



Regular articles

Occupation-Based Intervention for Addictive Disorders: A Systematic Review



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ABSTRACT

Addictive disorders disrupt individuals' occupational lives, suggesting that occupational therapists can play a crucial role in addiction rehabilitation. Occupation-based interventions are those in which an occupation is performed, and occupations are defined as those activities a person engages in to structure time and create meaning in one's life. This review asked: In persons with addictive disorders, are occupation-based interventions more effective than treatment as usual in improving short and long-term recovery outcomes? A systematic literature search was performed by a medical librarian in Ovid MEDLINE, PsychINFO, Social Work Abstracts, OTSeeker, HealthSTAR, CINAHL, and ACPJournalClub. Authors screened 1095 articles for inclusion criteria (prospective outcome studies examining the effectiveness of an occupation-based intervention with a sample primarily consisting of a diagnosis of a substance-related or addictive disorder and with at least five participants), and two authors appraised the resulting 66 articles using a standard appraisal tool, yielding 26 articles for qualitative synthesis and 8 with shared outcome measures for quantitative analysis. Occupation-based interventions in the areas of work, leisure, and social participation were found to have been used to treat addictive disorders. Occupation-based interventions in the area of social participation all elicited better outcomes than their respective control/comparison groups. Not all occupation-based interventions in the area of leisure elicited better outcomes than their comparison group, but in the eight articles with shared outcome measures, quantitative analysis demonstrated leisure interventions produced larger effect sizes than social participation interventions.

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1. Introduction

Addictive disorders disrupt individuals' occupational lives (American Psychiatric Association, 2013), suggesting that occupational therapists can play a crucial role in addiction rehabilitation. However, literature on the effectiveness of occupation-based interventions – which are central to occupational therapy practice – is limited. In this paper we define an occupation-based intervention as an intervention in which an occupation is performed. Occupations here are understood not just as employed work or vocation. More broadly, occupations have been defined in the fields of occupational science and occupational therapy as those things that human beings do to occupy themselves within various contexts (Townsend, 1997), as goal-directed activities that are self-directed and self-initiated over time and within specific environments (Yerxa, 2000), and as constructs that give meaning to life, organize behavior, shape and are shaped by environments, develop and change over a lifetime and describe who a person is and how

they feel about themselves (Canadian Association of Occupational Therapists, 2014).

Occupation-based interventions, defined here as those in which an occupation is performed, can be contrasted with more didactic interventions in which a form of skill training, for example, is provided, but *performance* of the actual occupation does not take place. Occupation-based interventions as defined in this study are not always used by occupational therapists. While occupational therapy's conceptual foundations advocate the use of occupational performance to facilitate holistic wellness, the discipline has seen a persisting shift away from the use of occupations as interventions and a move toward more reductionist treatment of components of dysfunction (Gray, 1998). In Gray's words, more commonly "clients' underlying problems are identified and therapists select exercises specifically geared toward improving strength, range of motion, coordination, visual perception, problem solving, balance, attention, and so forth" (p. 355). Thus while interventions in occupational therapy often aim toward restoring occupational participation, they no longer necessarily consist of occupation-based interventions and instead often focus on splinting, stretching, exercising, or adapting local elements of dysfunction. Systematic study of the effectiveness of occupation-based interventions may facilitate a return to more occupation-based practice within occupational therapy.

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Seven areas of occupation have been defined in occupational therapy, and include: rest/sleep, education, work, leisure, social participation, activities of daily living (ADL), and instrumental activities of daily living (IADL) (American Occupational Therapy Association, 2014). Although all of the areas of occupation may be used by occupational therapists in all kinds of settings depending on circumstances and client needs, ADL (such as bathing, dressing, and toileting) and IADL (such as community mobility and money management) are by far the most commonly used, particularly in inpatient and rehabilitation settings due to occupational therapists' primary role in safe discharge planning in these settings. In mental health settings (both inpatient and outpatient), occupation-based interventions in the areas of leisure, work, education, and social participation are more common (American Occupational Therapy Association, 2014).

As suggested above, occupational therapists may play a crucial role in the rehabilitation of persons with addictive disorders, and have "the skills necessary to address deficits in occupational performance [and] promote development of healthy performance patterns and environmental contexts that support abstinence or the reduction of alcohol and drug use" (Thompson, 2007, p. 65). However, occupational therapists are rarely part of addiction treatment service teams, and studies have shown that many occupational therapists do not screen for addictive disorders and report feeling unprepared to work with this population (Thompson, 2007). While occupational therapists working in mental health settings have reportedly been more likely to assess clients for substance use disorders than those working in other settings (the latter have been reported to do so less than five percent of the time) (Thompson, 2007), the prevalence of occupational therapists working in mental health settings has steadily declined. Literature suggests around 27 to 30 percent of all occupational therapists work in mental health settings (Sweeney & Nichols, 1996; Thompson, 2007) as opposed to during its founding years when occupational therapy was primarily used in sanatoriums (Schwartz, 2003). Thus the overall frequency with which occupational therapists screen for and treat addictive disorders is low. This is unsettling because occupational therapists are likely to encounter clients with substance use disorders considering the many practice settings in which they work (such as acute hospital care, nursing homes and rehabilitation facilities) where frequency of admission is impacted by substance use disorders (Atkinson, 1973).

To better provide occupational therapists with supporting scientific evidence for the treatment of clients with addictive disorders that allows them to capitalize on their unique skills and tools, more research is needed on the effectiveness of occupation-based interventions. The objectives of this review, therefore, were to 1) assess evidence of the effectiveness of occupation-based interventions for addictive disorders and 2) identify the primary areas of occupation that are being implemented as occupation-based interventions for addictive disorders. This systematic review is unique in that it examines the effectiveness of occupation as an intervention for addiction; it is the first to compare occupational therapists' main intervention tool (occupation) with other established practices.

No systematic review has specifically addressed the effectiveness of *occupation-based interventions* for persons with addictive disorders. In the field of occupational therapy, Stoffel and Moyers (2004) reviewed literature on the effectiveness of interventions for addictive disorders (from multiple disciplines) and suggested ways in which occupational therapists may adopt these evidence-based interventions in their practice. Their review found 12-step facilitation, motivational approaches, cognitive behavioral therapy, and brief interventions to be the most effective for addictive disorders and, on the basis of these findings, the authors suggested that occupational therapists incorporate these evidence-based approaches into practice by tailoring them to facilitate occupational participation. Other reviews (e.g. Bart, 2012) have documented the effectiveness of pharmacological interventions for substance use disorders, noting improved outcomes when these are

bolstered with other evidence-based approaches such as those noted in Stoffel and Moyers' review. Finally, Brown (2012) systematically reviewed occupational therapy interventions for adults with serious mental illness (Brown, 2012), but not specifically for persons with addictive disorders.

Occupational therapy has a unique tool – occupation-based intervention – that may be particularly effective for addressing addictive disorders (Gutman, 2006; Wasmuth et al., 2015), but is left without systematic investigation in the context of addiction treatment, even by those studies emerging in occupational therapy journals and/or from within the field of occupational therapy. As a result, little research has synthesized evidence supporting various occupation-based intervention approaches, making it difficult for occupational therapists to implement evidence-based practice for addictive disorders using occupation-based interventions. The current systematic review therefore addresses this gap by examining and synthesizing findings from studies of occupation-based interventions for addictive disorders.

It is critical to emphasize the distinction this review proposes between occupational therapy and occupation-based interventions. While occupation-based interventions – interventions in which an occupation is performed – are rooted in occupational therapy theory and can be implemented by occupational therapists, the term occupation-based intervention as it is defined in this manuscript is not restricted to the domain of occupational therapy. Occupation-based interventions may appear in a number of different disciplines including art therapy, music therapy, vocational therapy, drama therapy, and a number of other professions. Furthermore, as noted above, all occupational therapy interventions are not occupation-based interventions. Occupation-based interventions are only a subset of interventions used by occupational therapists. Other interventions used by occupational therapists may include (and this list is by no means exhaustive) skills training, physical modalities such as the use of ultrasound, splinting of upper extremities, and biomechanical interventions to maximize function. Finally, some occupational therapists may define occupation-based interventions differently than the term is defined in this manuscript. For instance, some have used the term 'occupation-based' to indicate that an intervention is intimately related to a person's occupational goals. Using this definition, splinting a client's wrist to assist with the ability to perform a desired occupation such as painting would fall within the definition of being an occupation-based intervention. *By contrast, the present manuscript defines occupation-based interventions only as those in which an occupation is performed.* Adopting this definition, *painting* with the splint on would be an occupation-based intervention. Importantly, the occupation-based intervention of painting may be administered by (for example) an art therapist or recreational therapist; the professional administering the intervention is not a defining factor in terms of whether the intervention is considered to be occupation-based, according to this review. The defining factor is that the intervention involves performance of an occupation.

This distinction synthesizes interventions from a number of disciplines on the basis that they are occupation-based, making it possible to study the effectiveness of interventions that involve performance of occupations versus those that do not. The rationale for drawing this distinction stems from literature suggesting that in treating addictive disorders, there may be reason to believe that putting skills/actions/occupations to use in real time may bolster outcomes and/or be more effective than interventions that teach skills to be put to use at some time in the future (Gutman, 2006; Wasmuth et al., 2015). In short, promoting changed behaviors in persons with addictive disorders may best be brought about through performing new occupations – i.e. through occupation-based intervention.

1.1. Background

Persons new to addiction recovery often lack many meaningful occupations – that is, they experience occupational deficit – because

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