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EFFECTIVENESS OF SERVICES AND INTERVENTIONS PROVIDED TO THE OLDER ADULT POPULATION

Michelle Maldonado

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TO THE OLDER ADULT POPULATION

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Michelle Maldonado

May 2021

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Approved by:

Armando Barragan, Faculty Supervisor, Social Work

Armando Barragan, M.S.W. Research Coordinator

ABSTRACT

The older adult population is set to increase enormously in the United States. With a larger older adult population, there will also be an increased demand for services. This study worked to identify the effectiveness of mental health services being provided to older adults. Given that service providers are often provided minimal resources, providing efficient services assists with purposefully allocating resources. The study used the post positivist paradigm. The researcher developed a set of questions and conducted phone interviews with mental health service providers of older adults. After transcription, qualitative data analysis was completed to identify meaningful connections. The data analysis resulted in the identification of themes related to the perceptions of the older adult population, demand for increased training, perceptions regarding mental health services, meeting demand, and understanding the roles of service providers. Study results indicated that services were efficient when service providers understood their roles and participated on a multidisciplinary team to address the complex needs of older adults. The study also found that older adults have positive perceptions of mental health services and that service providers have a positive perception of older adults. The implications of this study apply to both macro and micro social work regarding providing multi-faceted services and increasing knowledge about the older adult population.

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CHAPTER ONE:

ASSESSMENT

Introduction

Chapter one worked to provide an introduction to the focus of the research, the effectiveness of current resources and services provided to the severely mentally ill older adult population. It discussed the chosen paradigm, post-positivist, and the rationale for the use of this paradigm. The literature review described the targeted population, barriers to providing services to this population, and the importance of addressing the expected increase in demand for adequate services for this population. Chapter one discussed why this study utilizes the human development theoretical orientation. This chapter worked to identify the potential contribution of this study to the micro and macro social work practice serving this subset of older adults.

Research Focus

The focus of this study was to gather opinions of current service providers for the severely mentally ill older adult population to determine the effectiveness of services provided to this population. To better understand the research focus, it was essential to understand what the definition of an older adult, severe mental illness, and the definition of a service provider are. Data gathered from this research focus provided valuable information to plan and develop effective interventions for this growing population.

To best understand the focus of the research, it was important to define what the target population is. There was no set definition for an older adult, with different people and researchers qualifying someone as an older adult based on their age. In the United States, the age of an older adult was typically determined by the age at which someone can retire, which was determined by the Social Security Administration. The age of retirement continues to increase, but in general, social work practitioners considered an older adult to be an individual 62 and over (Kirst-Ashman, 2017). Within the group of older adults, there was a smaller subset of older adults labeled as severely chronically ill. The definition of severely mentally was equally as important as the group was at the center of this study. The National Institute for Mental Health (NIH) defined severely mentally ill as "as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities." (2019)

The focus of this research was the older adult population due to the expected increase in the population expected to come in the next few years. Researchers coined this surge in older adults as the "Silver Tsunami" (Mitchell, 2014). As the term "Tsunami" predicates, it was daunting due to the surge in demand for services and the increase in the type of services needed. The concern was the cost that this population would bring to government insurance costs, as most of this population was serviced by a government-

subsidized insurance plan. It was also important to note that as this population increased, the middle-aged working population was also growing but much slower. This trend had implications in terms of the working-age population's inability to financially support the older adult population (Mitchell, 2014).

Mental illness was important to define as it had become a critical need, specifically to the older adult population. The Center for Disease Control (CDC) defined mental illness as "Mental illnesses are conditions that affect a person's thinking, feeling, mood or behavior" (2018). Discussion of mental illness and studies about the treatment of mental illness significantly increased in recent decades (Kirst-Ashman, 2017). While there was an increase in the information and treatment of mental illness, the average older adult may not have had access to treatment until later in life. Not receiving treatment for mental illness led to the severity of the illness worsening (CDC, 2018). When mental health professionals completed an assessment of an individual's mental health needs, they provided a diagnosis of the person's mental illness along with the severity of the illness (Zimmerman et al., 2018). People who were categorized as being severely mentally ill were defined as any individual with any mental illness diagnosis whose mental illness had been chronic and had significantly impacted the daily functioning of the individual (Kuntz, 1995).

Service providers for older adults were also targeted in this study and were discussed to understand the importance of the research focus better. As Mitchell (2014) stated, the older adult population demanded more intense,

sophisticated, and expensive services than other age groups. This research focus targeted older adults by interviewing the service providers that worked with this population. As Mitchell (2014) explained, the services for this population were more complicated. They typically were best suited for multi-disciplinary teams that included: medical providers (i.e., hospice, hospital, primary care providers, mental health providers (i.e., therapists, psychiatrists), and some form of case management. There were several programs to provide services for older adults. However, some governmental agencies were piloting programs that targeted the severely mentally ill older adults. This focus was on mental health service workers as they were typically part of these multi-disciplinary teams.

<div align="center">Paradigm and Rationale for Chosen Paradigm</div>

This study was completed using the post-positivist paradigm due to its alignment with the research focus. The post-positivist paradigm understood that while there were rigid and objective rules of interaction with the targeted populations, there was still value when the researcher interacted with the research subjects. This paradigm also had a unique manner of how to obtain and analyze data that met the need of this research focus. In this paradigm, the data was gathered and analyzed immediately to reveal possible trends that would affect the next round of data gathering (Morris, 2014). This type of analysis and flexibility in data gathering was important as this particular type of research regarding older adults was not common.

This paradigm had three assumptions that made it the ideal paradigm for this project. The post-positivist paradigm's initial assumption was that reality exists, but it may have been difficult to understand. In this case, there was an understanding that there was a pattern and set of rules for reality; reality was imperfect and could be challenging to understand fully (Morris, 2014). This assumption benefitted this project in that there was an understanding, through research, of the tendencies and reality of the life of older adults, but there was still much to understand.

The second assumption of the post-positivist paradigm regarded the relationship between the researcher and those who were researched. In this paradigm, there was no separation between the researcher and those who were researched. Researchers worked to control biases and remain objective (Morris, 2014). In this project, the researcher was in direct contact with those who were researched. A set of questions was created to remain as objective as possible, but direct contact was still made with the interviewees via telephone to understand better the unique barriers of servicing this population.

The third assumption of the post-positivist paradigm held that the collecting and analysis of data was fluid. In this paradigm, data was typically qualitative, and the collection of data was not set but was modified as the data was collected (Morris, 2014). In this project there was a set of questions for the interview. As the interviews were conducted and data was collected,

patterns emerged that assisted with modifying how questions were asked to obtain better data and results.

Literature Review

This study's literature review worked to discuss various factors that impacted the research focus of this project. It reviewed the current concern on the surge in demand for services and its impact on the current system to support this population. The attitude and willingness of this population to utilize services and the impact of Adverse Childhood Experiences (ACEs) on this population were also identified. The code of ethics for social workers was discussed as any new services discussed would need to comply with the code of ethics and the ethical dilemmas that this population placed on social workers.

Current Concerns

There was a consensus among social services and mental health providers regarding the increased need for services for older adults. Masselam (2017) highlighted that she attended a conference focused solely on the preparation of therapists for the incoming surge in older adults seeking supportive services. Estimates showed that by 2050, 25% of the US population would be comprised of older adults. As mentioned earlier, the issue at hand was identified as the "Silver Tsunami," which led to increased costs and an "inadequate system" to meet those needs (Mitchell, 2014). The United States consistently spent more money per capita on older adults for care, yet

the quality of care did not reflect the amount of money spent. This is the current state of services, with trends showing the situation will worsen in the coming decades. The federal government attempted to try out various programs that provided more flexibility for states to use innovative programs to meet the needs of this population. This attempt was a step in the right direction, but providing more innovation and freedom to older adults would have been more beneficial. Regardless, it showed limited means (i.e., money and staff) to adequately service the needs of this population, meaning that the effectiveness of programs needed to be used to end or expand existing programs (Friedman et al., 2018).

Adverse Childhood Experiences Study and the Older Adult Population

As previously stated, there was a concern for the increased demand for service that this population required. However, it was also important that there was an understanding of the type and intensity of services that were to be provided. Emphasis on mental health and general acceptance of discussions about mental health increased in the last decades (Kuntz, 1995). During the youth and middle-age of the current older adult population, services were typically not offered or discussed, which led to treatment being avoided (Rhee et al., 2019). The Adverse Childhood Experiences (ACEs) study showed a clear link between adverse childhood trauma and the development of life-long chronic medical and or mental health issues. In the case of older adults, they suffered ACEs simply due to the various violent events (i.e., war) that many

endured, coupled with the avoidance of supportive services, explained why there was a high need for complex delivery of services for this population.

Perceptions of Mental Health

The stigma of mental health and society's overall avoidance of mental health in previous decades laid the foundation for the perception of mental health that older adults held (Kuntz, 1995). Older adults were shown to underutilize services. To determine why there was such underutilization, Rhee et al. (2019) worked to understand the hesitation of this population to mental health services. Initially, practical barriers to seeking treatment, such as transportation, access, and insurance, were predicted to be the causes of underutilization. However, when things such as transportation, access, and other factors were controlled for, there was still an underutilization of services. Rhee et al. (2019) found that the population's perceptions of the services and service providers led to underutilization. Older adults identified they had a negative understanding of mental health services that led to them avoiding accessing services. Once enrolled in services, older adults identified feeling that the service provider was inadequate or could not relate to their lives due to their younger age. These two factors were important to discuss as they could have led to an increase in the utilization of services. While there was a concern for having to provide more resources and services, older adults who avoided asking for help led to having to obtain emergency (and more

expensive) crisis services once the issue (medical or mental health-related) had worsened (Rhee et al., 2019).

Social Work Code of Ethics

Considering the factors already discussed, the services for older adults were more complicated than previously discussed. The perception of mental health and services was identified as necessary to the older adult population. The type of services providers for older adults varied greatly, from medical providers, case managers, mental health providers, and other support staff. This research was helpful to all service providers, but in particular, it was important to understand the unique role and perspective of the social workers that worked with this population. Social workers are bound by the National Association of Social Work (NASW) code of ethics when they worked with any client population (Code of Ethics, 2017). This particular population presented with unique ethical dilemmas (Hepworth, Rooney, Dewberry Rooney & Strom-Gottfried, 2017). A prime example was a social worker's obligation for self-determination while also seeking what was in the best interest of the client. In this case, there could have been an older adult who refused services, but refusing services was not in the client's best interest.

Social Work in Older Adult Mental Health

It was important to review the specific work that service providers were tasked with within the older adult mental health field. With the growing demand for services, the American Psychological Association (Abeles, 2014) provided

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a comprehensive guide for service providers of older adults. There was a need for service providers to learn that there were differences in how mental illness manifested in older adults. As previously discussed, older adults may have had stereotypes of services and service providers that hindered their acceptance of services. However, the APA suggested that service providers should have been aware of their own biases and stereotypes regarding the older adult population. Social workers who provided mental health treatment to older adults must have collaborated and coordinated with other older adult providers to obtain a clear overview of the client, especially considering older adults had chronic medical conditions. Working with older adults also benefited social workers by providing knowledge or coordination of care with insurance (Medicare) and income (Social Security) resources.

The literature was meant to provide an overview of the various factors discussed and identified to best understand the research focus. It was imperative to know the definition of an older adult and the concern related to the influx of older adults in our population and their demand for services. The barriers to this population receiving services and the ethical obligations of social work providers were important to note.

Theoretical Orientation

The theoretical orientation for this study was the human development orientation. This study focused on a particular age group and the unique needs that this developmental stage faced. When the needs of this age group

were analyzed, it was clear that they had very different needs from those of children and adults. It was important to note that age-specific services be provided in order to provide the best results. Several theories focused on human development and aging. However, Erikson's theory of human development related the most to this study. In this theory, Erikson provided a clear viewpoint of the struggles of this age group (Kirst-Ashman, 2017). Erikson theorized that an individual's development occurred in eight stages; within each stage there was a personal crisis between two areas. An age range also characterized each stage in this theory. According to Erikson, older adults fell into the seventh and eighth stages of development. In the seventh stage, middle adulthood, individuals were in a crisis that resulted in either generativity or stagnation. Erikson's final stage of development, late adulthood, had a crisis in which individuals either aged proudly to face death or fell into despair (Kirst-Ashman, 2017).

Contribution of Study to Micro and Macro Social Work Practice

This study worked to contribute to the growing body of literature working on planning for the services for this growing population of older adults, and specifically the super-users within this population. The data gathered worked to identify what type of services were most effective for this particular population. This study potentially identified alternative ways that agencies worked to engage and maintain engagement with this population that was typically hesitant to ask for services.

Summary

This chapter worked to explain that effectiveness of services for the older adult population was the research focus. It was identified that the post-positivist paradigm was utilized for this study due to its flexibility in analyzing data and its emphasis on the researcher's interaction with the subjects of the study. The literature provided in this chapter discussed the significant factors that were the focus of the study and were impacted by the data collected. Chapter one also explained why human development was the theoretical orientation for this study and identified the possible contributions this study had to micro and macro social work practices.

CHAPTER TWO:

ENGAGEMENT

Introduction

Chapter two provided a more in-depth description of the study's location and the strategies for how gatekeepers at the research site were engaged. A discussion regarding self-preparation for the study and possible diversity, ethical, and political issues, and the use of technology was included in this chapter.

Research Site

The study site was a government agency in Southern California that had a department working to provide mental health services to "mature adults." Based on contact from the staff at this site and the agency's website, there are several services this agency provided. As a mental health agency, it provided peer support groups related to many topics (i.e., socializing with others, art expressions, grief, and more). For clients deemed needing more intense services, there were additional services such as linkage to housing, case management, and weekly or monthly support from a mental health worker (RUHSBH, 2013). This program was comprised of six clinics that serviced the whole of the county. While the census of each clinic varied, each clinic serviced approximately 200-500 clients (RUHSBH, 2013). Each clinic had approximately twelve people on staff. The staff was comprised of ten

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females and two males. The ages of the employees ranged from twenty-four to fifty-three years old.

Engagement Strategies for Gatekeepers at Research Site

The strategy used to engage gatekeepers at this site was to appeal to the free gathering of data to identify where to utilize their limited resources. The agency recently and historically struggled with having enough resources (staff and money) to support all of its programs. Gatekeeps at this site had to understand how to best manage the resources they were given. Once the study was completed and the data was analyzed, it would identify which services are most utilized and could be expanded. The appeal of a free analysis of services was the primary strategy used to engage the gatekeepers.

Initial contact with the gatekeepers was through email as it was challenging to get dedicated time with them on the phone. The gatekeeper for this specific program was the program manager for the Older Adult services clinics in the Southern part of the region. When corresponding, the researcher introduced herself and expressed a desire to conduct a free research project that maximized the efficiency of agency programs. The benefit to the department was highlighted as well as the possibility of showcasing the critical and innovative work the programs had conducted. During the beginning of 2020, the COVID-19 pandemic affected the engagement strategies with the gatekeepers due to recommendations to limit face-to-face interactions. Emails and telephone calls were used to engage the gatekeeper. The gatekeeper

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and researcher coordinated how the study would be conducted to adhere to social distancing restrictions.

Self-Preparation

Researchers previously identified that service providers' perception and their level of competency were a barrier to the utilization of services. Considering this barrier, it was important that the researcher identify potential bias prior to engaging with research subjects. The researcher utilized articles from the American Psychological Academy and older adult advocacy groups in order to identify current areas of concerns and common services being utilized by this population. The researcher ensured that only reputable sources were utilized when preparing for participant engagement. Once the set of questions for the interview was developed, the researcher had the questions reviewed by another staff member to ensure they did not contain biased language.

Understanding the local services being provided was also important to self-preparation. Due to COVID-19 social distancing, the researcher was limited to utilizing online resources to better understand local resources. The researcher reviewed the services provided to older adults by the local medical agency, homeless shelter, and housing agency. The researcher also had previous professional experience working with older adult specialist (program managers in County programs) that were asked for feedback on current older adult population concerns.

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Diversity Issues

There was a wide array of service providers for older adults, especially in this particular agency. Staff ranged from those who had a mental health diagnosis and or a past substance abuse issues to a psychiatrist with a Doctoral degree. (Older Adult Services, 2013). Research subjects were chosen from various educational levels across different roles within this agency to ensure diverse responses. Direct contact was not made with older adult clients; instead, information was gathered from their respective service providers. Diversity issues within the staff due to their various qualifications to provide services led to differences in language utilized and clinical understandings of mental health diagnosis.

Ethical Issues

An ethical that could arise during this study was the advocacy for better services. The study researched and interacted with service providers of the older adult population and asked them to discuss the effectiveness of services provided. A potential ethical issue could have been that a service provider disclosed personal health information or violated HIPPA policies for a client. Another potential ethical issue that could have arisen was that a service provider could have disclosed misuse of resources by the program. To avoid such issues, guidelines were provided to each subject before beginning the study to ensure that they were aware of the ethical boundaries of the study. Confidentiality of research subjects was necessary. To protect their identity,

data collected avoided using any information that hinted to the subject's identity (i.e., ethnicity, sex, age).

Political Issues

The local government agency may have been hesitant to allow the study due to recent litigation that they lost due to not having adequate services in another facility (Older Adult Service, 2013). This was a significant political issue that could have impacted accessibility to service providers as research participants. To mitigate this issue, the gatekeeper was informed of who will have access to data and that the study's goal was to improve services for the agency and not expose shortcomings.

The Role of Technology in Engagement

Technology was used to input and track the data gathered from the study. The responses given were saved on a digital audio recorder and were transcribed on a computer. Overall, technology was used to obtain, store, and transcribe the data but was not used to track or store personal information. The study was initially going to be conducted in person, but due to COVID-19 social distancing recommendations, interviews were conducted using a telephone and digital recorder. To protect the interviewee's privacy, each individual was not identified by name, and each subsequent transcription was assigned a number. Technology also assisted in providing the subjects with a digital copy of the interview questions and an informed consent document.

Again, answers were recorded on a digital recorder for transcription and for when clarification was needed. Throughout the interview and collection of data, interview audio recordings were kept locked to ensure the safe keeping of information.

Summary

Chapter two provided details about the study site and the strategies utilized to engage the gatekeeper at the site in a positive manner. This chapter also identified how to self-prepare for possible bias towards this population and be competent in common areas of concern for this population. Issues regarding interacting with a diverse participant pool and how to mitigate possible confidentiality violations were also addressed. A potential political issue regarding the agency being characterized as not having effective services was also discussed, and possible intervention to avoid this issue was explained.

CHAPTER THREE:

IMPLEMENTATION

Introduction

Chapter three reviewed the implementation phase of the study. In this

chapter, the make-up of the participants and how they were selected were

discussed. Data gathering included phases of data collection were addressed.

The analysis of data, termination and follow-up were also included.

Study Participants

Participants were service providers (employees) of the study site

agency. A requirement was that they worked directly with the older adult

population and provided them with mental health services. The site of the

study serviced individuals fifty-five and a half years old and older. While it was

important to understand the population serviced by the staff, demographics

and information about the staff (the study participants) was equally important.

The total number of potential study participants was twelve. Of these

participants, two were male and ten were female. The ages of the participants

ranged from twenty-four to fifty-three years old.

Selection of Participants

This project followed a post-positivist paradigm; this paradigm utilized

the purposive sampling technique. The purposive sampling technique was not

meant to be random and followed some variation depending on the purpose of the study. Purposive sampling used specific rules to identify participants to obtain a more in-depth view of the topic researched. This sampling looked to utilize a more concentrated sampling group that provided a more comprehensive look at the topic at hand. Purposive sampling was used to best evaluate the effectiveness of a program or intervention. In this study, the effectiveness of services provided to older adults was studied.

Within the purposive sampling technique, this study utilized the homogeneous sampling technique. Homogeneous sampling took into account that the participants were similar in that they all provided services to the older adult population. This technique was used as all of the staff in this program worked with each of the clients in similar capacities. Seeing that all of the staff worked with the older adults receiving mental health, they provided their ideas that resulted in a more comprehensive look at the program and its services.

Data Gathering

The post-positivist paradigm worked to ensure that each participant received a similar interview or set of questions (Morris, 2014). The study took the post positivist approach; with this approach there was a specific set of questions that were asked in the interview. In order to control for biases, this paradigm held that interviewees be asked the same questions. The questions developed for this project covered current services, trends in services, service provider goals, and perceptions of the older adult population. The subjects

covered were meant to provide an overview of current and likely future trends and needs.

It was important to obtain data regarding the current state of services to obtain a more in-depth view of the program. Without understanding the current services, it was challenging to study the effectiveness of the services. Questions related to the current services asked, "What services do you currently provide?" Participants were also asked, "Who are the different providers for this program?" Considering that providers provided the service, they were asked to identify trends in services. Questions regarding trends in services were asked, "do you see an increased need in services?" as well as, "Have there been changes made to how your program delivers services?"

The subject of service provider perceptions on the target population and program goals were addressed. Participants were asked, "what are your perceptions of this (older adult) population" to gauge if they had any biases or perceptions of the clients they serviced. Participants were asked about their goals for the program and themselves regarding increasing their ability to service this target population.

<div align="center">Phases of Data Collection</div>

The total number of participants interviewed were divided into two groups. Generally, the post positivist approach gathered data in a naturalistic setting and did not manipulate the sample structure. However, the post positivist paradigm also saw the collection of data as a fluid process. This

paradigm encouraged the analysis of initial data to change or modify the next round of data gathered (Morris, 2014). For this reason, the first group was interviewed, and their data were analyzed immediately. After the initial analysis of that data, the researcher saw if modifications needed to be made to improve how the questions were asked to the second group of participants.

While collecting data came from two groups interviewed, the interviews were completed individually to continue to protect the participant's identities. In each individual interview, the interviewee was asked the same set of predetermined questions. The interviewer recorded the interviewee's answers with a digital audio recorder. Each interview recorded and transcribed were assigned numbers to maintain confidentiality. Answers were reviewed to omit and protect any private information that would reveal the interviewee's identity. After each interview the documents and recorder were be placed in a lockbox for safety until the data recording.

Data Recording

The interviewee's answers were recorded on an audio recorder. Once the data was collected, the process of developing transcripts to record the data began. The interviews were conducted individually, so there were individual transcripts, each labeled with a number to ensure anonymity. Individual transcripts were created first by transcribing the answers from the audio recording.

The transcribing of the data was necessary; however, this paradigm also worked to have two research journals to support the project. One journal tracked and maintained the data obtained in the interviews, the transcripts, and the audio recording information. The second journal was a means for the researcher to track the process of and development of the project. The second journal was a reflective journal to record the thought-process and thoughts throughout the various phases of development, engagement, implementation, and project termination.

Data Analysis

Data analysis for this project was done utilizing the bottom-up approach. Specifically, data analysis was conducted using open, axial, selective, and conditional matrix coding. This analysis was meant to be sequential; however, the nature of the post-positivist paradigm analysis could be done by going back and forth between these levels of analysis. Through these sequential forms of analysis, the researcher made theory from word. As the analysis followed this analysis sequence, the data collected became more refined through each level of analysis.

Once the data was transcribed from the interviews to transcripts, the initial level of analysis was open coding. In this analysis, the data was broken down into themes and categories. Possible open coding was sentiment towards current services, attitude towards change to services, and perception of the target population. At this stage of analysis, the researcher reviewed the

transcripts to identify statements that seemed related to each other. Open coding was meant to be done as extensively as possible, primarily when new data was obtained to uncover possible themes. The concepts identified in open coding were utilized in the next level of analysis to refine the data further.

Axial coding was the second level of analysis that was utilized. In this analysis, the themes identified within open coding were linked into groups. Emerging categories were reviewed to see if they intersected. Categories linked to more significant concepts or that intersected were further analyzed as they could lead to more refined questions or concepts. The connections identified in axial coding were further examined in the next level analysis-selective coding.

Selective coding was meant to integrate and refine the categories and themes from subsequent analysis to develop a theoretical statement. This was done through the process of bringing together information from the subsequent levels of analysis and various subjects related to the topic. The theoretical statement may not have explained everything but help the field of study clarify the topic. Through selective coding, the core category was identified. This was be done by reviewing all data for repeated patterns. The core category was related to all concepts and categories identified and helped explain some of the findings and patterns.

Summary

A description of participants as well as how the selection of participants was discussed. Participants will be older adult mental health service providers. Participants and gatekeepers were provided a review of the purpose of the study. How data was gathered concerning the post positivist paradigm was explained. Due to COVID-19 social distancing restrictions, data was recorded through a digital audio recording from interviews. Information was analyzed using a bottom-up approach, per the chosen paradigm, which took the form of sequential analysis of open, axial, and selective coding.

CHAPTER FOUR:

EVALUATION

Introduction

Chapter four will review and discuss the findings of the study. The data

analysis identified four themes that were consistent in the information provided

by the study participants. The themes that will be discussed include

understanding the roles of service providers, meeting the need to provide

services, listening to the helpers (service providers), and understanding the

population of older adults. This chapter will review the interpretation of the data

and discuss the implications of the findings on social work practice.

Qualitative Data Analysis

Participants were the mental health service providers of two mental health

clinics for older adults. In order to obtain a comprehensive perspective, the

participants varied in their roles. Two participants were nurses who work

alongside the clinic psychiatrist and focus primarily on medication management.

One participant was a peer support specialist; this role works to motivate and

engage with older adult mental health clients. This position is unique because

this service provider qualifies for the position based on a lived experience with

mental health. Two participants were therapists who provide weekly therapy and

conduct the initial and annual biopsychosocial assessments for the clinic

patients. One participant was a behavioral health specialist; this position primarily

focuses on case management, referral management, support group facilitation, and crisis support. All participants identified as female. There was a total of six participants. The participants participated in the study by answering predetermined questions given during an interview.

Participants were originally going to be interviewed in person at the clinic locations. However, due to COVID-19 social distancing restrictions and the older adult population being served by service providers, the participants were interviewed by phone. Participants were provided the informed consent document via email before the interview, and the informed consent was also read to the participants at the beginning of the interviews. The study participants were interviewed using a prepared list of questions related to services and perspectives. With each subsequent interview after the initial interview, questions asked were slightly modified to identify meaningful data and responses. Due to COVID-19, in-person interviews needed to be canceled. Communication took place via email and by phone with the site gatekeeper to schedule days and times that staff was available to be interviewed by phone. Due to the barriers with scheduling, the total number of study participants decreased to six.

Once interviews were completed, the transcription process began. Interviews were recorded on a digital audio recorder. The recorder was kept in a locked location to protect participant confidentiality. Each interview was transcribed onto a separate document for data analysis. After the transcription of

the interviews, each line was reviewed to ensure that identifying information was removed.

Open coding was used to analyze the transcribed interviews. Each interview was read line by line, notes were made and a response/statement was highlighted when a response by the participant indicated a strong response or hinted at a deeper meaning. When one strong response was identified, a possible theme or concept to describe or relate to the statement was created. This process of initial coding was completed for each transcribed interview. After this initial coding was made, each highlighted response and its accompanying concept were compared alongside other highlighted responses and their concepts to categorize similar coded responses. At the end of this open coding process, there were seven categories identified.

The second stage of analysis involved axial coding. From the seven categories identified in open coding, axial coding was used to identify themes. The seven categories were again placed on a single document and compared to one another. Categories that were similar or could be relative to one another were grouped together. Axial coding identified four themes in the data.

<center>Data Interpretation</center>

<u>Understanding Roles</u>

It was important to address that while all participants provide mental health services to older adults, they vary in their specific roles. For this reason, one of the interview questions asked participants to identify the roles of others in

the clinic. This theme was identified as the participants knew what each role was and could speak in-depth about each role. Through the study, it was clear that the needs of older adults are complex and require efficiency among the multi-disciplinary teams that service them. The theme of understanding roles was further highlighted by the responses identifying that each position had specific functions to meet the client's complete needs. All participants were able to discuss the function of each role and spoke positively of the partnership between the roles.

<u>Meeting the Need</u>

The purpose of this study has been to identify what is the most effective means to service the current and expected need of incoming clients. The theme of "meeting the need" encompasses the efforts that participants have taken to meet the increased demand for services and modifications to services that have assisted in meeting that need. The COVID-19 pandemic put a strain on services, with services being limited due to social distancing restrictions while also seeing an increase in demand for services. The pandemic put the older adult population serviced at a higher risk of harm, meaning that this was an additional barrier to meeting the need to provide services. Every participant identified that there had been an increase in demand for services. When asked to identify if the participants felt they had the tools to meet the demand, there were mixed answers. While some participants cited a lack of resources to meet the need, all participants stressed that there had been efforts made to provide services while

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maintaining the safety of the older adult population. Such modifications include a higher push to contact each client and staff restructuring to help for the higher demand in other areas (i.e., a higher focus on therapy due to support groups being suspended).

<u>Listening to the Helpers</u>

Actively listening and responding to the recommendations from front-line service providers was another theme identified. The data showed that all participants were either open to or had a strong desire for additional training. As previously stated, older adults have complex needs, meaning that service providers for this population need to have competency in many areas and treatment interventions. Participants also reported positive outcomes and improvement in services when they have a supervisor who listens to their recommendations and takes action to implement proposed changes to meet service needs.

<u>Understanding the Population</u>

A strong sense of misperception in older adults was the most prevalent theme that arose from the data. Participants were asked if their perceptions prior to working with the older adult population changed after working with the population. The data showed that every participant has misconceptions about what older adults were like and the population's needs. Data also identified a strong willingness from older adults to participate in services. These two findings

signal that there are common misconceptions of the characteristics and needs of the older adult population.

Implication of Findings for Social Work Practice

The findings of the study have implications for both macro and micro social work practice. These implications surround the themes identified from the interpretation of the data. The needs of older adults are complex and multifaceted, meaning that the mental health service providers will need to be diverse as well. Mental health providers, as a whole, would do well to educate themselves on the roles and functions of fellow mental health providers to best coordinate client care. The increase in demand for services caused by COVID-19 is a reminder that macro social work is to continue to plan for how to restructure current staff or assess current capacities to meet future demand. Regarding micro social work, study data showed that services improved when staff felt comfortable making recommendations and having supervisors that support the implementation of the recommendations made. The perception of older adults and their perception of services also impacts social work practice. Each participant shared that they knew little about older adults or had negative perceptions of older adults (i.e., grumpy, unwilling to change) prior to working with the population. Participants all stated that their perceptions were wrong and that the older adult population is very willing to engage in services and that service providers have enjoyed working with older adults due to their ability to communicate their needs. Identifying such a drastic change in perceptions

means that offering training and more information about the population to social

workers can entice workers to be more willing to work with older adults.

Summary

This chapter worked on reviewing several aspects of the evaluation phase

of the study. Participant descriptions were provided as well as the changes to

data collection from in-person to phone interviews. The data analysis process

was reviewed, from transcription to open and axial coding to identify categories

and themes in participant responses. Based on the themes of the data,

implications for social work practice regarding the perception of older adults,

support from supervisors, meeting increased demand and having clear roles and

functions were also discussed.

CHAPTER FIVE:

TERMINATION AND FOLLOW UP

Introduction

This chapter will review the termination process and follow-up plan.
Termination of the study process will be discussed. The plan to communicate the
study's findings will be presented. Finally, this chapter will explain any possible
ongoing relationships with study participants.

Termination of Study

Termination of the study was reviewed several times throughout the study.
During the initial engagement with gatekeepers, communication with the
gatekeeper, and review of informed consent, the length of participation was
explained. Study participants only participated in one interview. Termination of
the study was completed with each participant at the end of each interview.
Participants were thanked for their participation in the study. The audio files and
documents related to the study were destroyed.

Communication of Findings and Dissemination Plan

There are several means through which findings will be shared.
Participants will be informed via email that study has been completed. The
gatekeeper will be provided a copy of the final paper. The study will be available
on the CSUSB ScholarWorks database which is accessible to the public. In-

person presentation is limited at this time due to COVID-19 social distancing restrictions.

Ongoing Relationship with Study Participants

There is no plan to have an ongoing relationship with the study participants. The only planned contact with participants or gatekeeper is to provide final copy of study. Given the proximity of the research site and that the participants work in the mental health field, casual contact may occur in the community.

Summary

This chapter worked to provide a final review of the termination and dissemination process. Termination was discussed throughout the study and was completed with each participant. The findings will be provided directly to the participants and will be accessible through a school database. No further contact or relationship is planned with the participants.

APPENDIX A:

INFORMED CONSENT

School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the effectiveness of mental health services and interventions being provided to older adults in Riverside County. The study is being conducted by Michelle Maldonado, under the supervision of Dr. Armando Barragan, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional review Board at CSUSB.

PURPOSE: The purpose of the study is to examine the effectiveness of mental health services among older adults.

DESCRIPTION: Participants will be asked questions on the current services being provided, current demand for services, most utilized services, perceptions of the target population, and goals for services.

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

CONFIDENTIALITY: Your responses will remain confidential and data will be reported in group form only.

DURATION: Your participation will take place on one occasion for approximately 10-15 minutes.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

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. Barragan at (909) 537-3501.

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 2021.

****

I agree to have this interview to be audio recorded: _____ YES _____ NO
I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

_____   _____

Place an X mark here   Date

APPENDIX B:

DATA COLLECTION INSTRUMENTS

INTERVIEW QUESTIONS

1. What mental health services do you currently provide to older adults?
2. What are the difference providers of mental health and what are their roles?
3. Does your program currently have the capacity to meet the demand for mental health services?
4. Do you or have you seen an increase in demand for mental health services?
5. Have there been changes made to your program to reflect trends in services?
6. What mental health services are most utilized?
7. What mental health services are least utilized?
8. What goals do you have for your program?
9. What could assist you and your program in reaching these goals?
10. What type of trainings would be helpful to you?
11. What are your perceptions of older adults?
12. Have your perceptions changed since you began working with the older adult population?
13. How do your older adult clients perceive services?

Developed by researcher

APPENDIX C:

INSTITUTIONAL REVIEW BOARD APPROVAL

August 21, 2020

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2020-285

Michelle Maldonado Armando Barragan Jr.
CSBS - Social Work, Users loaded with unmatched Organization affiliation.
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Michelle Maldonado Armando Barragan Jr.:

Your application to use human subjects, titled "Effectiveness of Services and Interventions Provided to Older Adult Population" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino . An exempt determinations means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. The exempt determination does not replace any departmental or additional approvals which may be required.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

 If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2020-285 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,
Nicole Dabbs
Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board
ND/MG

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