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

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

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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

A qualitative approach was utilized to learn about the program (i.e., residents and staff).

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.

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References

https://doi.org/10.1177/030802260707000906
National Institute on Drug Abuse. (2018). Drug, Abuse, and behavior: the science of addiction. just be u: our program: 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.
5. Group therapy sessions.
6. The occupation of playing and leisure participation/exploration.
7. The occupation of art.
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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.

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