



Re-engaging in Productive Living after Substance Abuse Intervention: OT Role in Adolescent Recovery

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SCHOOL OF MEDICINE

About Me



- Pediatric Occupational Therapist
- Biology degree from William Jewell College
- Masters in OT from Washington University
- Practicing OT for 25 years
 - Hospital adult acute care
 - Pediatric inpatient rehabilitation
 - Pediatric outpatient/in-home therapy
 - School-based therapy
 - Special Education Administration
 - OT, PT, Adapted PE, Assistive Technology, Resource Library
 - Washington University Community Practice – Lead Pediatric Therapist
- Married and have 3 children (20, 15, 13)
- Parent of an adolescent in recovery & member of Al-Anon
- Parent Steering Committee – Adolescent Treatment Program
- NCADA - St. Louis Coalition for Addictions
- Executive Board Member – Alliance for Healthy Communities
- Missouri Substance Abuse Prevention Associate

Adolescent Recovery

A Brief Look

Relevance of Comprehensive Recovery Supports



Like other *chronic diseases*, addiction often involves cycles of relapse and remission.

Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.



Sobriety vs Recovery

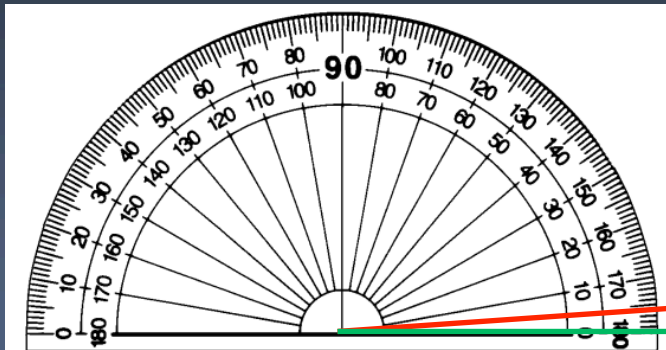
- Return to meaningful and productive occupational performance can be a painfully long road
- Sobriety is a necessary *prerequisite* for living a life of “recovery” → it is the BEGINNING of the process, not the final outcome
- Abstaining from substance use does not automatically provide a return to previous life functioning & roles

- Once an individual is sober, and no longer under the control of mind-altering substances, they can begin to address the *underlying emotional (and/or biological) issues* that are intimately linked with addiction.
- Becoming sober places an individual in an extremely vulnerable position:
 - stripped of their primary/known coping mechanism
 - now must deal with life on life's terms
 - must address the reality of their **personal limitations** and **learn new skills**
- Even with the very best of interventions, bridging the gap into "real world" can be a difficult transition, and limited supports are available

NOTE regarding marijuana addiction

Marijuana is particularly challenging during recovery:

- long-term effects of abuse are slower to see (only a “few degrees off”); in early stages of use, overt changes may not be obvious (particularly to the individual)
- **over time, the gap widens** and significant life impairment becomes increasingly evident
- **the road to recovery is equally long on the way back to health**



- THC is still on the brain for 30+ days following last use, so it can take an extended time period for the brain fog to clear; **amotivational syndrome** may persist for a much longer period of time and greatly affect return to participation in meaningful life roles.

Why Should We Be Concerned?

Community Data

Realities of Their World

The data represented in state-wide and local reports describes *the impact of the problem*, as well as *the social climate* that our adolescents are surrounded by before and during recovery.

- 2015 Status Report on Missouri's Substance Use and Mental Health – St. Louis County
- Missouri Student Survey - St. Louis County 2014 Report

What St. Louis County & State-wide Data Reveals:

- Traffic offenses, accidents, deaths, and hospitalizations for drug-related issues all show **steady increases**.
- Admissions for treatment of substance use disorders shows **steady increase**, including individuals <18 years old.
- MO student self-report shows 30% of students reporting alcohol use and 15.9% reporting marijuana use in 2014.
- Average age of first use is **13-14**, with the exception of inhalants (**11 y/o**).
- **Contributing factors to student substance use:** ease of acquisition, friends who are using substances, low perception of harm (particularly with marijuana), and emotional factors (sadness, depression, bullying at school).

Impact of Substance Use Disorder

Individual & Societal

Individual Impact of Substance Use Disorder

Loss of physical health and well-being

- *Sleep disturbance, appetite, poor attention to nutrition, nausea, headaches, digestive issues, decline of general fitness*

Diminished cognitive/perceptual skills

- *Attention, concentration, memory, impulse control, time management, judgement, decision making, general executive functioning*

Compromised mental health

- *Anxiety, depression, diminished coping resiliency, limited stress management, anger management, reduced social-emotional skills*

Loss of relationships

- *Parental, sibling, peer, church, teachers, extended family, community supports*

Individual Impact of Substance Use Disorder

Failed academic pursuits

- *School truancy/absenteeism, suspension, drop out*

Loss of employment

- *Unable to maintain job functions (showing up, performance, interactions)*

Diminished spiritual well-being, connections & sense of self

- *Relationship with higher power, self-esteem, dignity, integrity, honesty, trust, sense of competency, self-worth*

Material losses

- *Wrecked car, sold personal items, loss of home*

Legal difficulties

- *DUI/DWI, fines, court fees, criminal record, incarceration*

Societal Impact of Substance Use Disorder

Parents – physical, emotional, financial, legal

Siblings – relationship, emotional, family finances

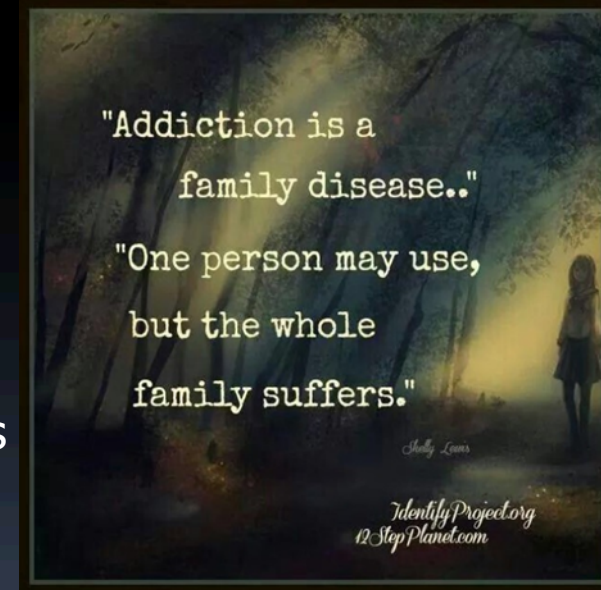
Peers – relationships, associated legal issues

Extended family – relationships, emotional, possible financial

School – loss of potential student contributions, truancy/attendance and drop out rates impacted, impact on school community attitudes, school policies

Community – property damage, theft, other criminal activity, police, accidents, first responders, medical costs, unemployment, lost tax revenue, vagrancy

Larger community (state, country) – financial resources, policies, task force/agencies



Role of Occupational Therapy in Recovery

Unique Perspective & Emphasis on Occupational Performance

What is Occupational Therapy?

Occupational Therapists (OTs) are licensed health care professionals:

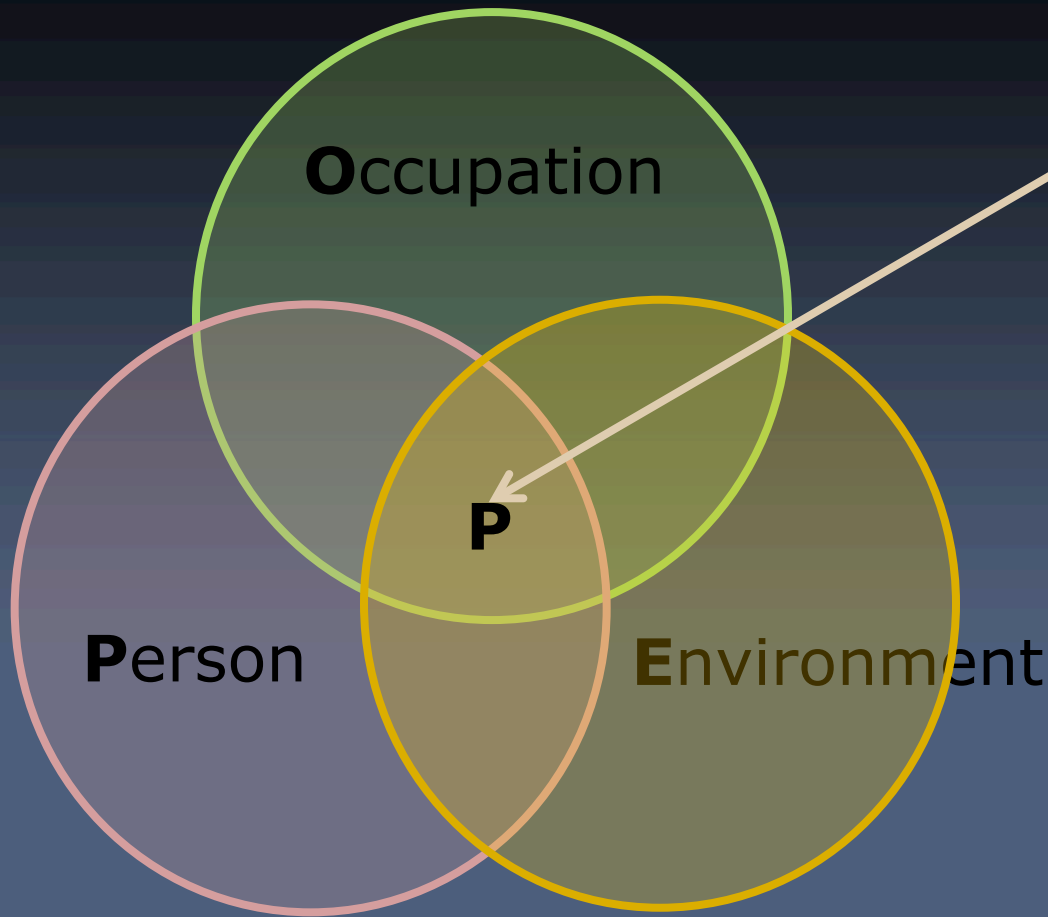
- uniquely trained in the **therapeutic use of occupations**, including **everyday life activities**
- to support **participation, performance, and function in roles and situations**
- in **home, school, workplace, community, and other settings**

So what is Occupational Performance?

(Engaging in the things we **NEED**, are **EXPECTED**, and **WANT** to do in our daily life)

SELF-CARE	PRODUCTIVITY/WORK	LEISURE PURSUITS
<p>Foundational needs</p> <ul style="list-style-type: none"> • Nutrition • Sleep schedule 	<p>Education</p> <ul style="list-style-type: none"> • Managing materials • Organizational skills • Cognitive/learning skills • Written/oral communication • Cooperative group projects 	<p>Quiet recreation</p> <ul style="list-style-type: none"> • Hobbies/arts/crafts • Video games • Music • Reading • TV/movies
<p>Basic ADLs (activities of daily living)</p> <ul style="list-style-type: none"> • Dressing • Bathing • Toileting • Grooming/Hygiene • Feeding 	<p>Unpaid work roles</p> <ul style="list-style-type: none"> • Household chores • Assisting neighbor with a task • Volunteer work 	<p>Active recreation</p> <ul style="list-style-type: none"> • Personal exercise • Individual sports • Musical instrument • Team sports • Community outings/travel
<p>Instrumental ADLs (skills needed to live independently)</p> <ul style="list-style-type: none"> • Transportation • Shopping • Meal preparation • Laundry • Home maintenance • Finances • Medication management 	<p>Paid work roles</p> <ul style="list-style-type: none"> • Job search • Application/interview process • Time management • Oral/written communication • Group/project participation • Professional behaviors • Leadership skills 	<p>Socialization</p> <ul style="list-style-type: none"> • Phone/text • Social media • Individual time w/friends • Parties/social engagements • Church/spiritual activities • Support groups/meetings

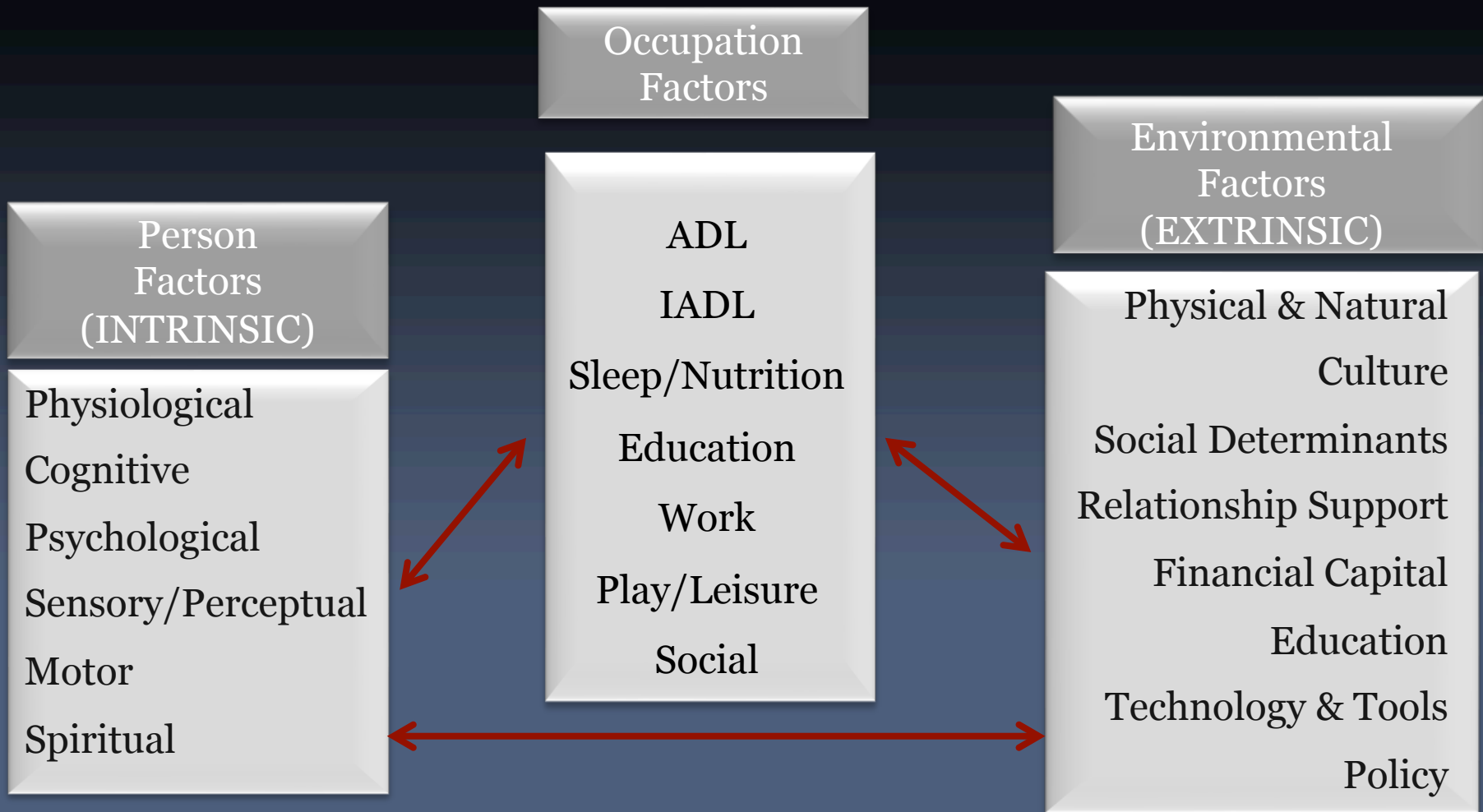
PEOP Framework for Evaluation & Intervention



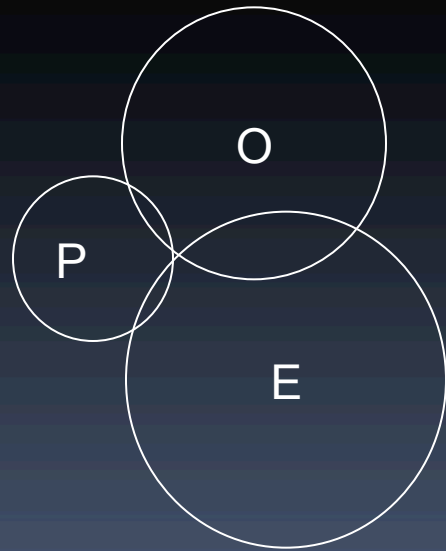
OT evaluates & supports the Performance of **Occupation**, given the unique **Person** skills, and **Environment** situation:

Occupational Performance is at the core of **participation/engagement** in every day life, and contributes to a sense of **well-being/satisfaction**

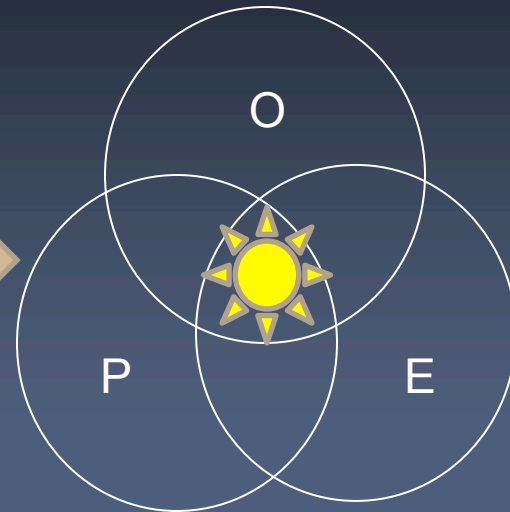
Inter-related PEOP Factors



Restoring Life Balance



Return to Healthy
Occupational Performance



*The Goal of the
Occupational Therapist*

Comprehensive Evaluation of Client Needs

PERSON	ENVIRONMENT	OCCUPATIONS	PRIOR LEVEL OF PERFORMANCE
<u>HEALTH HISTORY:</u> Physiological Cognitive Psychological Sensory/Perceptual Motor Spiritual	<u>LIVING SITUATION, BACKGROUND, AND SUPPORTS:</u> Physical & Natural Culture Social Determinants Relationship Support Financial Capital Education Technology & Tools Policy	<u>SELF-CARE:</u> ADL IADL Sleep/Nutrition <u>PRODUCTIVITY:</u> Education Work <u>LEISURE:</u> Recreation Social	<u>Highest degree of PARTICIPATION/ENGAGEMENT prior to decline & current?</u> <ul style="list-style-type: none"> • Self-care • Home care • Learning/Education • Job performance • Leisure activities • Community involvement • Church • Relationships • Social events <u>Level of PERSONAL SATISFACTION (previous & current) within these tasks?</u>

Desired Outcomes

General Outcomes:

- ✓ Participation – engagement in life roles
- ✓ Performance – acquisition of new skills
- ✓ Well-Being – sense of satisfaction and self-esteem

Specific Outcomes:

- Achievement
- Adaptation
- Autonomy
- Competence
- Coping
- Fitness
- Function
- Health
- Independence / Interdependence
- Mastery
- Occupational Balance
- Self-management
- Skills
- Social capital

Person-Centered PEOP Occupational Therapy Process
(Bass, Baum, Christiansen, 2014)

Washington University OT Community Practice

Innovative Program Development – Facilitating Successful
Return to Functional Living & Community Engagement

What do we hope to accomplish at WUOT Community Practice?

The mission of our *Next Steps* programming is to **provide comprehensive transitional support and training resources** to adolescents/young adults, and their families, who are participating in or have completed adolescent substance abuse treatment and are seeking **ongoing guidance and assistance to set goals, plan, and acquire necessary skills to move forward** into sober, meaningful, and productive adult life.

The Lingering Problem for Adolescents in Recovery

While teens have either been unsuccessfully participating in school due to substance use, out of school due to suspension, or voluntarily removed for treatment, the end result is the same –

- *valuable time has been lost*
- *missed opportunities are prevalent*

Vulnerability to Relapse

- Sobriety is foundational to the recovery process, but without supports to address the missing skills during this critical time in development, adolescents are particularly vulnerable to relapse.
- **Occupational therapy** offers unique expertise in addressing *occupational performance* concerns, to support the recovery process in a comprehensive manner.

Top priorities identified by parents and adolescents for successful integration back onto a path of productivity:

SOBRIETY RELATED SUPPORTS:

(achieved through participation in recovery programming)

- Ability to remain sober
- Support network of sober peers for social activities
- Support of an AA-based/12-step sponsor
- Access to ongoing consultation with a substance-abuse counselor or other experienced professional
- Attendance at peer recovery meetings for routine focus on positive life focus and sobriety tools

LIFE SKILLS SUPPORTS NEEDED

- Need for clear education options available after treatment
- Adult support to maintain participation in educational programming
(tutoring, study support, or technology instruction to engage in online classes)
- Independent transportation for teen (driver's license, car, insurance)
- Vocational guidance with job applications, resumes, interview skills, digital skills for electronic entrepreneurial opportunities
- Training on financial skills (budget, banking accounts, checkbook use, credit card, loans)
- Independent living skills (apartment application, setting up utilities, taxes, meal preparation, navigating insurance & medical needs, etc)
- Healthy recreational options to support adult living
- General health/wellness support (stress management, sleep, nutrition, fitness, etc)
- Parent supports (to limit co-dependent behaviors and foster teen independent success, as well as promote parent emotional well-being)

Preparing for re-engagement
in life tasks and roles



Considering OT
Next Steps Transition
Support

Scope of OT Services

The **ultimate goal of next-step transition programming** is to foster self-management of healthy life skills, across the settings and expectations in each individual's life, given the least restrictive amount of adult assistance possible.

Anticipated program outcomes include:

1. comprehensive analysis of individual assets and barriers affecting engagement in life expectations
2. development of performance skills and mental health resiliency
3. identification of intrinsic and extrinsic resources for ongoing support
4. customized action plan for self-management of life roles and relationships
5. improved sense of client competency and confidence to assume life roles

Program Design

Therapeutic content is designed to address **occupational performance skills** (*self-care, independent living, productivity, relationships, leisure pursuits*) necessary for successful transition into independent, productive living following substance abuse intervention.

- Up to 10-16 session format, depending on the severity of interruption to occupational performance (client-centered)
- 45-60 minute individual sessions
- Location may be customized to clinic or community settings
- Optional group activities, as availability permits

Increase Self-Awareness

Skill Development

Empowerment
to Move
Forward

- ✓ Assessment
- ✓ Consultation
- ✓ Action Plan

- ✓ Targeted learning modules
- ✓ Guided discovery
- ✓ Resource identification

- ✓ Self-reflection
- ✓ Competence
- ✓ Confidence
- ✓ Self-management

Initial Focus:



Increase Self-Awareness

- ✓ Initial evaluation (occupational performance assessment to identify current strengths, gaps in skills, environmental barriers to success, and additional needs)
 - addiction frequently has a number of co-morbid dx associated with it, including mental health, ADHD, sensory regulation, social communication
 - based on background/history, additional assessment tools will be utilized
- ✓ Collaborative review of findings and creation of a client-centered action plan; introduce foundations of wellness and self-awareness concepts

Intervention Focus:



Skill
Development

NOTE: *remainder of programming sessions are dependent upon individual client needs; the following instructional areas are available for occupational performance intervention*

✓ Health-Wellness/Self-Regulation/Emotional Resiliency module

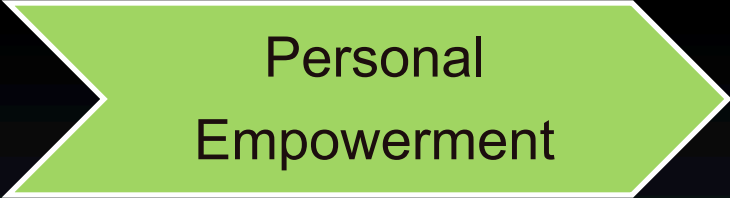
→ healthy sleep patterns, nutritional balance, medication/healthcare management, sensorimotor supports for regulation, regular fitness for wellness/regulation, stress management/mindfulness, emotional coping strategies, healthy leisure pursuits

✓ IADL module– to address instrumental skills needed for home care, independent living, community access

Intervention Modules - continued

- ✓ Education supports – to address skills, resources, supports to obtain desired next step in education
- ✓ Pre-vocational training - to address skills needed to apply for employment and successfully perform at work setting
- ✓ Interpersonal relationship dynamics – to address social cognition and personal dynamics necessary for successful relationships across all areas of life
- ✓ Resource identification – focus on intrinsic strengths & extrinsic environmental supports, within PEOP context, to develop a network of available resources to support independent sober living

Preparing to Move Forward



Personal
Empowerment

- ✓ Self-reflection tools and strategies – instruction in supports for ongoing self-assessment
- ✓ Self-management planning (sustainability) - analyze patterns of behavior and plan changes, self-advocacy, setting up accountability structures
 - final session wrap-up may include invited support network/accountability partners present; personal plan shared with those who may have supporting roles

Family Support Group Availability

- ✓ Depending upon interest and need, family support group sessions will be made available throughout the process
 - educational information
 - facilitated dialogue
 - expanded support network

FUTURE PROGRAM ADDITION (after individual pilot launch)

Plan to add focused groups to the program based upon interest/need; format may include:

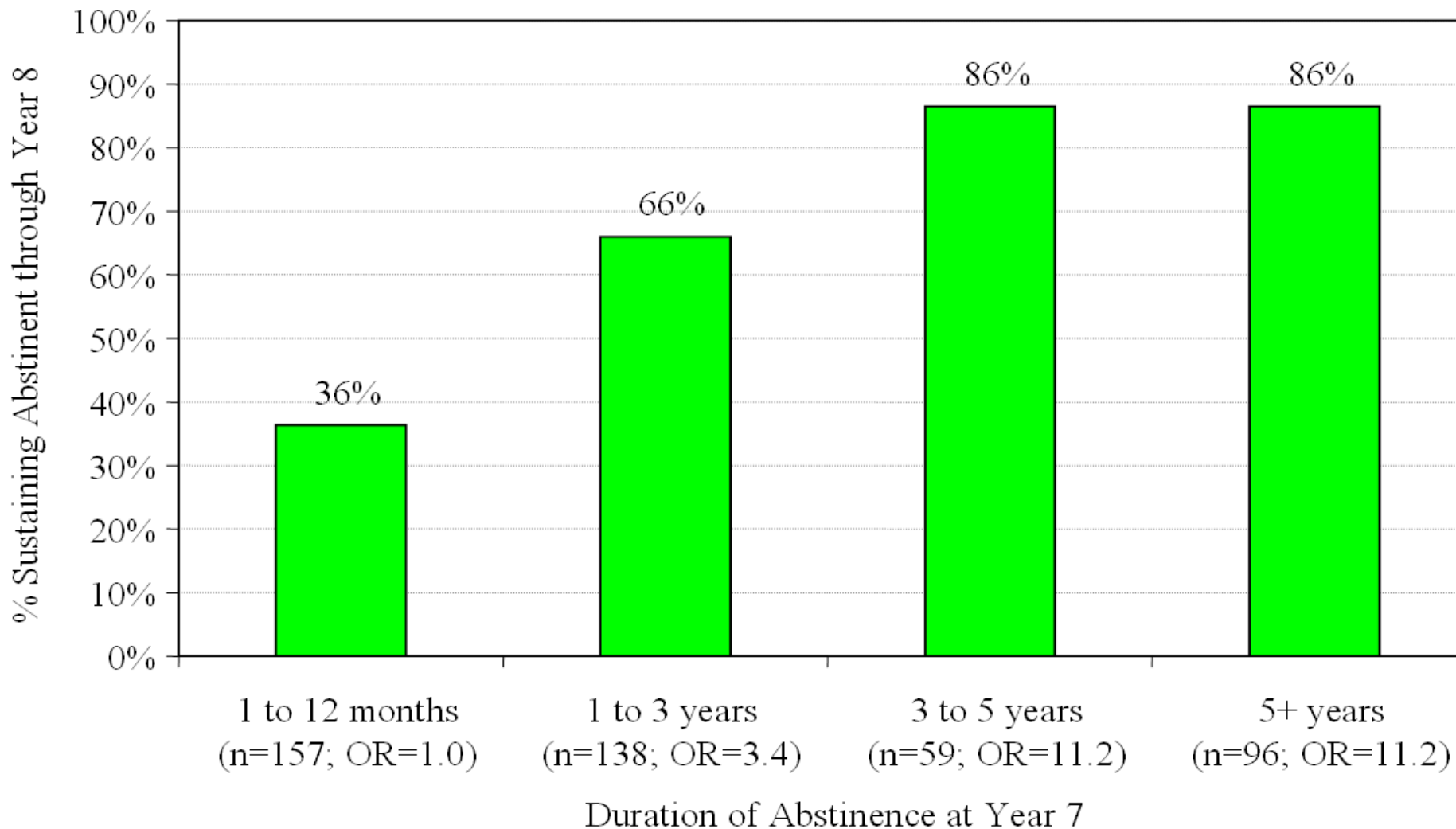
- invited guest speakers
 - professionals in various areas to provide instruction, demonstration, and/or hands-on exposure
 - rotating topics over the course of a quarter
 - topics to repeat
-
- ✓ Vocational skills exposures
 - ✓ Educational prep/study group with tutor
 - ✓ Advanced IADL classes (automotive maintenance, cooking series, etc)

Appropriate Client Referrals

- Adolescents and young adults, ages 13-25, who are receiving substance abuse treatment and/or discussing transition to real-world situations.
- Struggling with underlying physical, mental, or social-emotional skills to be independently successful with return to previous or new performance expectations.
- May not have the requisite instrumental daily living skills to maintain successful living on their own.

**So why is all of this
so important??**

Extended Abstinence is Predictive of Sustained Recovery



OT can play a pivotal role in the Next Steps for re-establishing **ENGAGEMENT & DIRECTION**

GOAL:

- * Sober living
- * Effective skills
- * Meaningful, productive work
- * Healthy relationships

NEXT STEPS FOR TRANSITION:

- * Healthy self-care
 - * Educational supports
 - * Pre-vocational training
 - * Independent living skills
- * Sober social/leisure supports

FOUNDATIONS FOR SOBRIETY:

- * Substance abuse treatment program
- * Access to counseling with certified SA Counselor
- * Ongoing participation in 12-step programming (AA, etc)



THANK YOU for Partnering to Support Your Clients' Next Steps in Recovery!

Referrals for *OT Evaluation/Treatment* are accepted via fax and/or electronically via Allscripts (for WU providers):

- To fax a referral form to us, please send it to (314) 286-1601
- To access instructions for sending referrals via Allscripts, please visit ot.wustl.edu/physicians
- For questions, or more information about our services or the referral process, please contact us at (314) 286-1669 or via email at wuotinfo@wusm.wustl.edu

To speak personally with Theresa about program details or to discuss if this service may be of support to you, a family member, or client:

Work Phone: 314-286-1615

Email: theresahenry@wustl.edu