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Habituation in Occupational Therapy for People with Alcohol Use Disorder: A Scoping Review

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BACKGROUND

Alcohol use disorder (AUD) is an ongoing chronic relapsing brain disease that results in an impaired ability to control or stop alcohol use regardless of any adverse consequences and affects millions of people worldwide. Occupational therapy (OT) can help those recovering from AUD by facilitating reengagement in their habits, roles, and routines in their daily lives.

PROBLEM

The literature had not yet been systematically reviewed or organized with how habituation is used in OT practice in clients with AUD, leaving it difficult to understand how habits, patterns, and routines are being addressed in recovery treatment.

PURPOSE

To conduct a scoping review of the literature to identify how habituation was addressed in the OT literature in clients with AUD.

REFERENCES



Scan for all frequency tables, literature selection process, search strategies, and references.

METHODS

This study utilized the 5-step scoping review methodology described by Arksey and O'Malley (2005) consisting of:

1: Identify a Research Question

How is habituation addressed in the literature addressing OT intervention with clients with AUD?

2: Identify Relevant Studies

- 156 identified from search; 139 screened; **14 articles included**

3: Select Studies

- Inclusion criteria: written in English and focus on OT intervention with alcohol abuse, alcohol dependence, or AUD

4: Chart Data

- Analyzed using constructs of the Model of Human Occupation (MOHO)

5: Collate, Summarize, and Report Results

RESULTS

Table 1
MOHO Constructs Addressed in the Literature

MOHO construct	MOHO components	Themes	f	p (%)	
Volition (41.5%)	Values (16.1%)	Talked about values	3	33.3	
		Identified assessed values	1	11.1	
		Interventions related to values	5	55.6	
	Interests (37.5%)	Talked about interests	11	52.4	
		Identified assessed interests	2	9.5	
		Interventions related to interests	8	38.1	
	Personal Causation (46.4%)	Talked about personal causation	Talked about personal causation	11	42.3
			Identified assessed aspects of personal causation	4	15.4
		Interventions related to personal causation	Talked about personal causation	11	42.3
			Identified assessed aspects of personal causation	4	15.4
			Interventions related to personal causation	11	42.3
			Interventions related to personal causation	11	42.3
Habituation (31.8%)	Habits (41.8%)	Talked about habits	12	66.7	
		Identified assessed habits	2	11.1	
		Interventions related to habits	4	22.2	
	Routines (32.6%)	Talked about routines	8	57.2	
		Identified assessed routines	3	21.4	
		Interventions related to routines	3	21.4	
	Roles (25.6%)	Talked about roles	Talked about roles	8	72.7
			Identified assessed roles	2	18.2
		Interventions related to roles	Talked about roles	8	72.7
			Identified assessed roles	2	18.2
			Interventions related to roles	1	9.1
			Interventions related to roles	1	9.1
Performance Capacity (26.7%)	Mental (91.7%)	Talked about mental abilities	16	48.5	
		Identified mental abilities	3	9.1	
		Interventions related to mental abilities	14	42.4	
	Physical (8.3%)	Talked about physical abilities	3	100	
		Talked about physical abilities	3	100	
		Talked about physical abilities	3	100	

RESULTS

Table 2
Habituation Components Addressed in the Literature

Habituation component	Themes	Sub-themes	Codes	f	p (%)	
Habits (41.8%)	Talked about habits (66.7%)	Importance of habits (41.6%)	OT treatment	1	20.0	
			Developing new habits	3	60.0	
			Adaptive behaviors	1	20.0	
		Proposed interventions (16.7%)	Develop habits of sobriety	2	100	
			Reported as area of dysfunction (16.7%)	Maladaptive habits	1	50.0
				Poor use of time	1	50.0
	Reported problem area (25.0%)	Drinking patterns	2	66.7		
		Organized recovery habits	1	33.3		
		Identified assessed habits (11.1%)	Drinking habits (100%)	Dominated by drinking	1	50.0
	Reported assessment			1	50.0	
	Intervention related to habits (22.2%)		Establish new habit patterns (100%)	Create healthy habits	1	25.0
		Create meaningful habits		1	25.0	
Review drinking patterns		1		25.0		
Routines (32.6%)	Talked about routines (57.2%)	Importance of routines (75.0%)	Use of leisure time	2	33.3	
			Planning leisure time	2	33.3	
			Balanced activities for sobriety	2	33.3	
		Reported information (25.0%)	Role of OT in daily routine/life	1	50.0	
			Habitual routines	1	50.0	
			Identified assessed routines (21.4%)	Drinking routines (66.7%)	Organization of day	2
	Problem area (33.3%)	Maintaining daily routine			1	33.3
	Intervention related to routines (21.4%)	Develop daily routine (100%)		Time management	3	100
	Roles (25.6%)	Talked about roles (72.7%)	Importance of roles (37.5%)	Role performance in recovery	2	66.7
				Establishing new roles	1	33.3
			Reported deficits in roles (25.0%)	Worker role	1	50.0
		Life roles		1	50.0	
Reported problem area (25.0%)		Lack of role definition		1	50.0	
		Sabotage/deny roles	1	50.0		
	Proposed OT focus (12.5%)	Interventions related to roles	Interventions related to roles	1	100	
Identified assessed roles (18.2%)			Dysfunction of roles (100%)	All roles (worker, familial, life)	1	50.0
				Life roles	1	50.0
Intervention related to roles (9.1%)	Develop worker role (100%)	Woodworking vocational skills	1	100		
		Develop worker role	1	100		
		Develop worker role	1	100		