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Cleveland State University

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OCCUPATIONAL THERAPY
INTERVENTIONS FOR PATIENTS WITH
SUBSTANCE USE DISORDERS:
A PRACTITIONER GUIDE

*Mary Barrett OTD/S
Cleveland State University*

SAMHSA's National Helpline: **1-800-662-4357**

- 24-hour a day, 365 days a year treatment referral and information service

Suicide and Crisis Lifeline: **call or text 988**

- Available 24 hours

Ohio Addiction Hotline: **866-210-1303**

- For those in need of crisis support, 24/7

2-1-1 Summit County: **330-376-6660**

- Free, non-emergency number connecting you to vital health services and human resources.

Drughelp.care

- Free website that allows drug treatment providers to list the number of open treatment slots daily.

Acknowledgements:

I would like to thank all the professors and faculty in the Occupational Therapy Program at Cleveland State University. I would also like to give a huge thank you to Dr. Patricia Stoddard Dare, I could not have completed this without you.

To the occupational therapy practitioner:

These ten modules of program of interventions were completed as part of a capstone project at Cleveland State University. We all know occupational therapy is all about being client centered. Please personalize this to your client's needs. Not every client is going to need all modules of these interventions. These OT interventions were compiled to address one focus per week, it is important not to overwhelm the client. Interventions will vary based on the environment and at what level of care the client is being treated. Please use your clinical judgement on how to provide the just right challenge for your clients.

Any further questions can be directed to:
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Introduction

For individuals who struggle from substance use disorder (SUD), their lives center around their disorder, and this creates challenges in many aspects that need to be overcome throughout the individual's life. Individuals with SUD reported decreased sense of well-being than the general population without SUD and also reported a significant decrease in activities participated in from compared to before they were suffering from SUD (Hoxmark et al., 2012). Individuals suffering from SUD often experience occupational deficits because they do not participate in many meaningful activities due to their addiction taking precedent in their lives (Wasmuth et al., 2016). SUD has been an ongoing concern for years. According to the Ohio Department of Health (2019), accidental drug overdose is the leading cause of injury related death in Ohio. Opioid overdoses are increasing in the number of deaths each year (Center for Disease Control and Prevention, 2022). "In 2019, 4,028 people died of unintentional drug overdoses, which was a 7% increase over 2018" in Ohio (Ohio Department of Health, n.d.). Drug overdoses impact not only the individual but the people around them, their environment, communities, roles, and routines.

Occupational therapy (OT) offers a unique approach to treating substance use disorders, focusing on client-centered care. OT could enhance these services even further by assisting with establishing a routine in an individual's life, focusing on occupation, hobbies and leisure, and physical and emotional treatment by treating the whole person. Individuals with SUD frequently have other psychosocial or physical barriers interfering with their occupational engagement (Stoffel & Moyers, 2004). Our occupational engagement plays an important role in our health and quality of life. A review of OT intervention in the treatment of people with SUD found the most common themes were single occupation focused intervention, skills training which focused on daily living skills and vocational skills and establishing a community-based sober routine

(Ryan et al. 2021). They found that more in-depth research is needed to further the efficacy of this treatment. Another review found four interventions found to be most effective including brief interventions, cognitive behavioral therapy (CBT), motivational strategies, and 12-step programs. With these four approaches, an occupational perspective can be applied to most efficiently treat individuals with SUD (Stoffel & Moyers, 2004). The World Health Organization (WHO) states that OTs have the skills to help clients in social skills, work skills, routines and habits, and hobbies to assist those in treatment and rehabilitation of drug use (Busuttill, 1989).

While the efficacy of OT services in SUD treatment is limited, OTs work on the whole person, meaning physical, emotional, and social, looking at the whole person. Individuals with SUD lack engagement in meaningful activities thus the unique approach in the management of SUD treatment. The Model of Human Occupation (MOHO) will guide the intervention for treating SUD with occupational therapy. MOHO is an occupation focused model that is made up of three components: volition, habituation, and performance capacity. There is an emphasis with this model that we must understand the physical and social environments in order to understand human occupation and problems of occupation (About the Model of Human Occupation | Kielhofner's Model of Human Occupation | University of Illinois Chicago, n.d.). This is important when intervening with individuals SUD because you need to understand the motivation for occupation and the patterns or routine of the individual. Some of the populations that have been studied in past interventions include adolescents aged thirteen and older and adults (Rojo-Mota et al., 2017; Ryan & Boland, 2021). Some of the following conditions have been studied in their reviews such as SUD, nicotine, alcohol, heroin, marijuana, and opiates. There is a wide variety of where OT can play a role in the intervention for treating individuals with SUD. There are a variety of ways OTs can intervene in the treatment process of SUD such

as occupation focused intervention, mental health promotion, and skills training (Ryan & Boland, 2021). There is low evidence of OTs being part of the treatment team and low representation of occupational therapy in the treatment of substance use disorders for individuals and there needs to be further concrete evidence and prevalence in the field. There is a lack of occupation-based interventions being implemented in the treatment process.

The focus of this capstone project was on the promotion of occupational therapy intervention in substance use disorder treatment. This capstone project was chosen to focus on Summit County specifically to analyze current intervention approaches for clients with SUD to see where OT could be integrated to potentially fill the gap and improve intervention and prevention with clients with SUD. However, this intervention program can be applied to anyone.

Coping Mechanisms

- **Check- in**
 - What are your current coping strategies?
 - Do you have any healthy coping strategies that are currently working?
 - Are you interested in learning more about healthy coping strategies that you could consider?
- **Education related to substance use disorder (SUD)**

Coping strategies are habits formed over time that help a person with particular situations or stress levels (American Addiction Centers, 2022). It is important for continuous training of coping skills to improve self-efficacy skills and to prevent reoccurrence (Shafiei et al., 2016). Exercise can release endorphins in our bodies to help reduce tension, reduce mood swings, and boost self-esteem making it an optimal coping mechanism (2022). Cognitive behavioral therapy (CBT) increases a client's ability to cope during high-risk situations that could potentially lead to relapse. They will learn strategies to cope in these situations (Sugarman, Nich, & Carroll, 2010). Mindfulness for example, involves focus, attention, and awareness in the present moment and can be practiced in a clinical or nonclinical setting. The idea of mindfulness is to only focus on what is happening right now and accept it without evaluating. It reduces negative symptoms and also promotes positive ones including increased self-esteem and positive attitudes (Gura, 2010). Positive coping mechanisms are important to prevent relapse, manage impulses, boost confidence and self-esteem, and increase resilience.

- **Skills instruction**
 - Develop a toolbox involving the following therapeutic activities from the list below.
 - Engage in occupations that promote health.
 - Cognitive behavioral therapy
- **Therapeutic Activities**
 - Breathing techniques
 - Breathe in through your nose for 4 seconds, hold your breath for 7 seconds, exhale slowly through the mouth for 8 seconds. Repeat.
 - Exercise
 - Yoga
 - Identify a safe space
 - Sensory-based
 - Weighted blanket
 - Music
 - Aromatherapy
 - Fidgets
 - i.e., Stress ball
 - Mindfulness
 - Meditation
 - Body scan meditation
 - Deep breathing
 - Art/journaling
 - Make a list of people you have in your support system that could be called.

- **Planning for clients to implement at home.**

- Talk about strategies clients can implement on their own.
- Write a list of go-to strategies clients can use and refer back to.
 - Have them report back what worked and what did not to find what is best for them.
- Develop their toolbox.

Establish goals collaboratively with client.

Short term goals:	Long term goals:

Assessments:

- ◇ Coping Inventory for Stressful Situations (CISS)
- ◇ Brief COPE
- ◇ Adolescent Relapse Coping Questionnaire (ARCQ)
 - <https://www.corc.uk.net/media/1257/adolescentrelapsecopingquestionnaire-arcq.pdf>
- ◇ Coping Responses Inventory (CRI)
 - <https://www.parinc.com/Products/Package/69>
- ◇ Coping Strategies Scale (CSS)

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Coping Strategies

OCCUPATIONAL THERAPY INTERVENTION

Mary Barrett OTD/S, Cleveland State University

OVERVIEW:

Coping strategies help us control a certain situation; to prevent temptation and cravings. Positive coping mechanisms are important to prevent relapse, manage impulses, boost confidence, and self-esteem.

HEALTHY COPING STRATEGIES:

- Think before you respond.
 - H.A.L.T.- hungry, angry, lonely, tired.
 - Identify common triggers to prevent relapse.
- Exercise
- Art/Journal
- Social support
 - Turn to friend, family member, sponsor, or community supports.
- Sensory based.
 - Example: weighted blanket, music, comforting smells
- Identify a safe space.
- Deep breathing
 - Breathe in through your nose for 4 seconds, hold your breath for 7 seconds, exhale slowly through the mouth for 8 seconds. Repeat.
- Getting enough sleep (7-8 hours a night)
- Eating 3 healthy meals a day

Remember: find what works best for you. What works for one person might not work for you.

UNHEALTHY COPING STRATEGIES TO AVOID:

- Avoidance behaviors
- Substance use
- Sleeping all day
- Over or under eating
- Self-harm

Speak with a professional about what is the best fit for you.

Health Management

- **Check- in**
 - Do you have any doctors you currently are seeing?
 - Do you have any barriers for getting to the doctor?

- **Education related to substance use disorder (SUD)**

Substance Abuse and Mental Health Services Administration defines eight dimensions of wellness: emotional, financial, social, spiritual, occupational, physical, intellectual, and environmental (2016). A healthy life means the use of functions and adaptations across the lifespan, allowing people to enter into sufficient relationships with others, to work and play in their community (American Occupational Therapy Association, 2020). Clients with SUD are often afraid of disclosing information, in fear they will be judged. This often leads to avoiding medical providers and regular check-ups. However, primary care providers could play a key role in substance use screenings and provide referrals and recommendations for interventions (McNeely et al., 2018).

- **Skills instruction**

- Education on prevention
 - Preventing the onset of unhealthy conditions
 - May include modifying the physical and social environment.
- Education on wound care
 - Education on infections when to seek medical attention.
 - Treating staph with antibiotics
 - Begins as red bump or pimple.
 - Nicotine slows down healing of wounds and pain.
 - Managing dressings and topical applicants
 - Managing edema
- Advocate for oneself
- Home evaluation
 - Does the client have any issues getting around at home?
 - Accessible bathroom? Kitchen?
 - Fall prevention.
- Skills training in social skills, time management, stress management, parenting, etc.

- **Therapeutic Activities**

- Motivational Interviewing
 - Client-centered approach (open-ended questions reflective listening)
 - Guides client towards change
 - Exploring obstacles to change
- Establish new healthy habits and goals.
- Increasing physical activity through leisure education and participation
- Promotion of positive mental health and well-being through occupations
- Regular communication with sponsor to discuss progress.
- Healthy literacy interventions to support health management.
- Leisure and social participation groups
- ADL and IADL training
 - Grooming and hygiene to take care of yourself.
 - Cooking, cleaning, laundry

- Making sure the client can function to their full potential in their environment with no barriers.

- **Planning for client to implement at home.**
 - Identify one new healthy occupation to try next week to benefit your health.

Establish goals collaboratively with the client.

Short term goals:	Long term goals:

Assessments:

- ◇ The Performance Assessment of Self-Care Skills (PASS)
 - <https://www.shrs.pitt.edu/performance-assessment-self-care-skills-pass-materials>
- ◇ Executive Function Performance Test
 - <https://www.ot.wustl.edu/about/resources/executive-function-performance-test-efpt-308>
- ◇ Katz Index of Independence in Activities of Daily Living
 - <https://www.alz.org/careplanning/downloads/katz-adl.pdf>

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Health Management

OCCUPATIONAL THERAPY INTERVENTION

Mary Barrett OTD/S, Cleveland State University

OVERVIEW:

Going to visit your doctor regularly is important for supporting your health. It can help you improve your quality of life and prevent chronic conditions.

RECOMMENDED SCREENINGS:

- Breast Cancer
 - Begin screening typically at age 50— easy way to detect cancer early.
- Cervical Cancer
 - Begin screening typically at age 21.
 - Tests find irregular cells in the cervix that may turn into cancer.
- Colorectal (colon) Cancer
 - Begin screening typically at age 45.
 - Screening tests find precancerous irregular growths in the colon or rectum.
- Prostate Cancer
 - Begin screening typically at age 55.
 - Screening involves a blood test called prostate specific antigen (PSA).
- HIV Screening
 - Between the ages of 13-64— at least once a year
- Hepatitis Screening
 - At least once a lifetime, if recognized exposures (use of injection drugs) then regular periodic once a year testing as long as risk persists.
- Pregnancy Screening
 - Is there a chance you could be pregnant now?
 - Do you plan on becoming pregnant in the next 12 months?
- Birth Control
 - Have you ever taken birth control pills, or used a birth control patch, ring, or shot/injection?

HOW OFTEN:

TYPE OF DOCTOR:

Primary Care Doctor	Once a year
Dentist	Every six months
Eye Doctor	Every one-two years
Hearing	Every three-five years

Speak with your doctor about when it is best for you to start screening and what is most right for your health.

Medication Management

- **Check- in**
 - Do you know what medications you are currently taking, if any?
 - Do you have any current strategies for storing your medications?
 - Do you have any current strategies for filling your prescription at the pharmacy?
 - Do you have any problems remembering to take your medications?

- **Education related to substance use disorder (SUD)**

Medication management refers to taking medication as prescribed, which includes filling the prescription, interpreting health information, storing prescription, and maintaining ongoing compliance with refills. Aspects such as hand dexterity, vision, functional cognition, motivation, and healthy literacy all play a part in managing our medications and are areas addressed by an OT (American Occupational Therapy Association, 2017). Medication nonadherence can lead to adverse health effects. Medication side effects can have an impact on our daily occupations (American Occupational Therapy Association, 2021). Medication compliance is important when going through medication assisted treatment (MAT) to assist in recovery and relapse prevention. The client will no longer experience the peaks of euphoria and effects of withdrawal. Clients treated with medication assisted treatment have been proven to show signs of improvement in psychosocial function in areas of occupational engagement when compliant (Douaihy et al. 2013).

- **Skills instruction**
 - Establish habits and routines that are consistent with medication adherence.
 - Adapting to the environment or making modifications to the medication regimen.
 - Create, promote, establish, restore, modify, maintain— therapeutic activities.
 - Education and reporting to other healthcare professionals negative effects of medication on occupational performance.
 - Education on side effects and managing behaviors with medications.

- **Therapeutic Activities**
 - Educate clients to advocate for their needs (symptoms, side effects, etc.)
 - Establish a relationship— patient and provider.
 - Promote health literacy so clients know what they are taking and why they are taking it.
 - Establish medication management strategies into already existing routines.
 - i.e., take medications when you brush your teeth in the morning, when you eat lunch, when you are going through your bedtime routine, etc.
 - Increasing hand strength to ensure medication bottles can be opened/closed independently.
 - Motivational interviewing
 - Adapt the environment: tailored pill boxes to their routine, large print, alarms, schedules, etc.
 - i.e., schedule MAT clinic appointments, set alarms, schedule rides if needed, etc.
 - Assistive technology
 - Create a safe place to store your medications.
 - Keep out of reach of children, use safety caps, if any leftover medication- take to a community drug-take-back program, keep a list of all medications in the house.

- **Planning for client to implement at home.**

- Create a journal to see what the client tried with what worked and what did not work.
- Journal to see how compliant they were with taking their medications.

Establish goals collaboratively with the client.

Short term goals:	Long term goals:

Assessments:

- ◇ Brief Medication Questionnaire (BMQ)
 - https://pharmacy.wisc.edu/wp-content/uploads/2016/05/brief-medication-questionnaire-2-bmq-2_web2022.pdf
- ◇ ManageMed Screening
- ◇ Mini-Mental State Exam (MMSE)
 - <https://cgatoolkit.ca/Uploads/ContentDocuments/MMSE.pdf>

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Medication Management

OCCUPATIONAL THERAPY INTERVENTION

Mary Barrett OTD/S, Cleveland State University

OVERVIEW:

Medication management refers to taking medication as prescribed. It includes filling the prescription, knowing why you are taking the medication and how it works, and taking it regularly. Work with a doctor if you are considering how, you are taking the medication. Medication side effects can have an effect on our daily occupations (activities meaningful to us). Medication compliance is important when going through medication assisted treatment (MAT) to support recovery and relapse prevention.

HEALTHY HABITS:

- Only take medication as prescribed.
- Become familiar with your medications and why you are taking them.
 - Keep a list of what you are taking and how often you are taking it.
- Use pill boxes, schedules, or set alarms to remember to take your medications on time.
- Plan to take your medications as part of your already established routine.
 - Example: when you eat breakfast, before bed, etc.
- Have a plan to fill your prescription on time (arrange transportation if needed, keep track on a calendar, etc.)

STORAGE TIPS:

- Keep out of reach of children.
- Use safety caps.
- If you have any leftover medication- take it to a community drug take-back program.
- Keep a list of all medications in the house.
- Do not share the medication.

Speak with your doctor about what is the best fit for you.

Mental Health

- **Check- in**
 - How are you feeling today; physically, and mentally?
 - Have you lost interest in activities you used to participate in?
- **Education related to substance use disorder (SUD)**

Mental health includes our social, emotional, and psychological well-being (Substance Abuse and Mental Health Services Administration, 2023). Our mental health affects our daily occupations and our physical health. Exercise is a great way to promote positive mental health. It provides clients with goals to look forward to and achieve. Serotonin is released from the brain and helps regulate mood when clients participate in physical activity (American Addiction Centers, 2022). Occupational therapists implement client-centered interventions to improve mental health and occupational participation in daily activities. Approximately one half of clients with SUD have a co-occurring mental illness (Rocamora-Montenegro et al. 2021). SUD can contribute to poor mental health disorders and mental health disorders may contribute to using substances. Clients who have a history of mental illness may turn to substance use as a coping mechanism (MacNeil & Fuller-Thomson, 2021).

- **Skills instruction**
 - Cognitive behavioral therapy
 - Mental Health Recovery model
 - Person centered and client driven.
 - The goal of this model is to enable resiliency, health, and wellness in the community of the individual's choice, rather than manage symptoms.
 - Educate on healthy habits and routines.
 - Educate on community resources.
 - Identify social supports.
- **Therapeutic Activities**
 - Help clients develop leisure and play activities.
 - Improve occupational balance.
 - Activities of Daily Living (ADL) training
 - Taking care of your hygiene and grooming skills
 - Healthy coping strategies
 - Modifying your environment to fit your needs.
 - Work, school, home environment to support participation, sensory needs, healthy occupations, etc.
 - Develop a Wellness Recovery Action Plan (WRAP)
 - Help clients get well and stay well by teaching self-management skills and to assist in recovery.
 - Physical activity (Walking, yoga, etc.)
- **Planning for client to implement at home.**
 - Keep a journal of how you are feeling and what you did that week to make yourself feel better.
 - Identify one occupation to participate in this week to benefit your mental health.

Establish goals collaboratively with the client.

Short term goals:	Long term goals:

Assessments:

- ◆ Life Satisfaction Questionnaire
- ◆ Beck Depression Inventory and FastScreen for Medical Patients
- ◆ Kohlman Evaluation of Living Skills (KELS)
- ◆ Beck Anxiety Inventory (BAI)
- ◆ Adult Substance Use Survey (ASUS-R)
- ◆ Mini-Mental State Exam (MMSE)

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Mental Health

OCCUPATIONAL THERAPY INTERVENTION

Mary Barrett OTD/S, Cleveland State University

OVERVIEW:

Occupational therapists chose client preferred activities to improve mental health. They encourage participation in activities that are meaningful to them. It is important to take care of our mental health because it can have an affect on our physical health.

WAYS TO PROMOTE POSITIVE MENTAL HEALTH:

- Self-care
 - Participate in your favorite activity (sport, reading, watching a movie, etc.)
- Community groups and resources
- Journaling
- Physical activity
- Meditation
- Relax
- Practice gratitude
- Get some fresh air.
- Talk to your sponsor or a friend.

Remember: find what works best for you. What works for one person might not work for you.

SIGNS OF UNHEALTHY MENTAL HEALTH:

- Eating or sleeping too much or too little (goal is: 3 meals a day, 7-8 hours of sleep per night)
- Low energy
- Feeling hopeless
- Low interest in activities you used to like.
- Unable to perform daily tasks that include taking care of yourself.
- Anxiety and stress
- Not having social interaction

Speak with a professional about what is the best fit for you.

Occupational Engagement

- **Check- in**
 - Do you have any activities that you currently participate in that are meaningful to you?
 - Do you have an interest in trying new activities?
 - Do you have any past activities you used to be interested you wish you still did?

- **Education related to substance use disorder (SUD)**

Occupations are activities that people do every day that have meaning and purpose in their life. The client's context, performance patterns, performance skills, and client factors influence how they participate in occupations (American Occupational Therapy Association, 2020). Our engagement in our daily occupations plays a role in our health and well-being. A broad range of occupations include activities of daily living (ADL), instrumental activities of daily living (IADL), health management, rest and sleep, education, work, play, leisure, and social participation. The goal is to select activities that enhance performance patterns (habits, routines, roles, rituals) and performance skills (motor skills, process skills, social interaction skills) (2020). Occupational engagement supports clients to manage and maintain their recovery. It provides a sense of meaning and purpose. Social participation and building relationships with those also in recovery was found to be important (Vegeris & Brooks 2021). Maintaining positive relationships and engaging in self-agency to protect from being influenced plays a critical role in recovery. Education is important proven by studies completed that show that less than a high school diploma individual's have a higher risk of later drug use disorders when compared to achieving a college degree. Just completing high school or obtaining a GED was not enough (Fothergill et al., 2008). Practicing self-care is one of the most overlooked areas during recovery. Self-care should not be neglected, and it involves taking as much as one need. Poor self-care often precedes substance use (Melemis, 2015). Self-care will look different for everyone, but it is important to take care of our bodies.

- **Skills instruction**

- Complete AOTA's Occupational Profile
 - This contributes to a client-centered focus during the evaluation, intervention planning, intervention implementation, and discharge planning stages. The information is acquired from the client's perspective.
 - <https://www.aota.org/~media/Corporate/Files/Practice/Manage/Documentation/AOTA-Occupational-Profile-Template.pdf>
- Educate the client on the importance of engagement in activities.

- **Therapeutic Activities**

- Complete assessments to find out what the client is interested in.
- Use those occupations as interventions with the client.
 - Can be used during stress management, pain management, etc.
- Motivational Interviewing
 - Client-centered approach (open-ended questions, reflective listening)
 - Guiding toward change and sparking motivation
- ADL and IADL training
 - Proper bathing, grooming, dressing techniques and education if needed.
 - Laundry, cooking, shopping, adapting to the environment and education if needed.

- **Planning for client to implement at home.**

- Have the client identify 1 activity they would like to participate in once over the next week.
- Keep a journal of occupations participated in throughout the week to ensure occupational balance.

Establish goals collaboratively with the client.

Short term goals:	Long term goals:

Assessments:

- ◇ Occupational Performance History Interview Version 2.0 (OPHI-II)
- ◇ The Occupational Circumstances Assessment Interview and Rating Scale (OCAIRS)
- ◇ Occupational Experience Profile (OEP)
- ◇ Wheel of Life
- ◇ <https://www.mindtools.com/ak6jd6w/the-wheel-of-life>
- ◇ Modified Interest Checklist
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- ◇ Canadian Occupational Performance Measure (COPM)

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Occupational Engagement

OCCUPATIONAL THERAPY INTERVENTION

Mary Barrett OTD/S, Cleveland State University

OVERVIEW:

Occupations are activities that people do every day that have meaning and purpose in their life. Our engagement in our daily occupations plays a role in our health and well-being. Occupational engagement supports clients to manage and keep their recovery.

AREAS OF OCCUPATION:

- Activities of daily living (ADL)
 - Eating, bathing, grooming, dressing, toileting
- Instrumental activities of daily living (IADL)
 - Cooking, cleaning, laundry, shopping
- Health management
 - Regular doctors visit, getting enough sleep, eating three meals a day, etc.
- Rest and sleep
 - 7-8 hours a night
- Education
- Work
- Play
- Leisure
- Social participation

TIP TO GET INVOLVED:

- Replace unhealthy activities with healthy activities.
- Find a friend also in recovery.
- Develop positive relationships with peers, peer coach, service provider, family, etc.
- Practice self-care.
 - Take a hot bath, read a book, spend time outside, go to your favorite restaurant, watch a movie, walk in the park, call a friend, practice gratitude etc.
- Try a new physical activity. (Sport, dancing, yoga, lifting weights, run outside, hike in the woods, take the stairs, etc.)
- Try art (painting, sewing, coloring, puzzles, sketching, etc.)

Speak with a professional about what is the best fit for you.

Pain Management

- **Check- in**
 - Can you identify any current pain triggers? (i.e., weather, physical exercise, etc.)
 - What current strategies do you have for treating pain, if any?
 - Where do you feel the most pain in your body?
 - On a scale of 1-10 how much pain do you have now?

- **Education related to substance use disorder (SUD)**

Pain is a complex phenomenon influenced by various factors, including biologic, psychological, and social factors. Chronic pain often co-occurs with mental and substance use disorders (Dowell et al., 2022). Occupational therapists can work with clients to manage their pain with nonpharmacological approach including adaptation of the environment, assistive devices, body mechanics training, ergonomics, joint protection, relaxation techniques, education on pacing in activities and incorporating breaks into tasks, and physical modalities. These approaches can be used to further facilitate engagement in occupational performance areas, skills, and patterns (Smith-Gabal & Holm, 2011). OTs should seek to include meaningful occupations to guide clients to assist with establishing goals in their daily routine to focus on optimizing function and quality of life. Pain affects a person's ability to participate in daily exercise, quality of sleep, perform IADLs, social participation, and overall quality of life. OTs recognize the connection between mind, body, and spirit and the impact it has on our engagement in daily activities (American Occupational Therapy Association, 2021). Opioids play an essential role in the treatment of managing pain with some therapeutic options being inaccessible to many patients. However, there are risks that come along with taking them including overdose, dose dependent, and nonmedical use among persons whom they were not prescribed to. The CDC published new opioid prescribing guidelines in 2016. Among those guidelines, occupational therapy is mentioned as a nonopioid therapy preferred for subacute and chronic pain to address posture, muscle weakness, or repetitive body mechanics that contribute to pain (Dowell et al., 2022).

- **Skills instruction**
 - Education on proper body mechanics
 - Performing activities using techniques that reduce or prevent strain on body structures.
 - Using occupations therapeutically to increase participation.
 - Find out what the client is interested in through assessment tools. Then use those occupations to encourage participation to manage pain.
 - Biopsychosocial model of pain
 - Encourages independence through activity and function rather than focusing on pain and dysfunction.
 - Consider the client's readiness to change (i.e., developing new habits and routines)
 - Clients should identify and set their own goals for therapy to keep them motivated and on their terms for willingness to change and establish a new routine if needed.

- **Therapeutic Activities**
 - Dynamic stretching for 10-15 minutes a day
 - Exercise- core training, walking, Pilates
 - Range of Motion and Mobilization
 - Muscle conditioning
 - Hydrotherapy
 - Massage
 - Tai chi and yoga

- Tai chi: a mind-body exercise, low impact and performed very slow
 - Yoga has a positive effect on the brain
 - Electrical stimulation
 - Ergonomics (in their working environment)
 - Manage pain medications
 - Occupations that interest the client
- **Planning for client to implement at home.**
 - Identify goals for occupational performance and pain management
 - Identify daily exercise or occupation to participate in

Establish goals collaboratively with the client.

Short term goals:	Long term goals:

Assessments:

- ◇ Chronic Pain Assessment Questionnaire
 - <https://www.exchangecme.com/resourcePDF/btp/resource3.pdf>
- ◇ Brief Pain Inventory
 - <https://www.mdanderson.org/research/departments-labs-institutes/departments-divisions/symptom-research/symptom-assessment-tools/brief-pain-inventory.html>
- ◇ Pain Coping Questionnaire
- ◇ Pain, Enjoyment of Life and General Activity (PEG) scale
 - <https://www.med.umich.edu/1info/FHP/practiceguides/pain/PEG.Scale.12.2016.pdf>
- ◇ Canadian Occupational Performance Measure
- ◇ Numeric Rating Scale
- ◇ McGill Pain Questionnaire

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Pain Management

OCCUPATIONAL THERAPY INTERVENTION

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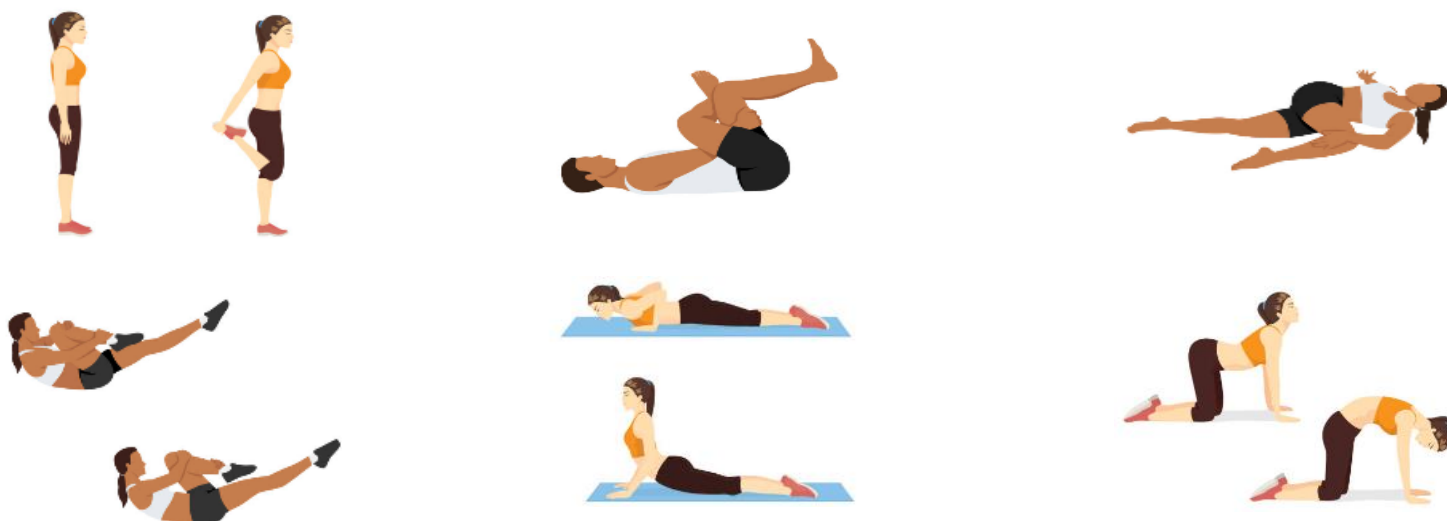
OVERVIEW:

Pain affects a person's ability to take part in daily exercise, sleep, daily activities, and their overall quality of life. Increased involvement in activities that are meaningful to us has been proven to reduce pain.

TIPS FOR AT HOME:

- For back pain: avoid bending over when possible.
 - Use a reacher to pick up items below the waist, use a long-handled shoehorn.
- Pace yourself during physical activities.
 - Going too fast could lead to flare-ups.
 - Take breaks when needed, change the way an activity is done, ask for help.
- 10-15 minutes of daily stretching to reduce pain.
 - Start with 5 minutes daily and work your way up.
- Go on daily walks.
- Only take medications as prescribed.
- Managing symptoms during detoxification process/withdrawal
 - Healthy eating and vitamins
 - Stay hydrated.
 - Hot bath
 - Exercise

STRETCHES TO HELP RELIEVE PAIN:



Speak with your doctor about what is the best fit for you.

Sleep Hygiene

- **Check- in**

- What is your current routine before going to sleep?
- What sleep habits do you currently have that work for you, if any?
- Explain your typical sleep environment.
- How much sleep do you typically get a night?

- **Education related to substance use disorder (SUD)**

Individuals with SUD have a higher chance of sleeping problems with substance use impairing their sleeping patterns during all phases of addiction (Berro & Roehrs, 2022). Many of the same neurotransmitter systems that are affected by SUD are affected in the regulation of sleep-wake systems. Therefore, sleep disturbances and circadian dysregulation can result at different stages of substance use or withdrawal (Conroy & Arnedt, 2014). Sleeping issues have a direct impact on our daily occupations and our health. It is important to have a good balance between our daily activities and rest/sleep to promote overall good health. Early intervention is key when addressing sleep habits (Ho & Sui, 2018). Insufficient sleep may lead to more serious health problems. Decreased sleep can result in risk of relapse; leads to self-neglect which can make someone more vulnerable (American Addiction Centers, 2023). Poor sleep hygiene is related to an increase in cravings. There is a greater chance of poor-quality sleep and adequate sleep when using substances. Addressing sleep hygiene could lead to a greater chance for recovery and overall better quality of life (Fusco, 2023). Better sleep leads to better mental health.

- **Skills instruction**

- Bodily function (physiological, psychological, and cognition performance) these can affect your sleep.
 - The best way to address this is to promote calming effects on the body.
- Environmental interventions
 - Physical, social, or cultural areas
- Choose daily activities and develop occupational balance.

- **Therapeutic Activities**

- Daily exercise (at least 30 minutes of moderate aerobic exercise to improve sleep)
- Education (Recommended sleep age 18-60: 7 or more hours, age 61-64: 7-9 hours, age 65+: 7-8 hours)
- Establish a routine.
 - Pre-bedtime routine
 - No electronics before bed, no caffeine or alcohol, winding down, etc.
 - Have a morning wake up plan.
 - Start with an affirmation; state your hopes and goals (i.e., I am strong, and I am healthy)
 - State 3 things you are grateful for.
 - Plan out your routine for the day.
 - Yoga or meditation
 - Eat a healthy breakfast and drink lots of water to prevent morning cravings.
 - Check in with your sponsor.
 - Attend a meeting.
- CBT techniques (leaving the bedroom if awake and return only when feeling sleepy)
- Breathing techniques.
 - Breath in through your nose for 4 seconds, hold your breath for 7 seconds, exhale slowly through the mouth for 8 seconds. Repeat.

- Simple yoga poses.
 - Wide-knee child's pose, standing forward bend, reclining bound angle, legs up the wall pose
- Modify environment (decrease noise, no light, comfortable temperature, bedding, position)
- **Planning for client to implement at home.**
 - Talk about the client's home environment and setup.
 - Talk about the client's routine and what to bring back next session to demonstrate progress (sleep diary or sleep log, modifications made, etc.)

Establish goals collaboratively with the client.

Short term goals:	Long term goals:

Assessments:

- ◇ Sleep logs and sleep diaries
 - ◇ Barth Time Construction/Time Diary
- ◇ Pittsburgh Sleep Quality Index (PSQI)
 - ◇ [https://www.med.upenn.edu/cbti/assets/user-content/documents/Pittsburgh%20Sleep%20Quality%20Index%20\(PSQI\).pdf](https://www.med.upenn.edu/cbti/assets/user-content/documents/Pittsburgh%20Sleep%20Quality%20Index%20(PSQI).pdf)
- ◇ OT Profile of Sleep
- ◇ Functional Outcomes of Sleep Questionnaire (FOSQ)
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Sleep Hygiene

OCCUPATIONAL THERAPY INTERVENTION

Mary Barrett OTD/S, Cleveland State University

OVERVIEW:

Sleep hygiene means healthy sleep habits that promote our well-being. Sleep is important for our physical and mental health. We need enough sleep to function in our daily occupations (activities that are meaningful to us).

HABITS TO PROMOTING GOOD SLEEP:

- Avoid caffeine and alcohol before bed.
- Going to bed and waking up at the same time each day
- No electronics before bed
- Exercise in the beginning of the day (start with 5 minutes, then work your way up to 30 minutes per day)
- Dark room and comfortable temperature
- Eat a healthy diet.

SIGNS OF POOR SLEEP:

- Waking up feeling unrested when you slept for a long time.
- Waking up a lot during the night
- Increased bad temper.
- Difficulty falling asleep at night.
- Decreased energy.
- Slow thinking and poor memory.

HOW MUCH SLEEP DO I NEED?

18-60 years old	7 or more hours per night
61-64 years old	7-9 hours
65 years and older	7-8 hours

Speak with your doctor about what is the best fit for you.

Time Management

- **Check- in**
 - Do you have any current habits that help manage your time?
 - What does a typical day look like for you?
 - Do you have a clock, watch, or calendar; are you familiar how to use it?

- **Education related to substance use disorder (SUD)**

Time management involves organizing your time effectively and can lead to less stress, increased productivity, and increased opportunities to prioritize your day (Mind Tools, n.d.). During recovery, an individual might often have more free time or less free time due to attending meetings. Most likely most of their time was spent using substances or obtaining them. With this change, it could cause a potential risk for relapse with having more free time could possibly lead to becoming bored or stressed. Individuals might think back to a time when they were using and not bored or stressed. Good time management skills help provide structure to our days (American Addiction Centers, 2020). When an individual manages their time well it improves self-discipline and better decision making. Managing your time allows for more time to participate in activities that are meaningful and leads to occupational balance (About Lifestyle Redesign, n.d.).

- **Skills instruction**
 - Education on how time management leads to occupational balance
 - Educate on healthy habits to occupy free time
 - Educate how to manage time effective
 - Start early and limit distractions
 - Do not procrastinate with tasks

- **Therapeutic Activities**
 - Help clients analyze their current habits and routines
 - Engaging in healthier occupations and routines fosters developments of new habits
 - Complete assessments to analyze how clients spend their time during the day
 - Motivational Interviewing
 - Determining the client's willingness to change
 - Explore new occupations for client to try that they are interested in.

- **Planning for client to implement at home.**
 - Have client identify 1 time management strategy to implement over the next week.

Establish goals collaboratively with the client.

Short term goals:	Long term goals:

Assessments:

- ◇ Occupational Experience Profile (OEP)
- ◇ Assessment of Time Management Skills (ATMS)
- ◇ Barth Time Construction
- ◇ Wheel of Life
 - <https://www.mindtools.com/ak6jd6w/the-wheel-of-life>
- ◇ Self-reported Habit Index
- ◇ Canadian Occupational Performance Measure (COPM)
- ◇ Modified Interest Checklist
 - <https://www.nhsaaa.net/media/1724/interestcheck.pdf>

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Time Management

OCCUPATIONAL THERAPY INTERVENTION

Mary Barrett OTD/S, Cleveland State University

OVERVIEW:

Time management involves organizing your day well. Good time management leads to reduced stress, better decision making, improved self-control, and better quality of life. Managing your time provides structure to your day and leads to balance.

HEALTHY HABITS TO HELP YOU MANAGE YOUR TIME:

- Make a list of the things you want/need to do.
- Make sure you have a clock, watch, or calendar to help manage your day/time.
- Plan out your day.
 - Make sure to take breaks during the day so your day does not feel like one big, long task.
- Know that managing your time takes practice.
- Make time for recovery meetings and speaking with your sponsor.
- Prep or plan your meals for the week.
- Allow time to prioritize your health.
 - Physical activity, plenty of sleep, etc.
 - Build in time for recovery.
- Organize your day when you work best.
 - More productive in the morning or at night

SIGNS OF UNHEALTHY TIME MANAGEMENT:

- Increased stress
 - Feeling like you do not have enough time during the day.
 - Lack of sleep (recommend 7-8 hours a night)
 - Easily distracted and poor quality of work
-

Speak with a professional about what is the best fit for you.

Stress Management

- **Check- in**
 - Identify any current stressors in your life.
 - What do you currently do when you are stressed or in a stressful situation?

- **Education related to substance use disorder (SUD)**

Stress is a known risk factor for clients with SUD and makes them more vulnerable to addiction and relapsing (Sinha, 2008). Stress can cause our muscles to tense up, cause shortness of breath, increased heart rate, pain, bloating, and other gut discomfort may occur (American Psychological Association 2018). Exposure to prolonged stress can result in physiological and behavioral negative effects. OTs look at the interaction between the client, their environment, and their occupations. Some healthy adaptive coping strategies include positive reframing which involves thinking about the situation in a positive manner and changing perspective. Problem-solving involves identifying the problem as it occurs to have a better handle on the situation (American Addiction Centers, 2022).

- **Skills instruction**

- Identify healthy coping mechanisms.
 - Think before you respond, exercise, art/journaling, identify a safe space, deep breathing, etc.
- Occupational balance
 - Establish a daily routine.
 - Have a healthy balance between social participation, work, health, etc.

- **Therapeutic Activities**

- Deep breathing
 - Breath in through your nose for 4 seconds, hold your breath for 7 seconds, exhale slowly through the mouth for 8 seconds. Repeat.
- Exercise
 - Exercise reduces the levels of the body's stress hormones.
 - Start with 5 minutes of exercise per week or day. Add on 5 minutes each day you feel you can. Then work your way up to 150 minutes of moderate exercise; 75 minutes of vigorous exercise to reduce stress per week.
- Self-care activities
- Journaling/art (i.e., write how your body feels, write your emotional feelings, write how you can overcome this feeling and prevent it from reoccurring)
- Mindfulness

- **Planning for client to implement at home.**

- Identify strategies at home to implement to reduce stress.
- Identify healthy coping strategies to implement if a stressful situation is encountered.

Establish goals collaboratively with the client.

Short term goals:	Long term goals:

Assessments:

- ◆ Beck Anxiety Inventory (BAI)
- ◆ Coping Inventory for Stressful Situations-CISS
- ◆ Stress Management Questionnaire
- ◆ Life Satisfaction Questionnaire
- ◆ Perceived Stress Scale
 - <https://www.das.nh.gov/wellness/Docs%5CPercieved%20Stress%20Scale.pdf>

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Stress Management

OCCUPATIONAL THERAPY INTERVENTION

Mary Barrett OTD/S, Cleveland State University

OVERVIEW:

Stress can increase the risk of relapsing. Occupational therapists look at the client's connection between them, their environment, and their activities that are meaningful to them (occupations). This helps learn to control their stress. Uncontrolled stress can have a negative impact on our bodies.

GOOD STRESS MANAGEMENT HABITS:

- Find a safe space to remove yourself from a stressful situation.
- Find healthy coping strategies.
- Deep breathing
 - Breathe in through your nose for 4 seconds, hold your breath for 7 seconds, exhale slowly through the mouth for 8 seconds. Repeat.
- Exercise
 - Start with 5 minutes a day, increase time when you feel you are able to
- Self-care (take a hot bath, go on a walk, eat your favorite meal)
- Get plenty of sleep (7-8 hours a night)
- Engage in meaningful activities (dancing, art, reading, sports, etc.)
- Reach out to your sponsor.
- Journaling
 - Write how your body feels, your emotions, how you can overcome stress, how you can prevent it from happening again.

Speak with your doctor about what is the best fit for you.

Work Readiness

- **Check- in**
 - Do you have any work experience?
 - Do you currently have a job?
 - Have you had any barriers to finding a job in the past?

- **Education related to substance use disorder (SUD)**

Occupational therapists can assess cognitive function, physical status, work positions, handling tasks, and handling of manual materials (Chappell, 2003). Clients with substance use disorder reported employment as a top priority in all stages of their recovery. Employment plays an important role in recovery and maintaining financial independence (Substance Abuse and Mental Health Services Administration 2021). Involvement in employment assists in maintaining occupational balance. Employment gaps, criminal history, and stigma make it increasingly difficult to find a job for clients with SUD (Sherba, 2018). When it comes to achieving work balance in recovery, do not rush your efforts, start small and then work your way up. It is important to practice good time management skills and to have good attendance. Build a healthy routine when managing work and recovery. Advocate for your needs and inquire if your employer has an assistance program (Rehab After Work, 2022).

- **Skills instruction**

- Professional appearance, work behavior, and communication skills
- Advocate your needs to your employer.
- Provide coping strategies.
- Cognitive behavioral therapy
- Improving social skills
- Goal setting

- **Therapeutic Activities**

- Attention and following directions tasks (i.e., sorting mail, laundry, etc. crossing out one letter throughout a whole paragraph, etc.)
- Problem solving (i.e., puzzles, brain games, worksheets, etc.)
- Increase range of motion, muscle strength, coordination
- Fine and gross hand dexterity
- Education on proper body mechanics (i.e., when sitting at desk and lifting heavy items)
- Motivational interviewing
- Practice time management

- **Planning for client to implement at home.**

- Decide on activities to complete at home and report back to therapist.
- Establish goals for future ideal work settings.

Establish goals collaboratively with the client.

Short term goals:	Long term goals:

Assessments:

- ◇ Casey Life Skills Toolkit
 - <https://www.casey.org/casey-life-skills/>
- ◇ Test of Everyday Attention (TEA)
- ◇ Contextual Memory Test
- ◇ Neurobehavioral Cognitive Status Screening Examination (COGNISTAT)
- ◇ Functional Capacity Evaluation (FCE)

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Work Readiness

OCCUPATIONAL THERAPY INTERVENTION

Mary Barrett OTD/S, Cleveland State University

OVERVIEW:

Employment plays a key role in recovery and leads to managing money on your own. When it comes to achieving work balance in recovery, do not rush your efforts, start small and then work your way up. It is important to practice good time management skills and to have good attendance. Involvement in a job helps in achieving occupational balance.

HEALTHY WORK HABITS:

- Keep your mind sharp.
 - Do puzzles, brain games, read, etc.
- Try to get up and walk around every hour if sitting at a desk.
- Keep a daily schedule and monthly calendar to manage your time and shifts.
- Have a professional appearance when going to work each day.
 - Showered, hair brushed, cleaned clothes, professional clothing.
- Start out with small goals and then work your way up to bigger ones.
- Talk to your employers about your needs.
- Maintain proper body movements and posture while working or lifting items.
- Make a plan to attend work sober and well rested.

Speak with a professional about what is the best fit for you.