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STRATEGIES AND SUBSTANCE TREATMENT: PERCEPTIONS OF OLDER ADULTS 60 AND OVER

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STRATEGIES AND SUBSTANCE TREATMENT:
PERCEPTIONS OF OLDER ADULTS 60 AND OVER

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of in Social Work

by
Kim Malveo Jones

June 2017

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ABSTRACT

The purpose of this study was to gather the perceive strategies and substance treatment needs of adults 60 and over. To examine what recovery treatment models and strategies could be most effective for the age-related complex needs of the 60 and over population who are at risk for substance misuse, use or abuse. In the coming years, there will be a substantial increase in the numbers of older adults with substance misuse and abuse problems. Even though one in five individuals who experience substance abuse are older adults many clinicians remain ill equipped to serve older clientele, and particularly those who face substance abuse. Furthermore, the diagnosis and treatment of substance abuse among older adults is complicated by assumptions about aging and the complex physical and cognitive changes in late life, each of which can make the manifestation of symptoms difficult to identify. The results indicate that participates has some definitive values that could increase their participation in engaging with substance treatments tailored to their specific age and belief systems.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Numerous chronic conditions are concerning the aging adult as they proceed into the aging process. The aging baby boomers' generation is promoting an increase need to have social support systems to help provide social services to maintain the best quality of life possible for the elderly population. Many known issues connected to aging are situations such as long-lasting medical situations, financial concerns, despair, change in normal duties, reduction of support systems, not being able to remain as bodily active and submitting to count on others for daily support and assistance (Zastrow & Kirst-Ashman, 2014). Furthermore, aging adults experience many losses in life. For example, coping with death and dying, preparing for end of life matters, coping with losing love ones and jobs. Many of these stressors in life force a coping mechanism to be used by the aging adult.

Overcoming concerns are increasing that in the coming years older adults with substance misuse and abuse problems will become substantial, spiraling in the numbers (Blow & Barry, 2014). Although, studies suggest that the health impacts of older adults who use, misuse or abuse substances are much greater than known because studies are limited. By 2030 an estimated 72.1 million seniors, will virtually double the size of the elderly population and an expected

growth in substance use by elder adults could incur high adverse medical consequences (Blow & Barry, 2014). A fifth of the Individuals that experiment with substance use/abuse are older adults and many clinicians continue to be unprepared to serve elder clients, and primarily those who have engaged with substance use.

Intreating older adult substance abuser it would be efficient to use existing services. The National Aging Network consist of over 27,000 senior centers, adult day cares, nutritional senior programs, over 55 State agencies, and nearly 660 area agencies (SAMHSA, 2013). Countless older persons desire to obtain treatment for psychological health or substance abusing complications in primary care locations, even though some folks will need more focused interventions offered by mental health and substance abuse professionals (SAMHSA, 2013). Untreated substance use problems promote added years of life lost to infirmity, and premature death. To encourage aging adults in jeopardy for psychological conditions in suitable treatment, effective strategies must exist to assess and recognize the older adults at risk (Pepin, Hoyt, Karatzas, & Bartels, 2014).

In a macro level collaboration, a guide for community-based organizations to assist seniors in jeopardy of substance misuse/abuse was developed. The National Council on Aging (NCOA) and Substance Abuse and Mental Health Services Administration (SAMHSA) was responsible for the development of this guide (SAMHSA, 2013). The guide aimed to address the concerns of micro and macro level interventions effecting the aging adult substance misuse and abuse

community. Moreover, other community, state and national collaborations would significantly boost the accessibility and suitability of the appropriate treatments and interventions required by older individuals determined to be at risk for mental health and substance misuse/abuse. Substance use and dependence is a snowballing concern between seniors in families of all nationalities. Being able to recognize this problem is more often not difficult in elderly clients and is regularly overlooked, predominantly in the primary care framework and in emergency room sectors moreover, in a range of medicinal and mental health field.

Substance misuse/abuse amongst elder adults must be recognize at all social levels and specific advancement on how to treat the elderly must become a priority. Crome et al. (2014) suggest that, specific treatment advancement must go beyond assessment and analysis to integrating evidence on elder persons who are showing up with lingering complicated sicknesses; subsequently from issue of using alcohol, tobacco, medications inappropriately given or taken from over the counter, or other illicit drugs. Additionally, necessity would be to examine a variation of biological and psychosocial approaches to considerate of these issues in the aging population and propositions and recommendations for policy should be made. If a collaborative effort is done well than we can start to address the specific prevention and treatment needs as it relates to the aging and older adult's substance use and misuse concerns.

Purpose of the Study

The purpose of this research study is to examine the strategies and substance use treatment services do older adults 60 and older perceive to be effective. One of the greatest and noteworthy barricades to identifying substance abuse complications is the belief of the public and often health care providers that substance misuse does not occur among the elderly, and that if it does treatment will not be effective (Briggs, Magnus, Lassiter, Patterson, & Smith, 2011). The debate of substance use and misuse amongst older adults has been a taboo subject. The discussion of substance use and misuse has traditionally been in the context of younger adults and policy has generally address the need of the younger adults' issues concerning substance use or abuse (Crome, Wu, Rao, & Crome, 2014). The Crome et at, (2014) article argues that there is a need to acknowledge justification for policy addressing the increasing use of substance in the aging adult communities. These arguments are congruent with social justice, human rights, ethics and values of any person. Moreover, the appropriate treatment of aging adult substance user would decrease inappropriate use of hospital emergency rooms and prevent high cost of health care. In general, the information gained around the factors related to the use and misuse of substances in relation to the aging adult 60 and older will be better able to standardize guidelines to assist in more effective treatment and prevention methods.

The research methods use used in this research study is a quantitative design. The study tool chosen is a self-administered survey questionnaire design. The study tool administered to the elderly client over 60. The reason for administering the survey questionnaire to this population is to collect data that would identify perceived treatment strategies of those 60 and over who have experienced substance use, misuse or abuse. Therefore, the survey questions were designed to specifically address this research group. Data collected was determined to address intervention and prevention issues specifically to the aging adult 60 and older who have used, misused and/or abused substances.

Significance of the Project for Social Work Practice

The need to conduct this study arose from the researchers' desire to address the specific need of the aging adult 60 and over substance use and misuse. As a social worker, it is imperative to provide services to a client that will promote and enhance the ethical standards of social work practices. Furthermore, the desire to provide services to the substance use and misuse aging adult population specifically is congruent with social work services and social justice. The location of this study is important to the increasing need for services for the aging adult population in the Inland Empire of Southern California. The ability to execute this research within San Bernardino County and with the participates residing in this area is could assist in providing specific

treatment and prevention needs to the aging adult population 60 and over in the Inland Empire region.

This research will inform both the micro and macro level of the generalist intervention model by first evaluating the current interventions of those aging adults 60 and older who are substance users. As the information gained builds upon current treatment and prevention strategies to tailor treatment for substance users 60 and older. However, the evaluation data will also be used to reassess the problem. The phase of assessment explores and identify any specific problem relevant to the aging adult 60 with a substance use and misuse concern. Additionally, the planning phase informs by promoting measurable goals and objectives to develop a specific and manageable plan of action. Finally, any need to make change with specific age-related treatment and preventions takes in the implementation phase by applying any translating plans into action (Kirst-Ashman & Hull, 2015).

Another reason this research is significant to the social work practice is as suggested by an article in *Value in Health*, among aging older adults, substance use is an imperative psychosocial co-comorbidity. Admissions for certain types of substances seem to be on an upsurge. Existence of substance use interprets necessary treatment need. It can mark health consequences and confound administration of other co-morbid circumstances. Thus, an outpouring in substance use in aging adult individuals coupled with aging of the national population has considerable consequences for the whole healthcare system.

There is a crucial need for suitable preventive and treatment policies designed specifically towards older adults over 60 with a substance use and misuse issue (Chhatre, Metzger, & Jayadevappa, 2015). By specifically examining the topic of substance use and misuse among the older adult 60 and over, we can answer the question of “*what strategies and substance use treatment services do older adults 60 and older perceive to be effective?*”

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of an examination of the most recent empirical data relevant to the topic of substance use and misuse among the older adult 60 and over. and “What are the features of suitable treatment and prevention for this specific population?” In highlight of literature, this study aims to address issues directly related to the scope of the problem of substance use and misuse in the aging population. Next, the topic on the theories of psychosocial aging and substance use will be reviewed. Furthermore, the discussion of appropriate treatment and prevention strategies will be addressed to help focus on best treatment practice for substance users 60 and over. Finally, a review of relevant findings, limitations and conflicts will be discussed.

Scope of the Problem

In the field of social work, the concern for the baby boomer generation has been a hot topic of discussion. The increasing aging populations presents the social support system with a host of specific issues. Rather adequate preparation has been done is dependent upon many variables. For instance, there are approximately 78 million baby boomers nationwide, and estimates of every seven seconds a baby boomer turns 50. The Reardon (2012) study claims that many of

these boomers are captivated with the use and in some cases misuse of cocaine, heroin, marijuana, and other illicit drugs into their “golden years.” Many times, it is difficult to identify aging adults who use and misuse substances. Knowledge of the frequency, characteristics, and significances of substance misuse and abuse in older adults is significant in providing best-practice care to this mounting population (Blow, & Barry, 2014).

Although alcohol continues to be the substance of choice among older adults, the aging baby boomer cohort has given rise to illicit drugs accounting for an increasing percentage of users and admissions to treatment facilities (Reardon, 2012). In previous generations, older adults were not viewed as having a substance use problem. Incidentally, the question remains, so why are aging baby boomers expected more than their older counterparts to use illicit drugs? A professional interviewed by Reardon (2012) argued three primary reasons. The first is cultural factors. The compelling evidence to be mindful is baby boomers grew up in a period when illegal drugs were widely accessible, and their usage had a certain attraction. For example, the time of the countercultural movement. When cultural norms were not expected (Reardon, 2012). Another relevant factor is economics suggested by Reardon (2012). The Boomer generation is increasing their use of illicit drugs because the recession and its aftershock have given a rise to their anxiety about job safety and retirement reserves. The third factor suggests emotional states of the aging boomers may promote the use of illicit drugs to cope with grief and loss such as

the passing of a significant other or you love one, the culmination of a profession or loss of stability (housing, neighborhood etc.) (Reardon, 2012).

Similarly, in many studies the late life predictors of alcohol or substance use are problems encouraged by a person's social network. Unfortunately, social network persons' approval of drinking is one of the most consistent predictors of abuse. Moos et al. (2010) emphasize that friends and family members who drink extra alcohol and promote substantial drinking, boost drinking between individuals at all phases of the life continuum, including elderly people. Moreover, reliance on substances by the aging population for tension and pain reduction, coping with anxiety and depression and such things as personal losses and effects is increasing in other countries too. The Royal College of Psychiatrists of the United Kingdom (2011), composed of specialist in substance addiction and misuse claims that the quantity of elderly persons that struggled with substance misuse/abuse difficulties are stated to be growing. Likewise, the narrative stated that both alcohol and illicit drugs are between the highest risk influences for premature death and wellbeing concerns, and rates of mortality are linked to substance use are more advanced in senior users than that of younger substance users (NHS Choice, 2011).

In addition, many elderly adults currently living through mid to the senior lifecycle are anticipated to experiment with and abuse alcohol and psychoactive prescribed medicine at a more advanced level than the preceding aging generation. The misappropriation of psychoactive medical treatment can have

perilous consequences, and merging various substances and prescription medication raises fatality. (Blow & Barry, 2014). The National Health Service Choice (2011) claims that the use of legal and illegal drugs, medicines prescribed, bought over the counter is being used in combination and by more and more seniors. Similarly, the National Health Service Choice (2011) reports that the aging population in the U.S. have been experiencing the identical substance use. Furthermore, elderly folks with mental health issues and frail physical bodies is harmfully practicing, what is known as polypharmacy or poly-drug dependence. This happens when the senior person borrows or give others their medication prescribed for their own use and it may already have expired. Another harmful practice is digesting foods or drinks after the older adult have taken medications that could intermingle negatively because they don't remember what they have already taken. Another factor to consider is that aging females have an increased risk of chronic use of medication obtain through by her doctor's order or over the counter. Whereas aging men are at an increased risk for alcohol and street drug use.

Theories Guiding Conceptualization

In this portion, we discuss aging and substance use or abuse considering several psychosocial theories and Erikson's stage seven and eight of development. In reviewing late-life predictors of substance use or abuse the three theories essentially discussed in this study are disengagement, activity and

continuity. These theories suggest the rationale behind the behaviors of the aging adults. Disengagement Theory promotes the idea of aging as a progression of continuing disconnection between societal norms and the aging individual. This reciprocal continuation of disengagement happens as a nature, appropriate and common procedure that go together with the aging process. It is appropriate to aging adults within various cultures (Zastrow & Kirst-Ashman, 2014). The Activity Theory claims that continuing activity and being tangled within civilization is essential with contentment for senior citizen. Conversely, activity theory is completely conflicting to the disengagement theory. Aging successfully means active aging. Generally, active living means maintaining roles in the community however, intellectual and physical activities are important too. By preserving a healthy self-perception, the aging older should develop new curiosities, interests, roles and associations to exchange those that are reduced or gone in late life (Zastrow & Kirst-Ashman, 2014). In addition, Continuity Theory promotes the aging concepts of personality, ethics, moral, dispositions, roles activity, and basic patterns of behavior are constant throughout the life span, irrespective of the life transformation or coincidence. Continuity Theory is built upon the life course viewpoint to define normal aging. (Zastrow & Kirst-Ashman, 2014). Although, these are not supported by empirical evidence the theories are well known and taken into consideration when discussion of the aging process is in question. Likewise, the factors of late-life use or misuse of substance can be associated with one or more of these theories.

In view of Erickson's stage of development, we will discuss the aging adult and late-life substance use or misuse pertains to stage seven and eight. The aging adult in stage seven aims to work to establish stability and attempts to produce something that makes a difference in the world. This is Erikson's concept of generativity and is of stagnation promotes fear of inability, it activity in a life lived meaninglessly. The goal of stage seven is to be a person who cares about people, things and community. Whereas in stage eight of Erickson's psycho development Integrity versus Despair is the goal to obtain wisdom. Theories suggest wisdom is obtained through integrity and lack of wisdom produces a sense of despair, for example, when reflecting on one's life with a feeling of contentment and fulfillment from having led a meaningful life. Consequently, when a person reflects on their life and have a sense of despair about their life experience and feel they had no real purpose substance misuse can be a coping mechanism (Zastrow & Kirst-Ashman, 2014).

Treatment and Prevention Strategies

Most of the studies are done on younger adults and suggest predictive factors in relations to late life substance use and misuse. Consequently, effective treatment and prevention solutions vary because of the minimal studies done on actual late life adults for instance, in recommended cutting to a minimum of 1.5 units of alcohol a day eat equivalent to half a pint of strong beer in (5% strength) are a 125ml glass of wine (12% strength). In part, this is due to physical changes

as the body ages that make alcohol harder to deal with. The current endorsements for alcohol restrictions include a maximum of four components a day for men and three components for women (NHS Choice, 2011).

Treatment and prevention are necessary to address the problem of aging adults who misuse and abuse substance. All too often, seniors are seen by the primary care physician or in the nearest emergency room for intervention pertaining to substance misuse/abuse. Recently, diverse treatment interventions such as quick alcohol intervention trials were implemented in hospital emergency rooms. Another example is the effect of The Hampshire Program that was started in 1992. The statewide program called REAP provides brief mental health and substance abuse services to educate, encourage wellness, for elderly clients. REAP promotes counseling services for aging adults and their families through individual and family counseling; education at community locations like senior center; and procedural training to professional employees that work with seniors (Blow & Barry, 2014). Older adults could benefit from similar programs and services across the United States and other countries, to address the growing needs of substance abusing older adults.

Finding, Limitations and Conflicts

Other factors to be considered in the picture of the aging adult substance user is that severe substance misuse with major social consequences is certainly seen in older adult patients, but antisocial behavior and lower social economic

status are the less common and quantifiable indicators are more variable. In consideration of the increased prevalence of comorbid medical concerns, the aging adult patients are at greater risk for medical consequences connected with substance abuse (Bogunovic, 2012). In addition, the Bogunovic (2012) study claims that similar medical problems such as liver damage and immune system impairment, cardiovascular and GI, and endocrinological issues are common with the misuse or abuse of substance amongst the aging adult population. Likewise, symptoms of alcohol withdrawal are gone unrecognized and are simply attributed to a cause other than alcohol or substance abuse. Alcohol and substance withdrawal orders include tremulous syndrome, hallucinations, seizures, and delirium tremens. However, there is no evidence that the disorders occur at different rates in older adults than younger adults yet, data from animal studies demonstrate Higher severity of symptoms (Bogunovic, 2012)

Although there are relevant studies in aging adults and substance use and misuse, still little is known about specific age-related intervention strategies for older adults 60 plus with substance use, misuse or abuse concerns. This research was conducted to resolve the question, what strategies and substance use treatment services do older adults 60 and older perceive to be effective?

Summary

This study explored the related issues pertaining to aging adults specifically over 60. The use of this information is used to build upon current issues related to prevention and intervention of aging adults' population. Although, insufficient drug and alcohol history taking has been pragmatic in the aging adult, with lower for rates and efficient number of high quality drug and alcohol services, and greater use of prescription jokes the potential for misuse to treat in doing our pain related medical conditions. Nevertheless, sociological aspects come into play as barriers to treatment and prevention. Such things as loneliness and isolation are shared among older individuals and relate to hidden substance use. Older adults like other age groups, may be unwilling to seek help with drug use problems due to statement in shame, intergenerational effects may extract these insights to be more compelling than among younger groups. Therefore, primary care and other healthcare services which include; the presence and support of family is likely to be well known and provide a respected opportunity to screen for substance use problems and plan for intervention.

Overall, the goal of this study was to determine from the data collected what strategies and substance use treatment services do older adults 60 and older perceive to be effective?

CHAPTER THREE

METHODS

Introduction

The aim of this research study is to examine the strategies and substance use treatment services do older adults 60 and older perceive to be effective. One of the highest and significant barriers to recognizing substance abuse complications is the acceptance of the public and often health care providers that substance misuse and abuse does not occur among the aged, and that if it does treatment will not be effective. Historically, discussion of substance use and misuse has focused on younger adults and policy has usually addressed the concerns of younger adults' problems with substance use. This chapter contains the details of how this study was conducted. The section of this study discusses study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis. The goal of this methodology was to address the specific treatment and intervention needs of aging adults 60 and older who use, misuse or abuse substances.

Study Design

This was an exploratory research project, aimed at determining the best perceived age-related intervention and prevention for those elderly adults 60 and older who use, misuse or abuse substances." The exploratory method included a

quantitative study of aging adults 60 and older. Currently, there is limited research on substance treatment strategies for this specific group of older adults. The objective of this study is to examine what strategies and substance use treatment services older adults 60, and older, perceive to be effective. Data collected would further age-related substance use strategies for the older adult, 60 and over.

Sampling

It was important to get a diverse group of seniors 60 and over who were willing to share their truth about substance use, misuse and or abuse. The sample goal of this study was to gather relevant information from 15 participants by using a survey questionnaire. The participants were gathered by using the snowball sampling technique. The student researcher contacted participants from her own personal network. The participants 60 and over within the researcher's personal network completed a survey questionnaire. Once the participants completed the survey questionnaire, he/she were asked to refer someone else within their personal network to complete the survey. However, the participants from the survey questionnaire had been at risk for substance misuse or abuse because of their ages, substance use or abuse and daily prescription drug use. The study design and methodology was reasonable and for these reasons, the collection gathered and data analysis was completed within a time span of approximately 3 months.

Data Collection and Instrument

The instrument used for this study was created for the specific purpose of soliciting information from participants 60 and older who have some experience with substance use, misuse or abuse. The self-administered question was created by defining the objective of the study and to collect the most comprehensive and precise data in a reasonable flow. This was done to reach reliable assumptions from the responses given by the participants. Before writing the questions the researcher clearly defined the target populations from which data was collected. The question content was decided by review of literature in the Literature Review Chapter of this Research Project Proposal (See Appendix - A for questionnaire instrument tool). The limitation of questionnaire instruments was that the questions needed some clarification to gain accurate information. The strength of questionnaires instruments was regarding the feasibility and practicality of this study, the sample size and instruments used were favorable to the study strategy and the purpose of the study. The sample size and quantitative instruments were satisfactory to acquire quantitative data that was used to generalize and expand upon with future research. The sample size was feasible given the 3 months' time span for completion.

Procedures

Regarding the survey questionnaire, a notice was created, with the purpose and goals of this study announcing that this study would take place with

a snowball sampling approach. The student researcher used initial contact from participants from her personal network. The goal was to survey at least 15 participants at different individual time schedules. After an initial meet and greet, confidentiality was discussed and each participant was given a survey questionnaire package. The package was a large envelope containing, the survey questionnaire with demographic questions and informed consent forms (Appendix – B) to read and complete. After reading the consent and placing an X and date on the line provided and placing it back in the envelope, signified voluntary approval to participant with the research. The envelope and all the content inside had a specific assigned number. After each participant completed the survey package they were instructed to place the questionnaire, consent form back inside the large envelope. Each participant was thanked for their participation and given a debriefing statement (Appendix – C), and a \$5.00 gift card as an appreciation for participating.

The data collected took place at an agreed upon location by the student researcher Kim Malveo Jones and the participants from the researchers' personal network and any referral participants. The time table that was set to perform the activities required 3 months.

Protection of Human Subjects

The identity of the survey questionnaire participant was kept confidential. Participants completed their survey in a private area agreed upon between the

student researcher and themselves. In addition, the researcher explained that the participation of participants was completely voluntary and confidential. Participants were given a package with preassigned numbers that noted that the number was the only identifier correspondent to them. Participants reviewed the consent form with the corresponding number of the survey package. Then participants read the consent, signed by placing an X and the date on the blank line, and placed the consent form back in the envelope, to signify voluntary approval to participate with this research.

Data Analysis

The information was gathered and data analyzed by using the quantitative approach method. This quantitative, exploratory study used the most appropriate statistical test to analyze the results. The necessary descriptive statistics, including frequency distribution, was utilized to summarize the demographic characteristics of the entire sample. Measures of central tendency (e.g., mean) allowed the demographic information to be presented in a systematized and relevant way. In addition, inferential statistics were illustrated and generalized the results of the sample to the entire population of substance using, misuse and abusing older adults 60 and over.

Summary

The goal of this study was to specifically examine substance use, misuse and abuse amongst those aging adults 60 and older to determine perceived age-related intervention strategies. In addition, this study aimed to further build upon aging related substance use, misuse, and abuse issues in this population. This study design presented the methodology of how the exploratory study was conducted. The survey questionnaires were hand delivered to the participants.

CHAPTER FOUR

RESULTS

Introduction

The purpose of this chapter is to report the data analysis and findings. The data presented is in response to the questions answered by 15 respondents, 60 and older, residing in San Bernardino county on their percepts of strategies for treatment of substance use, misuse or abuse. The data aimed to explore the perceived strategies necessary to improve age related substance treatment for 60 and older participates. The beginning section will include a summary of the descriptive statistics for the survey questions as the respondents chose to answer as (1) agree, (2) neither or (3) disagree and the inferential statistics results. The second section will include a summary of the descriptive statistics for the (M) male or (F) female respondent answer to each survey question as (1) agree, (2) neither or (3) disagree and the inferential statistics results. Lastly, a summary of the specific finding of all ten questions will be reported in detail. However, the findings were not subject to a bivariate analysis and could not be tested due to small sample size.

Presentation of Finding

Descriptive Statistics

The relationships between the following variables were examined and of some interest. It should be noted however, that the small sample did not allow any of them to be tested statistically. In responding to the questions, the survey participants reported a mean of 1.40 agree responses to question (1) I like treatment providers that are closer to my age (SD=.632). All 15 participants responded to question number one with 66.7% agree, 26.7% neither and 6.7% disagree. One person declined to state yet, 14 survey participants responded to (2) question, what motivates me to get substance treatment is my physical health reports a mean of mean 1.07 agreed (SD=.267) and 92.9% agreed and 7.1% neither. Survey participants reported a mean of 1.00 agreed response to (3) All treatment strategies (ideas) must consider my values and belief (SD=.00). All 15 survey participants responded to question number three with 100% agreed. Similarly, all 15 survey participants responded agreed 100% to (4) question, assessment and treatment decisions must include the concerns of the patients to be successful and reported a mean of 1.00 agreed (SD=.00). Survey participants reported a mean of 1.20 agreed response to question (5) My family and children should be included in and made aware of the treatment even if they believe I don't need it (denial) (SD=.561) and 86.7% agreed, 6.7% neither and 6.7% disagreed. Survey participants responded 93.3% agreed and 6.7%

disagreed to (6) I believe substance treatment should include opinions from primary doctor, or nurse, social worker or pastoral care personnel with a mean of 1.13 (SD=.561). Survey participants reported a mean of 1.48 agreed response to question (7) I prefer outpatient treatment over inpatient treatment (SD=.828) and 80% agreed and 20% disagreed. Survey participants responded equally at 33.3% agreed, 33.3% neither and 33.3% disagreed to (8) I prefer group counseling instead of individual with a mean of a 2.00 (SD=.845). The (9) question, Given the complex physical and mental health of older adults 60 plus substance misuse treatment provider should consider their limitations, yielded the response of 93.3% agreed and 6.7% disagreed with a mean of 1.13 (SD=.561).

In reviewing gender, the overall survey participants identified as female (n=8, 53.33%) and 7 (46.67%) identified as male. Females responding to the questions the survey participants reported a mean of 1.38 and males mean of 1.43 agreed responds to question (1) I like treatment providers that are closer to my age (SD=.518 and male SD=.787). All 8 females participate responded to question number one with 62.5% agreed, and 37.5% disagree and all 7 males agreed (71.4%), neither (14.3%) and disagreed (14.3%). In (2) question, what motivates me to get substance treatment is my physical health one female declined to state yet, 8 female survey participates reported a mean of 1.14 agreed (SD=.378) and 85.7% agreed and 14.3% neither and 100% of males agreed with mean of 1 (males SD=00). Female and male survey participants

reported a mean of 1.00 agreed response to (3) All treatment strategies (ideas) must consider my values and belief (SD=.00). Both female and male survey participants responded to question number three with 100% agreed. Similarly, both female and male survey participants responded agreed 100% to (4) question, assessment and treatments decisions must include the concerns of the patients to be successful and both gender reported a mean of 1.00 agreed (SD=.00). Female survey participants reported a mean of 1.25 and males mean 1.14 agreed response to question (5) My family and children should be included in and made aware of the treatment even if they believe I don't need it (denial) with female (SD=.707) and males (SD= .378). In question five females 87.5% agreed, and 12.5% disagreed versus with males 85.7% agreed and 14.3% neither. Female survey participants responded 87.5% agreed and 12.5% disagreed to (6) I believe substance treatment should include opinions from primary doctor, or nurse, social worker or pastoral care personnel with a mean of 1.25 (SD=.707). And males reported 100% agreed with question six. Female survey participants reported a mean of 1.75 agreed (SD= 1.035) response to question (7) I prefer outpatient treatment over inpatient treatment with 62.5% agreed and 37.5% disagreed. All male survey participants agreed with question seven 100% (Mean of 1 & SD=00). Female survey participants responded 25% agreed, 50% neither and 25% disagreed and male survey participant 42.9% agreed, 14.3% neither and 42.9% disagreed to (8) I prefer group counseling instead of individual with a female mean of a 2.00 (SD=.256) and a male mean of

2.00 (SD=1.00). The (9) question, Given the complex physical and mental health of older adults 60 plus substance misuse treatment provider should consider their limitations, yielded the female response of 87.5% agreed and 12.5% disagreed with a mean of 1.25 (SD=.707) and a male reported mean of 1 (SD= of.00) with 100% agreed.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter includes discussions of findings, conclusions concerning outcomes of this study with suggestions and recommendations for future client centered social work practice, policy and research. The purpose of this study was to gather the perceive strategies and substance treatment needs of adults 60 and over. To examine what recovery treatment models and strategies could be most effective for the age-related complex needs of the 60 and over population who are at risk for substance misuse, use or abuse. Although, social workers, substance abuse professional and care providers are traditionally the sources to go to when a person needs substance interventions, studies have shown treatment works best tailored congruently with the client's needs and values. Furthermore, with the increasing life span of the aging population and increasing requirement for substance use prescribed or not. Consequently, it was critical to interview some of the 60 and over substance use population's most at risk for the need of effective age-related substance treatment strategies. Although, this study had a small sample, the findings could greatly impact social work practices, regarding interventions, education, policy and future research to enhance or resolve issues with age-related substance treatment for those 60 and over adults.

Discussion

In highlight of recent literature review the need for specific age-related treatment strategies are essential for effective substance use amongst the increasing population over 60. The results indicate that participates females or males in this study has some definitive values that could increase their participation in engaging with substance treatments tailored to their specific age and belief systems. For example, nearly seventy percent of the participates prefer treatment providers that are closer to their own age. By having clients to be seen by providers their own age could increase the client's willingness to engage in treatment. The results showed a positive relation between physical health and motivation to get substance treatment for both females and males. A hundred percent agreed that treatment strategies must consider a person's values and belief as well as the patients personal concerns to be successful. In addition, the study indicated a positive relationship with including family and children in on and made aware of the patients' treatment plan even if they don't believe or denial that the patient needs it. However, the study reveals that approximately fourteen percent of males neither agreed or disagreed and approximately thirteen percent of women disagreed that family and children should be made aware of their treatment plans. Similarly, thirteen percent of women showed a negative relation the believed that substance treatment should include opinions from my primary doctor, or nurse, social worker or pastoral care personnel. Nevertheless, eighty-seven percent of the overall study result showed

a positive relation on the believe that substance treatment should include opinions from the patients' primary doctor, or nurse, social worker or pastoral care personnel. The results indicated that thirty-eight percent of females would disagree with outpatient treatment and sixty-two percent would agree. In contrast with one hundred percent of males' preference to outpatient treatment. Whereas, the preference of group counseling instead of individual indicates an equal level of agree and disagree for both females and males. Yet, females show a strong indication to group or individual not making a difference and males show a strong indication to wanting to choose one over the other. This would be indicative of making sure that the clients have input in the treatment plan intervention process. As a result, overwhelmingly ninety-three percent agreed that given the complex physical and mental health of older adults 60 plus substance misuse treatment providers should consider their limitations, compared to the seven percent that did not.

Limitations

There were some limitations throughout this study and the first was the sampling technique used called snowball sampling. When the targeted agency approval process timeline would have jeopardized this research, project being completed within the allotted time constraints. So, the researcher determined to go forth by using another method. Another limitation embarked upon was assuring that the researcher's personal circle and participates referred was not

biased or influence in anyway and that they understood and voluntarily participated accordingly to the necessary guidelines of the research project. Recommending for obvious reasons the outcome of this study indicates that social work practice, policies research and substance strategies could benefit by considering specific substance use, misuse and abuse treatment strategies for the aging adults population over 60 now and in the future.

Conclusion

The idea of aging has changed over the years, along with available coping mechanisms to deal with the aging process. Many older adults and especially those 60 and older are living longer and having many complications from aging and substance use has become an option for coping with the complication of aging. Substance use, misuse and abuse has become an issue for a generation that is constantly losing and gaining.

As previous literature has discussed there is limited research on this population when it comes to age related treatment and policy to specifically address aging and substance misuse and abuse. This study in not intended to disregard any current substance treatment strategies but support and enhance it. This study supports the concepts that aging adults especial those over sixty can certainly benefit from substance use strategies that take into consideration their age, values and beliefs. Moreover, the outcome of this student shows that this population of clients have a voice to participate in the treatment process and

would be more likely to participate in it. For this reason, “*what strategies and substance use treatment services do older adults 60 and older perceive to be effective*” is groundbreaking for aging adults with an increase life span.

APPENDIX - A
SURVEY QUESTIONNAIRE

APPENDIX - A

Substance Strategies for Older Adults 60 & Older

01/11/2017 - Question developed by Kim Malveo Jones to gather strategies & substance treatment needs of adult 60 and older

Let us know what level you agree or disagree with about substance abuse treatment.

Respondent # _____

I live in San Bernardino County. ___ Yes ___ No

I am 60 and older. ___ Yes ___ No

I am: ___ male ___ female

How much do you agree or disagree?

| QUESTIONS | Strongly Agree (1) | Agree (2) | Neither | Disagree (3) | Strongly Disagree (4) |
|---|--------------------|-----------|---------|--------------|-----------------------|
| I like treatment providers that are closer to my age. | | | | | |
| What motivates me to get substance treatment is my physical health. | | | | | |
| All treatment strategies (ideas) must consider my values and belief. | | | | | |
| Assessment and treatment decision must include the concerns of the patients to be successful. | | | | | |
| My family and children should be included in and made aware of my treatment even if they believe I don't need it (denial). | | | | | |
| I believe substance treatment should include opinions from my primary doctor, or nurse, social worker or pastoral care personnel. | | | | | |
| I prefer outpatient treatment over inpatient treatment. | | | | | |
| I prefer group counseling instead of individual. | | | | | |
| I believe substance treatment for older adults 60 and older should include consideration of their age, and their physical and mental health at the time of treatment. | | | | | |

Comments:

APPENDIX - B
INFORM CONSENT



California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 11/17/2017 VOID AFTER 11/16/2018
IRB# SW1931 CHAIR [Signature]

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to examine older adults 60 and over perceptions of strategies used in substance use treatment. The study is being conducted by Kim Malveo Jones, a graduate student, under the supervision of Dr. Rosemary McCaslin, Professor Emerita in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to examine what strategies and substance use treatment services do older adults perceive to be effective?

DESCRIPTION: Participants will be asked questions concerning strategies and substance use treatment programs do older adults 60 and over perceive to be effective?

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: It will take 5 to 10 minutes to complete the survey.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. McCaslin at (909)537-5507.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2017.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here Date _____

909.537.5501

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APPENDIX – C
DEBRIEFING STATEMENT

Study of Substance Strategies for Older Adults 60 & Older

Debriefing Statement:

This study you have just completed was designed to examine what strategies do older adults 60 and over perceive to be effective? This study is confidential and only the research result will be shared. Your participation will hopefully help to determine and develop age specific strategies and treatment for older adults 60 and older who use, misuse or abuse substance.

Thank you for your participation. If you have any questions about the study, please feel free to contact Kim Malveo Jones or Professor Rosemary McCaslin at (909) 537-5507. If you would like a copy of the research results of this study, it can be obtained from the Pfau Library ScholarWorks database on the internet (<http://scholarworks.lib.csusb.edu/>) after July 2017.

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