LATE-ONSET ALCOHOL MISUSE AND THE USE OF NEED-ADAPTED APPROACH.

LITERATURE REVIEW

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Abstract:

Introduction: The world health organization (WHO) has projected one (1) in six (6) peoples to be aged 60 years and above in 2030, indicating a significant growth in the ageing population. Studies have also revealed that a considerable amount of the elderly population are using and misusing alcohol, although there are more negative consequences of the elderly peoples and alcohol use. Older adults have been found to be more vulnerable to the physiological effects of alcohol use and there are more dangerous interaction of alcohol and the pharmacopoeias that is mostly found in the elderly people's life. These reasons necessitated the author, to research into intervention for elderly alcohol misuse, that is less medication centered.

Aim: Researching into how an elderly person with late-onset alcohol misuse can be assisted to achieve sobriety using need-adapted treatment.

Method: Literature review with deductive content analysis was carried on ten articles which was retrieved from trusted data bases search engines like EBSCOhost and SAGE journal. Three main categories were adopted for the study using the triadic structure of social cognitive theory (SCT) to from a categorization matrix for the analysis of the reviewed articles collected for the study.

Results: The study informed that need-adapted approach through its principles and modes of operation (i.e., individual therapy, family therapy, psychotherapeutic community, and pharmacotherapy as a supplementary to psychotherapy) has the tendency to assist an elderly person with late-onset alcohol misuse achieve sobriety. The results also showed that inclusion of the alcohol abusive person and his/her social network in treatment has more positive advantages of producing desired results.

Keywords:	Need-adapted treatment, Social cognitive theory (SCT), Elderly alcohol misuse, Late-onset alcohol misuse, psychotherapy, therapeutic interventions. Social support.
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List of Abbreviations

BCT- Behavioral Couple Therapy

CBT- Cognitive Behavioral Therapy

NIAAA- National institute on Alcohol Abuse and Alcoholism

PTSD- Post Traumatic Stress Disorder

WHO- World Health Organization

SCT- Social Cognitive Theory

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1 INTRODUCTION

In many parts of the world, alcohol consumption is a common feature of social gathering and recreational activities. Alcohol is a psychoactive substance with dependence-producing properties that has been widely used in many cultures and communities for years (WHO, 2018).

Research have shown that, health risk associated with alcohol consumption increases with age increment. In older people the risk is higher, because their physical tolerance for alcohol decreases whiles some of the prevalence of indulging in alcohol increases i.e., solitude, social exclusion, physical illness, life stressors (Munoz et al. 2018).

In the elderly population the consumption of alcohol is associated with a risk of developing health problems such as mental and behavioral disorders, including alcohol dependence and addiction, major non-communicable diseases such as liver cirrhosis, some cancers, and cardiovascular diseases, as well as injuries resulting from violence and road clashes and collisions. There is also increased risk of depression and mortality due to excessive alcohol consumption (Anderson & Baumberg, 2006; Holahan et al. 2010; Whiteman &Ward, 2007).

WHO (2018) report on alcohol, indicated a significant ratio of 5.3% of deaths worldwide with alcohol being a causative factor. Historically, alcohol misuse in the elderly population has not been considered important or existing problem, because of the strong perception that alcoholism disappears with increasing age (Drew, 1968). Therefore, public health campaigns on the misuse of alcohol are normally aimed at the younger age groups. However, there is growing evidence that alcohol misuse in the elderly population is increasing (Vilkko et al., 2010; Tigerstedt et al., 2018).

Studies conducted on Finnish population in 2018 revealed that, alcohol consumption among the elderly population i.e., 65 years and over, has increased since the mid-1980s and statistics showed that the women elderly population were consuming more alcohol than previously thought (Vilkko et al., 2010; Tigerstedt et al., 2018). This new developing phenomenon has raised public discussion in the media, particularly in the 21st century, when drinking grandmas and grandpas have become a popular theme in the daily papers and magazines (Törrönen et al., 2015).

From a public health perspective, the demographic aging is now a global phenomenon and there is also increment in alcohol misuse by the elderly population which needs urgent attention. The need to support the elderly to maintain and improve their physical, mental, and social wellbeing, to minimize the risk of diseases that alcohol is a component cause informed this research into how need-adapted treatment can be used to care for elderly person with late-onset alcohol misuse to achieve sobriety.

Need-adapted treatment is a psychotherapeutically oriented approach to the treatment of mental health illnesses. This research is necessary, especially as statistics suggest that the number of the elderly population will be increasing in the coming decades (Emiliussen et al 2016) and studies suggesting that significant number of older adults will be engaging in problematic alcohol consumption in the coming decades (Andersen et al., 2015; Blazer & Wu, 2009).

2 BACKGROUND

2.1 LATE-ONSET ALCOHOL MISUSE

Late-onset alcohol misuse is a subgroup in the elderly problem drinkers, who have been found to indulge in problematic use of alcohol later in life. They develop problematic drinking habits at old age, often in response to traumatic life events such as death of loved one, loneliness, chronic pain, insomnia, or retirement. Most times their drinking is often related to stresses associated with ageing (Graham et al. 1992). Late-onset alcohol misuse has been found to be milder and more narrowly identified psychiatric problem (Van Montfoort-De Rave et al. 2017), than other alcohol misuse with an onset at other ages.

ALCOHOL MISUSE as used in this thesis work, is a broad term used to identify the following group of peoples.

- Hazardous/harmful drinkers; people who drink alcohol in excess, i.e., more than the recommended limit, at a level that can result in physiological harm and injury.
- Alcohol addiction/ dependence i.e., excessive ingestion of alcohol that has led to a physiological dependence and compulsion to drink that usually, provokes symptoms upon withdrawal (Williams & Medcalf, 2010).

Although alcohol use is usually associated with pleasurable aspects of life, often being consumed as social drink, at celebrations or with a meal, older adults have been found to be more vulnerable to the physiological effects of alcohol use than younger adults (Gargiulo et al., 2013).

Research has revealed a considerable number of negative consequences in elderly alcohol misuse ranging from harmful drug interaction, injury, memory problems, liver diseases, cognitive changes, diabetes, sleep problems, cancer and depression (Blow and Barry 2012; Holahan et al.2012; Moore et al.2007), however a study has also revealed that moderated drinking is linked to decrease the risk of coronary heart diseases in older adults (Mukamal et al. 2010) but this findings has been placed in the adverse effects of alcohol use with recommended guidelines.

2.1.1 Alcohol and the Physiology of Ageing.

Research suggest that elderly people are more sensitive to the physiological effects of alcohol and hazards related to alcohol misuse in the elderly population is greater than in the younger generation (Kuerbis & Sacco, 2012).

Ageing is usually accompanied by decrease in lean body mass which results in the shrinkage in the total volume of body water in an elderly person. With less body fluids available to dilute any alcohol consumed, there is a production of higher blood alcohol concentration when alcohol is consumed in an elderly person which has detrimental effects (Oslin, 2000; Smith, 1995). Alcohol has also been found to stay longer in the blood of an elderly person because ageing may diminish the body's ability to metabolize alcohol in an elderly person (Kennedy et al., 1999; Merrick et al., 2008).

There is evidence that ageing is characterized by increment in the permeability of the blood-brain barrier which increases the sensitivity of receptors that alcohol binds to the brain, intensifying the effects of alcohol on the brain (Kennedy et al., 1999). These effects are also related to the cellular repair process of the older body being less able to repair alcohol related damage to the cells and tissues in the brain and other organs in the body (Oslin, 2000). Alcohol effects on the brain has been found to contribute to some of the

debilitating condition of health issues in the elderly population. The brain is responsible in regulating posture and balance in an individual and alcohol effects on the brain is linked to the heightened likelihood of fall related injuries in the elderly population (NIAAA, 1998). Also, alcohol misuse has been found to increase the onset of major depressive disorders, memory loss and other psychiatric problems (Perreira & Sloan, 2002).

In the elderly population, alcohol misuse exacerbates the decrement in bone density that is associated with ageing, putting those who fall at risk for severe hip fractures (NIAAA, 1998).

Moreover, alcohol use also activates enzymes that breaks down toxins in the body, these same enzymes can break down prescription drugs that is normally found in the pharmacopoeias in the older people reducing their effectiveness (Kennedy et al., 1999). The dangerous interaction of alcohol and prescription drugs also informed the researcher to research into intervention that is less medication centered in assisting elderly people with late-onset alcohol misuse, to live a sober life and improve well-being.

2.1.2 Factors associated with Late-onset Alcohol misuse in the elderly population.

There are several factors that leads to elderly people misusing alcohol later in their lives and some have been enumerated below

Aging process is more often characterized by social isolation, due to the death of a spouse or partner, close friends, and family members and some these factors contribute to elderly people in the abuse and misuse of alcohol. Also, research has also shown that widowed or divorced men tends to engage in excessive drinking practices compared to married older men (Merrick et al, 2008). Emotional factors such as psychological ill-health, lower self-esteem, loneliness, and isolation also act as triggers for alcohol misuse in the elderly population (Dar, 2006).

Also, retirement, altered activity engagements, disability, family and friend's relocation, and family dissonance often leads to alcohol abuse in older adults (Hallgren et al, 2010)

Studies have revealed that a considerably number of elderly peoples usually use alcohol as a coping strategy for life stressors (Wills & Shiffman, 1985). Conditions such as bereavement or negative life events, health issues, loss of role or work identity, psychological problems, level of anxiety and pleasure also leads to elderly people in misusing alcohol (Emiliussen, 2017).

Demographic factors such as affordability, acceptability due to the use of alcohol in societal functions to enhance social experiences and relaxation also act as triggers for elderly alcohol misuse (Hallgren et al. 2009)

Alcohol use among the elderly maybe normalized and often considered as one of the few indulgences or pleasures sought at that age. This socially and culturally accepted phenomenon in the elderly society leads to alcohol dependence and alcohol abuse (Lal et al. 2017).

2.2 NEED ADPATED APPROACH

According to Alanen (1997), Need-Adapted treatment is a psychotherapeutically oriented approach to the treatment of psychosis and other serious psychic disorders developed in Finland in the later part of the 1960's. The term 'Need-adapted' was coined to inform and describe the clinical concept of what is needed of a particular patient in a particular time.

Need adapted treatment has been planned and implemented according to case specific needs, combining different activities and therapies, so that they meet the needs of each patient and family members or patients' interactional network.

The treatment method is characterized by joint therapy meetings between the person in distress and his/her family members or persons interactional network to increase the emphasis of family-oriented activity or therapy. The function of the therapy meetings is threefold; informative, diagnostic, and therapeutic (Alanen, 1997).

The therapy meeting organized for patients and family members serves as a support mechanism for the person in distress and the family in crisis. This therapy meetings enhances the person in distress self-esteem as he/she is actively involved in the discussion and

planning of his or her care which is a crucial part of the therapeutic process. There is also the build of trust and clients' experiences safety in the family and network-oriented treatment based on need-adapted approach through the therapeutic engagements (Piippo, 2008)

During the therapy meetings, information received and obtain from all parties involve (i.e., patient, family, important persons, and multi-professionals), helps to identify the problem at hand and diagnose the situation by having an ample chance of examining the family dynamics and patterns, to able to propose a therapeutic need based on the interactional interpretation of the situation at hand (Alanen et al. 2000).

It is also, a resource-oriented approach to mental health (Priebe et al. 2014), which aims at mobilizing psychosocial resources, for people in mental health distress and their social network (Seikkula, 2000). The diagnosis provides a chance to give support to the patient and the family members through therapeutic processes.

According to Alanen et al., (1991); Alanen, (1992), need-adapted treatment operates under some guided general principles which has been enumerated below.

- Providing therapeutic activities that are planned and carried out in a flexible way to meet individual cases. These therapeutic processes also take into accounts the real and changing needs of both patients and peoples forming his/her interactional network (usually family). The inclusion of the patient's interactional network helps to investigate the causes of the patient's crisis position and in most cases positive resources that are obtained from these interactional members are also used in the treatment planning process.
- Treatment process and examinations are dominated by psychotherapeutic attitudes. The 'psychotherapeutic attitude' refers to the attempt to understand what has happened and is happening to the person in distress and use the knowledge as a basis for approaching and planning treatment options.
- Different therapeutic process should be integrated and supplementary to each other. The integration of different therapeutic activities also helps in the integration of psychotherapeutic and psychopharmacologic modes, which is essential for treatment modalities.

- Treatment processes should attain and maintain continuous process. This principle refers to seeing need adapted treatment as a developmental treatment process which needs constant interaction and must be devoid of abandonment due to setbacks in the treatment process.
- Follow-ups of the individual patient and the efficacy of the treatment methods. The follow-ups are also key to the development and evaluation of treatment and the system. Patients are constantly contacted from time to time for check-ups.

These principles are all used in the treatment process. In the treatment process, the psychiatrist works as part of a team, and treatment process are discussed, and consensus reached together with the patients, family members, and staff during therapy meetings (Rakkolainen, 1991).

Need-adapted treatment process has evolved over the decades and has changed from the milieu psychodynamically oriented individual therapy to a family therapy, with initially systemic emphasis to narrative and especially dialogical emphasis (e.g., Seikkula & Olson, 2003). The treatment process emphasizes the importance of the patients presents and participation, with the intention of working with the experiences of the patient to prevent the dominance of medical perspective that might include unnecessary treatments.

Need-adapted approach has evolved and been modified into the open dialogue approach which is mostly used in crisis situation. Open dialogue is characterized by open meetings, in which professionals, clients, family and client's inner cycle (friends, coworkers, relatives, and any other support group) come together to address planning and treatment process from the very first point of contact.

In open dialogue approach, all discussion and treatment decisions are made openly in the presence of the client and family to sought address the frustration of the previous medical model if any, in which the monological discourse of multiple professionals was influenced, by who and how the problem was defined, differing commitment and responsibilities and isomorphic processes (Seikkula & Arnkil, 2005). This treatment model is recognized for its ability to promote personal autonomy, social inclusion, family, service user and social network involvement in treatment process (Gordon et al. 2016). Open dialogue process also uses the horizontal expertise in the mental health system as compared to the

traditional method (i.e., vertical, where decision is solely the act of a doctor or a psychiatric).

2.2.1 Modes of Need-adapted treatment

The main modes of need-adapted treatments are psychotherapeutic community, family therapy, individual psychotherapy, and pharmacotherapy as a treatment support to psychotherapy.

Psychotherapeutic community: this is original designed in the treatment of psychotic and schizophrenic patients. It can be explained as a participative group-based approach to long term illness, personality disorders and substance use disorders where psychotherapeutic attitudes and therapeutic relationship is established and encouraged between patients and nurses, and treatment procedures are more shaped according to individual case situations. 'Psychotherapeutic community' is different from the therapeutic community of Maxwell Jones (1953) in the fact that Maxwell Jones therapeutic community is based on Milieu's therapy (i.e., patients are expected to hold one another to follow rules, organized group activities requires more conjoint participation and settings are based on hierarchy) but for psychotherapeutic community, hierarchy system is nonexistent but relationship between patients and nurses are not compromised (Alanen, 2018 pp 15) and therapeutic activities are organized individually according to the individual degree of regression. Personal nurses are also engaged in the psychotherapeutic community that plays a crucial role in the therapeutic activities of patients. Personal nurses are mostly therapists that get help from emotional overinvolvement in their engagement with patients through supervision.

Family therapy: This mode enables therapist or therapists to see family field as a whole and provides the opportunity of scrutinizing the family to understand the roots or background of the family in a way of understanding the problem through engagement with the family, with members constantly influencing each other. It also enables therapist to see events through empathy of understanding of the individual members in the family, which is sometimes important and crucial in finding the roots of the problem. The mode also

provides support for the family and person in distress and helps in motivating the individual through treatment procedures. This mode also enables therapist to execute different types of family therapy that best suit the case scenario under consideration.

Individual Therapy: is a joint process between a therapist and a person in distress that is usually recommended in need-adapted treatment model after family therapy intervention when it is identified that the individual is suffering from a disorder of personality development and insights into his/her problem were identified during the family therapy process. This mode help to increase positive feelings and help to improve self-esteem through therapeutic processes.

Pharmacotherapy: in the need-adapted treatment model, pharmacotherapy/medication is used as a supplementary treatment support to psychotherapeutically oriented procedures. Need-adapted treatment was originated in the treatment of psychosis and schizophrenic patients and the use of neuroleptic drugs was encouraged in small or moderate doses only when there is the need to establish contact with patients who were restless and have high delusional psychosis with the aim of gradually abandoning its use, when substantial progresses are made with the psychotherapeutic interventions.

3 THEORETICAL FRAMEWORK

3.1 SOCIAL COGNITVE THEORY (SCT)

Over the years, many theories have been proposed to explain the use or misuse of alcohol. These theories range from those which posits that alcohol misuse is a genetic/biological, moral, disease, psychological, social, or psychosocial cause (see Appendix 1 for details). However, research has shown that reasons why people start using alcohol may not be the same reasons why they engage in alcohol misuse. Therefore, it is apparent that no single theory is sufficient to explain alcohol use and misuse per se, and that a range of risk factors must be considered in explaining alcohol misuse.

Studies have shown that there are several pathways to behaviour and attitudes that leads to alcohol consumption (Cloninger et al.1996; Sher et al. 1997) and the duration between the onset of drinking and the development of alcoholism or alcohol misuse may be influenced by several factors.

Social Cognitive Theory (SCT) is used as the theoretical framework for this study. This theory is used because it embraces so many aspects of the other theories reviewed in this research and offers an important theoretical foundation in explaining how people attain and maintain certain behaviours. It is also found to provide one of the useful tools in understanding and explaining risk behaviours (Ten Wolde et al., 2008; Van Zundert et al., 2009).

This theory is founded on a causal model of triadic (behaviour, personal factors, and environment) reciprocal interaction in which personal factors in the form of cognitive, affective, and biological events, behavioural patterns and environmental events all operates as determinants and influences one another bidirectionally in the adoption, initiation, and maintenance of health behaviour.

According to SCT, human agency is exercised through direct personal agency or through proxy agency relying on the efforts of intermediaries, coercion, shared beliefs of efficacy, collective understanding and action, group aspiration and incentive system. Personal agency is influenced by socio-structural factors within which they operate. By this view people are seen as producers as well as products of social systems.

In SCT, there are several crucial factors that influences behaviour. Notably, perceived self-efficacy, outcome expectation, socio-structural factors, and goals. The relationship between these factors has been depicted in the figure 1 below, followed by the explanation of the factors in influencing behaviour.

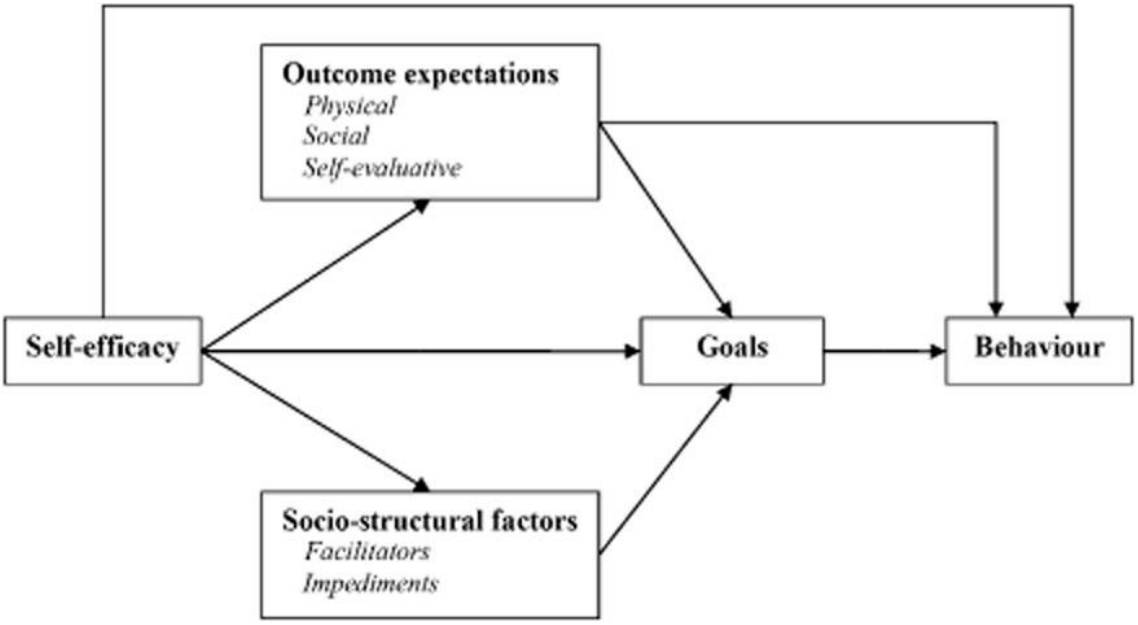

Figure 1. An illustration of social cognitive theory (Bandura, 2000)

3.1.1 Self-efficacy

According to SCT, changes in behaviour is made possible by personal sense of control. Perceived Self-efficacy is a primary requirement for behaviour change. According to Bandura (1982, 2006), self-efficacy is a high cognitive mechanism associated with behavioural choices and foundation of human actions based on four sources of information i.e., observational learning, past performance, verbal persuasion, and physiological/emotional status. It is also a central tool in the initiation and maintenance of a behaviour. A high sense of self-efficacy is associated with better social integration. In terms of making quality decisions, thinking, goal setting and improvement in cognitive processes (Maddux 1995; Bandura 1997, 2001; Bandura et al. 2002). Whiles a low self-efficacy is associated with depression, anxiety and helplessness which mostly leads to alcohol misuse.

In the context of alcohol misuse, self-efficacy is explained as the confidence and ability to resist alcohol use in a high-risk situation. In alcohol research, drinking refusal self-efficacy refers to the individual's ability and believes to slow, limit, refuse or resist alcohol consumption (Engels, Wiers, Lemmers and Overbeek, 2005).

Research have shown that, higher self-efficacy skills (i.e., refusing alcohol offered) is associated with slower rate of alcohol consumption and prevention of alcohol misuse (Scheier, Botvin, Diaz and Griffin, 1999) and abstinence.

3.1.2 Outcome Expectancy

Outcome expectancy is one of the core constructs of SCT. Outcome expectancy in SCT is the belief of the consequences of one's actions. Outcome expectancy has two domains. that is positive and negative. Positive outcome expectancy reflects the perception that engaging in a specific behaviour will lead to a desired outcome and results. Whiles negative outcome expectancy is associated with undesirable consequences from a specific behaviour.

In addition, expectancy theory posits that positive expectancies potentiate behaviour and negative expectancy consciously or unconsciously supresses behaviour (Rotter 1966). In alcohol research, outcome expectancy is closely related to coping strategies. Individuals with limited coping skills and stronger beliefs that alcohol consumption results in positive outcome (e.g., feeling more relaxed or reducing pain) results to drink heavily (Woodhead et al., 2014). There is evidence that drinking to cope motives results in elevated use of alcohol as a results of positive outcome expectancy (Gilson et al., 2017; Sacco et al., 2015). Bandura (2000) asserts that there are three classes of outcome expectancy, and they are physical, social, and self-evaluative. In the context of alcohol misuse, physical effect will be reducing alcohol consumption to be healthier; social effect can be referred as reducing alcohol consumption to be accepted by family and society; and self-evaluation effects infers, reducing drinking to feel more positive and confidence. The sources of outcome expectancies are wide ranging and can be developed through direct experience, external motivation, persuasive communication, and observational learning.

3.1.3 Goals

Goal is the determination to engage in a particular activity to effect or achieve a specific outcome (Bandura,1986). In SCT, humans are seen as responders to deterministic forces such as environmental influences and personal attitudes; so, by setting goals people are helped, organised, and guided to effect change in behaviour in the absence of external reinforcement.

Research have shown that goals have affective and behavioural attributes (Emmons 1986). According to Emmons (1986), goals inform what the individual characteristically aims to achieve through behaviour. Studies have also established an empirical link between goals and measures of well-being and mood. A longitudinal study conducted by Bruisten (1993), on the relationship between goals and well-being, revealed that people who stayed committed and attained their set goals experienced increased subject well-being compared to those who stayed committed in the absence of goal attainment.

Goals operates mainly through people's capacity to exercise forethought based on their own behaviour in a self-evaluative condition through internal standard of performance. In SCT, goal plays an important role in the self-regulation of behaviour. According to Carver and Scheier (1998), self-regulation is the ability to plan, evaluate and execute a goal directed activity to achieve a desired outcome. Goals serve as motivation and help guides health behaviour.

In the theoretical perspective of alcohol misuse treatment in SCT, motivation is a central element in attaining success in treatment for a long-term. Research have indicated that high levels of motivation is necessary to enact coping behaviours in individual during treatment and post treatment outcomes in situation where high risk of relapse is possible (Marlatt & Donovan, 2005; Prochaska & DiClemente, 1991). This idea has been affirmed by other studies, which established that lower motivation is responsible for failure in quitting alcohol misuse and can also predict less treatment success (Austin, Wagner & Morris, 2010; Goodman, Peterson-Badali & Henderson, 2011).

3.1.4 Socio-Structural Factors

These are factors that reside in one's environmental, health, living condition and personal space that serves as impediment (barriers) or facilitators that contribute and effect change in behaviour (Bandura, 1997). These factors are seen as physically external to the individual that provide opportunities and social support, such as social pressure or situational characteristics which effect (facilitates or impede) behaviour. Socio-structural factor include family members, friends, colleagues, and environment. In alcohol research, there is evidence that social support is also a key element in influencing individuals to seek treatment and treatment outcome in elderly alcohol misuse (Orford et al. 2006),

4 AIM

The aim of the study is to research into elderly alcohol misuse by reviewing some empirical research and relate it to how need-adapted approach can be used in the treatment process.

5 METHODOLOGY

This chapter explains the method and the general plan that was used by the researcher in finding answers to the research question. Literature review was chosen as a research method for this study. Literature review is the critical appraisal and a comprehensive summary of the outcomes of several existing research on a defined topic (Baker, 2016). It also seeks to describe, summarize, evaluate, clarify and/or integrate the content of primary and secondary reports in a new research study (Cooper, 1988).

The research was carried out by reviewing selected scientific articles and theories that were meaningful and relevant to the aims of the study and conducting a data analysis.

5.1 Data Collections

Data collection is the process of collecting, measuring, and analyzing essential data from a variety of relevant and trusted sources in the quest of finding answers to a research question. The researcher in collecting data for this thesis, visited several data base search websites such as CINAHL, Academic Search complete (EBSCO), SAGE Journal Online, PubMed, Science Direct, Google Scholar in search of potential information and documents about the topic to gain broader knowledge of the types and availabilities of articles and journals published on elderly alcohol misuse and/or need-adapted approach. By using appropriate key phrases such as “Late-onset alcohol misuse AND need-adapted treatment”, “Late-onset alcohol abuse AND need-adapted approach”, “Alcohol misuse AND sober”, “Alcohol misuse AND sober AND therapy” in the various databases enlisted.

The researcher realized that most of the articles published under these varied databases which were relevant to the study repeated itself in these databases. However, access to some of these relevant articles to this study, were restricted in some of the databases and so the author focused his attention to CINAHL (EBSCOHost) and SAGE journal where access to relevant articles were free and in full text through the possibility of Arcada’s university website. The researcher used the SAGE journal and CINAHL (EBSCOHost) as a data searching tool for this thesis. The search process was done in a careful and systematic way of finding information that best fits into the research process by screening

the articles retrieved with a clear search and selection strategy (Carnwell and Daly, 2001) by using and an inclusion and exclusion criteria.

5.1.1 Inclusion and exclusion criteria

The articles that were retrieved from the used database i.e., SAGE Journal and CINAHL (EBSCOHost) were screened and selected based on its relevance and assistance in providing answer to the research question. The screening process was done by using the inclusion and exclusion criteria enumerated in the table below.

Inclusion Criteria	Exclusion Criteria
• Articles written scientifically in English. • The article should be in full text and can be freely accessed. • The study should be relevant to the research topic. • Articles with abstract. • Peer reviewed articles. • Articles from the year 2005 till date.	• Any article and study that did not meet the inclusion criteria were excluded from the study.

Table 1: Inclusion and exclusion criteria

5.1.2 The Search processes

According to Ely & Scott (2007), keyword searches are essential and common method of identifying and obtaining literature for a research purpose. However, the keyword and phrase need careful consideration and crafting that will generate the data being sought by using an essential term. This process can be slow but often rewarding way of sourcing for articles for a research work (Hek & Moule, 2006).

Based on this assumption, the author visited SAGE Journal and CINAHL (EBSCOHost) in sourcing articles for this research process. Using SAGE journal as a search data base, the author used the phrases "Late-onset alcohol misuse AND need-adapted treatment", "Late-onset alcohol abuse AND need-adapted approach", "Alcohol misuse AND sober" and in CINAHL (EBSCOHost) the researcher used the phrase "Alcohol misuse AND sober AND therapy".

'Late-onset alcohol misuse AND need-adapted treatment' search resulted in 653 hits. The articles were further restricted using published dates starting from 2005 which resulted 448 articles. 'Late-onset alcohol abuse AND need-adapted approach' resulted in 2566 hits. The articles gotten were further screened using published dates starting from 2005 which resulted in 1677. Another search phrase of 'Alcohol misuse AND sober' in SAGE journal resulted in 572 articles. These 572 articles were further screened using publish dates of at least 2005 which resulted in 345 articles. In CINAHL (EBSCOHost) data base the researcher used the search phrase "Alcohol misuse AND sober AND therapy" which resulted in 78 hits. The articles were also further restricted using the publish date of at least 2005, which resulted in 64 articles.

The various articles gotten from the SAGE journal and CINAHL (EBSCOHost) databases with the use of different search phrases as explained above after the first hits (i.e., articles produced) were further screened using a starting published date of 2005. The articles gotten were further again screened by the name of the topic and its relevance to the research process, and by reading through the abstracts and applying the inclusion and the exclusion criteria. The first 100 articles were considered for selection after the first restriction of published date starting from 2005. The numerical presentation of the various screening process and the retrieved articles has been outlined in the flow chart below.

Search phrases	DATA BASE
(A) Late-onset alcohol misuse AND need-adapted treatment	SAGE journal = n 653
(B) Late-onset alcohol abuse AND need-adapted approach	SAGE journal = n 2566
(C) Alcohol misuse AND sober	SAGE journal = n 572
(D) Alcohol misuse AND sober AND therapy	CINAHL (EBSCOHost)= n 78

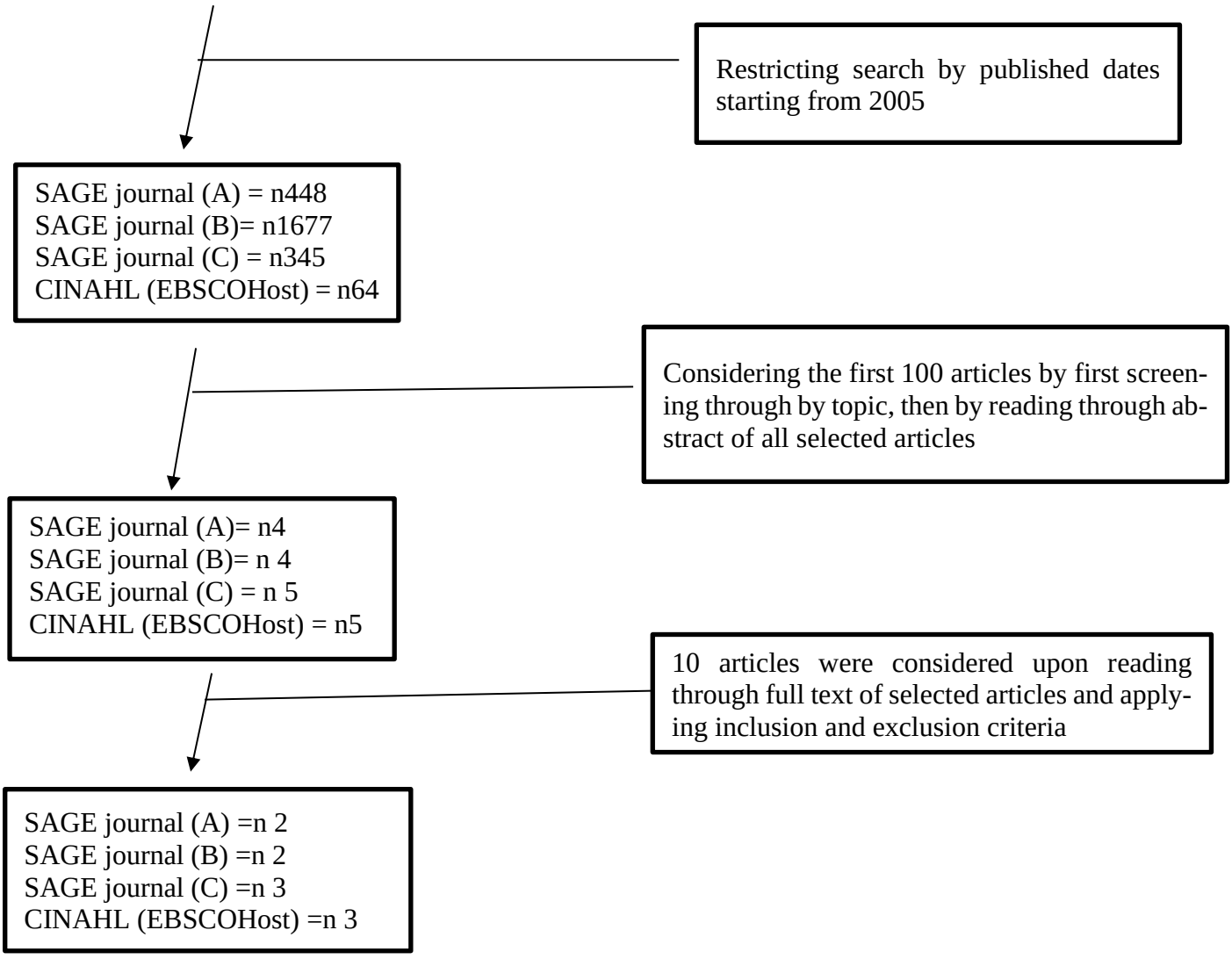

Figure 2: Flow chart indicating the numerical strength of data selection

5.1.3 Presentation of reviewed articles

Out of the ten (10) articles that were used for the research work, two (2) were empirical studies (Shaw, 2006; Quinn & Mowbray 2018), two (2) were longitudinal studies (Belogolovsky et al. 2012; Korcha et al. 2016), another two (2) were literature review (Lee et al. 2015; McCrady & Flanagan 2021), One (1) was a quasi-experimental study (Im et al. 2007), one (1) was a qualitative study (Emiliussen et al. 2017), another one(1) was a clinical review (Dass-Brailsford & Myrick, 2010) and last one (1) was a pilot study (Hartmann et al. 2021). Appendix 2 provides summary of names of authors, year, title, study design, aim/objectives, study subjects, assessment tools and results of the various articles selected for the study.

5.2 Content Analysis

Content analysis was chosen for analysing data for this thesis work. This research method allows researchers to describe a research phenomenon systematically and objectively at the theoretical level, by testing a theoretical knowledge to enhance understanding and interpretation of data through a deductive or inductive procedure (Elo & Kyngäs, 2008). It also provides a means of describing and quantifying phenomena in a data (Sandelowski, 1995). The research method is flexible in terms of research design (Harwood & Garry, 2003) and is used to create themes, concepts, and categories, which can be extended to create models, conceptual structures and maps that describe a research study by reviewing various types of documents.

Moreover, the research method also makes it possible for the researcher to focus on subject, context, and highlights variations i.e., similarities and differences between contexts. Also, the research method offer opportunity to analyse parts of text of a data in a manifest content (visible and obvious meaning of the text) and descriptive content as well as latent and interpretative content (Graneheim & Lundman, 2004) based on the study aim.

Deductive approach to content analysis was adopted for analysing data for this thesis work. The approach was adopted because the researcher was retesting an existing data into in a new context (Elo & kyngäs, 2008, Catanzaro, 1988) i.e., using data on alcohol

studies and relating it to how need-adapted treatment, which is mainly used in the treatment of schizophrenia and psychosis in the alcohol misuse treatment process. In deductive content analysis, analytical deductions are based on three main ideas; existing theories, previous research, and expert knowledge on the subject to be studied (Elo & Kyngäs 2008).

By this assumption the researcher found the use of deductive approach to content analysis laudable because the research was based on existing theory i.e., Social-cognitive theory, secondly the aim of the research was inspired by previous studies and lastly the answer to the research question was attained through expert review of previous research/studies.

5.2.1 Data Analysis

The researcher upon adopting deductive approach to content analysis developed a formative categorisation matrix deductively through the theory that was used for the study i.e., social-cognitive theory (SCT). The researcher used the categorisation matrix based on the triadic structure of SCT i.e., personal factors, behaviour, external factors as the main categories.

In the triadic structure of SCT:

- Personal factors are explained as any cognitive, personality or demographic aspects describing an individual. In the contest of this study, personal factors are regarded as reasons and condition affecting the individual personally that leads to the misuse of alcohol. However, per the aim of this study the researcher is looking into how these personal factors can be assisted through need-adapted treatment to effect behavioural change.
- Behaviour, which is an internally coordinated responses (actions or inactions) of an individual to internal/or external stimuli. By SCT purports, individual behaviour can also be adopted in certain learning situation which may also be influenced by environmental or situation and personal factors.

- External factors are seen as the factors that are mostly physically external to the individual and that provides opportunities and social support, such as social pressure or situational representation. These external factors can also serve as facilitators or impediments to behaviours (i.e., either promoting alcohol misuse or impeding alcohol use). The focus of this study is researching into how these external factors can assist late-onset elderly alcohol misuse in achieving sobriety.

The triadic structure of SCT operate as interacting determinants that influences one another reciprocally. The ten (10) articles that were selected for the study were read through several times with the aim of finding answers to the research question. During the reading and studying of the various articles, knowledge or ideas that were relevant in providing answers to the research question were highlighted. The highlighted data were carefully done through understanding and interpretation of the results in accordance with the categorisation matrix that was developed. The various articles were studied based on these categorisation matrix (i.e., personal factors, behaviour, and external factors) and data were analysed according to how these categories can influence behavioural change per the aim of the study.

5.2.2 Ethical Consideration

This research utilizes secondary data. Thus, subjects were not in any danger and their privacy were not compromised. Moreover, the author read through the Arcada scientific research guidelines and complied with them accordingly. The research was carried out under strict scientific protocol, hence all information and data sought under the various sources has been correctly acknowledged to avoid infringement on copy right laws and plagiarism.

6 RESULTS

Among the reviewed articles, all the ten (10) articles were discussing and describing the variables of alcohol use, misuse, and abuse (refer to appendix 2). However, four (4) articles described and discussed alcohol misuse/ abuse as a coping mechanism (Belogolovsky et al. 2012; Shaw 2006; Quinn & Mowbray, 2018; Emiliussen, 2016) whiles two (2)

articles discussed and elaborated on alcohol misuse as emanating from traumatic antecedent or experience (Shaw, 2006; Dass-Brailsford & Myrick 2010). Six (6) articles discussed social support and various intervention of assisting alcohol misuse people in achieving sobriety (Emiliussen, 2016; Dass-Brailsford & Myrick 2010, Korcha et al.2016; Hartmann 2021; McCrady & Flanagan 2021; Im et al, 200), whiles one (1) article discussed the use of pharmacotherapy in the treatment of alcohol use disorder (Lee et al. 2015). The figure below depicts how need-adapted treatment can be used to assist an elderly person with late-onset alcohol misuse achieve sobriety, with explanation of the process following.

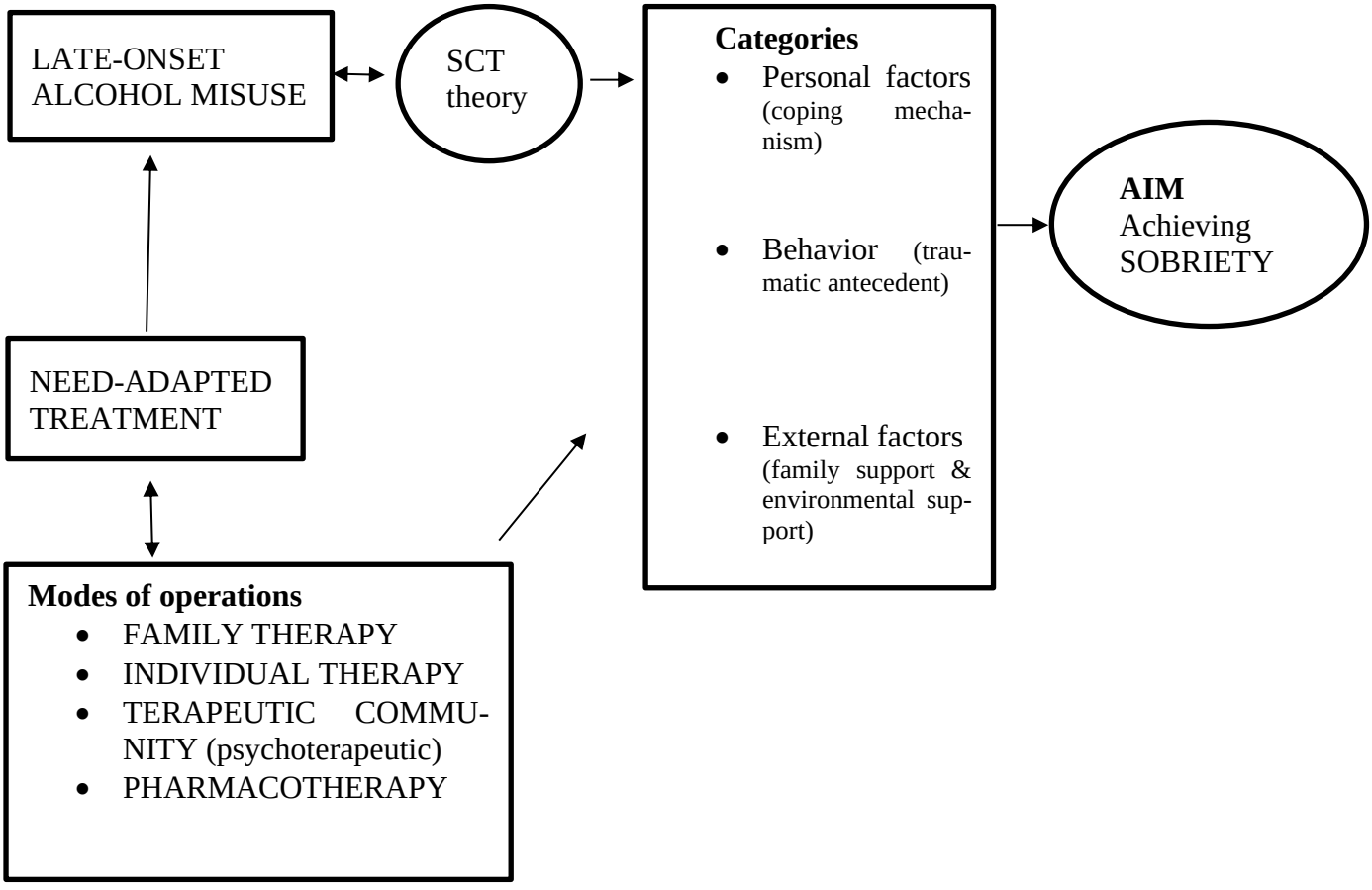

Figure 3: Diagram, illustrating how need-adapted treatment can assist late-onset alcohol misuse to achieve sobriety.

6.1 Need-adapted treatment effects on personal factors

Based on the reviewed articles, there were substantial information that factors and conditions that affects an individual personally often leads a person in alcohol misuse. Elderly peoples were found to misuse alcohol, as a coping mechanism to deal with personal factors related to life (i.e., life stressors, pain, insomnia, bereavement etc.). The inability of individual to deal with stresses and factors that affect them personally edge them to seek comfort in alcohol leading mostly to alcohol misuse.

Studies have shown that late-onset alcohol abusers also use alcohol to self- medicate (Dass-Brailsford & Myrick 2010) to relieve pain and reduce life stressors, to maintain alertness and arousal in life. The use of alcohol as a coping mechanism and self-medication has been found to usually exacerbate situations leading to alcohol misuse.

The use of need-adapted treatment provides the opportunity for the individuals misusing alcohol to be engaged in the treatment process. The treatment process is characterised by therapy meetings that is psychotherapeutically guided through engagements between therapists, multi-professionals, patients' family, and friends. This allows the individual to divulge his/her personal problems that leads him/her to the use of alcohol through therapeutic engagement or meetings. The inclusion of the alcohol abuser in the treatment process, provides both a sense of belonging and a capacity of responsible agency. The therapeutic engagements of the person in distress through the meetings, improves self-esteem and provides motivation towards treatment. These meetings also improve the individual self-efficacy, because through the therapeutic engagements', the individual is verbally persuaded to change his/her behaviour towards alcohol use, there is observational learning and patients physiological and emotional status are improved (Bandura 2006) through therapy, to effect positive behaviour change to alcohol use.

The therapeutic engagements between the client and the therapists, as well as the other multi-professionals in the treatment process allows the team to also deliberate on the individual therapy interventions that can be used to assist the individual in achieving sobriety. The intervention in the treatment process is to assist the individual to cope with life, without the use of psychoactive substance.

Cognitive behavioural therapy (CBT) is one individual therapy, that has been found through research to focus on reducing anxiety and prevention of trauma related memories whiles correcting dysfunctional cognitions to reducing intrusive symptoms of re-experiencing, emotional numbing, hypervigilance, and hyperarousal (Brady et al. 2001; Najavits, 2002; Mueser & Fox, 2002) to alcohol misuse.

6.2 Need-adapted treatment effects on behaviours

Research has shown that late-onset alcohol misuse often emanated from traumatic antecedent. Studies have revealed that early-life experiences of loss, traumatic antecedents, and victimisation (e.g., parental loss, physical abuse, and sexual abuse) act as precursors or contribute to alcohol problems in the later life (Dube et al., 2002; Horwitz, Widom, McLaughlin, & White 2001). The individual response of inability to deal with these traumatic incidences in their life's results in the behaviour of engaging in alcohol use, to block distress of intrusive thoughts emanating from these traumatic antecedents.

Research has established a strong link of early-life social antecedents in the development of late-onset alcohol misuse and other alcohol problems (Shaw, 2006). Also, a study conducted by Enns et al. 2002, provided evidence of a specific association between perceived lack of early-life parental support and adult alcohol misuse (Enns, Cox, & Clara, 2002).

Need-adapted treatment through its modes of operation (i.e., individual therapy, family therapy and therapeutic community) provides the opportunity of engaging the client, family, and individual in distress social network in the treatment process. These engagements assist to provide understanding and necessary important information of how the use of alcohol started. The underlying cause of the alcohol misuse is revealed and understood through the therapeutic engagements of the family and the multi-professional team.

Studies have shown that a better understanding of the underlying factors of late-onset alcohol misuse, also provides a good information of adopting an appropriate intervention in remedying the situation (Dass-Brailsford & Myrick 2010). Integrated approach of treating disorders relating to traumatic antecedent (e.g., PTSD) and the alcohol misuse is the best way of intervening alcohol misuse and dependency to achieving sobriety.

Research has also indicated that behaviours (i.e., alcohol misuse) is often adopted because of traumatic antecedents, mechanism of coping with life stressors, and societal pressure. Which in most cases this behaviour (i.e., alcohol misuse) is so entrenched that, stopping and abandoning alcohol use often provokes symptoms upon withdrawal. The treatment process (need-adapted approach) allows the use of pharmacotherapy as a supplementary treatment and research has shown that comprehensive paradigm treatment that utilises medication as a supplementary care is the best way of treating alcohol use disorder (Lee et al. 2015).

Per the data that was gathered the pharmacotherapy that is used in alcohol use disorders were disulfiram, naltrexone and acamprosate but since need-adapted treatment uses medication as a supplementary care to psychotherapy. Research has shown evidence that medication use in alcohol disorder is often based on promoting reduction to alcohol use, withdrawal from alcohol dependence, relapse, and overdose prevention (Lee et al. 2015).

6.3 Need-adapted treatment effect on external factors.

The analysis based on external factors, is grouped into two parts i.e., family support and environmental support. Through SCT, it has been learnt that external factors (i.e., socio-structural factors) can either facilitate or impede certain behaviours when the right reinforcement is not adopted. In the use of need-adapted treatment in elderly alcohol misuse, the treatment process makes use of the family, social support as well as the environment in the treatment process, in assisting alcohol abusive person in attaining sobriety. How family and environmental support can be used to assist the individual in achieving sobriety has been detailed below based on the reviewed articles.

6.3.1 Family support

Alcohol misuse and other substance use disorder has been widely viewed by many treatment providers and to a large extent the public as an individual problem of which treatment procedures are usually focused on the individual abusing the substance (alcohol). However, this narrowly individually centred conceptualisation in the treatment of alcohol

misuse has gradually been given way to increased awareness and acceptance of family members and other social network of the alcohol abusive person in the treatment process. The involvement of the family and social network has a potential role of identifying the maintenance, etiologic and effects of the addictive behaviour.

Research has shown that family dynamics and interaction (i.e., happenings in the family structure) can lead an individual to misuse alcohol (Belogolovsky, 2012). Treatment procedures has evolved over the years on how the involvement of family members and other social network of the substance (alcohol) abusive person can provide the understanding of alcohol use (i.e., drinking) from a systemic perspective. Through therapeutic engagement in need-adapted, family therapy in turn, use partner, family, and social network interventions to remedy individuals from substance abuse.

Research has shown that family-involved treatments have high levels of successes in achieving abstinence or sobriety for alcoholism (Hartmann et al. 2021; O'Farrell and Fals-Stewart, 2001). Family therapy is used to understand the functional role of substance (alcohol) use in the family with the aim of changing family dynamics and interactions to assist the substance (alcohol) abusive person, attain abstinence, rather than providing support for his or her drinking. The main aim of the family therapy use in the treatment process, is to eliminate reinforcement of alcohol misuse behaviour and promote behaviours conducive to achieving sobriety or abstinence. Behavioural couple therapy (BCT) is a type of family therapy that has been found with more empirical evidence to assist alcohol misuse persons to achieve sobriety and improve family function with less or no intimate partner violence (Hartmann, 2021).

6.3.2 Environmental support (therapeutic community)

Research has shown that family pressure and support, in most cases leads an elderly person with late-onset alcohol misuse to seek treatment (Emiliussen, 2016). Based on the reviewed articles, elderly peoples with late-onset alcohol misuse sought treatment in therapeutic environment. In therapeutic community, psychotherapeutic approaches are used to achieve treatment results. Psychotherapeutic approaches involves both non-specific

and specific factors. Non-specific factors include the therapeutic alliance used in the treatment, the therapist competence and adherence to treatment protocols (Chatoor & Kurnick, 2001) whiles specific factors refers to the set of distinctive techniques and interventions that characterises the psychotherapeutic model used in the treatment process. Some of the specific factors involves the use of cognitive restructuring techniques in cognitive behavioural treatment and transference interpretation in psychodynamic psychotherapy.

Therapeutic community and social network involvement in treatment processes enhances the psychological goal of treatment to modify negative patterns of thinking, sentiments and behaviour that predisposes the individual to alcohol misuse. The environmental support main social goal is to develop skills, attitudes and builds values necessary for responsibility to live an alcohol-free life through therapeutic interventions such as cognitive behavioural therapy (CBT) or behavioural couple therapy (BCT) etc. Also, goals are set in these environment (i.e., treatment surroundings) that enhances individual's self-efficacy in achieving treatment goals to enhance well-being, health improvement and effect attitudes towards behavioural change (i.e., alcohol reduction and abstinence).

7 DISCUSSION

This study was aimed at researching into how need-adapted treatment can be used to assist an elderly person with late-onset alcohol misuse achieve sobriety. In doing so, the researcher chose literature review as a method for the study. The researcher analysed ten (10) articles that were relevant to the objectives of this research.

The study informed that late-onset alcohol misuse usually emanated from traumatic antecedents or experiences, and often alcohol is misused by the elderly, as a coping mechanism for stresses related to age and life (Graham et al. 1992). The study indicated that understanding the underlying cause of alcohol misuse can assist and provides an essential information of selecting an appropriate intervention in remedying an alcohol abusive person to obtaining abstinence or achieving sobriety.

This research also informed, how the involvement of family and alcohol abusive person social network in treatment process, can be essential to understanding the behavior of an alcohol abusive person and establish the etiology of alcohol misuse. This essential information also informs an appropriate intervention strategy that can be used to assist the alcohol abusive person in achieving sobriety and abstinence.

Although, need-adapted treatment is not originally a substance abuse treatment method. This research has informed that using the method or its principles in substance abuse treatment is laudable to achieving desired results. The involvement of the abusive person's idea and thoughts in treatment process through therapeutic engagement helps to achieve results. Studies has informed that the inclusion of individual in distress in treatment processes improves self-esteem which in turn improves self-efficacy which is crucial to behavioral change according to social cognitive theory proposed by Bandura 2006.

Also, motivation that is gotten from family members and social network support in treatment processes helps to improves self-efficacy for behavioural change and assist an individual to achieve desired results in a therapeutic environment and community.

7.1 Summary and implication of study

- Alcohol is misused or abused by the elderly population because of a mechanism of coping with the stresses of life and age-related stresses.
- Alcohol is also misused by the elderly because of untreated traumatic antecedent either in childhood or at adulthood but in late-onset alcohol abuse, drinking problems occurs when the individual is in adulthood.
- Understanding and finding the root cause of alcohol abuse, provides a vital information of adopting an appropriate intervention in remedying the situation.
- The use of family members as well as alcohol abusive person social network in treatment process is crucial to finding the root cause of alcohol misuse and provides an understanding of learning the behaviour and attitudes towards alcohol use.
- Need-adapted treatment can be used in substance abuse treatment process, because of the flexible nature of the treatment method. The method provides an opportunity of the person in distress to be included in treatment planning and discussion.
- The inclusion of family and social network of the alcohol abusive person provides motivation that helps to improve self-efficacy that is crucial for behavioural change.

7.2 Conclusion

The demography of an ageing population is now a global phenomenon, and an interest is establishing the wellbeing and healthy living of the elderly population is a health concern. The study has established that, the ageing population and the misused of alcohol has more negative concerns. Therefore, there is the need to establish a good intervention and treatment method that can assist an elderly person with alcohol misuse problem obtain abstinence and achieve sobriety. Treatment method should be established to include family and the alcohol abusive person social network, as there are more advantages of finding the underlying cause of the problem at hand than negatives which will worsen the situation.

More research is needed in the regard of the elderly population and alcohol use, as the study has informed that research into alcohol studies is often directed to the younger population than to the elderly population.
Alcohol misuse and abuse is a health and psychic problem that is long creeping and destroying the elderly population, due to high prevalence's of elderly people engaging in alcohol use. The study focus was on late-onset alcohol misuse, which is a small part of the of the elderly problem drinkers. So, there is the need to research into a wider population of other adult problem drinkers using the method of need-adapted treatment or other intervention method that can assist the elderly population in alcohol studies.

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9 APPENDIXES

9.1 ALCOHOL THEORIES (Appendix 1)

Genetic/biological theory: This theory posits that alcohol use and misuse is due to genetic predisposition. Studies have shown that genetic and induced biological abnormality of the structural, physiological and the chemical nature of an individual results in alcohol misuse. There is evidence that early onset of alcoholism is genetically determined (Cloninger 1987; Blum et al. 1990; Pickens et al 1991) and that specific gene i.e., GABRA2 are directly linked to alcohol misuse (Foroud et al.2010).

Adoption and family studies also revealed that genetic factors account for 50-60% of the variance risk of developing alcohol misuse in twins (Foroud et al.2010). Research have also revealed that alcohol use disorder is approximately 50% heritable (Verhulst et al. 2015). This estimation suggests that although genetic factors play an important role in alcohol dependency, nongenetic factors also contribute immensely to its development.

There is also evidence that individuals, especially males who have alcohol dependent family members, may have a higher risk of developing addiction and dependency because of their genetic predisposition, if they engage in alcohol use (Gelernter & Kranzler, 2009). Alcohol misuse is a genetically influenced disorder with studies suggesting that problem drinkers usually have at least 50% chance of one family member being alcoholic and 90% chance of having two or more family members being alcohol dependent due to family history (Miller 1991).

Disease theory: this theory posits that alcohol use is a disease due to either the impairment of behavioural or neurochemical processes of the individual body, which leads to the individual in abusing alcohol. The holds that alcohol and drug dependence is a unique, irreversible, and progressive ailment and its fundamental symptom is the inability to control consumption. The root cause of the disease is related to the genetic/biological makeup of the individual (Jellinek, 1960; Valiant, 1983). According to this theory, once an individual starts drinking, craving is increased and the physical demand for alcohol overrides any cognitive or voluntary control (Jellinek, 1960).

Moral theory: The proponents of this theory do not accept that there is a link between alcohol use or misuse and genetic/biologic factors. The moral theory argues that alcohol use or misuse is a sign of moral weakness, bad character, and sinfulness. According to Wilbanks (1989), alcohol misuse is a choice made by individuals with low moral standards. The individual is referred as having lack of self-control by making poor choices and engages in activities that has deviated him/her from the acceptable religious and social norms of the society.

PSYCHOLOGICAL THEORY: This theory posits that alcohol misuse and use as problem behaviours and that there are several theories that attempt to explain alcohol and drug dependent behaviour. Some of the theories have been explain below.

Psychoanalytic theory: This theory explain that individuals engage in alcohol and drug use due to instinctual gratification i.e., the feel and euphoria they expect to get after consumption (Feniche 1945). Research has shown that expectancy, craving, beliefs, and motivation, informs and affects individuals' decision to engage in alcohol use (Brown, Goldman & Christiansen, 1985). The underlying cause of alcohol and drug used is assumed to develop from sensual satisfaction (pain prevention and anxiety), identity crisis, conflict among ego and super ego (Allen 1996). Alcohol has been found to contain tension reduction properties and this effect, has resulted in its excessive use due to negative reinforcement (i.e., reward generated by the little ecstasy gotten from alcohol use).

Behavioural theory: this theory of psychology posits that; the use of psychoactive substance (alcohol) is acquired behaviour. The acquired behaviour is attained through classical conditioning, operant conditioning, and social learning.

In a classical conditioning, dependence and misuse of substance is acquired through associative learning. That is people may engage in the use of the substance (alcohol) because of specific factors associated with the use of the substance. For example, in society where alcohol is use in most social gathering, the dependent person thinks he/she can only socialise and feel accepted in any gathering involving alcohol use. The individual forgets how to socialise without alcohol, impairing his/her social skills. In operant conditioning,

learning occurs when the response or behaviour is followed by reinforcement after using alcohol or drug. The behaviour is not reflexive but rather it is voluntary. Reinforcement strengthen behaviour and it may be positive (rewarding behaviour after use) or negative (avoidance of withdrawal symptoms or an unpleasant experience)

Social learning theory: this theory explains that behaviour (adaptive and maladaptive) is formed and sustain because of positive and negative reinforcement. Research have also indicated that role modelling and the need to conform also has influence on behaviours (Bandura 1977; Barnes 1990). Specifically, a study conducted by Collins and Marlatt (1981) indicated that modelling affects drinking behaviour. The study found excessive drinking males exhibited strongest response to heavy drinking models of the same gender.

Social Cultural theory: Environmental, social, and cultural factors are contributing factors that shapes an individuals' behaviour in a society. These are also important contributing factors for individuals to engages in problematic drinking and or less indulgence in alcohol use e.g., in society where people are rewarded and given positive feedback for indulging in heavy alcohol use, tends to continue that behaviour leading to alcohol dependence due to the acceptance by the society and the rewards they get from the alcohol indulgence and vice versa. Individuals' behaviours are also formed because of learning, learning occurs through individuals' interaction with stimulus and external stimulus. Research has also shown that social stress contributes significantly to substance (alcohol) overuse and addiction (Volkow & Morales, 2015).

9.2 Presentation of Reviewed articles Appendix 2

Author, year & Title	Study design	Aim / objectives	Study subjects	Assessment Tools	Results
Emiliussen et al. 2017 "**How do family pressure, health, and ambivalence factor into entering alcohol treatment? Experiences of people aged 60 and older with alcohol use disorder".**	Qualitative study	Finding motivations that leads older adults to enter treatments for alcohol problems and need to understand unique characteristic to devise treatment options.	12 elderly people aged 60 years and above who had experienced late-onset alcohol use disorder.	Data analysis (Using a semi-structured interview to qualitatively investigate participant's perspectives on treatment and motivation to enter treatment).	Family can function as pressure structure in terms of fostering pressure for treatment.
Quinn and Mowbray 2018. **"Predictors of Alcohol use disorder Among Baby Boomers Across the Life Course"**	Empirical study	Examining patterns of alcohol use disorder (AUD) among baby boomers and assessing factors predicting AUD in baby boomers.	Individuals born between 1946-1964 (i.e., people aged 58 years and above	Data analysis	Predictors of alcohol use disorder among baby boomers are evolving over the years as baby boomers continue to age, however risk factors for AUD were found to be, unprescribed pain reliever use $p<0.1$, affordability such as income $p<.01$ and social supports $p=.01$.
Hartmann et al. 2021 "**A combined Behavioural Economics and Cognitive Behavioural therapy interventions to Reduce Alcohol Use and Intimate Partner Violence Among Couples in Bengaluru, India: Results of a Pilot Study**	Pilot Study	Study how a combined behavioral economics and cognitive behavioral therapy interventions can reduce hazardous alcohol use and reduce intimate partner violence (IPV).	Sixty couples of which there was a history of alcohol related violence. There three groups to this study. Control group, incentives group and incentives plus behavioral couple therapy (BCT) group.	Breath alcohol concentration (BrAC) was used in collecting data and statistical analysis was done on the data to determine outcome.	Evidence that incentives reduced alcohol use but there was greater proportion of negative BrAC samples among participants in the counselling arm (the use of behavioral couple therapy) compared with the control group.

Im et al. 2007 **"Adapting a Cognitive Behavioural Program in treating alcohol dependence in South Korea"**	Quasi-experimental study	Authenticating the effects of moral behavioral-cognitive intervention on client's insight with alcohol dependence by comparing pretest and posttest outcomes.	44 clients who were diagnosed with alcohol dependence and were hospitalized in a psychiatric hospital in Daejeon, South Korea.	Data were analyzed using the Mann-Whitney and Wilcoxon test (A nonparametric test of the null hypothesis)	There was statistically significant promotion of insight, especially in control/dependence insight after treatment.
Lee et al. 2015 **"Use of Pharmacotherapies in the Treatment of Alcohol Use Disorders and Opioid Dependence in Primary Care.**	Literature review	Examining how alcohol use disorder and opioid dependence is cared for in primary care and how new models is affecting treatment. Outlining the importance of pharmacotherapy in the treatment of alcohol use disorder and opioid dependence in a comprehensive treatment paradigm.	Not stated	Review Article	The review indicated that utilizing approved pharmacotherapy in the treatment of alcohol use disorder and opioid dependence helps to improve health and decreases withdrawal symptoms to a greater extent. It also showed positive outcome in medication assisted specialized treatment centers for alcohol use disorders and opioid dependence in primary care.
Korcha et al. 2016 "**Interaction of Motivation and Social Support on Abstinence Among Recovery Home Residents**"	Longitudinal study	Examine a variety of social network factors that might interact with motivation to influence abstinence over time.	289 residents entering residential recovery homes with at least 18 years of age.	Used a random effects logistic regression modeling for panel models. (The model estimates the time average effects of the number of persons in the social network, supportive confrontation, and 12-steps affiliation measures as moderators of the relationship between measures and 6-month abstinence.	Social network was found to be a key proximal measure of motivation for peoples to abstain from substance use.

Dass-Brailsford and Myrick 2010 **"Psychological Trauma and Substance Abuse: The Need for an Integrated Approach"**	Clinical review	Examines the relationship between psychological trauma and substance abuse to treatment options for persons with substance abuse.	Individuals who have histories of substance abuse and psychological trauma (Ages were not specified)	Integrated models were used. Assessment was examined in terms of efficacy, effectiveness, and empirical evidence.	There was a consensus that integrated approach of several models which addresses clinical needs of individuals with histories of substance abuse and psychological trauma concurrently is the preferred and acceptable approach to substance abuse treatment.
Belogolovsky et al. 2012 "**Workforce disengagement stressors and retiree alcohol misuse: The mediating effects of sleep problems and the moderating effects of gender"**	Longitudinal study	Examine the moderated mediation model of the effects of two retirement related stressors (i.e., financial, and marital) on the severity of alcohol misuse among retirees.	292 pensioners	Used a Zero-inflated Poisson model The approach recommended by Edwards and Lambert (2007) and Muller et. Al. (2005)	Financial and marital stressors were linked to elevated alcohol use among male retirees. Moreover, the results demonstrated that for male retirees the effects of the stressors on the severity of alcohol misuse are to a large extent secondary to the financial and marital stressors rather than the sleep-related problems these stressors generate.
Shaw 2006 "**Lack of Emotional Support from Parents Early in Life and Alcohol Abuse Later in Life**"	Empirical study	Examine the association of lacking emotional support from parents early in life and adult alcohol abuse.	Over 2,500 adults between the ages of 25-74.	Data analysis strategies. (Used a logistic regression model)	There was a linear relationship between level of deficiency in early maternal support and odds of adult alcohol abuse, with even moderate deficiencies associated with elevated risk.
McCrady and Flanagan 2021 "**The role of the family in alcohol use disorder in recovery for adults"**	Literature review	Outlining the existing research of family involved intervention treatments in alcohol use disorder and suggesting opportunities to expanding these currents successful intervention to a wider population for generalizability.	Adolescents and adults (age range not specified)	Article review	Confirmation that existing research indicates that integrating partners and families in alcohol use disorder (AUD) treatment usually results in positive treatment outcomes and assists in long –term AUD recovery. The family intervention treatment that was explained with high efficacies were: Cognitive behavioral therapy, Alcohol behavioral couple therapy, behavioral couple therapy, Brief strategic family therapy etc.