


2017

Non Medical Prescription Drug use in Rural Communities and Social Work

Izetta Mounice Briggs-Bolling
Walden University

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Izetta Briggs-Bolling

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Pablo Arriaza, Committee Chairperson, Social Work and Human Services Faculty

Dr. Peter Meagher, Committee Member, Social Work and Human Services Faculty

Dr. Nancy Campbell, University Reviewer, Social Work and Human Services Faculty

Chief Academic Officer

Eric Riedel, Ph.D.

Walden University

2017

Abstract

Nonmedical Prescription Drug Use in Rural Communities and Social Worker
Roles

by

Izetta Briggs-Bolling

MSW, Mary Wood University, 2009

MS, Organizational Leadership, Mercy College, 1998

BS, Behavioral Science, Mercy College, 1997

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Social Work

Walden University

November 2017

Abstract

This study explored the roles and responsibilities of social workers providing services to nonmedical prescription drug users (NMPDU). Researchers have indicated NMPDU disproportionately affects people living in rural communities. The overarching research question sought to explore the concerns of social workers when providing services to patients coping with NMPDU in the rural community of Ulster County, New York. The intention was to examine systemic challenges facing rural social workers when attempting to decrease morbidity risks and increase the health of Ulster County residents. A total of 7 social workers participated in 3 focus groups to explore their ideas for defining, clarifying, and identifying solutions to the problem. The social exchange theory was used to frame the roles and responsibilities of social workers within rural communities at the macro, mezzo, and micro levels. Qualitative content analysis identified 5 themes: roles and responsibilities, barriers, education, treatment interventions, NMPDU and illicit substances of use. The results of the study included advocating for the fair and equitable distribution of resources for all residents coping with NMPDU in Ulster County, their responsibility to collaborate on pressing matters and educate physicians, community service providers, local legislators, individuals, and families of the warning signs and harmful effects of NMPDU. Findings may effect social change by enhancing the role of social workers by reducing overdose and death rates of NMPDUs.

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Dedication

This Doctor of Social Work degree is first dedicated back to Jesus, who kept and strengthened me through this process. I would also like to dedicate this degree to my husband, George Bolling who supported me unconditionally. My youngest son, Anthony Hodge, Jr. for providing countless hours of computer, technical, and emotional support.

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Section 1: Foundation of the Study and Literature Review

There is little research on nonmedical prescription drug use (NMPDU) and its influence on clinical social work practice in rural communities (Keyes, Cerda, Brady, Haven, & Galea, 2014; Young, Havens, & Leukefeld, 2012). Schepis and Hakes (2011) defined NMPDU as, “patients utilizing medication without a prescription, in greater amounts, more often, or longer than prescribed, or for a reason other than a doctor prescribed” (p. 1). On a national level, NMPDU has increased consistently over the last 20 years (Schepis & Hakes, 2011; Young et al., 2012). In general, there has been a reduction in illicit drug use and significant increases in nonmedical prescription drug use (McGregor, Gately, & Fleming, 2011; Wang, Feilin, & Becker, 2014).

Understanding NMPDU and the prevalence associated with its misuse remains a research priority for social scientists, policy makers, mental health, and medical practitioners (McGregor et al., 2011; Young et al., 2014). As these leaders address the public health and law enforcement concerns, social workers confront the challenge of providing services to individuals coping with NMPDU (McGregor et al., 2011; Young et al., 2014). Social workers intervening with individuals coping with NMPDU manage increased physical and mental health concerns of patients who require diverse prescription regimens while struggling with a myriad of unintended consequences. According to the National Association of Social Workers (NASW), social workers are the largest group of mental health service providers in the United States (NASW, 2015). As a primary source of mental health provision, social workers should possess a

comprehensive understanding of their patient's prescription dosages for legitimate medical concerns (McGregor et al., 2011).

In comparison to urban communities, NMPDU disproportionately affects rural neighborhoods (Wang et al., 2014; Young et al., 2012). Recently, researchers indicated there are different patterns of use specific to rural communities (Dollar & Ray, 2013; Wang et al., 2014). Social workers continue to struggle to address the public health issue of NMPDU (Vakharia, 2014). For example, social workers in Ulster County, New York continue to face increased challenges in providing social work services associated with NMPDU by residents. The growing concern over opioid abuse and the push for greater integration of primary and behavioral health services fueled the trend of NMPDU (Reardon, 2014). Social workers have a leading role to play in making sure treatment protocols are used effectively and ethically (Reardon, 2014). In 2012, for example, 18.5% of high school students in Ulster County reported abusing prescription painkillers at some point, much higher than the 13% national average (Ulster County, 2014). Nationally, the number of unintentional overdose rates for prescription painkillers quadrupled from 1999-2013 in rural and nonrural communities. Ulster County has also experienced sharp increases in prescription opioid dependence in the past decade, resulting in a dramatic rise in heroin abuse and opioid-related overdose fatalities in the community (Institute for Family Health, 2016).

When assessing effective NMPDU interventions, clinical social workers must consider pharmaceutical use, age, methods of use, frequency of use, and medical necessity (Fisher, Keates, Buhninger, Reimer, & Rehm, 2014; McGregor et al., 2011).

However, they may not have a clear understanding of how these factors influence the treatment process for this special population and may require further education (Fisher et al., 2014; McGregor et al., 2011). These social workers assist patients in managing biopsychosocial factors associated with NMPDU drugs (Fisher et al., 2014). Factors such as increased morbidity and mortality rates associated with NMPDU in the United States substantiate the use of the disease concept (Fisher et al., 2014). Across the country, reported mortality statistics associated with NMPDU were 14,800 for the year ending 2008 (Fisher et al., 2014). American Society of Addiction Medicine (2016) reported 18,893 deaths related to the use of painkillers, for the year ending 2014. Understanding the increased risks associated with NMPDU and mortality may assist social workers in understanding the importance of their roles and responsibilities.

I conducted an action research project to understand clinical social workers' roles and responsibilities when providing services to individuals coping with NMPDU in rural communities in Ulster County, NY. For the purpose of this action research project, I used the terms *co-learners*, *action researchers*, and *participants* interchangeably to identify licensed social workers with a master's degree and experience working with NMPDU. Social workers as well as other practitioners who work with patients coping with NMPDU may benefit from this research project, specifically those in Ulster County, New York. Increasing knowledge in reference to understanding social worker roles and responsibilities may also pique researcher's interest in exploring effective prevention, intervention, and treatment protocols for the NMPDU population.

Research Question

In this action research study, the question I explored focused on an aspect of social work practice. Specifically, I sought to understand social workers' roles and responsibilities when providing services to patients coping with NMPDU in the rural community of Ulster County, New York. As presented in the literature review, interest is increasing among social scientists to understand NMPDU from various perspectives and contexts. Although Keys et al. (2014) reported that in the United States NMPDU among residents living in rural communities has increased during the past ten years, there remains limited research focused on the role of social workers. For example, it is unclear if social workers who provide services in the rural community of Ulster County, New York are knowledgeable of the increased risk for dependence when working with patients who use prescription medications for nonmedical purposes. I used action research methodology to frame and structure this study because it aligned with the aim of understanding social workers' roles and responsibilities when providing services to individuals coping with NMPDU (Dustman, Kohan, & Stringer, 2014). I conducted the action research project to contribute to the participants' understanding of social workers' roles and responsibilities in relation to treating NMPDU and used this methodology to explore the research question. As reported by Mancini (2011), action research has been effective in increasing social workers' understanding of their social work practice self-efficacy.

Organization of the Paper

Throughout the introduction and the problem and purpose statements, I establish the importance and reasons for the study. Within these sections, I provide a clear rationale for addressing the gaps found in the literature. To further ground the study, I present the connection between the field of clinical social work and the social problems related to NMPDU in Ulster County, New York in the following sections: (a) nature of the study, (b) the significance of the study, and (c) values. In presenting the sections on the significance, the purpose, and the contribution to the research project to the field of social work in a systematic manner, each section of this research proposal builds on the previous sections. The proposal includes a narrative, aligning the connection between the field of clinical social work and justification for addressing the social problem of NMPDU. In merging these sections, I provide an understanding of the perspectives of clinical social workers regarding their roles and responsibilities in caring for the target population.

Problem Statement

There are no identified procedures or clinical interventions specific to social workers intervening with individuals coping with NMPDU in the rural community of Ulster County, New York. Understanding the roles and responsibilities of social workers providing services to patients coping with NMPDU can increase their understanding of appropriate treatment regimens and ability to improve service provision to individuals coping with the disorder, which has increased significantly in rural communities within the last ten years (Keyes et al., 2014). Social science researchers and practitioners

recently increased their attention and focused on understanding the issues related to the rise in NMPDU (Wang et al., 2014; Young et al., 2012). The Ulster County Commissioner of Health and Mental Health has stated that in the first six months of 2014, Health Alliance Hospital in Kingston NY treated 25 patients due to opioid-related overdoses (Pineriro-Zucker, 2014). At my current place of employment, social workers express their concerns regarding the increased referrals from the hospital and how they need to understand the growing roles and responsibilities associated with service provision. In conducting the study, I learned more about the issues related to NMPDU, as well as how this community-based problem is influencing the roles and responsibilities of social workers providing services in Ulster County, NY. I proposed to conduct an action research study to understand clinical social workers' roles and responsibilities associated with NMPDU in rural Ulster County, New York. It is interesting to note that there are only a few studies addressing the rural aspect of NMPDU (Dollar & Ray, 2013; Keyes et al., 2014; Young et al., 2012). These studies explored the increase in NMPDU in these communities and the similarities and differences to non-rural communities. However, researchers either omitted or briefly mentioned social work as an area of exploration for future studies.

Data from the National Survey on Drug and Health (NSDH) showed a dramatic increase in prescription drug misuse over the last 20 years (Young et al., 2012). This action research project explored this social problem by investigating the clinical social workers' roles and responsibilities as they pertained to service provision for NMPDU in Ulster County NY (Ofirat et al., 2014). Also, clinical social workers are increasingly

working with individuals and their families in rural communities like Ulster County, New York to reduce NMPDU, as well as other physical and mental health disorders (Keyes et al., 2014). As the needs of this population increases, the demands on social workers to provide services also grows.

Furthermore, researchers asserted the importance of conducting a professional dialogue with social workers because they are often the primary providers of mental health, substance abuse, and medication management services (Steiker et al., 2013). They provide referrals to other resources such as substance abuse treatment facilities, housing, financial assistance programs, and medical insurance providers. Social workers also view individuals from a person-centered perspective, which enhances the patient's understanding of medication compliance, which researchers attributed to the amount of time they invest when providing therapy (Steiker et al., 2013). In addition, they offer input in creating treatment policies. At my place of employment, social workers explore concerns and challenges associated with working with individuals coping with NMPDU and other patient concerns during the organization's weekly staff meetings. A reoccurring topic is patient compliance with medication regimens. Social workers from different departments, working with different populations such as mental and physical health providers, also express concerns regarding identifying and utilizing effective interventions for individuals and family members coping with NMPDU.

Evidence from Practitioners

Fisher et al. (2014) and Meier et al. (2014) suggested social workers providing services to individuals who use prescription medications in a nonmedical manner play a

significant role in assisting them with exploring treatment concerns and making educated medication decisions. However, further examination is necessary to increase social workers' understanding of how NMPDU intersects with clinical social workers' duties such as identifying effective evidence based practices and clinical interventions specific to the population (Gouvia & Marques, 2014; Schepis & Hakes, 2011). They also need to understand comorbidity because NMPDU is a factor associated with increased deaths and other risk factors in Ulster County, NY (Gouvia & Marques, 2014; Schepis & Hakes, 2011).

NMPDU has been a recurrent topic raised by multidisciplinary team members at my current clinical employment site and in community meetings designed to address concerns about recent deaths due to NMPDU in Ulster County, NY. During clinical social work meetings, staff frequently express concerns about their role in increasing service provision and medication compliance assessments. In Ulster County, there is a concern among social workers about the limited resources available to provide medically managed detoxification for benzodiazepines and opioid medications. The increased risk of death by overdose and suicide is also a regular topic of discussion at these meetings.

There may be a lack of understanding between hospital personnel and community organizations concerning discharge procedures and protocols, specifically the provision of comprehensive discharge plans indicating follow-up medication requirements.

Detailed interventions provided by the social workers were consistent with research findings, highlighting an increased need for clinical research in treatment protocols for individuals coping with NMPDU (Meier et al., 2014). My social work peers identified a

lack of referral sources for detoxification and treatment services specific to NMPDU as a resource gap, in addition to recognizing some hospitals and treatment programs lack the resources to address the specific needs of this population. Another gap they expressed related to the insufficient resources available to service providers such as educational training opportunities specific to treating individuals coping with NMPDU. To enhance intervention strategies, I explored the clinical social workers' perspectives of their role in identifying problems and solutions associated with NMPDU in Ulster County, New York (Gouvia & Marques, 2014).

Framing the Social Work Practice Problem

My primary aim in conducting this action research study was to enhance an aspect of social work practice associated with NMPDU. Balancing the benefits of prescription medication with the potential for abuse and physical dependence can be challenging for social workers who provide services to NMPDU (Schepis & Hakes, 2011). For example, an individual with a history of opioid abuse may have surgery and legitimately require a narcotic pain medication. A previous history of dependence and abuse contraindicates prescribing additional medication. Furthermore, Schepis and Hakes (2011) identified NMPDU as a significant and consistent risk factor for the onset and recurrence of psychopathology. Several researchers also indicated an increased danger for individuals with previous histories of mental illnesses such as depression, anxiety, and other mood disorders (Beauchamp, Winstanley, Ryan, & Lyons, 2014; Schepis & Hakes, 2011).

It is unclear if social workers who provide services in the rural community of Ulster County, New York know of the increased risk for dependence when working with

patients who use prescription medications in a nonmedical manner. Current research addressing NMPDU from a social work perspective is limited, and information, as it pertains to geographic location, is insufficient (Beauchamp et al., 2014). Beauchamp et al. (2014) and Meier et al. (2014) asserted the need for additional studies to guide clinical social workers as they carry out their responsibilities related to balancing the medical needs of patients and the risk of adverse consequences associated with NMPDU. Although many areas require additional investigation, my research focused on understanding roles and responsibilities of clinical social work practice when providing services to individuals coping with NMPDU.

Another area for social work exploration is the concern that individuals with comorbid mental health concerns have a higher occurrence of NMPDU (Meier et al., 2014; Ofrat et al., 2014). Previous researchers documented a correlation between specific psychiatric disorders and NMPDU (Meier et al., 2014; Ofrat et al., 2014). Social workers often provide therapy to individuals receiving medication management from medical and psychiatric providers. Mental health and social work practitioners' assessments of patients with co-occurring diagnosis indicated patterns of increased impairment, which they associated with NMPDU (Griffin et al., 2014; Young et al., 2014).

It is interesting to note that previous researchers examining drug use, excluded nonmedical users of prescription drugs (Dollar & Ray, 2013; McGregor et al., 2011). I focused on documenting social workers' understanding of their roles and responsibilities to enhance their abilities to serve this vulnerable population. The infusion of this knowledge also contributes to improving clinical social workers' ability to deliver

effective and sustainable interventions. I gathered useful information including identifying emerging themes clinical social workers associated with their role with patients who are at increased risk of NMPDU. To accomplish this goal, I invited local social workers to participate in focus group meetings to explore, from their perspectives, their roles, and responsibilities associated with NMPDU in Ulster County, New York.

Researchers have identified a lack of research focusing on effective interventions dedicated to the reduction NMPDU (Dollar & Ray, 2013; Wang et al., 2014). I focused on the collaboration of social workers from different areas of expertise to explore perceptions of their roles and responsibilities associated with NMPDU. I facilitated focus groups with social workers from varying perspectives to document their view of their roles and responsibilities when providing services to individuals coping with NMPDU (Mancini, 2011; Wang et al., 2014).

I used an action research methodology to explore social workers' perceptions of their roles and responsibilities regarding the increased population of NMPDU in Ulster County, NY. Previous investigators reported on the efficacy of using action research methodology to assist social workers in understanding various aspects of their professional identities (Dustman et al., 2014; Mancini, 2011; Young et al., 2012). I identify the social workers as *participants*, *co-learners*, and *co-researchers*.

Previous researchers documented a correlation between specific psychiatric disorders and NMPDU (Meier et al., 2014; Ofrat et al., 2014). Social workers providing services to individuals with comorbid mental health concerns should also consider the person's propensity to have higher occurrences of NMPDU (Meier et al., 2014; Ofrat et

al., 2014). Mental health practitioners' assessments of patients with co-occurring diagnosis indicated patterns of increased impairment, which they associated with NMPDU (Griffin et al., 2014; Young et al., 2014).

Using the outcomes of this study, I can inform social workers providing services to individuals coping with NMPDU in Ulster County, NY of their roles and responsibilities in relationship to the NMPDU population. The increased communication between social workers through the action research process also expands their understanding of the needs of individuals coping with NMPDU from a substance abuse perspective. A secondary gain is patients receiving services can also benefit from the exploration of effective prevention and treatment interventions. Social workers assisting individuals coping with NMPDU from other rural communities may also find the results of the study beneficial.

Research Question

The research question explored in this study focused on understanding social workers' roles and responsibilities when providing services to patients coping with NMPDU in the rural community of Ulster County, New York. Although I did not focus on implementation and evaluation of interventions in this project, my hope was that by exploring feasible and sustainable changes in social work practice, participants could develop community partnerships to effectuate changes. In the United States, NMPDU among rural residents has increased during the past ten years (Keyes et al., 2014; Ofrat et al., 2014; Young et al., 2012). In Ulster County, New York, there has been a limited response from community service providers to understand how best to intervene in order to address NMPDU. Clinical social workers at my current clinical employment agency

expressed a need to understand issues related to NMPDU among the patients they treat in Ulster County New York, including their roles and responsibilities. I want to understand social workers' roles and responsibilities when providing services to patients coping with NMPDU in the rural community of Ulster County, New York.

The central concepts of discovery included exploring clinical social workers' understanding of their roles and responsibilities associated with NMPDU. Another central concept of the study is identifying and understanding social worker concerns, such as community resources and supports in reference to responding to the increase of NMPDU in the rural community of Ulster County, New York. The final central concept explored clinical social workers' knowledge and understanding associated with increasing the provision of clinical services to this unique population.

Purpose Statement

The purpose of this research project was to understand clinical social workers' roles and responsibilities associated with providing services to NMPDU in Ulster County, New York. Through understanding the roles and responsibilities of participants, I intended to increase awareness of the myriad of challenges the participants confront by asking a series of questions that invoked a dialogue. The aim of this study was to encourage a collaborative process with the social workers participating in focus groups, to first understand and define the clinical social work practice problem from their perspectives, and later to identify feasible and sustainable solutions. A primary goal of the project was to recognize current social work roles and responsibilities, which would identify challenges and explore future implications for effective service provision. The

discussion process assisted participants in identifying service gaps by understanding their perceived roles and responsibilities. In turn, the discussion process enhanced my professional skill sets by increasing my learning and understanding of clinical social work practices. The action research process afforded me the opportunity to understand social workers' roles and responsibilities when providing services to individuals coping with NMPDU. Understanding roles and responsibilities from the perspective of other social workers in Ulster County enhances my social work practice because I have a better understanding of actions to affect change.

I conducted three focus groups to understand participants' perspectives as it pertains to understanding their roles and responsibilities to NMPDU. I hoped to enhance social work practice by supporting this group of professionals in identifying solutions to improve their clinical social work skills, thereby impacting the service provision for individuals coping with NMPDU. This action research project has the potential to augment the knowledge base regarding how social workers in Ulster County, New York perceive their clinical social work roles when interfacing with NMPDU.

Clinical social workers use action research to improve practice in clinical settings by enhancing their knowledge of societal concerns that influence social work communities (Davis et al., 2013; Dustman et al., 2014). The implementation of formal and informal discussions between social workers fostered a deeper understanding of challenges associated with NMPDU (Davis et al., 2013). Social work is a field in which people interact with others to examine and understand the biopsychosocial quality of life concerns (Davis et al., 2013). Clinical social workers employed in different areas of

expertise often interface with clients to explore the risk factors associated with NMPDU on their overall mental health and physical wellness (Davis et al., 2013). Action research utilizes participatory methodologies to explore and understand factors pertaining to clinical social workers' roles and responsibilities when working with patients using prescription medications for nonmedical purposes (Dustman et al., 2014; Thiollent & Ferraz, 2012). The collaborative experiences of social workers assist in identifying concerns and viable solutions to define and understand social workers' roles and responsibilities associated with NMPDU (Thiollent & Ferraz, 2012).

I sought to understand clinical social work practice gaps by having discussions with social workers working with this population to identify and examine pre-existing issues. The first gap that emerged was the limited knowledge of outcomes related to social workers providing services to NMPDU in Ulster County, New York (Neal & Neal, 2013). Researchers expressed concerns on a national level in reference to understanding increased patient health and morbidity risks associated with NMPDU (Keyes et al., 2014; Young et al., 2014). The research I conducted in Ulster County identified similar concerns. Researchers emphasized the significance of clinical social workers understanding the importance of assessing patients for NMPDU before and during the medication process (Berkes & Ross, 2013; Fisher et al., 2014).

The second gap I explored was the potential lack of social work presence in NMPDU in Ulster County, New York. This gap focused on the social work practice consistent with Bronfenbrenner's ecological systems theory (Neal & Neal, 2013). Understanding risk factors associated with NMPDU is an important public health priority

within community organizations (Berkes & Ross, 2013; Keyes et al., 2014). Clinical social workers agreed to prioritize risk factors to identify effective prevention and intervention strategies in Ulster County, New York (Keyes et al., 2014). The prioritization entailed examining contributing factors of NMPDU, such as distribution, limited physician availability, and cultural differences contributing to the escalating problem (Schepis & Hakes, 2015; Wang et al., 2013). The lack of information and research correlated with the influence of geographic locations (Schepis & Hakes, 2015; Wang et al., 2013). An exploration of socioeconomic factors, isolation, and an overall increase in the prescribing of medications in rural communities could explain the upward trend (Young et al., 2012). The investigation can assist social workers in understanding the increased death rate associated with NMPDU in rural counties as opposed to metropolitan areas (Keyes et al. 2014). Increased understanding associated with identifying rural community risk factors contributes to understanding the roles and responsibilities of social workers providing services to individuals coping with nonmedical prescription drug use.

Studying the topic contributed to enhancing my clinical skills by assisting me in understanding how the growing public health concern of NMPDU affects the clinical social work community. Service providers' awareness of clinical social workers' perceptions of their roles and responsibilities assists in establishing clinical practice guidelines for use in professional developmental activities. I hope to expand my use and comfort in identifying and utilizing appropriate clinical interventions to address the needs

of this vulnerable population (Berkes & Ross, 2013; Fisher et al., 2014; Young et al., 2012).

Clinical social workers can increase their knowledge based on the outcomes of this action research project, thereby exposing the necessity to understand NMPDU from the clinical social work community perspective. There is a growing need for further clarification to identify service gaps associated with NMPDU on clinical social work practices in rural communities (Berkes & Ross, 2013; Schepis & Hakes, 2014). The focus groups explored current social work knowledge associated with prescription drug misuse heightening the social workers' understanding of their perceived roles and responsibilities (Katz et al., 2011). The study included social workers from different areas of expertise and practice modalities explaining their understanding of clinical social workers' roles and responsibilities when providing services to individuals coping with NMPDU. Clinical social workers can increase their knowledge base with respect to collaboratively addressing the population of NMPDU in the community (Menchilk, 2014). Action researchers encourage mutually respectful dialogues to foster an atmosphere, which reveals viable solutions based on exploration of professional challenges, concerns, and successes.

Nature of the Project

I conducted an action research project that sought to collaborate with local social workers in Ulster County, New York to understand their perceived roles and responsibilities regarding providing service to individuals coping with NMPDU. Action research aligns with the profession of social work by providing effective tools such as

focus groups, peer meetings, and solution focused discussions (Dustman et al., 2014).

The goal of the focus groups was to assist social workers in identifying and analyzing the efficacy of treatment services and possible solutions to the increasing community concerns (Fern, 2014). I utilized action research methodology to carry out a qualitative study with the purpose of understanding social workers' roles and responsibilities when providing services to individuals coping with NMPDU. I facilitated focus groups to assist participants in defining the practice problem by asking open-ended questions, which helped them express their experiences when working with this population.

One of the purposes of this action research project was to enhance understanding of the social work practice problem of NMPDU in Ulster County, New York and identify solutions from a social work perspective. Using action research methodology assists participants (clinical social workers) with identifying problems and potential solutions regarding NMPDU on clinical social work practice. By using focus groups, I allowed the social service workers the opportunity to delve into practice problems and discover solutions by utilizing collective experiences to resolve dilemmas (Goldman & Foldy, 2015). This action research project encouraged clinical social work participants to understand service provision needs for NMPDU. The information gleaned from this action research project has the potential to influence understanding of clinical social workers' roles and responsibilities associated with service provision of NMPDU. Defining social workers' perception of their roles and responsibilities enhances the profession's overall understanding of service needs for individuals with increased risk

factors such as comorbidity, age, and gender specific medications of choice associated with NMPDU (Martinis et al., 2014; Meier et al., 2014).

I employed the epistemological paradigm, cooperative inquiry to increase the understanding of social work roles and responsibilities of providing services to individuals coping with NMPDU. The epistemological paradigm refers to the theory of knowledge and knowledge acquisition (Gringeri, Barosch & Cambron, 2013). Interpretation is at the core of all research, and it is important for the researcher to be aware of the values, histories, and interests of participants when collecting information pertaining to NMPDU (Gringeri et al., 2013). Reflexivity assisted me, and participants, when exploring critical awareness of the social problem informing the knowledge seeking process (Gringeri et al., 2013). The process allowed us to investigate their personal perceptions, thereby increasing the participants' ability to advocate for the marginalized population (Gringeri et al., 2013). The use of reflexivity assisted social workers with understanding their roles and responsibilities associated with providing services to individuals coping with NMPDU.

Throughout the study, I refer to licensed social workers with a Master's degree in social work and experience working with individuals coping with NMPDU as *co-learners* and *participants*. I used these terms interchangeably to express the equal positions of the social workers engaged in the explorative learning process as defined in the action research methodology (McNiff, 2013). I focused on the implications of the increase in NMPDU in rural communities and the participants' perspectives on its influence to fulfill their professional responsibilities. I regarded participants as social

workers from different areas of expertise collaborating to understand their roles and responsibilities associated with NMPDU in Ulster County, New York.

I invited social workers to participate in focus groups to contribute to their understanding the social problem of NMPDU currently facing the rural community in Ulster County, New York. To collect data, I conducted group sessions in which social workers from different areas of expertise expressed their perceptions about clinical roles and responsibilities associated with NMPDU. During the sessions, I focused on identifying and clarifying NMPDU. I guided the social workers in a discussion to elicit their perceptions and responses as it relates to providing services and effective interventions to remediate this increasing public health issue. The group discussions focused on identifying social workers' challenges and needs for increased comprehension of their roles and responsibilities. Finally, the group explored what they learned and accomplished, which contributes to identifying solutions, understanding clinical roles and responsibilities, and any identified strategies.

Using focus groups assisted the participants in collectively clarifying and processing the information they identify (Shum, Chung & Fitzgerald, 2014). The focus group process has proven to be efficacious for exploratory studies in which outcomes are unknown, and the intent is to increase knowledge (Shum et al., 2014). My goal was to assess social workers' perceptions concerning understanding their roles and responsibilities associated with providing care for NMPDU (Shum et al., 2014). Therefore, I encouraged participants to focus on issues related to clinical implications for future service provision (Daniel et al. 2014). I began by facilitating groups to collect the

data, and then transcribing recorded information utilizing a Microsoft Word program after the sessions to capture and document initial themes, and recurring ideas.

To understand clinical social workers' roles and responsibilities, it is important for researchers to identify risk factors of NMPDU to differentiate types of interventions associated with specific medications of choice (Keyes et al., 2014; Monnat & Riggs, 2015). Understanding NMPDU in rural communities is essential to identifying appropriate treatment interventions and increasing clinical understanding of the needs of this specialized population (Ofrat et al., 2014; Young et al., 2014). There are limited studies specifically exploring NMPDU in rural communities (Keyes et al., 2014).

Limitations

A limitation of this action research project was the small number of social work participants in the rural community of Ulster County, New York working with NMPDU. A larger population of social workers would be reflective of a broader community. This suggests limitations of transferability to other social work populations. Another limitation was the study focused on rural populations which might decrease transferability to rural and suburban populations. However, the results of this action research project may be transferable to social workers providing services in other rural communities. A third limitation is that other social workers in other locations might have access to a broader array of training and educational materials. I was unable to identify comparable studies focusing on social worker's experience of working with NMPDUs. To compensate for this limitation, I explored literature related to the opioid epidemic in rural communities and documented future research recommendations which included identifying and

implementing effective treatment practices and modalities of care (Beauchamp et al, 2014). The research's findings refer specifically to social workers employed in outpatient levels of care.

Biases may be apparent due to the philosophical perspectives of social workers participating in the action research project. When social workers from different areas of expertise collaborated through open dialogues and discussions to explore NMPDU challenges, they expressed different understandings about clinical social workers' roles and responsibilities (Rycroft-Malone et al., 2012). Conducting the research project assisted me in examining my personal biases towards clinical social workers with limited experience and training as it relates to understanding the biopsychosocial consequences of this public health concern in rural communities in Ulster County, New York. I utilized reflective journaling to identify and explore personal biases as a researcher and a clinical social worker (Corbin Frazier & Eick, 2015). I engaged in the process of constant self-reflection to account for and address personal bias by recording my thoughts and reactions in a logbook and journal (Corbin Frazier & Eick, 2015) (Appendix E). Directly after the first focus group, I began to journal reflections to capture my personal experiences, and feelings to strengthen the research process.

The focus groups were also beneficial in assisting me to separate opinions from knowledge obtained during the research process. As a researcher, I took into consideration that the participants may have provided answers they believed I was seeking instead of focusing on the actual concern or problem (Walsh, 2013). I used open-ended questions to promote and encourage the social work participants to share their

stories in their words and from their individual perspectives (Appendix C). Another bias was the participants' different perceptions regarding how other service providers such as physicians and pharmacists address this growing public health concern. Social workers may not recognize the influence of their biases towards NMPDU when engaged with the residents of Ulster County, New York (Rycroft-Malone et al., 2012). I utilized open ended questions to engage participants in discussions to explore their thoughts and feelings associated with treating this population.

Theoretical/Conceptual Framework

I used social exchange theory (SET) as the theoretical basis for my action research project. In using the theory, I related how increases of knowledge derived from human exchange influences behavioral change (Brown, Tang, & Hoffman, 2014; Crossman, 2016). Social exchange theory is a psychological and sociological perspective explaining social change and stability as a process of negotiated exchanges between parties (Brown et al., 2014). A primary focus of clinical social workers providing services to NMPDU is the interface with patients to provide effective interventions associated with increasing their motivation to change behaviors. Crossman (2016) explained the dominant work of the psychologist Homan, who emphasized exploring individual behavior in interactions with others. These researchers expressed a fundamental belief that the interactive social exchange process is a reward or lack of reward regarding their perceptions about the exchange of ideas, which included advice, opinions, and feedback (Brown et al., 2014; Crossman, 2016)). The exploration of both clinical social work strategies and practical knowledge through explorative focus groups can be beneficial to

understanding roles and responsibilities associated with NMPDU (Brown et al., 2014). Public health concerns regarding understanding NMPDU in rural communities are drawing national attention (Young et al., 2012). According to Ofrat et al. (2014), individuals with comorbid mental health concerns have the highest instances of NMPDU. Social workers are the largest group of mental health providers in the United States, as such, this research may be beneficial to exploring clinical interventions (NASW, 2008). To date, limited studies focused on exploring this phenomenon from a social work perspective (Keyes et al., 2014). Nonmedical prescription drug users often interface with clinical social workers to identify appropriate and effective interventions to promote behavioral change. I collaborated with participants to understand the clinical social work problem from their perspective and then investigate viable solutions.

The exchange of information associated with clinical social work practice related to NMPDU is a primary resource in SET (Brown et al., 2014). Crossman (2016) expressed how SET evolved into a major theoretical perspective in the field of psychology and sociology. Social exchange theory explains how specific behaviors have an influence on outcomes. I used SET as it applied to highlighting any deficits in knowledge and lack of clarity concerning social worker's roles and responsibilities when servicing this vulnerable population. The use of focus groups to gather information in SET fosters an atmosphere of sharing advice, opinions, and knowledge of treatment modalities from the social work perspective when serving NMPDU (Brown et al., 2014).

The increase in medication prescribing by physicians has created a social exchange between social workers and patients (Martin et al., 2012). The rise in NMPDU

has also increased physical and mental health risks, along with other psychosocial factors (Martin et al., 2012). The use of the SET-assisted me in exploring whether social workers consider the lack of knowledge and insufficient training of clinical social workers to be a contributing factor of NMPDU in Ulster County, New York. Those who develop clinical practices and payer policies have a responsibility to identify solutions, which effectively reverse this health care concern (Franklin et al., 2015).

Significance of the Study

This action research project contributes to the body of knowledge by increasing understanding and comparable information concerning how the increase of NMPDU in rural communities influence clinical social work practice. Increasingly, public health administrators report concerns of NMPDU in North America because it has the highest percentages in the world (Fisher et al., 2014). The World Health Organization (WHO) identified medical cultures, prescription practices, and patient expectations as potential factors associated with the increase in NMPDU (Fisher et al., 2014). The outcomes of a collaboration of social workers reaching an understanding their roles and responsibilities has the potential to introduce innovative solutions and clinical practices to minimize the effect of this growing public health concern.

Schepis and Hakes (2011) identified NMPDU as a significant and consistent risk factor for the onset and recurrence of psychopathology. Their research also indicated an increase in the onset of risk for individuals with a previous history of psychopathologies such as depression, anxiety, and other mood disorders (Beauchamp, Winstanley, Ryan, & Lyons, 2014; Schepis & Hakes, 2011). It is unclear if social workers who provide

services in the rural community of Ulster County, New York are knowledgeable of the increased risk for dependence when working with patients using prescription medications in a nonmedical manner. Current research is limited, especially studies pertaining to specific geographic locations (Beauchamp et al., 2014). Additional research is needed to guide clinical social workers as they carry out their responsibilities related to balancing the medical needs of patients and the risk of adverse consequences associated with nonmedical prescription drug use (Beauchamp et al., 2014, Meier et al., 2014).

There is evidence of gaps in research and practice literature specific to NMPDU in rural communities, such as limited knowledge in reference to the physiological consequences, the lack of training, and the limited involvement of social workers in the development of public policies (Dollar & Ray, 2013). The additional information gathered from this action research project can benefit clinical social work practitioners, especially those in Ulster County, New York. By conducting an effective action research project with clinical social workers, I identified potential solutions to address gaps in service. The participants explored and identified solutions to increase knowledge and training opportunities specific to NMPDU and public health concerns related to this increasing population residing in rural communities similar to Ulster County, New York (Holloway et al., 2014).

In conducting the study, I created an atmosphere of open and honest communication among participants, through collaborative exploration (Dustman et al., 2014). Together, social workers can develop a framework for understanding their roles and responsibilities leading to the development of evidence-based practices, which

assess, prevent, and treat individuals with identified risk factors for NMPDU. The collaboration of participants also influenced the discussion of the importance of advocacy and community awareness to reduce harmful effects to the overall community of Ulster County, New York. Keyes et al. (2014) expressed the importance of social workers and clinical professionals increasing their knowledge and service provision to this population. Additionally, the researcher encouraged policy makers, law enforcement agents, and community activists to investigate options to address these concerns (Keyes et al., 2014).

Values and Ethics

Ethics are a primary aspect in of all school, private, and non-profit organization research activities (Dustman et al., 2014). The National Association of Social Workers (NASW) expressed the importance of researchers and clinical professionals' identification and adherence to their established guidelines (NASW, 2008). In understanding social workers' roles and responsibilities associated with researching NMPDU, there are six core ethical values to consider: *service, social justice, dignity, and worth of the person, importance of human relationships, integrity, and competence* (Brophy & McDermott, 2013; Otters, 2013). Social workers have an ethical responsibility to challenge injustice on behalf of vulnerable and impoverished populations (NASW, 2008).

Over the last two decades, the increase of NMPDU in Ulster County, New York, has affected the roles and responsibilities of clinical social work practitioners providing services to this population (McCabe et al., 2013). Social workers have an ethical responsibility to advocate for the promotion of social change and social justice on behalf

of individuals who misuse prescription medications (Otters, 2013; Reamer, 2006). The NASW Code of Ethics outlines social workers' obligation to conduct evaluation and research to increase knowledge associated with improving service provision to vulnerable populations (Reamer, 2006). I sought to understand the roles and responsibilities of clinical social work practitioners concerning the social issue of NMPDU in Ulster County, New York in accordance with social work ethical guidelines associated with evaluation and research. Social workers have an ethical obligation to explore social justice concerns related to governmental, organizational, and community policies and procedures (Fine & Teram, 2013).

I used the Ulster County community service website to identify social workers who met the study criteria. Professional social workers have an ethical obligation to ensure they use their services, knowledge, skills, and values to advance the field of social work through exploring social change, and social justice needs (NASW, 2008). Community organizations in Ulster County support and encourage employees to participate in continuing education opportunities and organization sponsored research projects.

I placed emphasis on acknowledging the worth of every human and the importance of their relationships (NASW, 2008; Otters, 2013). Integrity and competence are the founding values of social work ethics (NASW, 2008). I incorporated them into the core of the proposed action research project by utilizing the experiences of social workers working with NMPDU to assure the competency of the focus group participants and

encourage them to express the importance of maintaining the integrity of the social work profession (Otters, 2013).

Review of the Professional and Academic Literature

In reviewing the literature, I explored several factors associated with NMPDU in rural communities. To substantiate the importance of understanding social worker roles and responsibilities associated with NMPDU, I reviewed literature associated with prevalence, geographic location, social work implications, action research, and social work. Nonmedical prescription drug use continues to be an increasing public health concern and is becoming more widespread in rural communities, such as Ulster County, New York (Keyes et al., 2014). Researchers identified several biopsychosocial factors affecting the pervasiveness of nonmedical prescription drug use by individuals in rural communities (Keyes et al., 2014; Ofrat et al., 2014). Social workers in Ulster County, New York have indicated a need to know more about effective social work interventions because there is a lack of suitable methods (Kivipelto, Blomgren, Saikkonen, & Karjalainen, 2015). Some of these risk factors include isolation, socioeconomic concerns, and disassembled families in addition to availability and access to other clinical resources (Young et al., 2012).

Recent researchers identified the lack of studies focusing primarily on NMPDU as contributing to the increasing problem in rural communities such as Ulster County, New York (Fisher et al., 2014; Keyes et al., 2014). Social workers offering services to residents of rural communities such as Ulster County, New York are often responsible for coordinating medical, mental health, and other social service appointments to decrease NMPDU among high-risk patients with diverse medication requirements (Ofrat et al., 2014). These prescription drug regimens include opioids, analgesics, psychotropic,

stimulants, and a host of other medications taken simultaneously to reduce or eliminate a variety of illnesses (Griffin et al., 2014).

Through the literature review, I identified and substantiated how the growth of NMPDU is affecting social work practice in rural communities such as Ulster County, NY. Foster (2012) argued that therapeutic intervention has the potential to reduce deviant behavior and criminal behavior associated with NMPDU. My review included exploring social work practice implications and suggested requirements to improve service provision to various populations.

The literature review focuses on identifying the information related to how clinical social workers perceive their roles and responsibilities with respect to providing services to increasing numbers of people using prescribed drugs in a nonmedical manner in rural communities. I reviewed research associated with social workers' roles and responsibilities when servicing individuals coping with NMPDU. In collecting the information, I also reviewed literature exploring the implications for clinical social work practice and theories supporting the action research process. In addition, I identified literature related to action research and how it enhances clinical social work practices, along with strategies rural workers use to provide effective interventions

Literature Review Related to Key Variables and Concepts

A primary focus of my literature review was to explore the influence of geographical location on the increase in NMPDU. I also sought to explore how locality related to social work practice. Researchers explored risk factors to gain a clearer understanding of geographical influences contributing to the increase of nonmedical

prescription drug use in rural communities (Keyes et al., 2014; Young et al., 2012).

Differences associated with rural and urban nonmedical prescription opioid and other drug use lack empirical data to substantiate increased prevalence in rural communities (Keyes et al., 2014; Young et al., 2012). Their conclusions suggested a need for strategic comparison of rural and urban residents with larger sample sizes to identify differences based on age, gender, and racial groups (Keyes et al., 2014). However, they did not recommend pursuing studies on the role of health professionals in addressing this social issue (Keyes et al., 2014). Researchers investigated large urban, small urban and rural communities in the United States to increase knowledge on how the social environment influenced prescription medication misuse among minors (Monnat & Riggs 2015). They identified illicit drug use, mental illness, and socioeconomic status as risk factors leading to misuse of nonmedical prescription drugs (Monnat & Riggs 2015). While their study recognized risk factors for individuals living in rural environments, understanding the influence of specific geographic differences remained unclear. The researchers suggested focusing future studies on providing clarification of the role geographic location has on prescription drug misuse in rural communities, along with educational and prevention programs tailored to meet the needs of this specialized population (Monnat & Riggs, 2015).

System-level factors such as policy, health care, and clinical practices may be contributing to the increase in NMPDU in North America (Fisher et al., 2014).

Nonmedical prescription drug-related deaths have increased significantly over the last 10 years in North America (Fisher et al., 2014). Fisher et al. (2014) examined the increased

distribution of prescriptions and use of opioid medications in Northern America as compared to the rest of the world. The researcher indicated the need to implement national guidelines and regulations for monitoring distribution and use of prescription medications to reduce nonmedical prescription drug fatalities (Fisher et al., 2014).

Young et al. (2012) identified unique concerns about the rising national rates of nonmedical prescription drug use, which significantly affects the increased manifestations and consequences experienced by residents in rural communities on social and structural levels. The investigator's initial findings indicated earlier onsets for misuse of prescription drugs including Oxycodone, Xanax, and methamphetamines (Young et al., 2012). Inherent differences existed between rural and urban NMPDU, suggesting the need for further examination (Young et al., 2012).

There is a need for further research exploring the influence of rural residency on prescription medication misuse (Monnat & Riggs, 2015, Young et al., 2014). Monnat and Riggs (2015) and Young et al. (2014) suggested examining whether geographic locations influence the efficacy of clinical interventions. They recommended that the academic community considers developing additional prevention and intervention techniques for implementation in different age groups and populations misusing prescription medications (Monnat & Riggs, 2015; Young et al., 2014).

Implications for Social Work Practice

Researchers explored sub cultural contexts associated with young adult NMPDU. They collected ethnographic data over a twelve-month period, from different youth sub cultures to gain an understanding of their perceptions and behaviors associated with

prescription drug use (Kelly et al., 2015). The researchers identified the importance of understanding drug use trends among this population to influence health promotion efforts (Andes, Wyatt, Kiss & Mucellin, 2014; Kelly et al., 2015). The young adults interviewed identified varied reasons for participating in NMPDU, which spanned from increased energy to alleviating symptoms of anxiety (Kelly et al., 2015). The researchers suggested not limiting the benefits of examining subcultures in sociological inquiries because the information may be useful in identifying harm reduction techniques and the implementation of clinical interventions (Kelly et al., 2015). Interventions are preventative activities provided to the community to ensure the acknowledgment and respect of their culture (Kelly et al., 2015).

Cognitive behavioral therapy (CBT) may be an effective therapeutic intervention to address the needs of individuals using prescription drugs in a nonmedical manner (Kouimdsidis et al., 2012). Researchers compared the therapeutic benefits of this clinical intervention to the clinical benefit of motivational interviewing in reducing nonmedical prescription opioid use (Kouimdsidis et al., 2012). Kouimdsidis et al. (2012) documented the importance of professional training and accreditation for the efficacy of service provision. Their study identified participant size as a limitation because it was not inclusive of diverse populations (Kouimdsidis et al., 2012). A finding of the research study indicated an increased need for continued investigation of clinical interventions to address nonmedical prescription drug use (Kouimdsidis et al., 2012).

Nurses and social workers have similar experiences when providing service to individuals coping with NMPDU (McVicar et al., 2015). However, social workers have

the added responsibility of formulating group work and voluntary activities, while also authoring research projects (McVicar et al., 2015). Wright (2013) analyzed the experiences of nurses and mental health professionals to bridge the research-practice gap within healthcare. The researcher examined challenges associated with translating academic and research information into clinical practice (Wright, 2013). Qualitative studies may be effective in assisting healthcare practitioners in expressing experiences, expectations, and emotions regarding the interfacing of academia and research (Wright, 2013). The findings of this study demonstrated how small-scale research projects influence academia, research, and clinical practice on many different levels. An identified limitation was the use of the qualitative process and sampling strategy, which limits the generalizability of the information gathered (Wright, 2013).

Theoretical Concept

Social exchange theory (SET) provides an explanatory framework for understanding the influence of human beings, organizational persistence, and the impact on community change as it pertains to social work practice and its relevance to NMPDU (Godwin & Heyman, 2015). Utilizing SET can assist social workers and other healthcare professionals in working collaboratively to address public health concerns such as NMPDU in rural communities like Ulster County, NY (Goodwin & Heyman, 2015). Recent researchers indicated the importance of addressing education and public health concerns from societal change perspectives, which fosters critical skill building and improves the overall health of local communities (Godwin & Heyman, 2015; Stacey, 2015).

The theory has a significant impact on exploratory studies that do not have a clear direction of where the learning experience will lead such as understanding social work roles and responsibilities in reference to providing services to individuals coping with NMPDU (Larsen et al., 2011, Murphy, 2011). It is a framework utilized by researchers to investigate human behaviors and relational dynamics (Yok-Foe, 2013). The theory requires establishing a relationship of trust, respect, and loyalty between all participants (Stacey, 2015; Yok-Foe, 2013). Researchers employing SET delve into cognitive and interpersonal relationships to understand their influences on organizational and community risk factors such as NMPDU (Godwin & Heyman, 2015; Petrou et al., 2011). Researchers use it to examine the costs and rewards associated with interpersonal exchanges (Brown et al., 2014). In deploying the framework, researchers encourage the exchange of useful information between participants to identify solutions and other therapeutic benefits associated with behavioral changes associated with improving services for NMPDU (Brown et al., 2014, Godwin & Heyman, 2015; Yok-Foe, 2013).

In the future, researchers can examine the benefits of SET in reference to the influence of information exchange as it relates to an increase of therapeutic interventions related to NMPDU and clinical social work practice (Brown et al., 2014; Godwin & Heyman, 2015). The use of SET provides a path for efficacy in examining information exchanges between human beings, which have a positive influence on health-related issues (Brown et al., 2014). Advantageous and fair exchanges of information between professionals may create an environment of collaboration and positive work attitudes in other social service arenas (Stacey, 2015).

Social Work Research Gaps

In a systematic review of the literature, I identified several research gaps pertaining to NMPDU. Limited knowledge exists to assist in understanding geographical influences associated with nonmedical prescription drug use (Martins, Sampson, Cerda, & Galea, 2015). Researcher's primary focus in a majority of studies was to evaluate prevalence and trends associated with unintentional drug overdoses.

Another identified gap is the lack of research associated with understanding increased public health risks. Additional studies are necessary to guide clinical social workers as they carry out their responsibilities related to balancing the medical needs of patients and the risk of adverse consequences associated with nonmedical prescription drug use (Beauchamp et al., 2014, Meier et al., 2014). Further exploration is needed to identify contributing factors of NMPDU in rural communities, such as distribution, limited physician availability, and cultural differences contributing to the escalating problem (Schepis & Hakes, 2015; Wang et al., 2013).

The growing public health concern associated with nonmedical prescription drug use indicates an increase in the need for researchers to study the roles and responsibilities of social workers (Keyes et al., 2014; Young et al., 2014). Advancing research literature requires national studies with large sample sizes, exploring the economic and social concerns associated with diverse geographical locations (Keyes et al., 2014). To address concerns related to nonmedical prescription drug use, researchers identified a need to develop new and innovative clinical theories, which examine spatial factors (Keyes et al., 2014).

The use of focus groups assisted participants in identifying effective research methods to understand their roles and responsibilities associated with providing services to individuals coping with NMPDU in rural communities, such as Ulster County, NY. Conducting groups encourages social workers to discuss challenges associated with improving service provision by understanding public health issues, increasing knowledge about influences of geographical locations on prevalence and trends, and the influence of socioeconomic concerns (Keyes et al., 2014, Martins et al., 2015, Meier et al., 2014). The social workers can also examine effective prevention, and treatment interventions (Keyes et al., 2014, Martins et al., 2015, Meier et al., 2014).

Action Research and Social Work Practice

In recent years, social workers increased their use of action research (McVicar et al., 2015). McVicar et al. (2015) stated action research encourages a collaborative interaction between social workers to improve evidence-based practices, research, and interventions. They also noted the primary premise of action research is changing and bridging the gap between theory and practice (McVicar et al., 2015). Social workers have a larger community responsibility associated with addressing societal issues and concerns such as NMPDU in rural communities.

Using action research social workers can address practitioner's concerns in rural communities (Hok-Bun Ku, 2011). Rural communities may experience economic hardships, loss of community identity, and various public health concerns because of NMPDU (Hok-Bun Ku, 2011). The action research process encourages social workers to focus on strengths to address concerns specific to improving community assets while

reducing deficits (Hok-Bun Ku, 2011). Social workers' roles and responsibilities may include empowering rural community members in identifying new innovative methods to utilize resources to foster community change (Hok-Bun Ku, 2011).

Section 2: The Project

In conducting this action research study, my purpose was to explore the importance of understanding clinical social work practice by ensuring research informs the process of exploring NMPDU in rural communities such as Ulster County, NY (Rubin, 2013). It is important for social work practitioners to collaborate to expound upon applied research to understand and explore clinical concerns such as nonmedical prescription drug use (Rubin, 2013). Through this process of exploration, the co-learners and I identified potential solutions to minimize the harmful effects of this growing epidemic on Ulster County New York residents. Using action research strategies, I sought to understand the roles and responsibilities of social workers' providing services to NMPDUs in Ulster County, New York. The primary purpose of conducting focus groups was to understand clinical social work roles and responsibilities associated with service provision for NMPDUs in Ulster County, New York. In this section of the proposal, I provide specific information concerning the participants' expertise and the data collection process. I begin by providing background in reference to the insights of clinical social workers regarding their roles, and responsibilities associated with NMPDU, and the need for increased learning experiences for the participants. In the methodology section, I describe the qualitative research design and the use of focus groups to document the perceptions of social workers in reference to service provision for individuals coping with NMPDU. I offer a summarized description of ethical practices and procedures used to gather, store, and disseminate information at the conclusion of the research project process.

Background

According to the National Survey on Drug Use and Health (2014), 4.3 million Americans over the age of 12 reported NMPDU. The survey identified nonmedical prescription painkillers as the second most common illicit drug of choice in the nation (Delany, 2015). Although there have been significant efforts to reduce inappropriate prescribing and distribution of medications, there continues to be a high mortality rate among this population (Delany, 2015). The increase in concerns associated with NMPDU in rural communities substantiates the need for additional research to identify effective clinical social work interventions to improve service provision specific to this population (Young et al., 2013).

The primary purpose of this action research project was to understand clinical social workers' roles and responsibilities associated with providing services to individuals coping with NMPDU. In conducting this study, my purpose was to provide opportunities for participants to define underlying problems, such as physical and mental health concerns, along with increased mortality rates. My focus was to understand the roles and responsibilities of social workers providing clinical services to nonmedical prescription drug- users in rural communities. During the in-depth discussions, participants identified a need for increased training opportunities to enhance service provision for this vulnerable population. Social worker's participation in the focus groups increased their awareness of the need to identify individuals at risk for NMPDU. The exploration of risk factors can foster the development of effective prevention strategies and protocols.

The key participants identified for this action research project included social workers actively practicing in Ulster County, New York. These participants had experience working with individuals who participate in NMPDU. Social workers often provide clinical interventions to individuals to increase motivation to alter unhealthy behavior patterns. The clarification of social workers' roles and responsibilities specific to this population may assist other professionals in understanding how their roles and responsibilities connect and interface with the social work profession. I attempted to provide an atmosphere of learning where participants could share their experiences associated with working with this population. As the facilitator and a social worker providing services in the Ulster County, New York, this project afforded me an opportunity to learn from other social work professionals with similar educational and professional backgrounds. This collaborative learning experience offered participants an opportunity to increase their understanding of this growing public health concern while exploring and identifying social work interventions, which may be beneficial to meeting the needs of Ulster County residents.

Methodology

I used an action research design, which allowed participants the opportunity to share their understanding of roles and responsibilities associated with providing services to nonmedical prescription drug users in Ulster County, New York. The participants were social workers who had experience working with individuals who use prescription medications in a nonmedical manner. In determining the number of participants, I limited the focus group size to seven participants to ensure effective communication and time

management. To begin the recruitment process, I obtained the social service organization listing from <https://www.therapists.psychologytoday.com/rms/county/NY/Ulster.html> and www.networktherapy.com using zip codes 12401 and 12456. Both sites provided contact information such as telephone numbers, mailing, and email addresses for social workers servicing the Ulster County community. The recruiting process entailed emailing social workers in the community (see Appendix B). I targeted social workers from community-based organizations in Ulster County, New York with a working knowledge of the identified social problem and contacted them via email.

After introducing myself, I related the topic and purpose of my study in the email, along with the criteria for participation. Using a spread sheet, I tracked initial contacts, responses, and individuals selected for participation (see Appendix A). My intent was to engage participants with prior knowledge and experience working with nonmedical prescription drug users in the rural community of Ulster County, New York in a dialogue to understand clinical social workers' roles and responsibilities associated with NMPDU. To inform potential participants of the study, I disseminated an email to twenty potential participants (see Appendix B) explaining the participation criteria and providing prospective participants with contact information to reach me to clarify questions or pose concerns. Using snowball sampling techniques, I encouraged interested participants to inform and invite other eligible social workers to join the action research project. Ultimately, I received nine interested responses. Due to scheduling conflicts, seven confirmed participation. The criterion for participants included having graduate level social work licensure along with knowledge and experience working with individuals

who use prescription medications in a nonmedical manner (see Appendix B). The recruitment email included inquiring about the interested participants' qualifications and prior knowledge and experience working with individuals coping with NMPDU. The recruitment email also provided specific information in reference to the deadline for confirming participation and the number of participants allotted. In the event the response was greater than allotted participant slots, I decided I would place the names in a bag and make random selections.

Sources of Data/Data Collection

Dustman et al. (2014) defined focus groups as interviews allowing participants an opportunity to express their experiences, challenges, and ideas, as a primary source of data. Once I selected the participants, each participant received an invitation to attend all three focus groups. Participants received an email informing them of the dates, times, and places of the three focus groups (see Appendix B). Initially, everyone agreed to attend, although attendance fluctuated when everyone met. Six participants attended the first group, seven attended the second group and three attended the third and final group. I assigned pseudonyms for the purpose of confidentiality. I utilized names beginning with the first seven letters of the alphabet. I selected the following names for focus group participants: (a) Alba, (b) Barbara, (c) Carol, (d) Debra, (e) Emily, (f) Fran, and (g) Grace. I documented and saved the pseudonyms in a password protected file. At the beginning of each focus group, the participants introduced themselves and their primary treatment focus and population. Alba opened the first group by stating:

I work in a primary care setting primarily with patients over the age of 18 with a depression rating that indicates symptoms, which interfere with daily activities.

These symptoms interfere with relationships and employment but are not seriously compromised by other severe mental health issues.

Barbara contributed:

I work in a mental health setting, with adults over the age of 18. I have one or two patients under the age of eighteen. I see anyone with a mental health diagnosis including patients abusing prescription medications. I have been a therapeutic social worker for over eight years.

Carol added, "My primary population is working individuals with a history of trauma and or criminal justice issues in an outpatient private practice setting." Debra explained, "I work in an administrative role. I am a behavioral science faculty for a medical residency. My primary clinical function is teaching resident doctors how to identify and treat patients with mental health and NMPDU disorder." Emily offered, "I work for a community-based clinic and a mental health clinician with patients from 4-90 years old. I treat bipolar, depression, schizoaffective disorder, and NMPDU. My specialty is working with children and adolescents." Fran stated, "I am a mental health clinician, working primarily with patients with co-occurring disorders and suicidal ideations." Finally, Grace commented, "I have been a social worker for 10 years, I am the director of behavioral science I primarily work with resident medical doctors and psychiatric nurse practitioners specifically in the area of NMPDU."

The purpose of these groups was to explore, from the participants' perspectives, their experiences associated with their roles and responsibilities providing services to individuals coping with NMPDU. Their responses increased my understanding of the participants' challenges regarding interfacing with this specific population. Moreover, social workers in Ulster County, New York had an opportunity to identify resources to use in clinical interventions when servicing the needs of individuals in rural communities such as Ulster County. I used two audio recording devices to capture participants' answers, in case one malfunctioned. The recordings and transcription process helped me capture all the responses and aided me in identifying recurring themes and ideas throughout the process of data analysis.

I conducted three focus groups with the goal of increasing the understanding of social workers' roles and responsibilities associated with providing services to individuals who used prescription medications in a nonmedical manner in Ulster County, NY. Seven licensed degreed social workers with experience working with individuals coping with NMPDU attended three focus group meetings to assure there was adequate time to define, clarify, and identify solutions to this growing public health concern. However, different participants attended each group; six participants attended the first group, seven attended the second session, and three attended the final group. I asked different sets of questions for each one-hour timed, recorded focus group experience, and then captured participants' information as it occurred utilizing the recording devices. The information shared was very rich and thick in reference to responding to the questions I posed. The data obtained by the participants aligned with the overarching research

question and supported by information identified in the literature review. Many of the statements made in the final group were reflective of the first and second groups, which demonstrated cohesion between the groups. Participants responded to open-ended questions and shared their perspectives and experiences working with individuals coping with NMPDU. They responded to a separate set of interview questions prepared prior to each of the groups' experience. In designing the interview questions, I organized them in a manner, which would elicit insightful conversations that would seamlessly transition into the next question. I reviewed each groups' questionnaire material to ensure the questions were relevant to each group topic and aligned with the overall research question for the study.

As the group facilitator, I actively listened to the information provided by the participants to ensure I understood the content. I intentionally did not interject my opinion or any information obtained from previous research to avoid influencing the process. However, as the group facilitator, I ensured the participants remained on topic and utilized the allotted time effectively. Using reflexivity through journaling, I documented my personal thoughts and feelings about the focus group process and the information collected at the conclusion of each meeting. I also acknowledged and journaled my increased stress levels after each focus group (see Appendix E). As I noted in my journal, "I remember experiencing increased anxiety before the first focus group because I was not sure if everyone would attend." One evening there was a threat of a snow storm, and I feared I would have to cancel the group meeting because I would not have anyone able to come.

As each focus group progressed, participants seemed to become more comfortable, as exhibited by the candidness of their responses to one another. The social workers revealed additional aspects of their roles and responsibilities required to provide quality care for individuals coping with NMPDU. Each group had a pre-determined focus based on the questionnaire, defining the problem, clarifying the problem, and the potential solutions respectively. Participants responded to 7-10 questions during the one-hour, time framed meetings (see Appendix C).

I provided participants with opportunities to express their thoughts and concerns regarding the opioid epidemic in Ulster County, NY. During the group process, I observed the members to ensure the participants answered the questions and allowed each other to finish ideas and complete thoughts. On many occasions, I privately acknowledged my reactions to the information they presented, such as I wished participants would elaborate more on certain topics and information. I remember driving home after each session feeling anxious about my facilitation of the group experience and how participants perceived it. A primary concern was that all the members of the group had an opportunity to express ideas openly and honestly. Some participants had more experience with NMPDU than others. However, I wanted everyone to feel the importance of their participation. When I arrived home after each focus group session, I wrote in my journal to process and document my experiences related to group facilitation. Using the reflexive journal assisted me in recognizing how I was feeling during the data collection process. The journaling process helped me to separate my thoughts and feelings.

Social work participants shared their perspectives regarding their current understanding of their roles and responsibilities when providing services to NMPDU. During the meetings, the group members discussed their definitions of NMPDU, how it affected their clinical practices and began listing drugs of choice used by patients, specifically those residing in the rural community of Ulster County, NY. Social workers expressed how the epidemic influenced their roles and responsibilities as professionals. Based on the focus of each group, the participants offered their perspectives on the questions presented for discussion.

Participants also expressed how working in a rural community increases the roles and responsibilities of social workers. There was a consensus among them that their agencies' administrators expected and required more from social workers in rural settings. They addressed the diversity associated with the rurality of different communities in Ulster County. There are fewer employment opportunities for social workers in specialty areas because the nature of the communities requires them to address quality of life concerns while simultaneously providing mental health and substance abuse services.

The participants thought it was important for them to differentiate increased tolerance from opioid abuse while assisting medical professionals and patients in treating pain and dependence in a manner that respected the dignity and worth of the person (see Appendix H). They also expressed the importance of collaborative care among social workers, medical professionals, and other service providers. Their collective lack of

understanding of roles and responsibilities hinders their ability to manage the complexity of patients' issues (see Appendix G).

Participating social workers also identified the lack of resources necessary to address the needs of this population appropriately and effectively. They agreed other changes such as lower caseloads and increased clinical face to face time would also be helpful (see Appendix H). Social workers agreed they also need paid time to attend training and seminars to increase their knowledge but also assist them in reducing their vulnerability to developing vicarious trauma.

Instruments Utilized in the Data Collection Process

To support the data collection process, I created three interview questionnaires to facilitate each of the three focus groups (see Appendix D). My intention in developing the questionnaires was to ascertain the perspectives of the focus group participants by guiding them to provide answers responsive to my overarching research question pertaining to identifying, clarifying and exploring solutions to the problem of NMPDU in Ulster County. I designed the questions to support the research methodology by engaging participants in the exploratory discussion process of defining the problem, understanding their roles, and ultimately identifying practical solutions.

In the first questionnaire sections, I sought to define the social work practice problem from the participants' perspective. In the second section, I explored various facets of NMPDU and its relationships to clinical social work practice in Ulster County NY, such as participants professional and educational experiences. Participants also expressed how their interactions with medical providers influence their practices with

NMPDUs. Although during the third and concluding focus group we specifically explored potential solutions and willingness to implement strategies for change, many we explored during the first two groups. I asked open-ended and thought-provoking questions to encourage participants to express their views candidly and to elicit responses to explore if understanding social workers' roles and responsibilities would improve service provision to individuals coping with NMPDU. The goal of my action research was to utilize social exchange theory and invoke a collaborative dialogue among social workers in Ulster County, New York with experiences from different areas of practice such as medical, mental health, and substance abuse. I intended to foster candid conversations about how they perceived their roles and responsibilities in their provision of social work services to people coping with nonmedical prescription drug use.

Ethical Procedures

Walden University's IRB reviewed and approved all aspects of this action research project assuring I would adhere to all required ethical guidelines. The approval number is 11-28-16-0484038. In the informed consent document, I outlined the purpose of the study as well as described the expectations of the participants. I also asked the participants to consent to audio recording the focus group discussions. In accordance with the research and confidentiality ethical guidelines of the NASW, I informed participants of the ethical procedures I would employ (NASW, 2008). To guarantee confidentiality, I used pseudonyms to identify the participants in the transcripts and data analysis. I transcribed the data by hand, on a computer word document, completed my analysis, and

stored the collected data in a secure, locked location, in accordance with Walden University's Institutional Review Board (IRB) guidelines.

Social workers have an ethical responsibility to ensure they maintain collected data in a confidential manner (see Appendix C). Guaranteeing confidentiality established an atmosphere of trust among colleagues and encouraged them to express their points of views candidly. Through understanding the roles and responsibilities associated with nonmedical prescription drug use, the social workers increased knowledge contributes to collectively expanding the awareness of other service providers of this growing public health problem in rural communities.

Summary

The purpose of conducting this action research project was to collaborate with clinical social workers in Ulster County, New York to identify, define, and increase understanding of social workers' roles and responsibilities associated with NMPDU in rural communities such as Ulster County, New York. I collected the data by conducting three focus groups with licensed social workers practicing in Ulster County, New York. The participants had knowledge and experience working with individuals who use prescription medications in a nonmedical manner. My intention was to contribute to the body of knowledge regarding social workers' roles and responsibilities when providing services to this increasingly vulnerable population in Ulster County, New York.

Section 3: Analysis of the Findings

The purpose of this action research study was to understand NMPDU in a rural county in NY. The research question I explored aimed to understand social workers' roles and responsibilities when providing services to patients coping with NMPDU in the rural community of Ulster County, New York. It was unclear if social workers providing services in this rural city, were knowledgeable of the increased risk for dependence when working with patients using prescription medications in a nonmedical manner. The primary purpose of the study was to utilize the collaborative process of focus groups to identify, define, and understand the clinical social work practice problem of providing services to individuals coping with NMPDU. I documented current social workers' roles and responsibilities, explored the practice problem from participants' perspectives, and identified challenges along with future treatment.

Implications

In this section, I focus on identifying and reporting findings of the action research study. The collected data was explored by using a qualitative coding method, to identify, document, code, and analyze repetitive themes in the data analysis section (see Appendix G). After describing how I used reflexivity and validation to reduce researcher bias, I outline learning objectives, clinical practices, specific areas of future research, and summarized the alignment between the findings and the overarching research question.

I employed an action research design by facilitating three focus groups, which allowed participants the opportunity to share their understanding of roles and responsibilities associated with providing services to NMPDUs in Ulster County, NY.

Licensed social workers with prior knowledge and experience working with individuals using prescription medications in a nonmedical manner participated in the focus groups. I recruited social work participants using two websites, <https://www.therapists.psychologytoday.com/rms/county/NY/Ulster.html> and www.networktherapy.com. These websites identified practicing social workers in Ulster County, NY and provided email addresses that were used for sampling and later communication purposes with the participants.

Data Analysis

Seven female social workers, self-identified as six Caucasian American women and one African American from different areas of expertise providing services to individuals coping with NMPDU agreed to participate in three focus groups. The aim of the research study was to identify, clarify, and explore solutions to the problem of understanding social worker's roles and responsibilities when providing services to NMPDUs in the rural communities of Ulster County, New York. Participation in each group fluctuated with six participants in the first group, seven in the second group, and three in the third and final focus group. The fluctuation of group participation will be explained later in the document.

The first step in the data analysis process was to transcribe the information from focus groups verbatim. After listening and reading the transcripts three times simultaneously, to ensure accuracy while transcribing the raw data, I began to identify emerging codes utilizing the in vivo coding process. In vivo coding is the process of labeling sections of data, interview transcripts, a word or short phrase taken from the data

to identify codes and themes reflective of participant statements and meaning (Saldaña, 2016). The purpose was to identify codes from the transcribed texts, which were specific to answering the research question. I accomplished this by reading each sentence of the transcript to identify and understand meaning by listening to the recordings to hear participants tones and moods when responding to research questions.

In my next step, I documented the codes in the margins of each page to capture recurring information and level of importance to participants. My initial coding process identified 78 codes of raw data (see Appendix G). The initial coding process although thorough was not exhaustive and as I became more comfortable with the process, codes became more evident with each review. As I reviewed the data for the second and third times I identified 100 more codes (see Appendix G). It was interesting to note how the codes and themes emerged and how research question used to facilitate the focus groups directly related to the development of themes. I reread and listened to the recordings to ensure I identified codes that may have previously been overlooked. I utilized the codes to identify the participants' views of their roles and responsibilities when providing services to individuals coping with NMPDU in Ulster County, NY. The second step of my coding process included categorizing information to ensure the data is linked to the research question (Glaser & Laudel, 2013). I used the indexing themes method to determine codes and labels representing what participants stated (Glaser & Laudel, 2013). The process requires ordering the data by attaching codes to the part of the text containing the information (Glaer & Laudel, 2013). The process of coding text requires organizing data into categories. My process included highlighting recurring words and

phrases of significance in relation to the research question while remaining open minded to the data to see what else emerged. I focused on identifying patterns specific to understanding social work roles and responsibilities when providing services to individuals coping with NMPDU in the rural community of Ulster County, New York.

My next step was to organize codes into specific categories such as stigma, impoverished communities, inequitable treatment opportunities and their relationship to treatment barriers as defined by participants. I adhered to a cyclical process, which entailed reading and rereading the transcript, identifying, and labeling codes in a cohesive manner to express their relevance to understanding social worker roles and responsibilities when providing services to individuals coping with NMPDU in Ulster County, NY. I reviewed the codes and ordered the data into categories, which ultimately developed into five overarching themes: (a) social work roles and responsibilities, (b) NMPDU/ illicit substances, (c) barriers, (d) treatment Implications, and (e) education. As I sorted the data and the themes emerged, it became clearer how the information related to the research question (see Appendix G and H). The codes were sorted and organized in accordance with their relationship to each theme and how they relate to clinical social work roles and responsibilities. During this process, I utilized my reflexive journal to add transparency and rigor to my research process. The journal was categorized to express how it was used to process thoughts and feelings pertaining to data collection and analysis procedures. The use of the journal allowed me to refer to specific feelings such as fatigue, frustration, pride, and appreciation and reactions to certain data to ensure

researcher bias did not influence the identification of key points (Corbin, Frazier, & Eick, 2015).

In appendix H, I demonstrated how I categorized the information into codes with similar terms and narrowed to five themes, which expressed the participants' understanding of their roles and responsibilities in providing services to NMPDUs in Ulster County, NY. I reviewed the codes and organized into categories, which ultimately developed into five overarching themes. As the themes developed, it became clearer how the information related to the research question. I assorted 178 codes into categories (see Appendix G), which were organized into five overarching themes: (a) barriers, (b) social work roles and responsibilities, (c) education, (d) NMPDU/illicit substances, and (e) treatment implications. Please see the findings section for clarification of themes.

The participants provided information, which I used to identify themes related to the participants' roles and responsibilities, education, barriers, treatment interventions and NMPDU. Following my facilitation of three, one- hour focus groups, I transcribed the data collected verbatim, carefully reviewing it to avoid inadvertent errors. For example, I read and reread the transcribed data and then used different colored highlighters to categorize words and phrases, ensuring I captured the meaning of the participants' responses as they related to social work roles and responsibilities when providing services to NMPDUs.

Using the process of content analysis, I explored the data collected (Myenini, Fujimoto, Cobb, & Cohen, 2014). Researchers regard content analysis as a flexible method to study text data (Hsieh & Shannon, 2005). Capturing content in real time has

proven to be beneficial in identifying recurring themes and ideas related to behavior change (Myenini et al., 2014). Using content analysis afforded me the opportunity to inductively explore information from collected data and to document recurring themes and concepts (Zhang & Wildemuth, 2009, see Appendix H).

The data analysis process enhanced my ability to understand various perspectives by exploring the meaning of the information shared by participants during the focus groups. I used the analysis of the peer discussions to establish credibility, which speaks to the integrity of the study (Elo et al., 2014). I checked data accuracy by reviewing the recorded focus groups carefully and precisely to eliminate the potential for researcher error. Also, I listened to the recorded information to confirm the content of information and how it aligned with the action research methodology. The application of the action research project increased my knowledge of gaps in social work practices and possible solutions. After reviewing and assessing the collected data, analysis, and results, I shared overarching themes, with participants for further confirmation.

The documentation of the procedures throughout each phase of the research process acted to establish transferability (Stringer, 2014). I documented the process I used to determine coding categories, recurring themes, and concepts identified throughout the research process (see Appendix G). In addition, using two recording devices assisted me in capturing all participant information clearly and legibly while preventing the loss of data due to a technical malfunction. Prior to facilitating the groups, I obtained permission from participants to audio record the discussions by requesting they complete and sign a consent form. I listened to each recording and transcribed the information verbatim into a

word document, leaving one-inch margins to note emerging codes. To ensure the accuracy of the transcriptions, I listened to the recording and reviewed the word document simultaneously. At each interval, I clarified the interpretation to ensure I correctly understood the data.

Following the transcription process, I reorganized and analyzed data to record trends and recurring themes. I continued to reduce the codes by combining and sorting like terms and themes until I had arrived at the lowest level of reduction. The important concepts are the development of an understanding of social workers' roles and responsibilities in relation to providing services for the NMPDU population in Ulster County, New York.

Validation and Legitimation Process

Validation in action research requires the researcher to establish the accuracy of the findings of the study (Noble & Smith, 2015). Strategies action researchers use for validation includes clarifying the researcher's personal biases, which I attended to by incorporating the use of the reflexive journal. Throughout the data collection and analysis process, I journaled my thoughts and feelings daily to record and review any experiences, which could hinder my ability to remain unbiased. Another strategy for validating the data included asking for clarification from the participants during the data collection process. Additionally, using the verbatim method of data interpretation required listening to the data several times to ensure accuracy of meaning.

I captured my personal thoughts, feelings, and emotions in reference to the preparation and facilitation of the focus group process in a reflexive journal (see

Appendix E). Documenting this process simultaneously decreased my stress about the focus group process, would participants return, and if the data collection was appropriate and relevant. I experienced stress physically and emotionally. I knew my stress level was decreasing as my headache subsided and I noticed a reduction of pain in my shoulders. Emotionally, my mood improved and assisted me in realizing how strongly I feel about the topic and my desire to obtain valuable and useful data. The journaling process allowed me to process my feelings in-between group sessions, which I believe strengthened my ability to allow the action research process to be genuine and uninfluenced by my opinions and beliefs. The journaling process also allowed me to critique my performance as the group facilitator after each session by processing my reactions to the group process overall. I assessed my facilitation of the group and what techniques I could enhance or discontinue. Journaling became a debriefing strategy for me because each focus group session seemed to invoke a certain amount of emotional stress.

During the data collection process, I asked participants to clarify the meaning of terms and acronyms to ensure everyone's familiarity with the terminology, and they conveyed information in a trustworthy manner. For example, when participants referred to treatment modalities and methodologies, I asked them to clarify their meanings. I then reviewed the recorded and transcribed data several times to confirm I accurately reported participant responses. In an effort to establish trustworthiness, researchers review the meaning of terms and ideas during the interview process as a method of member checking to assure they reflect the views of the participants and not the perspectives of

the facilitator (Lietz & Zayas, 2016). Although the outcomes may reveal results different from their initial beliefs, researchers should conduct the process in a manner, which provides participants an opportunity to clarify and explain their thoughts and ideas (Lietz & Zayas, 2016). Exploring and processing information with participants and posing thought provoking questions can also provide clarity. I established an environment to promote open and honest communication. At the beginning of each focus group session, I reiterated the importance of confidentiality and expressed my desire not to influence their input.

I established transferability by documenting all aspects of the action research project. I used the reflexive journal to assist me in embracing new thoughts and ideas. The process of self-reflection allowed me to assess my approach as the group facilitator and ensure my perspectives did not influence participant responses (Carbon, Frazier, & Eick, 2015). The journaling process afforded me the opportunity to review codes and themes confirming I did not omit ideas or comments and included statements from all participants. The ability to review and process my thoughts and feelings associated with the group process allowed me to recognize the importance of slowing down and allowing the natural group process to evolve. I encouraged the participants to elaborate and clarify their thoughts to invoke comments and discussions from other participants.

There is no way to determine how social workers in another study would respond to each of the questions. However, I recorded and transcribed all the information verbatim, and the process step by step, to enable another researcher to replicate the

process. Other social workers working with NMPDUs in other rural communities throughout the country, should have the ability to replicate my process.

Findings

The primary goal and specific objective of my action research project was to understand social workers' roles and responsibilities when providing services to individuals coping with NMPDU in Ulster County, NY. The findings contributed to underscoring the importance of understanding NMPDU and the prevalence associated with misuse of prescribed medications. As participants articulated their concerns about providing appropriate treatment and clinical interventions to individuals coping with NMPDU, they also explored community factors influencing the social epidemic of NMPDU in rural communities such as Ulster County, NY.

I guided the focus group participants in exploring and identifying systemic challenges facing rural social workers when attempting to decrease morbidity risks while increasing the health and well-being of people living in rural communities. A goal of the focus groups was to explore the role of social workers in effecting change within rural communities. Increasing their understanding of the social problems would encourage them to create effective, feasible, and sustainable community-focused interventions such as community education, advocacy, and forums (see Appendix G). Participants expressed an increased need to be involved in exploring treatment needs, clinical interventions, and protocols in reference to this growing population in the rural communities of Ulster County, NY on micro, mezzo, and macro levels.

Group 1 Defining the Problem

The first group identified the problem of providing services to individuals coping with NMPDU in Ulster County, NY. Five participants, (a) Alba, (b) Barbara, (c) Carol, (d) Debra, (e) Fran, and (f) Emily, identified and explored factors associated with how the problem of NMPDU has increased to epidemic proportions. The primary focus of this group was to identify how this epidemic has influenced social work roles when providing services to address the needs of this special population. As I read, and reread the transcribed data from this focus group, 50 codes emerged such as, (a) drugs of choice, illicit and medically prescribed substances patients identify as their primary choice to use; (b) medication substitution, the alternative substance used when the primary choice is not available, (c) street drugs, illegal substance purchased off the street to provide a similar effect of prescribed medications, (d) methods of use, how a substance is used, orally, intravenously or nasal, (e) physician prescribing, doctor prescribing practices, (f) patient education, ensuring patients understand the dosage, use, side effects and purpose of medication, (g) Stigma, negative opinions and ideas of people taking medications or illicit substances, and (h) withdrawal, negative physical symptoms patient feel once (see Appendix G). These codes contributed to the development the themes NMPDU/illicit substance and treatment implications, and education (see Appendix H). Participants explored their viewpoints about the correlation of mental health issues when providing services to the NMPDU population.

Group 2 Clarifying the Problem

Seven participants, (a) Alba, (b) Barbara, (c) Carol, (d) Debra, (e) Emily, (f) Fran, and (g) Grace attending the second focus group responded to questions regarding clarifying the problem of NMPDU in Ulster County, NY from a social work perspective and how it influences their roles and responsibilities. The participants discussed and analyzed from their perspectives the impact of the epidemic on increased overdose rates, medical and mental health concerns, and treatment implications. During the data analysis process, I identified 60 more codes such as (a) overdose rates, (b) racial disparities, (c) socioeconomic status, (d) equitable distribution of resources, and (e) limited treatment options, which contributed to the development of four themes: barriers, treatment implications, social work roles and responsibilities, and NMPDU/illicit substances (see Appendices G and H). All participants expressed concerns in reference to how NMPDU influences treatment protocol in the rural community of Ulster County, New York.

Group 3 Identifying Potential Solutions

During the third and final focus group three participants attended, I facilitated the discussion to identify solutions to the problems, as the main topic. The group discussion identified 60 additional codes such as (a) social work and physician education, (b) school curriculum, (c) transportation, (d) insurance requirements, (e) government regulations, (f) community education and, advocacy. The codes contributed to the development of themes, education, barriers and social work roles and responsibilities (see Appendices G and H). A careful review of the focus group data identified five themes, barriers, roles and responsibilities, education, illicit substances, and treatment implications, which

included with the challenges and barriers Ulster County social workers experience as they attempted to manage expectations effectively. The following sections offer more details about each identified theme.

Barriers

Participants identified barriers to providing effective treatment to patients coping with NMPDU in Ulster County, NY. When factoring in providing care to individuals living in rural communities with limited treatment access, transportation, became a recurring theme. Three participants identified lack of transportation as a significant barrier (see Appendix G). Carol suggested,

There is a population of people out there that doesn't make it to any kind of treatment because of how spread out the community is. It would be great if there was an outreach program or mobile transportation.

Debra added,

We have a transportation problem in this county. Medical transportation is only available for individuals with Medicaid. There are many people that are living a few dollars outside the financial guidelines that cannot afford a car service from their very rural community to the nearest provider. Participants shared their collective experiences and frustrations about the county's limited access to transportation to/from medical, mental health, and substance abuse services (see Appendix G).

Another recurring barrier was criminal justice vs. medical models. (see Appendix G). Emily explained there has been a recent paradigm shift due to the effect of Opioid

dependence in the White middle-class communities, but not much change has occurred in communities of People of Color. Barbara, Carol, and Debra also discussed the disproportionate number of African Americans receiving sentences of increased amounts of prison time, without the opportunity to participate in treatment. I explored factors such as the fair and equitable distribution of treatment resources, socioeconomic status, and the influence of race as treatment barriers. Social workers expressed the importance of advocating for fair and equitable distributions of resources in all communities, especially low-income communities (see Appendix G).

I think Carol hit it right on the head last week, when she was talking about the reason it is (the epidemic) so new because of the White face of it and the middle-class face of it but I don't think it is new. It is unfortunate, but it often takes something to become a White problem for lack of better words for it to get the attention and billing. When it is happening to People of Color in inner cities, officials consider it a criminal justice problem.

Fran added, "You sent them to jail, cracked down on communities, and sent people to methadone clinics. But now you have Caucasian businessmen who can't go to methadone clinics." Emily suggested, "I mean it is good because we have this focus on it but it is frustrating from a social justice perspective." Participants expressed the importance of their responsibilities to ensure fair and equitable treatment for all people.

Another barrier identified was the stigma, (see Appendix G). Barbara offered, "I think society continues to view addiction as a moral deficit than a medical problem." Participants indicated factors such as stigma and skepticism about confidentiality as

treatment barriers. Their concern may influence resident's willingness to participate in substance abuse treatment facilities (Young et al., 2012). The participants ascribed the problem to governmental and unfair insurance regulations specific to opioid/and other medication addiction treatment. Emily stated, "I think insurance is another barrier. Some insurance companies are like ok we will give you three days in detox and then nothing else." The regulations and guidelines do not consider the immediate needs of individuals at risk of withdrawal and overdose due to increased tolerance and misuse. "For example, Alba stated, I just think the old school way of a patient having to fail at outpatient treatment before you can be approved for inpatient treatment is frustrating."

Roles and Responsibilities

Focus group participants expressed how the opioid/opiate epidemic affected their roles and responsibilities when providing services to individuals coping with NMPDU. Participants identified having unconditional positive regard, educating the community about identifying the problem, and how to access resources as their primary and immediate responsibilities. Participants expressed how the increasing demands of this growing population influence their practice requirements.

Participants identified increased risk factors such as substances of use. Alba expressed, "It is important to understand that patients are using illicit substances and medications simultaneously to obtain desired effects." Barbara expressed, "Our roles have changed because we have to be educated in methods of use, and how it impacts patients from a medical perspective." Fran stated, "The importance of understanding drug substitutions when attempting to evaluate this unique population has increased

significantly.” Social work participants explored how their roles and responsibilities have increased since the epidemic of NMPDU became a national issue. All focus group participants expressed the importance of completing appropriate and effective mental health, substance abuse, and prescription drug misuse assessments, which have treatment implications (see Appendix H).

Participants also expressed the importance advocating for policy change on the micro, mezzo, and macro levels of government. Alba added, “It is important that we advocate for affordable insurance and realistic treatment eligibility requirements for patients in need of detoxification and rehabilitation services” (see Appendix G). Grace added, “For me, the issue is available resources, I had a patient I referred to treatment that was not admitted, and the patient died. That’s infuriating because if a patient using opioids is not in active withdrawal, they have to return in 2 days for care when they are in active withdrawal.”

Education

The participants indicated the need for increased social work education on NMPDU. A primary area of concern pertains to the lack of substance and medication abuse curricula provided in social work academic programs. To support this educational concern, Fran commented, “I think we need the ability to educate patients, family members, communities, and prescribers about our roles.” Additional information could assist in learning about the differences between dependence, withdrawal, and tolerance (see Appendix G).

Attaining additional knowledge concerning social, economic factors such as middle class/poverty, and stereotypes associated with NMPDU can assist social workers in developing effective treatment, intervention, and advocacy techniques (see Appendix G). Grace expressed, “It is very important for social workers to educate people on the medications they are taking and the potentially harmful effects of medications such as Opioid and Xanax” (see Appendix H). Debra, “I am currently working with physicians that need to be educated on treating patients who use medications in a nonmedical manner from a medical model treatment approach.” Barbara expressed a point of view coming from a primary medical setting, sharing, “I think what we are seeing is the result of a community crisis that began some years ago when physicians began treating pain in a compassionate manner.” Barbara continued to explain the inadvertent creation of the crisis. Social workers attributed this to not informing patients that opioids addressed acute pain and they were titrated off their medications without education or medication to remediate their symptoms of withdrawal. In desperation, many of these physically dependent patients ended up going to the streets to try and buy prescription medications to offset their discomfort caused by addiction. They may not have been able to afford these medications and ended up purchasing street drugs or heroin.

Participants identified the importance of education about medications and substance abuse issues at the graduate social work level and from different perspectives in areas of practice. These practice areas included (a) medical social work, (b) depression care management, and (c) integrated medical and mental health care training for resident doctors (see Appendix G). Participants shared their experiences concerning social work

courses and internships having limited access or lacking availability to address substance abuse issues. They attributed their lack of education and experience in assessing and diagnosing this population from their learning institutions.

Although social workers operate in a variety of settings, the participants identified a lack of specific clinical training focused on intervening with individuals who have substance abuse issues. A sub-theme emerged during the discussion related to the lack of education and experience provided to prescribing residents and attending physicians (see Appendix G). Many are reluctant to talk to patients regarding the harmful effects of prescribing narcotic medications and the potential for dependence and withdrawal. Doctors address these issues from different perspectives and hold divergent values, which influence their prescribing practices. Physicians are responsible for balancing the needs of patients in chronic pain with the increased potential for addiction. They lack knowledge and understanding of how to address competing medical concerns (Katzman et al., 2014).

Illicit Substances/NMPDU

Focus group participants identified several substances which require specific risk assessments. Participants expressed significant concern about patients' mode, method, and potential to substitute illicit substances for prescription medications (see Appendix G). For example, Alba reflected,

I think the first thing that comes to my mind is the overdose deaths that we have had in the county and then all the fallout that happens because of those deaths. Some of them have been young people with connections in the community.

Social workers also expressed how the dosage, tolerance, and frequency of use may influence the patient level of care requirements (see Appendix G). Individuals with high tolerance and using elevated levels of medications above prescribed dose may require medical detoxification to prevent seizures and other harmful reactions to the withdrawal process. Carol explained, “This is a heartbreaker because it shows the emotional pain these individuals are in, which started in an effort to relieve physical pain. Debra added, “Exactly, so legitimate use sometimes becomes misuse, overuse becomes abuse and dependence, and people start getting it off the streets and may even turn to street drugs” (see Appendix G). Alba stated, “I think what we see ourselves treating now is the epidemic.” Carol added, “Especially in this area right now. We have a lot of opioid addiction, and people are coming to us as either abusing their prescription medications, buying them off the streets, or they are actively using heroin.” Carol also offered, “It is often concurrent with mental health issues.”

Treatment Implications

Social workers expressed the need to find methods to target co-occurring disorders and the potential for abuse of some of the most widely prescribed medications to address specific mental health concerns. Another area of concern they addressed was the increased risk for individuals with co-occurring disorders potential for suicidal ideations and attempts (see Appendix G). At one point during the group, the social workers explored the challenges of navigating prescribing practices when working with physicians that may have different treatment philosophies or values than the social worker or patient. Emily offered, “As a social worker working in the faculty residency

program, it can be challenging working with physicians that have different treatment philosophies in reference to treating patients with opioid/opiate addiction.” Grace offered:

Case management, treatment, and care navigation are important services due to the nature of the problem, the use of drugs takes over, and they lose relationships, jobs, and access to other important resources.

It is important to develop and implement evidence-based treatment practices with efficacy specific to NMPDU, especially in rural communities of Ulster County NY (see Appendix G). Barbara defined the problem as:

Patient pain is often legitimate and providers, doctors, and social workers have an obligation to identify therapeutic methods to address concerns simultaneously. I think acknowledging stigma when treating addiction may be an important area of focus.

Alba stated, “There are huge rates in mental health, we know that there are higher rates of suicide in rural communities” Debra concurred, “That is true.” Grace who works in the resident faculty program suggested, “Where I work we are actually looking to see if deaths that are deemed overdoses could also be considered suicides.”

The participants also highlighted the need to identify innovative treatment protocols while exploring the potential to modify current interventions to address NMPDU specifically. Utilizing evidence-based treatment practices, prescription monitoring programs, and psychiatric assessments can inform practice protocols. (see Appendix G). Effective assessment and treatment of co-occurring disorders, comorbidity,

suicidality/self-harm, and employing medication-assisted treatment can also assist social workers in developing a comprehensive treatment model to address the biopsychosocial needs of individuals coping with NMPDU in the rural communities of Ulster County, NY. The development of treatment protocols including buprenorphine, methadone, or therapeutic clinical interventions specific to opioid dependence may be effective in reducing overdose fatalities (Pierce et al., 2016).

Unexpected Findings

Unexpected findings also resulted from the group meetings. The participants expressed concern about the lack of inclusion of community self-help recovery programs. Carol shared,

Opioids are still not one of the addictions that are brought up in the rooms. It has not permeated that area yet. People do not see opioid addiction the same as alcohol and other substances, even if it is addressed by primary medical professionals. Fran noted:

We also have patients that believe if they are on the Suboxone or Methadone program, they are not really considered clean and their clean time doesn't count. Some patients express that even though social workers are suggesting they attend self-help meetings in the community, patients are not feeling the welcome, love, and support we would hope. Patients are experiencing the divide within the recovery community.

Another unexpected finding was the perception of legal professionals such as probation, parole, and other criminal justice professionals. Alba expressed:

Law enforcement agencies are denying patients the opportunity to participate in medication assisted treatment programs. I worked with a patient that dropped out of treatment because probation threatened to reincarcerate the patient if they continued taking Suboxone.

Community education may assist in informing professionals working in other community organizations about the benefits of medication assisted treatment. Increased knowledge and understanding could have a positive effect on reducing the stigma attached to addicts. However, legal entities should not have the right to overrule the medical judgment of physicians.

Summary

I utilized focus groups to explore social workers' understanding of their roles and responsibilities associated with NMPDU. The open and honest discussions allowed social workers to express their concerns in reference to meeting service requirements of an increasing population of NMPDUs. The participants identified how their roles and responsibilities increased the need for education, training, and methods to overcome barriers to treatment.

The recurring themes I identified represent points for further exploration of potential solutions to address service gaps such as treatment interventions, and modality needs specific to NMPDUs in rural communities. Using the collected data, I identified barriers to treatment resources, which included lack of transportation, insurance, and adequate housing. A significant concern identified and reiterated by participants was identifying and understanding their specific roles and responsibilities in treating the

epidemic of NMPDU in rural communities. Their participation in the action research project afforded the participants the opportunity to collectively express, explore, and identify challenges, along with potential solutions.

Section 4: Recommended Solutions

The purpose of this research project was to increase helping professionals, researchers, and other interested stakeholders' understanding of clinical social workers' roles and responsibilities associated with providing services to NMPDU in Ulster County, New York. Currently identified as a national health crisis, providers in the health care related fields have associated NMPDU with increased mental illness and deaths, along with other health-related risk factors, especially in rural communities similar to Ulster County, NY (Young et al., 2014). Further research is required to increase the public's awareness about the effects of NMPDU in rural communities (Beauchamp et al., 2014) and identify feasible and sustainable solutions.

Informed researchers can establish how the trends of NMPDU affect rural communities such as Ulster County, NY. Current research specific to geographic locations are insufficient (Beauchamp et al., 2014). Clinical social workers expressed the importance of developing or revising treatment interventions to address the specific needs of patients using prescription medications in a nonmedical manner in rural communities. I explored participants' concerns in reference to acknowledging the pain management needs of patients while effectively evaluating and assessing their propensity for dependence. Social workers also shared the increasing expectation for them to be knowledgeable about different medications of abuse, increased tolerance, cognitive and physical impairments while monitoring patient risk for overdose (Medlum, 2016).

The participants of this study were practicing licensed social workers in Ulster County, New York with experience working with individuals coping with NMPDU.

Focus group participants discussed strategies to influence positive social change by increasing partnerships with medical and community professionals. Participants identified collaborative activities they believed would be useful to educate the Ulster County community on the harmful effects of NMPDU. Participants expressed how the lack of specific clinical interventions limits their ability to assess and treat individuals coping with NMPDU. The group participants expressed the need for continued education and training as necessary to increase clinical professionals' understanding of their roles in respect to offering services and treatment interventions to individuals coping with NMPDU (Keyes et al., 2014).

During group discussions, participants also identified and explored challenges they experienced when treating individuals coping with NMPDU in rural communities. The participants answered a series of questions, which invoked thoughtful responses to first understand and then define clinical social work practice problems from their perspectives. The groups I facilitated considered whether clinical social workers intervening with the NMPDU population required additional information or training related to treating their increased mental and physical health risks. Following these discussions, they later met to identify feasible and sustainable solutions.

Applications for Professional Practice

Key Findings

The action research focus groups revealed several findings, which would result in increasing professionals' understanding of social work roles and responsibilities when providing services to NMPDUs in Ulster County, NY. The focus group participants

responded to open-ended questions designed to elicit honest communication between them. The group of contributing participants expressed challenges and struggles associated with balancing the complex needs of patients presenting for care. Patients typically have increased biopsychosocial stressors such as mental, physical health, financial, and criminal justice concerns influenced by NMPDU. Focus group participants expressed the need for additional education and training opportunities to expand social work knowledge and use of clinical interventions to ensure treatment efforts are appropriate and effective.

Education

One of the primary themes identified by the social workers when exploring and defining social work roles and responsibilities was the importance of physician, patient, and community education. Social workers identified the lack of substance abuse education in social work graduate programs as a deficit in most learning institutions. The international overdose death rates have risen to epidemic proportions, underscoring the need for academic programs to include micro, mezzo and macro advocacy, treatment, and policy coursework (Vakharia, 2014). Carol shared, “Educating social workers to properly assess for substance abuse and NMPDU risk factors such as mental health, stable housing, tolerance and the progression of use in the school setting would enhance the quality of therapist service provision.” Researchers indicated that only 14.2% of American social work schools offer classes, which specifically address substance abuse issues (Vakharia, 2014). Participants expressed the frustration of feeling ill prepared to

address the needs of the substance abuse community, especially those coping with NMPDU concerns.

Another area of concern addressed by participants was the increased need for doctors to receive specific training about medications with documented patterns of abuse. They expressed doctors would benefit from learning current ethical and responsible prescribing practices. NMPDU overdose deaths can result from complex medications and combinations, which create lethal cocktails (Valkaria, 2014). Grace who works with physicians offered:

Something else that I have noticed as well is on the provider level if I am able to speak freely, let's educate the residents (doctors) that are coming on as new providers to the field. Some of the doctors have not accepted the shift in thinking about substance dependence treatment from a medical model perspective.

The third educational area of concern related to ensuring patients received information about their prescribed medications. Patients taking opioid medications for chronic pain might not understand the medications they receive may not be safe for long term pain management (Medlum, 2016). Barbara added, "So describing the biological part to patients and families is a huge part of my role, along with continuing to educate myself about the medications and resources out there." Debra followed up by stating:

Like we were saying before it is so frustrating when you walk into a doctor's office and they say here is some Percocet for a headache without even asking about a substance abuse history. If someone is in that much pain that he or she needs an opioid prescription, referral to a specialist mental health provider such as

a social worker or someone who can properly assess the best method of ameliorating the pain is needed to prevent the patient from becoming vulnerable to developing an addiction to the medication.

Focus group participants expressed the importance of educating physicians, social workers, individuals, and the community of Ulster County NY collectively to increase understanding of NMPDU to reduce overdose fatalities.

Roles and Responsibilities

Participants explicitly described their current roles and responsibilities associated with NMPDU and how they have evolved and expanded simultaneously with the growth of the opioid epidemic. Focus group participants expressed the importance of continually clarifying their values when working with this specialized population. They identified the reality that the demographics of opioid dependence and overdose rates have changed to include a larger group of drugs and covering a broader community base. Fran shared, “I think in the capacity I am in right now, working with resident doctors is decreasing stigmas and the stereotypes that are attached to NMPDU while educating doctors on the appropriate terminology.”

Carol added, “I think it is interesting to note how over the years it has impacted the White middle-class community, which unfortunately has highlighted the problem.” Meeting the needs of the adolescent population was another area of concern participants reported were specific to their roles and responsibilities. Debra, a participant with experience working with teens expressed:

I think it is also important to note that a lot of teens have come to me that were heavily addicted to opiates/opioids. We kind of have this snowball effect of patients either purposely or unintentionally becoming addicted to medications.

Although opioid analgesic use has surpassed marijuana use as a primary first drug of use by youth, there are limited studies exploring this phenomenon (Prince, 2015). Fran shared, “I know of a personal experience with my daughter; she went to the emergency room for a stomach ache. She is a young adult, and they gave her Percocet. I tried to explain to her about this medication and that it has highly addictive qualities.”

Alba responded Carol by saying, “I feel like it is really hitting this population hard and it is a ripple effect. They are very hard to engage and keep in treatment.” Another primary function identified by the social work participants was recognizing and addressing the service needs of individuals coping with NMPDU in the rural community of Ulster County versus an urban community. Researchers indicated the per capita number of opioid sales in rural communities had surpassed some urban communities (Keyes et al., 2014). Social workers explored limitations in their ability to provide specialized services because of the diverse and vast needs of the community. They viewed social workers as a scarce resource, especially in rural communities. Emily commented:

I think in the past, you saw more specialty referrals to Credentialed Alcohol and Substance Abuse Counselors (CASACs) and now you are seeing more of the no wrong door approach and we are all expected to be experts on chemical

dependency issues whether they are substance abuse, medication assisted treatment or NMPDU.

The participants explored specific risk factors connected to increased NMPDU, which indicated an increase in individuals obtaining prescriptions from community physicians and/or family and friends (Wang et al., 2014). Barbara responded to the previous comment with, “Addressing the needs of NMPDU in Ulster County can be complex because stigmas can be very different among different populations of users, there are layers of issues that must be teased out.” The need for social workers with competency in specific areas is in high demand because in rural communities they may be the only community provider interacting with families (Lewis, Scott, & Calfee, 2013).

Solutions

The action research participants provided recommendations for potential solutions and future research projects to enhance the understanding of clinical social workers’ roles and responsibilities in providing services to individuals coping with NMPDU in Ulster County NY. The staff would provide medical and mental health assessments, which also screens for substance and nonmedical prescription abuse. Expanding service provision with limited government funding is a constant challenge for social workers. They also face additional pressures to satisfy increased outcome measurements (Lewis et al., 2013).

Participants explored the possibility of utilizing public awareness campaigns to increase the communities’ understanding of the impact of NMPDU, reduce stereotypes and stigmas, and increase community awareness and involvement. They expressed the belief that investment efforts such as this would collectively reduce the devastation of

this epidemic. Researchers found the opinion of the public as instrumental in obtaining the attention of political figures to ensure required public policy changes (Lewis et al., 2013). Focus group participants expressed their willingness to join forces with other social service providers to facilitate a community advocacy forum. They would use this as an opportunity to educate physicians, community service providers, local legislators, individuals, and families of the warning signs and harmful effects of NMPDU. They could also distribute information on local resources and methods to improve communication between the patient and physician.

Another solution identified by the participants was the need to offer paid time off for social workers to attend training to increase knowledge specific to NMPDU. They articulated their increasing concerns related to the treatment needs of individuals and communities coping with NMPDU in rural communities. The group articulated the benefits of providing access to specialized knowledge of available resources, innovative clinical interventions, and governmental policies. Social workers receive limited education in graduate school pertaining to substance abuse treatment and service provision to the NMPDU population (Vakharia, 2016) They would benefit from extra training and knowledge specific to emerging clinical practices, federal regulations, and policy guidelines regarding prescription monitoring and safe drug disposal programs, along with the availability of opioid reversal medications and administration training (Vakharia, 2016).

Applications for Professional Practice

Learning of Participants

Focus group participants expressed increased knowledge in understanding and appreciating the focus group process for professionals. As the members came together each week to express their thoughts and concerns, they seemed to become increasingly more willing to be open and honest about the challenges they face. All participants acknowledged the dearth of education available for themselves, medical providers, and the community in reference to NMPDU in Ulster County.

I believe the group participants realized that their collective goal was to ensure quality service provision to the populations we serve, which is increasingly individuals coping with NMPDU. Many participants articulated their sense of inadequacy in treating this special population because they did not believe they received sufficient preparation at the graduate or internship academic levels. The participants collectively identified how they searched for educational material and training within and outside the Ulster County community. They accomplished this by increasing community activism, holding public meetings, and improving outreach efforts, and resources to local families.

Participants collaboratively identified challenges, barriers, and accomplishments while exploring their roles and responsibilities providing services to individuals coping with NMPDU in the rural communities of Ulster County, NY. The focus group participants began to recognize they were already addressing challenges and reducing barriers on micro and mezzo levels. As the group facilitator, I guided group participants in collectively brainstorming ideas and developing strategies to address concerns

pertaining to community education, patient resistance to local treatment programs, and ensuring fair and equitable treatment practices within social service agencies. Participants expressed the need to target rural communities in an effort to reduce the stigma and stereotyping related to different populations of presenting patients. To accomplish this, the social workers agreed, redress on a macro level was necessary and would require the involvement of leaders within their agencies of employment and advocacy with local elected officials.

Learning of the Research Facilitator

As the group facilitator, I learned that as an African American social worker, my White colleagues had an awareness of the racial and socioeconomic differences associated with how and why NMPDU is receiving national attention. The participants already explored how the increased exposure could benefit all individuals in need, not just the White middle and upper-class community. Social workers' core values emerged during the focus groups. The group discussed the importance of acknowledging the dignity and worth of a person while recognizing how social justice concerns influence governmental decisions (Osuch, 2014). Social workers should treat each person with care and respect while functioning as social change agents, addressing instances of oppression, discrimination, and social injustice (Osuch, 2014).

I also learned the aspects of conducting an action research project with other social workers providing services in the field. It was very interesting to experience and be a part of the process. Action research focus groups without clear direction may decline into negative discussions focusing only on the problems specific to the issue (Grant &

McNeal, 2015). The participants passionately expressed a need to understand their roles and responsibilities associated with NMPDU in Ulster County, NY. They were open and honest about expressing concerns and convictions in reference to exploring and identifying solutions to this growing epidemic. I learned the importance of keeping the conversation on topic without stifling or controlling the conversation.

Confirmation of Findings Based on Literature

Researchers explored if geographical location influences NMPDU risk factors specific to rural communities (Keyes et al., 2014; Young et al., 2012). Their findings indicated the need for further research. Young et al. (2012) reported current data provided information that was not specific to medications of abuse and other biopsychosocial factors, which included age, gender, and race. Participants also identified the lack of transportation, limited treatment resources, along with financial constraints, limit patient's ability to attain adequate housing and insurance.

Participants expressed the importance of providing additional education for medical providers with an emphasis on substance and medical abuse. They shared and processed their practice experiences with physicians that may not philosophically embrace the medical model of addiction. Keyes et al. (2014) identified the omission of health care professionals as a limitation of their study. Fisher et al. (2014) indicated a potential benefit of prescription monitoring programs and the implementation of universal regulations and guidelines for physicians prescribing narcotic medications.

Keyes et al. (2014) and Ofrat et al. (2014) identified increased biopsychosocial risk factors influenced by NMPDU in rural communities as areas of concern, requiring

further exploration. Focus group participants articulated their concerns specific to increased mental and physical health problems created by NMPDU. Young et al. (2012) expressed very similar concerns when exploring the effect of biopsychosocial factors related to NMPDU. Focus group participants identified risk factors specific to NMPDU in Ulster County, NY. The risk factors included the lack of medical provider and social worker training specific to understanding dosing and harmful effects of opioid and benzodiazepine when they combine medications in an unhealthy manner.

Action research participants explored social workers' roles and responsibilities when coordinating services for patients coping with NMPDU in rural communities. Several participants discussed how the increase in medications of abuse related to higher rates of patient death by overdose (Griffin et al., 2015). However, the participants also expressed the importance of understanding the medical needs of patients while simultaneously balancing legitimate medication requirements. Griffin et al. (2015) identified an assortment of medical issues exacerbated by patients taking medication combinations of opioids, psychotropic, and stimulants.

My goal was to evaluate literature exploring social workers' roles and responsibilities when providing services to individuals coping with NMPDU. The lack of research specific to this topic quickly became evident during the literature review process. Wright (2013) found small scale qualitative research studies had minimal influences on social work practices. The action research participants identified several areas that NMPDU has influenced changes in clinical social work practice. Social work

participants encouraged the development of universal treatment practices and protocols for addressing the specific needs of this growing population.

Solutions for Clinical Social Work Practice

A primary area of clinical social work practices the group identified was the need to increase community awareness and education specific to NMPDU in Ulster County, NY. The participants expressed grave concerns regarding the lack of knowledge and understanding the citizens had pertaining to the impact of NMPDU in their local neighborhoods, as well as subcultural contexts associated with drug use trends within specific communities to improve the overall health of the community (Kelly et al., 2015). Current information can assist social workers in developing and implementing innovative community programs to reduce stigma and shame while increasing collaborative efforts to enhance service provision.

Another social work practice area of concern was the need for social workers in Ulster County, NY to increase efforts specific to addressing social justice issues, ensuring fair and equitable distribution of resources to all Ulster County residents. The participants indicated the desire for social workers to advocate for reducing the effect of socioeconomic factors when accessing expert professional advice and support (Raymie et al., 2016). Several social work participants expressed concerns regarding the undesignated financial and treatment resources to the NMPDUs until it reached White middle-class communities. Addressing the current racial inequalities could assist in assuring inclusion of residents from disadvantaged communities in efforts to reduce the impact of NMPDU (Hansen & Netherland, 2016).

Solutions for Clinical Social Work Practice

Participants expressed the importance of identifying and developing procedures or clinical interventions specific to social workers working with individuals coping with NMPDU in the rural community. Participants were adamant that the size of social worker caseloads is not realistic to adequately assess, treat, and advocate for the increased needs of patients coping with NMPDU in the rural community of Ulster County, NY.

Participants reiterated the barriers of ensuring ongoing care due to limited treatment opportunities, the complexity of medical and mental health concerns, and financial constraints. Organizations constantly demand social workers increase productivity and efficiency while coping with continued decreases in government funding (Charslesworth et al., 2015). Participating social workers suggested hiring care navigators who specialize in assisting patients with accessing resources such as financial and insurance benefits. Care navigators allow participants time to advocate for the long-term therapeutic and educational needs of individuals, families and the community. The social workers articulated their increasing concerns related to the treatment needs of individuals and communities coping with NMPDU in rural communities continuing unmet needs.

Next Steps

Participants expressed their willingness to contact the deans of their graduate school social work departments to advocate for the development and implementation of substance abuse curriculum, which would include medications of abuse. Social work academic accreditation standards developers have not created guidelines specific to addressing clinical practice requirements for treating substance and medical abuse issues

(Vakharia, 2016). The social workers committed to advocating for the addition of classes into social work academic programs at local universities. Many of the participants expressed that in their capacity of supervising social work interns, they will increase their efforts to expose social work students to patients coping with NMPDU concerns. Ensuring increased academic and training opportunities specific to co-occurring disorders and NMPDU are available to social work graduate students will strengthen the clinical skills of those entering the field.

Focus group participants repeatedly articulated their concerns regarding the inadequacy of their education to prepare them to clinically address the needs of clients with substance abuse and mental health disorders complicated by NMPDU when they entered the workforce. Courses specific to increasing these areas of knowledge could incorporate case studies, which integrate medications of abuse, overdose reversal, and medication assisted treatment protocols (Vakharia, 2014). Additional time in the field can assist social work research students in expanding their knowledge base when seeking to explore and identify the efficacy of specific clinical interventions.

Social workers expressed their commitment to meeting with local and state legislatures to educate them on the opioid epidemic and the need for increased funding to reduce the effect of this public health crisis for all Ulster County residents regardless of their socio-economic status. Young et al. (2012) indicated NMPDU in rural communities presented with more medical and psychological illnesses and increased family conflicts than their urban counterparts. Participants expressed how their roles and responsibilities have evolved. They anticipate continued changes as the biopsychosocial needs of this

special population become more evident. However, program infrastructures have not changed to increase clinical social workers and other support staff's ability to accommodate service provision for individuals and families living in rural communities, coping with NMPDU. It would also be empowering for social workers to know about the Good Samaritan laws, approved medications to reduce withdrawals and cravings, along with effective and appropriate doses of common medications of abuse. The knowledge of how to use interventions such as medication-assisted treatments, cognitive behavioral therapies, motivational interviewing, and relapse prevention techniques interchangeably would be empowering for all community members (Hansen & Netherland, 2016).

Empowerment

Participants contacting and meeting with local and state officials will serve to increase knowledge and understanding of the impact of NMPDU in the rural communities of Ulster County, NY. The collective advocacy of social workers will also provide an opportunity to express the need to address barriers to treatment and other limited resources such as insurance coverage, transportation, and the affordability of adequate housing. As professional and potential voters, politicians may respond to the collective advocacy and expertise of social workers (Lewis et al., 2013).

Social work participants shared their frustrations when attempting to advocate on local and state levels to effect social change. They expressed the time commitment can be as long as ten years for a community concern to be addressed. However, collectively they expressed excitement about the possibility of pursuing social justice issues pertaining to NMPDU and the importance of the fair and equitable distribution of resources for the

middle class and the poor. Not addressing racial disparities and socioeconomic concerns simultaneously will decrease legislative support when introducing Good Samaritan laws and safe injection site programs, which benefit all communities (Hansen & Netherland, 2016).

The recommended solutions will improve my clinical social work practice as the participants validated many of my concerns about understanding my role and responsibilities when providing services to individuals coping with NMPDU in Ulster County, NY. Conducting the study enhanced my understanding of the importance of attending continuing education courses and training specific to addressing the increased biopsychosocial needs of patients coping with NMPDU. Social workers often liaise between mental health prescribers and primary physicians addressing the medical needs of a shared patient. Therefore, it is important for me to understand medical and mental health medications of abuse, contraindications, and appropriate dosages. I identified the need for advocating for the fair and equitable distribution of resources for all Ulster County residents as a responsibility of social workers working with this vulnerable population. I learned from my social work peers that we have an obligation to collaborate on these pressing matters affecting our neighbors, families, and friends.

An effective method for social workers and organizations to evaluate the proposed solution of increased education and training of social workers would be to survey social work interns and recent graduate social workers to measure their initial comfort level when working with individuals coping with NMPDU. Using a survey as a tool, researchers could explore social worker's perceptions of their knowledge and

expertise when providing services to individuals coping with NMPDU. Upon collecting evaluative information, vested parties would receive current and ongoing feedback regarding the efficacy of their strategy. Appropriately trained social workers can learn to develop and utilize clinical interventions to reduce the influence of NMPDU on the individuals, communities, and legislative entities in Ulster County, NY (Vakharia, 2014).

Implications for Social Change

This action research project has the potential to affect social change on the individual, family, organizational and societal levels by increasing social workers' understanding of their roles and responsibilities when providing services to individuals coping with NMPDU. Increased education and training may enable social workers to effectively evaluate and assess the biopsychosocial needs of patients presenting for care in the rural communities of Ulster County, NY. Focus group participants suggested creating treatment team approaches to include physicians, social workers, nurses and care navigators with special training and experience addressing the specific needs of individuals, families, and the medical community coping with NMPDU in Ulster County NY.

Understanding social work roles and responsibilities associated with NMPDU in Ulster County, NY may have an influence on the larger social work body of knowledge by increasing interest in exploring this topic on a national level, which may influence the development of clinical interventions specific to NMPDU. Overdose deaths associated with NMPDU are increasing more rapidly in rural communities than in urban communities (Wang et al., 2014). Exploring and understanding the escalating

psychological and physical risk factors associated with NMPDU in rural communities may assist the social workers to develop and implement universal clinical interventions and treatment practices specific to addressing the needs of this population. Creating innovative interventions requires placing an increased focus on understanding the epidemiology and clinical program designs unique to the treatment needs of individuals coping with NMPDU in rural communities (Wang et al., 2014).

Researchers encourage social workers and other mental health professionals to add to the body of clinical knowledge by conducting research to inform practice (Hott et al., 2015). My goal is to disseminate the information and knowledge obtained from this action research study by presenting the findings at national and local conferences, which focus on to increasing clinical social work practice interventions. As a social worker, I have a responsibility to communicate the findings of my research to communities (Hott et al., 2015).

Another method of disseminating my research project will be through writing journal articles to increase public awareness about the effect of NMPDU on the Ulster County social work community. The sharing of this project may also expose social workers to the benefits of participating in research projects. Researchers indicated that social workers have historically been reluctant to participate in studies. However, exposure to journals and articles written by their peers may decrease their apprehensions to facilitate and participate in future proposed projects (Kranke et al., 2015).

Summary

The purpose of this action research project was to understand social workers' roles and responsibilities when providing services to individuals coping with NMPDUs in the rural community of Ulster County, NY. Social workers face significant challenges when attempting to provide services to individuals using medications in a nonmedical manner. Community participants discussed several barriers affecting the provision of effective treatment to this growing population. They suggested specific solutions to increase social workers' knowledge and understanding about their roles and responsibilities. The participants identified solutions to increase their understanding of NMPDU and service provision, which seem to be increasing daily as the effect of the epidemic becomes more widespread.

The prevalence of NMPDU in rural communities continues to stretch across the country at a faster pace than in urban communities (Wang et al., 2014). Researchers are beginning to explore the differences in risk factors associated with NMPDU in rural communities versus the risk factors in urban communities (Keyes et al., 2014; Wang et al. 2014; Young et al., 2012). Participant social workers identified contributing factors such as limited treatment facilities, transportation issues, access to medical and mental health services compounded by diverse medication needs. Social workers provide the majority of mental health services in the United States and also address the biopsychosocial factors associated with these concerns (McGregor et al., 2011). Monnat and Riggs (2015) suggested focusing future studies on providing clarification on the role geographic location has on prescription drug misuse in rural communities, along with

educational and prevention programs tailored to this specialized population. Kouimdsidis et al. (2012) expressed the importance of professional training and credentialing for social workers, physicians, and other helping professionals to enhance the efficacy of service provision to the vulnerable population of NMPDU.

I would like to see the social work profession participating in legislative decision making on micro, mezzo, and macro levels in reference to reducing the impact of the opioid epidemic. I would like to disseminate the findings of this study to educational and membership organizations to increase the growth and development of social workers when providing services to this population; I would also like to see this study replicated in suburban and urban communities to increase understanding of risk and protective factors associated with this population.

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Appendix B: Recruiting Email

Dear [redacted],

My name is [redacted], and I am a Doctoral Candidate at Walden University pursuing a doctoral degree in social work. I will be conducting an action research study under the supervision of Dr. [truncated], to increase my understanding of the roles and responsibilities of clinical social workers associated with treating nonmedical prescription drug users (NMPDU) in Ulster County, New York. I would like to gain this understanding from licensed Master's degree social workers who have working knowledge associated with providing interventions to this specialized population. The components of the study have been reviewed and approved by the Institutional Review Board of Walden University before the beginning of the study.

I am seeking participation from licensed social workers with prior knowledge associated with providing services to nonmedical prescription drug users. These participants should be willing to take part in four 60-minute focus groups. However, they will not receive monetary compensation. I will ask participants to provide approval for me to audio record the focus groups and sign an informed consent document.

Participation in this action research project is voluntary, and your participation can be withdrawn at any time.

If you are interested in participating in this action research project, please answer the following questions:

Are you a Master degree Licensed Social Worker?

Do you have knowledge and professional experience working with nonmedical prescription drug users?

I look forward to hearing from you or any other potential participants. The deadline to inform me of anticipated participation in this study will be 10/31/16.

All interested participants should forward questions to me at the information provided below.

Contact Information: [redacted]

[redacted]

Appendix C: Questionnaire

Questions for Focus Groups

Section 1: Identifying the Problem

Introductions of the participants and why they are participating in the current research project.

1. What is the primary target populations of the social workers in the room, i.e., (youth homeless, incarceration, mental health, substance abuse, medical)

2. What do you know about Non -Medical Prescription Drug Use (NMPDU)?

3. What is your definition of NMPDU?

From a licensed social worker perspective, what do you think are the roles and responsibilities of addressing this public health concern in Ulster County, New York?

4. What has been your experience, as a social worker working with this population?

5. What are the risk factors you assess for when interfacing with this population?

6. What social work practice barriers or challenges have you identified working with this population or other service providers?

7. What concerns have you addressed with your supervisors regarding interfacing with this population?

Section 2: Clarifying the Problem

1. How is NMPDU affecting Ulster County from a clinical social work perspective?

How is this impacting social work practice in Ulster County?

2. Who should be assessed for NMPDU in Ulster County? What do you social workers' need to understand when assessing this population?
3. What are the social work service provision challenges associated with treating NMPDU?
4. What are the primary social work needs of individuals coping with NMPDU?
5. What clinical social work resources are required to address the needs of individuals coping with NMPDU?
6. How can these identified clinical social work resources be obtained in Ulster County, NY?
7. How could social workers increase understanding associated with clarifying roles and responsibilities of nonmedical prescription drug users?

Section 3 Possible Solutions

1. What are our clinical social work roles and responsibilities associated with NMPDU in Ulster County, NY?
2. What can we do to better understand clinical social worker roles and responsibilities when providing services individuals coping with NMPDU?
3. Are there evidenced based practices available for clinical social workers to address the specific needs of individuals coping with NMPDU?
4. Are the current social work practice prevention, intervention, and intervention techniques implemented efficiently and effectively to reduce mortality of NMPDU?

5. What social work practice collaboration strategies are required to increase clarification of service provision responsibilities for NMPDU? Who else should be included?
6. How can the field of social work increase advocacy, social justice, and policy development in reference to NMPDU in Ulster County, NY?
7. What do Ulster County social workers providing services to individuals coping with NMPDU require to assist in reducing the effects of this public health concern

Appendix D: Participant Selection Email

Dear John Smith,

Thank you so much for expressing interest in participating in the Understanding Social Worker Roles and Responsibilities when providing services to individuals coping with nonmedical prescription drug use. You indicated that you are licensed clinical social worker with a master's degree and experience working with individuals that use prescription medications in a nonmedical manner. You have been selected to participate in the action research focus groups. The focus groups will be scheduled on Oct 1, 8, 15, and 22, 2016 from 1-2 pm. The meetings will be held at a local community conference room. The conference room is located [truncated]on the lower level. The consent form that was previously sent in the initial email for your review will be available for signature before the focus group begins. Please feel free to contact me at the information provided below if you have any questions or concerns pertaining to the process or schedule of events. I thank you for your interest and willingness to participate in this very important research project.

Contact Information: [redacted]

Appendix E: Reflexive Journal

	Reaction	Reflection	Action needed
Description of the problem	Participants expressed frustrations about their increased roles	I acknowledged My personal feelings of frustrations	Ensure that feelings don't influence research process
Social perceptions	Opioid addiction as a white problem	As an African American, this statement created a series of emotions and feelings	Ensure I maintain objectivity as a social worker
Community impact	People dying Unreported overdose deaths	Frustration that it took so long to be acknowledged	Keep personal opinions and feelings out of the focus group process
Training and education	Social workers expressing limited education and training opportunities for medical and social work providers	I was feeling appreciation for my Master's program that provided a substance abuse track	Acknowledge the frustrations of focus group participants
Community advocacy	People don't advocate unless there is a direct impact on their lives or family	Frustration that I have been advocating for additional services without response for years	Respect the participants' level of commitment to address the opioid epidemic
Solutions	Education Training Mobile Outreach Medical Vehicles	Feeling proud of the research process	Acknowledge the hard work and dedication of participants

First focus group	Tired, overwhelmed	I experienced stress because the participants were expressing anger at some of their stressors	To slow down when asking questions, listen more, use silence effectively, avoid leading questions and clarify
Group facilitation	Increased anxiety	Concerned about the group's perception of the group experience	To ensure all group participant input and feedback is valued and appreciated

Appendix F: NASW Ethical Guidelines for Research

5.02 Evaluation and Research (a) Social workers should monitor and evaluate policies, the implementation of programs, and practice interventions. (b) Social workers should promote and facilitate evaluation and research to contribute to the development of knowledge. (c) Social workers should critically explore and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice. (d) Social workers engaged in evaluation or research should carefully consider possible consequences and should follow guidelines developed for the protection of evaluation and research participants. Appropriate institutional review boards should be consulted. (e) Social workers engaged in evaluation or research should obtain voluntary and written informed consent from participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to participate; and with due regard for participants' well-being, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research. (f) When evaluation or research participants are incapable of giving informed consent, social workers should provide an appropriate explanation to the participants, obtain the participants' assent to the extent they are able, and obtain written consent from an appropriate proxy. (g) Social workers should never design or conduct evaluation or research that does not use consent procedures, such as certain forms of naturalistic observation and archival research, unless rigorous and responsible review of the research has found it to be justified because of its prospective scientific, educational,

or applied value and unless equally effective alternative procedures that do not involve waiver of consent are not feasible. (h) Social workers should inform participants of their right to withdraw from evaluation and research at any time without penalty. (i) Social workers should take appropriate steps to ensure that participants in evaluation and research have access to appropriate supportive services. (j) Social workers engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm, danger, or deprivation. (k) Social workers engaged in the evaluation of services should discuss collected information only for professional purposes and only with people professionally concerned with this information. (l) Social workers engaged in evaluation or research should ensure the anonymity or confidentiality of participants and of the data obtained from them. Social workers should inform participants of any limits of confidentiality, the measures that will be taken to ensure confidentiality, and when any records containing research data will be destroyed. (m) Social workers who report evaluation and research results should protect participants' confidentiality by omitting identifying information unless proper consent has been obtained authorizing disclosure. (n) Social workers should report evaluation and research findings accurately. They should not fabricate or falsify results and should take steps to correct any errors later found in published data using standard publication methods. (o) Social workers engaged in evaluation or research should be alert to and avoid conflicts of interest and dual relationships with participants, should inform participants when a real or potential conflict of interest arises and should take steps to resolve the issue in a manner that

makes participants' interests primary. (p) Social workers should educate themselves, their students, and their colleagues about responsible research practices.

Appendix G: Codes

Social work	Education	Barriers
Roles/Responsibility unconditional positive regard for patient Advocate/Educate Patient support and encouragement Social Work Roles Simultaneous treatment provision Social supports Comorbidity Suicide safety planning Mental health risk factors Co-occurring mental health/substance abuse disorders Managing mental and physical health conditions Understanding patient resistance Managing pain and addiction Reducing stigma in self-help programs Drug substituting	Physician Resident/Attending Doctors concept of addiction Lethal medication combinations Physicians understanding of prescribing Opioid medications Brain chemistry of addiction Community crisis Increased School Curriculum for Physicians and social workers Social Workers Social work Curriculums Increased Caseloads Treatment Outcome demands Limited substance abuse curriculum opportunities Limited substance abuse internship opportunities medical social work Value clarification training for community service providers	Stigma Limited patient care time Street, drugs Educating patients on the increased potential for physical dependence Prescription Monitoring Programs Disproportionate treatment opportunities for people of color Cost of medications vs. Cost of Street Drugs Stereotypes Impoverished communities Government regulation Insurance restrictions Lack of confidentiality Demographics
Educating social service providers and others to understand NMPDU Clarifying clinical roles of social	Addiction training at every level of care provision Understanding patient resistance Ongoing treatment discussions	Unemployment Snowball effects of addiction Socio-economic status associated with Suboxone prescription vs.

<p>workers and physicians Collaboration with social workers and other providers Advocate/ Community Forums for all service Expanding social work substance abuse treatment knowledge base Expanding social work knowledge base Understanding Community Education mobilization/forums Family Education Open and honest therapeutic communication Advocacy at all levels of government Community mobilization/forums</p>	<p>Differential diagnosis training Symptoms of Overdose Medical/Dental provider Education Legislative Education Qualified treatment providers at all levels of care Individualized Treatment Plans Inclusion of medication assisted treatment</p>	<p>Methadone clinics Unaffordable Co-payments Everyone knows everyone's business in a small community Equitable distribution of medical resources Limited specialty service roles in rural communities Limited Treatment options Lack of housing Program discharges of people who relapse Transportation High addiction rates Detoxification requirements Poor Treatment outcomes Treatment program chaos Limited mental health knowledge Substance Abuse only training</p>
<p>NMPDU /Illicit Substances Dosage Vivitrol Suboxone Methadone Benzodiazepines/ Opioids Synthetic drugs Marijuana</p>	<p>Treatment Implications Identify and Provide best treatment practices Medication contraindications Age of first use Continued discussion Mode of use</p>	<p>Limited availability of recovery programs Restricted criteria for treatment admission Treatment access</p>

<p> Percocet/ Oxycodone/Opana Vicodin Overdose Increased death rates Frequency of use Adderall Methamphetamine Medication control methods Care Illegal medication distribution Illicit Substances Cocaine Heroin/Street Drugs Narcan Xanax </p>	<p> (intravenous, oral, inhaling. oral) NMPDU Impact of NMPDU on the family structure Reducing the National epidemic of NMPDU Tolerance Interventions Evidence-based practices Cognitive Behavioral Therapy Motivational Interviewing Community Mobilization Education of warning signs of addiction Elementary Provide best treatment practices Opioid specific clinical practices, Middle and high school education Rural community social work services vs. Urban community social work services No Wrong Door policy Community mobilization/ forums Policy change Comprehensive treatment practices Stage of Change </p>	
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Appendix H: Codes and Themes

