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The Effect of a Psychosocial Occupational Therapy-Based Group on Self-confidence and
Perceived Life Satisfaction in an Outpatient Addiction Rehabilitation Center

by

Lindsay Hodge

A Capstone Project Presented to the
FACULTY OF OCCUPATIONAL THERAPY
GEORGIA STATE UNIVERSITY

In Partial Fulfillment of the
Requirements for the Degree
OCCUPATIONAL THERAPY DOCTORATE

April 2024

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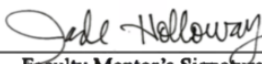
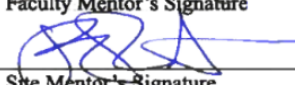
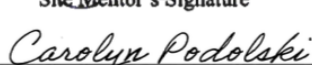


CAPSTONE FINAL PAPER APPROVAL FORM

The Capstone Final Paper is the final product that the OTD students need to complete to report his/her Capstone Project and his/her Capstone Experience.

Student's Name	Lindsay Hodge
Degree Sought	Occupational Therapy Doctorate (OTD)
Department	Occupational Therapy
Program	Occupational Therapy Doctorate (OTD)

We, the undersigned, recommend that the Capstone Final Paper completed by the student listed above, in partial fulfillment of the degree requirements, be accepted by the Georgia State University.

Jade Holloway		4-23-2024
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Capstone Coordinator's Printed Name	Capstone Coordinator's Signature	Date

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I would also like to thank The Summit Wellness Group located in Atlanta, Georgia for allowing me access to their facility and clients participating in PHP and IOP programming. I have seen the benefits that occupational therapy (OT) can bring to this setting and look forward to seeing all that OT does in the future.

Abstract

Due to the chronic effects and neurological basis of substance use disorder, medical and holistic interventions are needed to address the disorder. Individuals with substance use disorder feel an impact to their occupational functioning and overall engagement in daily activities and may lack the ability to participate in meaningful tasks without the use of substances. As the individual's substance of choice becomes their 'primary occupation', daily activities and routines can be removed or altered to make space for their chosen occupation. Occupational therapy takes a comprehensive approach to treatment and aims to treat all areas of occupational dysfunction, including those caused by their addiction. Occupational therapy should be considered as a recovery approach because substance use negatively affects an individual's occupational engagement and everyday tasks. Findings from this capstone project highlight the benefits of occupational therapy in substance abuse rehabilitation facilities.

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Summary

Question

Are psychosocial occupational therapy interventions effective in increasing perceived life satisfaction and self-confidence amongst individuals with substance use disorder?

Literature Review

Due to the chronic effects and neurological basis of substance use disorder (SUD), medical and holistic interventions are needed to address the condition. Occupational therapy takes a holistic approach to treatment and aims to treat all areas of occupational dysfunction, including those caused by their addiction. Occupational therapy should be considered as a recovery approach because substance use negatively affects an individual's occupational engagement and ability to perform social tasks. A scoping review by Ryan and Boland (2021) investigated interventions currently being used for SUD and found that single occupation-focused interventions, skills training, and establishing a community-based sober routine are the most used interventions within daily clinical practice. Many of the reported interventions seen in the scoping review had foundations of life skills development and supported re-engagement in meaningful routines. Life skills groups can focus on career exploration, as the individual must have stability and financial support to maintain their sobriety. Additionally, employment is essential during recovery to sustain sobriety. Studies have shown that those who remained unemployed after treatment were two to three times more likely to relapse than those who were employed (Martinson et al., 2020). Soft skills, such as time management, meeting deadlines, and being on time, can be lacking as those with SUD may have developed an egocentric route of thinking. Therefore, addressing these factors while increasing communication, problem-solving, and decision-making is beneficial when searching for a job as well as retention of the job (Lusk & Veale, 2018). Furthermore,

exploring and re-engaging in meaningful occupations are also important during treatment and while maintaining sobriety. Activities such as drama, fitness, and horticulture have been shown to provide an outlet that is not only therapeutic but also supports personal development (Wasmuth et al., 2016). Findings from this capstone project highlight the benefit of occupational therapists in substance abuse rehabilitation facilities.

Purpose Statement

This project investigated occupational therapy's role in substance use disorder through the creation and implementation of a six-week psychosocial group that addressed current occupational dysfunction. The outcomes of this group included life satisfaction and self-confidence among participants.

Method

Clients at The Summit Wellness Group West Midtown location were included in the study. Three participants were included in the study (one female, one male, and one transgender man). Participants were in recovery from alcohol, stimulants, and poly-substance addictions.

Convenience sampling was used within the facility to recruit participants. Clients who were eligible to participate were given a brief overview of the psychosocial occupational therapy-based program, assessments, and anticipated outcomes. A six-week occupational therapy-based group was created and facilitated at this facility. Weekly topics included self-care, routines, occupational engagement, social support, reintegration into the community, and employment skills. Each weekly group had a lesson plan and associated handouts and resources to be kept for

the participant. Throughout the six weeks, updates and feedback were received from the three participants, including any progress they made in their self-confidence and life satisfaction.

Outcomes

The outcome of my capstone project included a group program that was designed to address occupational dysfunction that occurs because of substance use. Through facilitating the weekly groups, the goal of my project was to increase participants' life satisfaction and self-confidence to enhance performance of daily tasks and occupational functioning. At the conclusion of the program, the significance of my project was information that offers insight as to how occupational therapy-based interventions can be used in addiction rehabilitation to support engagement in daily tasks, both at an individual and community level.

Chapter 1: Literature Review

The research conducted as part of this literature review was necessary for understanding the current role of occupational therapists working with the addiction population as well as conducting the proposed capstone project. The following information reviews the nature of substance use disorder as well as psychosocial-based interventions currently being used by occupational therapists to assist in treatment.

Substance Use Disorder

The United States is currently in a public health crisis, with approximately 20.4 million people in the U.S. being diagnosed with substance use disorder (SUD) in 2022 (National Institute on Drug Abuse, 2022). Additionally, the number of individuals who died from a drug overdose in 2021 was over six times the number in 1999, with a 16% increase in deaths seen from 2020-2021 (Centers for Disease Control and Prevention, 2023). SUD is a complex condition that affects an individual's brain and behavior. As a result of this, there is uncontrolled use of a substance despite harmful consequences which leads to an impairment in an individual's ability to function in their daily environment (American Psychiatric Association [APA], 2020). According to the DSM-5, four basic categories arise from misusing substances - impaired control, physical dependence, social problems, and risky use (APA, 2020). This capstone project further highlights SUD's effect on social problems, which decreases an individual's functioning during tasks at work, school, or home, as well as the elimination of leisure or work activities due to substance use (APA, 2020).

Occupational Impact

The American Occupational Therapy Association (2020) defines 'occupations' as activities that people do every day to give their life meaning. Occupations can be performed at home or within the community and can be done alone or with others. These daily activities are

often disrupted while a person is in active addiction. Leisure activities are occupations that an individual chooses to participate in, often in conjunction with the use of substances. Although substances negatively impact their lives, there are elements of participation in the chosen leisure task that are positive and meaningful to the person in addiction (Harmon, 2017). As a result, the choice to pursue sobriety often comes at the price of sacrificing a part of their identity. Addiction has been viewed as an ‘all-encompassing occupation’ because individuals are using their addictions to provide the essential needs and identity for themselves (Wasmuth et al., 2014). Through the removal of this occupation during sobriety, routines are disrupted, and gaps must be filled with non-substance-related occupations. Occupational therapists (OTs) are well-equipped to assist with the transition into recovery and discovering or rediscovering identity.

Role of Occupational Therapy

OT's foundation lies within client-centered care that addresses everyday life occupations, such as health management, work, leisure, and social participation, as well as the ability of the individual to engage meaningfully in their environments (Mattila, 2022). Though occupational therapists work to promote an individual's functional independence using meaningful occupations, one must acknowledge that the primary occupation for those with SUD has adverse, or sometimes lethal consequences (Wasmuth et al., 2014). Occupational therapists recognize that the term ‘substance abuse’ is unique to everyone, and only that individual can define its meaning as well as its impact on activities of daily living. The OT perspective reflects that the term ‘recovery’ is not an individual quitting substance but instead the ability of the individual to participate in new and healthier occupations (Narain et al., 2018). The overall goal of this perspective is that by restoring and maintaining the life roles and routines of an individual before substance use, they may be more motivated to stay away from substances (Bell et al., 2015).

Interventions

Research has shown promising evidence regarding the effectiveness of occupational therapy interventions. In many of the studies examined, a psychosocial approach is used, which emphasizes daily activities and an individual's social environment (Çakmak et al., 2016). A scoping review by Ryan and Boland (2021) investigated interventions currently being used for SUD and found that single occupation-focused interventions, skills training, and establishing a community-based sober routine are the most used interventions within daily clinical practice. Many of the reported interventions seen in the scoping review had foundations of life skills development and supported re-engagement in meaningful routines. Life skills groups can focus on career exploration, as the individual must have stability and financial support to maintain their sobriety. Amorelli (2016) had similar findings and concluded that groups focusing on living skills development, leisure exploration, and skill building decreased an individual's occupational dysfunction upon discharge.

For many individuals, employment is essential during recovery to sustain sobriety. Studies have shown that those who remained unemployed after treatment were two to three times more likely to relapse than those who were employed (Martinson et al., 2020). Soft skills, such as time management, meeting deadlines, and being on time, can be lacking as those with SUD may have developed an egocentric route of thinking. Therefore, addressing these factors while increasing communication, problem-solving, and decision-making is not only beneficial when searching for a job but also for job retention (Lusk & Veale, 2018).

Exploring and re-engaging in meaningful occupations are also important during treatment and sobriety. Activities such as drama, fitness, and horticulture have been shown to provide an outlet that is not only therapeutic but also supports personal development (Ryan et al., 2023, & Wasmuth et al., 2016). Reintroducing meaningful activities not only fills gaps in an individual's

daily routine but also allows them to be around like-minded people with similar interests. Additionally, they can assist the client in developing support systems that can be used as role models for effective coping and support learning of new skills in novel occupational performance activities.

Overall, the literature found that people with substance use disorder were enabled to take control of their lives through meaningful engagement in occupations. Occupational therapy provides the tools and resources to allow for positive leisure and occupation exploration. However, there is still a gap in understanding the effects of psychosocial occupation therapy-based interventions in relation to substance abuse and addiction. According to Amorelli (2016), psychosocial interventions delivered by occupational therapists are an important treatment for individuals to achieve and maintain abstinence from substance use disorder. However, there is a lack of research that develops and implements structured protocols treating substance use disorder with occupational therapist-facilitated psychosocial interventions. For occupational therapy interventions to advance within the treatment of substance use disorder, these gaps must be addressed.

Chapter 2: Methods

Participants

Clients at the Summit Wellness Group West Midtown location were recruited for the study.

Three participants were used in the study (one female, one male, and one transgender man).

Participants were in recovery from alcohol, stimulants, and poly-substance addictions and ages ranged from 28-53.

Recruitment

Convenience sampling was used within the facility to recruit participants. A list of clients who were anticipated to be in treatment for the duration of 6-weeks was created. Clients who were eligible to participate were given a brief overview of the psychosocial occupational therapy-based program, assessments, and outcome measures. Interested clients signed up on a document, and the OT-s reached out to provide additional information, complete the informed consent, as well as complete the pretest assessments. Throughout the six weeks, the OT-s received updates and feedback from the three participants, including any progress they have made in their self-confidence and life satisfaction.

Inclusion/Exclusion Criteria

Inclusion criteria required participants to be a part of the Partial Hospitalization Program (PHP) or Intensive Outpatient Program (IOP) and to be on-site by 11:30 am every Monday, which is when the group sessions were held. Excluded from the study were individuals under the age of 18 or those who had an anticipated graduation date before the end of the six-week program.

Site Description

The Summit Wellness Group (TSWG) has two locations in Georgia; however, this program was implemented in West Midtown, Atlanta. Their mission is to wholeheartedly provide a safe space

of hope, compassion, and renewal in the world. Clinical staff at TSWG include a medical doctor, nurse practitioner, social workers, licensed professional counselors, and marriage and family therapists. Traditional programming is 12 weeks and begins with PHP, which is a full day five days a week. After two weeks at the PHP level, clients step down into IOP, which is half-day programming ranging from three to five days a week. Clients receive daily group therapy including topics such as creativity and coping, family systems, CBT, DBT, building healthy relationships, relapse prevention, and more. In addition to group and weekly individual therapy, clients also have access to holistic services including chiropractic services, massage, reiki, and sound baths.

Assessments

The Canadian Occupational Performance Measure (COPM) and Satisfaction with Life Scale (SWLS) were used in this program to determine outcomes for clients' perceived life satisfaction and self-confidence. The COPM allows individuals to identify and prioritize everyday issues that restrict their participation in three aspects of living: self-care, productivity, and leisure. The SWLS is a five-item scale designed to measure global cognitive judgments of one's life satisfaction. Participants indicate how much they agree/disagree with each of the five items using a seven-point scale that ranges from seven (strongly agree) to one (strongly disagree).

Proposed Intervention

The OT-s was present and conducted all aspects of the project. Participants attended a psychosocial occupational therapy-based group once a week for six weeks. The one-hour group discussed the following: self-care, routine building, occupational engagement, social support, reintegration into the community, and employment skills. Group were conducted as part of routine clinical care and took place during normal program hours. Discussion and individual responses throughout the group were kept confidential.

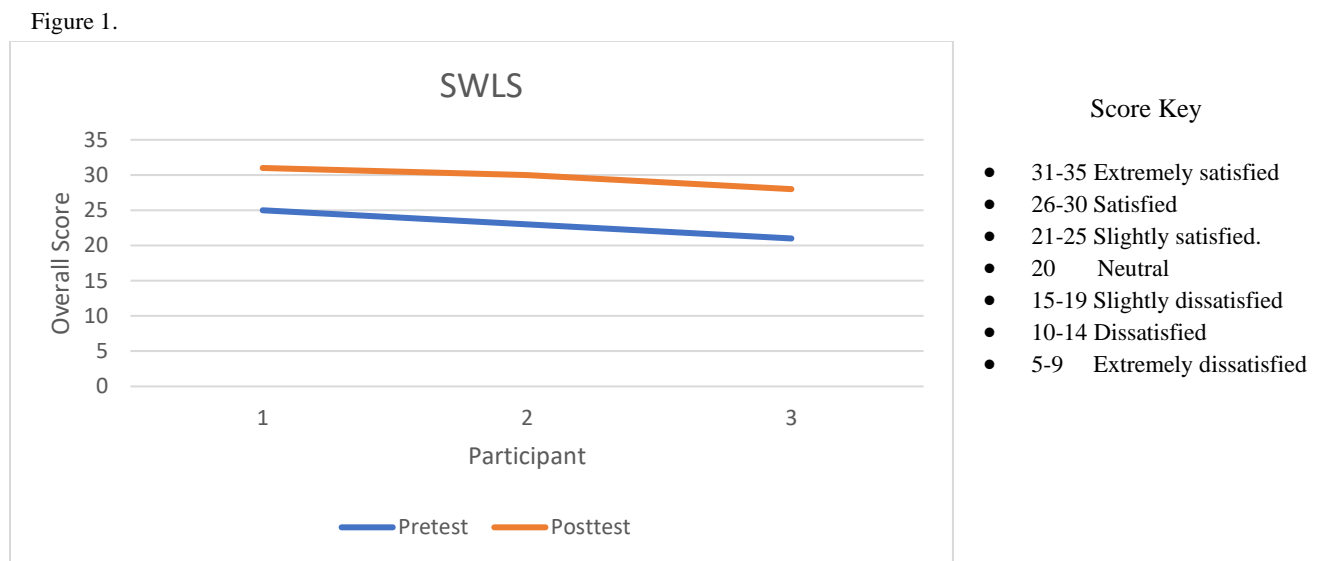
Statistical Analysis

To assess changes in self-confidence and perceived life satisfaction, the OT-s analyzed participant's scores at the beginning and end of the six weeks. Data was inputted into excel, a data analysis software, and a dependent samples t-test was run to compare scores before and after the program for participants who completed the program.

Chapter 3: Results

The first component of this program was the creation of weekly lesson plans for one-hour groups that addressed psychosocial topics through the lens of occupational therapy. The completed lesson plans are attached in Appendix C. Three participants completed the study and were administered pre-test assessments prior to beginning the program and post-test assessments upon completion.

After analyzing pretest posttest scores for the SWLS across all three participants, there was found to be a statistically significant ($p=0.01$) difference between scores. The results demonstrated a meaningful increase in participant's satisfaction with life throughout the six weeks. Participants one and two improved their satisfaction from 'slightly satisfied' to 'satisfied' while participant three improved from 'slightly satisfied' to 'extremely satisfied.' Participants reported that their overall satisfaction with life improved due to increasing their occupational engagement. Figure 1 shows a visual of pre-test and post-test overall scores from participants 1, 2, and 3.



The results of the COPM reported no statistically significant difference between pre-test post-test in performance or satisfaction across all participants ($p=0.26$ for performance, $p=0.18$ for satisfaction). Due to the subjective nature and recall required for this assessment, participants reported overestimating their performance and satisfaction of their identified problems during the pre-test, as they were still had just began treatment and were still exhibiting withdrawal symptoms. Figure 2 demonstrates the change in performance, while figure 3 demonstrates the change in satisfaction found by the COPM in pre-test post-test measures. Total satisfaction/performance is based upon a 1-10 scale, where a 1 indicates ‘poor performance and low satisfaction’ while a 10 indicates ‘good performance and high satisfaction’.

Figure 2.

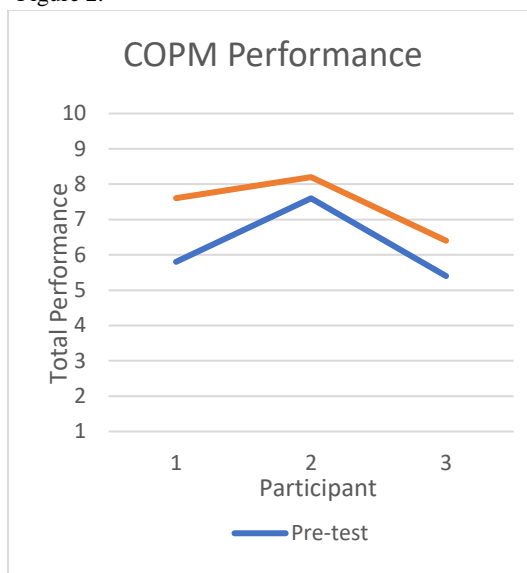
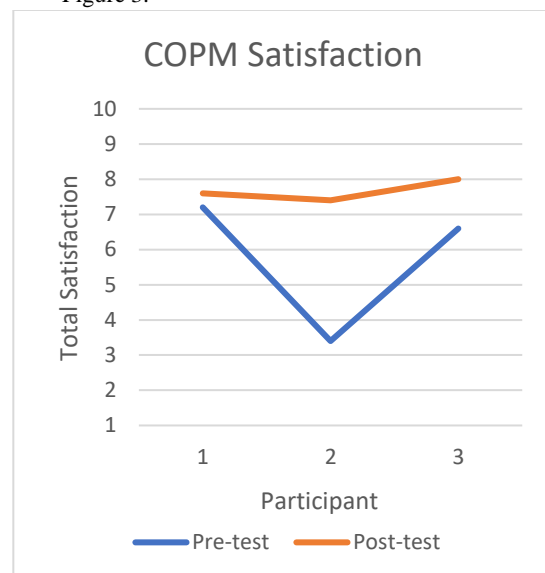


Figure 3.



Although there were no statistically significant difference between scores for all participants, it is important to note that all participant's performance and satisfaction increased throughout the six weeks.

Chapter 4: Discussion

The review of the current literature and implementation of a six-week psychosocial program set a foundation that addressed the benefits of occupational therapy in an addiction-based setting. The program incorporated evidence-based psychosocial interventions that provide OTs with the knowledge and information to facilitate groups with a focus through an occupational lens. The program covered topics such as self-care, routine building, social supports, occupational engagement, reintegration into the community, and employment skills. General feedback from participants validated the importance and need for groups such as these, as the consensus between participants was that their addiction had altered their identity, and they needed support to rediscover components of their life.

After data analysis, it was concluded that although all participant's scores increased before and after the program, overall, only the SWLS was statistically significant. Subjective assessments requiring recall such as the COPM may not be the most accurate assessment for clients at this level of care as none of the participants came from a detox or residential facility, and therefore had minimal sober days before taking the pre-test. As participants gained 'sober time,' they were reflective on their past performance and recognized they may have misrepresented their level of performance during their addiction. A general theme found during this discussion was that participants believed they were performing satisfactorily while in active addiction, but in retrospect they overestimated their performance.

The impact of my program was an increased awareness of the importance of self-care, finding leisure interests/hobbies, and increasing overall occupational engagement while in early recovery for the participants of my study. Overall, many of the clients reported having

anhedonia, defined as the lack of interest or pleasure from life's experiences. Participants had difficulty identifying activities in which they found pleasure because their substance of choice provided their pleasure. Groups, such as occupational engagement and reintegration into the community, allowed participants to explore leisure interests they used to pursue and want to participate in again. These group activities also included activities where participants created goals as to how they plan to become involved and provided updates to the OT student throughout the program. The lesson outlines developed as part of this capstone project will serve as a guide for future therapists to implement and potentially further impact future clients.

Strengths

This program fit seamlessly into The Summit Wellness Groups' general curriculum and allowed an occupational therapy lens to be integrated in group sessions. Additionally, using proven standardized measures, such as the COPM and SWLS, have shown consistent reliability and validity. The chosen assessments could be completed in a timely manner and allowed participants to identify areas in which they could improve their occupational functioning.

Limitations

Due to the nature of substance use disorder treatment, only three participants were included in the program study. This is due to clients withdrawing from treatment, not being present on program days, or clients graduating before the conclusion of the program. Due to the small sample size, this reduces the generalizability of the findings. Another significant limitation of the study is that the program was run once a week for one hour. Clients are also receiving other group therapies, individual therapy, and holistic services. It is not feasible to conclude that

this program is the leading factor that led to increased self-confidence and perceived life satisfaction.

Sustainability Plan

This occupational therapy-based psychosocial group will be sustained through the continuation of group topics, client satisfaction and increased occupational engagement, and staff education. The staff at The Summit Wellness Group have access to all group outlines and will implement topics into current programming to explore client occupational engagement and other skills necessary for improved quality of life. Additionally, staff will follow up with clients six months after discharge for a brief survey regarding their current life satisfaction and perceived self-confidence. This allows staff to assess how clients are doing and provide resources and recommendations if necessary. Lastly, staff will consult with the expertise of a registered occupational therapist at least once a year for updates regarding updates in evidence-based literature and interventions to be used in treatment. This allows The Summit Wellness Group to stay connected with occupational therapists and utilize their unique perspective in the treatment of substance use disorder.

Conclusions

There are multiple benefits to having OTs work in mental health and addiction settings. As mentioned prior, the program was designed and facilitated by the OT student, and it allowed clients to receive programming from an occupational lens, which furthered understanding of the holistic role of the OT. OTs work with clients to identify meaningful occupations and overall life efficacy. By viewing substance use as the client's primary occupation in this type of setting, OT can take an approach to foster the replacement of this occupation with others that are more congruent with how the individual wants to live.

This program was designed to increase self-confidence and perceived life satisfaction to engage more meaningfully in daily living skills amongst people with substance use disorder. As a result of the program, staff and clients gained understanding of the scope of OT and how it can be used within this setting. The group content was well received, and clients reported that the group content was helpful and necessary during early recovery while they were creating new and healthy habits. Based on the data gathered from this specific population group, the implementation of this program in conjunction with other group and individual therapies led to increased self-confidence and life satisfaction amongst all participants.

Future work should build upon this six-week psychosocial OT-based program and aim to add weekly program content through an occupational lens. Such groups can further understanding on how to integrate sober activities into their daily routine and use daily self-care to improve self-confidence and life satisfaction. Additionally, advocacy for OTs as qualified mental health providers should continue to allow space and recognitions of OTs working with this population.

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Appendix A

Supervision Plan

Capstone Student Roles & Responsibilities

1. Understand and abide by Georgia State University policies and procedures relative to the capstone.
2. Develop and maintain a structure for working with the capstone team to conduct and complete the Capstone experience and project.
3. Demonstrate a professional approach to the capstone, including demonstrating effective and appropriate intrinsic and extrinsic aspects of professionalism including but not limited to time management, observing deadlines, initiating, and reading and responding to communications from the capstone team.
4. Utilize constructive feedback from faculty, site mentor, and doctoral capstone coordinator for personal and professional growth.
5. Take responsibility for one's own skills and professional development as seen through professional writing skills and research.
6. Collect, manage, and analyze data for capstone project as prepared.
7. Be self-directed throughout the capstone process, including in developing, planning, and completing the capstone experience and project.
8. Take initiative to finalize all documentation with the site mentor, faculty mentor, and doctoral capstone coordinator.

Site Mentor Roles & Responsibilities

1. Orient student to capstone site, policy and procedures, expectations, other personnel, and stakeholders.
2. Assist student as needed to perform specific learning activities consistent with the student's learning objectives.
3. Collaborate with capstone team to create specific mentorship responsibilities.
4. Provide supervision / mentorship through the duration of the experience.
5. Provide insightful, constructive feedback on student's performance during the experience.

6. Collaborate with capstone team to develop and maintain system for documenting student's experiential hours on-site and track tasks and activities accomplished during that time.
7. Collaborate with capstone team to guide the capstone student through needs assessment component of the project proposal.
8. Provide guidance on the logistics of the completing the work-related requirements at the capstone site, which could include workflow at site, general hours of operation, and access to workspaces.
9. Proactively communicate with capstone team regarding any potential concerns.
10. Provide formal evaluative information on students' performance and ability to achieve the learning objectives throughout the experience (midterm and final at the minimum).
11. Regularly communicate with capstone team either in-person, virtually, by phone or email, for feedback on implementation and documentation.
12. Provide meaningful and timely feedback on drafts of the capstone project as needed.

Scheduled Meetings

The student and site mentor will establish a supervision routine through meeting in-person once a week for 45 minutes to discuss the student's progress, questions, and concerns. Meetings may be held virtually as needed. The student is expected to turn in any deliverables prior to the the meeting date. The student will complete a log of each meeting, topics discussed, and deliverables addressed each week. The site mentor will initial after each meeting.

Week	Time & Date	Topics Discussed	Delieverables Addressed	Mentor Initials
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Student Signature: _____

Mentor Signature: _____

Communication Methods:

The student and mentor may communicate in-person or via email, text, phone call, or online virtual meetings. The student is expected to respond to all communications within the next business day. The student is expected to initiate and maintain consistent and regular communication with the site mentor.

Specific Requirements

The student will complete a 14-week capstone experience in which no more than 20% of the time can be completed outside of the mentored practice setting. A total of 560 hours must be completed to fulfill capstone requirements.

The student is expected to produce deliverable materials as a result of the capstone experience. The students will develop a timeline in which deliverables will be sent to the site mentor prior to each meeting. At the completion of the capstone experience, the student is expected to disseminate these deliverables in accordance with the policies of GSU's OTD program.

Timeline of Deliverables

Week of Completion	Deliverables	Modifications	✓
Week 2	Written document outlining groups currently being run and topics discussed Survey given to clients asking about their meaningful occupations, current habits and routines, as well as community involvement. Resource sheet detailing the use of occupational therapy within addition for staff		
Week 3	Written document outlining group topics, learning objectives, and outcome measures Pre/post test for staff to gauge their confidence and understanding of occupational therapy as a profession		
Week 4	Finalize supplemental handouts for groups Handout containing community resources and leisure/recreational opportunities in the Atlanta Metro Area		

Week 5	Written document using Cole's 7 steps as guide to group facilitation		
Weeks 6-11	Weekly write ups regarding overall group experience, dynamics, potential conflicts, what went well, and improvements for following week Administer pre-test (week 6) and post-test (week 11) using COPM and satisfaction with life scale for		
Week 12	Analyze all complete pre-test/post-test data from COPM and Satisfaction with Life Scale to establish potential correlation		
Week 13	Written document describing data trends		
Week 14	Disseminate conclusion and recommendations for future programming through writing and/or in-service presentation		

Collegiately/Resolving Disputes

It is expected that the student and site mentor have respectful and open communication throughout the capstone experience. In the event that a conflict arises, the student and site mentor will schedule a meeting to discuss the conflict and discuss the most appropriate solution.

OTD Program Curricular Design

The student's capstone project will be designed in line with GSU's OTD program curricular design as listed below:

1. Understanding and utilizing occupation to promote health and wellness.
A psychosocial occupational therapy based group will be created to promote client health, wellness, and engagement in occupations within the client's home and community.
2. Use of evidence-based practice to support the doctoral capstone project.
The student will consult the most current literature regarding occupational therapy's role in substance use disorder while designing and implementing their capstone project.
3. Understanding and using professional ethics and values.
The student will demonstrate understanding of and uphold the values and ethics of the profession while designing and implementing the capstone project.
4. Enhancing advocacy and leadership skills

The student will enhance their ability to advocate for individuals with substance use disorder. The student will demonstrate leadership skills through this advocacy and collaborating with clinical staff as well as occupational therapists with expertise in the mental health/substance use disorder field.

5. Lifelong professional growth and development.

The completion of the capstone experience will allow the student to expand her professional skills and further prepare her clinical skills to enter the profession upon graduation.

6. Enhancing diversity, inclusion, and cultural competence.

The student will promote increased awareness of diversity, inclusion, and cultural competence through acknowledgement of each client's history and background, as well as taking into account all client's needs during group sessions.

Appendix B

Week 1: Occupational Therapy & Self Care

Capstone student introduction: Who I am, What I want to accomplish.

What is occupational therapy? We focus on everything that you want and need to do within your daily life. We can help you participate more meaningfully in life activities and assist with increasing your activities of daily living (such as self-care), returning to work, school, and leisure activities, as well as planning and making the most out of your daily routines.

How can occupational therapy influence my recovery? In addition to helping with all the skills listed above, occupational therapists can also assist by teaching coping skills, alternative approaches to manage pain or other aspects of your life, and the importance of positive social support.

Self-Care means taking the time to do things that help you live well and improve both your mental and physical health. While in your addiction, you have likely noticed changes in how you practice self-care. Even small acts of self-care in your daily life can have a big impact. Everyone's self-care practices are different, start by asking yourself these questions.

- When do I feel my best?
- What makes me smile?
- What do I want to do that I never get to do?
- How do I want to feel?

Examples

- Physical Self-Care
 - Getting enough sleep
 - Nourishing food
 - Healthy movement
 - Going for a walk
 - Drinking plenty of water
 - Practicing good personal hygiene
 - Taking a relaxing bath
 - Practice Mindful Breathing
 - Sit/lie down for 5 minutes and close your eyes
- Mental Self-Care
 - Cleaning your space
 - Getting regular exercise
 - Reading a book
 - Learning a new hobby or skill
 - Practicing mindfulness

- Emotional Self-Care
 - Journaling/Drawing
 - Meditating
 - Practice gratitude
 - Listening to music

You can't pour from an empty cup – what does that phrase mean to you?

- Take some time and write how you fill your cup

What other acts of self-care do you currently participate in or want to start?

****Allow participants time to engage in self-care of their choice****

- Provide paper and pens/colored pencils if the participant chooses to write or draw
- Mindfulness/Meditation
- Aromatherapy

Guided discussion questions to be answered verbally or on paper (allow 5 minutes for participants to write responses, go around the room and hear responses)

1. How has your addiction altered how you perform self-care?
2. What are some self-care techniques you can implement within your daily life?

Week 2: Routine Building

Introduction

Structure and routine are very important components of a successful recovery. Without creating a new and healthy routine, it can be very easy to fall back into unhealthy and dysfunctional patterns. Creating and maintaining a schedule and routine can provide structure, help you develop self-control, improve your mental health, and keep you more engaged and present. The goal of this group is to help you begin to develop new habits to replace your previous substance of choice. One study found that it took 66 days on average for people to form habits that became an automatic part of their routine. You may find that after your first two months of sobriety, your new routine begins to feel more instinctive and familiar.

Key Components of a Healthy Routine

- Sleep: having a regular bedtime and wakeup time can help your body get into its circadian rhythm, and allow your body to restore itself mentally and physically
- Movement: maintains physical fitness and overall health
- Personal Hygiene/Self-Care: Basic hygiene should be a part of your daily routine, however as we discussed last week, other self-care tasks should be incorporated throughout your routine to help you feel your best.
- Meals: Eating nutrient-dense meals at regular times can go a long way toward helping you restore your health.
- Support Meetings: In the early days of your recovery, treatment will be an important part of your days. Even when you formally finish receiving treatment for your addiction, you still need ongoing support.
- Work: If you have a job, you also need to build your schedule around your work commitments. The same is true if you are a student. If your addiction prevented you from holding a job or attending school before, but you're now able to work, a routine will help you find the right balance between work and personal life.
- Chores: Daily and weekly chores are a normal part of life, but they can become overwhelming when you don't factor them into your routine. Consider making checklists for basic tasks like taking out the trash or sweeping.
- Leisure/Hobby Exploration: Rediscovering old hobbies or taking the time to learn new ones can enrich your life greatly and provide a positive outlet during recovery.

‘How did I spend my time?’ Activity

- Part 1
 - Provide clients with a worksheet detailing 24 hours and instruct them to write out how they spent their time.
 - Group share and discussion
 - How much time was spent with your addiction per day?
 - How did your addiction disrupt your daily routine?
 - Routines become a way of life, what aspects will you miss regarding your old routine?
 - Do you have worries about how you will fill all your time?
- Part 2
 - Provide clients with a worksheet detailing 24 hours and instruct them to write out how they want to spend their time (ex. More time with family, movement, pursuing a hobby, etc.)
 - Group share and discussion
 - Do you think this new routine is attainable long term? Why or why not?
 - What challenges do you expect to face with this new routine? How will you work through it?

Achieving Balance with your New Routine

- Routines are a helpful tool for sobriety but should not control you completely.
- The goal is to create a routine that is not overbearing and helps you achieve balance; you want to avoid getting overwhelmed and giving up
 - The routine should offer room for flexibility.
 - Regularly reevaluate the schedule and make changes based on priorities.
- Tips to succeed in a sober routine.
 - Prioritize your sobriety above all else
 - Keep it attainable
 - Seek advice from others
 - Strive for progress
 - Reevaluate regularly

Week 3: Occupational Engagement

The goal of this group is to continue the conversation from the routine group, and further explore what occupational engagement looks like in their recovery. We will explore leisure and hobbies and collaborate to determine ways they can engage in their chosen occupations in a meaningful and healthy way. Often, their drug of choice or alcohol consumption was performed while engaging in these leisure activities/hobbies and it is important to separate their association and find new interests as needed.

Let's explore the term 'Occupational Engagement.'

- **Occupation-** any task that takes up time and space.
 - ex. Picking out and putting on clothes in the morning, grocery shopping, attending work, coming to summit/AA meetings.
 - Occupations can be seen as both mundane tasks as well as meaningful activities.
 - Important to find a balance.
 -
- **Engagement-** to take part in or to do something.

So when we have high occupational engagement

- We are involved within the community, have leisure/hobby interests, and overall have a fulfilling routine.

*Who is currently fulfilled in the way you live your life? What do you wish was different?

-Continuing the conversation from last week, think about your routine, from the moment you get out of bed until you go to sleep, are there activities that make you happy? Gaps you want to be filled?

- Creation of an action plan/SMART goal to achieve hobbies/leisure activities.
 - Specific, Measurable, Attainable, Relevant, Timely
 - Can be something small such as crafting or more time-consuming such as attending lessons (ex. Golf or tennis)
 - Ex. I will participate in 2 pickleball lessons at Bobby Dodd in 2 months.
 - Share with group

Week 4: Social Supports

An approach will be taken to use an OT lens while facilitating conversation regarding people in their lives who are helpful in recovery and those who are triggers for relapse. Conversations will also be had regarding the environment of the social gathering and places these individuals should avoid while in their recovery journey.

What does a social support mean to you?

Social Support- The help provided by family, friends, groups, or communities. There are different types of social support.

- **Emotional Support:** Helps manage emotions, such as stress, anger, or depression. This support might include listening to problems and empathizing with the situation.
- **Tangible Support:** Helps with practical problems, such as financial assistance, providing a ride to work, or help with childcare.
- **Informational Support:** Provides information that helps solve a problem or overcomes a challenge. This might include advice or information about helpful resources.
- **Social Needs:** Fulfillment of basic needs, such as love, belonging, and connectedness. This helps provide a feeling of security and contentment.

Building Social Supports

- **Attend to existing relationships:** reach out to friends and family. Make it a priority to maintain the most important relationships.
- **Increase community involvement:** volunteering, hobbies/leisure tasks.
- **Attend support groups:** connect with others who are dealing with similar situations.
- **Use professional support:** therapists, social workers, and licensed professionals can help you solve problems that seem too complicated to tackle alone.

****From an occupational therapy lens, we acknowledge that social supports are crucial for occupational functioning and engagement**

-Meaning, we find ourselves more involved with like-minded individuals (AA meetings) who have similar life goals and can support us in our daily occupations day-to-day. Can also incorporate time with social support into our routines.

Activity

1. Identify three social supports that you can count on for support (people, groups, or communities) and traits that your social support possesses.
 - a. The role they play in your recovery.
 - b. How could they assist with emotional, tangible, informational, and social needs?
 - c. 'Letter from my social support' -10-15 minutes
 - i. Put yourself in your support's shoes – what would they say to you?

2. 'What makes a good social support while in recovery' discussion and written responses on the whiteboard

Week 5: Reintegration into the community

The goal of this group is to explore healthy ways to engage with the community. Using the leisure/hobby interests previously discussed in prior weeks, the OTs will provide resources of community events/places where they can participate in meaningful activities while interacting with those who have similar interests. Community groups with a recovery focus will also be explored.

Different types of community groups

1. 12-step based groups
 - a. Alcohol Anonymous (AA) and Narcotics Anonymous (NA)
 - i. Not considered a religious program, but many meetings include the Christian Lord's Prayer or the Serenity Prayer.
 - b. Celebrate Recovery
 - i. 12 steps paired with bible verse.
2. Self-Management and Recovery Training (SMART recovery)
 - a. approach focuses on changing thought patterns to address triggers and encourages aligning behaviors with personal values. It emphasizes self-empowerment and self-reliance while providing education and support
3. Recovery Dharma
 - a. Buddhist origins
 - b. Gently investigates the underlying causes of substance and process addictions, which are often found rooted in pain and trauma.
4. Families and Caregivers
 - a. Families Anonymous, Al-anon and Nar-Anon

Difficult Conversations

1. Start With a Goal in Mind

A clear objective can help you stay focused, save time and effort, reduce stress and anxiety, improve communication, and promote mutual understanding.

2. Aim to Understand

Approaching a difficult conversation to understand the other person's perspective is essential. Doing so promotes mutual respect, empathy, and problem-solving while reducing defensiveness and preventing misunderstandings.

3. Clarify Without Minimizing

Clarifying another person's perspective makes them feel valued. It is important to ask open-ended questions, acknowledge the other person's perspective, practice active listening, and avoid judgment or defensiveness.

4. Choose the Right Time and Setting

Timing is everything when it comes to difficult conversations. Find a time and setting conducive to a calm and focused discussion. Avoid having these difficult conversations in public places or when one or both parties are busy or distracted. If possible, schedule a time to talk in advance so that both parties can prepare and come into the conversation with clear heads.

5. Stay Focused on the Topic at Hand

Stay focused on the issue and avoid taking the conversation in different directions. When emotions are high, it can be easy to bring up past wrongs or unrelated issues, but this only distracts from the main problem. Create a structured conversation and keep it centered on the current issue and avoid attacking the other person's character or personality.

6. Be Empathetic

Listening empathically, especially during difficult conversations, allows you to relate to and understand their perspective, position, and feelings. We don't need to have the exact same experience to empathize with somebody else. As human beings, we all experience similar feelings of joy, sadness, loss, love, fear, loneliness, pride, shame, guilt, relief, and elation. If we listen in a way that allows us to relate to that common feeling or human experience, we can improve our connection and shared understanding with others.

7. Express Your Thoughts and Feelings

Express your own thoughts and feelings constructively by using assertive communication strategies that allow you to communicate in a way that is honest, direct, and clear, demonstrating respect for yourself and others. Use "I" statements and avoid blaming or attacking the other person. For example, instead of saying, "You always do this," say, "I feel hurt when this happens." By expressing your feelings, you can help the other person understand your perspective, leading to a more understanding and productive conversation.

8. There May Not Be an Agreement

Recognize that you don't need the other person to agree with you. That's okay. It may only be necessary to share your opinion in a neutral, well-reasoned way. Realize that they may need to consider what you are saying later but aren't ready for the conversation now.

9. Seek Solutions

The goal of having a difficult conversation should ultimately be to find a solution that both parties can agree on. Brainstorm together to find ways to resolve the issue at hand and try to find

common ground. Even if you can't completely agree, finding a compromise or middle ground can be a step in the right direction.

10. Follow Up

After the conversation, it's essential to follow up to make sure that both parties are following through on their agreed-upon solutions. This shows you are committed to finding a solution and value the relationship

Situations

1. Your friend group, some of whom are users, invites you to go to the park with them. You are feeling uneasy about going, but don't want to miss the opportunity to bond with your friends.
2. Someone at Summit is talking about how they want to start playing Tennis. You are interested in joining them but don't know how to ask because the two of you haven't talked much.
3. You used to play in a recreational soccer league, however stopped attending practice due to drinking. You want to get back into your league but are worried about how others may perceive you.
4. Your friend, who enabled you to drink with them, invited you to a community outing. You have not told your friends you are sober and are worried that they will call you lame or not take your wishes seriously.

Group discussion and role play of 'difficult conversations' that may be had with previous friends/community who were enablers of the client's addiction.

Discussion

- What barriers do you expect to face as you reintegrate back into the community?
 - How can you overcome them?

Week 6: Employment skills

The final group of this program, the goal of this group is to understand general skills needed to maintain employment and how their addiction has disrupted their ability to perform at their current/previous job. They will then collaborate on ways to develop/improve these skills to increase productivity and confidence in their job. Discussions regarding workplace culture and norms will also be discussed as it relates to recovery.

What common skills do employers look for?

1. Communication
 - a. Communication is one of the most important employability skills because it is an essential part of almost any job. The communication process involves five elements: the sender, receiver, message, medium and feedback.
2. Teamwork
 - a. Good teamwork skills refer to the ability to work harmoniously with your colleagues to achieve a shared goal. Teamwork skills such as collaboration can increase your hiring chances because you may be able to help a company reach its goals more effectively.
3. Reliability
 - a. Reliability makes you more employable because it promotes trust between you and your employer. You are a reliable employee if you can consistently complete your tasks on time, deliver quality work and make minimal mistakes. You must also be able to respond to inquiries and emails promptly and only make promises you can keep.
4. Problem-solving
 - a. Problem-solving involves identifying key issues and their implications, having a clear understanding of problems and determining the most effective solutions. For more complex problems, you need to know how to divide them into smaller parts that are easier to understand and more manageable.
5. Organization and planning
 - a. Being able to organize and plan effectively is important because it helps you and your employer save time, effort and money by improving workflow. It ensures that assignments and projects are completed on time and prevents confusion and errors that can be costly to the company.
6. Initiative
 - a. Taking initiative means recognizing a problem and solving it, preparing for a potential crisis by taking preemptive action, taking advantage of opportunities and having a positive attitude.
7. Self-Management
 - a. Self-management refers to the ability to perform job duties satisfactorily with little or no supervision. For higher-level employees, it also means delegating tasks to ensure you complete them on time. Additionally, self-managed employees can motivate themselves to deliver solid work performance consistently.
8. Leadership

- a. Employers look for good leaders because they can benefit organizations in many ways. As a leader, you play an important role in ensuring that your team shares the same vision as the company and works in unison with other teams and departments to achieve a common goal.
- 9. Learning
 - a. Having strong learning skills means understanding new concepts and methods quickly, taking on new tasks, adapting to change and having the tendency to improve your knowledge and skills continually.

Discussion: Identify 3 employment skills you wish to strengthen and an action plan as to how to increase these skills using SMART goals.

Role Play Activity

1. You have just returned to work and are feeling very overwhelmed about your workload. You know these feelings have been a trigger to you in the past, but you don't want to let your team down (Employee and Manager).
2. You have been assigned to a task that requires an evening commitment, which worries you because you have been attending nightly meetings. You know that meetings have been very beneficial for you, and you want to prioritize them (Employee and Manager).
3. Your team at work is having a happy hour at a bar to celebrate the end of a project. You want to attend and socialize with your peers but know being in a bar is triggering for you (Employee and Peers).
4. Your co-worker, who you used to drink with frequently, asks you to get dinner with them after work. You value your friendship with them but know they will want to drink which may influence your behavior (Employee and Co-Worker).
5. You are asked to attend a work event for a potential client at a cocktail lounge. You recognize this is an important opportunity but worry that you will be judged for not drinking with others (Employee and Client).
6. Your co-worker is also your dealer and has been reaching out to you frequently since being back at work. You want to maintain a working relationship with them but worry that they will continue to hit you up (Employee and Co-Worker).

Appendix C



INSTITUTIONAL REVIEW BOARD

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Atlanta, Georgia 30302-3999 58 Edgewood
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December 06, 2023

Principal Investigator: Jade E Holloway

Key Personnel: Hodge, Lindsay J; Holloway, Jade E; Sanford, Jon A

Study Department: Department of Occupational Therapy

Study Title: The effect of a psychosocial occupational therapy based group on self-confidence and perceived life satisfaction in an outpatient addiction rehabilitation center.

Review Type: Expedited Category 7

IRB Number: H24252

Reference Number: 377309

Approval Date: 12/04/2023

Status Check Due By: 12/03/2026

The Georgia State University Institutional Review Board (IRB) reviewed and approved the above-referenced study in accordance with 45 CFR 46.111. The IRB has reviewed and approved the study and any informed consent forms, recruitment materials, and other research materials that are marked as approved in the application. The approval period is listed above. Research that has been approved by the IRB may be subject to further appropriate review and approval or disapproval by officials of the Institution.

It is the Principal Investigator's responsibility to ensure that the IRB's requirements as detailed in the Institutional Review Board Policies and Procedures For Faculty, Staff, and Student Researchers (available at gsu.edu/irb) are observed and to ensure that relevant laws and regulations of any jurisdiction where the research takes place are observed in its conduct.

Federal regulations require researchers to follow specific procedures in a timely manner. For the protection of all concerned, the IRB calls your attention to the following obligations that you

have as Principal Investigator of this study.

1. For any changes to the study (except to protect the safety of participants), an Amendment Form must be submitted to the IRB. The Amendment Form must be reviewed and approved before any changes can take place.
2. Any unanticipated problems occurring as a result of participation in this study must be reported immediately to the IRB using the Unanticipated Problem Form.
3. Principal investigators are responsible for ensuring that informed consent is properly documented in accordance with 45 CFR 46.116.
 - The Informed Consent Form (ICF) used must be the one reviewed and approved by the IRB with the approval dates stamped on each page.
4. A Status Check must be submitted three years from the approval date indicated above.
5. When the study is completed, a Study Closure Form must be submitted to the IRB.

All of the above-referenced forms are available online at <http://protocol.gsu.edu>. Please do not hesitate to contact the Office of Research Integrity (404-413-3500) if you have any questions or concerns.

Sincerely,



Joshua Hinkle, IRB Member