

Summer 8-12-2021

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Recommended Citation

Van Woy, J., MacDermott, S., Cohill, B., & Park, K. (2021, August 12). Occupational Therapy's Role in Community Reintegration for Individuals Living with Addiction. Poster presented at the Virtual OTD Capstone Symposium, University of St Augustine for Health Sciences. Retrieved from <https://soar.usa.edu/otdcapstonessummer2021/15>

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Occupational Therapy's Role in Community Reintegration for Individuals Living with Addiction

Jennifer Van Woy, OTDS; Susan MacDermott, OTD, OTR/L; Becki Cohill, OTD, OTR/L; Karen Park, OTD, OTR/L

BACKGROUND

Individuals living with addiction and transitioning back to living in the community relapse 40%–60% of the time because of the many barriers and challenges they face (National Institute on Drug Abuse, 2020). This demographic may benefit from occupational therapy services during this transitional time by working with the therapist to identify alternative roles to addiction, to develop personal empowerment, to enhance the environment for optimal inclusion, and to use meaningful occupations as a means as well as a goal (Haltiwanger et al., 2007).

As many as one in 10 transition aged youth (TAY) experience homelessness annually (Morton et al., 2018). One study found that 83.6% of homeless TAY met the criteria for an Axis I disorder within the DSM-IV, the most common mental health concerns being substance use, anxiety, and mood disorders (Saperstein et al., 2014). There is a need within transition programming with homeless TAY to focus on emotional and physical health, as well as to assist with development of skills in areas of academia, vocation, and independent living within the community (Saperstein et al., 2014).

PROBLEM

Individuals with addiction have various concerns with maintaining sobriety and engaging in healthy occupations. Although occupational therapists have been involved in addiction recovery for over half a century, the literature published has been minimal and warrants further research with regards to occupational engagement (Rojo-Mota et al., 2017).

PURPOSE

The purpose of this capstone experience was to design and provide occupational therapy program implementation to aid homeless transitional aged youth (TAY) with their transition to community living. A qualitative approach was utilized to learn about the lived experiences of the individuals involved in the program (i.e., residents and staff).

METHODS

Pre-Existing Programming	Enhanced Programming
OT group 1x/week (1 hour)	OT group: community OT 1x/week (2 hours) -> focus on community integration skills
WRAP/WHAM group 1x/week (1 hour)	Resources for staff and youth: transition into/out of JBU packet, graduation questionnaires, transition flowcharts, etc.
Transition out of JBU: Assistance with finding housing (not guaranteed); peer support follow-ups 1x/week for 60 days	Ritual development: Graduation event; transition bags; increased wrap around services provided during transition to community living
Team of staff members dedicated to providing the best quality of care for the residents	Collaboration with organizations providing services to TAY to enhance transitions and occupational engagement
Holistic services available (optional)	Role development: "Senior Youth"
Minimal medication management assistance	My Health Action Plan Worksheet development
Future Builders group (life skills)	Future Builders 2.0 (w/ emphasis on transition out of JBU)

Participants:

- Homeless TAY (ages 18-25) with a serious mental illness.
- Program participants live within the JBU facility for 90 days and are provided with supportive services, holistic health care, integrative medicine, and advanced technology (Urban Street Angels, 2020)
- Other stakeholders: JBU staff members (i.e., peer support specialists, health and housing navigator, case manager, outreach coordinator, and occupational therapy department), and other community based organizations utilized by JBU participants.

Design:

- Observations.
- Semi-structured interviews.
- Provide program implementation & build on existing programs with an emphasis placed on community reintegration.
- Follow ups with graduates of the program in the form of semi-structured questionnaires, phone calls, text messages, or in person meetings.

Theoretical Frameworks:

1. The Person Environment Occupational Performance Model.
2. Model of Human Occupation.
3. Transtheoretical Model (Stages of Change).

Focus of Treatment:

Enhanced performance in occupational areas that were identified by each resident of JBU with an emphasis on community reintegration.

Interventions:

1. Education on the cause of addiction and co-occurring mental health conditions and how it affects daily functioning.
2. Life skills and vocational training.
3. Mindfulness Based Interventions.
4. Cognitive and sensory grounding techniques.
5. Group therapy sessions.
6. The occupation of playing and leisure participation/exploration.
7. The occupation of art.

RESULTS

Assessment Tools:

1. The Canadian Occupational Performance Measure.
2. AOTA Occupational Profile Template.
3. The Adolescent/Adult Sensory Profile.
4. Modified Interests Checklist.
5. The Community Integration Measure.

Outcome Measures:

1. Redo the COPM.
2. Complete the Occupational Therapy Outcome Survey (3 questions).
3. Semi-structured interviews and follow up check-ins with graduates.

Discussion

- Increase in the majority of COPM changes.
- 100% responded yes OT helped them during their time in the program
- Graduates reported improvements in occupational areas of concern including job acquisition and performance, social participation, leisure exploration and participation, decreased mental health symptoms (e.g., social anxiety), increased awareness of budgeting/financial management, improved eating habits → improved medication management skills.

Acknowledgements:

Special thanks to Dr. Bianca Doherty and Dr. Susan MacDermott

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Background

Outcome Objectives:

- (a) Understand current transition programming and occupational programming in place within Urban Street Angels (Just Be U) program and how it contributes to readiness for participant transition/graduation.
- (b) Design education, resources, and programming based on needs assessment to assist with staff members and residents of the program with successful transitions into and out of Urban Street Angels (Just Be U).

Goals Based on Needs Assessment:

1. Promote engagement in occupations that support valued life roles and successful community reintegration.
2. Increase client understanding of mental health conditions, including addiction, and its effects on occupational engagement/community reintegration.
3. Enable the client to effectively manage substance use, anxiety, depression, and any other co-occurring mental health conditions.
4. Develop the client's self-awareness and self-regulation of thoughts, emotions and actions.
5. Promote adaptive occupational performance to assist with community reintegration.
6. Increase or develop self advocacy skills and knowledge of community resources.

Pre-Existing Programming:

- OT social club 1x/week (1 hour).
- WRAP/WHAM group 1x/week (1 hour).
- Holistic services and a team of dedicated staff members.
- Assistance w/ finding housing (not guaranteed).

Enhanced Programming:

- Community OT group 1x/week (2 hours) – different location each week.
- Life Skills OT group w/ emphasis on applying skills during transition to community living.
- Collaboration with community-based organizations serving TAY to enhance occupational engagement and transition to community living.
- Graduation event (ritual) w/ ceremony, transition bag, certificate of completion, and more!
- Tool, resources, and education to staff of JBU so that the program enhancement can be sustainable.

Program Development and Outcomes

Discussion

- Increase in the majority of COPM changes.
- 100% responded yes that OT helped them during their time in the program
- Graduates saw improvements in occupational areas of concern including job acquisition and performance, social participation, leisure exploration and participation, decreased mental health symptoms (e.g., social anxiety), increased awareness of budgeting/financial management, improved eating habits → improved medication management skills
- To conduct a needs assessment and to design and provide occupational therapy program implementation to aid individuals with their transition from the Just Be U (JBU) housing program to community living.

Implications for OT