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# Social Worker Engagement of Substance Abusing Rural Young Adults: An Action Research Study

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College of Social and Behavioral Sciences

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Samantha L. Cole

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Walden University
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Abstract

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by

Samantha L. Cole

MSW, University of Maryland Baltimore, 1999

BS, Morgan State University, 1998

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

February 2018

Abstract

There has been a dramatic increase in opioid-related overdoses and deaths that have had extensive health impacts in Delaware County, New York. Social workers play a crucial role in working with individuals who have substance use and co-occurring disorders. The study was guided by ecological systems theory and the generalist intervention model focused on the engagement process between social workers and local young people. The current action research study explored the social work practice problem of challenges encountered by clinical social workers who engage in services with young adults ages 18-25 who have or are at risk for substance use disorders in Delaware County. It is essential to identify these challenges to help improve social work services that may potentially reduce substance use rates. The practice focused research question asked the participants their perception of the challenges in providing substance use services for young adult's ages 18-25 who reside in Delaware County. A focus group took place with 4 local private practice, licensed clinical social workers and 1 agency-based, licensed master-level social worker who all have experience working with Delaware County residents. Content analysis was used to explore and organize the data. The study revealed 7 themes that included client resistance, cultural issues, economic factors, professional competence, practitioner limitations, resource gaps, and client engagement. According to the participants, greater advocacy efforts are needed for clinical social work services because of the focus on both the environmental and emotional aspects of service provision. Possible implications for social change will be reduced service gaps that will result in more support options for those struggling with substance use.

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Dedication

First and foremost I'd like to dedicate this victory to the Lord Jesus for his never-ending provision, mercy, and grace in my life.  Without You I am nothing.  I'd also dedicate this project to my beloved son's Samuel, Noah and Caleb Cole.  You are the light of my life and the inspiration for everything I do.  I hope that you see that with hard work, determination and trust in the Lord your God, you can accomplish any dream.  In life, you will stumble and even fall but never give up. Never settle. As Joel Osteen would say, "be everything you were created to be." I would also like to dedicate this accomplishment to the people of Delaware, Otsego, Chenango and Broome Counties who are motivated to bring about change. Thank you for allowing me to partner with you. I'd like to dedicate this to the memory of those who I have lost along the way including members of the Rice family, Leo Wisniewski and Michael Dewey, you are always in my heart.  Also to those who have lost loved ones to substance use or mental health issues I stand with you.  Finally, I dedicate this to any child who has suffered the pain of abuse, know that you are never forgotten.

Acknowledgments

First, I would like to extend my sincerest thanks to the DSW "dream team" Dr. Pete Meagher, my Chairperson, Dr. Debora Rice, my committee member, and Dr. Cynthia Davis. This project would not have been possible without you. Dr. Meagher, your commitment in this process, was second to none. Your support, encouragement, and guidance realigned my vision for this study. You have inspired me to think big and outside of the box. I hope to make you proud.  Dr. Rice without your advocacy I may have never accomplished this goal. You enabled me to renew my confidence and belief in this project, thank you. Thank you to all of the Walden University faculty and staff for your reliability and support. To my beautiful mother Christiana Franke-Hein, even though oceans separate us, your love has always been there for me.  I am forever grateful to be your daughter.  I love you, mom. To all of my siblings, I love you. Thank you to both the Rice and Franke family.  Thank you to the Cole family for your dedicated role in the lives of my children.  Special thanks to Uncle Charles, Aunt Jan, and Anne Wisniewski, friends and family. Thank you to the many individuals and agencies that provide support for those in Delaware and surrounding counties suffering with substance use disorders and mental health issues. Special thanks to Lorraine Keckeisen and the COSAP members/ affiliates, the Sidney Rotary Club, Dennis Porter and the executive board of directors for the United Way of Sidney, Roma Haag and the Sidney Area Youth Advocate Program. Finally, thank you to the participants of the study without you the project would not have been possible.

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Section 1: Foundation of the Study and Literature Review

**Overview of the Problem**

According to a recent community health assessment, Delaware County, New York has experienced a constant increase in opiate use treatment for 2013-2015 (Delaware County, 2016). According to a previous community assessment, within the last 5 years, there have been over 300 new cases of adult opiate drug use (Delaware County Public Health, 2013). There was a dramatic increase in Delaware County heroin overdose hospitalization rates for 2010-2014 (New York State Department of Health, 2017a). Opioid-related inpatient hospital admission rates went up from 51 in 2010 to 113 in 2013 (New York State Department of Health, 2017b).

Consequences related to increased drug use include increased overdoses and the spread of disease. According to Delaware County (2016), hepatitis C, a blood-borne virus spread through the needle injections of drug users doubled from 2011-2015. Opioid overdoses increased from 1 in 2014 to 5 in 2015 (New York State Department of Health, 2017c). During a recent community forum aimed at addressing substance use, residents expressed a common concern about the forward trajectory of substance use disorders for those ages 18-25 years old.  Like many communities, Delaware County is concerned that the increase in drug use among young people will fuel the already existent drug epidemic. In Delaware County, drug use significantly increased as adolescents moved into young adulthood beginning at age 18 (Delaware County Public Health, 2013).

Delaware County, New York is a small working class, low-income rural setting composed of 22 small towns and villages. The county is considered the fourth largest county in New York State and is seen as the fifth most rural in population density (Delaware County, 2016). The county currently has no towns that exceed 5,000 residents. Delaware County's population consists of 96.07% White, and 1.61% Black with other races at only 1.1% (Delaware Opportunities Inc., 2015). According to the U.S. Census Bureau (2017), in 2015, 13.5% people were reported to live in poverty with a total labor force of only 63.3% for individuals 16 years and older. In 2015 young adults ages 18-24 represented only 10.7% of the population (U.S. Census Bureau, 2017). According to Delaware County (2016), Delaware County had higher unemployment rates than New York State for 2011-2015.

Social workers play a key role in addressing issues related to the current opioid epidemic by providing needed services for the social and environmental problems related to substance use and by addressing co-occurring disorders. According to several studies, social work practice in rural settings may face several common challenges that include issues with social worker training, professional competence, navigating rural culture, resource availability, access to resources, and poor economic conditions (Young, Grant, & Tyler, 2015; Pullen & Oser, 2014). Browne et al. (2016) reported that these factors often impacted social worker provision of substance use and mental health services. Browne et al. discussed the need for more research on how these factors impacted other rural communities. The relationship between the existing data on rural service barriers

and social work service provision in Delaware County is currently unclear. In response to this gap, action research will be used to explore and clarify both local service barriers and solutions from a social work perspective. Stringer (2007) indicated that action research can be useful when investigating a particular social issue or problem. The current social work practice problem in Delaware County, New York involves the challenges encountered by social workers who engage in services with young adult's ages 18- 25 who have or are at risk for substance use disorders.

Potential social change from this project will come from the knowledge gained about the factors that most inhibit social work services for those with substance use and or co-occurring disorders. As a result of increased insight about these barriers, social workers will be better equipped to navigate the challenges of service provision for this population and potentially reduce community substance use rates. According to Mumm, Olsen, and Allen (1998), social workers should seek to promote change by successfully engaging clients in needed treatments and interventions. Mumm et al. asserted that the social work generalist intervention method [GIM] is an effective method for social workers who engage clients with substance use disorders. The method is also useful for targeting common problems related to substance use disorders such as emotional disturbances, relationship dysfunction, and a myriad of influencing environmental factors (Mumm et al., 1998). Within the current study, the social change will come from identifying the community-specific factors present in Delaware County, New York that most interfere with social work services for young people who have substance use

disorders.  Greater clarity about existing issues will likely result in a broader scope of help for those struggling with substance use and co-occurring mental health issues in the local community.  Social workers will benefit from this project by becoming better informed regarding needed action steps that may be pursued on behalf of those that they serve.

This section of the paper included two subsections. The first section is Section I: Foundation of the Study and Literature Review. The second section is Section II: Research Design and Data Collection.  Section I included the introduction, the problem statement, purpose statement, research question, nature of the doctoral project, significance of the study, theoretical, conceptual framework, review of the literature, and summary. Section II included the introduction, research design, methodology, prospective data, participants, instrumentation, existing data, data analysis, ethical procedures, and summary.

## Problem Statement

Many rural communities face factors such as poor economic conditions, a lack of resources, problems with transportation, and even cultural influences that can serve to complicate substance use treatment services (Pullen & Oser, 2014).  In the current study it was important to understand how and whether these or other factors contributed to the current substance use problems found in Delaware County, New York. Through action research, I explored the challenges encountered by clinical social workers in Delaware

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County, New York who engage in services with young adult's ages 18- 25 who have or are at risk for substance use disorders.

The scope of the local problem in Delaware County was found to be substantial. According to the community's most recent assessment, Delaware County has become one of the fastest growing heroin-plagued communities in the southern tier of New York State (Delaware County, 2016).  A member of the Central Region Prevention Resource Center (CRPRC) of New York reported that from 2007 to 2014, drug treatment numbers in Delaware and neighboring Otsego County increased 320% for heroin user's ages 18-24 years old, suggesting a substantial increase in heroin use. The CRPRC is an initiative of the New York Office of Alcoholism and Substance Abuse Services that helps communities develop coalitions against alcohol and substance use (Prevention Network, 2017). The National Institute on Drug Abuse [NIDA] (2016), indicated that young people ages 18-25 who used substances were generally at higher risk for developing serious addictions later in life.

According to a Delaware County public health report, Delaware County saw an increase for those ages 19-35 years old who sought substance use services at the Alcohol and Drug Abuse Council of Delaware County treatment program in Delhi, New York (Delaware County Public Health, 2013).  In a newer report, however, the number of individuals using services at the local clinic declined significantly from 62 users of services in 2014 to only 39 users in 2015 (Delaware County, 2016).  These numbers may have suggest fewer people seeking treatment as opposed to declining substance use rates.

According to the same report, 39% of all individuals using these services were treated for opiates.

During a 2016 heroin prevention community forum, many residents of Delaware County indicated several problems related to the local rural environment and substance use service provision. Community members expressed an interest in getting greater resources into the community to aid those struggling with substance use problems. According to Luger (2011), social workers provided services on many levels that were capable of producing change including the individual, organizational and environmental components of service. Barriers to social work service provision was a relevant and current practice problem because according to Rhew, Hawkins, and Oester (2011), social workers who address those with substance use disorders must be prepared and intimately knowledgeable about those that they serve. Rhew et al. outlined the importance of considering prevention, intervention, and treatment in preparation approaches.

Previously published findings suggested that substance use among young adults can be distinct and vary considerably across a geographic region (Doan, Dich & Evans, 2014). Therefore, even among rural populations the needs and problems of each community can present differently. Pullen and Oser (2014), reported that social workers providing services must be sensitive to diversity and formulate solutions that reflect the values of those they serve. The National Association of Social Workers (NASW), Code of Ethics (2017) requires social workers to recognize the differences among client populations. The NASW (2017) stated that social workers should primarily educate

themselves about the needs of marginalized communities. Rural communities have historically been underrepresented and understudied nationally in both treatment, and approaches to service provision (Redman, 2007).

## Purpose Statement and Research Question

The phenomena that I explored in this study were the impediments that social workers face in providing substance use services for the young adults of Delaware County, New York. Identifying these factors will improve social work engagement of local young people and potentially increase needed social work services that may reduce substance use rates in the community. I examined the literature to identify common problems faced by social workers in rural settings, such as resource availability, accessibility of resources, social worker training, professional competence, rural culture values, and economic factors for clients. I remained open to explore the perspective of the social work participants to learn of the challenges involved in service provision for those 18-25 years old who are at risk or who have with substance use disorders in Delaware County.

The practice focused research question of the study was the following: What do social workers perceive as the challenges in engaging young adults ages 18-25 who reside in Delaware County, New York for substance use services? The variables that I identified included rural community values, resource availability and accessibility to resources, client economic factors, professional competence, and training for social workers.

**Key Terms and Concepts**

It was essential to define the key terms and concepts of the current study.

*At risk for substance use disorders*: The susceptibility to the development of a substance use disorder (Substances Abuse and Mental Health Services Association [SAMHSA], 2015).

*Co-occurring disorders:* Mental health issues that are found in chemically dependent individuals (SAMHSA, 2013).

*Credentialed alcoholism and substance abuse counselor (CASAC)*: Individuals who have undergone substance use treatment training and are recognized by New York State to "treat" substance use disorders (Office of Alcoholism and Substance Abuse Services, 2017).

*Culture*: The overarching characteristics and or qualities held by a group or even generation of people. Culture may embody beliefs, values, religion, spirituality, age, social class, age and ethnic group. The National Association of Social Workers [NASW] (2015) stated that culture is an ever-shifting construct that requires ongoing practice and skill acquisition needed by social workers to demonstrate competent practice.

*Cultural awareness/understanding:* The intimate knowledge learned and recognized by social workers that leads to improved fluency regarding the needs and views of a particular community (Snedker, Herting, & Walton, 2009; Haight, Kayama, & Korang-Okrah, 2014).

*Cultural competence:* Applied cultural understanding that results in respectful social work practice toward diverse populations (NASW, 2015).

*Environmental factors:* Community-based factors present in the rural environment of Delaware County that produced, maintained, or contributed to high substance use rates among residents.

*Generalist intervention model (GIM):*  A model used in social work practice that emphasizes the process of engagement to initiate and establish a connection between a client and the social worker for the purpose of providing services and or implementing treatment goals (Carvalho-Grevious, 2013).

*Intervention:* The action that brings awareness to the problem of substance use behaviors.  Intervention might include an individualized approach, or community-based approach to raise awareness about the problem (Doweiko, 2015).

*Licensed clinical social worker* (LCSW) or *licensed master's level social worker* (LMSW): A social worker with a master's degree in social work that is licensed by the State of New York to practice social work.

 *Prevention:* The actions or knowledge used to prevent the onset of substance use (Doweiko, 2015).

*Substances:* Defined broadly in this study to include heroin, prescriptions drugs, alcohol, marijuana, cocaine, inhalants, steroids, and tobacco use (Hemovich, Lac, & Crano 2011). Heroin will be explicitly indicated throughout the study as it represented

one of the fastest growing substances used by young people ages 18-25 in rural communities, specifically in Delaware County (Delaware Opportunities Inc., 2015).

*Substance use disorder*: The use of alcohol or substances that caused significant impairment in the ability to function. Substance use disorders include social impairment and issues with controlling the use of the substance (American Psychiatric Association [APA], 2013). Substance use disorders are categorized and determined by specifiers that include mild, moderate, and severe, which indicate the level of severity met by the individual (APA, 2013).

*Substance use risk factors:* The biological, emotional and socio-cultural factors that result in the greater chance that an individual will engage in substance use behaviors (Substance Abuse and Mental Health Services Administration [SAMHSA], (2015a). Sloboda, Glantz, and Tarter (2012) identify well-known risk factors for substance use in young adults that can include family dynamics, environmental influences, and personal attitudes toward use. Individual risk factors may include a person's temperament, beliefs and attitudes conducive to substance use (SAMHSA, 2015b). Other characteristics may include poor impulse control, the need for instant gratification, poor coping tools, unaddressed mental health issues, a history of abuse, and addiction among family members.

According to SAMSHA, family-based risk factors included high levels of family conflict, marital discord, and domestic violence, abuse, family isolation and family disorganization. Community or environmental risk factors included negative peer

groups, poor socioeconomic factors, a lack of healthy alterative activities, and inadequate community resources to address substance use. SAMSHA went on to indicate that risk factors could vary amongst different groups of people, and can even change completely over time.

*Substance use services*: The services provided by licensed social workers such as psychotherapy for co-occurring mental health issues, assessment, evaluation, and intervention for the environmental and social conditions that accompany addiction. Social work services may also include referral to facilities qualified to administer specific or in-depth treatments and assessment for substance use disorders.

*Substance use treatment resources:* Local agencies in or near Delaware County designated to provide substance use treatment and or treatment for co-occurring disorders. Several local resources that I referenced in the study included the Delaware County Alcohol and Substance Abuse Services in Hamden, New York. The agency offers evaluation, assessment, education, recovery (peer) support and substance abuse treatment groups (Delaware County, 2017a).  Also the Delaware Valley Hospital Inpatient Alcohol and Substance Abuse Rehabilitation Unit located in Walton, New York. The hospital provides medically managed detox, inpatient treatment along with more intensive treatment for drug and alcohol addiction.  Services provided by the hospital also included community referral and self-help programs after discharge (Delaware County, 2016). The Alcohol and Drug Abuse Council of Delaware County (ADAC) is dedicated to the prevention of alcohol and substance abuse by providing education, information, and

referral services.  The Delaware County Mental Health Clinic in Walton, New York is a

certified outpatient clinic that provides mental health services to individuals in Delaware

County. The clinic provides evaluation, diagnosis, treatment and emergency services for

both individuals and families (Delaware County, 2017b).  The resources and services

identified in this section do not exclude other local service providers, agencies and or

resources available for substance use or co-occurring disorders in Delaware County.

*Treatment:* Professionally guided strategies that may include therapeutic

counseling, skill building and or medical stabilization to reduce substance use behaviors

and its related consequences (Doweiko, 2015). Within the current study, I focused on

social workers who provided substance use services for young adults.  Social workers

primarily addressed the co-occurring disorders but also had a valuable role in targeting

both environmental and social problems related to substance use behaviors.  Unlike the

CASAC, social workers do not "treat" substance use disorders.  Social workers do

however provide services that align with the various phases of treatment, intervention,

and prevention throughout the continuum of care (Doweiko, 2015).

*Tri-town Community:* Neighboring counties adjacent to Delaware County such as

Otsego, Chenango, and Broome Counties that often share local resource services and

collaborate treatment to address substance use for the local communities.

*Tri-Town Coalition on Substance Use Prevention (COSAP)*: A community-based

coalition group led by Lorraine Keckeisen in conjunction with the Sidney Rotary Club

that is dedicated to the prevention and education of substance use problems in Delaware County and surrounding communities.

*Young people or young adults:* Adults ages 18-25 years old. According to the World Health Organization (2016), individuals between the ages of 10-24 were referred to as young people. Adolescents were those between ages 10-19. Throughout the study, those who were 18-25 years old were referred to as young people and young adults.

In conclusion, this doctoral research explored the current challenges for social workers who addressed substance use in the community. The study resulted in an original contribution of knowledge as the first qualitative inquiry conducted with social workers serving young adults with substance use disorders in Delaware County, New York. Knowledge arising from the study has the potential to improve engagement and increase social work services in the local community that may reduce substance use rates.

## Nature of the Doctoral Project

I used an action research design in the present study. According to McNiff and Whitehead (2010), action research was an exploratory model of research that is applied to improve a social problem. According to Stringer (2007), action research was a design used in research to create awareness and empower those facing a social problem. Action research also remained an appropriate method to assist communities who were motivated to resolve their challenges (McNiff & Whitehead, 2010).

Parsai, Castro, Marsiglia, Harthun, and Valdez (2011) discussed the success of a community-based participatory action research project where both community members

and researchers came together to develop a substance use prevention curriculum. In the study, parents and researchers worked together to form interventions that aided young people to say no or walk away when they were invited to engage in substance use. The study demonstrated that community members and researchers were able to formulate effective solutions together and that used the community's voice.

Through the exploratory nature of action research, I will learn of the factors that impede service provision to young adults who have substance use problems or who are at risk in rural Delaware County, New York. As a result of identifying these barriers, social workers and other professionals in the community can take informed steps of action to improve or increase social work services to the community. Developing outreach and addressing challenges related to the community's substance use resources may potentially reduce substance use rates among young people. Within the current study, I ensured that action research aligned with the research question by exploring the conditions and challenges that created barriers to service.

The primary source of data that informed the study was a focus group conducted with social workers who provide services for those in Delaware County, New York. Freitas, Oliveira, Jenkins, and Popjoy (1998) discussed that focus groups are useful in obtaining qualitative information related to how individuals think, feel or experience an issue. Freitas et al. reported that focus group elicit rich dialogue about a particular topic among its participants.

The instrument that guided the focus group was a set of focus group questions (See Appendix C) that elicited the views of local social workers regarding the challenges they experience when engaging local youth for substance use services. The questions were distributed to participants by email before the focus group meeting. Early distribution of the questions allowed the social workers time to prepare and contemplate the subject matter before the group meeting.

Within the current qualitative study, I used content analysis to explore and organize the data. According to Pullen and Oser (2014), content analysis was a helpful approach when analyzing data gathered through focus groups related to counselor perspectives regarding treatment efficacy. The same study highlighted content analysis as an efficient way to capture the counselor experiences and carefully analyze the material by theme for both differences and similarities. Morton, Hoefinger, Linn-Walton, Aikins, and Falkin (2015) also used content analysis and coding in a qualitative study about substance use and young adults to identify and organize the central themes of their study. Open coding was used to broadly organize the study's data line by line, while focused coding outlined the most frequent and significant themes of the study.

## Significance of the Study

I explored the current social work practice problem in Delaware County, New York of challenges encountered by clinical social workers who engage in services with young adult's ages 18- 25 who have or are at risk for substance use disorders. Potential contributions of the current project uncovered the practice issues that exist for social

workers providing services for those in rural Delaware County.  The identification of the factors that impeded or challenged social workers will lead to knowledge about how to improve outreach and increase services to local young adults to reduce substance use rates.  Knowledge gained from this project was to enhance local social work practice and inform community-led action steps.

The potential contribution of this study was significant to social work practice because it highlighted the developing role of social workers in the field of substance use treatment, in contrast to the role of substance use treatment counselors.  According to Fisher, McCleary, Dimock, and Rohovit (2014), substance use *treatment* was associated with certified substance use treatment counselors.  The project was significant to social work research because the literature reviewed during the study was used to address an immediate substance use crisis for the rural community of Delaware County.  Furthermore, the study of rural Delaware County has implications for substance use problems in other rural communities.  Dotsen et al. indicated a lack literature regarding substance use in rural communities in comparison to urban settings.

The current study also held significant potential for policy improvement to increase social work services both locally and statewide in substance use treatment.  According to Delaware County (2015), the needs of rural communities are lacking, underfunded, and or are inadequately matched.  Many needs go unmet by both state and federal drug programs.  Inadequate resources to address the rapid growth of drug use may leave the local community at risk for ongoing increased substance use rates. The potential

effect of social change from this project may be to improve advocacy efforts and policy changes that alleviate service barriers to reduce substance use rates and its negative social consequences.

## Theoretical and Conceptual Framework

The ecological systems theory (EST) is the theoretical framework that I used for this study.  The social work guiding principle of person in environment (PIE), was also a key concept that emphasized the importance of the surrounding environment on the individual (Walsh, 2013). According to Mumm et al. (1998), substance abuse is a complex problem that goes beyond the individual to include both personal and environmental factors.  The current theoretical underpinnings served the study by also emphasizing the unique influence of rurality on the identified challenges and possible solutions.

Bronfenbrenner (2000), a key theorist of EST discussed the importance of understanding the individual within the context of their surroundings. Casstevens (2010), asserted that EST remained highly influential in social work practice because of the implication on the micro, mezzo, and macro level of individuals and their environment. According to Walsh (2013) PIE principle uniquely provided a strengths-based view of the individual and the community.  Walsh (2013) outlined PIE as guiding principle in social work service provision.

Both EST and PIE aligned with the problem statement and the study's research question by focusing on the factors present in the community that created service barriers

for social workers. The environmental factors interfered with the social worker's ability to meet the needs of those who depend on them and thus perpetuated the problems related to substance use.  I used EST and PIE to identify the specific factors in the community that had an impact on the unique aspects of social work including intervention and outreach.  Lastly, the study included the GIM to examine the engagement process between social workers and their clients in the context of substance use service provision.

Section 1/Part 2:  Review of the Professional and Academic Literature

In rural settings, social workers may face challenges in providing substance use services.  Variables may include a lack of needed resources, transportation problems, social worker competence and training issues, difficulty in navigating rural culture and poor economic conditions for residents (Young, Grant, & Tyler, 2015; Pullen & Oser, 2014).  It was unclear whether these factors intersected with the current problem of increased substance use rates among young people in Delaware County, New York.

In this literature review, I covered key concepts to the current study such as EST and the PIE perspective to grasp the challenges related to social work service provision in the rural setting. I referenced GIM as a social work concept throughout the study to define social work engagement, outreach and service provision.  I used the literature review to demonstrate ways that social scientists have engaged and treated this problem for both individuals and interventions for rural communities.   I used the literature review to explore the differences in substance use patterns for rural young adults in comparison to those in urban settings.  The case study examples that I presented were relevant to understanding the current study's practice problem and possible solutions.  Finally, I concluded the literature review section by outlining current gaps in knowledge that require further research and study.

I began the literature in August 15, 2016 and continued adding and updating information until approximately December 2017.  I used online data sources such as Google Scholar and Walden University Library.  PsycINFO, Thoreau Multi-Database

Search, and social work abstracts were also used to research peer-reviewed literature. Key terms that I searched included *social work, substance use treatment, substance use treatment barriers, cultural competency,* and *rural substance use*.

### Introduction to the Problem

The current research suggested that illicit drug use (marijuana, cocaine, heroin, hallucinogens, inhalants, and prescription-type psychotherapeutic drugs) was highest among young adults between the ages of 18-25 (SAMHSA, 2013). There was a high rate of heroin use among young people in this age group within Delaware County, New York, which was relevant in the current study. According to research conducted by Ihongbe and Masho (2016), within rural settings, 18-25 years old represented the largest group of first-time substance users. These individuals also had the most significant increases in heroin use rates when compared to any other group. Unfortunately, it was unclear about what made rural young adults more prone to heroin addiction within this age group.

According to Jones, Logan, Gladden, and Bohm (n.d), the national scope of heroin use and heroin-related deaths have increased. For instance heroin-related deaths among White men ages 18-25 from 2002-2013 have significantly risen, with the rates having doubled during 2011-2013 (Jone et al., (n.d.). In the same study, 0.7% to 2.7% deaths were reported per 100,000 people. The study indicated a need for more research to understand different demographic groups who use heroin and the risk factors present for those groups.

According to SAMHSA (2013), adults in the 18-25 age group were also the highest for problematic substance use related behavior such as driving while under the influence and as engaging in more criminal activity. There was plentiful information indicating that young adults 18-25 were at increased risk for heroin use and higher rates of risk-taking behaviors in rural settings.

**Service Barriers in Rural Communities**

In several studies, social workers faced common service provision barriers such as a lack of available resources, shortages of social worker substance use training, client economic factors, resource accessibility and the need for cultural awareness in rural settings (Young, Grant, & Tyler, 2015; Guerrero, 2010; Dotson et al., 2014).  A study conducted by Young et al. (2015), outlined the primary barriers that rural settings faced in providing substance use services. Young et al. suggested that social workers be creative and respond in ways that were "outside of the box."  In the study, Young et al. further recommended using community empowered approaches to outreach, organization, and recovery similar to those found in the *recovery advocacy movement*.  Within the recovery advocacy movement, individual communities mobilized action by taking personal responsibility for the care of those addicted and their supporters. Young et al. briefly identified the similarities of how rural community values aligned with principles of the 1990's recovery advocacy movement.  The study embodied many implications for rural settings seeking to create social change.  Greater information on various approaches to community efforts would have been useful.

**Economic conditions.** Poor economic conditions were often a hallmark of rural communities that impacted service provision significantly (Furr-Holden, 2013). Browne et al. (2016) discussed the financial factors related to the costs of substance abuse treatment or related services. Browne et al. indicated that the extended costs of substance use treatment was problematic and included out of pocket expenses for treatment including, inadequate insurance coverage, child care, transportation, costs of medication and time away from work.

Bolin (2016) reported that education attainment, especially related to completing high school and attending college, had many implications for the future economic status for young adults in rural settings. Bolin described that poor educational attainment and employability directly contributed to increased substance use rates. Bolin elaborated on the impact of the national economic downturn of 2008 that negatively impacted rural communities. For example, economic stagnation was a result for many rural towns and communities. Bolin made an important point, that while urban and suburban communities recovered from the financial hardship to see new job growth, rural communities did not equally recover. Instead, rural settings were primarily met with declining employment rates and increased poverty.

According to Keyes et al. (2014) and Widome et al. (2013) low economic factors created greater risk factors for substance use problems in rural settings. Both studies indicated that unemployment, the declining local economy and outflow of the jobs from away from the community led to increased substance use rates. In addition, low

educational attainment and poverty were reflective of economic factors that also had an impact on substance use rates.

Keyes et al. (2014) also addressed young people who remained in rural settings but lacked the motivation to pursue higher education or seek career opportunities. Keyes et al. reported that young people who achieved higher education opportunities often obtained better economic positions than those who did not. Keyes et al. reported that "stagnant" young people who had lower motivation for achievement were at a much higher risk for substance use disorders.

Keyes et al. (2014) also indicated that an overall lack of long-term career engagement and job security for young rural community members could be a significant substance use risk factor. Keyes et al. went on to describe that job security had worsened due to the presence of decreased wages for low-skill level jobs and had increased for highly educated or skilled workers. Keyes et al. discussed that even those older residents who worked could create disparage for the younger workforce. Many economic factors for rural young adults were found to contribute to both increased risk for substance use behaviors and to interfere with treatment for those already struggling with substance use.

**Substance use treatment resources.** Viable substance use and mental health treatment options were essential to communities with high substance use rates. Benavides-Vaello, Strode, and Sheeran (2013) provided valuable information on the shortage of health care providers for both mental health and substance use services in rural settings. Unfortunately, many rural areas often have inadequate resources and can

be geographically distant from needed services (Delaware County, 2016). Furthermore rural settings often struggled to attract qualified service providers. Veysey, Grasmere, and Andersen (2010) offered valuable insight about how a rural community in Franklin County, Massachusetts compensated for lack of regular substance use and mental health treatments resources. For instance, residents expressed that they often relied on treatment from medical professionals, were forced to pursue self-help methods, and sought the help from groups such as AA meetings, church congregations, libraries resources, and community centers when other treatment options were not possible. Although this study could not be generalized beyond the rural community of Franklin County, Massachusetts, these approaches may be applicable to many other rural communities in seeking support for substance use disorders when resources are scarce.

Lewis, Scott, and Calfee (2013) asserted that budget cuts for federal and state government run agencies have forced larger geographical areas to collaborate and share existing programs and treatment resources. As a result of scarce resources, those with substance use and mental health issues may experience a delay in services due to long wait lists or be forced to forgo services all together. In response to sometimes poor resource availability, Lewis et al. encouraged social workers to find alternative ways to address the needs of the communities they serve. While Lewis et al. focused on rural homelessness, the authors emphasized that social workers should seek to provide alternative ways to alleviate the strain on the limited local resources such as agencies. For instance, social workers in private practice may make valuable contributions to

mental health and substance use treatment within rural settings to provide additional support to when local agencies resources have limited ability.

**Resource accessibility and teleservices.** The telecommunication act of 1996 gave many communities relief by using an electronic method of service delivery for substance abuse and mental health services (Benavides-Vaello et al., 2013). Benavides-Vaello et al. reported that teleservices quickly became an option that provided more significant opportunity for quality care when transportation or a lack of local resources became an issue. Wodarski and Frimpong (2013) suggested that teleservices was alternative for those who were restricted to home due to health problems, for those with transportation issues, and when mental health services were not available. Both Abbott, Klein, and Ciechomski, (2008) and Veysey et al. (2010) discussed the importance of telepractice for individuals who felt fear or embarrassment due to the stigma of receiving mental health services. For instance, a client from a rural setting would likely fear being recognized by someone they know while walking into a local agency for services. The study was limited in that it did not specifically address rural settings but is useful for the many parallels to characteristics commonly found in rural communities.

Kraus, Zack, and Stricker (2004) discussed additional advantages of teleservices such as an increased sense of privacy, fewer costs associated with travel to and from appointments, and support for clients who needed assistance but were unwilling to attend sessions for services. Kraus et al. (2004) did not elaborate on the drawbacks of teleservices such as critical ethical considerations, such as privacy and informed consent.

DeAngelis (2010) cautioned that using teleservices should be done responsibly and in a manner consistent with the ethics of the professional licensing boards to reduce harm to clients. Furthermore, Wodarski and Frimpong (2013) admonished practitioners of teleservices to be mindful that such services were not a "one size fits all solution," and should be appropriately matched to the client's needs.

The APA Practice Organization (2014) addressed the practicality of teleservices in the age of modern healthcare. According to APA Practice Organization, while the Medicare Telehealth Enhancement Act of 2008 opened up treatment options for remotely located clients, not all teleservices were fully recognized as a valid manner of service provision. APA Practice Organization also indicated problems associated with payment for teleservices such as private insurance and Medicaid coverage for these services. It appeared however that teleservices may still have a way to go to be considered a viable option of service delivery for those with mental health and substance use issues.

**Rural community values.** Social workers faced many challenges with rural culture. Many rural communities are composed of a unique and diversified group of people characterized by their own beliefs, values, and attitudes that can impact mental health and substance use treatment (Lewis et al. 2013). According to Lewis et al. values such as self-reliance, mistrust of outsiders, and issues with the anonymity in obtaining services often impeded services use by rural clients. Deen, Bridges, McGahan, and Andrews (n.d) indicated that rural residents were often untrusting toward professionals and viewed mental health treatment as unhelpful. Deen et al. further discussed that such

stigmas and attitudes led to stoicism and resistance that left substance use and mental health problems largely unaddressed.

Veysey et al. (2010) reported that in rural communities there was often an expectation of conformity and compliance with the local views, norms, and beliefs. Young, Grant and Tyler (2015) discussed the concept of self-reliance or a "can-do" attitude in the rural community, along with strong kinship ties such as those with family and friends. While these relationships reflected positive attributes of loyalty, support, and solidarity among residents, these qualities also contributed to increased and shared substance use behaviors. For instance, Keyes et al. (2013) described that prescription drugs distribution often came from family members and friends in rural settings.

In another study for young people ages, 17-21 Boyd et al. (2007) indicated that young people perceived the primary barriers to obtaining substance use services as stemming from a lack of anonymity, the value of self-reliance, and the fear of negative, or shame-based evaluation by others for being a "drug user." Chipp et al. outlined that to establish trust within a rural community a service worker must recognize differing attitudes, views and acknowledge the strengths of the locals. In working within the rural context, Macmaster (2013) suggested a combination of cultural awareness and professional competency that enhanced trust for professionals and promote approaches that were acceptable and familiar to the community.

**Social worker diversity training.** Cultural competence has remained a broad goal for all social workers (NASW, 2015). In their study, Sousa and Almeida (2016)

indicated the need for cultural competency training among social workers. Sousa and

Almeida called for cultural competence to hold a more significant place in curriculums

for social work students.  According to Fisher et al. (2014), social workers reported a lack

of familiarity with various cultural groups within the context of substance use treatment.

According to Hayes et al. (2004), cultural competence referred to readiness and respectful

engagement of diverse clients while remaining aware one's own biases. According to the

Substance Abuse and Mental Health Services Administration, (SAMHSA) (2015a),

cultural competence has been strongly endorsed in recent years as an essential component

to substance use disorder treatment.

   **Social work treatment for substance use disorder training.**  Training and

competence has often been a source of challenge in substance use treatment. In a study,

Galvani, Hutchinson, and Dance (n.d) stated that there is a lack of substance use

treatment training and experience among many social work practitioners that has created

limitations in service effectiveness. According to Galvai et al., an area of incompetence in

substance use treatment for social workers was in identifying and assessing substance use

disorders.  The study further indicated that limitations in these areas left social workers

unprepared to address clients with substance use treatment needs.  While this study took

place in England, there were many parallels for social workers in the United States

regarding issues with training in substance use disorders.

   In their study, Fisher, McCleary, Dimock, & Rohovit (2014), also called for social

workers to have more training in substance use disorders. The authors suggested that

licensure changes and more specific training in substance use treatment was necessary to improve social workers' capacity to engage in competent alcohol and substance use services. The study used a regional cross-sectional study that explored the self-reported experiences of social workers who worked with drug and alcohol/drug counselors. In this study, the social workers reported a major problems with lacking the appropriate training to execute substance use treatment techniques properly. The study had implications for the development of future policies that may increase standards in social work education and better train social workers to execute actual substance use treatment techniques. This study used a convenience sample which limited its generalizability to social workers beyond the participants in this study. The study also used online and paper surveys which were susceptible to bias.

According to Bride, Kintzle, Abraham, and Roman (2012), a challenge in substance use treatment included treatment implementation and training for practitioners. Unfortunately, treatment approaches were only as good as the individual who administered them. Smith (2013) asserted that social workers attitudes in applying evidence-based treatments had more favorable outcomes when there are appropriate training opportunities and the learned techniques were used consistently over a period of time. In conclusion, when evidence-based treatment accompanied specific training for social workers it led to improved results when applying the approaches.

**Substance Use Treatment Approaches**

Within the current study, it was critical to review specific substance use

treatments that were available and that were useful in working with the young adult

population. This section addressed the methods that were relevant to 18-25-year-olds

struggling with substance use disorders.  To begin, evidence-based treatment in the field

of social work represented a collaboration of empirically based treatment approaches

combined with consideration for client needs and preferences (Thyer and Myers, 2010).

Specifically, evidence-based treatment included consideration of the client's values and

circumstances, along with the practitioner's professional ethics and skill level in

providing the treatment.   Thyer and Myers stated that evidence-based therapies added

value and credibility within the approaches used for substance use treatments.

In their study, Bride, Kintzle, Abraham, and Roman (2012) provided a well-

formulated compilation of evidence-based substance use treatments most frequently

adopted by social workers in their work with clients. According to Bride et al. the benefit

of using evidence-based approaches was a more significant reduction in substance use

rates for those struggling with addiction, prolonged periods of treatment adherence and

improved participant compliance with treatment guidelines.

According to the National Institute on Drug Abuse (2016), there were many

evidence-based approaches to substance use treatment that included therapeutic,

behavioral and pharmacotherapy approaches. Pharmacotherapies incorporated the use of

medications such as methadone, buprenorphine, and naltrexone in conjunction with

behavioral therapy to address addiction. Empirically supported therapeutic /behavioral treatment approaches for substance use disorders included cognitive behavior therapy, 12 step facilitation therapy, family behavior therapy, motivational enhancement therapy, community reinforcement approach, and contingency management interventions/ motivational incentives (Bride et al., 2012).

Bride et al. (2012) reported that motivational interviewing and contingency management which were well established approaches in substance use treatment and broadly used by both social workers and non-social workers. Motivational interviewing was defined as a person-centered approach designed to enhance personal motivation for change, by cultivating the natural strengths and building upon the positive life goals expressed by the person in treatment. Bride et al. (2012) stated that motivational interviewing can overlap to treat both the problem of addiction and co-occurring disorders that often accompany addiction. Contingency management was another commonly used approach in substance use treatment, based on the principles of behavioral modification. Contingency management provided positive reinforcements or rewards for achieved desired behavioral goals. Bride et al. stated that desired behavioral outcomes in substance use treatment included reduced substance use, treatment completion and reduction in relapses. A limitation of this study was that this study considered private sector social workers and was not generalizable to all social workers outside of this setting.

The rural environment along with its accompanying cultural implications remained an additional relevant aspect to consider in the treatment of the young adult population. According to Roozen et al. (2004), a community reinforcement approach was a treatment type for individuals with substance use issues that used positive reinforcers in conjunction with drug testing that resulted in a variety of rewards for drug-free periods. For instance, an individual might earn points that may be redeemed for goods or services throughout the neighborhood for abstaining from substance use. The therapy has been found to be very successful in both rural and urban populations for those struggling with substance use disorders.

According to SAMHSA (2012), multisystemic therapy (MST) was a practical, evidence-based approach that is effective with older adolescents and young adults. Henggeler, Melton, Brondino, Scherer, and Hanley (1997) asserted that MST offered an efficient approach due to the multi-dimensional focus on community, peers and family relationships. An important focus of MST was to improve the environment of the individual through home-based services and community-centered supports (Henggleler et al., 1997). According to Brown, Borduin, and Henggeler (2001), community-based supports held promise especially for young adults with behavioral issues in addition to substance use problems. MST for adults was found to be less effective. The above-listed approaches were significant to the current study because they highlight the importance of treatment for the individual within the context of the community.

**Co-occurring Disorders**

Co-occurring disorders were significant to social work service provision because these conditions represented the individual, social, and environmental issues that significantly impacted the substance use treatment process (SAMHSA, 2013).  In Delaware County, New York from 2005-2015 the number of substance abuse clients with a history of mental health problems have doubled from 24%-55% (Delaware County, 2016).  Due to the ever-increasing correlation between substance abuse and mental health issues, Delaware County chose to expand efforts to bring primary health and mental health care into greater collaboration. Błachut et al. (2013) outlined that presence of co-occurring disorders in substance use disorder treatment often created more challenging dynamics for mental health professionals.  In their study, Blachut et al. reported that such challenges included clients who required longer stays in treatment and more frequent hospitalization to stabilize behaviors such as suicidality and aggression.  Social workers and other mental health professionals were often instrumental in addressing co-occurring disorders, social and environmental challenges for individuals with substance abuse disorders (SAMSHA, 2013).

**Treatment Engagement of Rural Young People**

According to Luger (2011), cultural awareness for social workers was helpful when used as a part of prevention and treatment efforts for many populations including young adults. Young people were often susceptible to many sociocultural influences that included influences from family, peers and society.  The study indicated that substance

use influences can be shaped even based on the geographic region in which an individual resides (Furst & Balletto, 2012; Swaim & Stanley, 2011). Furst and Balletto reported that in the rural Upper Hudson Region of New York State, higher substance use rates among young people had ties to characteristics commonly found in young people from this region. Furst and Balletto discussed that rural youth in this area often admired and mimicked the lifestyle of those who resided in larger areas, such as New York City. Furst and Balletto study elaborated that the drug culture and city life appealed to many rural young people. As a result of such appeal, substance use behaviors transformed into something "glamorous, cool and savvy." The study was informative because it outlined the subtle influences of drug culture and rural young people although greater detail into the influences of drug and youth culture would have been useful.

The American Psychological Association [APA] (2002) outlined characteristics of young adulthood that can embody a near-cultural representation for young people. According to the APA, common characteristics among young people can include the need for growth in personal and social identity. Coyle (2012) discussed the inherent tendency for youth to gravitate toward peer influences as opposed to adult influences such as parents and or professionals. According to Coyle, the engagement tools used by professionals that acknowledged these shared characteristics, served to improve mental health or substance use treatment effectiveness. For example, treatment approaches marked with a less directive approach and greater autonomy enhanced young adult self-efficacy. While the study did not explicitly distinguish rural youth, it acknowledged the

essential and shared qualities among young adults within a successful treatment capacity. In all, the APA (2002) reminded those working with young adults that despite the need for independence young adults remained quite impressionable and vulnerable to environmental influences (APA, 2002). The study was helpful in that it was relevant to young people ages 18-25 years old and included information regarding both late adolescent and young adult stages.

According to Waldron, Kern-Jones, Turner, Peterson, and Ozechowski (n.d), young people were often unwilling participants in the substance use treatment process, and were especially resistant toward engagement and outreach. Young adults often entered the treatment process involuntarily after being identified for their problems by outside sources such as schools, colleges, medical professionals, social service organizations or the legal system. Waldron et al. further indicated that due to resistant attitudes among young people toward substance use treatment, initial engagement efforts by practitioners should promote *preparation* for the treatment process through assisting the individual realize why change is vital to them.

Prochaska, DiClemente, and Norcross (1992) outline that practitioners who attempt to engage young people for services must do so in a manner that enhances self-motivation and that promotes self-efficacy to face the addictive behaviors.  Prochaska et al. described the five stages of change as pre-contemplation, contemplation, preparation, action, and maintenance. These steps outlined varying experiences that individuals may experience before readiness for change. Prochaska et al. reported that most people with

substance use disorders were not usually action-oriented upon entering treatment.

Prochaska et al. went on to suggest that successful long-term outcomes in treatment relied

primarily in the individual's internal attitudes toward treatment and change.  Waldron et

al. (n.d.) further supported that a primary function of practitioners in the engagement

process is to align with the individual in a manner that reduced defiance and instead

enhanced the individual's reasons to embrace change. Therefore engagement and rapport

techniques used with clients in the treatment process was essential to later success.

**Family and Community Involvement**

In social work practice, it was important that service provision and client

engagement approaches aligned with strong support systems (Walsh, 2013). In particular,

when considering rural youth, using family and community improved compliance due to

the high value placed on relational ties in the rural community (Pruitt, 2009).

In a study, Simmons et al., (2008) offered insight into the importance of both

community and family outreach in engaging hard to reach youth, ages 18 and under who

engage in substance use.  The Hartford Youth Project established by the Connecticut

Department of Children and Families outlined a successful youth treatment engagement

system using a family and community-based treatment model for hard to reach youth,

ages 18 and under.  According to Simmons et al. the approach emphasized trust, respect

for autonomy and a working alliance with the individual's available support networks.

Support systems included family members, local agencies, clergy, coaches, community,

and educators. The study found that other influences affected youth engagement

including, the practitioner's characteristics and their level of training in therapeutic techniques including outreach and engagement.  Due to the documented success of the program in the community, the program received state-level funding and other accolades in the community. A limitation of the study was that the sample included Latino and African American youth primarily.  Such youth however also share similarities of rural youth for their values on family and community (Pruitt, 2009).

Waldron, Kern-Jones, Turner, Peterson, and Ozechowski (n.d), also emphasized the joint efforts of community and family in the engagement process for young people ages 18 and under. For instance, Waldron et al. (n.d.) discussed the Community Reinforcement and Family Training Program (CRAFT) as an approach for families and communities to address substance use treatment resistance and improve engagement with young people.  A primary goal outlined by CRAFT included helping families to successfully engage their family members into entering treatment by increasing parental adaptive social skills, such as improved communication.  Other goals of the program encouraged young people to maintain positive behavioral changes, such as through participation in drug-free activities within the community. Within the program, licensed therapists also paired CRAFT techniques with cognitive behavioral therapy to address treatment resistance.  The program successfully resulted in treatment engagement for 71% of the study's young adults.  The small sample size was a limitation of the study. A broader sample would need to consider the effectiveness of CRAFT on other young people outside of the study.

When considering family involvement in the treatment of young adults, Waldron et al. (n.d) indicated that older adults were likely to view the enlistment of the family as motivating and supportive. Adolescents, however, were likely to see prompts from their family as unwelcomed and that resulted in greater resistance to the change process. According to Waldron et al. however, once adolescents demonstrated a willingness to invest in treatment, family support became pivotal in maintaining treatment success.

**Treatment and Intervention Considerations for the Rural Community**

Acknowledgement for culture was identified as a strength in substance prevention and intervention for rural individuals within the community (Lewis, Scott, & Calfee, 2013; Pettigrew, Miller-Day, Krieger, and Hecht, 2011). As discussed previously, rural culture often entailed strong bonds between community members which was a source of strength and challenge. When considering intervention approaches for rural communities, Colby et al. (2013) described cultural grounding or alignment as empirically-based substance use interventions that integrate influences from the community into the process. For instance, cultural aligning included the involvement of the familiar community stakeholders or peers that reflected local views, traditions or values. Colby et al. discussed that targeting key community stakeholders or recognizable peers generated more interest and improved positive perception of the intervention by fellow community members. Colby et al. reported that within the youth drug prevention program keepin' it REAL, participation rates increased when the program added adaptations that reflected local community values and used peers who were familiar to

the participants. This study was useful in demonstrating the relevance of culturally based interventions in substance use treatment. The study was limited in that the study's participants were ages 18 and under making it only somewhat useful to the current study.

Another strengths-based approach discussed by Lewis et al. suggested using methods of service delivery that were familiar to those in rural settings. For instance, Lewis et al. presented that in rural settings, the use of churches and schools in providing services was a way for professionals to infuse accepted and culturally familiar elements into service provision. Churches and schools in rural settings have long represented a type of community or gathering place for an assortment of events and services that are provided to the community. In all, culturally adapted substance intervention within rural communities' required intimate knowledge of the community, and alignment with its norms, views, and values (Myers, 2013).

According to the American Evaluation Association (2011), a challenge in treatment approaches and intervention for rural settings has been the newly defined demographics for "rural individuals" in recent years. Rural communities quickly became more complex and less homogeneous than in previous years. According to Bolin (2015), the earlier characteristics of "poor and white" could no longer be used to describe rural communities. According to Bolin in 2010 minorities accounted for 82.7% of the increase in the rural population. Bolin explained that rural communities now reflected a diverse group of people from many ethnicities. For example, African Americans and Hispanic populations in rural communities have both steadily risen over recent years.

Bolin (2015) reported that another shift in recent years was the further distinctions within the definition of rurality. Rural settings have now been further defined across the United States according to individual regions. For instance, there were additional differences noted between the rural Southerners, versus rural communities in the Midwest or on Native American reservations. Bolin distinguished that while higher poverty rates appeared to be a consistent trait of rural communities, other characteristics have vastly changed and will require those addressing such communities to be sensitive to diversity and change. Bolin provided a clear view of how rural populations have slowly evolved and now require new ways to approach both problems and solutions.

## A Comparison of Rural and Urban Substance Use Habits

The United States Department of Agriculture Economic Research Services (2016) defined rurality as a geographic location with a small population density with 2,500 up to 50,000. Non-metro counties were used to describe rural and small towns. Urban areas were large places with densely settled populations of 50,000 or more people (United States Department of Agriculture Economic Research Services, 2016).

Cicero, Ellis, Surratt, and Kurtz (2014) indicated that the demographics of substance users shifted drastically over the past fifty years. Substance use problems were no longer indicated for large urban areas. Jones et al. (n.d.) reported that within the United States, substance use problems among 18-25-year-olds drastically increased for rural regions over the last decade in comparison to previous years. According to the same report, the demographics of drug use, namely heroin, also shifted for other demographic

populations in recent years (National Institute on Drug Abuse, 2014). For instance, heroin was noted to be used widely among young white males, with an annual income of less than $20,000 per year and who primarily resided in the Northeastern United States, outside of urban settings (Jones et al., n.d.).

Cicero et al. also indicated that in previous years many studies had been produced about intervention approaches for *urban community* drug problems. Many of these strategies have been found to be ill-fitted to meet the needs of smaller rural communities. Pruitt (2009) offered that urban community issues were often more publicized than those of rural communities due stigma and inaccuracies in perception. High crime rates, large minority populations, and more elevated substance use rates were usually documented for urban settings. Pruitt cited that urban young adults were also more readily associated with significantly higher substance use rates than rural young people. Distortions were identified for how people often viewed rural settings. Perception included that rural communities were warm, friendly, always peaceful and tranquil, when in fact, crime rates, family violence, and poverty levels have long been equal to or greater than those of urban areas.

A study by Swaim and Stanley (2011) suggested that within substance use intervention and treatment for urban and rural settings require different approaches. Gfroerer, Larson, and Colliver (n.d) also facilitated a study to compare substance use habits among both rural and urban youth. Both studies examined adolescent and adult substance use patterns within three settings. Gfoerer et al. examined rural, urbanized

nonmetropolitan, and metropolitan regions.  The study used national surveys on drug use

and health to compare data for the three areas. The study surveyed adults age 18 and over

and youth ages 12-17.  The results found that drug use is similar for all three regions. The

drug ecstasy however, was used more among youth 12-17 in both nonmetropolitan and

metropolitan areas.  The study yielded surprising results that in rural communities both

young people and adults had higher drug use rates for stimulants, methamphetamine,

alcohol, and tobacco.  While the study is useful for dispelling an "urban only" drug

problems, ongoing research is needed to further identify the differences the drug

preferences between rural and urban young people.

**Areas Requiring More Study**

An area that remained unclear in the literature was the differences between rural

and urban substance use patterns. According to Rigg and Monnat (2015), urban adult

drug users had higher rates of prescription opioids, alcohol, and cannabis use than rural

adults. Urban adults were more likely to begin drug use in childhood before age 18.  In

comparison, the study showed that rural adults were more likely to start using in

adulthood between the ages of 18-21 (Ihongbe & Masho, 2016).  Cicero et al. (2014)

described rural heroin users as primarily white, in their early 20's and as having a lower

economic status.  Jones et al. discussed that urban drug users were more frequently

documented as having low-income, minority status and as residing in a disadvantaged

neighborhood.  It is currently unclear why rural drug users were more likely to develop a

substance use disorder beginning at age 18 while urban users were more likely to start

using before the age of 18. While rurality remained a known factor that impacted service provision what is less clear from the literature was what aspects of being from a rural setting uniquely contributed to increased substance use rates for young people. Future studies dedicated to understanding these factors have potential to be useful to social work practitioners who address the substance use needs of those in rural settings.

## Rationale for the Selection of Variables and Concepts

In the current study I explored the challenges faced by social workers providing substance use treatment services for young people ages 18-25 who are at risk for or who have substance use disorders. The following is a rational for the selection of variables and concepts used in the study. As discussed in previous sections, the variables in the study included several commonly identified areas of challenge experienced by social workers who provided substance use services in rural settings. The variables in the current study included economic conditions of clients, social worker training and competence, local resources and access to those resources, and rural culture.

EST and PIE perspective were concepts relevant to the current study because social workers must understand those they serve in the context in which they live. Furthermore, social workers must understand the impact of the environment as this influences the direction of treatment and services provided. EST and PIE was used in the current study as a framework that informed social work practitioners about the unique environment of Delaware County, New York to improve services that may reduce substance use rates.

GIM was also considered within the current study because it outlined the critical component of engagement between social workers and young adults in the community. According to Schatz, Jenkins, and Sheafor (1990), GIM described a basic approach to social work engagement and service delivery with individuals, families, and communities who are engaged in the change process. The goals of the generalist social work approach focused on moving the client into personal empowerment to bring about change. GIM is an essential approach in initiating change and outreach to engage the complex needs of individuals, groups, and communities.

## Summary

In conclusion, I reviewed the challenges and issues faced by clinical social workers engaging in services for young adults ages 18-25 who are at risk for or who have substance use disorders in Delaware County, New York. I used an action research design to explore this problem to empower local social workers and community members to serve the needs of young adults better. The focus of the study identified the issues and challenges that impact social work services for those who are at risk or who have substance use disorders. The purpose of the current study was to increase social work engagement and services to reduce substance use rates in the local community. I used EST as a theoretical framework for examining the broader challenges related to the environment and the relationship with social workers and their clients. GIM and PIE were also used in the study to establish both environmental and relational factors between social workers and young adults. The current project sought to answer the following

research question which was, what are the issues and challenges for social workers engaging young adults ages 18-25 in Delaware County who are at risk for or who have substance use disorders.

To conclude, young adults continued to account for the highest rates of substance use and first-time users. The literature was used to review the common challenges shared by social workers in rural settings that included a lack of available or accessible resources, poor economic conditions, culture, and social worker training deficits. The issues have long been identified to create barriers that impede services. The study addressed engagement and treatment approaches with rural young adults and their communities. Areas that required further study were the specific factors within Delaware County, New York that impacted service provision for young people who struggle with substance use or who are at risk.

Section 2: Research Design and Data Collection

In Section 1, I used action research to explore the social work practice problem of challenges encountered by clinical social workers who engage in services with young adults ages 18-25 who have or are at risk for substance use disorders in Delaware County, New York.  In Section 2, I discussed the research design and data collection for this study, as well as the methodology, participants, instrumentation, data analysis, and the ethical procedures that I used. I concluded Section 2 with a summary

**Research Design**

I explored the challenges encountered by clinical social workers who engage in services with young adult's ages 18- 25 in Delaware County, New York who have or are at risk for substance use disorders. The practice focused research question was: What do social workers perceive as the challenges in engaging young adults ages 18-25 who reside in Delaware County, New York for substance use services?

I used action research for this study.  I conducted a focus group with local social workers to explore service barriers encountered when working with young adults in Delaware County. The purpose of the project was to investigate current obstacles from a social work perspective that may improve social work services and reduce substance use rates in the community.  Understanding issues that limit social work services in the community, may lead to action steps to improve and or increase services that reduce substance use rates for young people.

## Methodology

I collected data using a focus group and a questionnaire instrument (see Appendix C). I used the focus group questions to obtain data from Delaware County social workers about their experiences of the challenges in engaging young people 18-25 who are at risk for or who have substance use disorders. I explored social work barriers commonly found in rural settings. I investigated problems in economic status, resource availability/accessibility, cultural engagement of rural communities, and social worker training and competence. I used the fundamental concepts of EST, PIE and GIM to guide exploration of the practice problem.

### Participants

I recruited five New York State licensed social workers that provided substance use services for Delaware County residents. There were a total of four private practice-based LCSW professionals and one agency-based LMSW. I used participants from multiple local counties including Delaware, Otsego and Chenango County. The social workers all provided clinical services for young people ages 18-25 who were at risk for or who have substance use disorders in Delaware County. I began data collection by searching for local licensed professional social workers who had various areas of expertise within the field of social work practice. I used the Delaware County Department of Mental Health Services to locate a roster of local social workers. I also conducted an online search for social workers. After IRB approval, I reached out to the identified participants via the internet, by email, in person, or by phone to provide more information

about the study.  For those interested, I followed up by sending the participants the

invitation template to join the study (see Appendix A), the informed consent form, and

Focus Group Questions (see Appendix C) for review before the focus group meeting. The

potential participants and I used email exchange to set an agreed upon time and meeting

place to conduct the focus group.  I used convenience sampling based on the number of

available social workers willing to participate in the study. I selected convenience

sampling due personal time constraints to complete the study and limited financial means

to conduct a broader study.  Five licensed social workers were selected to participate

based on their interest and alignment with the study criteria.  The social work participants

were from diverse backgrounds in clinical social work practice.  The participants agreed

to share their perspectives on the service barriers they encountered when engaging clients

from Delaware County, New York.

**Instrumentation**

I used a qualitative analysis instrument consisting of 10 focus group interview

questions that were formed based on the literature review conducted for the study. I

formulated open-ended questions to assist me in gathering valuable data from the

participants. According to Bradburn et al. (2004) open-ended questions were used to

generate rich dialogue and content within qualitative studies. The first four items on the

group interview questions included demographic information. For example on one item I

inquired about the number of years that the participant had worked with Delaware

County young people. I inquired on another question about what percentage of the social

worker's caseload was devoted to working with individuals who had substance use disorders.

Questions six through 10 were designed to enrich the current study with descriptive content and data regarding the participants' views and experiences on the identified topics. Lietz and Zayas (2010) indicated the importance of questions that allow participants to describe their experiences and perceptions to produce quality data. I designed the focus group interview questions in this study to explore local social worker's views on the current challenges they experience during service provision in Delaware County, New York. Specifically, I designed the questions to assess social work perception of economic factors that impact services, accessibility, and availability of substance use treatment resources, social work competence and training, culture, and the social work engagement techniques. I added a final category for barriers that did not fit into the other categories. Fellow social work doctoral candidates from Walden University along with my chairperson reviewed the questions for clarity, revisions, and feedback.

I used the study's instrument to solicit useful data from the participants. Elo et al. (2014) asserted that generating a tool for research purposes begins with the formulation of questions that produce dialogue about the subject matter such as open-ended questionnaires. According to Bradburn, Wansink, and Sudman (2004), the study's literature review should inform the development of questions and reflect critical variables, constructs, and outcomes related to the study's research question. I formulated

the open-ended questions by using information gathered from the literature review to explore the participant's perceptions of service barriers in their work with rural Delaware County young people.

## Data Analysis

I used content analysis to analyze the data in this study. According to Berg and Lune (2012), content analysis is a technique used by researchers to make inferences through the process of interpreting and coding textual content. Gatta (2015) reported content analysis is a tool to evaluate text-based material and that organizes qualitative data. I collected the study's data during the focus group and later transcribed what I collected. I used inductive analysis for broader significance. Berg and Lune stated that the use of open coding is also a component of processing qualitative data. I used open coding to assess the deep structural meaning of the content from the focus group session. According to the Community Sustainability Engagement Evaluation Toolbox [CSEE], (2014) commonly occurring themes in the data should be organized together. I noted the transcripts from the interviews to identify frequently used vocabulary, content, and concepts. I used written notes, video and audio recording to ensure a careful and accurate record of key points within the focus group. According to Groves et al. (2009), and Stringer, (2007) it is essential that data is accurately recorded for the data analysis process.

In specific order, my steps for data analysis were to review the collected data, unitize the data, categorize and code the data, identify themes, organize a category

system, and develop a reporting framework. I used a combination of data collection and analysis templates to support this process. According to CSEE, (2014) and Cotton, (2016), an analysis template should assist the researcher in organizing the participant's responses in a systemic manner. I organized and copied the participant's responses into appropriate columns that were color-coded to assist me in identifying patterns. Finally, I used a b respondent coding template to further classify the coded categories and into subcategories. I used a data collection template to sort and identify the participant's responses into themes for both qualitative questions and for the demographic questions. I use information and notes that I recorded from the focus group to generate a summary of the data.

**Validation Procedures**

Stringer (2007) stated that transferability, dependability, and confirmability lead to trustworthiness. Leitz and Zayas (2010) reported that qualitative research seeks to contribute to the overall truths within the research field (transferability), aims to achieve confirmation that the processes within the study took place (confirmability) and ensures that the research steps are outlined and have been subject to review (dependability). Within action research, Stringer (2007) stated that rigor should seek to demonstrate that the research outcomes are trustworthy or valid. Rigor also indicated proof that the research is free from the biases and influences of the researcher. Stringer asserted that credibility within action research ensured that the participants' recorded data represented the actual views of the participants. Stringer indicated that credibility in research occurs

through processes such as prolonged engagement, member checking, participant debriefing, triangulation, persistent observation, and reflexive journaling.

**Validation group.** Another way to strengthen the rigor of a study is through the use of a validation group (McNiff & Whitehead, 2010). I used a validation group composed of the researcher, the Walden University chairperson and the committee member of the research project. A primary task of the validation group was to review the transcript summary to assist me in providing clarity about my participant's feedback. The steps for the validation team took place as follows. I gathered and transcribed the focus group data. I carried out an analysis of the themes of the data. The validation group reviewed and provided feedback on the development of the themes and the overall data analysis process.

**Audit trail.** I used an audit trail that demonstrated detailed recording of information, notes, transcripts, and records of the data collected. According to Stringer (2007), an audit trail of detailed notes can help the study to achieve confirmability. I used a password-protected computer to contain processes, notes, journals, and data collection to ensure privacy. I produced dependability by keeping detailed recordings as evidence that the operations in the study took place.

**Member checking.** According to Anderson (2011), member checking ensures that the expressed data accurately described the participant's views. Member checking occurred in the study by having the participants review the transcript summary for

accuracy. The study participants were encouraged to review the transcript summary and make changes that helped to clarify the intended meaning of their statements.

**Prolonged engagement.**  Prolonged engagement in the current study took place during the 2 ½ hour focus group exchange with group members.  Participants had ample opportunity to express their views within the focus group.  Prolonged engagement also occurred through subsequent follow up with the participants to discuss their opinions through email or phone conference calls.

**Member debriefing.**  Member debriefing occurred before the focus group to ensure that participants were aware of any emotional responses may arise and distort the account of their experiences. I gave the participants information for support resources should emotional issue arise as a result of the study.

**Triangulation.**  I used social workers from various areas of expertise to create multiple perspectives among the social work practitioners. Stringer (2007) discussed that is important to ensure that diversity in perspective is available and that the problem is examined through more than one view point. The participants' diverse social work backgrounds ensured that the problem was viewed through diverse perspectives. I sought permission to follow up with participants through email, by phone or in person to further clarify information as needed.

**Persistent observation.**  According to Stringer (2007), persistent observation ensured that the researcher had a clear understanding of the participant's views by way of engagement over a period of time.  Within the study, I used persistent observation by

reviewing detailed records of both verbal and nonverbal interactions between the participants during the focus group session. I also collected additional data through exchanges by phone and email after the meeting.

**Reflexive journaling.** According to Jootun, McGhee, and Marland (2009), reflexivity is critical within qualitative inquiry because it improves reliability. Reliability establishes the role of the researcher and documents the integrity of the research process. Jootun et al. discussed that the researcher must be aware of his or her role in the process as the research could become subject to bias. Reflexive journaling was valuable to the study because it provided a way to express my reactions to the research process and to ensure both confirmability and dependability in the study. Jootun et al. went on to report that reflexive journaling counters the effects of bias by establishing an account of events and processes along with helping the researcher to be self-aware. In the current study, I used reflexive journaling to document both the research procedures for objectivity, depth, and freedom from bias. According to Scherr and Mattson (2012), self-reflection and or self-awareness are needed within research to ensure that the researcher is accurately expressing the needs and the views of the participants. Within the current action research project, I engaged in reflexive journaling throughout the research process using written notes and data stored on a password-protected laptop computer.

**Transferability.** According to Groves et al. (2009), a non-probability sampling method, such as convenience sampling, cannot achieve transferability in its final results. Therefore, the results of the current study will not be valid beyond the Delaware County

social workers who participated in the project. In contrast, DeVellis (2012) reported that probability or randomized sampling methods can be replicated and thus be generalizable. While the current study cannot achieve transferability, it may, however, contribute valuable insight into local conditions existing in Delaware County from the perspective of the participants involved, and also inform future studies about social work engagement with rural youth who are at risk for or who have substance use disorders.

## Ethical Procedures

I obtained approval from the Walden University Internal Review Board (IRB), (approval number 06-21-17-0517891) on June 21, 2017. According to Walden University Center for Research Support (n.d.), no part of the research process involving participants may take place before IRB approval. I did not engage in research activities with the participants before obtaining IRB approval. The participants had full disclosure about the project before any commitment to participate took place. The participants gave verbal and written consent during the group meeting. I remained committed to ethical research practices throughout the process. I also ensured that I reviewed informed consent and disclosed participant's rights and any risk of harm of the study during the group meeting.

I placed a brief conference call before the focus group meeting for the purpose of reviewing the study with interested participants and to answer questions. Upon expressed interest in the study, I sent the interested participants the focus group questions and the consent forms by email for review before the meeting. In subsequent emails, I reviewed

details of the meeting time and place, along with ideas about refreshments for the focus group meeting.

Within the current study, all of data collected was kept private, and the participant's identities remained confidential. The Institutional Review Board for Walden University (n.d.) stated that researchers must protect the privacy of shared information. The IRB of Walden University also indicated a five-year period for maintaining data from the study. The current project ensured the confidentiality of social workers who participated in the study.

Walden University Research Ethics and Compliance (n.d.) recommended privacy precautions with research data by protecting all computers with passwords, securing computer servers with locks and backing up all data in a separate location from the computer. I kept data on a password-protected laptop computer. I also kept hard copies of notes, recordings transcripts from the research were also secured and stored in a locked file cabinet to ensure privacy. I employed all listed techniques to protect data and complied with all federal and institutional regulation for the protection of research participants.

According to the U.S. Department of Health and Human Services, the Office for Human Research Protections (OHRP) (2017) regulation 45 CFR 46.115(b) indicated a five-year time frame where all interventions, interactions, data collection, and analysis remain appropriately stored and secure. Ethical standards stated that data remain confidential and de-identified if used in the future (OHRP, 2017).

The findings of the present study will be placed into a final report and be made available to Delaware County, New York community stakeholders. The report will be valuable to local social workers in surrounding counties as a way to both empower advocacy efforts and spread awareness about the current plight of social work service providers. The findings will be presented for the Tri-Town Substance Coalition as an educational presentation at a future date.

Delaware County stakeholders included agencies leaders such as the Alcohol and Drug Abuse Council of Delaware County in Delhi NY, Alcohol and Drug Abuse Services of Delaware County, Delaware County Department of Social Services and the Department of Mental Health, Communities that Care Coalition of Cortland NY, Cornell University Cooperative Extension of Delaware County Rural Healthcare Alliance and the Central Region Prevention Network of Syracuse NY.  Further stakeholders include the Substance Abuse Subcommittee in Hamden NY, Delaware County Probation Office, The Tri-Town Coalition on Substance Use Prevention (COSAP), the Sidney New York Rotary, COSAP is based in Delaware County but also works in conjunction with neighboring counties such as Otsego, Chenango, and Broome.  It is common to share support resources among the local rural counties in the Southern Tier region. Counties often work collaboratively to accomplish goals and therefore sharing outcomes of the study will serve to benefit all local communities. The current study's final report will be shared with other bodies influencing social work practice such as local and state

representatives, the National Association of Social Workers New York State Chapter among others to further implement needed change.

**Summary**

In summary, I used a focus group as the method of collecting data regarding the perceived challenges of service provision for Delaware County young people. After IRB approval, I used convenience sampling to select licensed clinical social workers that come from a variety of disciplines within professional social work.  I honored ethical considerations in research and appropriate data protection for my participants.  I began data collection during the focus group and processed the data using content analysis. Upon completion of the content analysis process, I generated a summary of findings for the participants to review. I also employed validation procedures and ethical research practices within the current process. A final completed report will be made available to stakeholders throughout Delaware County. The next section, Project Section 3, outlined a presentation of the findings of this study.

Section 3: Presentation of the Findings

The purpose of this study was to explore the challenges social workers face in providing substance use services for young adults in rural Delaware County, New York. The implications of the current study were to help social workers to engage more efficiently with young adults and potentially increase social work services that may reduce substance use rates in the community.  In the present study, I worked to identify the problems encountered by social workers when providing substance use services for young adults in Delaware County.  The practice focused research question was the following: What do social workers perceive as the challenges in engaging young adults ages 18-25 who reside in Delaware County, New York for substance use services? Section 3 included data analysis techniques, study findings arranged by theme and subthemes, and a summary of both expected and unexpected outcomes and the resulting impact on social work practice.

**Data Analysis Techniques**

The data collection timeframe occurred on July 28, 2017, in a private office setting in Unadilla, New York.  A single focus group was conducted and lasted approximately 2.5 hours with five master's level social workers, four LCSW's and one LMSW.  Four of the social workers reported working in private practice settings and one social worker reported work in an agency. Each participant confirmed either current or previous experience with providing young adults in Delaware County with substance use

services. Subsequent data collection and contact with participants after the focus group occurred through email and by phone exchange.

Recruitment for this project began in June 2017 after I received Walden IRB approval to conduct the study. I did an online search for licensed social workers from Delaware, Otsego, and Chenango counties to participate in the study. I included social workers from counties surrounding Delaware County due to a lack of interest or other participation conflicts reported by local Delaware County social workers. Due to the frequent occurrence of shared resources among local counties, the social workers selected expressed that they also worked with Delaware County residents. The social workers received an invitation to join the study. Five social workers responded with interest. I then contacted the interested social workers by email or by a phone call to ensure that they met eligibility criteria outlined in the study to participate.

A copy of the consent form and focus group questions (see Appendix C) were sent by email to each participant, to allow for review of the focus group questions before the group. Along with the informed consent and the focus group questions (see Appendix C), the email included a request for available times to meet for the focus group. Each participant responded with a time and day best suited to their schedule. Time, day, and location were confirmed with the participants by email.

The data analysis procedures that I used in this study consisted of content analysis and open coding to organize the data into themes. According to Bengtsson (2016) themes make it possible to gather deep structural meaning that can allow the researcher to

effectively interpret the content. I utilized focus both video and audio recording during the focus group and took group recesses to ensure the proper function of the recording equipment. I later transcribed the data verbatim for analysis and code processing. I organized the transcribed data into primary categories.

I used content analysis to review the data for similarity in content, repetition, and frequency of occurrence, which lead to the formation of themes. Themes were formed by grouping together comments of similar nature and content. More frequently occurring similar comments formed major themes while fewer occurring, supporting, or related comments formed subthemes. I grouped key themes in their respective categories, while the remaining subthemes were then grouped under the primary themes of the same category. The data of the study were further organized into a column where primary themes were color-coded. I utilized side margin coding of the participants comments to exemplify specific subthemes. I formed the themes, subthemes, and supporting participant comments into a written narrative summary of the findings. The summary was reviewed by the participants, the Walden University validation group that included the chairperson and committee member.

**Validation Procedures**

The validation procedures I used in the current action research study included the use of a validation group, audit trail, member checking, prolonged engagement, participant debriefing, triangulation, persistent observation and reflexive journaling. Stringer (2007) reported that the use of validation procedures in a research study

demonstrated that the outcomes are trustworthy or credible. I used validation procedures throughout the data collection and analysis phases of the study.

**Validation group and audit trail.** In the current study, I used a validation group to prove thoroughness or rigor throughout the research and data analysis processes. McNiff and Whitehead (2010) reported that a validation group can strengthen rigor in qualitative research. The validation group included two Walden University supervising faculty including my chairperson and committee member. Within the data analysis process, the supervising chairperson first reviewed my transcript summary and then provided valuable feedback about the data analysis process such as methods to help generate study's themes. I applied input from my chairperson and then sent the summarized manuscript to the study's committee member. The study's committee member also reviewed the document and provided feedback along with additional insights.

I also used an audit trail through the collection process that included video and audio recorded data, notes, transcripts, email exchanges, and dates of phone calls with the participants. According to Stringer (2007), an audit trail of detailed notes helped to achieve confirmability of what took place during the data gathering process. To observe the ethical procedures of research, I used a password-protected computer to contain the collected data and to secure participant privacy. I also used an audit trail to further accomplish dependability in research by ensuring the research study events and processes had taken place.

**Member checking.**  According to Anderson (2011), member checking can uncover inconsistencies and assumptions to further clarify the data. In the current study, I used member checking when the participants were asked to review their data to ensure accuracy.  The participants and I used email exchanges to clarify their comments and statements from the original transcription. For instance, one participant found that the language she used in the focus group distracted from the meaning she intended to convey. The participant subsequently requested that I make revisions to her original statement that clarified her intended meaning. Member checking in this instance gave the participant the opportunity to challenge information that she did not feel represented her.  Member checking provided greater credibility of the study. I offered each member the opportunity to review and clarify their statements.  According to Stringer (2007) credibility ensures that the research data is believable and that it authentically reflects the participant's intended views.

**Prolonged engagement.**  The 2.5 hour focus group represented prolonged engagement in the study. The time I spent with the participants in discussion that elicited valuable exchange and dialogue about their views of the research study.  The prolonged engagement was also achieved through follow up emails and phone exchanges with the participants.  I provided the participants with updates on the data analysis process and invited the participants to contact me with any questions or comments at any time during the process.

**Member debriefing.** In the study, member debriefing occurred before the focus group and at the conclusion of the session. Stringer (2007) stated that member debriefing is when participants are made aware of the possible impact that the research study may have on their feelings or emotions that may distract from the accuracy of their shared views. Member debriefing first occurred at the beginning of the focus group meeting. During this time, participants were asked to be aware of changes in their feelings or emotions as they participated in the study. I provided examples of emotional responses for the participants. Participants were encouraged to recognize any emotional reactions and to reach out for support if they encountered difficulty. I gave the participants referral information for the Mobile Crisis Assessment Team (MCAT), a local mental health hotline that supports individuals experiencing emotional crisis. I reminded group members at the end of the focus group that I was also available should they later realize that an emotional response could have distorted their expressed views.

**Triangulation.** According to Stringer (2007) triangulation is the use of diverse sources of information about the same topic or problem to more comprehensively understand the problem. Within the study, the participants themselves represented various disciplines and fields of expertise that served to elicit diverse perspectives. Each participant addressed the research question from their perspective and background. For instance, one participant discussed her views as a credentialed alcohol and substance use counselor (CASAC), while another participant offered her views according to her background in school social work. While there was no significant contradictory evidence

or deviation among participants, there were multiple sources of evidence through a differing lens that in fact identified similar problems. Viewing the challenges through the filter of differing social work disciplines led to rich dialogue in the study and underscored validity.

**Persistent observation.** Stringer (2007) defined persistent observation as clarity regarding the research participant's views by exposure to the participants over a period of time. Within the study, I accomplished persistent observation through verbal exchange with the participants during the focus group session and through follow up communications by phone and email after the meeting.

**Transferability.** The current study results are not transferable beyond the individuals who took place in the study however valuable insights can be possibly used to build on future studies and contribute valuable insight into the barriers found by social workers in rural Delaware County, New York.

**Reflexive journaling.** Reflexive journaling is used to assure transferability and confirmability of the research process (Stringer, 2007). Confirmability refered to the evidence that the procedures actually took place. Jootun et al. (2009) reported that reflexivity is a way to document the research process and generate self-awareness for the researcher against possible biases. For instance, reflexive journaling was of great assistance to me during the data analysis phase of the study. It was during this time that theme 5 of my research, which indicated social worker practice limitations, caught my attention. Specifically, the practice limitations included the participant's views about

New York State's "R" designation. The "R" designation is required by an LCSW who intends to become providers for or be reimbursed by insurance companies for their services.

During the focus group, the participants discussed pay, insurance, and the dilemmas faced by social workers who do not have the "R" designation. After analyzing the data, the number of comments from the participants about their economic challenges surprised me. I found myself as a non-"R" designated LCSW in New York State struggling to remain nonbiased in a situation that impacted me on a personal level as well. As I reviewed the results, I knew firsthand how difficult operating a private practice as an LCSW can be without being able to accept insurance from my clients. Insurance is critical to social workers being compensated fairly for their services, now more than ever especially in the age of costly insurance premiums. Unfortunately clients are often unable to pay for services out of pocket.

Upon realizing the direction of the findings, I immediately became concerned. During one reflexive journaling entry, I noted that I was now afraid that my research would look self-motivated. I felt responsible for the outcome of the study. I realized, however, that this finding was in no way a personal reflection on me. Journaling helped me realize that I cannot take responsibility for a situation that originated in the 1980's when the "R" was advocated for by social work professionals to gain the right to be recognized as billable service providers. During that time, the "R" served as a significant accomplishment and first step toward the recognition of professional social work

practice.  Since the 1980's however, health care has changed, and many question this designation as an outdated barrier in New York State that dangerously removes the vast majority of social workers as a resource from those in need of substance use and mental health services.

Reflexive journaling also helped me process my next steps.  I initially thought that I should emphasize other points of the study. However, it occurred to me that denying my participants their voice, or minimizing this finding whether it impacted me personally or not, would, in fact, be unethical. I came to the decision to present my findings out of my commitment to the participants.  I would confront all forms of my own bias to remain truthful to the process regardless of the outcome or how I felt about it.  During supervision calls, I gained self-awareness into this and other issues by frequently sharing elements from my reflexive journal with my Walden University chairperson.

**Transferability.** The outcomes of the current study are unable to be generalized due the use of convenience sampling. Convenience sampling is a non-probability method of sampling that prevents the findings from applying to participants other than the individuals in a study (DeVellis, 2012). While the research cannot achieve transferability nor can the findings be applicable to every rural community, the outcomes may be used to identify challenges and solutions in Delaware County or surrounding communities. The current study may also lay the foundation for additional and ongoing research studies.

**Problems encountered during data collection.**  Problems that occurred during

the data process collection were minimal. When discussing the focus group questions,

several participants had questions about whether the study indicated adolescents because

the term "youth" was present in the content of the focus group questions. I clarified that

the study was about young adults ages 18-25, and later adjusted the language to indicate

"young adults" instead of youth in the focus group questions for clarity.  Several

participants also appeared confused about item 3 of the focus group questions that

referred to the percentage of Delaware County residents in which they provided services.

After clarification about the meaning of this question, the participants had no other

concerns.  The focus group was scheduled to begin at 5:30 PM but started shortly after 6

PM.  The focus group lasted an hour longer than expected. All participants remained

present for the duration of the group meeting, but soon after discussing question 10, one

of the participants indicated that she needed to leave and could be further contacted via

email and by phone for further information.  All participants engaged in full discussion of

each question and maintained subsequent contact with me by phone call or email after the

focus group.

### Demographics of the Participants

The pseudonyms used by the social workers were: Aubrey, Rose, Lydia, Claudia,

and Bonita.  The participants were all white females who were between the ages of 30

and late-50s.  All of the social work participants reported being native to or having long-

standing residency in the southern tier region of New York State.  The participants also

reported years of experience working in both Delaware County and the neighboring

areas. The participants consisted of four LCSW professionals, and one LMSW.  The

participant's practice settings were in Delaware, Otsego, and Chenango counties.  The

social workers reported a history of working with Delaware County residents from an

average of one year up to 20 years of service.  Areas of experience or expertise among

the participants were quite diverse and included school social work, private practice,

mental health agency work, substance use treatment, public administration, family court,

drug court, sexual assault, and domestic violence.  The social workers reported on

average between five and fifteen percent of their caseload as work with those from

Delaware County. The capacity that the participants worked with Delaware County

residents included primarily through individual, group and family therapy.

     "Aubrey" is a female LCSW-R who worked in private practice.  Aubrey reported

that she worked over six years with residents from Delaware County, New York.

Aubrey's area of expertise and experience was school-based social work and private

practice. At the time of this study, Aubrey reported that she did not have any current

clients between 18-25 at risk for or having substance use disorders. The capacity that

Aubrey served those with substance use disorders was by providing individual, family

and group therapy.

     "Lydia" is a female and LMSW who worked in an agency setting.  Lydia had

worked with Delaware County residents for under three years. Lydia area of expertise

and or experience was in public administration and agency social work.  Lydia described

that she worked with 10-15% of 18-25-year-olds with 100% of that group having substance use issues. Lydia served those with substance use disorders by providing individual therapy, case management, and family therapy.

"Rose" is a LCSW who worked in private practice. Rose worked with Delaware County residents since 2013. Rose's area of expertise and experience was in domestic violence, sexual assault, drug court and family court. Rose reported that at the time of the focus group that she worked with less than five percent of 18-25-year-olds in Delaware County. Rose served those with substance use disorders by providing individual therapy, group therapy and through drug court.

"Bonita" is a female LCSW who worked in private practice. Bonita worked with Delaware County residents since 1990. Bonita's area of expertise was private practice social work. Bonita described that she currently worked with up to five percent of Delaware County residents who were ages 18-25 and who have or at risk for substance use disorders. Within her practice, Bonita reported that she provided individual and family therapy.

"Claudia" is a LCSW who worked in private practice. Claudia reported that she was a Credentialed Alcoholism, and Substance Abuse Counselor (CASAC) Claudia reported that she has worked with Delaware County residents since 2003. Claudia's area of expertise and experience had been in addictions. Claudia indicated that she has worked with up to 10% of 18-25-year-olds who are at risk for or who have substance use

disorders, but at the time of the study did not have any clients that fit this description. Claudia reported that she conducted individual, group, family, and couples therapy.

In conclusion, this portion of section 3 discussed the introduction, recruitment procedures, reviewed data analysis, and member checking procedures. The chapter also included limitations of the study and a demographic summary of the participants. The next portion of section 3 reviewed the study's findings and research question accompanied by a table of the study's themes and subthemes.

## Findings Answer the Research Question

Within Delaware County, substance use rates, in particular the use of opioids, was a concern for the community. After careful review of the data, a total of 7 primary themes and 24 subthemes emerged from the data that reflected several challenges among social workers assisting Delaware County residents. The primary themes included client treatment resistance, cultural barriers, economic factors, social worker practice limitations, gaps in local resources, and engagement techniques used by social workers in providing services. The study's research question was: what do social workers perceive as the challenges in engaging young adult's ages 18-25 who reside in Delaware County, New York for substance use services? An outline of the study themes and subthemes is found below:

Table 1

*Study Results Primary Themes and Subthemes*

| Primary Themes | Theme 1 Client Resistance | Theme 2 Culture | Theme 3 Economic Factors | Theme 4 Competence | Theme 5 Practice Limitations | Theme 6 Resource Gaps | Theme 7 Engagement |
|---|---|---|---|---|---|---|---|
| Subthemes | Fear of Consequences | Tolerance | Payment for Service | Severe Disorders | New York State Medicaid and Medicare | Service Gaps | Building Motivation |
| | Agency Involvement | Embarrassment | Mandated Work Schedules | Education | Insurance laws and limitations | Rehabilitation and Recovery | Client Centered Approach |
| | Treatment Motivation and Priority | Social Worker Perception | Transportation Issues | Training | Credentialed Alcohol and Substance Use Counselor | Service Collaboration Experiences | Social Workers as a Resource |
| | Unprofessional Practice | | | Accessing Training | Economic Impact | | |

## Primary Theme 1: Client Resistance

A primary finding or theme that answered the study's research question was that many young adults in Delaware County, New York do not obtain available substance use services. Social work participants in the study discussed several ways in which young people evaded and or failed to obtain substance use services provided through social workers.

**Avoidance of the community drug and alcohol clinic.** Young adults were very prone to avoiding referrals to the Delaware County Alcohol and Drug Abuse Services in Hamden, New York for the treatment. According to Aubrey, "The minute you mention drug and alcohol counseling they are out of the door and I don't see them again, you know?" Lydia revealed a similar scenario about the referral process, "I will refer them to the drug and alcohol clinic, but then other complicating factors tend to scare them off." Aubrey went on to describe that individuals often become dishonest when facing a

referral to the county clinic for substance use services. The social worker commented about a man who contacted her by phone for services related to his stated heroin addiction, but upon meeting him in person, he changed his story and claimed that he had only experimented with drugs once. Aubrey contended, "At that point, I knew he wasn't honest with me after I referred him to Delaware County Drug and Alcohol."

**Fear of consequences.** Another finding was that misinformation and fear of the consequences associated with attending alcohol and substance treatment for clients. As Lydia explained, "There is the perception that we are gonna get people into trouble or take away their kids or you know? Call probation, you know sometimes that has to happen but I think there is an overarching kind of perception." With regards to consequences, Aubrey reasoned the following:

> They are not going to run to their parents and say hey mom and dad I have been
>
> abusing drugs I wanna see a counselor- you know that's not what they are going
>
> to do because of the consequences or the ramifications and implications involved.

According to the participating social workers, client fear and misinformation led to issues with denial and refusal of needed treatment services.

**Agency interference.** Social work participants identified that clients were often resistant to agency substance use treatment services due to agency rules that interfere with the social worker and client relationship. The study participants discussed that the agency rules often placed them at odds for developing a therapeutic alliance with their clients. Lydia who worked in an agency described how her practice principles conflicted

with the agency expectations after a client tested positive for substances.  The social worker admitted:

> I think there needs to be some limits but the limits that were imposed by my former agency used to scare people away.  I like to hold my clients accountable but in a slightly different way not saying that I am ok with them going out to use illegal  drugs, but I don't want to be the policeman for the medications.  It puts me in a conflicted place. I now have to deliver the news you can't have your anxiety meds because you smoked pot! Only to have the client respond, if I cannot have meds from you people, then I am not staying for services. I was not always on the same page as my agency.

The study participants outlined the challenge of finding the fine line between honoring agency rules and establishing a supportive relationship with the client during the course of providing substance use services.

**Treatment motivation and priority.**  A lack of self-motivation was another factor for why clients did not pursue treatment. As Rose put it, "Substance users and those addicted don't always come to us voluntarily, they come to us through some mandate, the parents, the school or the court or whoever."  The social work participants clarified that mandated services only occur after substance use has begun to interfere with client's daily life.  The participants identified popular referral sources that mandate clients into care are often schools or through work related settings such as an employee assistance program (EAP).  According to Bonita:

A lot of times the EAP is the only reason the person is seeking substance abuse treatment. For example, in certain employment situations, such as railroad workers and truck drivers, there is random drug testing. When an employee tests positive for alcohol or other substances they are mandated for EAP assessment and treatment.

The study participants agreed that young adults in Delaware County do not always take substance use problems seriously and fail to prioritize treatment. For instance Bonita outlined:

One person said to me that they did not have enough money for gas to get to their appointment because they had to purchase cigarettes. Clearly for that individual, maintaining their cigarette habit was a larger priority than attending their scheduled therapy session.

The social worker continued:

I am not very gracious about numerous missed appointments. I do charge a nominal $30 cancellation fee if the appointment is cancelled less than 24 hours to encourage patients to plan ahead. However, when someone misses 3 or more sessions in a 2 or 3 month period it is clear that they are unwilling or unable to commit to the therapy process.

The study participants agreed that clients might be more motivated if they had the facts about how substance use problems can significantly impact their lives. Aubrey stated, "You can't help someone obviously unless they think they have a problem." Lydia

echoed the same sentiment saying, "I think the people in the younger age group don't stick around as long, you know? They are less likely to come in, and they don't stick well." The study participants agreed that those who are motivated to pursue services would be more likely to follow through with the treatment process.

**Unprofessional or unethical social work practice.** Social workers in the study agreed that resistance and fear of treatment services could be related to client's previous experiences with unethical or unqualified practitioners who misrepresent the profession. Bonita explained her views, "The professional image of social work can be damaged when other social workers in our community engage in treatment of patients that is not clinically supported and in adherence with the ethical guidelines of our profession." It was noted among by the participants that there had been individuals in the community who claimed to be social workers but lack the proper credentials to practice. As Rose put it, "People are portraying themselves as social workers that are not social workers nor are they qualified to be doing psychotherapy, these individuals are just hanging a shingle." Social workers in the study agreed that unethical and unqualified social workers could damage the image the profession and damage the relationship of trust between substance use treatment professionals and the clients who need services.

**Primary Theme 2: Culture**

The participants identified the culture of Delaware County as a primary theme among participants that created challenges to client service provision. According to the

participants, many environmental cues in Delaware County appear to suggest that

substance use behaviors are the norm. Aubrey referred to this perception stating:

> When you come from a culture where drinking is widely accepted or drug abuse
>
> is widely accepted why would you think you have a problem? Why do you need
>
> to change? It's a huge challenge to get people away from what is considered
>
> normal and motivate them to make better decisions.

**Substance use tolerance and norms.** Aubrey discussed her impressions of substance

use norms:

> When I first came to the area one of the biggest observations I made was that
>
> there was a bar here, there is an office, then there is a bar, over here is a diner, and
>
> then there is a bar. A railroad, a gas station and another bar.

The social worker continued:

> If we want to talk about culture then we need to look at what Delaware County
>
> does with its spare time! We use substances. When young people grow up in an
>
> environment where we tolerate the drug use, what messages are we sending?

The participants went on to discuss the challenging norms and the need for healthy

alternate activities within the community. Claudia cited how a lack of coping tools for

young people can lead to substance use. "Young adults need other coping skills or

activities that they can use to manage their stress that don't involve substances." Aubrey

added, "In terms of the recreation, what are the options? It goes back to a lack of

opportunity. What do we have for them? There aren't a lot of opportunities for young people."

Several social workers cited substance use norms that manifest within families and among relationships between community members. Aubrey reported on the strengths of the local culture:

Local community members tend to be down to earth and they take care of their own, every time you have a fund raiser you would be amazed and the number of people who show up to support you. Even if they don't have money they will take their last dollar and put it in the collection box to support a friend or family member, it's amazing.

Lydia immediately interjected:

They do same thing with their drugs! I had a guy who leant his last Suboxone pill out to his buddy who needed it, the guy then relapsed on heroin because he did not have his Suboxone. He later got it back together and is ok now but it's like comradery in all the wrong places you know?

The group participants also indicated the high percentage of respected professionals including educators in Delaware County who covertly struggle with substance use. Aubrey went on to say," I have never seen anything like it in my life, drug use is almost like part of the culture."

**Embarrassment.** The social stigma associated with substance use in Delaware County appeared to be another challenging facet of local culture that complicates service

provision for social workers.  According to the study's participants, substance use

problems in Delaware County were often met with shame, embarrassment and attempts

to "cover up" drug abuse problems of family members.  Bonita recalls:

> I had an experience with a single mom whose child is a young adult with
>
> substance use  problems.  The mom was worried and upset but did not really want
>
> to set limits with her adult child or call the police when he made poor choices.
>
> She was fearful that there would be a story in the local newspaper. The
>
> mother chose to not report the situation to the authorities. Her adult child had
>
> stolen a large sum of money from her. This young adult had a very serious drug
>
> addiction and his mother was very concerned about his welfare but on many
>
> levels her lack of action enabled her son to maintain his drug addiction.

Claudia shared her experiences on similar situations:

> I have also seen some middle and upper class people where their parents have
>
> used their financial means to get the adolescent out of substance use related
>
> trouble.  So now as a young adult the individual is still using and has not really
>
> had any consequences for his behavior- you know what I mean?

**Social Worker Perception.** The social workers also discussed that mistrust of

professionals at times may not be due to any faults of the practitioners. Lydia shared the

impact of how social workers can quickly become labeled stating:

> Professionals can get negative reputations in the community because one client
>
> had a bad experience or maybe a social worker pushed somebody who was not

ready for recovery and they felt like they were being forced.  I think word of

mouth travels fast whether it is real or not.

Another challenge for social workers who provided services for those in Delaware

County among the participants was the misunderstanding that clients have of social work

professional roles. Rose summarized, "We are all clumped into the same *you people*

category by our clients. Whether you are in private practice or working for the county we

are all *you people*.  Claudia described the sometimes indiscriminate view that clients have

of all professionals:

> Young people are mistrustful of the system and have no misunderstanding of what
>
> different titles mean so social worker becomes synonymous with caseworker,
>
> which can have negative connotation for the people in the community.  They
>
> don't necessarily know about the differences between positions and so sometimes
>
> they will mistakenly say, I feel like I already met with one of you people! You
>
> know? (Laughs) So you got to kind teach people about the differing roles.

**Primary Theme 3: Economic Factors**

Another primary theme of the study was that clients often faced problems with

their finances that impacted their ability to obtain substance use services.  Other

economic factors that will elaborated on in this section included client's mandated

overtime at work, the cost of childcare and transportation challenges to service

appointments.  The challenges identified about transportation were mainly attributed to a

lack of awareness about existing transportation options.

**Payment for services.** Aubrey expounded on her knowledge about the rural economic conditions of Delaware County. The social worker emphasized the local infrastructure that is often based on the working class, factory-based jobs of the community. Aubrey stated that clients do not always have money available for services and or treatment, "A lot of the people in this community work in factory type jobs and one thing I notice is that we have a lot of EAP referrals in which employers initially pay for the services."

Aubrey continued:

> The EAP will authorize maybe 3 sometimes 5 sessions and these individuals'
> deductibles are so high, I mean I have individuals that have deductibles as high as
> $6,000- $8,000. So after the EAP payment limits are reached they are not going
> to follow through with appointments after that. It's the same for when their
> copayments are up around $50 to $60 dollars per session again they are not going
> to follow through with services.

Elaborating on the important role of EAP, Bonita joined stating, "Yeah a lot of my referrals are through EAP, and only a tiny percentage comes through insurance." Regarding the option of private pay for services Bonita added, "Most of the Delaware County young adults that I have encountered do not have the financial means to pay out of pocket for clinical services of any kind. Additionally, private pay options are quite limited."

At the start of the focus group discussion, several participants referred to further impediments to service provision that can prevent asocial worker from accepting insurance payment from their clients. These barriers were related to New York State insurance laws, called the "R" designation. The focus group participants expressed that this designation can inhibit social workers from being able to accept insurance based payments from their clients. The participants contended that this stipulation leaves many qualified LCSW's s unable to work with a vast majority of low-income clients must rely on insurance as a form of payment. Four of the five study participants reported that they did not have the "R" designation and are only able to accept cash payments.

**Mandated work schedules.** Mandated work and scheduling conflicts also prevented clients from accessing the services of social workers. Bonita reflected on a recent experience:

A young adult patient from Delaware County recently reported to me that he had worked 80 hours in his supposed 40 hour work week, so that is a lot of overtime! I think that is another issue, many young adults in Delaware County do not have professional positions. Often young adults that do shift work in factories or restaurants or healthcare facilities are mandated to work overtime. This results in missed appointments because understandably they are financially dependent on their paychecks and need to maintain their employment.

Rose added how people are often forced to choose between work and addressing their own mental health needs, the social worker continued:

They are mandated and can't say no to the overtime at work, and they are not

allowed to leave if they don't have somebody there to take their place. We are

also talking about the economic factors and a lot of times they need the overtime,

they need the money.

Lydia affirmed their experience regarding clients who are forced to work overtime, "It's

true, you don't get to say no I can't say, I have something else I need to do, it's just not

an option."

**Transportation issues.** Transportation also accounted for problems with clients

accessing care, as Claudia expounded, "Transportation is an issue especially for people

who don't have a license there are limited options for them." Rose spoke about under-

utilized transportation services through Medicaid:

If somebody has Medicaid there is transportation out there to medical

appointments and that includes mental health, and substance abuse appointments.

A lot of people don't know about it. So maybe just educating people, and asking

them, did you know that you can get Medicaid transportation to get to your

appointment?

Lydia felt that Delaware County's does a good job of addressing transportation services,

"Coming to Delaware County I was actually surprised at the amount of transportation

services available. I know that seems backwards but I assumed that in this rural area

services would be limited."

Claudia advocated teleservices as a possible solution for issues with transportation that eliminates travel altogether. Claudia went on to say:

> Telehealth is another option and I don't know that a lot of providers get the training that would make their practices telehealth ready. There is a whole different set of liability, there are HIPPA compliant telehealth programs that providers can use to directly help the transportation problem because you don't have to meet them in the office.

Some of the participants disagreed about the feasibility of teleservices in New York for social work practice. Rose reported, "In my experience, I know of very few social workers who use it and there are strict requirements to become ready." The group went on to discuss the current challenges to telehealth and how it is not yet fully utilized in Delaware County and surrounding areas. Lydia added, "It (teleservices) is a developing thing I think, maybe it will get easier?"

**Primary Theme 4: Competence**

Another theme of the study was related to social work professional competence. Social workers in the study defined substance use services in their practice largely as psychotherapy services to address co-occurring mental health, emotional, behavioral, social or environmental conditions that underlie addiction behaviors. Other reported services performed by social workers included screening/ assessment for substance use disorders and referrals to certified alcohol substance use counselors (CASAC) if an identified substance use disorder were present.

Many of the study participants expressed confidence when providing services within the scope of their knowledge. The participants also distinguished that a referral can quickly become necessary should a client be found to have an identified substance use disorder or if further evaluation is needed. For instance, Aubrey outlined her screening process in determining when she refers the client to substance use counseling:

I am going to have people that come in and they use substances but do not have a true substance abuse issue. To screen my clients, I use the simple CAGE assessment, and if I see they answer yes, then what I do is I refer them out to the county drug and alcohol agency. If they do have a true substance abuse issue we need to address this first before we address anything else. Some of them will go see county substance abuse services and will come to me for the other stuff.

According to National Institute on Alcohol Abuse and Alcoholism (2017) the CAGE, AUDIT, and T-ACE were easy to use screening tools that can assist a practitioner in identifying substance use disorders. Rose indicated adherence to the referral process if needed saying, "If clients were specifically looking for a drug and alcohol assessment I would refer them out immediately."

Bonita further clarified the boundary between social work services and providing "treatment" for a substance use disorder stating, "I have participated in numerous continuing education training seminars. I feel well prepared to provide alcohol and substance use/abuse assessment, education and treatment for most substances that can be treated in the outpatient individual therapy setting." Lydia indicated, "I can identify

some of the underlying factors that are contributing to drug addiction, and that is what I kind of focus on, you know what are some of the reasons that you are doing this?"  The social workers indicated a basic level of competence for substance use assessment but reported a greater emphasis on addressing the co-occurring disorders, social and environmental factors that accompany substance use.

　　　　**Severe substance use or co-occurring mental health issues.**  The participants indicated that private practice social workers often felt less confident when addressing more severe substance use disorders or even mental health disorders.  Every social work participant in the current study reported that they were not prepared as private practice social workers to take on the current opioid/ heroin addiction in Delaware County. Referring to Delaware County's ongoing problem, Rose stated: "Then there is the heroin epidemic, and it's a whole other world." Aubrey recalled her perspective on a recent experience:

　　　　When somebody comes in like a young man I recently met who tells me he has a

　　　　heroin  addiction and then the next thing the story is completely changed, I don't

　　　　trust it.  I don't have enough training, I am not going to kid myself.  I know there

　　　　are better counselors out there.

Bonita echoed a similar view about her caution in addressing individuals with opioid addictions:

　　　　I am not comfortable working with an individual that has a major opioid

　　　　addiction. This type of addiction is often a life and death matter where people die

all of the time. Those individuals need the support of a team of professionals that

is readily accessible.

Other participants followed up with comments supporting the idea that heavier drug use

problems should be met with a more organized supportive structure and led by those

specifically trained to address opioid-related disorders.  Rose reported:

I think when it comes to the opioids population, we are not just providing

counseling, they need more than just coming in to speak with a mental health

provider for an hour a week, they need doctors.  I think there is probably a kind of

an entire wraparound of services that goes along with someone that's actively in

recovery. That's what they need. They are not going to get clean and sober

addicted to heroin by coming in and speaking with a therapist, me you or

anybody.

The study participants indicated that there are often many complicating factors locally

that accompany a multisystemic or "wraparound service approach" between area

community professionals and social workers.  Complications with collaboration will be

elaborated on in theme six.

**Social work education.**  The study identified that training and education could

improve social work competence in the provision of substance use services. Participants

recalled their experiences while in social work undergraduate programs and even at the

graduate level for substance use education. Lydia described her experience as recent

graduate:

I think it needs to start in school because I don't think there is an area in daily

practice where you are not going to need to be aware about how to deal with

substance use. I finished a generalist social work program where we touched a

little bit on a bunch of different things except for substance abuse.

Lydia went on to describe her fear related to a lack of preparation:

I knew this was an issue as soon as I started, I felt like oh my God I am faced with

all of these people and what if they die because I don't know what I am doing?

You know what if I don't do the right thing?

Aubrey described a similar experience, "If I go back to my master's program, I took all of

the courses they had to offer but I still don't feel sufficiently trained." Within the study,

social workers drew attention to the lack of practicality in social work education

curriculum needed to prepare social workers for the overwhelming prevalence of

substance abuse that they will encounter in their daily practice. Claudia made the case:

I would just add that there is nothing about addictions in basic social work

education and there totally should be, however it's not there for physicians and all

the other professions either. I don't believe they really have specific training. In

every setting that I have worked, whether foster care, hospice, mental health, and

substance abuse is the only topic that I've seen throughout every population you

know what I mean (laughs) and it's funny that we don't get specific training.

**Training.** In New York State, ongoing training is required for social workers who have

graduated. The training is known as professional continuing education (CE). Several

social workers in the study agreed that current substance use training opportunities were essential in maintaining social work competence in providing services. While most of the study participants agreed that training was essential, others differed about the *availability* of substance use training for social workers. Some group members expressed that they were aware of social work training opportunities in substance use, while others lacked knowledge about existing training. Lydia described that she often sought out informal approaches to build her own skill level:

> So I have not felt adequately trained and I feel like that is my weakest area and I been a little insecure about that. I feel like I have to learn a lot from my colleagues. We have an excellent psychiatric nurse practitioner and psychiatrist who I have learned a lot from. I go out of my way to sit in on different opportunities to kind of pick up what I can but I feel like there is a foundation there that I don't have.

Several of the participants expressed that their level of competence to assess, possibly refer, or collaborate treatment efforts could all be improved by more training. Lydia described her experience:

> I went to trainings where I was so excited. I did cognitive behavioral therapy and everything else I thought was kind of interesting but if I had the extra money to attend trainings, I never really went to a substance use training you know? Now in the field I realize that 80% of my people are really struggling with substance abuse issues!

**Accessing trainings.** Several of the social workers in the current study discussed what appeared to be a scarcity of substance use training opportunities relevant to social work practice. The participants cited their experiences about the lack of selection and sometimes the irrelevance of existing substance use training to social work practice. Aubrey spoke further of this issue, "I would love to see some training, and since we are required to go for our continuing education credits, I have yet to see one about substance use or abuse training. I've been waiting for one." Aubrey went on to say, "I think locally in Delaware County we need more training opportunities and therapists need to be more aware of these opportunities." Other social workers in the group interjected different views citing that there were substance use training opportunities, even free of charge through OASAS, the Office of Alcohol Substance Abuse Services in New York State. Rose discussed, "As a matter of fact OASAS last year just had that huge training, and it was free, and they gave 12 CE credits." Claudia added:

> Yeah, the trainings are in Albany but they usually have trainings like in Syracuse, or Albany or Buffalo. They have free online training as well. You have to see which ones counts for the social work self-study because I don't know if all of their online trainings count for social work self-study. You can go to their website. You click training and they should list free regional training, click there and then they will have a list of what's coming.

Lydia acknowledged the possibility that she may lack awareness about the training that do exist stating:

Or maybe I have haven't been as aware as I should, if I had known about that free

training I would have been there in a heartbeat. But I have not had a lot of

opportunities since I started working to really do it.

**Primary Theme 5: Practice Limitations**

The social work participants highlighted that practice limitations as a barrier for

service provision. The study participants indicated that both financial and bureaucratic

burdens often limit the availability of social workers as a resource for providing

substance use services. Social workers in the study were frank about the various

financial and bureaucratic entities that can complicate their ability to be an active

provider in addressing community substance use problems.

Social workers also discussed billing issues related to Medicaid and to the New

York State "R" designation that must be obtained if social workers plan to bill private

insurance. In New York, social workers who attempt to bill Medicaid-based health

insurance may still face complications related to the need for the "R" designation. While

Medicaid is a billable entity for the LCSW who *does not* have the "R" designation, if a

managed care provider or insurance company is used in conjunction with the Medicaid

the insurance law will still apply (Medicaid.gov. 2017b). Other limitations included the

social worker's ability to bill for addiction related services. In New York, only those

who have the CASAC certification are qualified to bill for substance use disorders.

Aubrey described her experiences as a non-CASAC certified LCSW when she attempted

to be reimbursed for providing substance use disorder services in the past:

I have been taught through supervision that there are some diagnosis I can't bill

for, like substance use disorders.  If I bill for them the insurance companies will

not pay for it because I don't have my CASAC certification, although I do have

my "R" designation. This discourages social workers from becoming involved in

providing substance use services, we don't want to touch it because we know we

are not gonna get paid for it!

The participants agreed that whether the social worker had a CASAC certification or not,

the "R" privilege continued to determine whether or not a social worker could bill private

insurance at all.

The participants alluded to another practice limitation that social workers face

which are low pay wages and salaries especially when starting out in the profession.

Lydia recalled:

I remember my economic status kind of fresh out of school, I was still dealing

with student loans you know not at the top pay rate or anything, and I didn't have

a lot of extra money to put into paying for extra trainings or anything.

Aubrey expounded on the average expenses for social workers to operate a private

practice, "When you get in private practice you are not only paying professional liability

insurance you are paying renters insurance, for your office, the electric, the heat and all of

that."  Many of the participants identified with the financial hardship of operating a

private practice.  Bonita discussed the reality of missed appointments and no shows:

As a practitioner with a solo private practice I do expect that people keep their

appointments. If people are unwilling or not ready to commit to the

psychotherapy process, that is certainly their choice. However, a patient that

makes appointments and misses sessions with any degree of frequency is a

significant issue for private practitioners.

During the discussion, the group participants described other day to day economic

struggles encountered that are a reality of remaining in business. For instance, several

participants referred to the financial obligations of training needed to maintain a state

license, and the costs associated with funding continuing education credits. Aubrey

expounded:

And now they have added on that we need what is it- 37 continuing education

credits as well? We all know about three of them cost anywhere from two or three

hundred dollars, not to mention if we have to travel, gas and other things, it all

adds up!

Lydia identified with the same sentiment:

Delaware County is not the most affluent county in providing resources for social

workers so as far as any trainings we attend for CEU's we have to fund them

ourselves.  That is not something that is covered by the county agency.

**Primary Theme 6: Resource Gaps**

The participants indicated that Delaware County lacked the resources to fully

meet the demand of those in need of substance use and co-occurring mental health

disorder conditions. The participants mentioned the importance of maintaining their role in the treatment structure of substance use services. The social work participants discussed that often time clients rely largely on receiving services through the local state-affiliated agencies.  Unfortunately, these agencies often at capacity with the number of people they can serve.  As Aubrey noted, "I think when our services are utilized, we are helping out the mental health clinic because we are taking a load off of them." Community based private practice social workers have to potential to be a more utilized resource for the community and the problem of substance use.

According to one group member treatment resources in general were often over-estimated in the local community. In response to a question about whether the treatment resources met the needs of Delaware County residents, Claudia added:

The other key is that when you look at the population based on square miles we have plenty of treatment- it is because of our population in relation to the square miles but we really don't. You know what I mean? So like they will say you have plenty  of treatment resources but we really don't.  The numbers aren't really telling the whole story, and that is a huge barrier.

**Rehabilitation and recovery.**  The social workers also identified problems related to the shortage of substance use detox and inpatient facilities.  Rose noted:

One of the things that we haven't really touched upon is that there aren't a lot of local rehab facilities, there is Delaware Valley Hospital, but, but beyond that there isn't really a lot, but there is nothing for detox.

She continued:

> Just from my experience with the drug courts, trying to get someone into a long term rehab, even 28 day treatment is hard.  There a long wait. We have folk's incarcerated waiting for a bed, not because the judge or the team wants to keep them incarcerated, but for fear that they will end up dead before getting the services they need.  You get them right in and sometimes it's like uh you have to wait a month.

Lydia commented on a lack of recovery support for clients:

> I think there is a lack of step down services because I know a lot of people that come to the clinic who are referred straight out of rehab and they are referred for mental health  and drug and alcohol clinic. It would be nice if there were a middle step where they could learn to be sober without being dumped right back into their same environment.  With intermittent appointments it doesn't seem like there is enough support.  They don't have enough opportunity to learn how to be sober and healthy.

All of the participants noted an ongoing issue with a shortage of local psychiatrists needed for medication management for those with substance use issues and mental health issues. The group participants expressed the area's current problem with attracting professionals for services, Rose explained:

> I don't think significant substance use and mental health issues are things we can really address or resolve.  We need more psychiatrists for those problems.  But as

But if it's that severe, if we are talking about a paranoid schizophrenic client for example, they probably need a higher level of care. I can appreciate if they are not feeling comfortable or like they need a higher level of care, but I think that the majority of the clients I see are able to be managed by primary physicians whether it's anxiety or depression. We are not getting into really heavy duty psychotropic medications and antipsychotics.

The participants were asked about collaborated care with local nurse practitioners and primary care physicians when it came to clients with more significant disorders. Aubrey indicated how she might have to locate a higher level of care stating, "If you don't mind (to the nurse practitioner or primary care physician) I am referring my client for a med evaluation by a psychiatric nurse practitioner, and they jump right on board because they don't want that responsibility anymore. That's my experience." Bonita added:

I agree, the primary MDs that I have collaborated with have been very helpful in ensuring that the shared patient's mental health needs are fully met. Often the patients that are not stable and require a higher level of expertise than their primary MD will benefit from the services of a psychiatrist. Despite getting these additional services those individuals will sometimes need inpatient treatment to stabilize.

Finally, the social workers in the study addressed their concerns about the frequency of "losing clients" when attempting to collaborate services with other professionals in the community. Aubrey, in particular, expressed her dilemma with referrals:

If I refer a client for medication evaluation, I lose the client. I will lose the client

and they have to start all over. The social worker continued with, I used to refer

my clients to a facility in Cooperstown, New York for mental health services but

not anymore. They have their own program now because they need money. They

have *their* LCSW's see my clients, who do not even have their "R" designation

and they decide whether or not my client needs to see a psychiatrist. My

argument with that is, first you are going to take over my client, and second what

makes you more qualified than me to determine if my client needs a medication

evaluation?

Bonita interjected regarding the chances of losing a client upon referral for a medication

evaluation:

There does not seem to be a set policy. Sometimes after a patient meets with a

medical provider at Bassett they will ask the patient to also receive therapy

services at the same facility. For other psychiatrists and NPP's at Bassett they are

willing to treat the patient and allow the patient to continue psychotherapy

services with a non-Bassett provider.

Aubrey continued about the impact on the client as well, "Instead of talking about me,

let's talk about the client and unfair it is for the client to have to start over and rebuild

that rapport again!" Aubrey continued:

If they have PTSD or significant history of child sexual abuse why do we want to

make them go through all of that? They finally found someone that they can trust

then they have to give them up, you know? Whose life is it? Who gets to

determine where they get go you know? You talk about empowerment, but you

take away the empowerment because we are removing the choices.

In general, the social workers in the group agreed about the repercussions associated with

referrals if collaboration with others becomes necessary.  Services such as medication

evaluations, inpatient hospitalizations, or when further in-depth psychological evaluations

have traditionally required social workers to refer out for these services. In jest, one

social worker expressed an opposite view of losing clients who might prove to be more of

a challenge than anticipated.  Rose cupped her hands as if praying and laughs,

"Sometimes it's like thank you for taking them!" The social worker endearingly

expressed that she is always glad when clients can get the services they need even if it

means receiving services elsewhere.

**Primary Theme 7: Engagement**

Within the focus group, social work participants agreed that another primary

theme that addressed the study's research question was engagement of clients. In contrast

to the many challenges discussed in the study, the participants indicated that a strength of

social work practice can be found in the ability to engage clients and instill the possibility

of change and hope. The participants agreed that good social work practice should

embody a relational approach whereby a strong alliance is made with the client to support

change.  These qualities were described by the participants as foundational in reaching

clients and pivotal to overcoming substance use and related problems.  While social

workers provided many services for those they serve on a daily basis, good social work practice was reported to go beyond performing routine functions. The study participants agreed that social work engagement was essential in laying the foundation for change.

**Building client motivation.** The participants discussed the role of client motivation for change. Bonita discussed how she determines a client's readiness for change, "It is also important to assess the discomfort an individual may have about engaging in treatment activities along with their stated intrinsic or extrinsic motivation to change their behaviors."

Study participants also identified techniques that they use to build motivation and self-determination among clients. As discussed by Claudia, a CASAC credentialed participant, "I like motivational interviewing. I think it is an excellent technique in helping clients to find their motivation." Claudia gave further insight into the techniques used to help clients slowly acclimate to the process of accepting services for substance use, "I am very harm reduction based, so if someone is actively using and they are refusing to go to the clinic, I keep them engaged because I don't want to lose them."

**Client centered approach.** The study's participants discussed the importance of building motivation for change and building a therapeutic rapport with the client. Lydia reported her success with client-centered practice and trauma-informed approaches when engaging her clients for services:

> I try to use empathy especially in the beginning to build the relationship. I try to
> understand some of their reasons for why they are doing drugs, is it trauma? Is it

pain? I have a goal of starting a group that addresses chronic pain because I think

that is one of the big contributing factors of substance abuse.

Lydia continued regarding the role of trauma-informed approaches needed in substance

use treatment, "I think trauma is a huge piece, and trauma-informed treatment is

something that I have always really gravitated toward. So I tend to use trauma-informed

motivational interviewing." Lydia further commented about the usefulness of trauma-

informed treatment in working with the local Delaware County community:

> The problems associated with the major flooding in Delaware County over recent
>
> years is a big part of the culture here and in Broome County. A lot of people were
>
> seriously affected by the floods of recent years and they were all traumatized by
>
> the problems related to the floods.

Lydia's reference was related to two natural disaster flooding events known and the

area's 100 Year Flood. The first flood took place in June 2006 (Sidney Central Schools

Alumni Association, 2011). The second flood occurred unexpectedly in September 2011.

The alumni association went on to describe that the floods severely impacted the

residents of Broome, Tioga, Delaware Counties, leaving devastation that included great

economic and personal loss for many members of those communities.

The social work participants indicated the importance of building client

motivation by promoting hope. The study group members agreed on the usefulness of

helping clients to envision a positive outlook in the midst of problems or fears related to

substance use problems and or treatment. For instance, Lydia described her approach:

I try and get them to envision a different reality. I recall having this girl come to me who was so excited about starting tuition free school in New York State. It was exciting to see her start to have some goals and visions that's different than what she had been used to living.

Lydia expressed:

I just try to instill a sense of empowerment and expose them to other ideas and options, show them a different path. I have them reflect on how their choices have affected them how things might be different in the future. I try to avoid being directive about it. I just explore options with them.

Several study participants each pointed out the usefulness of empathy, being non-judgmental, fair, and setting appropriate limits. Several social workers indicated that work with rural clients often required "being relatable". Rose illustrated, "Connecting with a client can be based on something as simple as their comfort level with how we present ourselves, basically what we are wearing!" The group members then discussed their preferences in clothing attire and the comfort of their office spaces, all of which can either draw a client in for services or repel them. Concerning what she chose to wear each day, one study participant indicated her experience that clients with poor economic conditions could become offended by professionals who are flashy or formal in their clothing choices. Rose went on to express sensitivity to such subtleties, "I would not dress up for a session because of certain clients that I am seeing because this might make them feel uncomfortable or make me less relatable." Lydia reflected an opposite position:

Actually it comes down to respect for our clients. I try to make my office pretty comfortable and I tend to dress a little nicer but I also want to look professional so that they feel I am taking them seriously. I am trying to show them respect on a certain level. I have not had anyone react negatively to that so far, I agree with what you all were saying being approachable, and about meeting clients where they are at. Really show them that you are nonjudgmental.

Lydia went on to report that sometimes to engage clients, out of the box or original thinking becomes necessary. Bonita indicated:

I often employ a number of different phone apps. People in that age cohort of 18-25 generally have iPhones or smartphone androids. I often recommend out of session assignments that make use of these phone apps, for example, there are a number of relaxation apps and mindfulness meditation apps that can be quite helpful for patients coping with elevated anxiety or stress. Recommending the phone apps is a way to connect with young adults. It also helps them see me as someone that accepts and understands the large role that their phone plays in their life.

Each participant agreed that there is a delicate balance of building a connection with rural clients that entails disarming mistrust, promoting authenticity, and embracing the client's cultural diversity. Lydia summarized her perspective of the most effective engagement tool in serving her rural clients, "I just find that as long as we are open and accepting, rural clients tend to come around."

**Impact of the Social Work Practice Problem**

In the current section I reviewed the practice problem for each theme of the study. The study's practice problem involved the challenges encountered by social workers who provide services for young adults ages 18-25 in Delaware County, New York. The following section discussed the impact of the social work practice problem in the context of the literature review and the study's key theoretical concepts.

In primary theme one, the study findings aligned with the practice problem because clients were often resistant to obtain substance use services. According to the participants, reasons for resistance included mistrust for agencies, the fear of consequences, and poor former experiences with helping professionals. The findings in the current study were consistent with the literature review in that social workers often encounter treatment resistance among young people in rural settings (Pullen & Oser, 2014).

Lydia addressed the study's practice problem by expressing her perception of the challenge with resistant clients. Lydia stated "I think the individuals in the younger age group don't stick around as long, you know? They are less likely to come in, and they don't stick well." According to Lewis, Scott, and Calfee (2013) rural young adults were often more reluctant to seek treatment from professionals due to mistrust. There was also a cultural implication within in this finding that aligned with the theoretical frameworks of EST and PIE for the study. Individual beliefs were often guided by their surroundings and what those around them viewed as familiar (Walsh, 2013).

Waldron, Kern-Jones, Turner, Peterson, and Ozechowski (n.d) stated that young people, in general, were not likely to enter treatment willingly. With the combination of cultural mistrust of professional agencies and treatment resistance, a social workers ability to earn the trust of their client would become critical to engage motivation for treatment. GIM outlined the importance of establishing a rapport with clients. Claudia indicated a solution, "I like motivational interviewing I think it is an excellent technique for helping clients to find their motivation." Techniques such as motivational interviewing establishes a line of support while allowing the young adult to progress at their own pace (Walsh, 2013). Respect for the client's pace was critical.

In theme two, the influence of culture represented another aspect of the practice problem. Within this theme, several participants suggested that substance use tolerance and norms works against what they attempt to instill in their clients. According to Aubrey, "If we want to talk about culture then we need to look at what Delaware County does with its spare time! We use substances!" The findings of this theme were consistent with the study's literature review. According to Young, Grant, and Tyler (2015), young adults in rural community's value hard work, and close-knit relationships, however, substance use can also become a shared value in rural settings that results in reinforcement of substance use behaviors. Another aspect of the study's practice problem involved the embarrassment and social stigma associated with substance use that prevents individuals from seeking treatment and perpetuates substance use behaviors.

For instance, Bonita described a mother's fear related to her son's drug addiction becoming known and her attempts to conceal this problem.

According to the literature on cultural barriers in rural communities, Deen, Bridges, McGahan, and Andrews (n.d) also indicated that there is a deeply rooted source of stigma and avoidance for substance use and mental health treatment. When considering the study's theoretical framework of EST, respect and consideration for the person in their environmental must guide treatment approaches. As a way to more efficiently address the problem, Macmaster (2013) called for the professionals providing services to first gain a clear understanding of the cultural norms within a community and emphasized the importance of the social worker and community forming a joint effort to make changes. Macmaster (2013) further reported that interventions taken should align with the community values.

In theme three, the findings of the current study outlined economic factors related to the social work practice problem. This topic was about financial-based issues such as client's inability to pay for services, mandated work schedules and problems with transportation. Theme three is consistent with the literature regarding the characteristics of low economic factors that are often found in rural communities. In the current study, financial problems can remove even willing individuals from the treatment process. Browne et al. (2016) discussed additional obstacles for many rural residents such as time away from work, travel, and costs of services. In the study, Rose discussed her

experience of how her client's economic factors can inhibit services. For instance, Rose illustrated the common factor of mandatory overtime at work for her clients.

Within the study, the participants also described the solution and usefulness of teleservices to address the problem of client transportation to treatment. The participants differed slightly among themselves about the usability of teleservices in New York State. Veysey et al. (2010) however encouraged communities facing such challenges to consider teleservices as an option to address transportation problems and to access quality resources remotely if this is the only option to do so.

Currently, members of the Delaware County community have discussed that efforts are underway to increase telemedicine through both the Delaware Valley Hospital and to the Department of Mental health to access out of area providers (Delaware County 2016). Community leaders hope that access to out of area providers through teleservices will fill gaps in existing services for the local community. Keyes et al. (2014) reminded service providers that economic factors facing communities may first require policy advocacy and change.

Theme four, professional competence among social workers aligned with study's practice problem. The practice problem in this topic indicated problems for social workers in the area of clinical knowledge regarding substance use treatment approaches. Explicitly, the participants stated insecurity with their level of expertise and training associated with the services they provided. Fisher, McCleary, Dimock, and Rohovit

(2014) reported social workers often encountered challenges in executing substance use treatment techniques with confidence.

While the social workers in the study outlined overall confidence with providing treatment within the scope of their practice, they agreed that training and education were lacking. For instance, Bonita discussed her perception that she felt confident in her knowledge and treatment ability for most substances addressed in an outpatient treatment setting. Rose stated opposite regarding the current opioid epidemic facing Delaware County, "Then there is the heroin epidemic, and it's a whole other world." Bonita also weighed in on her preferences and areas that social workers were not qualified to address.

According to the literature, Lundgren and Krull (2014) stated that as substance use rates continue to rise, "At a minimum as recommended by the World Health Organization, all health professionals need to be knowledgeable of substance use assessment and intervention" (p. 18). Lundgren and Krull went on to describe mandatory training for social workers in techniques such as brief intervention, relapse prevention, and screening. The authors also encouraged social workers to utilize the integrated care model to reduce gaps in service for clients. Lundgren and Krull reminded social workers about the importance of research and policy change that the profession must embrace to reduce such gaps.

## The Unexpected Finding

According to the study participants, theme five, the unexpected finding represented the personal and economic factors experienced by social workers that

threaten their ability to provide for their clients. Throughout my literature review, information regarding the financial status facing clients received significant attention. The issues related to economic factors of social workers, however, was not entirely expected.  Neither my literature review nor the study's focus group questions were formulated in anticipation of this unexpected discovery. The results of the study outlined several challenges for social workers that included their ability to bill for their services and financial challenges that threaten their ability to remain a community resource.  The following sections of theme five included a review of the literature for these unexpected findings and demonstrated the applicability of this subject to the practice problem.

In the unexpected finding, the practice problem faced by social workers included their financial complications. The participants specifically recalled issues related to insurance laws and payment for service as barriers.  Four of the five social workers in the study reported being unable to obtain insurance reimbursement due to lacking the "R" designation.  The social workers discussed insurance and cash for services problems early in the focus group session and consistently eluded to financial challenges faced by social workers throughout the group meeting. In section 4, I discussed in-depth the important components related to the financial challenges experienced by social workers that included a review of New York State Medicaid billing issues and insurance laws related to the LCSW "R" designation along with its limitations.  In addition, the section included limiting factors for social workers due to the role of the CASAC certification in New York State.

In primary theme six, the participants reviewed the practice problem to their views about a lack of local substance use resources for Delaware County. The participants indicated a lack of substance use rehabilitation services, shortcomings in the recovery support, and a lack of transitional support for local young people early in recovery.  In Section 4, I reviewed in more detail the gaps in service related to mental health worker shortages statewide in New York and Delaware County.  The discussion included information about the current scarcity of mental health workers such as social workers and psychiatrist. I also review the impact of resources for the social work practice problem in Delaware County.

The seventh theme of the study served as a positive factor among the other identified problems.  The ability of social workers to engage and support their clients highlighted the importance of the GIM regarding building client motivation, empowerment, and sense of hope in the midst of very challenging community circumstances. Within the research, GIM emphasized client-centered approaches that established the trust and rapport needed between social workers and an individual to bring about needed change (Mumm et al., 1998).

According to Lewis, Scott, and Calfee (2013) social workers as a resource in rural settings must earn the trust of the community. Due to the inherent cultural mistrust toward professionals found in rural settings, the ability of the social workers to engage young people is critical.  Within the current study, the concept of GIM represented a "service pathway" that acknowledged the nuances of local culture and potentially moves

the professional from a status of "untrustworthy outsider" to a trusted partner in change. The participants indicated a need for their clients to be more aware and informed about the roles of social workers in the community which will in turn build more understanding and trust.

**Summary**

Section 3 of my study discussed a presentation of the findings that included data analysis techniques, the study findings and a summary of the results.  The research question was the following: What do social workers perceive as the challenges in engaging young adults ages 18-25 who reside in Delaware County, New York for substance use services? The practice problem included the difficulties encountered by social workers serving young adults with substance use problems. The social workers in the study indicated various challenges in engaging young adults for substance use services.  The themes included clients who were resistant to services, influences of culture, economic factors, social worker competence, and limitations of social work practice, gaps in services, and the valuable asset of social work engagement.

In a community where treatment options as scarce, utilizing all of the community's available resources becomes imperative. Within the study, the social workers discussed the unexpected findings related to barriers in practice as seen with insurance laws and breakdowns in service collaboration for clients.  In all, Lundgren and Krull (2014), expressed the need for new approaches that utilize all available resources to address substance use disorders within a community. The study participants indicated the

need to improve utilization of social work service to increase resources options and

possibly reduce substance use rates in the local area.

**Transition to Section 4**

The purpose of my study was to improve social work engagement and increase

social work services for young adults 18-25 that may lead to reduced substance use rates

in the community.  In section 4, I included practical applications to social work ethics,

and review policies that prevent social workers from being utilized as a more useful

resource in substance use service provision.  Section 4 also addressed implications for

social change.  In the midst of statewide mental health worker shortages, members of

Delaware County and surrounding communities were strongly recommended to align

with social workers to make LCSW services more accessible for mental health and

substance use treatment.  Finally, section 4 included recommendations for future research

that will upon the current study to identify additional practice problems, uncover

solutions with more generalizable results.

Section 4: Application to Professional Practice and Implications for Social Change

The practice focused research question of this project was: What do social workers perceive as the challenges in engaging young adults ages 18-25 who reside in Delaware County, New York for substance use services? The purpose of the current action research study was to help social workers engage more effectively with young adults and to increase social work services that may reduce substance use rates in the community. I used an action research design to discover the factors that impede social work services for young adults who are at risk or who have substance use problems in rural Delaware County. I conducted the study to learn about the social work services in Delaware County's to identify further ways to increase support and reduce substance use rates.

## Key Findings Inform Social Work Practice

I worked with four private practice social workers and one agency-based social worker who I interviewed in a focus group to learn about their perspectives on the challenges that accompany social work service provision for young adults in the local community. During the focus group session, the social work participants identified several themes that were consistent with the literature regarding substance use provision in rural settings with young adults. A summary of the themes included: resistance to obtaining substance use services, the influence of local culture, gaps in resource availability, social worker training/education, client engagement, and poor economic factors such as transportation and payment for services. The social workers revealed an

unexpected challenge related to their financial difficulties and how this impacts service

provision for their clients. The key findings of the study informed social work practice by

recognizing existing barriers in social work services for substance use treatment and

mental health care.

**Findings and Knowledge in the Discipline**

Due to a lack of generalizability, the current study findings may have limitations

when it comes to extensive knowledge in the discipline of social work. However, there

may be some useful implications for social work practice in New York State.  In a

separate study, the Office of Mental Health (2016) indicated a significant shortage of

mental health professionals in New York.  Delaware County residents, found a similar

trend that described difficulty with attracting professionals to the local area and

shortcomings with having enough mental health providers to meet the present need

(Delaware County, 2016).

**Mental health worker shortages.**  According to the literature, mental health

professionals and psychiatrists in New York State were critically lacking. The New York

Office of Mental Health (2016), recorded that New York state struggled with a shortage

of mental health professionals.  In 2014, 65% of New York's counties statewide were

declared as mental health shortage areas by state or federal regulations.  Within the study,

it was found that the workforce availability among mental health professionals statewide

ranged from ten to one hundred professionals per 10,000 residents.  The current estimate

could be even lower because the existing numbers may have reflected the total pool of

practitioners listed including the active and possibly non-practicing professionals.  The

shortage was likely more critical.  The shortage areas ranged in severity with central New

York having the highest shortage rates based on the population followed by western New

York.  Delaware County represented the Southern Tier region of New York but at times

can be included with Western New York due to its proximity west of the Catskill

Mountains and the Northern Pennsylvania border.

 The New York Office of Mental Health (2016) also echoed the crucial need for

psychiatrists in the treatment setting.  The shortage of psychiatrists not only impacted

Delaware County but rural counties throughout the state of New York.  According to the

study, psychiatrists and nurse practitioners in psychiatry were at a low and were needed

primarily their role in prescribing.  In 2016, according to the Office of Mental Health,

psychiatrists made up a mere 7.5% of total licensed mental health professionals

statewide, with nurse practitioners in psychiatry at 1.9%.  The LCSW professional made

up 31.7% of all licensed mental health professionals, while LMSWs made up 33%.

These numbers offered some explanation about why mental health agencies are often

overwhelmed especially within rural settings.

 According to Delaware County Public Health (2013), a community assessment

and health improvement plan for the years 2013-2017, identified a focus group among

Delaware County agency leaders that discussed a critical need for providers.  In the

report mental health services were greatly needed to address the increase in young adults

with substance use disorders. The Delaware County mental health clinic expressed a

critical need for more resources and staff.  In a more recent community assessment plan, similar patterns of need persisted regarding a lack of resources and the inability of the county to "attract" qualified professionals for the community's mental health-related needs (Delaware County, 2016). Within the focus group, participants voiced a similar response regarding the need for more psychiatrists and those with experience in addressing mental health issues.

Lydia recalled the impact of limited resources at her previous agency:

> Our caseload for adult services ranged from a high of 109 to a low of 68 (my caseload) and averaged 85.5 across the clinic. Children's services averaged 57.5, with a range of 77-38.  I think probably the biggest challenge we all faced was time management, trying to stay on top of required documentation while still meeting the needs of our clients and keeping productivity up.

The participants agreed about the challenges of referring clients to local agencies that are often already at capacity.

**Delaware County social workers.**   According to the New York State Office of the Professions (2017b) licensing statistics, as of July 1, 2017, there were 31 LCSW professionals in Delaware County, 41 in Chenango County, 69 in Otsego County, and 261 in Broome County.  For the LMSW, there were 21 for Delaware County, 30 for Chenango County, 27 for Otsego County, and 269 professionals for Broome. These numbers were concerning, especially for Delaware County whose total population, according to the United States Census Bureau (2017) as of July 1, 2016, was 45, 523

persons, including 22 small towns and villages. Delaware County is also the fourth largest county in New York State and fifth most rural in its population density (Delaware County, 2016). Geographically, the statistics for both the LMSW and LCSW in Delaware County should elicit concern. Significant shortages of these professionals remove critical services are needed to aid the community with substance use and mental health service needs. As previously discussed, there remained a considerable strain on state-based local agencies such as the Delaware County Department of Mental Health, and Delaware County Alcohol and Drug Abuse Services to alone meet the ever-increasing demands of the community.

**Collaborating services.** The participants of the study identified issues with collaborating needed services with other providers and agencies. Service collaboration is sometimes required when pharmacological needs arise or when clients need more intensive therapeutic support. Several of the social workers in the study reported difficulty in collaborating services with other professionals and agencies. Aubrey expressed her dilemma of losing clients when making referrals. Rose, however, reported good experiences with primary care physicians who were willing to prescribe needed medications.

In addressing the practice problem of the current study, the social work participants outlined an apparent shortage of community resources available for those young adults 18-25 who have or at risk for substance use disorders. More broadly, New York State also has a shortage of mental health providers (New York Office of Mental

Health, 2016).  Lundgren and Krull (2014) indicated that social workers represent an
often underutilized resource and suggested that social workers need to occupy a more
significant leadership role in mental health and addiction treatment. Aubrey indicated that
private practice social workers should represent a more-utilized form of support
especially for the relief of local community agencies.  According to New York State
Office of the Professions (2017a), the LCSW is trained to diagnose and treat a broad
range of mental illness, addictive disorders, emotional disturbance, and environmental
conditions.  The LCSW is therefore able to provide services to relieve both overwhelmed
community agencies and bring relief to the current community crisis.  The LMSW
professionals are given similar privileges however their practice is under the supervision
of an LCSW.  Although social workers without the previously discussed CASAC
credentials are not qualified to "treat" substance use disorders, they still should be
equipped to provide basic treatment services, conduct assessments and evaluations for
clients presenting with substance use behaviors.  Social workers hold a unique advantage
in the treatment continuum in that they are equipped to address multiple components
essential to substance use treatment including addressing co-occurring disorders,
environmental and the social problems of their clients.

The current need in Delaware County is reflective of greater New York State for
the current gaps in services for addressing the impacts of substance use in the
community.  Addressing service barriers for social workers such as the "R" designation
may very well attract more community-based private practice social workers to the local

area. The presence of social workers may balance service gaps that cannot be addressed solely through formal agencies. Pooling more LCSW resources toward the local area will improve the network of support for individuals and the community.

**Social work economic issues.** The unexpected finding of theme five outlined "practice limitations" and the consequences that social workers encountered in providing for their clients. While an LCSW is qualified to open a private practice in New York State, the "R" designation may seriously impact the ability of the practice to survive, especially if the social worker is unable to rely on insurance reimbursement from clients in a largely low-income community. Specifically, the study participants described several barriers that prevented their services from being accessed. The social workers cited problems with the New York State Office of Professions "R" designation that impacted the LCSW ability to bill insurance. Four of the five private social workers in the study described ongoing challenges related accepting "cash only" payments from clients due lacking the "R" designation. The following section will outline a framework in more detail related to the financial challenges found in theme five for social work service providers.

**New York State insurance law "R" designation.** In New York State, social workers may receive payment for services through private pay, referrals, or through insurance. When it comes to billing insurance, insurance companies do not have to pay for licensed social work services unless the social worker has obtained the "R" designation. The "R" designation also known as the "R" privilege, represents an

"insurance law" or requirement of the insurance companies.  The "R" has no bearings on the social worker's scope of practice as the LCSW is already at the highest level of professional licensure in New York State (Association of Social Work Boards, 2017).

The "R" designation application process for social workers begins with the LCSW license.  According to the New York State Office of the Professions (2017a), *to meet the requirement for licensure as an LCSW*, the applicant must first hold a master's degree from an NYS approved school that is accredited by the Council of Social Work Education and has a curriculum that is acceptable to NYS requirements.  The applicant must also have a passing score on the Association of Social Work Boards (ASWB) clinical examination.  The application fee for the process $294.  The New York State Office of the Professions also states that the applicant must complete 2000 client contact hours acceptable to New York State over a continuous period of at least 36 months (three years) that does not exceed 6 calendar years of supervised experience in diagnosis, psychotherapy, and assessment-based treatment planning.

The "R" found after the LCSW initials signifies an additional designation offered by New York State that the social worker has earned "insurance billing privileges". The "R" privilege requires that insurance companies reimburse social work services. According to Office of the Professions in New York State (OPNYS) (2017a), the LCSW only obtains this privilege after an extensive application process.  The process includes the fulfillment of a total of 36 subsequent calendar months and 2,400 additional hours of supervised experience in psychotherapy after obtaining the LCSW license.  OPNYS

specifically states full completion of the 36 months must be fulfilled and not shortened. Furthermore, the supervision hours used to obtain the LCSW do not qualify to meet the requirements for the "R." These hours cannot overlap and must be separate and documented.

To obtain the "R" privilege, social workers must fill out an application and must also assume all financial responsibility associated with the process, including the cost of supervision sessions and paying the additional $100 application fee. An agency-based social worker may be able to secure this required supervision through their employer making this an economical advantage if this is possible. The private practice social worker, however, would be responsible for funding all supervision-related costs for the three consecutive years. It is critical that the social worker ensures that the supervisor and practice setting is also consistent with the specific requirements of NYS Office of the Professions to be acceptable (OPNYS, 2017a).

The current stipulations for obtaining the "R" designation can create significant barriers for New York State social workers. The designation, however, may have an even more profound impact on the out-of-state LCSW looking to relocate to New York to provide services. According to OPNYS, out of state social workers are not given reciprocity but must apply for their New York State LCSW which includes a complete application process before they are approved. The "R" designation is an additional and separate process that must be addressed beyond establishing the LCSW.

The social workers in the study discussed the conflict of being busy professionals and the burden of securing such significant amounts of time, money and supervision to obtain this designation. Unfortunately, within the rural setting of Delaware County, supervision opportunities are scarce (Delaware County, 2016) and can be quite expensive. Four of the five social workers in the study did not have the "R" designation and currently practice without this asset.

**Limitations of the "R".** According to the description offered by Association of Social Work Boards (2017), the "R" required "certain insurers" to pay for LCSW services. Fidelis, Blue Cross Blue Shield, and Emblem Health, Medicaid, and MVP were among the major insurances in New York State that recognize the "R" and require this designation for social workers to become in-network providers. Few, if any insurance providers accept social workers as in-network providers without the "R" designation. This factor leaves social workers unable to bill insurance for their services. Few insurance carriers offer reimbursement for out of network providers. Discouraging factors such as these limit social workers from being selected by clients to provide mental health and substance use services.

Aubrey, the only group member who holds the NYS "R" designation with her license, discussed her limitations in referring low-income clients to her fellow social workers who are without the "R" designation and who only accept cash payments. Aubrey stated to a fellow group member when discussing a potential referral she had in mind saying, "But you only accept payment from clients on a cash basis right? That is the

other issue!" The other group member agreed with Audrey on the difficulty in referring when the social worker can only accept cash payments.

During the current study, one social worker discussed the implications to her clients. The resulting outcome was that clients in urgent need of care were forced to seek services elsewhere, while qualified LCSW at the highest licensure of practice in NYS, are virtually unable to be utilized for services based on mere insurance laws. As a result of these laws, social workers must work with cash-only clients and operate through referrals from third party payers such as from an employee assistance programs. This section clarifies the inherent problems and resulting practice limitations for social work services based on insurance laws. In light of the New York State shortage of mental health workers and ongoing mental health and substance use crisis, structures such as the "R" designation appear outdated and in immediate need of review and revision.

**New York State Medicaid.** In New York State private practice social workers and other behavioral health professionals may accept Medicaid, a federal-state health program responsible for providing the majority of low-income families with health insurance (Medicaid.gov, 2017a). If Medicaid is provided through a managed care provider, insurance stipulations will still apply (New York State Medicaid Update, 2011; Medicaid.gov. 2017b) thus reducing social workers ability even to use Medicaid for payment. For instance, when Medicaid is provided through a managed care provider such as Fidelis or Blue Cross Blue Shield, the "R" designation requirements will likely

apply due to the involvement of the insurance carrier and thus will still represent a barrier to payment for social work services.

**Credentialed alcoholism and substance abuse counselors.** Another factor that provides additional limitations for social workers providing substance use treatment is related to the role of credentialed alcoholism and substance abuse counselor (CASAC) certification. According to Office of Alcoholism and Substance Abuse Services (OASAS) (2017), substance use counselors undergo specific training and certification to treat substance use disorders. A social worker or other professional interested in obtaining the CASAC must be prepared to complete a minimum of 6,000 hours of experience under supervision in an approved work setting. A minimum of 350 clock hours of education and training that must precede the examination along with other specific requirements.

The Office of Alcoholism and Substance Abuse Services notes that education at accredited colleges and institutions may be used to substitute the hours of work experience needed to become a CASAC. The CASAC certification allows counselors to treat substance use disorders, provide intakes, diagnostic assessment, evaluation, intervention, treatment planning, counseling, crisis response and more (OASAS, 2017). A CASAC can bill for services that social workers cannot such as substance use disorders as outlined in the Diagnostic and Statistical Manual of Mental Disorders 5th Edition or the International Classification of Disease, Tenth Edition ICD 10. A study participant, Aubrey who is an LCSW without her CASAC, described her failed attempts to collect

payment from insurance companies for providing substance use services for her clients, "I have been taught through supervision, and there are some diagnosis I can't bill for, like substance use disorders…because I don't get paid for it." While substance use treatment rightfully requires specific training, insurance billing for such services again underscores additional limitations to social workers providing substance use services.

**Other financial considerations.** In addition to issues with Medicaid and the New York State "R" designation, social workers face a variety of other financial challenges that also serve as barriers to social work service provision of substance use services. Throughout the current study financial barriers for social workers have included client no-shows or missed appointments, costs associated with maintaining a private practice, continuing education training, and the loss of clients to other agencies that sometimes occurs during service collaboration.

In conclusion, knowledge can be extended to the discipline of social work practice through the immediate review and possible revision to policies such as the "R" designation or related Medicaid stipulations that restrict social workers from being fairly reimbursed for their services. The organization of section 4 included Application to Social Work Ethics, and Recommendation for Social Work Practice: Action Steps, Impact to the Researcher's Social Work Practice, Practice Research and Policy Considerations, Study limitations, Study Recommendations, Disseminate the Findings, Implications for Social Change, and Final Thoughts.

**Application for Professional Ethics in Social Work Practice**

According to the National Association of Social Workers (NASW) (2017), two social work ethical principles that underlie the current study are the commitment to the client (1.01) self-determination (1.02) social /political action (6.04) and social injustice /reform. The following sections explored the application of social work ethics to the current study.

**Commitment to Client**

In social work practice, a commitment to the client represents a fundamental principle of the profession that seeks the individualized attention and wellbeing of the client. According to NASW, the client's needs and desires should also be recognized and met with professionalism, competence, and reliability. Within the study, the social workers discussed that they are not always able to meet the needs of the clients who come to them for help. The study participants cited reasons related to health insurance and the "R" designation that inhibited social work service provision to the vulnerable low-income client population who rely on insurance and Medicaid. Social workers who are not "R" designated are placed in an ethical dilemma because they frequently must turn clients away who cannot afford cash payments despite being qualified to meet the needs of the individuals. Additionally, social workers may be forced to refer clients to already overwhelmed agencies where they may not get the attention and quality of care they need. In many ways, the current situation represents an ethical conflict or disservice to both potential clients and to the social workers. Social workers deserve fair

compensation for their services and clients deserve quality care from provider that they feel can best meet their needs.  Both situations have clear implications to future social work practice in Delaware County and greater New York State.

**Self-Determination**

According to NASW (2017), a client's right to choose their course of treatment speaks to the NASW ethical standard of self-determination.  Jordan (2004), discussed that a relational comfort between a mental health practitioner and the client is often a major determining factor of client success within the treatment process.  When considering the recent emphasis on evidence-based practice (EBP), Walsh (2013) defined that such approaches remained a standard of quality and reliability in social work practice.  Walsh went on to explain that in addition to empirically supported treatment modalities, a core concept in evidence-based practice included specific consideration for the individual's views and preferences in the treatment process.  Compromised ethical principles result when treatment does not take into consideration the voice of the client. In particular ethical values are broken when clients are issued in a one-size-fits-all provider selection that is based on the dictates of insurance stipulations.  Respect for self-determination of the client and their opinion is imperative to client progress in treatment.  For instance, in the study, Aubrey outlined the conflict she faces with clients being forced to work with providers they did not choose:

> If they have PTSD or significant history of child sexual abuse why do we want to
> make them go through all of that? They finally found someone that they can trust

and then they have to give them up, you know? Whose life is it? Who gets to

determine where they get to go you know? You talk about empowerment, but you

take away the empowerment because we are removing the choices.

In all, clients must choose a provider with whom they feel they can achieve the best

progress.

**Social and Political Action**

A final NASW (2017) ethical principle indicated in the current study is related to

social injustice and reform (6.04). In the present action research study, this ethical

principle should guide social work practice into the realm of social action. Specifically,

social action should begin with the review and possible reformation of existing insurance

and Medicaid policies for social work services. This ethical principle suggests that taking

action on the identified practice problem of the current study has potential to build

resources that may lower substance use rates among Delaware County young people.

The findings of the present study will more clearly define the impact of social

work practice on professional ethics by ensuring that low-income clients composed

primarily of young adults and families (Delaware County, 2016), will have access to

needed and preferred treatment resources. By taking social and political action to demand

review and revision of such structures as the "R" designation, social workers will be

raising the standard of professional and ethical obligation to their clients.

**Recommendation for Social Work Practice: Action Steps**

An action step for the current study should begin with on-going research of the study's results. The study outcome represented a foundation of knowledge that should be built upon to achieve more generalizable results. Additional research studies may cover a broader number of social workers that may include those outside of private practice, and or social workers from other rural counties throughout New York State. In particular, greater investigation regarding the impact of insurance laws for other social workers will be valuable in indicating the need for future action. I will expound on further research study recommendations in the *study recommendations* section.

**Support and Alliance**

An initial action step for social work practitioners should be to expand and recruit other community stakeholders who are committed to change. The social workers in the study represented the opinion of five professionals in or around Delaware County who recognized the need for improved substance use resources in the local area. When considering the shortage of resources in Delaware County, social workers themselves represent a viable yet under-utilized option for providing critical community services. Fellow community members who are aligned with social workers should seek out local representatives and officials such city council members, state senators, and even government officials in a solutions focused approach to convey the local need. In exploring solutions to build local treatment resources, committed community

stakeholders should not forget to respect and integrate the voice of the local culture in identifying well-matched solutions.

As an additional step, the community should be educated about the various roles of support potentially offered by clinical social workers that may bring needed resolve to many of the community's substance-related problems. According to Lundgren and Krull (2014), social workers held essential positions in the treatment of co-occurring disorders for individuals struggling with addiction. Social workers also provided therapy for family members of those addicted (Doweiko, 2015). Doweiko went on to say that social workers held a pivotal role in addressing complicated family dynamics such as displaced or orphaned children due to the substance use of the parents. The author continued to outline other social and environmental components addressed by social workers such as poverty, the impacts of overdose, and legal aspects of substance use treatment such as probation, incarceration, representation in drug court. Medical social workers were found instrumental in connecting clients with needed medical care for HIV, hepatitis C, or other substance use-related illness. Social workers were also capable of addressing basic human services such as ensuring that those in recovery or facing substance use have food, housing and can their pay bills all which can be areas affected by substance use (Doweiko, 2015). As an action step, local and state officials should be made aware of the value and diversity of services that are available through social work practice that can meet many facets of need on behalf of the local community.

**Social work organizations.** Another action step is increased outreach to groups that represent and influence social work practice. The New York State Office of the Professions, the New York Chapter of the National Association of Social Workers (NASW-NY), the Clinical Social Work Association, and the Council on Social Work Education (CSWE) are examples of professional regulating bodies that secure and oversee social work practice. The CSWE represents the council that approves social work school curriculum and education requirements. As an action step, outreach to the CSWE may be instrumental to improving social worker competence through enhanced social work education curriculums that more precisely address the problem of substance use. The NASW alternatively holds a vital position in advocating for the profession of social work, and creating training opportunities such as conferences and workshops to help build the skills of social workers interested in learning more about addiction and substance use disorders. As a priority, the New York State Office of the Professions should certainly be sought out to express concerns related to the limitations of the "R" designation on needed social work services.

Other action steps may include networking with offices and agencies not traditionally associated with social work practice to improve support for social work practice. For instance, the New York State Office of Alcoholism and Substance Abuse Services (OASAS) represents an organization with a focus on substance use disorder treatment, but that remains relevant to social work practice. OASAS may be pursued to

request more social work specific training for social workers providing substance use services.

In all, exchange and dialogue must take place between all interested stakeholders and the bodies that regulate social work practice to ensure that social work services are being maximized especially in communities where the need is great. Presentations to these entities should provide clear and grounded evidence of the problems facing social work professionals. It is the hope that such agencies and authorities dutifully lend support, collaborate and give alliance to all pressing concerns related to social work practice expressed by the members of Delaware County, New York. Sharing the findings of the current study may be a useful and serve as an initial step to promote social work practice.

**Strategies for advocacy.** Advocacy is a frequently useful tool that may be used to influence social action, especially policy change. According to Jansson (2014), strategies for effective advocacy should embody creativity, respect for culture and clear justification for the needed social action. As an action step, social workers should use a variety of strategies and techniques to engage the support of those who might be in a position to help address a social cause. Jansson (2014) discussed that there were many approaches that could be used to enact social action including the use of phone calls, emails, letter writing, professional networking and forums such as professional conferences and educational presentations. Such strategies may create awareness and communicate essential elements of both the needs and solutions of a social condition.

Weiss and Peled (2009) reported that social media remained a powerful tool in "shaping the knowledge, beliefs, attitudes, and behaviors of large and varied audiences, thus influencing public opinion and policymakers" (pg. 369). To facilitate action, social workers may also use technology to generate momentum in social change. Tools such as social networking, i.e., Facebook, Twitter, podcasts, video sharing, social media groups, chat rooms, and blogs all can efficiently reach a broad audience in social work advocacy for the advancement of social issues (Edwards & Hoefer, 2010). Weiss and Peled discussed that newspapers and other media sources are also cost-effective, informational and have clear evidence backing to influence public opinion. While many of these measures are successful, the author notes that social workers often do not utilize these methods. Holder and Treno (1997) found that media advocacy such as through television, newspaper, and petitions, publications can be more effective than traditional public campaigns in generating awareness. As an action step, within Delaware County residents should employ local news teams and newspapers such as the Tri-town News newspaper to create awareness about the substance use crisis and the issues facing social work practitioners within the community.

A final method of outreach and advocacy is the development of surveys. According to Groves (2010) surveys are an effective way to assess needs that can reach a large number of participants effortlessly. Surveys provide opportunities to examine the views and preferences of large audiences on a variety of matters. Surveys may be conducted by electronic methods such as email for fast and effective results. Surveys

may also be used to generate support on a particular issue.  In all, social workers need effective strategies for outreach that will embody the facts, generate interest, and provide knowledge for those who are solicited.

**Community empowerment.**  Community empowerment within social action emphasized the views, concerns, and activities of those directly invested or who have a "stakeholding" position in the social issue (Pilisuk McAllister & Rothman, 1996).  While community empowerment can result in substantial social change, the grassroots organizing must begin on the local level with an identified problem. Pilisuk et al. asserted that those experiencing the problem are in the most trusted position to address it.  Also, Pilisuk et al. reported that the most effective approaches are when trusted community leaders help to organize and integrate influences that place the community into the process.   Specifically action steps for stakeholders in Delaware County would be to have valued community members such as the local mayor, business owners, and professionals in various fields, education officials, and everyday residents collaborate to address the needs of their community.  Community events inspired by rural culture may increase the effectiveness of such efforts by adding familiar elements of the culture to the process. Common local forums may include activities such as rallies, community fundraising events, local dinners, and 5K runs as a venue to spread awareness. Currently, the Tri-Town Coalition on Substance Abuse Prevention (COSAP) of Delaware County represents a leading community grassroots effort designed to bring attention to the community's substance use problems.

**Delaware County stakeholders.** Social workers alone will be unable to accomplish the needed changes. To be effective social workers and those dedicated to change in Delaware County will need to align regarding ways to improve the community's current substance use problem. As an action step, outreach and organization through the local community coalitions for Delaware and surrounding counties, such as the Tri-Town Coalition on Substance Abuse Prevention (COSAP) would be a priority. COSAP represents a community-organized and led action response from individuals, local professionals, and agencies dedicated to reducing drug use rates and increasing awareness about substance use within Delaware, Otsego and Chenango County. COSAP was founded by and organized by Lorraine Keckeisen in conjunction with the Sidney Rotary Club in March 2016. The organization began as a response to the rising substance use rates and heroin overdoses in Delaware County. Mrs. Keckeisen reported that in addition to raising awareness and providing substance use prevention education, a goal of COSAP is to apply for state grant funds for the organization and its efforts.

Specifically, Mrs. Keckeisen has expressed interest in applying for the state-funded Drug-Free Communities Support Program Grant (DFC). The DFC grant often requires communities to provide clear and descriptive data about the drug problem within the local community. As an action step, social workers or other interested parties should collaborate with COSAP members by utilizing the current research study as a source of empirical data that may in part secure the grant requirements for funding that would

benefit Delaware County substance use prevention and treatment programming. Also, using the research study, members of COSAP and social workers can align to raise awareness about the potential benefit and relief to the community by employing more social work services.

Other identified stakeholders capable of advocating with social work professionals are but are not limited to the Alcohol and Drug Abuse Council of Delaware County in Delhi NY, Alcohol and Drug Abuse Services of Delaware County, Communities that Care Coalition of Cortland NY, Cornell University Cooperative Extension of Delaware County Rural Healthcare Alliance and the Central Region Prevention Network of Syracuse NY. Further stakeholders include the Substance Abuse Subcommittee in Hamden NY, Delaware County Probation Office, Sidney New York Rotary, Delaware County Department of Social Services and the Department of Mental Health.

### Impact to the Researcher's Social Work Practice

As a result of my project, I will make an effort to work with the COSAP to bring about social change. I will work to assist the community in developing activities that will reduce the local norms of substance use and instead promote a substance-free lifestyle that emphasizes drug prevention. For instance, by collaborating with other COSAP members, I can contribute to prevention awareness nights, entertainment and educational programs for young people that instill the community with protective factors against increasing trends of substance use.

Another way that the current research will impact my work with clients is by improving my engagement techniques with my clients. Within the study, the participants identified that successful engagement builds trust and is a strength of social work practice. Rural residents often have mistrust for professionals. As a result of the research, I plan to continue developing new and useful engagement techniques to establish a greater sense of trust to serve my clients better. Another area of improvement can be training that will build greater confidence in addressing the needs of my clients with addictions. I plan become more competent in substance use disorder treatment by attending local training through the National Association of Social Workers (NASW) and or OASAS. I hope to improve my competence level with clients who have substance use disorders.

According to Rosenblum and Travis (2011), cultural competence is a lifelong learning process, and practitioners should be careful not to assume that cultural knowledge is final. A direct change to my practice based on the study will be to attend more workshops and training that improve my cultural competence with diverse populations, especially rural clients such as those in Delaware County. I will also make a more significant effort to tune into the individualized cultural lessons exchanged with my clients on a daily basis. I believe that allowing my clients to teach me about who they are will generate understanding, respect and a solid therapeutic rapport.

**Practice, Research and Policy Considerations**

Cooper and Lesser (2011) indicated a relationship between practice, research, and policy in social work practice. Cooper and Lesser further pointed toward a shift in recent years toward evidence-based practice that further integrated research into social work practice. The purpose of evidence-based practice was to promote accountability, support of a client-oriented perspective, and a higher degree of clinical effectiveness (Cooper & Lesser, 2011).

**Practice.** One area of the research that will have an immediate impact on practice is the disseminated report for the current action research project. The written report will represent a constellation of data, literature and an organized outline of the problems facing social workers who address the substance use needs of the young adults of Delaware County. The research findings are useful in providing a clear structural foundation that organizes and defines several themes found in social work practice for Delaware County. On an individual level the study results may improve treatment approaches for practitioners, social action for community members, and more solutions for local professionals. The current study is the first study in Delaware County of its kind and provides a useful, organized, and informative starting point for further research and practice implications for all who may be influenced by the findings.

**Research.** The current action research study is the first step in ongoing research studies regarding social work services and Delaware County, New York. The study cannot be generalizable beyond the participants who took part in the study but can

provide a plethora of starting points for more research on the study's topic areas. Themes from the study such as client resistance, local culture, economic factors, social work practice limitations, engagement techniques, and gaps in resources may be further investigated. With the addition of further research the current study will be strengthened, more broadly useful and will justify better policy revisions and other suggested changes of the study.

**Policy considerations.** The findings of the study will address long-standing barriers in New York State regarding social workers ability to bill for their services. As discussed, New York State is in need of policy reviews about Medicaid, and the "R" privilege. Modern healthcare has drastically changed and requires practicality to address the ever-growing costs associated with mental health and substance use services. The LCSW who is at the highest scope of practice and professional licensure in New York State must be freed of billing restrictions to be a part of the solution.

Considerations for change regarding the insurance laws may include creating less "red tape" for social workers to obtain the "R" designation and bill for their services. In particular social workers would benefit from greater flexibility regarding the setting and supervisor requirements needed to obtain the "R". Currently the supervision settings and supervisor requirements are narrow and consequently remove many options in or around rural Delaware County where opportunities are already limited. Reducing the amount of supervision time required to obtain the "R" will also lessen the burdens of both time and extensive costs for supervision. Advocating for policy consideration in the

above areas will reduce unnecessary barriers in social work service provision that may improve needed service providers for substance use and mental health care, especially during a time of existing shortages of such professionals throughout New York State.

## Limitations of the Study

Several limitation I encountered throughout the study include the small sample size of 5 licensed masters' level social workers.  A larger sample size would have allowed for greater exploration and broader perspectives about the challenges faced by social workers in providing services. The sample size was small due to time constraints and a lack of resource needed to conduct a broader study.  Factors such as scheduling conflicts, personal circumstances, disinterest in the study, unwillingness to travel for the focus group meeting and not meeting the study's participation criteria were among the other reasons that more local social workers did not participate in the study.

The participants themselves expressed rigorous time and scheduling constraints. Aside from meeting with the focus group, the participants requested that any follow-up contact occurred by phone and email due to these limitations.  Another limiting factor was that all of the study participants were white and female, with no participants representing different nationalities, ethnicities, races, and gender or gender identities. The participants were also largely from the southern tier region of New York State. Greater diversity among participants may have provided alternative perspectives on the challenges experienced by social workers.  For instance, a male African-American social worker with physical disabilities may have viewed the practice challenges or subsequent

solutions for Delaware County differently. The current study cannot achieve transferability, or be generalized. It may, however, contribute valuable insight into issues facing social workers in or around Delaware County. The study may also be used to develop future research studies that examine in more detail the problems found in the results of this study.

While the social workers had diverse areas of expertise, private practice social workers comprised 4 of the 5 participants leaving little input from social workers who work in other settings such as agencies or hospitals. Social workers from different practice settings may have had additional viewpoints about challenges within their settings that were different from those of the private practice social workers. Another limitation was that only one social work participant physically resided and practiced in Delaware County. The other participants worked in surrounding counties. Among the participants, Delaware County residents represented only a small percentage of their caseloads. The social workers reported working with a variety of clients who resided in different counties, with between 5-15% of those individuals from Delaware County who were ages 18-25 with substance use disorders. For example, Lydia the agency-based social worker illustrated:

> I would say that the percentage that I see in this age group would probably be 10-15% and I would say 100% of that group is having substance abuse issues. That's a part of what they are coming in dealing with. In my total caseload, the overall percentage of people with substance use issues would be probably 75-80%.

Within the current study, the findings only represented the individual experiences and perspectives of the social work participants**.**

## Study Recommendations

Future recommendations for research would be to explore further the role of private practice social workers in Delaware and surrounding counties. The social workers in the study suggested that there is a degree of mistrust between rural clients and local agencies. The participants discussed this in theme one with regard to resistant clients. Future studies might consider the perception of clients about both the strengths and weakness of an agency social worker as opposed to the social worker in a private practice setting. According to this theme, clients appeared resistant to obtaining services from local agencies based mainly on fear of the repercussions of the addiction issues. Private practice social workers in the study reported overall positive rapports interactions with their clients within the focus group meeting. Future studies might further explore the varying degrees of confidence that Delaware County residents have for private practice social workers in comparison to agency social workers. The investigation into this issue might help to clarify client's resistance to receiving treatment services along with possible solutions.

Another recommendation for further study would be to explore ways to increase social worker competence in addressing substance use disorders in their clients. While substance use treatment should be addressed by someone certified to do so, increased competency among social workers to address less severe, namely non-opioid related

substance use behaviors, would be beneficial to further explore. A study theme indicated the need for more significant training and preparation on behalf of the social workers who address clients with substance use disorders. The participants went on to state that they relied on fundamental knowledge to address clients with mild substance use behaviors, but that training was still lacking. The social workers attributed this problem to deficits in social work education and complications with training opportunities. Lundgren and Krull, (2014) agreed that social work education including graduate and undergraduate curriculums lacked a foundation preparatory knowledge to include substance assessment and treatment based on the prevalence of such issues.

Within the literature, Doweiko (2015) described that substance treatment training is lacking in many professions. Within the study one participant echoed a very similar view stating that substance use training is not there for social workers or other professionals despite substance use problems being prevalent in nearly every walk of life. Recommendations for future studies would be to explore the perception of social work competency in substance use provision and explore ways to increase this vital training.

The study participants indicated the need for greater collaboration of services among professionals in addressing the substance use crisis in Delaware County. The social workers all agreed that they did not *alone* feel trained enough to address significant addiction or co-occurring mental health issues. The social workers in the study stated that they were insecure when it came to their involvement in the heroin epidemic in Delaware County. Without a reliable network of support available, the social workers in

the study expressed that the risks of addressing those struggling with heroin addiction created a risk of harm to their clients that they were unwilling to take.  Throughout the study however, several of the social workers reported that when attempting to collaborate with other professionals for needed care of their clients, they often faced losing the client to another agency or that the client would become resistant to the referral.  One participant described the need for "wrap-around services" and a team approach that included networking among medical professionals, psychiatrists, and substance use counselors to meet all of the complex needs of clients with significant substance use disorders.  Future recommendations would also consist of identifying the gaps in local collaboration among both professionals and agencies.

The current study is not generalizable beyond the five social workers who participated in the study, and therefore the views of most New York State social workers working in rural counties remained unaccounted for.  A recommended area of future research would be to conduct the current study on a larger-scale that would include multiple rural counties throughout New York State.  The results from a more broad study can yield more potent and generalizable results.  Similar to the present study, the research project could explore the perceptions of social workers regarding the barriers that they encounter in practice with young adults with substance use disorders.  Ongoing research regarding this issue may uncover shared themes or reveal different obstacles experienced by social workers in rural settings throughout New York State. As a result of such exploration possible implications for solutions may be more freely explored.

A final recommendation that results from the current study would be to generate research that seeks the views of licensed social workers regarding the "R" designation and its impact on social work practice. The research study outlined the tedious and costly process involved with social workers who would like to obtain the "R" designation in order to gain more access to clients who cannot afford to pay out of pocket expenses.

Further exploration and research about ways to simplify the insurance "R" designation process are needed. Options that will appease insurance companies without undermining social workers and the clients who depend on them will create a sustainable solution. According to Lundgren and Krull (2014), social workers as any other mental health professional deserved to be fairly compensated for their services. Social work practice has gained approval and momentum in recent years and has proved to be a practical way to address many social, emotional, behavioral and environmental needs of clients (Dulmus & Sowers, 2012). Future studies that aggressively review insurance law related policies impacting social workers is a strong recommendation of the current study. Ongoing research and policy development should seek to make the process a simpler, less costly and less time-consuming for busy social work practitioners. In the face of current needs, modern healthcare reformation, and growing substance use and mental health problems, New York State would benefit by researching ways to better utilize available social workers to provide relief in both substance use and mental health services.

While substance use and mental health agencies play a significant role in the structure of care within the rural community of Delaware County, caution should be exercised to not allow these structures to become a monopoly in service provision and care. Agencies alone are unable to address the full spectrum of the community's substance use and mental health treatment needs. The local substance use and mental health agencies in Delaware County would benefit from more collaboration with the community-based exchange with LCSW professionals to provide support, relief, and more in-depth treatment for clients in need. The consequences of over-reliance on agency workers can lead to extreme caseloads numbers, high burnout rates and increased turnover rates in agency workers (Koski, 2013; Lloyd, King & Chenoweth, n.d). As a final recommendation, social workers and local agencies would benefit to explore more ways to collaborate services.

## Disseminate the Findings

Social workers in or around Delaware County and social workers throughout New York State should receive the study findings as an opportunity to advocate for changes and to review essential policies that impact their livelihood, their client's needs, and professional social work practice. It is critical the stakeholders recognize the challenges facing social workers and truly understand the potential found in social work practice to improve local conditions related to the community's substance use crisis.

Community stakeholders such as COSAP are currently seeking ways to improve rural substance use services in their community, and therefore this research becomes vital

to providing the community information about potential options held by social work.  In particular, Delaware County officials should understand the struggles that social workers encounter within service provision.

A final plan for disseminating the report will be to have a formal educational presentation of the study findings. I am currently a representative of COSAP, and one of my roles is to provide substance use and prevention-based educational materials to the community. During COSAP's community's forums or awareness nights, I plan to serve as a guest presenter to report the findings of my research on a panel of my professional peers and community members.  My goal would be to educate the community about available resources found in social work services needed by Delaware County.

Delaware County and other local communities often work collaboratively. Neighboring community leaders are encouraged to explore the unique context of their communities using the current research.  Therefore, Otsego, Chenango, and Broome counties may also find the study useful.  It is my goal to work collaboratively with all communities interested in addressing the development of professional social work practice in reducing substance use for local young adults.

## Implications for Social Change

EST provided the theoretical framework for the current study. According to Casstevens (2010), EST views the client in the context of their environment on a micro, mezzo and macro level.  The impact of positive change at the micro level was found in the theme of social work engagement throughout the study.  Social workers provided a

great deal of motivational support and empowerment to clients who often experience defeat and powerlessness. On a micro level, the social work participants indicated effective engagement techniques as a useful tool in moving their clients toward change. The principles of client engagement and respect remained a consistent strength throughout the study. The micro impact of connection and respect embodied a significant social work operating principle that must be remembered.

On a mezzo level, social workers have remained fixtures of support in local neighborhoods and in their communities. The social workers in the study discussed their vigilance in engaging clients, building trust, and learning more about treatment in the context of rural culture. The social workers acknowledged the importance of professional reputation and were careful to contribute to positive perceptions of the profession through their practices. The social workers accomplished this by making good decisions and demonstrating respect for their clients. The social workers expressed avoidance of unethical practice that leads to mistrust of the profession. Within the study, social workers used their position to remain trustworthy and reputable to those who need them.

On a macro level, there is a need for policy revision regarding insurance laws and addressing the shortage of mental health workers in New York State. Advocacy is needed to challenge existing policies related to New York insurance laws and social work practice. Through the current study, I encourage all social workers and others interested in creating social change to seek alternate viable solutions that do not impede valuable

social work services.  Improvement to existing policies will result in fairness for social workers who deserve compensation for their services. Critical updates to policies will also increase service options for clients in need of treatment for substance use or co-occurring disorders. Increased or improved services will potentially contribute to reduced substance use rates and the resulting social and environmental consequences.

## Conclusion

In conclusion, this action research project served to inform and create awareness about existing barriers faced by social workers in providing substance use service for young people at risk or who have substance use disorders. Social workers continue to hold a valuable role in providing substance use services related to the current opioid epidemic in Delaware County, New York.  Social workers must continue to help their clients by becoming active advocates for the needed change.  Social workers must be quick to address any barriers with creativity, good motives and resolute determination for the sake of their clients.  To accomplish social change, social workers cannot act alone but must be in accord with an entire community to address the needs of those in Delaware County.  I believe that the current study affirms to all entities the value of professional social work practice in both substance use and mental health treatment, to create empowerment, awareness and a platform for initiating social change.

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Appendix A: Invitation Template

Greetings,

My name is Samantha Cole, and I am a LCSW in Delaware County, New York.  I am a
3<sup>rd</sup> year doctoral student enrolled in the Doctor of Social Work with a specialization of
clinical-expertise offered through the Walden University.  I located your name through
either online service resources guides and or through the Delaware County, New York,
Department of Mental Health resource guide.  I'm currently seeking participants for my
study in hopes of completing my Capstone project.  My study will examine the current
barriers and challenges faced by social workers in engaging in services young adults ages
18-25 who are at risk or who have substance use disorders. The study will seek licensed
social workers (LCSW or LMSW) who work with Delaware County, New York residents
that are between the ages of 18-25 and who have or are at risk for substance use
disorders. Social workers from all backgrounds and areas of expertise are welcome to
participate in the study. The study was approved (06-21-17-0517891) by the Walden
University IRB on June 21, 2017.

The outcome of this project will assist the Delaware County, New York community to
understand better the barriers found in engaging young adults for substance use services
in our area. The study is voluntary.  Please contact me if you are interested in joining the
study so that we can set up a time to further discuss details of the study and to verify that
you are eligible for participation.

Thank you in advance!

Samantha Cole LCSW

Appendix C:  Focus Group Questions

1. How long have you practiced social work with those who reside in Delaware County, New York?

2. What is your training or area of expertise in social work?

3. What percentage of your caseload services young adults with substance use problems who are ages 18-25 who reside in Delaware County, New York?

4. In what capacity do you serve young adults who are at risk for or who have substance use disorders?

5.  How does the community's economic status impact your work with young adults who are at risk or who have substance use disorders?

6. Are there any current challenges with the accessibility or availability of local substance use treatment resources that impact your work with young adults? 5Do you feel adequately trained to address substance use disorders? Why or why not?

7. Do you feel competent to deal with the challenges of the local rural culture? What are the strengths and challenges of the local culture?

8. What specific techniques do you use to engage local young adults and or their families for treatment who are at risk for or who have substance use disorders?

9. Are there any additional barriers or unmet needs that you encounter when engaging local young adults at risk for or who have substance use disorders?

10. Are there any additional barriers or unmet needs that you encounter when

    engaging local young adults at risk for or who have substance use disorders?

Appendix D: Focus Group Script

**Welcome to the study!**

**Background:** Delaware County, New York has experienced a constant increase in substance use among young adults for opiate use. You were invited to take part in this voluntary research study that will explore the challenges encountered by clinical social workers who engage in services, Delaware County young adults ages 18-25, who are at risk for or who have a substance use disorders. You were selected for the study because you are a licensed social worker (LCSW or LMSW) and in some manner, you serve Delaware County young people age 18-25 years of age who may be at risk for or have a substance use disorder.

**Researcher:** You might already know this researcher as Samantha Cole a LCSW in Delaware County. However, this study is separate from my role as a therapist serving the local community. I am not an employee of any organizations from which participants may be recruited. The researcher is not a member of any agency that may have an oversight or administration relationship to these organizations, and there are no conflicts of interest.

**Purpose of the study:** The aim of the study is to identify the issues and challenges for social workers in engaging young people in services who are at risk for substance use or who have substance use disorders in Delaware County, New York. Delaware County has one of the fastest growing rates of substance use among young people ages 18-25.

This social work based study will raise awareness about the challenges experienced by social workers related to engaging youth in the local area with substance abuse services. It is hopeful that information discovered during this study will help social workers and other substance use treatment professionals to improve local resource utilization and improve existing substance use services that may help reduce drug use rates among Delaware County young people. The study also holds potential to improve outreach methods to engage local youth more effectively.

**Confidentiality / Privacy:** The researcher will maintain confidentiality throughout the research process, and you are also asked to keep confidentiality in the focus group. If the information is shared, it could create adverse consequences that may impact yours or others career and or well-being. If an individual participating in the research project expresses a risk of harm to themselves or others or are engaged in illegal activities that may be harmful to others this researcher will be obligated to share this information with the appropriate authorities.

Reports coming out of this study will not share the identities of individual participants. Details that might identify participants, such as the agency in which a social worker is employed will not be shared. The researcher will not use your personal information for any purpose outside of this research project. Data will be kept secure by password locked computers and all information being kept under locked file cabinet.  Codes will be used in place of names in the study.  Data will be stored for at least five years, as required by the university.

**Risks and Benefits of Being in the Study:** The study has no minimal risk of harm aside from some minor discomforts such as making time in one's schedule to participate. Being in this study would not pose a threat to your safety or well-being. With regard to any possible harmful career risk or consequences to participants, participants are encouraged to know that all information shared is voluntary and at their discretion.  Participants have the right to refuse participation in the study at any time without consequence

If participants in the study are triggered or experience psychological distress as a result of the study, participants will be referred to the Mobile Crisis Assessment Team (MCAT) at 1-844-732-6228. MCAT services are confidential, free support service to anyone experiencing emotional distress. Participants may also contact 211 Support Services at 1-800-901-2180 that may assist in locating mental health treatment. There are no identified conflicts of interest with the researcher associated with participation in this study.

The study's potential benefits will likely be toward the greater Delaware County, New York community and possibly surrounding communities as opposed to the direct advantage of the participants. Potential contributions of the current project will advance social work practice knowledge by uncovering the practice issues that exist for social workers in the rural area of Delaware County who work with and encounter substance abusing young people.

**Today's Focus Group Session:** Today's focus group session will discuss the ten focus group questions that were sent to you via email.  The group will last from 1 to 1 1/2 hour. As discussed in the informed consent there will be periods of follow-up contact with you after the conclusion of the focus group.  The purpose of follow-up contact is for clarification and review of your input to ensure that your views reflect your wishes.

Please remember that this study is voluntary. You are free to accept or turn down the invitation. If you decide to be in the study now, you can still change your mind later. You may stop at any time with no penalty.

You may ask any questions you have now. Or if you have questions later, you may communicate with the researcher. If you want to talk privately about your rights as a

participant, you can call the Research Participant Advocate. If you feel you understand the study well enough to make a decision about it, please indicate your agreement by signing the consent form and returning it to me. You will receive a copy of this form.

**Introductions:** I'd like to begin with introductions! Today's introductions will cover your name in addition to questions # 1-4 on the Focus Group Questions (see attached).  If you could briefly
•   State your name
•   How long have you practiced social work with those who reside in Delaware County, New York?
•   Your training or area of expertise in social work.
•   What percentage of your caseload services young people with substance use problems who are ages 18-25 who reside in Delaware County, New York.
•   In what capacity do you serve youth who are at risk for or who have substance use disorders.
**Next Steps:** I would like to begin discussion about your views on the remaining Focus Group Questions #5-10.

You are free to enjoy the refreshments throughout the session in appreciation for attending the focus group!

**Conclusion:** Thank you for attending the focus group. I will be in touch for follow up over the next 8-10 weeks. Thank you.

**Samantha Cole**