<tr>
<th>Years</th>
<th>Male</th>
<th>Female</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>4</td>
<td>10</td>
<td>63%</td>
</tr>
<tr>
<td>6-10</td>
<td>0</td>
<td>4</td>
<td>18%</td>
</tr>
<tr>
<td>11-15</td>
<td>0</td>
<td>3</td>
<td>14%</td>
</tr>
<tr>
<td>16 and over</td>
<td>0</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>18</td>
<td>100%</td>
</tr>
</tbody>
</table>
As the above table indicates, of the 22 participants, four males and 10 female participants (63%) had zero and five years’ experience working with the geriatric population. Four females had between six and ten years of experience (18%). Three females had between eleven and fifteen years’ experience (14%). One female participant (5%) had over 16 years’ experience working with the geriatric population.

Table 6. Response to Questions on Geriatric Depression

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older adults disconnect as a result of increase frailty, death of a loved one, or when family members or friends move away?</td>
<td></td>
</tr>
<tr>
<td>True</td>
<td>17</td>
</tr>
<tr>
<td>False</td>
<td>5</td>
</tr>
<tr>
<td>Older patients are likely to voluntarily report depressive symptoms?</td>
<td></td>
</tr>
<tr>
<td>True</td>
<td>2</td>
</tr>
<tr>
<td>False</td>
<td>20</td>
</tr>
<tr>
<td>Depression should be considered a normal part of aging?</td>
<td></td>
</tr>
<tr>
<td>True</td>
<td>3</td>
</tr>
<tr>
<td>False</td>
<td>19</td>
</tr>
<tr>
<td>If left untreated depression can lead to substantial morbidities, contributing to existing medical illness and even result in suicide?</td>
<td></td>
</tr>
<tr>
<td>True</td>
<td>21</td>
</tr>
<tr>
<td>False</td>
<td>1</td>
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<td>---------------------------------------------------------------------------</td>
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<tr>
<td>Seniors often worry about being placed in a nursing facility, so they may try to hide problems from you to continue living at home?</td>
<td>21</td>
</tr>
<tr>
<td>True</td>
<td></td>
</tr>
<tr>
<td>False</td>
<td>1</td>
</tr>
<tr>
<td>Depression in older adults is not treatable?</td>
<td>1</td>
</tr>
<tr>
<td>True</td>
<td></td>
</tr>
<tr>
<td>False</td>
<td>21</td>
</tr>
<tr>
<td>Self-neglect is common in older adults?</td>
<td>20</td>
</tr>
<tr>
<td>True</td>
<td></td>
</tr>
<tr>
<td>False</td>
<td>2</td>
</tr>
<tr>
<td>Older adults tend to have large social networks and are not likely to experience feelings of loneliness?</td>
<td>1</td>
</tr>
<tr>
<td>True</td>
<td></td>
</tr>
<tr>
<td>False</td>
<td>21</td>
</tr>
<tr>
<td>Social isolation is associated with worse health?</td>
<td>20</td>
</tr>
<tr>
<td>True</td>
<td></td>
</tr>
<tr>
<td>False</td>
<td>2</td>
</tr>
</tbody>
</table>

As Table 6 illustrates, 77% of the respondents agreed that older adults disconnect as a result of increased frailty, death of a loved one, or when family members or friends move away. Additionally, 23% disagreed that older adults disconnect as a result of increased frailty, death of a loved one, or when family members or friends move away. Fewer participants, 9% of the respondents’ agreed and 91% strongly disagreed that older patients are likely to voluntarily report depressive symptoms. Out of the 22 participants, 14% of the
respondents agreed that depression should be considered a normal part of aging; whereas more than 86% disagreed depression was not part of the aging process. More than 95% felt if left untreated depression can lead to substantial morbidities, contributing to existing medical illness and even result in suicide however 5% disagreed.

The majority of participants, 95% of them agreed that seniors often worry about being placed in a nursing facility, so they may try to hide problems so they can continue living at home on the contrary 5% disagreed. As few as 5% agreed depression in older adults is not treatable yet 95% disagreed. Additionally 91% of the participants agreed that self-neglect is common in older adults on the other hand 9% disagreed. A few of the participants 5% agreed that older adults tend to have large social networks and are not likely to experience feelings of loneliness while 95% disagreed. The majority of the participants 91% agreed social isolation is associated with worse health although 9% disagreed.

Qualitative Data

The next set of interview questions focused on social workers perceptions on providing in home therapy to reduce depression among the elderly. Qualitative data was obtained by asking six open ended questions. Major themes were identified with the social workers’ response? The following tables will illustrate the percentage of the themes identified.
The first question explored social workers’ insight on what keeps older adults who reside at home from seeking treatment to address depression. Themes that emerged from the response were: stigma 18%, fear of social services involvement 41%, lack of support 9%, lack of transportation 9%, and not being knowledgeable to recognize the symptoms 23%. One participant stated, “Stigma related to mental illness, fear of over involvement by social services and subsequent placement in out-of-home care, and lack of access to services” (Participant 22, Survey, April 2015).
The major themes most discussed by participants on why depression in older adults often goes untreated were: isolation 14%, lack of knowledge 50%, thinking it is part of aging 18%, and lack of resources 18%. One respondent stated “pride gets in the way, generations have passed on that do not believe depression is a problem, just a way of life” (Participant 14, Survey, April 2015). Another respondent reported “lack of knowledge from the older person, families and friends, lack of transportation and mobility to seek treatment, depression is often seen as a normal part of aging process an depression can mimic dementia in older adults as well” (Participant 12, Survey, April 2015).
The third question provides social workers’ awareness of the consequences of untreated depression in older adults. The most discussed themes identified were isolation 14%, suicide 50% and health issues 36%. One respondent stated “depression can somaticize and can result in physical ailments or worsen current medical issues. Co-morbidities can begin such as anxiety, isolation, self-neglect, possibly suicide” (Participant 12, Survey, April 2015). Another respondent stated “worsening health issues, suicide or suicide ideation and grave disability” (Participant 6, Survey, April 2015).
All 22 participants agreed that depression in older adults be treated.

One respondent stated

Depression can be treated; some may need medication, some may need counseling or both. Many people’s families need education regarding the elderly person’s care. Social services can be beneficial not only in treating but also in assisting with community resources.

(Participant 12, Survey, April 2015)
When participants were asked if they felt there were enough programs in the community that are available for seniors who reside at home, a variety of narratives emerged. Seventeen or 77% of the participants did not feel there were, while three or 13% of participants felt there were and out of the remaining two participants one stated it depends while the other person stated they were unsure.

One respondent stated “No many of the limited programs available require seniors to travel to the program and many seniors are homebound and not able to travel” (Participant 12, Survey, April 2015). Another respondent stated “yes it’s a matter of educating and informing” (Participant 4, Survey, April 2015). An additional respondent said “no, but even if there were they would not want to participate due to travel sometimes they feel fatigue and are
too fragile to be on the road” (Participant 21, Survey, April 2015). Another respondent said “depends on the location or area the senior lives” (Participant 9, Survey, April 2015).

When participants were asked if they felt older adults would be receptive to seeking treatment if a clinician would treat them in their own environment, eight or 36% participants identified it would provide comfort, five or 23% stated yes, four or 18% stated it would alleviate transportation issues, two or 9% stated it would lessen the stigma and the remaining five or 14% stated they were unsure.

One respondent stated “yes there is comfort when it’s done in their own home. It can promote the person to be open and welcoming in their environment” (Participant 18, Survey, April 2015). Another respondent stated
“unsure, the individual would need to know what it entails as they may feel threaten” (Participant 20, Survey, April 2015). An additional respondent stated yes, I think seniors –people in general are more receptive to receive services when they are in a comfortable environment. Particularly for seniors, this can be empowering and give clients control as to what is happening during a period of time when people feel like they are losing control. (Participant 12, Survey, April 2015)

Conclusion

This chapter covered the results of the quantitative and qualitative data collected. Demographic information was presented to demonstrate the characteristics of the sample studied. Next the prevalence of social workers’ knowledge in depression among the elderly population was explored. Lastly, the qualitative data obtained directly from the participants were analyzed for common themes.
CHAPTER FIVE

DISCUSSION

Introduction

This chapter is a discussion of findings of the study exploring social worker’s perception if in home therapy will help reduce depression among the elderly. Limitations of the study will be discussed along with suggestions and recommendations for social work practice, policy, and research are summarized.

Discussion

The purpose of this study was to examine social workers perception if providing in home therapy would decrease depression among the elderly. Both quantitative and qualitative methodologies were used to give the researcher a systematic illustration of their perception.

Twenty two social workers’ participated in the study, four were male and the remaining eighteen were female. The majority of the participants’, 45% were between the ages 30-40 years old and 32% range from 40-50 years of age. Forty five percent of the participants identified as being Latino where as 32% identified as Caucasian. The education level of the participants were high with 54% having a Master’s degree in Social Work (MSW), and 32% had a Bachelor’s degree in Social work (BSW). More than half, 63% of the participants had from 0-5 years experience working with the elderly population.
Major concepts of the theoretical framework include determining the variables that need to be measured such as the stigma preventing older adults from seeking treatment, older adults fear in addressing their depression, lack of support, lack of mobility, programs providing in home therapy for the elderly, capacity by elderly population to seek out ambulatory care; and finally lack of resources available to the elderly.

Due to the qualitative disposition of the study, I was able to provide social workers the opportunity to convey their view on what keeps older adults from seeking treatment for depression, why it goes untreated and the consequences of not being treated. Social workers were also asked if they felt depression can be treated, if there were enough programs in the community that provided services for older adults who reside at home and if there was services available for older adults at home if they believe older adults would be receptive. This allowed for the researcher to gather feedback if this could be realistic in helping to reduce depression among the elderly population.

Social worker’s knowledge and awareness were examined on the impact depression has on the elderly population. Based on the response the majority of social workers were knowledgeable yet there were a few social workers who were not knowledge based of some of the answered that were obtained. For example question one assessed social workers view if Older adults disconnect as a result of increased frailty, death of a loved one, or when family members or friends move away; 77% agreed whereas 23% disagreed.
Question three asked if depression should be considered a normal part of aging and 14% of social workers felt it was. Based on the answers to these two questions, social workers may not have the knowledge or awareness regarding depression among the elderly population.

Findings from this study provide an understanding of the stigma associated with depression. This study will help social workers have a greater understanding on how depression impacts older adults and what possible interventions we can do to help improve their mental and physical health. At the affective level, the research suggests that providing in home therapy can have a positive impact and may have beneficial effects in preventing or reducing co-occurring illness.

Limitations

Several limitations of this study were recognized during the research process and during data analysis. The research process included using a sampling method where participants nominated other social workers to partake in the survey. This method does not allow the researcher to have control over the sampling method. The participants who had initially participated in the survey could tentatively be referring other participants they know very well and who possibly have the same characteristics and traits. Having the same characteristics and traits could have a contributing influence to the study’s sample.
The participants the researcher obtained rely on the previous participants that were observed. Social workers have a demanding schedule, they have large caseloads, and they have their families and other commitments that can interfere with getting them to participate in the study. Due to the time restraints participants are likely to rush through the survey not reading the question properly, not putting any thought into their answer, and not answer truthfully.

The study also was limited by the lack of time to collect the data. Due to the time restraint there wasn’t enough time to collect more data, the researcher would have preferred to achieve a larger sample. The researcher would have liked to collect more data from various participants that worked in various aging agencies.

Recommendations for Social Work Practice, Policy and Research

As social workers it is our responsibility to advocate for the elderly who are suffering from mental health issues. Social workers can play a vital role in assisting older adults to manage and maintain their depression by promoting good coping mechanisms and providing support with community resources. According to Social Work Policy Institute, “Social workers are important members of the depression treatment team. Social workers do a variety of “talk therapies” which include individual counseling, crisis intervention services, family therapy, as well as the mobilization of support networks.
Social workers also perform case management functions of monitoring medication compliance and assistance with maintaining medical appointments, especially important for people for whom depression is a relapsing illness” (2010, para. 4). We need to be able to empower depressed older adults in addressing their depression so that their health is not impacted. Social workers can treat depression with various therapeutic approaches to prevent it from manifesting to other co-occurring illnesses.

Policy Makers regulating aging issues need to have the knowledge and awareness regarding depression being under recognized and under treated and the life threatening consequences that can deter the elderly from living health and independently in their own environment. Policy makers can put together policies to address the needs of the aging and provide funding to support services. Guidelines must be established and enforced that would provide opportunities for the elderly to receive services in their home to address the negative effects of depression. According to Keeping the Aging Population Healthy,

State legislators can play a key role in preserving health in the aging population by promoting healthy aging, broadening the use of preventive services, facilitating healthy lifestyles, and supporting efforts to allow older Americans to remain independent and age in place. (2007, p. 154)
Research is needed such as getting older adults awareness and knowledge regarding depression and their perception if providing in home therapy will help reduce depression among their population. To move forward, additional research efforts will need to address and track the progress in providing in home therapy to older adults. This study will have to show the benefits to geriatric population receiving in home therapy. This benefit can be measured by improvement in quality of life, improvement in overall health and well-being, abatement of pathology, resolution of the problem, and increased life expectancy. Social Workers will provide the tools, interventions and strategies in order for patients to utilize in order to cope with negative outcomes in their lives due to their behaviors or disorder. Patients will obtain the knowledge and education they need to address it in their lives.

This study could be carried out by entrepreneur social workers who will provide in home therapy to homebound seniors. Social workers will have to have interest and desire to provide homebound services i.e. house calls. Social workers will have to have additional training to provide homebound services including CPR; consider liability issues, additional malpractice insurance, and automobile insurance. Social workers will need training and education on how to handle in home emergency such as 5150 and practicality of providing therapy at home. Funding for the study needs to be considered and one alternative could be a local hospital such as Kaiser whom would not only fund it but can also pilot the program. Additional research and programs
looking into providing services to home bound seniors is necessary or a concerned factor for the future.

Conclusions

This study examined social workers’ awareness and knowledge regarding depression among the elderly, what services if any are available in the community and their perception if providing in home therapy will reduce depression among the elderly. Participants in the study indicated various levels of knowledge regarding depression among the elderly. Significant findings support the hypothesis that depression among older adults can be treated by social workers. Researcher suggests further research and examination if older adults would be receptive to receiving therapeutic services in their home and if those services will have a significant impact in improving their overall health, function and quality of life.
Social Worker’s Perception Survey

Demographics

1. What is your gender?
   a. Male ________
   b. Female ________

2. What is your current age? ________________

3. Which best describes your ethnicity?
   a. Caucasian
d. Asian/Pacific Islander
   b. Latino
e. Native American
   c. African American
f. Other (please specify) ________________

4. What degree level or license do you hold? ________________

5. Years experience working with geriatric population? ______

Please write your response in the blank.

1. T/F _____ Older adults disconnect as a result of increased frailty, death of a loved one, or when family members or friends move away.

2. T/F _____ Older patients are likely to voluntarily report depressive symptoms.

3. T/F _____ Depression should be considered a normal part of aging.

4. T/F _____ If left untreated depression can lead to substantial morbidities, contributing to existing medical illness and even result in suicide.

5. T/F _____ Seniors often worry about being placed in a nursing facility, so they may try to hide problems from you to continue living at home.

6. T/F _____ Depression in older adults is not treatable.

7. T/F _____ Self-neglect is common in older adults

8. T/F _____ Older adults tend to have large social networks and are not likely to experience feelings of loneliness.

9. T/F _____ Social isolation is associated with worse health
The following questions ask for your opinions. Please write as much as you would like in the space provided.

1. In your opinion, what keeps older adults who reside at home from seeking treatment to address depression?  
   
   
   
   

2. Why does depression in older adults often go untreated?  
   
   
   
   

3. What are the consequences of untreated depression in older adults?  
   
   
   
   

4. Can depression in older adults be treated?  
   
   
   
   

5. Do you feel there are enough programs in the community that are available for seniors whom reside at home?  
   
   
   
   

6. Do you feel older adults would be receptive to seeking treatment if a clinician would treat them in their own environment?  
   
   
   
   

Developed By Christine Annette Mettlen
APPENDIX B

INFORMED CONSENT
Informed Consent

The study in which you are being asked to participate is designed to investigate social workers perceptions of in home therapy to reduce depression among the elderly. This study is being conducted by Christine Mettlen under the supervision of Dr. Rosemary McCaslin, Ph.D., A.C.S.W., California State University, San Bernardino. This study has been approved by the School of Social Work Subcommittee of the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The purpose of this research is to investigate the various beliefs and attitudes of social workers regarding in home therapy to reduce depression among the elderly. This study may expand existing knowledge and awareness of this issue.

DESCRIPTION: Surveys will be distributed via email.

PARTICIPATION: Participation in this study is voluntary. You may refuse to participate or withdraw at any time without penalty. You have the right to skip or not answer any questions you prefer not to answer.

CONFIDENTIALITY OR ANONYMITY: Responses to the survey will be completely anonymous. In addition, all data obtained for the study will be reported in aggregated form only, so no individual responses of any participant will be reported in any publication of the results. Please NO NOT write your name or any other identifying information on the survey. The information will be kept in electronic data to protect participants’ anonymity.

DURATION: Participation in this study will involve about 10-15 minutes of your time.

RISKS: There are no known risks associated with your participation in this research beyond those of everyday life.

BENEFITS: Although you will receive no direct benefits, this research may help to better understand social workers perceptions of their clients.

CONTACT: If you have any questions regarding this study or research subjects’ rights, you may contact the research advisor Dr. Rosemary McCaslin at (909) 537-5507 or by email rmccasli@csusb.edu.

RESULTS: The results will be available online after December 2015 at California State University, San Bernardino.

CONFIRMATION STATEMENT: By checking agree below, I acknowledge that I have been informed of, and that I understand the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Agree _____________ Today’s Date: ___________
APPENDIX C

DEBRIEFING STATEMENT
Study of Social Worker’s perception of in home therapy to reduce depression among the elderly

Debriefing Statement

This study you have just completed was designed to investigate social workers’ perceptions of in home therapy to reduce depression among the elderly. The evaluation process will help clinicians understand the needs of seniors. We hope the information will be useful for other social workers and/or educators. The results of the evaluation will help investigate social workers’ perception of whether in home therapy would be effective in helping clients fulfill their future outcome, increasing their health and capability. A full copy of the study will be available in the Pfau library at California State University, San Bernardino by June 2015.

Thank you for your participation. If you have any questions or concerns about the study please feel free to contact Dr. Rosemary McCaslin at (909) 537-5507.
REFERENCES


