

Occupational Therapy Among Women in Recovery From Addiction

Substance abuse is a pervasive problem,¹ with widespread reports covering societal events ranging from fraternity party mishaps, busts of neighborhood “meth” labs, and highway fatalities involving intoxicated drivers. Most of us know someone affected by substance abuse.

Substance dependence, a condition with significant occupational implications, can follow continued substance abuse. In the *Diagnostic and Statistical Manual of Mental Disorders*, substance dependence is cast as a maladaptive pattern characterized by any one of the following over a 12-month period: (1) failure to meet major role obligations; (2) use during activities made hazardous by effects of the substance; and (3) continued use despite persistent interpersonal problems associated with the substance.² Occupational therapy practitioners might see the pattern as a dysfunctional routine.

PERCEPTIONS OF THE PROBLEM

Users in recovery can have good insight. A dozen women at the Alcohol and Drug Abuse (ADA) Center for women in recovery in Galveston, Texas, were thoughtful as they considered my question, “What might be helpful for others to know about women in recovery?” Their responses captured similar themes. One woman said, “You know, addiction affects many people that society holds in high regard. The possibility of addiction spares no one.” Others agreed, noting that the insidiousness of dependence on painkillers and the encroachment of a disease process in those prone to addiction are factors that many critics disregard.

One woman said, “Addiction may take hold when a teen takes her first drink. Genetics and addictive environments can engulf a person.” Another regretted a common misconception of users, saying, “Some people think that we’re damaged goods and that it’s a high

risk to invest in us.” Another nodded. “We’re not as bad as some people make us out to be,” she said. “We’ve done bad things in our addiction, but those are not the same as the persons we are. There’s always hope for the person.”

Besides the nature of addiction, another theme noted was the work of recovery. One woman said, “Some may think we lie around all day, but we’re actively involved in treatment plans, going to meetings, counseling sessions, and therapy groups.” Another added, “Our days are disciplined. We do daily chores. We’re up by 6:00 and down by 10:00.” The women described the challenge of self-discovery, with one saying, “Most of us are battling demons, facing inner fears, and asking why we keep slipping back to the same bad place.” Another said, “The changes that we have to make in life are scary. Using becomes a part of your life. You have to relearn how to live your life.” One woman nodded agreement, adding, “Some people think that we come here to be fixed. But you can’t just fix this. You need tools—life skills—to go back and work at being successful.”

The last theme was that of hope. “I am hoping that I will be able to go back,” said one woman, “not just to acquire what I had before, but to go back a better person, a better mother.” Another reflected, “There’s so much support here from staff, counselors, and other women. It’s 24-7 support. Because of that support, I have a lot of hope.”

The women of ADA are wives, mothers, grandmothers, sisters, and daughters, each connected to others

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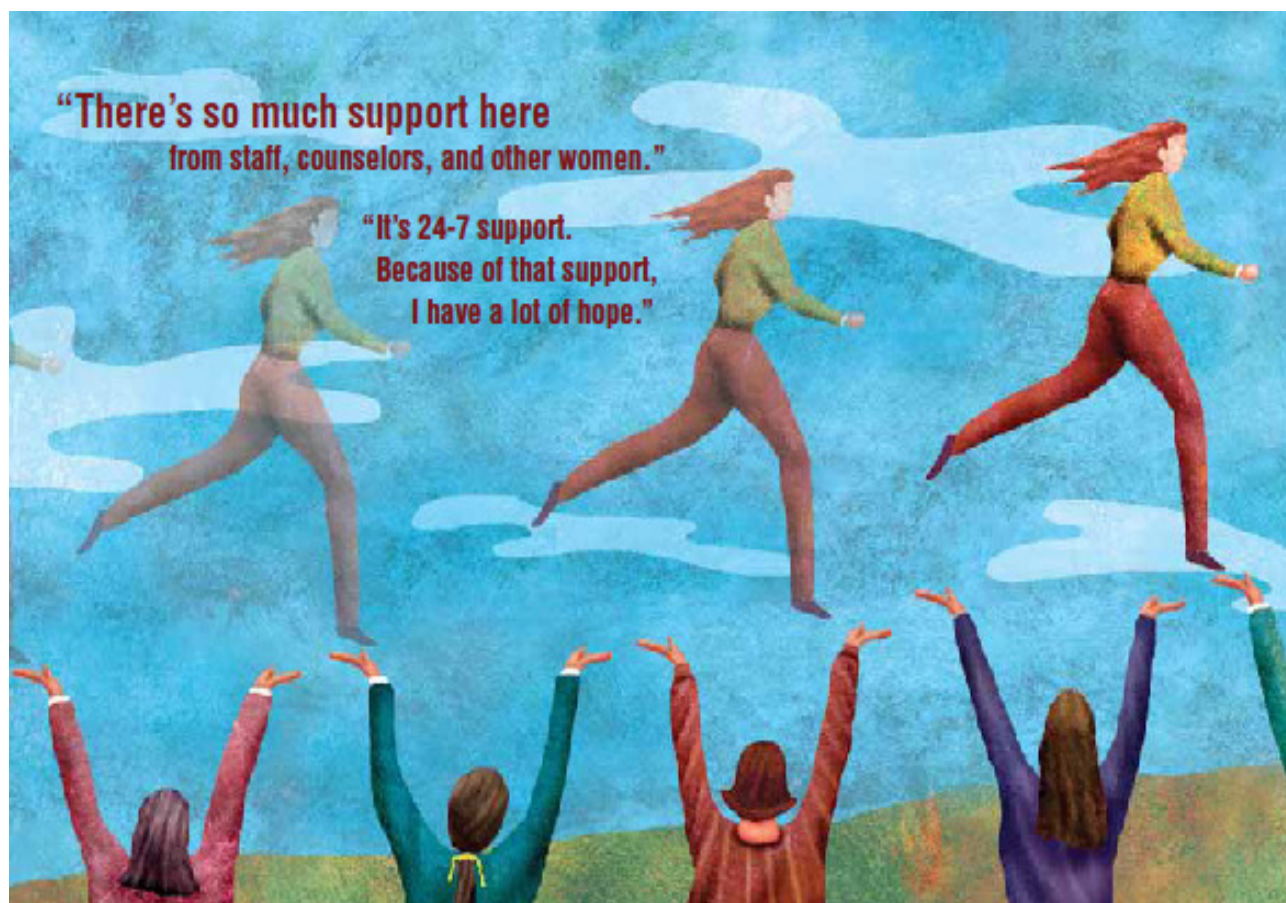
in communal bonds. They feel sorrow, guilt, and shame. When asked how others might think of them, they do not ask that we dismiss their behaviors. They ask instead that we understand the power of addiction, that we appreciate the work of recovery, and that we hope for their futures.

PROGRAMMING AT ADA HOUSE

The Intensive Residential Program at ADA House was designed to provide 14 women with the following services for 4 to 6 weeks:

- Individual sessions with certified counselors, some in recovery themselves
- Daily Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) meetings in the community
- Group therapy with counselors
- Structured daily routines of household maintenance chores
- Weekend family therapy groups
- Public health education, educational videos on addiction
- Weekly volunteer services in the community
- Exercise and recreational activities led by staff
- Weekly alumnae meetings
- Weekly occupational therapy groups

As needed, counselors refer the women for mental health care through the Gulf Coast Mental Health and Mental Retardation (MHMR) Center; vocational financial assistance through the Department of Assistive Rehab Services (DARS); and medical/dental care through Galveston County Coordinated



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Community Clinics (4Cs clinics). State funding through the Department of State Health Services supports treatment for all women admitted to ADA.

OCCUPATIONAL THERAPY INTERVENTION

The occupational therapy program at ADA House conveys hope for recovery. In my role as a faculty member at the University of Texas Medical Branch (UTMB), I provide weekly occupational therapy groups as part of the university’s practice plan. I have been on ADA’s payroll since 2006 as the only occupational therapist on staff.

Prior to 2006, occupational therapy was offered through service learning grant monies accessed by Loree Primeau, PhD, OTR, and Elicia Cruz, PhD, OTR, who were then on faculty at UTMB. When grant monies ran out, the department hired occupational therapists who provided services to several community agencies. When university budgets tightened, the agencies understood that they would have to fund occupational therapy groups themselves. I had provided gratis service for a semester prior to the agency’s decision to put an occupational therapist on the payroll.

Occupational Therapy Groups

Occupational therapy groups within the Intensive Residential Program address substance dependence and recovery insofar as these ideas interface with the constructs of person, environment, and occupation (PEO).³ The Self-Development Group targets the capacity for self-discovery, self-expression, and self-management. The Living Skills Development group targets competence in activities of daily living.

Program development for ADA included considering the evidence-based inquiry published by Moyers and Stoffel,⁴ within which four intervention types emerged as effective: (1) brief interventions—whether phone, face-to-face, or workbook encounters—with a focus on exploring the dependence problem and motivating the person to address it; (2) cognitive behavioral approaches that emphasize coping behaviors and modifying thought patterns; (3) motivational strategies such as empathic and client-centered exchanges to support change; and (4) twelve-step self-help programs such as AA and NA.⁴

Interventions across both OT groups address these general goals:

- Developing coping skills to handle personal, occupational, and environmental frustrations.
- Handling typical stresses and challenges to occupational and role performance.
- Identifying and engaging in meaningful and healthy substance-free activities.
- Enhancing occupational performance and life skills to enable participation in activities of daily living, work, and leisure.
- Cultivating problem-solving strategies that support life satisfaction and sobriety.
- Enhancing communication and self-expression skills to meet needs effectively.

ADA House is just that—a small house in a neighborhood—and therapy groups occur in its various rooms. An ever-present challenge is the heterogeneity of the group. Some women have dual diagnoses that include depression, bipolar disorder, or schizophrenia. The women are often at different points in the program; it’s common to have a woman attending occupational therapy in her first hour in the house alongside

others attending their last group. Both occupational therapy groups occur within a kitchen/dining room. The women engage best in this tight space when facing one another around two long tables. Each occupational therapy session has the women shifting from circle-work to table-work, changing both pace and place at predictable and pleasant intervals.

The 90-minute Self-Development group consists of 4 segments: (1) introduction and thematic overview, (2) motivational/didactic work and discussion, (3) crafts/expressive media on the day's theme, and (4) relaxation and stress-management exercises. The introduction applauds the commitment to sobriety; invites self-introductions; presents occupational therapy as an occupation of minds, bodies, and spirits supportive of recovery; and highlights the norms of mutual respect and conservation of limited craft supplies. More specific therapeutic objectives are elaborated on using framed occupational therapy posters affixed to a nearby wall (see Figure 1).

Presentation of the thematic overview occurs in tandem with showing a sample of the craft as metaphor and motivator. One theme, for example, is "holding on, letting go." Habitual actions or occupational patterns that the women deem either positive or negative are the subject of reflection. The craft metaphor is a decorated pair of wooden clothespins (with springs, to hold on and let go) that can be useful magnets or paper clips. Another theme is "scratching past the surface." Here the subject of discussion is the constellation of personal values, skills, and interpersonal strengths that others might perceive in these women only if they were to see past their addictions. The artwork that carries this theme is a framed drawing or design depicting positive aspects of the self, rendered on scratch art paper.

After the overview, the women spend 25 minutes completing a psychoeducational exercise, followed by discussion. Some exercises are adaptations of those in the *Life Management Skills* series,⁵ but most are my own design. One written task, for example, asks the women to identify five common myths that magazine ads or sitcoms ask women to "buy" and to contrast those myths with

Figure 1. Posters on the walls at ADA.



Table 1. Self-Development Group Survey

Rating scale				
5	4	3	2	1
strongly agree	agree	no opinion	disagree	strongly disagree
Self-discovery				
1. During this group I took time to think about various aspects of myself.				
2. During this group I discovered aspects of an activity that were either hard or easy for me to do.				
3. During this group I felt confident about at least some of my abilities.				
Self-expression				
4. During this session I shared something about myself either on paper or during the discussion.				
5. During the session I put something personal into the project that I completed.				
Self-management				
6. Today, I used a relaxation strategy that may help me to calm myself.				
7. During this activity, I exercised self-control in following instructions and completed tasks neatly and as directed.				
8. During this group, I worked well with others and cooperated in clean up.				

beliefs they hold about what it means to be a woman of character. Discussion after this exercise is animated. Another exercise presses the women to identify aspects of their daily lives that they consider "broken" as opposed to what they might look like if they were "whole." This exercise is followed by crafting a symbolic 8" x 8" plaque made from broken ceramic tiles.

Directions and hints for success precede craft work, with an emphasis

on salient daily living skills reinforced within task steps. The tight space demands cooperative interactions as women access supplies, navigate around furniture and one another, and work elbow to elbow. The work atmosphere varies with the nature of the craft. The room can be silent with concentration or filled with boisterous laughter. Craft and clean-up time last about 45 minutes. If time allows, a discussion occurs of problems encountered and solved, with

Table 2. Client Responses to the Satisfaction Question on Outcomes Surveys

Overall, I was satisfied with this occupational therapy group

Self development group: Across 42 consecutive sessions

- 21/42 sessions: 90%–100% of clients strongly agree
- 9/42 sessions: 80%–90% strongly agree
- 5/42 sessions: 70%–79% strongly agree
- 6/42 sessions: 60%–69% strongly agree

Overall, I was satisfied with this occupational therapy group

Skills development group: Across 42 consecutive sessions

- 11/42 sessions: 90%–100% of clients strongly agree
- 10/42 sessions: 80%–90% strongly agree
- 6/42 sessions: 70%–79% strongly agree
- 5/42 sessions: 60%–69% strongly agree
- 10/42 sessions: 50%–59% strongly agree

parallels made to roles and responsibilities outside of ADA House.

The last group segment consists of 10 minutes of relaxation strategies that may include stretching, brief visual imagery, progressive muscle relaxation, self-massage, deep breathing, and/or meditative exercises. The women complete an anonymous 8-question survey of their satisfaction and achievement of general group goals (see Table 1 on p. 14). A tally of the results becomes part of a narrative group note entered in a state-based computerized medical record at day's end. Table 2 shows the percentage of positive responses to an overarching question about satisfaction with the day's group. Most women report satisfaction most of the time. A future plan is to analyze trends in client perceptions of their achievement of therapeutic objectives as they associate with specific activity types.

Most women spontaneously express gratitude for the session. On one particular day, a woman about to be discharged gave me this message on a sheet of paper produced in occupational therapy the previous week: "Thank you, Ma'am, for your time and effort to make our stay here a creative one. It was very nice knowing you and it was very enjoyable. Thanks for also reminding me to mind my manners. I love you for that."

The Living Skills Group within the Intensive Residential program lasts

60 minutes, with the initial introduction and final relaxation steps similar to those in the Self-Development Group. Central work in this group is the development of skills identified as important by clients and staff during initial program planning (see Table 3). Client engagement typically consists of brief paper-pencil tasks from resources such as the Life Management Skills series, paired with applied discussions, role plays, actual tasks, or game-like activities that tap or teach the skill in question.⁵ One skill might be interviewing for a job. In that case, the women complete a written exercise describing successful verbal and nonverbal strategies. In triads they then spread across the room, taking turns asking and answering interview questions from a prepared list and sharing feedback related to specific criteria. Given the small space, I can closely monitor this activity. When the group reconvenes, I ask select women to model responses and lead a discussion of more general feedback. If the skill of the day is planning simple nutritious meals, a written didactic on simple and fast approaches might precede a half hour of researching three new recipes from cookbooks and copying them onto recipe cards made in a prior craft group.

Supportive Residential Programming: Individualized Living Skills

Following assessment of their readiness by counselors who monitor their daily progress, some women stay at ADA House for another 3 months as they establish themselves in a job.

Table 3: Living Skills Targeted by Clients and Staff

Time management	Leisure exploration
Household management	Budgeting
Setting priorities	Values clarification
Organization	Goal setting
Stress management	Meal preparation
Letter writing and phone use	Child care
Relaxation techniques	Effective communication
Problem solving	Anger management

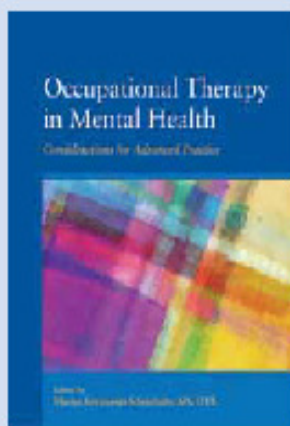
60 minutes, with the initial introduction and final relaxation steps similar to those in the Self-Development Group. Central work in this group is the

The Department of Assistive Rehab Services (DARS) offers help with writing résumés and conducting mock interviews; I help clients with other readiness tasks such as filling out application forms, mastering the local bus schedule, and identifying suitable jobs in the classified ads. At this time the women transition to the Supportive Residential (SR) Program within which occupational therapy is key. Occupational therapy's Individualized Living Skills program consists of the women completing weekly living skills work. To do this, each woman meets with me to discuss her living skills needs. I review guidelines for the program and equip her with a cluster of 50 life skills exercises assembled into a binder that becomes her OT workbook. Each woman self-directs her effort at completing three exercises weekly, based on her perceived need. Exercises address all of the living skills represented in Table 3. A typical exercise may involve planning a schedule for a typical work day so as to meet all of her personal and work obligations, as well as her obligations at ADA.

Each woman rates her effort for each exercise and reflects on its level of difficulty, noting these on the back of the exercise sheet. She then writes a reflection that notes major lessons learned across all completed exercises, which serves as a synthesis of important thoughts and reactions. I collect this written work, review it, and make notations and suggestions. The women in SR meet with me weekly for 30 minutes, often at 7:00 a.m. before they leave for work or at 6:00 p.m. after they return. They each share reflections and discuss their progress. I write individual notes about their weekly

continued on page 22

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OT FOR WOMEN IN RECOVERY FROM ADDICTION *continued from page 15*

performance in the state-based documentation system.

Women in the SR program are strongly encouraged to use "real life" challenges as exercises in occupational therapy. Instead of a written exercise from the workbook, a woman may submit a completed draft of a 1040 form, a letter written to a landlord, or the draft of wording that might be used to secure a raise. I encourage the women to make occupational therapy "work" for them. In addition to occupational therapy, the women spend 10 hours a week in twelve-step meetings, honor all house rules, and complete their chores. If they have a weekday off work that coincides with an occupational therapy group, they attend that group as part of the SR requirement that they enact a daily routine in which "recovery work" takes place. The women meet every other week with their counselors and weekly with their sponsors from AA or NA.

After a physical assault experienced during her return from work, one woman wrote a poem, produced a collage, and crafted a reflection titled "Feelings and What I Will Do With Them." I had asked her to find ways to self-manage, consider the steps that she might take to cope with her assault, and identify resources that she would need in order to do so. She later shared this work with a counselor in a local crisis center. She told me that she did the assignment "the OT way." In her reflection she explained:

Stressing myself to the point where I can't function is a high-risk factor for me, and I allow myself to get into that place a lot. This has been a trigger (for relapse) for me in the past, and I do not want history to repeat itself. As far as steps taken and lessons learned, I believe that this is the first *real* situation that I have ever analyzed and learned from. Thank you so much. This really was the most productive thing for me in my recovery, and I appreciate you for caring enough to help me.

CONCLUSION

The work of occupational therapy is a good fit within this setting. Clients

FOR MORE INFORMATION

Tip Sheet: *Overcoming Drug and Alcohol Abuse* By the American Occupational Therapy Association, 2002. Available at <http://www.aota.org/Consumers/Tips/MentalHealth/Drugs/35145.aspx>

Psychosocial Aspects of Occupational Therapy By the American Occupational Therapy Association, 2004. *American Journal of Occupational Therapy* 58, 669-672.

Recovery With Purpose: Occupational Therapy and Drug and Alcohol Abuse By A. Opp. Available at <http://www.aota.org/Consumers/WhatsOT/MI/Articles/RecoveryWithPurpose.aspx>

CONNECTIONS

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know that their success depends on their recovering sober, and satisfying lives one day at a time. Many women return on Friday nights for alumnae group, staying near the house and inspiring others working the program. Some relapse and return to ADA. Others maintain sobriety for years and are celebrated at an annual community dinner. Occupational therapy has become a valued part of the work of ADA House, a source of hope for women seeking sober lives. ■

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