7-1-2023

Occupational Therapy Lens for SupportingPersons With Co-Occurring Disorders

Karina Phan
University of the Pacific

Occupational Therapy Lens for Supporting Persons With Co-Occurring Disorders

Presented by: Karina Phan, OTD/S, CNP

Site: Crestwood Behavioral Health, Inc.

Site Mentors: Cindy Mataraso, Psy. D., Jana Cook, PhD

Faculty Mentor: Carlin Reaume, OTD, OTR/L

Capstone Coordinator: Kathryn Wise, OTD, MHSc, OTR/L

Background

- Co-occurring disorders: when a person experiences substance use disorder and is diagnosed with one or more mental health condition(s) at the same time.

- According to the 2021 Substance Abuse and Mental Health Services [SAMHSA} National Survey on Drug Use and Health, roughly 9.2 million US adults have a co-occurring disorder.

  - Integrated treatment can improve outcomes for persons with co-occurring disorders.

Literature Review and Needs Assessment

- Various factors contribute to dysregulation

  - Biological, psychological, and social impacts

- Influencing barriers to co-occurring disorder programs

  - Limited training & education for healthcare professionals (Ashford, et al., 2019)

  - Stigma towards substance use and persons who use (Luoma, et al., 2014)

- Influence of occupational therapy practitioners (Stockings, et al., 2016)

Literature Review and Needs Assessment
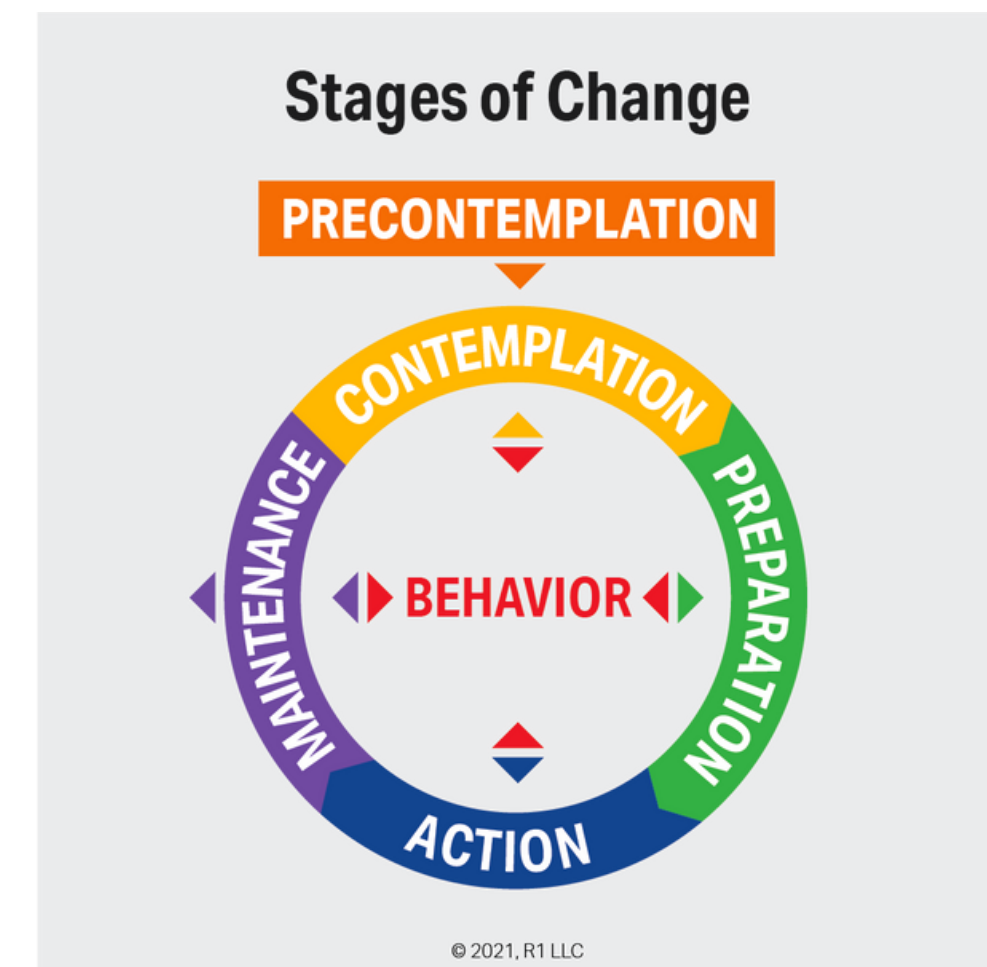
- Needs assessment of Crestwood Behavioral Health, Inc. through a semi-formal strengths weaknesses, opportunities, and threats analysis

  - Pilot the implementation of a recovery preservation group utilizing the Dartmouth and Hazelden Betty Ford Foundation, Illness Management and Recovery (IMR) program

  - Considerations for the sustainability of the group

  - Treatment roadmap

Guiding Theory & Models

- Biopsychosocial (BPS) model

- Dialectical behavioral therapy

- Transtheoretical Model of Change

  - Motivational interviewing

- Illness Management and Recovery (IMR)*

Stages of Change

PRECONTEMPLATION

CONTEMPLATION

PREPARATION

MAINTENANCE

BEHAVIOR

ACTION

© 2021, R1 LLC

Program Purpose

- Identify a client's readiness for change and appropriately support them to advance to the next stage of change

- Improve daily management of co-occurring diagnoses through facilitated IMR groups

    - psychoeducation

    - practical strategies

    - improve community re-integration outcomes

- Decrease stigma against mental health services

Outcomes

- Integrated the IMR group into the existing schedule at the campus

  - utilization of practitioner guide

  - fruitful discussions and peer support

  - pre/post questionnaire

- The Transtheoretical Model of Change treatment roadmap in-service sparked a collaboration

  with the OT/S regarding current clients and a discussion of various behaviors.

Introduction: The Transtheoretical Model of Change can help foster healthy behaviors by understanding the person's current level of motivation/readiness for change and how to support them to advance through the stages of change in creating lasting behaviors.
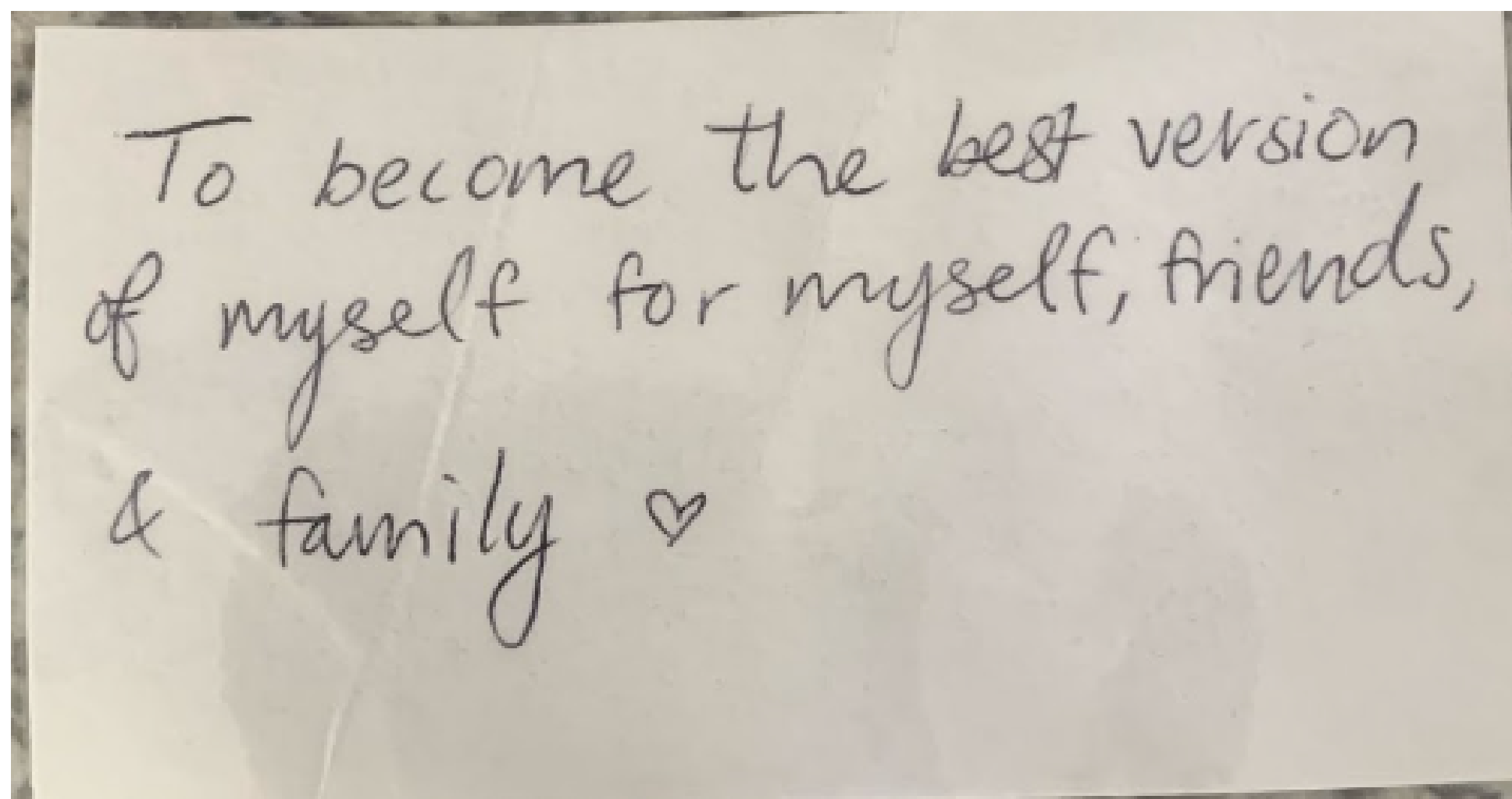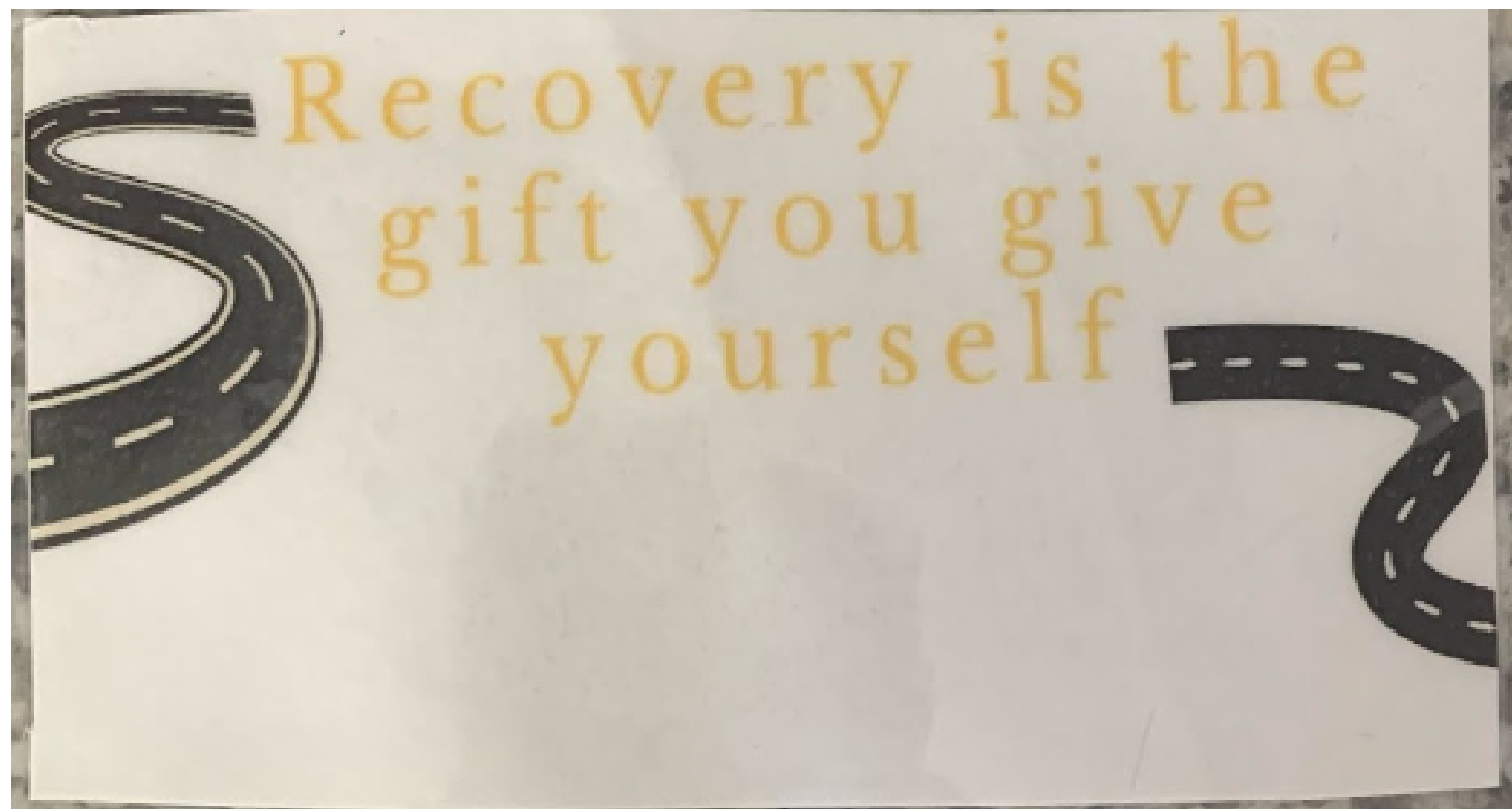
Stage of Change	Example of Quotes	As Evidenced By	Measurable Objective	Interventions
Precontemplation Person does not acknowledge there is a behavior (substance use) that leads to negative consequences. They may be unaware of negative consequences and uninterested in rehab.	"I've gotten a few DUIs so I use the bus for transportation. It's not an issue." "I don't use drugs. I just drink and black out." "I don't need medicine, I have drugs."	• Person-served does not see the connection of negative consequences of substance use. • May blame others for their substance use • Resisting answering substance use questions (i.e. become irritable) • Positive toxicology screen • Per documentation, evidence of problematic behavior associated with substance use (i.e. aggressive outbursts, resisting arrests, frequent incarcerations, and hospitalizations related to substance use).	• Complete the Substance Use Assessment. • Person-served will be willing to meet with staff 1:1 to build rapport 1x/week.	• Utilize mindful listening strategies to enhance rapport and explore feelings regarding substance use without providing advice. • Utilize gamification and extrinsic rewards to elicit motivation. • Engage in motivational interviewing 3x/ week to elicit internal motivation to change behavior (active and reflective listening). • After rapport is established, provide substance education.

Discussion

- OT/S integrated into the organization on the behavioral health campuses

  - utilized BPS lens to understand why a person uses substances and how it impacts function

- Clients completed the intense recovery preservation group

  - identification of triggers and creation of a relapse prevention plan

  - client self-advocacy

  - "Very friendly open minded place"

Recovery is the gift you give yourself

To become the best version of myself for myself, friends, & family ♡

Impact

- OT/S advocated for the role of the field in behavioral health settings

- Crestwood will continue the use of the IMR model to guide co-occurring disorders recovery

  preservation groups

  - Plans for cross-campus collaboration and further peer support

- Use of Transtheoretical Model of Change roadmap for current and future clients

References

Ashford, R. D., Brown, A. M., Canode, B., McDaniel, J., & Curtis, B. (2019). A mixed-methods

exploration of the role and impact of stigma and advocacy on substance use disorder recovery.

Alcoholism Treatment Quarterly, *37*(4), 462–480.

https://doi.org/10.1080/07347324.2019.1585216

Luoma, J. B., Kulesza, M., Hayes, S. C., Kohlenberg, B., & Larimer, M. (2014). Stigma

predicts residential treatment length for substance use disorder. *The American Journal of Drug*

and Alcohol Abuse, *40*(3), 206–212. https://doi.org/10.3109/00952990.2014.901337

Gingerich, S., & Mueser, K. T. (2015). *Illness management and recovery: Personalized skill and*

strategies for those with Mental Health Disorders: Implementation Guide. Hazelden Publishing.

References

Padwa, H., Guerrero, E. G., Braslow, J. T., & Fenwick, K. M. (2015). Barriers to serving clients with

co-occurring disorders in a transformed mental health system. *Psychiatric Services*, *66*(5),

547–550. https://doi.org/10.1176/appi.ps.201400190

Stockings, E., Hall, W. D., Lynskey, M., Morley, K. I., Reavley, N., Strang, J., Patton, G.,

& Degenhardt, L. (2016). Prevention, early intervention, harm reduction, and treatment of

substance use in young people. The Lancet Psychiatry, 3(3), 280–296.

https://doi.org/10.1016/s2215-0366(16)00002-x

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services

Administration, Center for Behavioral Health Statistics and Quality. (2021). *2021 National*

Survey on Drug Use and Health Releases. Retrieved from

https://www.samhsa.gov/data/release/2021-national-survey-drug-use-and-health-nsduh-releases

Acknowledgements

My family, friends, and professional mentors including:

Marna Ghiglieri, Sara Israel, and Crestwood Family