

**ABSTRACT**

**PERCEPTIONS OF RECOVERING SUBSTANCE ABUSERS AND TREATMENT  
PROVIDERS ON APPROPRIATE DELIVERY METHODS OF  
ALCOHOL AND DRUG TREATMENT SERVICES  
TO OLDER ADULTS**

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This thesis compared the perceptions of older adult recovering substance abusers with the perceptions of alcohol and drug treatment providers on what each sample believed would be the most appropriate delivery methods and locations for alcohol and drug treatment services to individuals 50 years of age and older. Sixty participants, 30 subjects from each sample group, completed a questionnaire created by the researcher. Results showed there were no significant differences in perceptions of older adult substance abusers and drug treatment providers about the most appropriate treatment methods and locations for treatment. Additional findings included suggestions from participants about ways to improve current treatment modalities and locations. Results suggested the need for provider education on age-specific issues faced by the older adult addict.



PERCEPTIONS OF RECOVERING SUBSTANCE ABUSERS AND TREATMENT  
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ALCOHOL AND DRUG TREATMENT SERVICES  
TO OLDER ADULTS

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## TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS.....	iii
LIST OF TABLES .....	vii
 CHAPTER	
1. INTRODUCTION.....	1
Background of the Problem.....	2
Statement of the Problem.....	2
Purpose of the Study .....	4
Importance of the Study .....	5
Hypotheses .....	6
Operational Definitions.....	6
Assumptions.....	8
Delimitations.....	9
 2. REVIEW OF LITERATURE .....	10
Types of Substance Abuse Found Amongst Older Adults and Demographics of the Problem.....	10
Substance Abuse Amongst Older Adults by Type and Age Group	10
Substance Abuse Found Amongst Older Adults by Gender.....	11
Demographics of Elderly Addicts Seeking Treatment Based On Age, Ethnicity, Gender and the Baby Boomer Generation .....	11
Treatment Admission by Age Groups .....	11
Treatment Admissions by Ethnicity.....	12
Treatment Admissions by Gender.....	13
Older Adults Substance Abusers and the Baby-Boom Generation	13
Treatment Recommendations for the Most Appropriate Locations and Approaches for the Delivery of Treatment Services to Older Adults .....	14
Approaches for the Delivery of Treatment Services to Older Adults	14
Locations for the Delivery of Treatment Services to Older Adults	17
Research with Treatment Providers and Older Adults on Treatment Effectiveness .....	20

Summary .....	23
3. METHODOLOGY .....	24
Research Design.....	24
Settings and Sample Selection .....	25
Instrumentation .....	26
Perceptions of Appropriate Treatment Tool (PATT).....	26
Procedure .....	28
Data Analysis .....	30
Summary .....	30
4. RESULTS .....	32
Description of Sample.....	32
Hypothesis Testing.....	35
Hypothesis One .....	35
Hypothesis Two .....	36
Hypothesis Three .....	37
Additional Findings.....	38
Summary .....	39
5. DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS .....	40
Discussion and Interpretation of Findings .....	40
Hypothesis One .....	41
Hypothesis Two .....	41
Hypothesis Three .....	42
Additional Findings.....	42
Implications of the Study .....	45
Limitations .....	45
Recommendations for Future Research and Practice .....	46
Summary .....	47
APPENDICES .....	49
A. SURVEY QUESTIONNAIRES .....	50
B. SCRIPT .....	55
C. CONSENT FORMS.....	57
D. DE BRIEF STATEMENT .....	64
REFERENCES.....	66

## LIST OF TABLES

TABLE		Page
1.	Recovering Addicts and Providers Perception/Experience of Specific Treatment Types and Locations.....	34
2.	Perceptions of the Most Appropriate Delivery Approach to Addiction Treatment in a Sample of Recovering Older Adult Addicts and Treatment Providers.....	36
3.	Perceptions of the Most Appropriate Delivery Location to Addiction Treatment in a Sample of Recovering Older Adult Addicts and Treatment Providers.....	37
4.	Perceptions of the Most Appropriate Combinations of Addiction Treatment and Location in a Sample of Recovering Older Adult Addicts and Treatment Providers.....	38

## CHAPTER 1

### INTRODUCTION

Currently, as a result of the baby boom generation of older adults born between 1946-1964 who may have abused substances during their younger life, and the rates of their alcohol and drug use becoming more significant as they age ([SAMHSA] Center for Behavioral Health Statistics and Quality, 2011), illicit drugs have become more problematic for seniors. This may be the result of an increase in the number of older adult substance abusers who were addicts as younger adults, and continue to use drugs and alcohol as they age. This may place them at greater risk for harm due to experiencing physiological, psychological and social changes when abusing alcohol or drugs (SAMHSA Center for Behavioral Health Statistics and Quality, 2011).

Alcohol and drug use can negatively affect the general health, mental health, physical, and social functioning, including depressive ideations and suicidal thoughts of adults aged 50 and older. Currently, there are very few age-specific treatment approaches or programs that address the onset of addiction as it relates to whether an individual became a substance abuser during their older adulthood, or began using alcohol and drugs during their younger adulthood and continue using as they age. There are also few programs that consider the psychosocial characteristics of older adult addicts including: housing issues, ageism, loss of independence, fear, financial stressors, lack of family interaction and a euphoric attitude in which older adults feel they have lived long enough

to do whatever they want, despite the consequences. The primary focus in recovery agencies tends to be on younger and middle-age adults.

### Background of the Problem

According to the *National Survey on Drug Use and Health Report: Illicit Drug Use among Older Adults* (SAMHSA Center for Behavioral Health Statistics and Quality, 2011), “An estimated 4.8 million adults aged 50 or older, or 5.2 percent of adults in that age range, had used an illicit drug in the past year” (p. 2). Drug and alcohol treatment services for adult substance abusers at any age includes therapeutic interventions at residential inpatient treatment facilities, cognitive based therapy, support groups, drug and alcohol detoxification programs, cognitive behavioral therapy, acupuncture, equine assisted therapy, Alcoholics Anonymous (AA) meetings, outpatient treatment centers and hospitals (National Survey on Drug Use and Health, 2009). However, there are few treatment programs that specifically address the specialized needs of older adult substance abusers. Social and psychological factors associated with older adult addicts who continue to abuse drugs and alcohol are reactions to “the stresses of aging, which, in producing a great deal of anxiety and depression, lead[ing] to the use of alcohol in the form of self-medication” (Zimberg, 1985, p. 352). These socio-psychological stresses tend to prolong alcohol and drug addiction in long-standing addicts and complicate the substance abuse problems for older adults later in life.

### Statement of the Problem

As indicated by the *National Survey on Drug Use and Health Report: Illicit Drug Use among Older Adults* (SAMHSA Center for Behavioral Health Statistics and Quality, 2011) “screening and assessment tools designed for younger adults may use criteria not

relevant to older adults, which calls for the development and use of age-specific tools to properly recognize and diagnose substance abuse problems among older adults” (p. 5). Currently, many of the same assessment tools, approaches, and delivery locations are being used to provide alcohol and drug treatment services to all recovering substance abusers, as opposed to being age and population appropriate services that directly address the needs of a substance abuser based on individualized factors that may lead to the abuse of alcohol and drugs including life stressors such as age, interpersonal relationship problems, financial burdens, death of close family members, loss of independence and poor health. When examining alcohol and drug addiction amongst older adults, it is imperative that the most appropriate approaches and settings for the delivery of alcohol and drug treatment services be implemented specifically for this population.

To effectively deliver alcohol and drug treatment services to older adults and reduce the social and medical problems that are associated with substance abuse amongst seniors, it is imperative that these risk factors are addressed through approaches that promote outreach and encourage proper maintenance of the mental, physical, and social health of recovering older adult substance abusers. Zimberg suggested that treatment interventions for seniors will be more effective when “delivered through facilities serving the aged, such as senior citizen programs, outpatient geriatric medical or psychiatric programs, nursing homes, or home care programs” (Zimberg, 1985, p. 357). As stated by the *National Survey on Drug Use and Health Report: Illicit Drug Use among Older Adults* (SAMHSA Center for Behavioral Health Statistics and Quality, 2011), treatment methods for older adults “must be adjusted to account for the life stage of the individual and the aging process should be expanded to settings that are convenient and

comfortable, such as retirement communities and senior centers.” (p. 5). Research indicates that AA programs are most effective for seniors when participants are able to relate to speakers with similar problems. Zimberg suggested that the group nature of AA meetings could be enhanced by providing socialization and recreational activities after the formal AA meeting. Conducting such meetings in a senior citizen center would be ideal in regard to location and in regard to the availability of recreational activities (Zimberg, 1985, p. 358).

Further research by the investigator on identifying appropriate delivery methods of alcohol and drug treatment services for seniors based on the perceptions of the two most important groups involved in the treatment of substance abuse--the recovering addict and the treatment provider--can help to develop more age appropriate programs and approaches for delivering services to older adult substance abusers. The social, psychological, and biological factors, which make older adults more at risk for abusing alcohol and drugs, can be addressed more effectively when older adults feel that they are in a non-judgmental, comfortable, caring, and compassionate environment when receiving counseling services, which can be beneficial in reducing exacerbated addiction as they continue to age.

#### Purpose of the Study

The purpose of this study was to compare the perceptions of older adult recovering substance abusers and alcohol and drug treatment providers, in order to determine if there were differences between each group on the most appropriate delivery methods of alcohol and drug treatment services to individuals aged 50 and older. Specifically, this study compared what each group believed would be the most

appropriate delivery methods using a questionnaire created by the researcher, which provided approach options including Alcohol and Narcotics Anonymous self-help groups that are age-specific, individual counseling, mixed-age group counseling, or the medication approach; and location options including senior centers, outpatient treatment facilities, residential treatment facilities, or detoxification units in a hospital setting.

All of the surveyed approaches and locations were presented as the most common treatment methods based on information the researcher obtained while pursuing a certification in alcohol and drug counseling; as well as through direct observation at two treatment locations, including an outpatient treatment facility, and a residential/inpatient facility. Both locations provided individual counseling, mixed age group counseling, Alcohol and Narcotics Anonymous self-help groups, along with referrals to detoxification units in hospitals that provided addicts with the medication approach. The researcher chose to include an age based Alcohol and Narcotics Anonymous self-help group approach; and senior centers as a treatment location option, due to the observed need for the inclusion of age specific treatment services which focus on the needs and addiction risk factors of the older adult population.

#### Importance of the Study

The study is important to the gerontology field and to society because it examined the perceptions of both recovering substance abusers and treatment providers on the most appropriate methods for providing alcohol and drug treatment services to older adults. Examining these perceptions, might assist programs to identify needs for more age based treatment types and locations, as well as alleviate many of the specific social, mental, and physical problems that older adult substance abusers experience including isolation,

depression, and medical complications associated with addiction. This could lead to reductions in medical cost for older adults, and the creation of alcohol and drug programs that provide appropriate care services to older adults seeking treatment.

### Hypotheses

This study tested the following null hypotheses:

Ho1: There is no significant difference in the perceptions of older adult recovering substance abusers and alcohol and drug treatment providers on the appropriate approaches for the delivery of alcohol and drug treatment services to older adults.

Ho2: There is no significant difference in the perceptions of older adult recovering substance abusers and alcohol and drug treatment providers on the appropriate settings for the delivery of alcohol and drug treatment services to older adults.

Ho3: There is no significance difference in the perceptions of older adult recovering substance abusers and alcohol and drug treatment providers on the appropriate location and approach, when combined, to deliver alcohol and drug treatment services to older adults.

### Operational Definitions

#### Age-Specific Alcoholics Anonymous and Narcotics Anonymous

Peer centered self-help group approaches that are based on group discussions regarding the experiences of each group member (Blow, 1998).

#### Detoxification Units in a Hospital Setting

The location where older adults are able to detoxify from alcohol and drugs in an inpatient medically hospital-based setting (Blow, 1998).

### Individual Counseling

Counseling which focuses on reducing or stopping alcohol and drug use based on the development of short term behavioral goals that assist patients in obtaining and maintaining abstinence ([NIDA], 2009).

### Medication Approach

The use of prescribed medications to modify substance abusing behaviors in older adults, which takes into account age and disease related increases (Blow, 1998).

### Mixed-Age Group Counseling

Counseling which integrates adults of all ages with relatively similar substance abuse problems (Blow, 1998)

### Older Adult

Individuals 50 and older who have had a complex chemical brain dependence on alcohol and/or drugs ([NIDA], 2009)

### Outpatient Facilities

High to low intensive day treatment programs designed for people with jobs or extensive social support systems ([NIDA], 2009).

### Perceptions

The theoretical understanding and ideas of alcohol and drug treatment providers and recovering older adult addicts on the most appropriate approaches and locations for the delivery of alcohol and drug treatment services to seniors ([NIDA], 2009). It was measured in this study through a researcher-developed survey of older adult recovering addicts and alcohol and drug treatment providers on appropriate delivery methods of alcohol and drug treatment services to seniors.

### Residential Treatment Facilities

Specialized long term in-patient care locations in which addicts primarily reside while seeking alcohol and drug treatment services from trained clinicians (Blow, 1998).

### Senior Centers

Facilities that serve the aging population and have the availability of recreational activities for senior citizens (Zimberg, 1985)

### Substance Addiction

A complex and treatable disease that affects the brain functioning and behavior of older adults who abuse alcohol and drugs ([NIDA], 2009)

### Treatment Providers

Trained clinicians that provide alcohol and drug treatment services to addicts through engaging clients in therapeutic activities and investigating the most appropriate treatment services for older adults with substance abuse problems (Broome, K.M., Flynn, P.M., Knight, D.K. & Simpson, D.D., 2008)

### Assumptions

1. It was assumed that participants would respond honestly to all questions being asked in the questionnaire instrument.
2. It was assumed that the treatment provider respondents would not demonstrate bias as it related to identifying appropriate locations and approaches to treatment services for seniors based on their current employment in a specific alcohol and drug treatment facility, which may have differed from those identified within the study.
3. It was assumed that older adult recovering substance abusers would not demonstrate bias as it related to identifying appropriate locations and approaches to

treatment services for seniors based on where they personally received treatment services and the type of approach that was delivered to them.

4. It was assumed that respondents would understand all of the survey questions being administered to them on the questionnaire.

#### Delimitations

1. This study did not specify the time span of each treatment approach and whether or not length of treatment would be important in determining the effectiveness of the most appropriate methods of treatment services to seniors.

2. The collected data from the study was based on self-report.

3. This was a convenience sample, not selected at random.

## CHAPTER 2

### REVIEW OF LITERATURE

The purpose of this study was to compare the perceptions of older adult recovering substance abusers and alcohol and drug treatment providers on the appropriate delivery methods of alcohol and drug treatment services to older adults. This chapter addressed the types of substance abuse found amongst older adults and the demographics of the problem based on type, age group, and gender. It continued with describing the demographics of elderly addicts seeking treatment based on age, ethnicity, gender, and the baby boom generation. Treatment recommendations as to the best locations and approaches for the delivery of treatment services to seniors were discussed. Moreover, it provided information on research with treatment providers and older adults about treatment effectiveness.

#### Types of Substance Abuse Found Amongst Older Adults and Demographics of the Problem

##### Substance Abuse Found Amongst Older Adults by Type and Age Group

The National Survey on Drug Use and Health (2011) suggested that the increasing prevalence of illicit drug use among older adults was a precursor of the need for treatment providers to plan for the development of age-appropriate prevention and treatment services. (SAMHSA, Center for Behavioral Health Statistics and Quality, 2007, 2008, 2009) indicated that an estimated 4.8 million seniors aged 50 and older (5.2%) used

illicit drugs within the past year. The most commonly used drugs based on age group of 50-59 were marijuana (5.9%), non-medical use of prescription type drugs (3.6%), and illicit drugs such as hallucinogens, cocaine, heroin and inhalants (9.0%). Adults 60 and older commonly used marijuana (1.1%), non-medical use of prescription type drugs (1.2%) and any illicit drugs such as hallucinogens, cocaine, heroin and inhalants (2.3%).

#### Substance Abuse Found Amongst Older Adults by Gender

The National Survey on Drug Use and Health (SAMHSA Center for Behavioral Health Statistics and Quality, 2011) survey on drug use and older adults found that males 50 and older used marijuana (4.7%), non-medical use of prescription type drugs (2.5%), and any illicit drugs such as hallucinogens, cocaine, heroin and inhalants (6.9%). This was generally consistent with females 50 and older who used marijuana (1.9%), non-medical use of prescription type drugs (2.1%) and any illicit drugs such as hallucinogens, cocaine, heroin and inhalants (3.8%). The research presented demonstrated that illicit drug use is a progressively serious health concern for older adults based on patterns of use by age group and gender.

#### Demographics of Elderly Addicts Seeking Treatment Based On Age, Ethnicity, Gender and the Baby Boomer Generation

##### Treatment Admission by Age Groups

According to the Drug and Alcohol Services Information System (DASIS; SAMHSA, 2004), of the 1.7 million individuals admitted into treatment programs in 2001, 58,000 (3%) were adults aged 55 and older as indicated by the Treatment Episode Data Set (TEDS). In another study, of the 1.8 million treatment admissions based on the TEDS report in 2005, approximately 184,400 (10%) were adults age 55 and older. The

study focused its data on five age groups, which included age 50 to 54, 55 to 59, 60 to 64, 65 to 69 and 70 or older (SAMHSA, 2007a). The same study found that adults in the 50 to 54 age range accounted for 58% of treatment admissions and seniors in the 55 to 59 age group accounted for 25% of admissions. All other adults 60 or older accounted for 17% of all treatment admissions.

#### Treatment Admissions by Ethnicity

SAMHSA (2007a) reported that admissions into treatment programs for adults age 50 and older did not differ significantly in relation to ethnicity. The DASIS Report (SAMHSA, 2007a) demographics on treatment admissions by ethnicity showed that Whites 50 to 54 had 59% of admissions and those 55 to 59 had 61% of admissions. Those 60 to 64 had 59%, those, 65 to 69 had 64%, and adults 70 and older represented 66% of admissions to treatment programs. Blacks 50 to 54 were determined to have 24% of treatment admissions, while those 55 to 59 had 23% of admissions, those 60 to 64 had 23%, those, 65 to 69 had 20%, and adults 70 and older represented 14% of treatment admissions. Hispanics 50 to 54 represented 12% of admissions, while those 55 to 59 had 11% of treatment admissions. Those 60 to 64 had 13%, those, 65 to 69 had 12%, and those 70 and older represented 16% of treatment admissions. The data also showed that American Indian/Alaska Natives 50 to 54 had 2% of admissions and those 55 and older had 3% of the treatment admits. All other ethnicities 54 and younger represented 2% of admissions and those 55 and older were determined to have 1% of treatment admits (SAMHSA, 2007a, p.2).

### Treatment Admissions by Gender

The DASIS Report (SAMHSA, 2007a) also found that there was a higher proportion of males 55 and older (80%) admitted into treatment compared to younger males (70%), and a decrease in admissions of females 55 and older (20%) as compared to those who were younger (30%). The data indicated that the reasons for the differences in admissions based on age group, gender, and ethnicity were due to ways in which respondents were introduced to treatment services such as through referrals or the criminal justice system. The earlier DASIS Report (SAMHSA, 2004) found that adults 55 and under sought treatment in outpatient facilities (58%), detoxification settings (25%) and residential facilities (17%) as compared to seniors 55 and older who were admitted into outpatient facilities at a percentage rate of (50%), detoxification settings (36%) and residential programs (14%).

### Older Adults Substance Abusers and the Baby-Boom Generation

Jeste & Patterson (1999) suggested that increases in illicit drug use and alcohol abuse among baby boomers during their youth indicated higher rates of substance abuse for seniors that began to turn 65 years old in the year of 2011. As a result of baby boomers becoming the largest group of elderly persons that America has ever seen, the need for age-specific treatment services that are sensitive to the problems of older adult drug users will become more prevalent based on increased rates of problem drinkers and prescription drug addicts (Jeste & Patterson, 1999).

According to Folsom, Gfroerer, Pemberton, & Penne (2003), by the year 2020, estimates show that adults age 50 and older will include all surviving baby boomers along

with post baby-boom cohorts (born between 1965-1970) that also experienced increased rates of illicit drug use throughout their youth (Folsom et al., 2003). As a result of the baby boomer generation being larger than other cohorts who were born before them, it was found that the number of older adults in need of substance abuse treatment will increase from 1.7 million in 2000 and 2001 to a projected 4.4 million in 2020 based on data collected from the National Household Survey on Drug Abuse (2000 and 2001; Folsom et al., 2003). Further research from Folsom et al. (2003) indicated that of the 12,933 respondents that were surveyed, 271 participants age 50 and older were classified as substance abusers including 10.2% being dependent on or abusing illicit drugs, 85.8% being dependent or abusing alcohol only and 4.0% being dependent or abusing both illicit drugs and alcohol. The population of baby-boomers will be placing a large demand on the need for improvements in the substance abuse treatment system (SAMHSA, 2007a) due to the number of older adults with substance use disorders doubling by the year of 2020 (SAMHSA, Center for Behavioral Health Statistics and Quality, 2011).

#### Treatment Recommendations for the Most Appropriate Locations and Approaches for the Delivery of Treatment Services to Older Adults

##### Approaches for the Delivery of Treatment Services to Older Adults

Blow (1998) recommended that older adults engage in holistic treatment that emphasizes a psychological, social, spiritual, and health oriented approach; cognitive behavioral approaches that focus on behavior modification and self-management techniques and mixed-age group and age-specific group counseling with a self-paced learning goal that teaches patients how to successfully integrate back into society without drug use. Other approaches that were suggested included self-help group peer support,

which helps to develop a patient's self-esteem and ability to sustain abstinence in a friendly environment; the medical/psychiatric approach with age-specific medical evaluations; marital/family therapy that focuses on incorporating the family into treatment, and case management and community linked services that provide outreach and advocacy services on an outpatient basis (Blow, 1998). The DASIS Report (SAMHSA, 2004) indicated that adults aged 55 and older were found to receive treatment through the detoxification approach more than their younger counterparts (36% vs. 25%) and younger adults were more likely to receive treatment through outpatient approaches than adults 55 and older (50% vs. 58%).

According to (Minister of Health, 2002), alcohol and drug treatment services for seniors should take into account factors associated with age and should not be mutually exclusive. The Working Group on Accountability and Evaluation Framework and Research Agenda (Minister of Health, 2002), which developed a project to identify best practices in treatment and rehabilitation for seniors with substance abuse problems, and based on literature from expert perspectives in the field of substance abuse and older adults, stated that treatment for seniors should not be confrontational or place them at risk of feeling shamed or stigmatized. The article indicated that treatment should incorporate people of the same generation due to their having experienced the same social contexts. Treatment approaches included peer-led self-help groups that build upon social relationships such as Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous; brief interventions that focus on increasing a senior's motivation to change, and cognitive-behavioral therapy that addresses older adults' thoughts and beliefs about

addiction and their ability to attain sobriety. Other approaches were psycho-social treatment, which attempts to build self-efficacy and social support for seniors; outreach services provided in an older adults home that focus on overcoming barriers that are inherent with addiction; harm reduction which focuses on reducing the harmful effects of drug use as opposed to targeting the substance alone; and finally, the pharmacological intervention, which reduces the physiological dangers associated with substance use on an elderly person's physical well-being (Minister of Health, 2002).

SAMHSA (2007) indicated that the appropriate treatment approach for seniors with substance abuse problems was the behavioral health care approach, which incorporates psychological and medical treatment as well as the peer-to-peer recovery approach that focuses on preventing relapse, promoting long-term sobriety and building social networks and supportive relationships with peers within their communities (Goodman, 2007). Washton (2011) indicated that the most common evidence-based treatment approaches for the delivery of alcohol and drug treatment services to seniors included individual counseling that can be conducted in an outpatient facility on a one-on-one basis with the patient and his/her treatment provider. It should focus on helping seniors develop coping strategies to maintain sobriety after treatment has ended (NIDA, 2009). In addition, NIDA (2009) also reported that there was no single treatment approach for every substance abuser. In fact, in order for an addict to be successful in maintaining sobriety, treatment must include a combination of appropriate delivery locations, interventions, and services.

The NIDA Approaches to Drug Abuse Counseling (2009) reported that psychotherapeutic and skills training were the most appropriate approaches for the delivery of treatment services to older adults. This approach is abstinence based, and focuses on enhancing and sustaining seniors' motivation to change and to eliminate impulses to self-medicate by incorporating other counseling techniques including cognitive behavioral therapy, motivational therapy, and insight-oriented therapy, adaptive problem solving skills, therapeutic alliance, and feedback clarity. The general agreement amongst all of the above-mentioned recommendations, which were based on experiences and opinions were that adults 50 and older require alcohol and drug treatment services that subsequently differ from those offered for adults under the age of 50, primarily due to their being differing factors that contribute to the cause of each population's reasons for abusing drugs and alcohol.

#### Locations for the Delivery of Treatment Services to Older Adults

Blow (1998) recommended that treatment facilities for older adults be based on their physical and mental well-being and home environment at the time that treatment is sought. Research indicated that frail and medically unstable patients should be treated in a hospital setting with a medically managed approach; individuals who lack social resources or a social network should be treated through residential facilities that offer group counseling and a repetitive therapeutic approach, and retirees and other types of patients that need a structured regimen in and out of the home would benefit from treatment in outpatient facilities with an individual and group counseling approach. Finally, seniors seeking peer-support and a non-confrontational environment should be

treated in age-specific treatment facilities such as senior centers, with a self-help group approach (Blow, 1998).

According to Arndt, Liesveld, & Schultz, (2003) 17.7% or 2,374 locations of the 13,749 facilities throughout the United States were contacted to complete the National Survey of Substance Abuse Treatment Services (2000, 2002) and reported that they had treatment programs specifically designed for adults over the age of 65. Research indicated that these facilities tended to be associated with hospitals with and without psychiatric inpatient services (Arndt, Liesveld, & Schultz, 2003). Schultz and colleagues (2003) also found that the number of facilities with special treatment programs for seniors did not correlate with the size of the older population in each state that was examined.

The U.S. Census data (2001, 2002) on locations throughout the United States with treatment facilities specifically for older adults showed that Hawaii contained 11.7% of treatment facilities with senior specific programs; Kentucky had 12% of the facilities; Iowa had 12.7% of the age specific locations; New Mexico had 28.4% of the facilities; New Hampshire had 28.8% of the locations, and the District of Columbia had 29.3% of facilities specifically for older adults (Arndt et al., 2003). The selection of the states within the study was based on regions with the highest percentage of adults aged 65 and older. The data collected from the National Survey of Substance Abuse Treatment Services showed that most seniors within the states surveyed benefited from facilities owned or operated in a hospital and when combined with both detoxification and

rehabilitation services as opposed to only having one or the other type of treatment (Arndt et al., 2003).

DeYoung, Enos, Knopf, Lewis, Merrill, Stovell, & Wasserman, (2006) reported that public health analysts estimated that 1.4% of adult substance abusers 65 and older on Medicare needed substance abuse treatment, however, only 0.3% were actually able to receive treatment services because their insurance was only willing to pay for treatment in a hospital based setting that would provide treatment for substance abuse and mental health disorders concurrently. As a result of addiction mimicking symptoms of chronic illnesses, dementia, and depression in older adults, treatment providers were hesitant to prescribe substance abuse treatment only. Instead, treatment for seniors was combined with mental illness rehabilitation with a limited inpatient stay (DeYoung, Enos, Knopf, Lewis, Merrill, Stovell, & Wasserman, 2006).

NIDA reported that drug treatment was intended to help addicted individuals abstain from drug use. In the article, the best programs for older adult substance abusers were those that combined therapy and other services to seniors in an environment that was comfortable and non-confrontational as it related to peer interactions and treatment providers feedback (Washton, 2011). The most common locations for the delivery of treatment services to seniors were detoxification units in a hospital setting in which older adults were treated using a medically managed approach and long and short term residential facilities with varying lengths of stay that promoted mixed-age group therapy in a slower paced home structured environment. Other locations included outpatient treatment facilities that were more suitable for seniors with jobs or an extensive social

support from family members and friends, for individuals seeking substance abuse education to help them abstain from drugs and alcohol; and private agencies including senior centers and outreach programs that provided case management services and advocacy to assist seniors with maintaining sobriety (NIDA, 2009). SAMHSA indicated that treatment for older adults should account for the life stage of each individual and be expanded to locations that are supportive, comfortable, and convenient for seniors including senior centers and retirement communities that offer age-specific treatment services (Goodman, 2007).

#### Research with Treatment Providers and Older Adults on Treatment Effectiveness

According to Blow (1998), treatment methods such as age-specific Alcoholics Anonymous and Narcotics Anonymous self-help groups, individual counseling, mixed-age group counseling, and the medication approach for older adults are proven most effective when their substance abuse issues are addressed in congruence with their life stage. The Consensus Panel from the Treatment Improvement Protocol Series 26 suggested that the least intensive treatment options including self-help groups, behavioral modification techniques, and group and individual counseling are the most effective for treating older adults with substance abuse problems because of the less confrontational and more supportive environment (Blow, 1998). Alessi, Ballard, and Williams (2005) indicated that counseling interventions were designed to address specific issues related to the age of onset for older adult addicts and that most treatment professionals agreed that older adults should be treated in age-specific group settings that were supportive and non-confrontational. Gossop and Moos (2008) estimated that excessive substance use among

the elderly aggravated medical problems associated with aging and found that early identification of older adult substance abusers offered the opportunity to reduce barriers to treatment.

In 1998, Blow found that an estimated 17% of older adults abused alcohol and drugs, rendering them an at-risk population. Substance abuse among seniors had become a societal problem that was under-diagnosed, under-estimated, and undertreated as a result of some treatment providers feeling that elderly addicts would not benefit from treatment services in the same manner as younger addicts (Blow, 1998). This was attributed to possible cognitive impairments and the assumption that older adults were closer to death as a result of their age, therefore treatment would be deemed unnecessary. Many treatment providers overlooked substance abuse among the elderly due to rushed office visits, insufficient knowledge about the effects that alcohol and drug use has on the mental, physical and social well-being of older adults and lack of research on age appropriate treatment services for seniors at that time (Blow, 1998).

When Blow (1998) investigated treatment providers' perceptions on treating older adult substance abusers, it found that in order to effectively deliver treatment services to seniors, providers must be able to consider each patient's individual needs, incorporate treatment approaches that educate older adults on substance use and misuse, address life changes among seniors, utilize motivational counseling techniques that encourage older adults to follow treatment recommendations, build the self-esteem of each patient through social support groups that are peer and counselor-centered and help seniors identify and manage their triggers of addiction. Broome, Flynn, Knight, & Simpson (2008) explored

client and program perceptions and their engagement with appropriate treatment services for seniors based on data collected from a nationwide set of 94 outpatient drug free treatment programs. The results indicated improvement in engagement between patients and providers. Most importantly, it found that staff perceptions of their clients and the treatment services that they delivered contributed to the effectiveness and retention of the treatment by the client, which in turn, improved the treatment environment and relationship between the client and counselor, which is the overall purpose of treatment and counseling services.

Broome et al. (2008) found that within a drug abuse rehabilitation setting, treatment providers should incorporate peer collaboration, open communication, and a non-biased attitude regarding the age of the patient compared to the age of the counselor and other group participants seeking treatment. Treatment approaches for seniors should respond directly to the changes in capacities and needs of each older adult and their families, if applicable; and treatment providers' perceptions about treating elderly addicts should be responsive to each patient and incorporate age differences between staff and individuals in treatment. Researchers also explored staff perceptions about the need to incorporate losses experienced by seniors and harm reduction strategies into the treatment of each client. They found that patients were more engaged in treatment as a result of addressing losses, allowing staff and clients to better relate with one another (Broome et al., 2008).

### Summary

As the older adult population continues to increase, it is predicted that substance abuse among seniors will increase as well. It is estimated that the number of older adults with substance use disorders will nearly double by the year 2020 with the entry of the baby boom generation into older adulthood. Currently, substance abuse among seniors has become an under-diagnosed, under-estimated, and undertreated societal problem as a result of some treatment providers feeling that elderly addicts would not benefit from treatment services due to cognitive impairments and the assumption that older adults are closer to death.

There are a limited number of age-specific treatment programs for older adults, and limited empirical data on the effectiveness of age-specific treatment program types and locations discussed in the literature. This study provided information from both older adult substance abusers and treatment providers on their perceptions of the most appropriate types and locations for such treatment, based on their experiences.

## CHAPTER 3

### METHODOLOGY

The purpose of this study was to compare the perceptions of older adult recovering substance abusers and alcohol and drug treatment providers on the appropriate delivery methods of alcohol and drug treatment services to seniors. Specifically, this study compared perceptions on alcohol and drug treatment services being delivered to adults 50 and older based on treatment approach (age-specific Alcoholics Anonymous and Narcotics Anonymous self-help groups versus individual counseling versus mixed-age group counseling versus the medication approach) and treatment location (senior centers versus outpatient treatment facilities versus residential treatment facilities versus detoxification units in a hospital setting). This chapter provides a summary of the research design, settings of the study, selection and characteristics of the sample, instruments and procedures that were used to collect the necessary data, as well as a description of how the data was analyzed.

#### Research Design

This study employed a non-experimental, descriptive research design. A non-experimental, descriptive study was selected because it was useful for investigating the relationship of non-manipulative independent variables and for describing characteristics of the sample more accurately. A questionnaire developed for this study was used to collect data. The dependent variables were the perceptions of appropriate types and

locations of treatment for older adult substance abusers. The independent variables were the alcohol and drug treatment providers and recovering substance abuser groups.

### Settings and Sample Selection

De-identified data was obtained at the individual level through convenience sampling of alcohol and drug treatment providers and recovering older adult substance abusers. The data for the treatment providers was collected in-person and targeted individuals who were currently working in the field at a local alcohol and drug counseling treatment facility within Los Angeles County that provided treatment services to recovering substance abusers, as well as employed trained treatment professionals who counseled recovering substance abusers in order to assist them in obtaining sobriety. The inclusion criterion for the alcohol and drug treatment providers was that they were individuals who worked directly with adult substance abusers, therefore enabling them to better understand the needs of the population as it related to the delivery of alcohol and drug treatment services to individuals of varying age groups based on their observations throughout their profession. Data for the recovering substance abusers was also collected in person and targeted recovering adults who had received alcohol and drug treatment services to maintain their sobriety at a facility within Los Angeles County. Both samples consisted of 30 subjects for a combined total of 60 participants for the study. The elimination of subjects was based on individuals who were not currently recovering alcohol and drug substance abusers, those in recovery who were not 50 and older, and treatment providers who were not currently providing treatment services to recovering addicts.

## Instrumentation

### Perceptions of Appropriate Treatment Tool (PATT)

For the participants from both samples, two questionnaires created by the researcher, one for each sample group, including the recovering adults assessment of the most appropriate delivery approach and location of alcohol and drug treatment services to adults 50 and older and the treatment providers assessment of the most appropriate delivery approach and location of alcohol and drug treatment services to adults 50 and older were developed. Each consisted of eleven questions. The questionnaire for both samples had five questions with a yes or no measurement category (1=Yes and 2=No), one question which extracted its answer from question 2 on the questionnaires, two questions that had four measurement categories (number 1-4 were assigned to each response), one question that consisted of six measurement categories (numbers 1-6 were assigned to each response), and two questions that consisted of open ended questions. Question 1 for the recovering adult substance abusers group measured the subjects' age range with question categories ranging from age 50 through 100 and above. Question 1 for the treatment provider group measured if the participants had provided treatment services to recovering substance abusers 50 and older. Questions 2 and 3 applied to both samples and measured the perceptions of the alcohol and drug treatment providers and recovering adult addicts on the most appropriate delivery approach (question 2); and the most appropriate delivery location (question 3) for the delivery of treatment services to adults aged 50 and older. Questions 4-10 measured the familiarity of both populations with the treatment approaches and locations that were analyzed (Question 4); the most appropriate approach and location for delivering treatment services when combined

(Question 5); if the participants had known of someone to receive treatment services in any of the surveyed locations (question 6); if the participants knew anyone who was abusing drugs or alcohol and which type of treatment they would recommend (question 7); if the participants had ever encouraged an adult substance abuser 50 or older to enter treatment (question 8); if the participants would recommend any of the approaches and locations surveyed to an older adult substance abuser (question 9); if the participants felt that the surveyed treatment approaches and locations represented an accurate account of treatment services for older adult substance abusers (question 10). Question 11 inquired if the participants had any suggestions which would contribute to the topic being measured (Appendix A).

A pilot test of the questionnaires was administered in person to a sample of 6 participants not included within the study. The results of the scores of both groups of participants in the sample were measured and analyzed at the same time. The following formatting changes were made prior to the survey being administered to the treatment provider and recovering substance abuser groups as a result of recommendations that were given by the pilot participants. For the recovering substance abusers questionnaire, question 2 (Are you familiar with one or more of the treatment approaches and locations being surveyed) was changed to question 4, and questions 1, 3 and 4 were changed to questions 1, 2 and 3. Also, questions 6 (Do you know of anyone that has received treatment services in any of the surveyed locations from question 4) and question 7 (If you knew someone who was abusing drugs or alcohol, which type of treatment would you recommend based on the surveyed treatment approaches from question 3) were revised. In regards to the treatment providers survey, question 1 (Are you familiar with

one or more of the treatment approaches and locations being surveyed) was changed to question 4 and questions 2, 3 and 4 were changed to questions 1, 2 and 3. Questions 6 and 7 were also edited. No additional changes, amendments or revisions were made.

### Procedure

The researcher located a facility within Los Angeles County that provided treatment services to recovering substance abusers, as well as employed trained treatment providers who counseled recovering substance abusers in order to assist them in obtaining sobriety. The researcher went to the facility and obtained approval from the facility representative to collect data on-site through a permission letter on the selected facilities letterhead. After approval was obtained from the facility, the researcher then obtained permission from California State University, Long Beach Institutional Review Board for the Protection of Human Subjects to conduct the study.

The researcher created a script (Appendix B) that provided information regarding the purpose of the study and the benefit of participation. The script also requested the participation of individuals from both the recovering substance abuser and treatment provider sample groups. The script was distributed by the facility manager to all treatment providers and recovering substance abusers receiving treatment services to help them maintain their sobriety within the agency. Dates were given to the facility manager as to when the study would be conducted at the facility for all of those who were interested in participating. The researcher gave three separate meeting dates and times, each to be conducted over a three month period of time.

The researcher then arranged two separate groups for each meeting date and time. Individuals from both groups that made the decision to participate in the study based on

their invitation from the script, came to the facility and were seated into two separate rooms during each meeting session. The researcher went into both of the groups meeting rooms at separate times on each day that the study was conducted and read the script aloud to participants. All subjects from both groups were ensured of confidentiality and informed that the surveys that would be administered did not require a name to be given. The participants were reminded that they had the option to refuse participation in the study for any reason, with no questions being asked. If participants chose not to participate, they were given the option to deposit their unsigned consent form and their blank survey into the consent forms and survey envelopes that were located in a convenient location within each groups meeting room within the facility. Participants were also given the option to return their consent forms and surveys to the investigator through mail, by sending two stamped envelopes given to them by the researcher.

The researcher further pre-briefed the participants by administering the consent form and confidentiality policy (Appendix C), which welcomed each participant, provided them introductory information about the study as it related to what was measured, explained the purpose of the study, participation requirements for the study that identified potential discomfort and benefits for participants, and informed them that the study would take approximately 10-20 minutes to complete. The participants were asked to sign and date the consent forms and return them, along with their questionnaires at the end of the study by placing each document into the prospective envelopes. The published questionnaires were then administered to the participants within both groups, and the investigator advised the participants that she would be leaving the room in order to maintain confidentiality as each subject completed the questionnaire and deposited

them into an envelope. The researcher then returned after 20 minutes to read the de-brief statement aloud. The researcher read the de-briefing statement (Appendix D) to each participant group, thanking them for their participation in the study, and once again reiterated the confidentiality of all information obtained from each participant.

Data for the study was collected over approximately three months until the targeted sample of 60 was reached. The consent forms and questionnaires were kept in the researcher's private location during the collection period. After the data collection had been completed and data analyzed, the consent forms and questionnaires were sealed and will be disposed of after three years based on the requirements of the California State University, Long Beach Institutional Review Board for the protection of human subjects.

### Data Analysis

In order to determine whether the null hypotheses were rejected or accepted, the statistical data were analyzed using SPSS software version 17.0 (SPSS Inc., 2009). The dependent variables were the perceptions of appropriate types and locations of treatment for older adult substance abusers. The independent variables were the alcohol and drug treatment providers and recovering substance abuser groups. Descriptive statistics including frequencies and percentages were used to describe each sample. The three null hypotheses were tested using the Pearson's chi-square test. An alpha level of  $\leq .05$  was used to establish significance.

### Summary

This chapter summarized the research design that was used in the study, as well as the setting that was utilized to collect data from study participants. An overview of the selection process for obtaining subjects for the study was presented. The researcher

described detailed information on the instrument that was used in the study, which included self-developed questionnaires for both sample groups and procedures for collecting the necessary data from participants. A description of how the data was analyzed was provided.

## CHAPTER 4

### RESULTS

The purpose of this study was to compare the perceptions of older adult recovering substance abusers and alcohol and drug treatment providers on the appropriate delivery methods of alcohol and drug treatment services to seniors. Specifically, this study compared their perceptions on alcohol and drug treatment services being delivered to adults 50 and older based on treatment approach (age-specific Alcoholics Anonymous and Narcotics Anonymous self-help groups versus individual counseling versus mixed-age group counseling versus the medication approach) and treatment location (senior centers versus outpatient treatment facilities versus residential treatment facilities versus detoxification units in a hospital setting). This chapter includes a description of the sample, a presentation of the results of the three hypotheses being measured within the study, and additional recommendations from respondents.

#### Description of Sample

Data was obtained at the individual level through convenience sampling of alcohol and drug treatment providers and recovering adult substance abusers. The treatment provider group criteria was based on individuals who currently worked directly with adult substance abusers, therefore enabling them to better understand the needs of the population as it related to the delivery of alcohol and drug treatment services to individuals age 50 and older based on their observations throughout their profession. Data for the recovering substance abusers was collected in person and targeted recovering

adults who were currently receiving continued treatment to maintain their sobriety at a facility within Los Angeles County. The study consisted of 30 recovering addicts and 30 alcohol and drug treatment providers, for a combined total of 60 participants.

Age ranges for the recovering substance abuser sample included 20 participants between the ages of 50-59, 10 participants between 60-69, and one subject that was between 70-79. There were no subjects age 80 and older for the study. When compared, both sample groups responded “yes” when asked if they would recommend any of the approaches and locations surveyed in questions 2 and 3 for the delivery of treatment services to older adult substance abusers at (100%). More recovering substance abusers (10%) than treatment providers (3.3%) responded with a “no” answer to the surveyed questions regarding familiarity with one or more of the treatment approaches and locations being surveyed. In regards to the question on whether or not they knew of anyone that had received treatment services in any of the surveyed locations from the study, the “no” responses for the recovering substance abusers were at a percentage of (23.3%) as compared to that of the treatment providers (10%).

In regards to the other “yes” or “no” surveyed questions, the subjects from both the recovering substance abuser and treatment provider samples appeared to be equal in their perceptions and responses (Table 1). Subjects from both sample’s opinions on whether the surveyed treatment approaches and locations accurately measured the services for adult substance abusers demonstrated a positive trend as it related to agreeing that what was measured did successfully represent the needed treatment services for older adult substance abusers that were either seeking treatment or had completed treatment by way of the surveyed locations and approaches (96.7%).

TABLE 1. Recovering Addicts and Providers Perception/Experience of Specific Treatment Types and Locations

TYPE	Recovering Addict			Treatment Provider	
		N = 30	%	N = 30	%
Are you familiar with one or more of the treatment approaches and locations being surveyed?	No	3	10.0%	1	3.3%
	Yes	27	90.0%	29	96.7%
Do you know of anyone that has received treatment services in any of the surveyed locations from question 3?	No	7	23.3%	3	10.0%
	Yes	23	76.7%	27	90.0%
Have you ever encouraged an adult substance abuser age 50 or older to enter treatment?	No	6	20.0%	6	20.0%
	Yes	24	80.0%	24	80.0%
Would you recommend any of the approaches and locations surveyed in questions 2 and 3 for the delivery of treatment services to older adult substance abusers?	No	0	0%	0	0%
	Yes	30	100.0%	30	100.0%
Do the surveyed treatment approaches and locations accurately measure the services for adult substance abusers?	No	1	3.3%	1	3.3%
	Yes	29	96.7%	29	96.7%

As it relates to the treatment provider group, there were more subjects who had “yes” responses to the surveyed question regarding familiarity with one or more of the treatment approaches and locations being surveyed (96.7%) than recovering substance abuser participants (90%). In regards to the question on whether or not they knew of anyone that had received treatment services in any of the surveyed locations from the study, the treatment provider group responded with “yes” at (90%) as compared to that of the recovering addicts (76.7%). The treatment providers sample included 20 (66.7%) participants who reported having provided treatment services to recovering substance

abusers age 50 and older and 10 (33.3%) who were actively providing treatment services to recovering substance abusers, but not to older adults at the time of the study.

### Hypothesis Testing

The three hypotheses for the study were analyzed using the Pearson's chi-square test. An alpha level of  $\leq .05$  established significance. Based on the results, it appeared that both sample groups felt that individual counseling was the more appropriate approach when compared to the other approaches that were measured, residential/inpatient treatment facilities was the most appropriate location for delivering treatment services to adults 50 and older, and more recovering substance abusers perceived mixed age group counseling at inpatient facilities as the more appropriate combination when compared to the perceptions of the treatment provider sample, which perceived individual counseling at outpatient facilities as the most appropriate combination.

### Hypothesis One

Hypothesis one stated that there would be no significant difference in the perceptions of older adult recovering substance abusers and alcohol and drug treatment providers on the appropriate approaches for the delivery of alcohol and drug treatment services to older adults as measured by question two and question seven in both survey questionnaires for each group. It was analyzed using the Pearson's Chi Square test, and determined that the hypothesis was supported and that there was no significant difference between sample groups' perceptions on the most appropriate approach for the delivery of alcohol and drug treatment services to adults age 50 and older ( $p = .729$  as reported by  $X^2(3, N = 60) = 1.302$ ). Based on the results, both sample groups felt that individual

counseling was the most appropriate approach. Both treatment groups ranked the medication approach the lowest of the four choices presented. Recovering addicts selected mixed age group counseling as the next best mode of treatment, while providers perceived help groups as the second best treatment modality (Table 2).

TABLE 2. Perceptions of the Most Appropriate Delivery Approach to Addiction Treatment in a Sample of Recovering Older Adult Addicts and Treatment Providers

TYPE	Recovering Addict		Provider	
	N = 30	%	N = 30	%
Help Groups	6	20.0%	8	26.7%
Individual Counseling	12	40.0%	14	46.7%
Mixed Age Group Counseling	10	33.3%	7	23.3%
Medication Approach	2	6.7%	1	3.3%

### Hypothesis Two

Hypothesis two stated that there would be no significant difference in the perceptions of older adult recovering substance abusers and alcohol and drug treatment providers on the appropriate settings for the delivery of alcohol and drug treatment services to older adults as measured by question three and question six in both survey questionnaires for each group. The results of the Pearson's Chi Square test demonstrated that the hypothesis was supported and there was no significant difference between the sample groups' perceptions on the most appropriate location for the delivery of alcohol and drug treatment services to adults age 50 and older ( $p = .659$  as reported by  $X^2 (3, N = 60) = 1.603$ ).

Based on the results, both sample groups perceived residential/inpatient treatment facilities as the most appropriate location for delivering treatment services to adults 50 and older. The second choice for providers was treatment in outpatient facilities. A smaller number of addicts agreed with this as a second choice. Both sample groups ranked senior centers as the lowest of the four choices presented (Table 3).

TABLE 3. Perceptions of the Most Appropriate Delivery Location to Addiction Treatment in a Sample of Recovering Older Adult Addicts and Treatment Provider

TYPE	Recovering Addict		Provider	
	<i>N</i> = 30	%	<i>N</i> = 30	%
Senior Centers	3	10.0%	2	6.7%
Outpatient Treatment Facilities	5	16.7%	9	30.0%
Residential/Inpatient Treatment Facilities	18	60.0%	16	53.3%
Detoxification Unit in Hospitals	4	13.3%	3	10.0%

### Hypothesis Three

Hypothesis three stated that there would be no significance differences in the perceptions of older adult recovering substance abusers and alcohol and drug treatment providers on the appropriate location and approach, when combined, to deliver alcohol and drug treatment services to older adults, as measured by question five in both survey questionnaires for each group. It was determined that there were no significant differences between sample groups' perceptions on the appropriate location and approach, when combined, to deliver treatment services to adults age 50 ( $p = .230$  as reported by  $X^2 (5, N = 59) = 6.876$ ).

Although there was no significant statistical differences between the samples surveyed, there were differences related to how both groups perceived the combinations of types and locations of treatment that were in the study (Table 4). Interestingly, no substance abuser in the sample ranked mixed age group counseling at outpatient facilities as an appropriate combination. This same group, however, weighted both help groups at senior centers and individual counseling at inpatient facilities as appropriate treatment combinations.

**TABLE 4. Perceptions of the Most Appropriate Combinations of Addiction Treatment and Location in a Sample of Recovering Older Adult Addicts and Treatment Providers**

TYPE	Recovering Addict		Treatment Provider	
	N = 30	%	N = 30	%
Medication Approach in Detoxification units at Hospitals	3	10.0%	2	6.7%
Help Groups at Senior Centers	7	23.3%	4	13.3%
Individual Counseling at Outpatient Facility	3	10.0%	8	26.7%
Individual Counseling at Inpatient Facility	7	23.3%	7	23.3%
Mixed Age Group Counseling at Inpatient Facilities	9	30.0%	6	20.0%
Mixed Age Group Counseling at Outpatient Facilities	0	0.0%	3	10.0%

#### Additional Findings

Some suggestions were made for questions 10b and 11 for added services that were not measured during the study, including encouraging substance abusers to become closer with God or a higher power, identifying the percentage of older adult substance abusers that attend senior centers and are in treatment concurrently, investigating the need for sponsorship programs, and assuring treatment follow-up along with random drug and alcohol testing at inpatient and outpatient treatment facilities. Additional

recommendations included locating senior centers that currently offer alcohol and drug self-help groups, including an approach that identifies the core of lifestyle and social changes, distinguishing between illegal and legal drugs during treatment; and recommending treatment approaches and locations that focus directly on treating individuals with a dual diagnosis of substance abuse dependency and mental illness. Other suggestions were made for the treatment provider group including having them provide more resources to recovering substance abusers and adding spiritual counseling as a primary approach for the delivery of alcohol and drug treatments services to older adults.

### Summary

The 60 participants in this study consisted of 30 recovering substance abusers and 30 alcohol and drug treatment providers. The treatment providers sample included 20 participants that had provided treatment services to recovering substance abusers age 50 and older and 10 that had actively provided treatment services to recovering substance abusers, but not to older adults at the time of the study.

The three null hypotheses for the study were accepted. Therefore, it was demonstrated for this sample, there were no significant differences as it related to the comparison of perceptions between recovering adult substance abusers and treatment providers on the best approach, location, and combination of both measurements for the delivery of alcohol and drug treatment services to adults age 50 and older. Both substance abusers and treatment providers offered additional suggestions related to treatment types and locations.

## CHAPTER 5

### DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to compare the perceptions of older adult recovering substance abusers and alcohol and drug treatment providers on the appropriate delivery methods of alcohol and drug treatment services to seniors. Specifically, this study compared their perceptions on the most appropriate alcohol and drug treatment services being delivered to seniors based on treatment approach (age-specific Alcoholics Anonymous and Narcotics Anonymous self-help groups versus individual counseling versus mixed-age group counseling versus the medication approach) and treatment location (senior centers versus outpatient treatment facilities versus residential treatment facilities versus detoxification units in a hospital setting). This chapter includes a discussion and interpretation of findings, limitations, implications of the study, recommendations for future research and practice, and a summary of the study.

#### Discussion and Interpretation of Findings

The three null hypotheses for the study were all accepted, therefore, it was determined that there were no significant differences in the perceptions of recovering older adult substance abusers and treatment providers on the most appropriate approach, location, and combination of both measurements for the delivery of alcohol and drug treatment services to adults age 50 and older.

### Hypothesis One

Both addicts and providers identified individual counseling as the most appropriate type of treatment intervention. The second choice for the recovering substance abuser group was mixed age group counseling, while providers perceived self-help groups as a second choice. This supports the concept of Washton (2011) who indicated that the most common evidence-based treatment approaches for the delivery of alcohol and drug treatment services to seniors included individual counseling that can be conducted in an outpatient facility on a one-on-one basis with the patient and his/her treatment provider (NIDA, 2009).

### Hypothesis Two

Recovering substance abusers and treatment providers agreed that residential, inpatient facilities were the most appropriate locations for the treatment of substance abuser. A second choice for each group was treatment in outpatient facilities. Literature which supported the results of this hypothesis as it relates to residential inpatient facilities being the first choice amongst both groups and outpatient facilities being the second choice included Blow (1998) who recommended that treatment facilities for older adults be based on their physical and mental well-being at the time that treatment is sought and that individuals who lack social resources or a social network should be treated through residential facilities that offer group counseling and a repetitive therapeutic approach, and retirees and other types of patients that need a structured regimen in and out of the home would benefit from treatment in outpatient facilities with an individual and group counseling approach (Blow, 1998).

### Hypothesis Three

While there was no statistically significant difference between substance abusers and treatment providers regarding the combined appropriate type and location of treatment, there were differences in their perceptions. Providers preferred individual counseling at outpatient facilities, while recovering substance abusers preferred mixed age group counseling in an inpatient treatment facility. No subjects from the recovering substance abuser group selected mixed age group counseling at outpatient facilities, but results indicated a trend towards self-help groups at senior centers. The variation in ideas about treatment methods between both groups were consistent with and supported by NIDA (2009), which stated there was no single treatment approach for every substance abuser. In fact, in order for an addict to be successful in maintaining sobriety, treatment must include a combination of appropriate delivery locations, interventions, and services (NIDA, 2009).

Additional literature that supported the results of this hypothesis included Blow (1998) who recommended other approaches including self-help group peer support, which helps to develop a patient's self-esteem and ability to sustain abstinence in a friendly environment; the medical/psychiatric approach with age-specific medical evaluations; marital/family therapy that focuses on incorporating the family into treatment and case management, and community linked services that provide outreach and advocacy services on an outpatient basis (Blow, 1998).

### Additional Findings

Several suggestions were made about treatment by this sample. These included encouraging substance abusers to become closer with God or a higher power, identifying

the percentage of older adult substance abusers that attend senior centers and are in treatment concurrently, investigating the need for sponsorship programs, assuring treatment follow-up along with random drug and alcohol testing at inpatient and outpatient treatment facilities, locating senior centers that currently offer alcohol and drug self-help groups, including an approach that identifies the core of lifestyle and social changes, distinguishing between illegal and legal drugs during treatment; and recommending treatment approaches and locations that focus directly on treating individuals with a dual diagnosis of substance abuse dependency and mental illness.

Most of the suggestions and recommendations were supported by literature. Blow (1998) recommended that older adults engage in holistic treatment that emphasizes a psychological, social, spiritual, and health oriented approach; cognitive behavioral approaches that focus on behavior modification and self-management techniques, and mixed-age group and age-specific group counseling with a self-paced learning goal that teaches patients how to successfully integrate back into society without drug use. Other approaches that were suggested included self-help group peer support, which helps to develop a patient's self-esteem and ability to sustain abstinence in a friendly environment; the medical/psychiatric approach with age-specific medical evaluations; marital/family therapy that focuses on incorporating the family into treatment and case management, and community linked services that provide outreach and advocacy services on an outpatient basis (Blow, 1998). This is consistent with the approaches that were measured within the study including age-specific Alcoholics Anonymous and Narcotics Anonymous self-help groups versus individual counseling versus mixed-age group counseling versus the medication approach, each approach being behavioral based

and focusing on the psychological, social, spiritual, and health orientation of an individual.

It could be proposed that the findings within the study may possibly demonstrate conceptual changes in the need for age specific services based on the perceptions of both recovering substance abusers and treatment providers as previously discussed by Washton (2011), which indicated that the most common evidence-based treatment approaches for the delivery of alcohol and drug treatment services to seniors included individual counseling that can be conducted in an outpatient facilities because it addresses the development of coping strategies to maintain sobriety after treatment has ended (Washton, 2011). Also, as stated by the National Survey on Drug Use and Health Report: Illicit Drug Use among Older Adults (2011), treatment methods for older adults must be adjusted to account for the life stage of the individual and the aging process should be expanded to settings that are convenient and comfortable, such as retirement communities and senior centers (SAMHSA, Center for Behavioral Health Statistics and Quality, 2011). The significance behind identifying the most appropriate locations and approaches for the delivery of alcohol and drug treatment services to seniors is that they could directly address many of the social, mental, and physical problems that older adult substance abusers experience including isolation, depression, and medical complications through ways in which current treatment programs that do not have an age specific focus cannot. By doing so, this could lead to reductions in medical cost for older adults, as well as the creation of alcohol and drug programs that provide appropriate care services to older adults seeking treatment.

### Implications of the Study

The fact that there were no significant differences between the treatment providers and recovering substance abusers groups, when compared on their perceptions of the most appropriate approach and location for the delivery of alcohol and drug treatment services to adults age 50 and older, suggests that both groups responded based on shared or similar experiences related to treatment types and locations. However, the general trends within the data were consistent with previous research on this topic, but not specific to the older adult population. This could be a predictor of the need for variation in the ways in which alcohol and drug treatment services are delivered to older adult addicts. More specifically, it may indicate the need for age specific approaches to be integrated into all modalities and locations of treatment. This suggests that treatment providers need specific education regarding recognizing, identifying, understanding, and integrating age appropriate treatment services into all treatment modalities and locations that serve adults aged 50 and older.

Participants in this study offered recommendations that could assist in a comprehensive treatment plan for older adult substance abusers including incorporating spirituality into treatment, focusing on concurrent treatment approaches, including approaches which identify the core of lifestyle and social changes, and recommending treatment approaches and locations that focus on the treatment of dual diagnoses of substance abuse dependency and mental illness.

### Limitations

The setting of the study was an alcohol and drug counseling treatment facility within Los Angeles County in Southern California. This location may have introduced a

bias into the results due to it not being completely representative of the treatment locations and approaches that were measured within the study. Also, it did not include individuals within other counties and facilities.

The size of this study was 60 subjects. A larger number of participants may have enhanced the validity of the results. Also, ten of the providers did not have experience treating older adults. This may have skewed the results.

The use of self-reported data within this study was a limitation because it can affect validity and reliability; and finally, the use of convenience sampling may have been limiting to the study because participants were not chosen at random, which limited the researchers ability to make generalizations on the data that was collected. An additional weakness of the study was that participants' responses were based on shared or similar experiences related to providing and receiving treatment services. This may have affected the objectivity of responses.

The treatment providers sample included 20 participants that had provided treatment services to recovering substance abusers age 50 and older and 10 that had actively provided treatment services to recovering substance abusers, but not to older adults at the time of the study. This indicates that one third of the treatment provider subjects did not have direct experience providing treatment services to older adults, which could have possibly led to skewed results.

#### Recommendations for Future Research and Practice

Future research should address limitations that were identified in this study. These including size of the sample groups, the use of self-reported data, the use of convenience sampling, and participants responses being limited related to their personal

experiences with treatment locations and experiences. Future researchers could also include more demographic information such as sex, race, socio-economic status, addicts time in treatment, and past drug history of subjects. Using a larger, randomly selected sample of treatment providers and recovering substance abusers from varying facilities outside of Los Angeles County and Southern California could increase the likelihood of a more accurate and generalized measure of the perceptions of recovering substance abusers and treatment providers. While there is much anecdotal information about the age-specific needs of older adult addicts, more research should be conducted to evaluate the effectiveness of various types and locations of treatment.

Further investigation into the need for training and education for treatment providers as it relates to being able to identify and deliver age specific treatment services for adults age 50 and older is also needed. This should include giving providers an in-depth understanding of the social, psychological, and biological influences within society, which makes older adults more at risk for abusing alcohol and drugs. Also, future research could identify if there is variations in the types of treatment provided to an adult aged 50 and older, based on the onset of their addiction.

### Summary

This study compared the perceptions of older adult recovering substance abusers and alcohol and drug treatment providers on the appropriate delivery methods of alcohol and drug treatment services to seniors. Specifically, this study compared their perceptions on the most appropriate alcohol and drug treatment services being delivered to seniors based on treatment approach and location. The hypotheses for the study indicated that there were no significant differences in perceptions of appropriate types

and locations of treatment between recovering older adult substance abusers and treatment providers for adults 50 and older. There were however, trends within the data that demonstrated preferences amongst and between both sample groups. Both older adult substance abusers and treatment providers offered additional recommendations to enhance treatment modalities and locations.

## APPENDICES

**APPENDIX A**  
**SURVEY QUESTIONNAIRES**

Recovering Adults Assessment of the most appropriate delivery Approach and Location  
of Alcohol and Drug Treatment Services to Adults 50 and Older

Directions: The following survey will be used to assess the most appropriate delivery approach and location for alcohol and drug treatment services to seniors.

---

Please circle the number that best indicates your perceptions to the following questions:

1. Please circle the age range that gives the most accurate representation of your age:

- |                 |                         |
|-----------------|-------------------------|
| <b>1. 50-59</b> | <b>4. 80-89</b>         |
| <b>2. 60-69</b> | <b>5. 90-99</b>         |
| <b>3. 70-79</b> | <b>6. 100 and above</b> |

2. What is the most appropriate approach for the delivery of alcohol and drug treatment services to older adults? CHOOSE ONE:

- 1. Age-specific Alcohol/Narcotic Anonymous help groups**
- 2. Individual Counseling**
- 3. Mixed Age Group Counseling**
- 4. Medication Approach**

3. Where is the most appropriate location for the delivery of alcohol and drug treatment services to older adults? CHOOSE ONE:

- 1. Senior Centers**
- 2. Outpatient Treatment Facilities**
- 3. Residential/Inpatient Treatment Facilities**
- 4. Detoxification Unit in Hospitals**

4. Are you familiar with one or more of the treatment approaches and locations being surveyed?

- 1. Yes**
- 2. No**

5. What approach and location when combined, do you feel would provide the best delivery of alcohol and drug treatment services to seniors? CHOOSE ONE:

**1. Medication approach in Detoxification units at hospitals**

**2. Age-specific AA/NA self-help groups at Senior Centers**

**3. Individual Counseling at Outpatient Facilities**

**4. Individual Counseling at Inpatient Facilities**

**5. Mixed Age Group Counseling at Inpatient Facilities**

**6. Mixed Age Group Counseling at Outpatient Facilities**

6. Do you know of anyone that has received treatment services in any of the surveyed locations from question 3?

**1. Yes                      2. No**

7. If you knew someone who was abusing drugs or alcohol, which type of treatment would you recommend based on the surveyed treatment approaches from question 2?

8. Have you ever encouraged an adult substance abuser age 50 or older to enter treatment?

**1. Yes                      2. No**

9. Would you recommend any of the approaches and locations surveyed in questions 2 and 3 for the delivery of treatment services to older adult substance abusers?

**1. Yes                      2. No**

10. A.) Do the surveyed treatment approaches and locations accurately measure the services for adult substance abusers?

**1. Yes                      2. No**

B.) Do you have suggestions that are not on the list?

11. Do you have any suggestions that you feel would contribute to this topic?

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Treatment Providers Assessment of the most appropriate delivery Approach and Location  
of Alcohol and Drug Treatment Services to Adults 50 and Older

Directions: The following survey will be used to assess the most appropriate delivery  
approach and location for alcohol and drug treatment services to seniors.

---

Please circle the number that best indicates your perceptions to the following questions:

1. Have you provided treatment services to recovering substance abusers 50 and  
older?

1. Yes                      2. No

2. What is the most appropriate approach for the delivery of alcohol and drug  
treatment services to older adults? CHOOSE ONE

1. Age-specific Alcohol/Narcotic Anonymous help groups

2. Individual Counseling

3. Mixed Age Group Counseling

4. Medication Approach

3. Where is the most appropriate location for the delivery of alcohol and drug  
treatment services to older adults? CHOOSE ONE

1. Senior Centers

2. Outpatient Treatment Facilities

3. Residential/Inpatient Treatment Facilities

4. Detoxification Unit in Hospitals

4. Are you familiar with one or more of the treatment approaches and locations  
being surveyed?

1. Yes                      2. No

5. What approach and location when combined, do you feel would provide the best delivery of alcohol and drug treatment services to seniors? CHOOSE ONE

**1. Medication approach in Detoxification units at hospitals**

**2. Age-specific AA/NA self-help groups at Senior Centers**

**3. Individual Counseling at Outpatient Facilities**

**4. Individual Counseling at Inpatient Facilities**

**5. Mixed Age Group Counseling at Inpatient Facilities**

**6. Mixed Age Group Counseling at Outpatient Facilities**

6. Do you know of anyone that has received treatment services in any of the surveyed locations from question 3?

**1. Yes                      2. No**

7. If you knew someone who was abusing drugs or alcohol, which type of treatment would you recommend based on the surveyed treatment approaches from question 2?

8. Have you ever encouraged an adult substance abuser age 50 or older to enter treatment?

**1. Yes                      2. No**

9. Would you recommend any of the approaches and locations surveyed in questions 2 and 3 for the delivery of treatment services to older adult substance abusers?

**1. Yes                      2. No**

10. A.) Do the surveyed treatment approaches and locations accurately measure the services for adult substance abusers?

**1. Yes                      2. No**

B.) Do you have suggestions that are not on the list?

11. Do you have any suggestions that you feel would contribute to this topic?

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California State University, Long Beach  
August 2014

**APPENDIX B**  
**SCRIPT**

**California State University, Long Beach  
Gerontology Program**

**Approach**

*Researcher:* Hello, My name is Nakia Thierry. I am currently in the process of obtaining my Masters in Gerontology at Cal State, Long Beach. In order to successfully complete the Master's program, I must complete a thesis. I am currently recruiting treatment providers and recovering substance abusers to complete a survey for use in my thesis on appropriate delivery methods of alcohol and drug treatment services to older adult substance abusers, and would greatly appreciate your participation. The purpose of this research study will be to compare the perceptions of older adult recovering substance abusers and alcohol and drug treatment providers on appropriate delivery methods of alcohol and drug treatment services to seniors age 50 and older. The survey will take approximately 10-20 minutes to complete. It can be completed at the facility during designated meeting times, or it can be returned to me through mail. All information that will be obtained from participants is completely confidential.

**Decision**

Subject does not want to participate.

*Investigator:* Thank you for your consideration.

Subject agrees to participate:

*Investigator:* The following is the data collection packet which contains the informed consent form and the survey. This study may include minimal risks. If you have any questions prior to completing the consent form and survey, please feel free to ask me now. If you have any follow-up questions, I will be available immediately following completion of the survey. Please read the instructions for completing the survey (researcher reads the instructions of each part of the survey to the participants during each meeting aloud). There are two boxes located in the room; one is for you to deposit the signed consent form and the other is for the completed survey. Both of these boxes are sealed for your privacy and the consent form is separate from the survey so that there is no way to link your consent form to your survey responses. This study is confidential, meaning you should not put your name on anything other than the consent form. If you are not comfortable with completing the consent form and survey at the facility, or if you would rather finish it at home, I have two addressed and stamped envelopes for you to return it to me through mail. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims or rights by participating in this study. This should only take about 10-20 minutes to complete. Once you have completed the survey, please take a de-brief statement upon leaving out of the meeting room. Your participation is greatly appreciated.

**APPENDIX C**  
**CONSENT FORMS**

**California State University, Long Beach**  
**Gerontology Program**  
**Recovering Substance Abuser Informed Consent Form**

**Consent to Participate in Research**

Title of Study: Perceptions of recovering substance abusers and treatment providers on appropriate delivery methods of alcohol and drug treatment services to older adults. You are asked to participate in a research study being conducted by Nakia Thierry, B.A. in Human Services from California State University, Dominguez Hills, and a graduate student in the Masters of Science Gerontology program at California State University, Long Beach. The results of the study will be contributed to a thesis. You were selected as a possible participant in this study because you are a male or female recovering substance abuser age 50 and older.

**Purpose of the Study**

The purpose of this study will be to compare the perceptions of older adult recovering substance abusers with the perceptions of alcohol and drug treatment providers on what each sample population believes would be the most appropriate delivery methods of alcohol and drug treatment services to individuals 50 and older, using a questionnaire created by the researcher. Specifically, this study will compare perceptions on alcohol and drug treatment services being delivered to adults age 50 and over, based on treatment approach comparisons including age-specific Alcoholics Anonymous and Narcotics Anonymous self-help groups versus individual counseling versus mixed-age group counseling versus the medication approach, and treatment location comparisons including senior centers versus outpatient treatment facilities versus residential treatment facilities versus detoxification units in a hospital setting.

**Procedures**

If you volunteer to participate in this study, you will be asked to do the following things:

Respond to 11 questions in a survey questionnaire to the best of your ability. This is the only time during this data collection process that your participation is required. This study will take approximately 10-20 minutes to complete. Participation in this research study is voluntary, anonymous and reviewed only for the purpose of collecting and analyzing the data. If you choose to participate, please place your signed consent form in the box labeled "Consent Forms" and the answered survey in the box labeled "Surveys". If you choose not to participate, you may place your unsigned consent form and blank survey into the boxes. If you would rather finish your survey at a later time, there are two pre-addressed envelopes available for you to mail back the consent form and survey separately. All research results will be stored in a personal safe within the home of the principal researcher. The principal researcher will be the only person with direct access to the data.

**Potential Risks and Discomforts**

This study may include potential risks such as; the participants may experience discomfort and/or hesitation in regards to willingness to answer the survey questions; concern that the quality of counseling services which you receive from the recruiting location may be compromised if you choose to not participate in the study; and finally breach in confidentiality. To manage this, the researcher emphasizes that you can refuse to answer any questions or stop participation in the study at any time without any affect to the quality of services you receive at the treatment facility. Also, there is no identifying information on the surveys so confidentiality is intact.

**Potential Benefits to Subjects and/or to Society**

There are no direct benefits to you from participating in this research study. However, you may gain some satisfaction knowing that you are contributing to the knowledge of the field of gerontology. The benefits to society may be providing an examination of the need for age specific approaches and treatment locations for the delivery of alcohol and drug treatment services to older adults. By identifying the need for age specific services based on the perceptions of both recovering substance abusers and treatment providers, many of the social, mental, and physical problems that older adult substance abusers experience including isolation, depression, and medical complications may be alleviated, which could lead to reductions in medical cost for older adults, as well as the creation of alcohol and drug programs that provide appropriate care services to older adults seeking treatment.

**Payment for Participation**

There will be no payment for participation.

**Confidentiality**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. There will be no identifying information on the surveys that could possibly link you to your survey responses. All consent forms will be kept separate from the survey responses at all times. Please do not write your name or any other identifying information on the survey.

**Participation and Withdrawal**

All subjects who are asked to participate in the study will be notified of their options to refuse to answer any survey questions that they may find uncomfortable and/or to stop participation in the study at any time without fear of recrimination. Participation or non-participation will have no adverse effect on the quality of counseling services that you may be receiving from the recruiting location. Each participant will also be given a copy of this consent form to keep for your records, and assured that participation or lack of participation in the survey will in no way affect the treatment that you receive. You may also refuse to answer any questions that you do not want to answer and still remain in the

study. The researcher may withdraw you from this research if circumstances arise which in the opinion of the researcher warrant doing so.

**Identification of Investigators**

The faculty sponsor for this study is Barbara White, Dr. P.H., Gerontology Program Director at CSULB. If you have any questions about this study, please do not hesitate to contact the researcher, Nakia Thierry at nakiathierry@yahoo.com, or Dr. Barbara White, the thesis advisor at 562-985-1582.

**Rights of Research Participants**

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims or rights by participating in this study. If you have any questions regarding your rights as a research subject, please contact the Office of Research, California State University, Long Beach, 1250 Bellflower Blvd. Long Beach, CA 90840. Telephone: (562) 985-5314 or email to research@csulb.edu.

**SIGNATURE OF RESEARCH SUBJECT**

I understand the procedures and conditions of my participation described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Printed Name of Subject: \_\_\_\_\_

Signature of Subject: \_\_\_\_\_

Date: \_\_\_\_\_

**California State University, Long Beach**  
**Gerontology Program**  
**Treatment Providers Informed Consent Form**

**Consent to Participate in Research**

Title of Study: Perceptions of recovering substance abusers and treatment providers on appropriate delivery methods of alcohol and drug treatment services to older adults. You are asked to participate in a research study being conducted by Nakia Thierry, B.A. in Human Services from California State University, Dominguez Hills, and a graduate student in the Masters of Science Gerontology program at California State University, Long Beach. The results of the study will be contributed to a thesis. You were selected as a possible participant in this study because you are a male or female treatment provider currently providing treatment services to recovering substance abusers.

**Purpose of the Study**

The purpose of this study will be to compare the perceptions of older adult recovering substance abusers with the perceptions of alcohol and drug treatment providers on what each sample population believes would be the most appropriate delivery methods of alcohol and drug treatment services to individuals 50 and older, using a questionnaire created by the researcher. Specifically, this study will compare perceptions on alcohol and drug treatment services being delivered to adults age 50 and over, based on treatment approach comparisons including age-specific Alcoholics Anonymous and Narcotics Anonymous self-help groups versus individual counseling versus mixed-age group counseling versus the medication approach, and treatment location comparisons including senior centers versus outpatient treatment facilities versus residential treatment facilities versus detoxification units in a hospital setting.

**Procedures**

If you volunteer to participate in this study, you will be asked to do the following things:

Respond to 11 questions in a survey questionnaire to the best of your ability. This is the only time during this data collection process that your participation is required. This study will take approximately 10-20 minutes to complete. Participation in this research study is voluntary, anonymous and reviewed only for the purpose of collecting and analyzing the data. If you choose to participate, please place your signed consent form in the box labeled "Consent Forms" and the answered survey in the box labeled "Surveys". If you choose not to participate, you may place your unsigned consent form and blank survey into the boxes. If you would rather finish your survey at a later time, there are two pre-addressed envelopes available for you to mail back the consent form and survey separately. All research results will be stored in a personal safe within the home of the principal researcher. The principal researcher will be the only person with direct access to the data.

**Potential Risks and Discomforts**

This study may include potential risks such as; the participants may experience discomfort and/or hesitation in regards to willingness to answer the survey questions; concern amongst the potential treatment provider participants that their continued employment with the recruiting location may be compromised if they choose to not participate in the study; and finally breach in confidentiality. To manage this, the researcher emphasizes that all treatment provider subjects who are asked to participate in the study can refuse to answer any questions or stop participation in the study at any time without it having any adverse effect on your continued employment with the recruiting location. Also, there is no identifying information on the surveys so confidentiality is intact.

**Potential Benefits to Subjects and/or to Society**

There are no direct benefits to you from participating in this research study. However, you may gain some satisfaction knowing that you are contributing to the knowledge of the field of Gerontology. The benefits to society may be providing an examination of the need for age specific approaches and treatment locations for the delivery of alcohol and drug treatment services to older adults. By identifying the need for age specific services based on the perceptions of both recovering substance abusers and treatment providers, many of the social, mental, and physical problems that older adult substance abusers experience including isolation, depression, and medical complications may be alleviated, which could lead to reductions in medical cost for older adults, as well as the creation of alcohol and drug programs that provide appropriate care services to older adults seeking treatment.

**Payment for Participation**

There will be no payment for participation.

**Confidentiality**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. There will be no identifying information on the surveys that could possibly link you to your survey responses. All consent forms will be kept separate from the survey responses at all times. Please do not write your name or any other identifying information on the survey.

**Participation and Withdrawal**

All subjects who are asked to participate in the study will be notified of their options to refuse to answer any survey questions that they may find uncomfortable and/or to stop participation in the study at any time without fear of recrimination. Participation or non-participation will have no adverse effect on your continued employment with the recruiting location. Each participant will also be given a copy of this consent form to keep for your records, and assured that participation or lack of participation in the survey will in no way affect the treatment that you receive. You may also refuse to answer any

questions that you do not want to answer and still remain in the study. The researcher may withdraw you from this research if circumstances arise which in the opinion of the researcher warrant doing so.

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The faculty sponsor for this study is Barbara White, Dr. P.H., Gerontology Program Director at CSULB. If you have any questions about this study, please do not hesitate to contact the researcher, Nakia Thierry at [nakiathierry@yahoo.com](mailto:nakiathierry@yahoo.com), or Dr. Barbara White, the thesis advisor at 562-985-1582.

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**SIGNATURE OF RESEARCH SUBJECT**

I understand the procedures and conditions of my participation described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Printed Name of Subject:\_\_\_\_\_

Signature of Subject:\_\_\_\_\_

Date:\_\_\_\_\_

**APPENDIX D**  
**DEBRIEF STATEMENT**

**California State University, Long Beach  
Gerontology Program**

DEBRIEF STATEMENT

Thank you for your participation in the study evaluating the perceptions of alcohol and drug treatment providers and recovering adult substance abusers on appropriate delivery methods of alcohol and drug treatment services to older adults age 50 and older. All results and data collected are confidential to the researcher and committee chairs and are published anonymously. If you would like any information about the results of the study once it is completed, please feel free to contact me, Nakia Thierry, at [nakiathierry@yahoo.com](mailto:nakiathierry@yahoo.com). You may ask questions now, or if you have any additional questions later, the faculty advisor, Dr. Barbara White will be happy to answer them, and can be contacted at 562-985-1582. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact the Chair of the California State University, Long Beach Institutional Review Board.

Thank you for your cooperation!  
Nakia Thierry

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## REFERENCES

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