2017

Intensive Outpatient Program for Substance Abuse: Occupational Therapy Guideline to Recovery

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A Scholarly Project

Submitted to the Occupational Therapy Department

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Master's of Occupational Therapy

Grand Forks, North Dakota

May 2017

Approval Page

This Scholarly Project Paper, submitted by Jessica Dietz and Elynn Schriber in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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4/17/2017

Date

PERMISSION

Title: Intensive Outpatient Program for Substance Abuse: Occupational Therapy Guideline to Recovery

Department: Occupational Therapy

Degree: Master's of Occupational Therapy

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Signature Jessica Dietz

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TABLE OF CONTENTS

ABSTRACT

The purpose of this scholarly project was to develop an evidence-based 12-session group protocol for occupational therapists (OTs) to use in an intensive outpatient program (IOP) for substance abuse. The target population for this scholarly project was young adults aged 18-25 who have illicit drug use issues. Guided by concepts of the Model of Human Occupation (MOHO), the protocol targeted common occupational performance and deficit issues encountered by individuals with substance use. The authors first observed one, 3-hour IOP session at Central Wyoming Counseling Center (CWCC) and participated in one, two-hour meeting with the director of substance abuse programing at CWCC to obtain information about addiction recovery from other professions and the IOP structure. Information gathered was compared to findings from a literature search and a12-session guide was developed for OT services to complement existing programming provided at CWCC.

Each session protocol was designed to be held in one, three-hour group session and includes objectives, warm-up activities, an occupational focused activity, prompting questions for discussion, a wrap-up, and a take home activity. Each session builds off one another and the take home activities are intended to integrate the participant into the next session. Session topics include: 1) exploring addiction as an occupation 2) occupational exploration 3) coping skills through sensory stimulation 4) spirituality and coping 5) time management and scheduling 6) healthy habits: ADLs, sleep/rest, nutrition 7) leisure identification 8) roles and routines, productive education/work 9) intimacy and social participation 10) social participation and anger 11) daily coping skills with stress and recovery 12) takin’ care of business: how to get what you want.

This scholarly project provides a foundational program to be used as a starting point for occupational therapy intervention in an intensive outpatient chemical dependency program. The protocol might be applied beyond the IOP structure to settings such as acute inpatient, state hospital, or long-term mental health facilities. Elements of the program might also be altered for application to alternative populations such as individuals over age 25, those with alcoholism, or those with other various drug dependencies. In summary, this scholarly project provides a theoretical model, occupation-based interventions, an extensive literature review, and an opportunity for future research and clinical development based on the role of OT in an IOP for substance abuse recovery.

CHAPTER I

Introduction

The problem imbedded within the creation of this product relates to the prevalence of substance abuse disorders in the United States. A National Survey on Drug Use and Health (NSDUH) reports that nearly 50% or 125 million Americans over the age of 12 have used alcohol and illicit drugs (Sells, Stoffel & Plach, 2011). According to Hedden et al., drug use occurs in approximately 27 million Americans; however, the most prevalently used drug is marijuana/hashish occurring at 2.2 million individuals with use of pain relievers being second most prevalent at 4.3 million individuals (2015). Noting the large percentage of individuals who have or are current users of illicit drugs points to the demand for substance use treatment facilities or programs. While there are some existing programs available to individuals experiencing substance abuse issues, there is a noted lack of effectiveness demonstrated in the available literature. There is also a substantial lack of literature due to the wide array of drugs available, making the ability to define and treat substance use disorders much more difficult (Sells et al., 2011).

The population intending to be treated under the guideline created for an intensive outpatient program (IOP) focusing on substance abuse are adolescents and young adults aged 18 to 25 years old. Numerous developmental and cognitive considerations for this age group were extensively considered to meet pressing needs and preferences commonly displayed. The Substance Abuse and Mental Health Services Administration (SAMHSA) states that individuals avoid seeking treatment for substance use for a number of reasons; the primary reasons relate to individual's' lack of insurance coverage and not feeling ready to cease use of substances (2016).

The type of intervention proposed is a 12-week intensive outpatient program (IOP) treatment guideline with an occupational focus. The guideline was created to mirror an existing 12-week program currently being implemented within Central Wyoming Counseling Center (CWCC) in Casper, Wyoming. This product is intended to be incorporated into one, three-hour session within the available nine hours of the week in which individuals receive substance abuse treatment services. It is proposed occupational therapy assume one session, while the other sessions will remain available for social work and counseling staff.

Some of the key factors which will influence the application of the product is the nature of the organization, integration of the occupational model as well as the motivational and interactive essence of the treatment sessions. This 12-week treatment guideline is intended to somewhat build upon concepts from one week to the next; however, it is organized to welcome and include new group members at any point. The use of the occupational model was momentous in the arrangement of the sessions as it was used as a guide to form each group session. The concepts covered within the sessions capitalize on the recovery process in a way that illuminates occupation and engagement in occupations for overall health and well-being.

The theory used to guide the creation of the product is the Model of Human Occupation (MOHO). The occupation-based model allows for an in-depth understanding of a person through personal, subjective experience, or, how a person feels he or she completes a task as well as an objective representation of the task identified through assessments or observation of engagement.

Other beneficial components of the model are volition, environmental supports/barriers, and understanding of usual roles and routines. Volitional components are evident through gaining an understanding of individual preferences and inspiration for engaging in occupations as well as determining how individuals' occupations fit into daily routines. The environmental supports and barriers are pivotal to understand as contexts shape behaviors. The environment may ultimately be a determinant for a successful and healthy recovery process. The various interconnected components of the MOHO were implemented within this product and were intended to more thoroughly and accurately determine what a person needs throughout his or her recovery process.

Some of the key concepts and terms used during this include definitions related to occupational therapy, treatment settings, and diagnoses of the population. The MOHO guided the process and organization of this project; therefore, several terms are used from that model in the product itself. The key terms from this model include: volition, personal causation, habituation, and performance capacity (Kielhofner, 2008). More concepts related to occupational therapy include the use of occupation and each delineated occupational area. The treatment settings include the main setting which is an intensive outpatient program (IOP) as well as other types of facilities such as outpatient and residential, and partial hospitalization programs (PHP). Finally, the diagnostic terms for the population include the distinction of substance use disorder (SUD) from verbiage like 'addict' and 'substance user'. Further, for the purposes of this scholarly project, the category of illicit drug use will be defined. To find a comprehensive list of the key terms and the definitions view Table 1 in *Appendix A.*

The following chapters will discuss the review of relevant literature, the methodology of how information was obtained during this scholarly process, the product created from the methodology and review of literature, and finally a summary of the scholarly project created.

Table 1

Key Term	Definition and Application
Volition	According to Kielhofner (2008), volition consists of the need and desire to act, as well as, the feelings and thoughts to do.
Personal Causation	Personal causation is defined as the sense of one's capacity and effectiveness; values, what is important to the person; and interests, what is meaningful or enjoyable to do, this relates to the volition component of the MOHO (Kielhofner, 2008).
Habituation	Habituation is defined as an "internalized readiness to exhibit consistent pattern of behavior guided by our habits and roles and fitted into the characteristics of routine temporal, physical, and social environments" (Kielhofner, 2008, p.18).
Performance Capacity	Performance capacity is defined by Kielhofner (2008) by as the "ability to do things provided by the status of underlying objective physical and mental components and corresponding subjective experience" (p. 18).
Occupations	The following definition of occupation comes from the Occupational Therapy Practice Framework which is the guiding document for all

	occupational therapy practice. "Daily life activities in which people engage. Occupations occur in context and are influenced by the interplay among client factors, performance skills, and performance patterns. Occupations occur over time; have purpose, meaning, and perceived utility to the client; and can be observed by others (e.g., preparing a meal) or be known only to the person involved (e.g., learning through reading a textbook). Occupations can involve the execution of multiple activities for completion and can result in various outcomes. The Framework identifies a broad range of occupations categorized as activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation" (American Journal of Occupational Therapy, 2014).
Partial Hospitalization Program (PHP)	These programs are intended to serve as a transition service to the person from an inpatient residential hospitalization program to community living after an acute treatment (Ramsey & Swarbrick, 2014).
Intensive Outpatient Program (IOP)	According to Ramsey & Swarbrick (2014), IOPs are intended to be a step down from PHPs. These programs allow for the individual to spend more time in the community. Typically persons at this level may be functioning in the community but may need help with one or more of their occupational roles than what community based treatment could offer (Ramsey & Swarbrick, 2014).

Substance Use Disorder (SUD)	Currently, SUD is defined in the DSM-V as the combination of the "DSM-IV categories of substance abuse and substance dependence into a single disorder measured on a continuum from mild to severe; each specific substance is addressed as a separate use disorder but nearly all substances are diagnosed based on the same overarching criteria" (American Psychiatric Association (APA), 2013).
Illicit Drug Use	For the purpose of this project, illicit drugs include: marijuana (including hashish), cocaine (including crack), heroin, opioids, hallucinogens (including LSD, PCP, peyote, mescaline, mushrooms, ecstasy, inhalants, and psychotherapeutics or non-prescription drug use such as pain relievers, tranquilizers, stimulants (such as methamphetamines), and sedatives (Sells, Stoffel, & Plach, 2011; SAMHSA, 2014).

CHAPTER II

Review of Literature

Types and Prevalence

Individuals with substance-related disorders are understood to primarily use and/or abuse illicit drugs and alcohol (Sells, Stoffel, & Plach, 2011, p. 192). Among the differences in the types of substance-related disorders, Sells, Stoffel, & Plach (2011) differentiated substance use as when an individual uses a substance within the last 30 days but is not reliant upon the substance and will not experience a withdrawal stage. In 2006, The National Survey on Drug Use and Health (NSDUH) noted approximately 50% (125 million) of Americans over the age of 12 have used alcohol and 8.3% (20.4 million) have used illicit drugs (Sells, Stoffel, & Plach., 2011). When the same survey was conducted in 2014 by the NSDUH, the prevalence had increased. According to Substance Abuse and Mental Health Services Administration (SAMHSA) (2014), approximately 10.2% (20.7 million) of Americans over the age of 12 (27 million individuals) had used illicit drugs within the last 30 days. Furthermore, the 2014 NSDUH survey found 52.7% (139.7 million) of Americans had consumed alcohol within the last month (Hedden et al., 2015).

In past research, significant differences existed between definitions and specifying symptoms of substance-related disorders. The most prevalently used terms today are: substance use, substance abuse, substance-use disorder (SUD) and substance dependence. Currently, SUD is defined in the DSM-V as the combination of the "DSM-IV categories of substance abuse and substance dependence into a single disorder measured on a continuum from mild to severe; each specific substance is addressed as a separate use

disorder but nearly all substances are diagnosed based on the same overarching criteria" (American Psychiatric Association (APA), 2013). Whereas a diagnosis of substance abuse previously required only one symptom in the DSM-IV, mild SUD in DSM-V requires two to three symptoms from a list of 11 criteria options (APA, 2013). Due to cultural considerations, the DSM-V eliminated the terms 'problems with law enforcement' and added 'drug craving' to the list of available criteria to make the criterion for substance-related disorders more universal (APA, 2013). Additionally, the DSM-IV diagnosis of 'substance dependence' created considerable uncertainty due to individuals often linking the term 'dependence' with 'addiction', when in fact dependence can be a normal body response to a substance (APA, 2013). With the current DSM-5, substance-related disorders are not associated with addictive disorders.

Terminology for illicit drugs for this review include: marijuana (including hashish), cocaine (including crack), heroin, opioids, hallucinogens (including: LSD, PCP, peyote, mescaline, mushrooms, ecstasy, inhalants, and psychotherapeutics or non-prescription drug use such as pain relievers, tranquilizers, stimulants (such as methamphetamines), and sedatives (Sells et al., 2011; APA; Parehk, 2015). Per the NSDUH 2014 study referenced earlier, substance use alone was estimated to cost Americans $600 billion dollars each year (Hedden et al., 2015). While illicit drug use occurs in 27 million Americans, the most common drug use is marijuana/hashish at 22.2 million individuals using and pain reliever use is estimated to be 4.3 million individuals (Hedden et al., 2015). While assessing age ranges from the 2014 NSDUH survey, more than one in five (22.0%) young adults, from the age of 18 to 25 were current users of illicit drugs (Hedden et al., 2015). According to Sells et al. (2011), drug use disorders are

far less defined in the literature than alcohol use disorders, mainly due to the vast number and types of abused drugs available.

Developmental Considerations

It is critical to the outcomes of substance abuse treatment to understand the motor, communication, social and emotional skills and abilities of the individuals between the ages of 18-24 as these vary depending upon the age, developmental milestones and engagement of the person in specific life tasks. The age range of 18 to 24 years is often recognized as spanning across two separate categories which include ‘adolescence’ or, 12-19 years of age, and ‘young adulthood’ being, 20-40 years of age (Bastable & Dart, 2011). Possessing the ability to recognize having an issue, more specifically, a substance abuse issue, is often decreased in the 18-24 age range as social pressures and the feeling of need to belong far outweigh the capacity to understand implications and future outcomes of decisions made in the present (Bastable & Dart, 2011). In 2013, illicit drug and alcohol use treatment of 20.2 million individuals aged 12 years and older was examined where 95.5% felt they did not need treatment while 1.6% felt they needed treatment and made the effort to seek and receive it (SAMHSA, 2016). Among these results, the primary reasons for not receiving treatment was attributed to lack of insurance to cover the costs as well as not being entirely ready to stop using substances (SAMHSA, 2016). According to the 2011 SAMHSA Treatment Episode Data Set (TEDS), from a sample of individuals aged 18-24, the study found the following substances to be used: heroin at 29.9%, marijuana at 19.8% and cocaine at 20.6% (SAMHSA, 2014).

Erikson describes the young adult's stage of psychosocial development as being during the period of *intimacy versus isolation*, or when individuals are attempting to establish trusting, meaningful and stable relationships with others (Bastable & Dart, 2011). Young adults face many challenges including both satisfying and emotionally draining experiences in life, such as, choices for higher education, vocations, parenting, and marriage (Bastable & Dart, 2011). Additionally, young adults who suffer from SUD may need to be taught new skills, strategies, and occupations on the path to recovery. This population tends to be reluctant to utilize the necessary energy and resources to learn new information or attitudes if the content is not relevant to their current lives or anticipated problems (Bastable & Dart, 2011). Bastable and Dart added, gaining knowledge of the young adult's life events and experiences can provide pertinent information to focus on when determining the best teaching strategy. It is best to incorporate the young adult in the learning process as a collaborative active participant. The motivation for young adults emerges from internal drives such as the need for self-esteem, increased quality of life, or job satisfaction; as well as, external rewards such as a promotion, money, or more time for leisure pursuits (2011). The motivation for treatment plays a pivotal role in developing strong therapeutic relationships and may lead to advances in post-treatment outcomes among recovering adolescents (Joe et al., 2014). When considering interventions with young adults, there are several helpful strategies to use when educating them. Bastable and Dart (2011) described that although this population tends to enjoy self-directed learning such as written information, audiovisual tools, and computer-assisted instructions, they also benefit from group discussion because it provides the opportunity to interact with others of similar ages and situations.

Rojo-Mota, Pedrero-Pérez, Ruiz-Sanchez De Leon and Miangolarra Page, suggest the fronto-cerebellar region of the brain is responsible for an array of neuropsychological and psychosocial effects including behavioral deficits from substance abuse impacting completion of daily activities and ultimately, compliance and outcomes of treatment (2014). With behavior considerations, it is also important to recognize the gender differences of substance abuse. According to Sells et al., males generally use illicit drugs and alcohol at higher rates than that of females. The literature represents women to a lesser degree within substance abuse treatment outcomes, as women normally have fewer social and economic supports and fear they may lose parental rights if an overabundance of information is revealed about themselves and substances being used. Usually, women have smaller body mass indexes, dissimilar absorption rates and metabolism differences which is imperative to address related to substance use type, longevity of use and how these factors may impact overall treatment outcomes (2011). It is undetermined by this review if there are treatment differences between males and females. From the literature review, there were several recent articles regarding women in treatment; however, to the reviewer's knowledge, no recent studies were found to assess the differences between males and females.

Cognitive Effects of Addictions

The prevalence is high between chronic SUD and the impacts of cognitive impairments. The association appears to be higher with alcohol use; however, there is a growing amount of evidence that supports the connection of cognitive impairments with polysubstance abuse especially alcohol, stimulant and opioid use (Hagen et al., 2016). The cognitive effects of substance abuse range, depending upon the type of substance and

whether or not there is short-term or prolonged use. According to Hagen et al. (2016) executive functioning (EF) is a common cognitive deficit experienced by a decrease in attention span, reduced insight into self, increased impulsivity, little to no willingness to change, low attendance rates at therapy sessions, and denial of problematic use. After conducting a longitudinal cohort study assessing EF with individuals with polysubstance abuse, Hagen et al. (2012) found using the BRIEF-A assessment, a self-report inventory, appears to be the most cost effective and sensitive measure of EF in this population, suggesting it needs to be considered as an integral clinical assessment. Hagen et al. further note that, "assessment of EF may contribute to the scientific and clinical effort of understanding the cognitive and behavioral aspects of SUD, and could prove vital in tailoring SUD programs, particularly considering the high drop out numbers at early treatment stages" (2016, p. 6).

In addition to EF, impulsivity related to SUD has also been a topic of study for several researchers. Rodrigues-Cintas et al. (2016) stated impulsivity, as a personality trait is a risk factor for the development and further maintenance of dependence to cocaine and opioid use; the authors conducted a cross-sectional observation study to analyze the relationship between impulsivity and the addiction severity in participants with cocaine dependence (CD), opioid dependence (OD) and comorbid cocaine and opioid dependence (COD). The authors used three diagnostic interviews in an outpatient drug addiction center, and psychometric testing with several assessments including the Spanish version of the Barratt Impulsivity Scale (BIS-11) to measure trait impulsivity; the Spanish version of the European Addiction Severity Index (EuropASI) for information about general medical status, employment situation, alcohol and other drug

consumption, legal problems, family and social relationships, and psychological status; the Spanish version of the semi-structured interviews for axis I (SCID-I) and axis II (SCID-II) (Rodrigues-Cintas et al., 2016). The results indicated impulsivity and addiction severity were positively correlated among CD patients but not for participants with OD or COD, more specifically the correlations between cognitive impulsivity and medical and psychological area; motor impulsivity and medical employment; motor impulsivity and medical, employment, alcohol and psychological areas; unplanned impulsivity and legal and psychological areas; and total impulsivity and medical, alcohol, legal and psychological areas (Rodrigues-Cintas et al., 2016, p. 106-107). The main finding of this study suggests the relationship between impulsivity and addiction severity is dependent on the drugs of use and extensiveness of the use (Rodrigues-Cintas et al., 2016).

The metagonitive effects of individuals with SUD were examined with respect to four subscales of metacognition measuring: self-reflectivity, understanding the thoughts of others, decentration and mastery (Wasmuth et al., 2015). Through the completion of the Indiana Psychiatric Illness Interview (IPII) and the Meta-Cognitive Assessment Scale-Abbreviated (MAS-A), the authors showed that addictive disorders are often comorbid; indicating individuals with substance abuse experience metacognitive deficits, specifically in the area of mastery (Wasmuth et al., 2015). For this study, mastery was referred to as the ability to use metacognitive knowledge to respond to challenges, and with that, occupation-based interventions were provided for mastery experiences as they allowed individuals to respond to actual challenges throughout this study (Wasmuth et al., 2015). Another assessment examined for effectiveness was the Assessment of Motor and Process Skills (AMPS) which was used as an outcomes measure and aimed to

determine deficits in daily life activities of treated substance abuse addicts. The authors suggest use of the AMPS to assess for motor and processing skills is an adequate measure as this assessment is highly significant for the correlation with severity and length of addiction, indicating there were no differences in motor skills but differences in processing skills for those belonging in the cannabis addict group (Rojo-Mota et al., 2014)

In relation to comorbid substance use, Attaiaa et al. suggest the order of initiation of drug use was not related with predicting further substance use, more so, the Gateway Theory is not an independent risk factor for development of SUDs. The Gateway Theory was understood further to be related to accessibility and availability of substances. A more suitable predictor of initiation and further substance abuse was found to be more closely associated with polysubstance abuse rather than initiation of certain types of substances (2016).

Hoxmark et al. (2010) conducted a study assessing the number of past, present, and desired future activities of patients who had been admitted for substance abuse treatments at a Norwegian Hospital. The authors found for this population, a great extent of their life was focused on the substance abuse itself, and the inability to engage in activities not related to the addiction. Further, Hoxmark et al. described a lack of initiative regarding non-substance related activities, in which they postulated may result in decreases in social networks (2010). The OTPF states social participation is the interweaving of social situations with other social situations to support desired occupational participation in the community, with peers/friends, and family activities, this interaction can occur in person or through technology (AOTA, 2014). In addition,

Howells (2011) noted that occupational alienation, a sense of isolation, powerlessness, dissatisfaction, helplessness, and estrangement from occupations, can occur when social participation is diminished. Hoxmark et al. (2010) noted from their study, the total sum of activities drastically fell after initiating substance use and this loss had a direct impact on well-being. The authors reported this loss in activities was explained through the prioritization of substance use over other occupations due to the time, finances, and peer support necessary for other activities. They also explained it is possible this loss of activities has a greater psychological impact when related to regaining desired future activities. The authors alerted practitioners to be aware of activities patients engaged in prior to the substance use, and to use positive activities to improve regained occupations and well-being (Hoxmark et al., 2010).

Overall Treatments

SUDs are treated through a variety of techniques. Treatment approaches embrace unique aspects in which to promote individuals' recovery and abstinence or lessened degrees of substance use. According to SAMHSA (2016) common treatments include: 1. individual and group counseling; 2. inpatient and residential treatment; 3. intensive outpatient (IOP); 4. partial hospitalization (PHP); 5. care or case management; 6. medication; recovery support services; 7. 12-step fellowships and peer support. Sells et al. (2011) suggest brief intervention or individual counseling can be used for the client, in regards to education about the risks of substance abuse, coping strategies, encouragement towards change and participation in meaningful and healthy activities. Inpatient and residential treatment environments are highly-structured, intensive

approach in which time and treatment regimens are rigid and dictated by the facility in which a person receives treatment (2011).

According to Mahaffey and Holmquist (2011), PHPs and IOPs both mimic inpatient treatment; however, they focus on medication titration, education, and support is provided once the patient is safe to be in the community. Although PHPs and IOPs are similar in many aspects, the difference lies within the time a patient spends at the treatment facility (Mahaffey & Holmquist, 2011). A standard IOP program for substance abuse is an ambulatory service for individuals who do not meet the criteria for strictly outpatient or inpatient treatments or individuals who have recently been discharged from 24-hour care for further weekly services (McCarty et al., 2014). PHP and IOP treatment address similar variables, however, treatment approaches vary slightly from one another. Both IOPs and PHPs are structured mental health treatment which are part of hospital-based settings although they are not typically directly located at the inpatient hospital facility (Mahaffey & Holmquist, 2011). Both models provide an appropriate treatment setting for individuals who require a less-restricted environment (LRE) (Mahaffey & Holmquist, 2011).

Hourly differences in treatment for outpatient programs were provided by Value of Behavioral Health of Pennsylvania (2012), PHPs typically offer 18-20 hours, IOPs normally offer nine to eleven hours, and outpatient programs often offer one to three hours. A PHP is typically six hours per day, three to five times a week where an IOP may be three hours a day for three to five days a week (Mahaffey & Holmquist, 2011; Value of Behavioral Health of Pennsylvania, 2012). McCarty et al. noted IOP services typically offer a minimum of nine hours per week in three, three-hour sessions; however, many

programs can provide a variety of treatment hours and the programs typically decrease in intensity over time (2014). McCarty et al. found through a systematic review that there is a high level of evidence that IOPs are as effective as inpatient and residential facilities in treating substance use disorders (2014). Further, McCarty et al. identified at least two advantages of IOP services: increased duration of treatment with the ability for patients for live at home and continue to engage in community occupations, while also affording patients the opportunity to practice newly learned skills and behaviors in their natural environment (2014).

Related to the case management treatment approach, Dallas (2011) determined the ideal format of case management would encompass highly individualized client services to ensure those experiencing substance abuse issues would be provided with the necessary services in a timely and effective manner, however, the treatments and availability of services would depend upon insurance, the models of care and location/accessibility for the client (Dallas, 2011). While accessibility is a determining factor for whether treatment services can be received or not, the same concerns exist for medication approaches to treatment and the ways in which individuals with substance abuse may receive recovery support services. Support groups vary upon location and assuredly depend upon client's motivation to attend. In the same sense, a twelve-step or peer support program will commonly integrate social and spiritual components into the sequence or stages of recovery, however, motivation to attend is internally rooted and dependent upon the access to such services (Carifio, 2011). As mentioned previously, males exhibit a higher prevalence of substance abuse and are more thoroughly documented in the literature for treatment which creates additional considerations for

programming. To be most effective for general recovery outcomes, substance abuse treatments must accommodate and exhibit sensitivity towards both genders (Sells et al., 2011). The National Institute of Drug Abuse (2012) identified long-term residential facilities, short-term residential facilities, and outpatient programs specifically for addiction recovery, although, for the purpose of this scholarly review, outpatient programing will be the focus, specifically IOPs.

Factors Impacting Client Motivation to Attend Treatment

In a study conducted by Holtyn et al. (2014)), the authors examined employment-based abstinence reinforcement for cocaine and opiate injection drug users in an out-of-treatment sample and found an essential component of promoting initiation and maintenance of participants in treatment, was to provide external reinforcers. Prolonged abstinence was achieved by the sample of injection drug users through sequential contingencies including receiving payment for working within a therapeutic workplace environment but also being subject to payment based upon urinalysis results (Holtyn et al., 2014).

In the same realm of external reinforcements is the notion of faith-based treatment and spirituality having an impact on individuals who experience substance abuse complications (Lyons, Deane, Caputi, & Kelly, 2011). Lyons et al. contend that recovery philosophies with emphasis upon spirituality and recovery currently exist and are supported in the literature as being positive influences in which foster individuals' motivation toward leading substance free and more meaningful lives. As there are many factors related to substance use and feelings of resentment, the relationships between

spirituality and recovery from substance abuse were further clarified by the authors, finding that clients who were faith-based throughout treatment experienced lower levels of resentment and greater purpose and engagement in life (2011).

Other factors when considering the effectiveness of treatment for substance use is treatment readiness and whether or not an individual's' effort in finishing a program is pivotal to having long-term effects on recovery. A Substance Abuse Intensive Outpatient Program (SAIOP) comprised of mostly male veterans was determined as being most effective for reducing the incidence of relapse when there was faithful attendance and program completion (Wallace & Weeks, 2004). With faithful attendance and completion of the SAIOP, Wallace and Weeks found there was also an increased likelihood of abstinence and a lower rate for incarceration (2004).

OT Treatments

Occupational therapists (OTs) can supplement SUD treatment programing with the use of screening, evaluation, and comprehensive occupation-based treatments. As stated previously, the DSM-V has 10 listed criterion for which an individual must meet three of the listed criteria in order to be considered as having a SUD diagnosis. The seventh criteria states, "important social, occupational, or recreational activities may be given up or reduced because of substance use" (APA, 2013). This statement by the APA asserts OTs can play a role in rehabilitation and treatment of these disorders. More specifically, "integrating occupation-based interventions in individuals' lives may elicit small but significant improvements in recovery from substance related and addictive disorders" (Wasmuth, Pritchard, & Kaneshiro, 2015). Although occupational therapy

(OT) has a role within the wide realm of substance use disorders and addiction treatment, little evidence exists about the treatment protocols available for OTs. This decrease in literature creates a gap for treatment planning with OT and individuals with SUD.

According to the American Occupational Therapy Association (AOTA), "over time, daily occupations can be negatively affected by substance use, impacting relationships, work performance, and daily routines that support health and effective coping" (AOTA, 2002, p. 1). Wasmuth et al. (2015) conducted a systematic review to examine all the occupation-based interventions being used in a variety of settings for SUD treatment. In this context, occupations were defined as purposeful actions. The authors clarified that not all interventions performed by an occupational therapist are necessarily occupation based; however, the authors defined the areas of occupation that may be addressed in intervention (Wasmuth et al., 2015). The American Occupational Therapy Association (AOTA) (2014) states, "occupations are various kinds of life activities in which individuals, groups, or populations engage, including activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation" (pp. 19-21). After a review yielding 26 articles from a screen of 1095, Wasmuth et al. found the most commonly used occupation-based interventions currently used include leisure, social participation and work. Although only three areas of occupation appeared to be used, their findings suggested patients may also benefit from self-care, community mobility, rest/sleep, and many other aspects of life (2015).

According to Hoxmark, Wynn and Wynn (2012), having a SUD has a great impact on daily life, including the ability to keep up prior activity levels. This statement

also supports the role of OT in SUD treatment in that, OT can provide education, resources, and tools for individuals to maintain activity levels in meaningful occupations. According to Wasmuth, Crabtree and Scott (2014), there is increasing evidence of the usefulness of psychological, neurobiological, and sociological interventions and therapies targeting substance abuse treatment; however, many individuals receiving the listed treatments are 80-90% likely to relapse within the first year. With current treatment strategies for SUD resulting in such high relapse rates, it is evident the current standards of practice are unsuccessful. The authors suggested the need for occupational therapists and occupation-based interventions in SUD treatment, not only for the focus on occupational engagement, but also for the understanding of cultural, contextual, and personal components that impact the focus of SUD recovery (Wasmuth et al., 2014). The understanding of addiction as an occupation may help OT practitioners resolve the high relapse rates and poor treatment retention, through addressing the occupational deficit caused by absence (Wasmuth et al., 2014).

Wasmuth et al. (2014) alluded the essence of addiction as an occupation as many individual's addictions contributed to identity, routines and motivation; yet, their experimental treatments did not further engagement in different occupations. Hoxmark et al. (2012) noted, "it is likely that substance use is prioritized over other activities, per time, finances, and peer support required for participation in positive activities...helping patients regain positive activities may improve their health and their well-being" (p. 82). These findings support the assumption that occupational therapy has a definitive role in SUD treatment due to client-centered practices, fostering of interpersonal and intrapersonal skills and facilitation of recovery through mastery (Wasmuth et al., 2014).

The Model of Human Occupation

The Model of Human Occupation (MOHO) has a large base of evidence available, in which, the theoretical concepts have been examined through research and have made the model favorable for use, especially in the realm of mental health practice (Lee, 2010; Turpin & Iwama, 2011). The MOHO has acquired and maintained a large research base, as it has been subject to extensive testing and has been available for reference for 10-18 years longer than other models within the occupational therapy profession (Lee, 2010). Lee (2010) suggests some favorable aspects of the MOHO include its translatability, the notion of volition, and the sum of nearly twenty assessments available for evaluation. To further understand MOHO and its unique contribution to occupational therapy, Turpin and Iwama (2011) convey volition as being a large central component of the person in which it affects how people anticipate action, make choices about the action to be made and how action is experienced or interpreted. Within volition exists personal causation or how people think and feel about their capacities to do things and act purposefully in the world (Turpin & Iwama, 2011).

Turpin and Iwama suggest the MOHO can be categorized into three main components which include: volition, habituation and performance capacity. The three main components all contain sub-components, which may be more visible or tangible factors. Within the concept of volition includes personal causation or how individuals view themselves in relation to their own effectiveness. Also within the sub-component of volition are values and interests, or what individuals find that they are motivated to do each day. Within the main component of habituation are typical roles, routines, styles and habits of occupational performance. Performance capacity refers to individuals' ability to

do certain things with consideration of a subjective and objective perspective. The main components of volition, habituation and performance capacity lie within what is considered the 'person' while the spaces, objects, social groups, including supports and barriers, are within the 'environment'. The environment is considered within this model, as individuals are within their environments in which they are heavily influenced in ways of societal organization, economics and politics (2011).

The interaction between the internal sub-components, or person factors, as well as the external sub-components, or environmental factors is known as the dimensions of doing within this model (Turpin & Iwama, 2011). The dimensions of doing relate to a person's performance during engagement in occupations. Occupational performance is measured within the dimensions of doing range where participation, performance and skill are separately interpreted in relation to the three original factors of volition, habituation and performance capacity. The relationship between these factors leads to occupational adaptation, which is the overall focus of MOHO (Turpin & Iwama, 2011).

There are several tools associated with the MOHO. Martin et al. developed and investigated the psychometric properties of the Lifestyle History Questionnaire (LHQ), a self-report instrument, designed to measure the extent and severity of occupational dysfunction associated with substance abuse and found it is the first of its kind to measure occupational dysfunction (2015). The authors recruited individuals from two residential detoxification facilities to examine the effects of the LHQ. The authors originally used the occupational therapy models of Person-Environment-Occupation (PEO) and the Ecology of Human Performance (EHP) to guide this study because of the focus on the person and their performance of occupations in specific

contexts/environments; however, the authors found that of the factors they examined, specifically, occupational disruption, habits and routines, all correlated with the Model of Human Occupation (MOHO) (Martin et al., 2015). Martin et al. concluded that occupational disturbances are a central feature of life with substance addictions, and "essential to the treatment of substance addictions is the realization that habits and routines, beyond the physiological drug or alcohol dependence, are deeply ingrained in the subconscious mind. These maladaptive habits develop to accommodate the addiction or as part of the addiction" (p. 8).

The Occupational Therapy Practice Framework (OTPF) states, "occupations are various kinds of life activities in which individuals, groups, or populations engage, including activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation" (AOTA, 2014, p. S19). Martin et al. (2015) noted, "the strength of occupational therapy is its focus on the performance and contextual elements that have great potential to promote long-term recovery" (p. 9). Occupations create habits and routines within individual's lives, when there is a disruption to one routine, it can With these acknowledged concepts, MOHO is a suitable model to use with individuals experiencing patterns of substance abuse as the internal components of volition, habituation and performance capacity relate to occupational adaptation and how a person engages in occupation throughout the lifespan (Turpin & Iwama, 2011).

According to the September 2014 National Survey of Substance Abuse Treatment Services (NSSATS), substance abuse is not an isolated problem, as it typically impacts multiple aspects of clients lives which may include difficulties with housing,

employment, family and social structures (Hedden et al., 2015). In addition, through the Recovery Support Strategic Initiative, SAMHSA has identified four major dimensions that support recovery from substance abuse (SAMHSA, 2012). These factors are 1. Health, 2. Home, 3. Purpose, and 4. Community. First, health involves overcoming and managing one's disease and symptoms. For example, this could be abstaining from illicit drugs for someone with a SUD. Second, home relates to a safe and secure place of living. Third, the purpose relates to meaningful activities such as: jobs, volunteerism, family caretaking or creative endeavors; and the independence, resources, and income needed to participate successfully in society. Finally, community relates to relationships and social networks that support love, hope, and friendship (SAMHSA, 2012). Occupational therapy is suitable for the provision of treatment in all of these areas.

Individuals with substance abuse issues struggle with cognitive impairments related to decreased executive functioning, establishing meaningful and trusting relationships, social isolation, poor task performance, decreased attention span, and limited insight into self. Issues with cognitive impairments with decreased executive functioning abilities and limited insight into self are particularly evident for young adults aged 18 – 25. The purpose of this scholarly project is to create an occupational therapy program for substance abuse treatment, using the MOHO to guide the development, in a 12-week IOP setting for young adults aged 18-25.

CHAPTER III

Methodology

This product was created to mirror and existing intensive outpatient program (IOP) for substance abuse treatment protocol currently used at Central Wyoming Counseling Center (CWCC) in Casper, Wyoming. The aim of this product is to treat individuals aged 18-25 recovering from illicit drug use. To further obtain information on how to create this product, we conducted an extensive literature review through CINAHL, PubMed, PsycINFO, American Journal of Occupational Therapy (AJOT), British Journal of Occupational Therapy (BJOT), Canadian Journal of Occupational Therapy (CJOT), Scandinavian Journal of Occupational Therapy (SJOT) Journal of Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMSHA), Addictive Behaviors Journal, Social Services Abstracts and Occupational Therapy textbooks. The terms used for searching the databases included: *substance use disorder, substance abuse, occupational therapy treatment, occupational therapy treatment with substance abuse disorders, illicit drug use, addiction, occupation, addiction as an occupation, recovery from substance abuse, intensive outpatient program, programs for substance abuse treatment, cognition, cognitive effects of substance abuse, effects of substance abuse, substance abuse and work/employment, treatment protocol for substance recovery, executive functioning with substance abuse, assessment for substance abuse, Model of Human Occupation (MOHO), adolescents and young adults.*

In order to obtain more information about this setting, we met with the Substance Abuse IOP manager at CWCC and discussed current procedures, group sessions, and

population seen. Following an hour-long discussion with the CWCC manager, we observed one three-hour IOP session. We then considered the topics discussed in the group to guide our product.

Based on the information found in the literature and observations at CWCC, we intentionally developed a program, which emphasized the recovery process, developmental considerations, cognitive effects of substance abuse and the importance of occupation in recovery from substance abuse. Specifically, we created a group format in the twelve-week program to draw upon peer learning through experiences with others and increase motivation for participation through addressing occupations in an enjoyable manner. The importance of occupation in the recovery of substance use is highlighted throughout many of the sessions to more strongly illuminate the role of occupational therapy in obtaining positive treatment and recovery outcomes.

We used the Model of Human Occupation (MOHO) as a guide to address building of routines and a way to understand individuals' motivation to engage in occupation. Because many individuals attending the current IOP are court ordered, there is not much time for individual occupational therapy evaluation. Several MOHO assessments are integrated throughout the sessions and are coupled as group assessment interventions and assessment results are applied in various areas. The topics covered are intended to be integrated into individuals' home environments and various components of reflection are drawn throughout the sessions. An occupational component is integrated through each session; however, the guideline was created to allow individuals to join and participate regardless of session topic or timeframe. For example, a participant's first

week may begin on week five within the guideline while another individual may just be finishing the 12-week treatment program on the fifth week.

CHAPTER IV

Product

OCCUPATIONAL THERAPY SUBSTANCE ABUSE IOP PROGRAM PRODUCT

The Need: There is a need for occupational therapy within this setting due to occupation having a unique dimension within addition, which isn't being addressed within the current substance abuse programming. Occupational engagement has an impact upon health and well-being. With that, and in consideration with substance abuse, there is an immense influence upon occupational performance and fulfillment of meaningful life roles. Occupational performance may be impacted when addiction itself becomes an occupation. This occurs when substance use occupies too much of the individual's time, leading to occupational deprivation and lack of motivation to engage in life tasks. Occupational therapy services within this setting will focus upon health promotion, occupational engagement and enriching the recovery process through participation in meaningful and healthy daily life occupations.

This 12-week program is created to mirror an existing substance abuse intensive outpatient program (IOP) located within Central Wyoming Counseling Center (CWCC) in Casper, Wyoming. The current program operates under an established protocol called the Matrix. The main focus of the Matrix is to initiate a healthy recovery through the use of structured groups and individual therapy tailored towards recovery, identification of triggers, abstinence, stress management, spirituality and socialization. Table 1 shows a comparison between the existing Matrix-based program and the suggested programming with an occupational therapy (OT) focus.

Table 1

Week	CWCC Matrix	Occupational Therapy IOP
1	*Triggers, Internal and External*	*Exploring Addiction as an Occupation*
2	*12-Step Introduction; Roadmap for Recovery; Solutions to Problems in Early Recovery*	*Occupational Exploration*
3	*Alcohol; Total Abstinence; Thoughts Emotions and Behavior*	*Coping Skills Through Sensory Stimulation*
4	*Dealing with Feelings of Depression; Guilt and Shame*	*Spirituality and Coping; what gives you meaning in life*

5	*Motivation for Recovery; Work and Recovery, Managing Money; Dealing with Downtime*	*Time Management and Scheduling; Making use of time productively*
6	*Recognizing Stress; Illness; Taking Care of Yourself; Repairing Relationships; Making New Friends*	*Healthy Habits: ADLs, Sleep/Rest, Nutrition*
7	*Avoiding Relapse Drift; Relapse Prevention; Recreational Exploration; Holidays and Recovery*	*Leisure Identification: Practice and Routine*
8	*Boredom; Staying Busy; Be Smart, Not Strong*	*Roles and Routines, Productive Education/Work*
9	*Trust; Truthfulness; Sex and Recovery; Relapse Justification I*	*Intimacy and Social Participation*
10	*Defining Spirituality; Managing Anger, Relapse Justification II*	*Social Participation and Anger*
11	*Acceptance; Compulsive Behavior; One Day at a Time*	*Daily Coping Skills with Stress and Recovery*
12	*How Is Successful Recovery Achieved and Maintained- Healthy Habits; Aggression vs. Assertiveness*	*Takin' Care of Business: How to get what you want*

The Plan: The purpose of occupational therapy in this program is not only to extend the services already provided by CWCC but also integrate an emphasis upon occupational performance. This is needed, as the existing programming does not contain an occupational focus. The state of Wyoming requires court-ordered individuals to attend the substance abuse IOP program for 12 weeks. Each week accounts for a total of 9 hours, which are divided into 3-hour sessions, 3 days a week. Occupational therapy will assume one**,** three-hour session during each week of the twelve week IOP program. The other six hours will remain available for sessions led by social work and other professions.

The Session Structure: The occupational therapy program will entail similar structure each week; however, depending upon the nature of the content being covered, time allotments will differ each week. Typically, each week will include session objectives; a bridging process from the prior week; a warm-up activity orienting the group to the topic; an activity focusing on occupational engagement; discussion regarding application of the

learned skills into daily life, and a conclusion with the option of take home materials to increase generalization of content.
The focus of each session is aligned with an operational model known in the occupational therapy profession as the Model of Human Occupation (MOHO) and the three concepts found within the model, specifically, volition, habituation, and performance capacity. The MOHO has several assessment tools which are incorporated into therapy sessions when appropriate. The concepts of the MOHO provide an occupational focus to the proposed programming and are inherent to the organization and sequence of each therapy session.

The schedule below is a template for the IOP program. Ideally group members would begin the program at week one; however, because much of the clientele is court-ordered to attend, starting dates may differ for each person. The program is designed to provide information in support of recovery from substance abuse.

Occupational Therapy Weekly Schedule:

Week:	Topic:
Week 1:	Exploring Addiction as an Occupation
Week 2:	Occupational Exploration
Week 3:	Coping Skills through Sensory Stimuli
Week 4:	Spirituality & Coping
Week 5:	Time Management and Scheduling
Week 6:	Healthy Habits: ADLs, Sleep/Rest, Nutrition
Week 7:	Leisure Identification, Practice, & Routine
Week 8:	Productive Roles and Routines
Week 9:	Intimacy & Social Participation
Week 10:	Social Participation and Anger
Week 11:	Daily Coping Skills with stress
Week 12:	Takin’ Care of Business: How to get what you want

For Group Member’s last week of IOP Program: As group members will be entering group sessions at random times throughout the 12-week program, it will be important for the group leader to note which session will be the group member’s final one. Every group member’s time will vary; however, as a wrap up, the group leader and the group member

will look at what was learned and make an additional action plan if deemed necessary. The action plan many contain new occupational pursuits, coping skills or new healthy habits and routines the group member wishes to engage in. The wrap-up at the end of the program will tie up any loose ends or provide any additional support where the group member feels it is needed.

Each group consists of the following structure with approximated time constraints:

- The Objectives
- The Bridging Process *(approx. 40 minutes)*
    - Reviewing content from weeks prior *(approx. 2 minutes)*
    - Reviewing the purpose of the day's group *(approx. 3 minutes)*
    - Completing the 'Check-In process' *(approx. 30 minutes, further explained below)*
- A short Warm-Up to get the group oriented/engaged *(approx. 10-15 minutes)*
- Break *(approx. 5 minutes)*
- Group Activity *(approx. 60-90 minutes)*
- Group Discussion *(approx. 35 minutes)*
- Wrap-Up *(approx. 5 minutes)*

Check-In Process *with an Occupational Focus* (3 minutes/group member)

- Name
- Drug of Choice
- Highs and lows of the day/week?
- Occupations that have helped with the highs and lows for the week?
- Days of Abstinence
- Any motivation to use

<u>Week 1</u>: Exploring Addiction as an Occupation

Objectives: By the end of the session the group member will:

1. Verbalize the importance of daily occupations.
2. Understand the purpose of occupational therapy.
3. Understand how addiction is an occupation and how it impacts his/her life.

Materials:

- Occupational Story Activity
    - Video or computer and projector to display video
- Gardening Activity
    - A blank terra cotta pot for each member
    - A few models of painted pots to use as a guide
    - Acrylic Paint
    - Water Cups
    - Paint Brushes
    - Paper Towels
    - Jewels
    - Nuts/Bolts
    - Occupational stickers (fishing, golfing, volleyball, sunshine, hammer, etc.)
    - Ribbon
    - Glue
    - A cheap small plant for each group member
    - Enough soil for each member's pot
- Week 1 Reflective Worksheet for each group member

Bridging:

- Review important concepts from last session
- Purpose and objectives of the group
- Check-In

Warm-Up:

- Activity of *'Show and Tell'*
    - Get into groups of two or three
    - **Option 1:** Each group member is directed to find a picture on mobile phone that group member would feel comfortable sharing to the group aloud.
    - **Option 2:** If group member does not have a phone, group member is directed to use an item currently on or with the group member (clothing, jewelry)

- Each group member will share with two or three group members the story behind the picture/item shown.
- The small groups will come back to the large group and share one item from the smaller group aloud.

Activity: '*Occupational Story'*

- What is an occupation?
  - An occupation is anything that occupies time. This definition is related back to the warm-up activity and the pictures/items that are shared.
- Prompting questions:
  - What factors influence the ability to occupy time?
  - What influences the performance of occupation?
  - What are some key occupations that people participate in?
- How is addiction an occupation?
- How can addiction influence other occupations you may participate in or lead to occupational deprivation?
  - **Option 1:** Make up a story of a friend and his/her struggle with addiction
  - **Option 2:** Clip of a movie with all the things people to occupy their time (Example: https://www.youtube.com/watch?v=9VIoJZtMcGw)
    - **Prompting questions:**
      - How did this individual's life change when using?
      - What occupations were affected with this individual?
      - What occupations have you lost since using?

Break *(5 minutes)*

Activity: '*Gardening'*

- Everyone will be given a pot which can be decorated based upon personal ideas/preference
- The group should have approx. 40 minutes to paint and decorate pots
- After group member is finished decorating his/her pot, it can then be filled with soil and a small plant
- Each week when group member attends OT group, he/she will need to take a few minutes to water the plant and complete other necessary trimming, pulling of dead leaves, etc. in order to facilitate healthy plant growth.

Discussion Prompts:

- Why do you think we decorated these pots?
  - Leisure pursuit
  - Creative Activity
  - Show occupational pursuits you are interested in

- What skills did you use when decorating these pots?
    - Attention to detail, patience, planning, sequencing
- How did you see yourself performing during this activity?
    - What roles might be involved in an activity such as this?
    - Does this type of activity hold any value for you?
- Who liked this activity? Who didn't like this? What is behind your feelings about this activity? (Explore that multiple factors influence what you choose to do, including your actual abilities, how an activity like this fits into your present routine and roles, your activity interests, your personal sense of competency about yourself. During OT sessions you will be invited to reflect on questions like these as you step back and consider why you do what you do...and the value of specific activities to your recovery. Let's consider now the value of this specific activity...
- How can taking care of this plant each week relate to recovery?
    - As the plant continues to grow, so does the person
    - Becoming selfless and taking care of an object
    - Assuming responsibility as part of a larger pattern of behavior (a habit)

Break *(5 minutes)*

Discussion Prompts:

Consideration of Addiction/Substance Abuse as an Occupation (See reflective worksheet)

- Think to the last time you used a substance… *(Basic MOHO Concepts)*
    - What skills are involved in using?
        - → Ex: Planning where to get the substance, getting it all together, socializing with people, doing it
- How does this impact your habits and routines through your day?
- How do you feel when you use a substance?
- How do addictions become occupations? How can occupation help with addiction?
    - What triggers you to use a substance?
        - For example: Are you most tempted to use when you wake up in the morning and you are completing your self care routine (ADLs) or do you have more of an urge to use when someone annoys you at school or work?
    - What triggers you to do certain occupations?
        - Why do you think you choose the occupations you do?
        - According to MOHO: The person component of volition determines why a person chooses a particular occupation.

    - How has addiction taken away from the thing you want, need or have to do in your life?
        - Occupational deprivation (lack of participation in other occupations)
    - What is your motivation to use?
    - Why did you initially start using substances?
    - What is your motivation to stop using?
        - List some occupations you want to regain
        - Would you have any motivation to stop using if you would not have been caught?
    - What roles have been impacted by using?
        - List some roles that have been impacted by your substance abuse?
- Now, go around the room and have each group member state one way addiction has impacted his/her life.
- Each person is invited to consider the question: Was or is addiction an occupation in your life?
- Do you feel addition was/is an occupation in your life?

Wrap-Up:

- Conclude with everyone sharing something they learned about someone else in the group, and something they learned about themselves.
- **Take home assignment:** Monitor occupations you participate in over the next week (the ways you feel, your patterns, your roles)
    - See: *"Session 1 Take Home Worksheet"*
- Have group members share about one new insight he/she gained about natural habits/routines and what he/she would like to monitor over the course of the next week.
    - Example: I notice I tend to get urges when I am in a stressful situation. I will keep track of the types of stressful situations I am in each week to determine how to better avoid them or cope through those urges.

<u>Week 2</u>: Occupational Exploration

Objectives: **By the end of the session, the group member will:**

1. Identify two areas of occupation that have been impacted by use of a substance.
2. Demonstrate an accurate representation of current occupational engagement through the Occupational Questionnaire (OQ).
3. Identify 1-2 occupations which are not present in his/her daily *routine* (MOHO concept), specifically in relation to work, leisure, daily living and rest.
4. Identify 2-3 additional skills needed in order to achieve a newly identified occupational pursuit.

Materials:

- Blank sheets of copier paper; one for each member of the group and leader
- Blank copies of the Occupational Questionnaire (OQ); one for each group member
- White board/large piece of paper
- Writing utensils for each group member

Bridging:

- Review content of last week's topic of 'Addiction as an Occupation'
    - Ask 1-2 group members to identify 2-3 key points of last week's session
- Introduce purpose of today's group
    - Provide group with the 'clinching idea' that since substance addiction was likely overriding normal occupations that should have and needed to be done, it is important to regain those occupations to have a balanced routine. This session aims to provide the group with insight into his/her own routines and identify any opens area for an occupational pursuit to begin. These may either be new occupations or other more foundational occupations such as work/education, sleep/rest or leisure.
- Check-In

Warm-Up:

- Activity: *Paper Airplane, 'My Routine' Edition*
    - Every person is given an 8 1/2"x11" piece of white printer paper
    - Each person writes one routine (and maybe what role it is connected to) on the piece of paper folds into an airplane and waits until everyone is finished.
        - Examples: each morning when I wake up, I grab my glasses off the nightstand and go smoke a cigarette, or, I wake up and immediately make a cup of coffee while checking my email, etc.

    - When group leader says, “go”, every person tosses the plane in a random spot around the room (safely!)
    - Once all airplanes are thrown, each person goes to find another person’s airplane, reads the routine, and guesses who the person is who does that routine. If the reader does not correctly guess it, the originator must identify himself/herself.

Activity: *‘Occupational Questionnaire’*

- Each member of the group will be given a copy of the *Occupational Questionnaire (OQ)*. The instructions for completion of the OQ will be read verbatim to the group by the leader to ensure clarity and accuracy of assessment results. Allow group members to complete the OQ independently.
- Each group member will have an OQ worksheet in front of them as the facilitator explains the directions.
    - After each person has filled out the OQ, begin group discussion of the results.
        - Discussion points:
            - Routines:
                - What occupations are you missing in your daily **routine**?
                - Why do you feel they are missing from your daily **routine**?
                - What barriers currently keep you from adding any missing occupations into your **routines**?
                - What supports would be needed for you to add these missing occupations to you **routine**?
            - Occupations:
                - What are your most commonly identified **occupations** listed?
                - Do you feel there is too much of any **occupation** present?
                - In the question 2 column, when asked how well you perform this activity, are there any **occupations** you marked as “poorly” or “very poorly”? Why?
                - In the question 3 column, when asked how important this activity is to you, how many of you marked an **occupation** as a, 4: rather not do it, or, 5: total waste of time? If you have a 4 or 5 marked, why do you think you still do these **occupations**?

- As a large group, discuss the importance of having a daily routine with a balance of occupations. Bring in the motivational component of MOHO, as our routines and daily habits relate to how motivation is perceived.

Break *(10 minutes)*

Application Activity: *'Occupational Ladder'*

- **Purpose**
  - Today we are going to look at one of the occupations you currently do but don't feel you do very good at. We are going to establish what skills, knowledge and expertise is needed in order to master that given occupation you choose for yourself.
    - You will be given a blank sheet of paper with a ladder where you will write or draw in the steps you need to reach the current occupation you chose.
      - *Example*: Fishing. Some of the steps needing to be written on the ladder include: fishing license, fishing pole, worms/lure, a place to fish, and knowledge of how to cast and reel in a fish as well as how to unhook the fish.
    - Once you identify the needed steps on the ladder, you will draw an 'X' or circle the spot on the ladder where you feel you demonstrate the most difficulty in performing that occupation.
      - Ex. Casting. I think that I don't do very well at casting because I usually get snagged in a tree when I try to make it far.
    - Once everyone determines the step/action they have the most difficulty with, each person may go around the room and share aloud the reasons he/she feels she is 'stuck' on that step of the ladder as well as find 1-2 solutions to get self moving to a higher rung on the ladder. Encourage group members to brainstorm ideas with the group member in order to foster an interactive and supportive environment.
  - Next, after the first ladder for an occupation you currently engage in is complete, you will be given another blank ladder to make a

step-by-step approach for an occupation you want/wish to try in the future. Be sure to include such things as what you need to know prior to engaging in that occupation, all of the materials and any key people who can help you reach completing this occupation.

- Pair up the group to share each other's ladders with one another person. Each person is invited to provide feedback to one another as to how the steps identified are similar or different than what they would do with the same activity. This then becomes a way that the person constructing the ladder might become aware of additional steps needed or steps missing.
- After each pair has shared with one another, each group member may share each new occupation ladder aloud with the group and any insights that they gained through their peer sharing, as well as, any suggestions for forgotten steps or new considerations they have made. The overall purpose is to make a comprehensive ladder with all necessary steps to reach that occupation. A secondary purpose to the activity is to learn that through sharing your experience with a peer, you can accomplish new things much more efficiently than by "going it alone". It is suggested to emphasize using the ladder when person is ready to engage in the new occupation.

Wrap-Up:

- *Occupational Questionnaire & Occupational Ladder:* Conclude with each person identifying what time of day and how many times a week would be suitable for trying the new occupation by reviewing and analyzing the OQ completed earlier in the group. In addition, invite group members to consider how they might partner with someone else, either in this group or someone they already know to actually accomplish the occupation.
- Review covered topics over the session.

Take Home Assignment:

- One or two blank ladder sheets may be given to each group member and throughout the next week they are to decide upon another occupation or two and determine the same steps, knowledge, key persons and any other information needed to achieve that new occupation. Instruct them to keep the ladders and bring them to the following week's session for discussion.

<u>Week 3</u>: Coping Skills through Sensory Strategies

Objectives: **By the end of the session, the group member will:**

1. Identify one of the coping skills identified that would be helpful for his/her personal triggers.
2. Verbalize one sensory coping skill that could be implemented into his/her daily routine.

Materials:

- Warm-Up/Wrap-Up
    - Sensory Profile (1 copy for each group member)
    - Session 3 Sensory Worksheet for each group member
- Activity
    - Variety of at least 5 essential oils or aromas
        - For example
            - Lavender
            - Peppermint
            - Lemon
            - Frankincense
            - Eucalyptus
    - Variety of at least 3 food flavors and/or textures
        - For example
            - Spicy
            - Sweet
            - Savory
    - Touch and Proprioception activities
        - For example
            - Feathers
            - Bean bin
            - Sand paper
            - Bean Bags
    - Visual activities
        - Kaleidoscopes
        - Varying Colors and related emotions
    - Music
        - CDs with upbeat and relaxing music
        - Computer with access to YouTube
    - Tools for making fidgets
        - Balloons
        - Beans

        - Funnel

Bridging:

- Review the topic of "Occupational Exploration" from last week.
    - Review a few of the 'occupational ladders' as the take home assignment from last week. In the review, highlight what was learned about pursuing an occupation and what steps they might take in the coming week to build on what they learned.
- Define the purpose of this week
    - This week the group will be discussing triggers, which get in the way of participating in valued occupations and various coping skills, which may be used when experiencing these triggers. The group will take an assessment called *The Sensory Profile*, which may give some insight into sensory systems. Each person has different ways in which his/her body processes information and this assessment will help determine how sensory stimuli is processed in the body. After, the group members will go through various sensory activities which may serve as coping strategies.
- Check-In

Warm-Up:

- Pass out the *Sensory Profile* for each group member to complete
    - Have the group members add up their score and determine their sensory style
        - *Depending on the group, the facilitator could also complete this step*
    - Discuss if group members agree with the score and sensory style or not
        - *Ex. Do you agree that you are 'sensory defensive'? Why or why not?*

Activity: *'It Makes Sense!'*

- Discuss the different senses:
    - Smell
    - Taste
    - Proprioception
    - Touch
    - Vision
    - Hearing
- Have a variety of sensory stations that will stimulate or calm the system
    - See recommended materials above
- Application Activity:
    - Making a fidget

Discussion Prompts:

- Can you think of a time when you set out to complete an occupation (to get something done) and you did not accomplish your task? How did sensory-seeking or sensory-avoiding behaviors play a role?
- In the situation that you have described, how might use of a fidget be helpful?
- What did you learn about yourself as a sensory person through the various sensory situations that you experienced today?
- What was your favorite station of the sensory stations?
- After completing the Sensory Profile, can you make better understand the reasons why you choose the activities/occupations you do?
- Can you take any of the strategies learned today and apply them to your daily routines?
- When you have an urge to use or are triggered by something, could any coping skills from today come in handy to resist the urge?

Wrap-Up:

- Can you see yourself using any of these strategies as a coping skill when you are experiencing a trigger?
- What are some additional strategies that you use?
- How can you cope with triggers that arise in your daily life?
- Why do you think you have these specific triggers?
- Review covered topics over the session

Take Home Assignment:

- Ask group members to make a list of triggers that arise throughout the week and coping skills used to address those triggers. Inform the group that what he/she finds will be discussed during next weeks' session.

<u>Week 4</u>: Spirituality & Coping

Objectives: By the end of the session, the group member will:

1. Be able to understand the importance of spirituality in addition to further understanding his/her personal beliefs.
2. Be able to understand where spirituality has impacted his/her recovery process and determine how a strong sense of spirituality might spirituality will be maintained throughout the rest of the recovery process.
3. Gain awareness in relation to what gives his/her life the most meaning.
4. Identify 1-2 ways in which he/she may better cope with any feelings of guilt/shame/depression in relation to substance recovery.

Materials:

- A copy of the Spirituality Quiz for each group member
- Occupational Performance History Interview (OPHI)-II for each group member

Bridging:

- Review concepts of previous session of "Coping Skills through Sensory Stimulation"
    - Ask group to reflect on strategies they have used for coping this week. Are they the same strategies you used from last week's group? What is new? What are some new insights that individuals have gained about themselves?
- Introduce purpose of today's group:
    - Part of today's group is to help you to learn about spirituality, how you view something greater than yourself and how to see a bigger purpose in life. In order to see that larger picture, we will address what it will take to get you away from the "I" orientation, or feelings that lead you to believe you are at the center with no way out, or that you are dealing with addiction recovery solely by yourself. Spirituality and finding what is most meaningful to you is the overall purpose of the session. You are not in this recovery process "alone".
- Check-In

Warm-Up:

- Start the group with a Spirituality Quiz
    - Allow approximately 10 minutes to complete.
- Discussion points following quiz
    - What do you think the difference is between *religion* and *spirituality*?
        - The two words are not the same, however, many people use them interchangeably.

- **Spirituality:** is how people make meaning, and about experiences that get at the wholeness and interconnectedness of all of Life. Spirituality is often complex and diverse and sometimes doesn't have a direct definition or clear understanding.
- **Religion:** is an organized community of faith with specific guidelines and rules.
    - Examples include: Christianity, Buddhism, Hinduism, Mormonism, Islam, Taoism, Judaism and Confucianism.

- Can you be spiritual without being religious?
- What gives your life the most meaning? What drives you to get out of bed and keep moving forward each day?
- Creative activity to help group members connect with their "meaning". This is especially helpful for group members who are having a hard time connecting with these more abstract topics.
    - Each group member will have markers and paints, and invite the group to draw a picture of what drives or motivates them to get out of bed and keep moving forward each day. After this is completed, then encourage the members share their picture with one other person, and after both have shared, they could share with one another noting the similarities or differences that they see in their own definition of spirituality. As a large group note common similarities and differences as to how spirituality is described and experienced.

Break *(10 minutes)*

Activity: *'Book Covers'*

1. Administer the *Occupational Performance History Interview-II* (OPHI-II) to the group as a whole and allow an appropriate amount of independent work time for person to complete the assessment. The results of the OPHI-II will be a visual life narrative.
    a. Once the narrative is created and the highs/lows are visible, begin discussion with the following points: (this might be begun in pairs or small groups before progressing to sharing with the large group as a whole.
        i. During the low points shown on your narrative, how did you feel?
            1. Can you share a short story of when you were in the low?
            2. How did you make meaning of your life in the low points?
                a. What did you do to pull that meaning in?

3. What worked and what didn't work for you in the low points?
    a. Ex: anger, resentment, partying, doesn't work.

ii. During the high points shown on your narrative, how did you feel?
1. Can you share a story of when you were at your high point?
2. How did you make meaning of your life in the high points?
    a. What are the things that make your life the most 'up'?
        i. Ex: social connections, what you value, interests (MOHO)

b. After the discussion has concluded, the group will then make a book cover for his/her life. Provide materials and encourage creativity.
c. After the book cover has been completed, introduce how two chapters of the book will be included to make a short personally made narrative.
- The 'chapters' will be **metaphors** of your life. The first chapter will be a metaphor for your *old life* and the second chapter will be how you wish to see your *new life* ahead of you in your recovery. What do you want your metaphor to look like for you?

i. A metaphor is defined as: *"a figure of speech in which a term or phrase is applied to something to which it is not literally applicable in order to suggest a resemblance"* (dictionary.com)
ii. Metaphor example: "my old life was like a bottle full of anger waiting to explode".

Coping Skills:

1. Coping skills will be needed on this journey to recovery and will be based upon the degree you feel guilty, angry, sad or confused about your life or the individuals within your life. Employing the coping strategies from last week such as:
    d. Bringing a fidget with you when you feel anxious
    e. Using deep pressure massage on your arms/shoulders, etc.
    f. Journaling about thoughts/feelings
2. Using coping skills during those 'low' points are how we maintain the senses of ourselves and how manage our lives in stressful situations. Use of coping skills during the 'highs' are also important as we keep ourselves 'grounded'.

Discussion Prompts:

- How does your meaning in life help to define and identify the person you are? How did you see your spirituality expressed in the metaphors that you chose for your book chapters?

- Those specific values you identified earlier, or those things that give your life the most meaning, whether you recognize it, help you when you are in the ups and downs of your life.
- The types of things you value will also impact your life. If you value social relationships, it is clear to see that you will most likely turn to friends or family during stressful situations. On the other hand, if you value music and technology, you are likely to turn to those things during high and low times. Recognizing the meaning of you life in the high and low times of life will often times help you cope through rough times and will lead you toward something greater than yourself.

Wrap-Up:

- Review covered topics over the session

<u>Week 5</u>: Time Management & Scheduling: Making use of time, Productively

Objectives: By the end of the session, the group member will:

1. Increase awareness in relation to scheduling, more specifically, the benefits of scheduling to increase productive times throughout the day.
2. Identify one strategy useful for him/her when scheduling daily activities and appointments, etc.

Materials:

- Piece of paper for each group member
- Writing utensil for each group member

Bridging:

- Review concepts of previous session of "Spirituality and Coping"
    - Discuss with group about the ways in which spirituality was addressed or used in the last week and if new ideas/realizations surfaced. Does anyone have a story as how reflection on your overall purpose in life impacted what you chose or did not choose to do or actually did over the past week? Anyone have an instance to share where keeping conscious of your overall purpose/meaning in life coupled with the use of specific coping strategies helped you through a tough time? Overall insights about the role of spirituality in the recovery process?
- Introduce purpose of today's group:
    - Today's group is intended to focus on the importance of scheduling and creating a *habitual routine* (MOHO concept). The purpose of addressing time management and scheduling is to enhance productivity in your daily lives and also create a more structured and predictable environment for yourself. Since some of our living situations differ from one another, there may or may not be structure in place to keep us on a routine and organized. Without a routine, performance may decline and motivation may also decline, which is when we tend to lose meaning in the activities we engage in.
- Check-In

Warm-Up:

- Activity of '*Quiet Organization*'
    - Instruct the group to line up in order from youngest to oldest without talking. After a line is made, ask each person to say his/her age aloud and determine if the organization is correct. After the age activity, try having the group line up in order of birthdays, January through December without using words.

        - Discuss the activity in relation to the challenges and barriers to each participant. Bring out "what helped in this organization process? What got in the way?" Most likely, it will be brought out that not being able to communicate with one another got in the way, and each person having a different idea of what the final product should look like. Explain that these same kinds of things can happen when anyone decides to "get organized". In this activity, group members are organizing themselves by time. Throughout the session group members will understand more fully how to organize the time within the day, with and without the help of others.
- Introduce the concept of *habits* (MOHO) and how having habits supports performance in daily life and contributes toward life satisfaction and meaning.
- Creating habits, or automatic behaviors, can either support or interfere with performance in everyday occupation. There are healthy and unhealthy habits.

Activity 1: '*20 Things I Like To Do'*

- This activity begins with each person listing 20 things he/she likes to do currently, or wishes to someday do in the future. The 20 things can be anything imaginable.
- After each person creates a list of 20 things, the group leader will read the following prompt aloud and the group members must follow and do as told.
    i. "According to your list of 20 things…"
    ii. *Note: these may be used more than once on the list of 20 things.*
        - If anything costs more than $20, put an 'M' next to it.
        - If anything involves 2 or more people, put a '2+' next to it.
        - If anything requires driving, put a 'D' next to it.
        - If anything involves use of drugs or alcohol, put a 'DA' next to it.
        - If anything needs technology in order to do it, put a 'T' next to it.
        - If anything involves food, put an 'F' next to it.
        - If anything requires a business to be open, write 'Open' next to it.
        - If anything is completely new to you, or you've never done it, put an 'N' next to it.
        - If anything is something you have done before, put an 'X' next to it.
        - If anything is something one of your friends does, put a ':)' next to it.

- If anything involves use of more than 5 items, put a '5' next to it.
- If anything is dangerous, or something you could get hurt doing, put an 'H' next to it.
- Group leader may add more possibilities based upon the characteristic of the group.

iii. After marking some of the 20 things, ask the group to add up the highest number of the above letters into the top 3 categories. Example: the majority of my 20 things may be 1. Dangerous, 2. Involve more than 2 people and 3. May require more than 5 items to do it.

iv. After the list of the top 3 highest number are made, it can be opened up to discussion of each person's top 3 results as an entire group.

Activity 2: *'Pie Chart'*

Group members will make a circle/wheel and divide it into sections representing a 12-hour day. Group members should take a typical day or two days from the past week and write how they actually spent their time during the day. Then, each group member should step back and:

1. Notice their routine; where is most of the time spent? Is there a balance of time spent between activities done alone and those with others? Activities that are restful versus productive? Where money is spent versus where no money is needed? What does the group member learn about their overall routine?
2. Using the activity they just completed, identify some of the values that impacted why they used their time as they did over the past week…for example, was time organized in such a way that no money was spent? Organized to maximize being with others? Organized to avoid risks or doing new things? Group members could then share any new insights that they gained about how they use their time with one another.
3. The next step in this process is to write out a schedule for a section of time in the coming week that represents a change in their routine. What would they like to change? How might their recognition of values impact those changes? For example, if they recognized that they have a habit/routine of avoiding new things, how can they challenge that habit by adding something into the new schedule?

Break *(5 minutes)*

Discussion Prompts:

- How do all these factors impact your routine and values?

- Considering the types of 20 things you engage in, whether they be expensive, dangerous, require a business to be open or involve more than 2 people to complete, shows our tendencies for our interests and what we habitually choose to engage in to make more meaning in our lives. If we tend to gravitate towards expensive activities or different things that cost money, we may be failing to consider other more easily accessible options.
- The purpose behind this activity is to learn time management and scheduling strategies and techniques to ensure we are productive during the week.
    - Discussion questions:
        - What types of scheduling do you currently do?
        - How do you manage your time throughout your day?
        - What types of things do you use to help you remember appointments or other important times?
        - How do we integrate some of our '20 things' into our daily routines?

Wrap-Up:

- Group members are now more aware of how to manage time wisely and have an understanding for how routines impact daily lives in both positive and negative ways.
- It is important to be aware of weekly routines and where each of us spend the majority of our time.

  Take home assignment: You will be given a blank schedule to fill in work related tasks and leisure tasks. It is important to keep the schedule balanced with activities, so as an example, if you have 3 different leisure activities during your week, you must have 3 or more productive/work related activities to balance the week out and keep it even.
        - Choose 3 different days between now and the next session in order to record your daily schedule. Reflect upon the number of leisure activities and the number of productive activities. Plan to bring your schedule with you to next week's session.
- Review covered topics over the session.

<u>Week 6</u>: Healthy Habits and Coping: Rest, Relaxation, and Nutrition

Objectives: By the end of the session, the group member will:

1. Be able to more accurately identify what activities of daily living (ADLs) are and how they may be impacted by substance use.
2. Identify one action step to implement into their daily life to maintain or create a healthy habit.
3. Identify at least one area of occupation that has been impacted by his/her substance use.
4. Understand the importance of health maintenance in recovery.

Materials:

- Various types of ingredients and recipes to make a quick healthy meal
- Yoga Mats or blankets for the Progressive Muscle Relaxation activity to be completed on the floor
- Pens and paper
- Copies of Session 6 Worksheet &Take Home Activity for each group member

Bridging:

- Review Concepts from week prior session, 'Time Management & Scheduling'
    - Discuss week prior – schedules
- Discuss the purpose of today's group:
    - During this session, the group will be discussing various ways to maintain healthy habits in the occupational areas of ADLs (self care, nutrition, food choices) and sleep/rest (ways to relax and release tension in healthy ways).
    - Check-In

Warm-Up:

Breathing and Stretching

- Deep Breathing X 3
- Stretching X 2
    - Neck Roll
    - Shoulder rolls
    - Reach for the sky
    - Reach for your toes
    - Slowly stand up vertebrae by vertebrae
- Deep breathing with a sigh X 3

Activity 1: *'Healthy Habits'*

- Materials Needed:
    - Piece of paper
- Each person will write down 5 habits they have that are maladaptive or unhealthy.

    - For example, everyone will write down 5 bad habits/behaviors on five separate slips of paper, then each person will throw these 5 slips of paper with the habit/behavior into a middle pile between all of the group members. The pile should then be mixed up and everyone should take 5 new slips of paper from the pile.
    - Then, the facilitator can start making a list on a whiteboard of the group member's bad habits. If a bad habit that a group member has on their new slip of paper has been listed on the board, they throw it back into the center pile. The point of this exercise is to show group members how bad habits are a common challenge; they are not alone in struggling with or overcoming their bad habits.
    - The identified bad habits on the board can be addressed through the group facilitator encouraging group participation for ideas/techniques to change or help the maladaptive behaviors/habits into healthy habits/routines. Small groups of 2-3 group members may be formed to identify major themes and techniques for how to create healthy habits and then eventually share as a larger group.

Activity 2: *'Sleep'* (*See session 6 worksheet)*

- At times, sleep and relaxation can be affected by using a substance. The first activity to complete is called PMR.
- Progressive Muscle Relaxation (PMR) group activity:
    - Each person chooses a spot on the floor (may need to provide blankets for each person to lay on) and the lights are dimmed to create a comfortable and relaxed environment. The group will then be led through PMR for approximately 30 minutes.
    - After PMR is completed, the group will reconvene and discuss the importance of sleep, how sleep schedules should be used and how to better incorporate sleep into routines.
        - For example, discuss in a group setting healthy sleep schedules and unhealthy sleep schedules (types of rest, suggested hours of sleep, naps, environmental impacts for sleep, etc.)
- Do you think sleep can relate to well being? If so, how?
- Would you say you have a healthy sleep routine?

Break *(5 minutes)*

Activity 3: *'Healthy Food Party'*

- Activity looking at various "healthy looking foods" and sugar content
    - Have a visual representation of the sugar in different foods displayed in measuring cups

- Provide healthy cost effective food choice to make in group
    - The small groups of 4-5 will make healthy food combinations with the ingredients provided and share their ideas with the group
- How can overeating relate to addiction?
    - Could it be sensory seeking?

Activity 4: *'Healthy Shopping'*

- Grocery shopping (IADL)
    - Make a grocery list of what your typical week of food looks like
    - Now see if you can replace three of those food items with either a fruit or a vegetable
    - Now can you take any of those food items and replace them with a healthier option
- What are some restrictions to creating a healthy diet?
    - Money Management
        - Write the approximated cost of food spent at the grocery store per month
        - Now write how much you think you spend on food when you "go out to eat"
        - How could we make money last longer to obtain and eat healthier food?
        - What does it feel like when you have stretched your budget too far, what are some habits you can implement into this?

Discussion Prompts:

- What is a healthy habit?
- What is an unhealthy habit?
- On a scale from 1-10 how difficult would it be to implement change in your life?
    - On a scale from 1-10 how motivated are you to make these changes in your life?
- Is it reasonable to implement one of these skills into the upcoming week?
- We talked about sleep routines and food choices, what are some other ways to implement healthy habits? What are some coping skills you use?
    - Movement
    - Exercise
    - Social Supports
    - Listening to music
    - Journaling

Wrap-Up:

- Review covered topics during the session.

Take Home Assignment:

Health Log (See Session 6 Take Home worksheet)

Have each group member write down his or her meal choices and sleeping habits over the next week

- What contributed to you getting a good night of sleep?
- What contributed to you eating healthy? How did you feel?
- What contributed to you buying a healthy grocery?

Week 7: Leisure Identification, Practice and Routine

Objectives: By the end of the session, the group member will:

1. Complete leisure activities and identify likes and dislikes, leading to other appealing interests in leisure.
2. Understand the impact of filling time with leisure tasks while recovering from substance use.

Materials:

- Copy of the *Modified-Interest Checklist* for each group member
- Large piece of construction paper or use of whiteboard
- 4-5 different colored writing utensils (markers or Sharpies)
- Session 7 'Leisure Interest Questionnaire' for each group member
- Writing utensils for each group member

Bridging:

- Address points from prior session about 'Healthy Habits'
- Discuss the purpose of today's group:
    - Today the group will be discussing leisure, identification of new leisure pursuits, practicing of leisure pursuits and understanding how to incorporate new leisure pursuits into a routine.
    - The group will engage in a few different activities to help in identifying preferences for leisure and engage in new pursuits as examples of leisure activities.
- Check-In

Warm-Up:

- Allow each group member ample time to complete the *Modified Interest Checklist*.
- After the group has finished the *Modified Interest Checklist*, create categories from the results and write the three categories onto the whiteboard.

Activity: *'Leisurely Stroll'*

- In order to foster a healthy level of exploration and achievement in leisure pursuits, a person must have a sense of *exploration competency and achievement* (MOHO concept). Today you are more than halfway through the 12-week program and each of you have contributed toward creating this safe and comfortable environment where sharing and learning may occur. With that in mind, we are going to try different forms of leisure activities set up in stations around the room.
- In order to be successful, there are two rules which have been set for you:

1. You **must** accept failure openly, given you don't succeed at the leisure activity you try. You are not a failure as a person, you are simply learning.
2. You **must** be open and curious about trying each leisure activity in order to be more aware of your leisure preferences.

- Split group into smaller groups and allow time at each station, encouraging creative use of the materials.
    - Station 1: Sedentary *(examples)*
        - Knitting
        - Coin Collecting
        - Watercolor Painting
        - Coloring (with coloring sheets)
        - Sudoku
    - Station 2: Social Games *(examples)*
        - Game of Life ®
        - Uno ® or any card game
        - Yahtzee ®
        - HeadBandz ®
    - Station 3: Movement Activities *(examples)*
        - Wii (bowling, tennis, golf, archery, etc.)
        - Double Dutch or Jump Rope
- After the group has tried each of the activities, provide a blank piece of paper to each group member and ask the following questions. Ask them to write their responses to each.
    - **Questions**:
        - What were you thinking while completing the activities?
            - Write down positive and negative thoughts.
        - What were you feeling while completing the activities?
        - How did you know you were motivated?
        - What was challenging for you?
        - What was fun?
        - What did you like?
        - What new ideas do you have for leisure within each category?
        - Now think back to the past two weeks and the types of leisure activities you have engaged in. Let's explore your addiction as a leisure activity…
            - Did you engage in substance use socially?
            - Did you engage in substance use as a sedentary activity when there was nothing else to do?

Discussion Prompts:

- It is important to be gentle with ourselves and realize we won't always be successful with every new activity we engage in.
    - What can you do when you engage in a new leisure hobby and you aren't successful?
- Why is leisure an important aspect of our lives to keep a healthy balance?
- Group challenge: each person should identify a leisure activity that he/she would like to try in the coming week. With that new leisure activity, you should complete the same questions we identified above when completing the activity. Each group member should be prepared to share new insights at the beginning of next week.

Wrap-Up:

- Review topics covered throughout session
- Provide the Session 7 *'Leisure Interest Questionnaire'* for each group member as a take home activity to complete within the next week or so. Reiterate that leisure is a vast area and using these various tools will help group members to explore new areas and is a reference for future activities.

Week 8: Productive Roles and Routines

Objectives: By the end of the session the group member will:

1. Identify his/her natural strengths in regard to work skills.
2. Identify patterns in how he/she thinks about productivity in life roles.
3. Identify the first three steps of the process for moving toward more effective productivity, where that be work skills or obtaining the next level of education.

Materials:

- Session 8 'Activity Checklist' for each group member
- Session 8 'Worksheet' for each group member
- Session 8 'Work Skill Inventory'
- Materials for workstations (can be adapted)
    - Cards
    - Pictures
    - Paper and pens
    - Laptop/computer
    - Playing cards

Bridging:

- Review topic of "Leisure Pursuits" from last week
    - Has anyone engaged in a new leisure pursuit identified on the form from last week? If so, what did you learn about yourself in this process?
- Purpose of today's session
    - The purpose of this session is to explore role productivity les. Each group member will be completing a Role Checklist assessment to understand what roles each person currently engages in and why they may be meaningful. Following this, there are several stations that will give each group member the opportunity to explore various work skills and to explore the relationship between skills and roles.
- Check-In

Warm-Up:

- Quick Drawing Activity
    - On one side of the paper draw what productivity looks like for you, on the other side, pick a significant person in your life, and draw what productivity would look like for them.
    - What conflicts do you, or others around you, have about productivity and what it should look like?
- If you are at home with nothing to do, what are you doing?

Activity: *'Roles & Routines'*

- The main focus of this activity is productivity and productive roles
- Role Checklist from The MOHO
    - *See Session 8 Question Worksheet*
    - What do you consider when you determine which roles are meaningful for you?
    - Once you have discovered meaningful activities in your life, how does one meaningful activity build into another activity that is meaningful?
    - Looking across all of your roles, where do you see productivity?

    - When you fill out the role checklist what are the patterns about yourself, what are the patterns on how you see productive?
        - How productive have you been in your roles?
        - How have they changed your roles?
        - What is valued in those roles?
- Handout (*see Session 8 Work Skill Inventory*) assessing work skills from 1-10 and subjective area for personal needs?
- Setup 4-6 different job task… hands on stations what did you think you were the best at? What was most interesting to you? Ways to improve that task?

    "The purpose of this task is to find patterns of things you're good at" Each group member will spend 5 minutes at each station and a discussion will follow regarding what skill each person was good at and what job this could relate to.

    Proposed stations and associated skills (See Session 8 Activity Checklist):
        - **Efficiency:** Cards that needed to be sorted and put into a category
        - **Creative:** Design a new logo for company
        - **Communication:** Sit back to back and describe the picture you're holding and the partner must draw the image without looking
        - **Manual labor:** build a Lego following a pattern
        - **Problem Solving:** A rubix cube or Sudoku puzzle
        - **Technology:** Fixing a computer or tablet

    What kind of jobs (productivity) fits into those categories?
- Based on the topics covered today, how would you improve work role and job performance?

Discussion Prompts:

- How did your reflections on how you could improve relate to the patterns you see in your productivity in your life?

- For example, do you avoid some productive roles altogether just to avoid thinking about falling short or not being "good enough" in that task?
- How do you talk to yourself when a particular skill is hard for you?
- How does this impact your view of yourself as a productive person?
- How does it limit the kinds of productive roles that you might engage in?
- How does this kind of self-talk impact your desire to use substances?

- Where are your work skills the strongest? How does this impact the way that you think about yourself as a productive person?
- Where are your work skills less strong, or where you have less interest. How has this impacted your participation in productivity in the past?
- How has your thinking about your work skills impacted your productivity in the past? Where do you have "stinkin' thinkin'" about your work skills? How does that impact how you see yourself? How does that impact your desire to use substances? How does use of substances impact your work abilities? How does this perpetuate the addiction cycle for you?
- What kind of real-life jobs (productivity) fit into the categories you have identified for productivity? What tangible steps can you take to explore "real-life" jobs that might work for you?
- How can you use this experience today to improve your 'worker' role and job performance if you are currently working?
- If you are not working, how can this info be used to help you explore work options for yourself…i.e. volunteerism? Vocational training? Participation in school??
- Can you think of any modifications that could be made to your work, or study, or volunteerism environment to improve your performance by maximizing your natural strengths?
- Final discussion thoughts: review topics covered through the session
    - Have 2-3 people summarize main points of the session.

<u>Week 9</u>: Intimacy and Social Participation

Objectives: By the end of the session the group member will:

1. Identify one way to improve social participation in his/her daily life.
2. Identify both positive and negative social structures in his/her life.
3. Identify one step that he/she can take to increase intimacy in his/her daily life.

Materials:

- Jenga game(s) depending upon group size
    - Recommended: 4 players for each Jenga game
- Large bag of M&M's (enough to give each person 6-8)
- Gumdrops or small Marshmallows (approximately 20-30 per each group of 3 group members)
- 200 toothpicks
- Session 9 Worksheet: Intimacy & Social Participation for each group member

Bridging:

- Discuss topic of 'Productive Roles and Routines' from last week
- Define purpose of today's group:
    - Today we understand the implications for intimacy and social participation in relation to how each of you live your daily lives with your support networks.
- Check-In

Warm-Up:

- Building Challenge
    - Break up into groups of 3 and see who can build the tallest tower in 10 minutes
    - Each team will receive no more materials than the following:
        - 10 toothpicks
        - 30 gumdrops/ marshmallows

Discussion Prompts:

- What skills were needed to work effectively on both teams?
- What was hardest? Easiest?
- What are some difficulties you have with socializing?
- What relationships are difficult for you to maintain?
- Are there any relationships in your life you would like work toward improving?

Activity 1: *'M&M's'*

- The group leader will need to bring a large bag of M&M's for the group, depending upon the size of the group. Each person should receive about 6-8 M&M's. To get started with the warm-up, the group leader will need to pass out the M&M's and split the group into smaller groups with approximately 3-5 group members in each. Within the smaller groups, each person will take a turn with each of his or her colors of M&M's corresponding to the prompt below. Example: if a person has 2 brown M&M's, he/she would share something valued for the one turn and wait until the next round to choose another M&M color to share aloud with the small group until all of his/her M&M's are gone. The group member may eat the M&M after sharing.
    - The purpose of the activity is to get the group members thinking about the more intimate and lesser-shared areas of his/her lives and becoming more comfortable sharing them with others. The sweet M&M's may aid in the person feeling more at ease and relaxed.
        - M&M ® Game
            - Yellow: Something you do well
            - Blue: Something you regret about a relationships
            - Red: Something about your childhood
            - Orange: Someone you look up to
            - Brown: Something you value
            - Green: Something you don't do well

Activity 2: *'Jenga: Addiction Edition'*

- The Jenga game is intended to be an opportunity for social interaction with peers with a slight twist on how the normal game is played. Each Jenga block should be written on prior to the start of this game. Each Jenga block will need to have a question or a thought-provoking situation in which the group members will need to answer aloud with peers. This activity is intended to elicit intimate responses from group members; therefore, this activity should accommodate 4 people per game or a smaller sized large group. One large game may work; however, smaller teams will be more useful for the purpose of the game and for group members to become comfortable and at ease with sharing information with others.
- A portion of the group may be made into a do it yourself (DIY) session of creating some questions to be put on the blocks. The group leader may decide upon the composition of the group and whether or not this task is suitable.
- The group members will be responsible for assembling the tower after short discussion getting group members to think about how the Jenga tower relates to substance use recovery and the process it can have.
    - Some ideas about the tower and addiction:
        - The tower is stronger in some areas than others

        - The tower stands tall despite being picked apart
        - We can lose parts of us (past/addictions) and still be the same tower
        - Ask group to think of additional ideas about addiction and the Jenga tower
- After the Jenga tower is completely built, each person will go around in the group, pull a block from the tower, answer the question aloud (if person is comfortable doing so) and then wait until the last person pulls a block and the tower falls.
        - Some examples of questions for the blocks may include:
            1. "What is your biggest regret?"
            2. "What is your greatest fear?"
            3. "If you could change anything in your life, what would it be?"
            4. "Who is one person closest to you?"
            5. "Where do you see yourself in a year?"
        - As the tower becomes less stable and wobbly and group members are becoming more comfortable with sharing information, ask the group how the tower can relate to his or her own recovery process.
        - Finish the game and determine who the winners of the group are by seeing who has the most collected Jenga blocks in front of them (minus the ones that have fallen from the tower).
- Follow up questions after the game:
    - Reflective thoughts for group to consider, he/she may write them down or answer aloud in a round table discussion format.
        - Did you notice yourself hesitating to answer any questions? Why?
        - What kinds of emotions were you feeling? As you were waiting for your turn? As you were thinking about your answer?
        - Do you feel a sense of release after turning some of these thoughts into words?
        - Do you have anything else you may want to share?
        - What is one thing you can do the next time you are in the same situation?
            - What is one step you can take?
- Wrap up of Jenga activity: It is beneficial for everyone to be comfortable with themselves and how they share intimate information. We learn that by sharing information about ourselves to others, we are instilling a sense of trust in them, as we know they won't repeat or judge you for what you have said. Each of you demonstrated that today by showing confidence in yourself as you answered the questions posed to you. You showed confidence in trusting others to accept you for who you are and not judge you for your beliefs/values. The M&M game gave

you the opportunity to share things others may have not known about you before and it always had a sweet ending (eating the M&M). The Jenga game didn't necessarily have a sweet ending (like eating an M&M) but you were able to build that sense of confidence knowing your peers would accept you for what you had to say and share aloud.

- The Jenga tower imitated your lives by illustrating that losing some parts of it such as toxic people; drug addiction and low self-esteem won't completely knock you down. By seeing the tower still stand tall despite losing piece after piece may tell you that we are able to change ourselves and still stand tall and proud. Remember that changing yourself comes from within and you and should not be feared.
- In the same sense as the tower illustrated strength, you were each challenged to discuss some things that maybe didn't feel so comfortable. Despite any hesitations you may have had, you all demonstrated confidence and assurance that you would still be okay and you would still be the same person after sharing some information you shared.

Break *(5 minutes)*

Prompting Wrap-Up:

- Identify one question from the Jenga game that you were <u>most</u> comfortable with?
- Identify one question from the Jenga game that you were <u>least</u> comfortable with?
- With that in mind, how does your level of comfort relate to what was accepted or comfortable within your family of origin?
- How does that relate to what you have or have not yet talked about with a close friend or partner?

Take Home Activity:

- Give the group members the week 9 worksheet which outlines some questions for them to answer and reflect on. After the worksheet is completed, group members are encouraged to share those questions and answers with a close friend or partner remembering some of the things learned in group.

<u>Week 10</u>: Social Participation and Anger

Objectives: By the end of the session, the group member will:

1. Understand how harboring anger can have an effect social participation and other meaningful occupations.
2. Recognize irrational thinking patterns and how these thoughts impact emotional expression, especially signs and emotions related to anger.

Materials:

- Irrational Belief Inventory for each group member
- Paper and pencils for Psychodynamic activity
- Session 10 Take Home Activity fro each group member

Bridging:

- Review last week's topic of 'Intimacy and Social Participation'
    - Ask 1-2 group members to identify 2-3 key points of last week's session and how they chose to use that information over the past week.
- Discuss today's purpose/objectives
    - Today we will be discussing anger in relation to social participation. We will complete an assessment to evaluate irrational beliefs and then do a couple role-play activities. We will process our irrational beliefs as a group as well as how to resolve those situations.
- Check-In

Warm-Up:

- For the warm up, the group will be completing the *Irrational Belief Inventory,* Authored by: Albert Ellis
    - Opening Discussion:
        - Think back to the last time that you participated in an activity that did not turn out as you had hoped.
            - Write down what emotions you experienced during that activity.
            - Now, for each emotion identified, write a sentence about what were you thinking that led you to feel as you did.
            - Share your results with one person.
                - What commonalities do you notice?
        - How do irrational beliefs impact your work and productivity?
        - Results of irrational beliefs are often <u>anger</u> or <u>depression</u>.
            - Therefore, how does it impact your occupations?
        - Think of the last time you participated in an activity...what emotions showed up?

            - Maybe you didn't feel good enough to be doing the activity?
            - Maybe you were angry that the activity did not turn out as you had supposed it would?
    - Take the *Irrational Belief Inventory*
        - Share the results with one another
        - Identify one or two beliefs that surprise you.
        - Identify one or two beliefs that you currently can see impacting how you participate in valued activities?
        - Now, when you see that irrational beliefs can impact a given activity, think about how irrational beliefs can, as a whole, impact the way that you participate in activities over the course of time; do you see any patterns as to how this happens for you? Some examples…
            - Maybe irrational beliefs:
                - Lead you to cook or eat less because you harbor a low-self esteem or body image.
                - Keep you from caring for yourself or making hygiene a priority in your life because you feel no one will think you are handsome or pretty.
                - Keep you from keeping your house clean because you think your kids are messy and it will never stay clean.
        - Understanding these emotions, the times they show up and why will lead you toward being able to control irrational beliefs and ultimately, deal with anger more effectively.

- **Types of Unhealthy/Irrational Thinking** (*This could be used as a hand out for individuals after the irrational beliefs inventory)*
    - Stating an interpretation as a fact
        - "I can't say this to him because he doesn't like to ever talk about it"
    - Personalizing
        - "He is ignoring me, so I must have done something wrong"
    - Making comparisons
        - "She is way prettier than me"
        - "He has always been smarter than me"
    - Confusing fact with interpretation
        - "I know for a fact he does not care about me"
    - Blowing things out of proportion
        - "I can't believe how rude he always is to me- I will never get over it"

- Being a black and white thinker
  - "He is a bad person"
  - "She hates me, that's why she did it "
- Being a "know it all"
  - "I know this is going to be a disaster"
  - "I knew he would never change"
- Labeling
  - "She is just so lazy"
  - "He is a bad driver"
- Over Generalizing
  - "All men are like that"
  - "You can't trust anyone but yourself, people will just use you"
- Self -blaming
  - "I ruined our relationship"
  - "It's my fault my kids have so many problems"
- Fortune teller
  - "I will never find anyone to marry"
  - "I will fail anyways"
- *(Adapted from Judith Belmont, MS (2013), 127 More Amazing TIPS and TOOLS for the Therapeutic Toolbox, DBT, CBT and Beyond, p. 49)*

Activity 1: '*Role-Play*'

- *A pair will have the opportunity to come up to the front of the room and role play one of the given role play situations and the large group will discuss the actions and communication techniques afterwards to determine the positive and negative aspects.*
- *The group will be encouraged to share personal experiences similar to those in the example role-plays. Depending upon how the examples are given by the group members, whether in a positive or negative nature, the group leader will help the group to find solutions, see why the situation was poorly addressed or decide what actions would be more useful for the next time something similar happens.*
- ADL scenario
  - Roommate was supposed to do the dishes and you come home and the dishes are not done
    - What are some irrational beliefs?
    - How can this situation be salvaged?
    - What are some ways you can forgive and let go in this situation?
- Work scenario

        - Your boss brings you into his office and tells you that you are being let go because you keep coming in 10 minutes late.
            - What are some irrational beliefs about the situation?
            - How can this situation be salvaged?
            - What are some ways you can forgive and let go in this situation?
    - Relationship scenario
        - You get in a fight with your significant other because he/she didn't show up to a family dinner when you asked them to come.
            - What are some irrational beliefs about the situation?
            - How can this situation be salvaged?
            - What are some ways you can forgive and let go in this situation?
    - Driving scenario
        - You are driving and a truck cuts you off without using a blinker, you have to slam on your brakes and you spill your coffee all over you.
            - What are some irrational beliefs about the situation?
            - How can this situation be salvaged?
            - What are some ways you can forgive and let go in this situation?
    - Addiction scenario
        - You get your desired drug of choice and you invite some friends over to hang out and the next morning you realize half of your stash is gone.
            - What are some irrational beliefs about the situation?
            - How can this situation be salvaged?
            - What are some ways you can forgive and let go in this situation?
    - Friendship scenario
        - You told your friend a secret and told them to keep it private, but you find out that they told someone else
            - What are some irrational beliefs?
            - How can this situation be salvaged?
            - What are some ways you can forgive and let go in this situation?

Break *(5 minutes)*

Discussion Prompts:

- Why is it important to understand how our thinking about a given situation impacts our emotional experience of that situation? How does the way that we process our emotions then impact our social interactions with others?
- How could it be helpful to people around you to understand how you are thinking about a given situation and how that affects your emotional expression of the situation? How can understanding the thinking of others help you to better support or challenge their emotional expression?
- What happens when "stinkin' thinkin'" directs your emotions instead of rational thinking? How has this negatively impacted your social relationships in the past? (Write down one situation on a piece of paper; you might also have this pre-written so the group members can fill in the blank).
- How does "stinkin' thinkin'" perpetuate anger; in other words, get you into the rut of harboring anger? How can you get out of that rut by challenging your thinking?
- How can forgiveness play a role in breaking up a negative thinking pattern and an anger "rut"? What are some steps you can take to change your thinking as you learn to forgive?

Wrap-Up:

- Review the main topics covered in the session
- See Session 10: Take Home Activity

<u>Week 11</u>: Daily Coping Skills with Stress and Recovery

Objectives: By the end of the session, the group member will:

1. Identify 1-2 triggers or stressful situations in which coping skills are most needed.
2. Identify his or her current coping style preference when presented with stressful situations.
3. Identify alternative coping skills (different than current coping style preferences) that he/she might use in stressful situations.

Materials:

- Paper and pencils
- Whiteboard access
- Stickers
- Old magazines to be cut up and glued
- Markers
- Paint
- Other craft supplies available to group leader

Bridging:

- Review content of last week's topic of 'Social Participation and Anger'
    - Ask 1-2 group members to identify 2-3 key points of last week's session, then share with a peer or together as a group one or two persistent irrational beliefs that they struggled with over the past week and how it impacted their activity participation. You might also invite folks to share about any situations where they noticed their irrational thinking and corrected it and it led to a more positive social experience!
- Introduce purpose of today's group:
    - Today we will cover daily coping skills with stress and recovery and why having a strong sense of the self and understanding our own personal tendencies and triggers is important to know how and when to implement coping strategies.
- Check-In

Warm-Up:

- Mindfulness and Meditation session
    - Mindfulness is important because it helps people live in the moment, in the here and now, not in the future or past.
    - One of the fundamental mindfulness acronyms is ONE MIND.
        - Created by Thomas Marra, Ph.D.
    - **O: One** thing at a time
    - **N:** Being in the here and **Now**

- **E:** Attend to the **Environment**
- **M:** Be attentive to the **Moment**
- **I: Increase** your five senses
- **N:** Take a **Non-**judgmental stance
- **D: Describe** what you experience without interpretation
- *(Adapted from Judith Belmont, MS (2013), 127 More Amazing TIPS and TOOLS for the Therapeutic Toolbox, DBT, CBT and Beyond, p. 77)*

<u>In-class activity using ONE MIND</u>:
Have the group locate one item or element in the room. Inform them to focus upon that element for 5 minutes and to really understand the composition of it.

- Reiterate the ONE MIND technique and how it may be useful as a tool for someone to become more grounded and aware of his/her surroundings. It is also a great option to complete this activity with eyes shut and with a visualized location or an item that can be thought of in the mind. The power of focused thoughts may help with coping and understanding the significance of an issue in front of you.

Activity: *'Yin Yang'*
The activity is designed to help you in understanding the busy and calm aspects of life from a different perspective. The Yin-Yang is a useful way to understand how the good/calm is in the bad/busy and vice versa. You will be taught the components of a Yin Yang and how the seemingly busy and calm portions of your life may be related to how cope or relieve stress, anxiety or frustration.

- Basic concepts of: **Yin** and **Yang** (Yin = calm, Yang = busy)
    - Discuss the differences between Yin and Yang
        - "When something is whole, by definition it is unchanging and complete. So when you split something into two halves – yin / yang, it upsets the equilibrium of wholeness. This starts both halves chasing after each other as they seek a new balance with each other." (http://www.personaltao.com)
        - Basic concepts of the Yin / Yang:
            1. *Neither Yin nor Yang are absolute*
                - Each aspect contains a beginning point for the other, for example, night becomes day and day becomes night.
            2. *Yin Yang is not static*
                - The nature of the Yin Yang is to flow and change with time. An example of this is some days are longer than nights and vice versa. Another example: some species of fish have female fish transform into males when the male population is low. For

humans, in some situations it is necessary for us to either be more masculine as females or more feminine as females to reach the desired outcome.

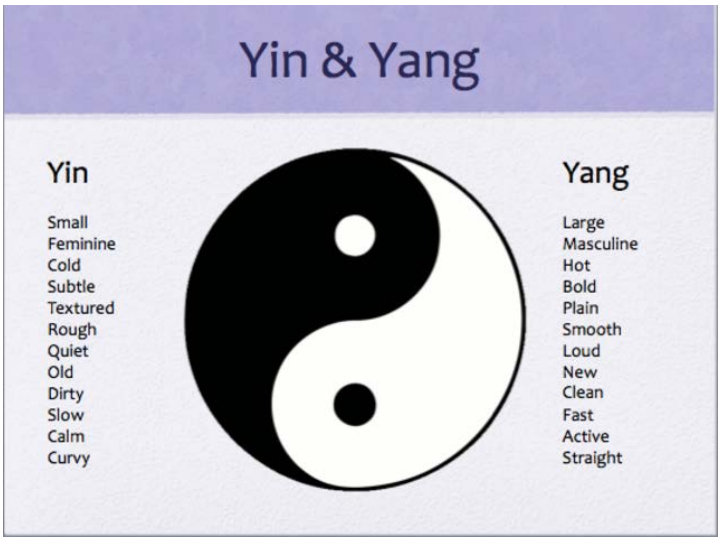
3. *The sum of Yin and Yang create a whole*
    - The ‘give and take’ nature exists for the Yin Yang in order to keep the whole.
4. *The Yin Yang balance can be skewed or altered by outside influences which include:*
    - Deficiency Yang
    - Deficiency Yin
    - Excess Yang
    - Excess Yin
        - According to Chinese healing practices, excess Yang, or “busy” parts of life can result in a “fever”. In the same way, having too many things to do in your life, every single day and not allowing yourself to rest results in a decreased blood-brain barrier. Having increased levels of stress also increases the chemical ‘cortisol’ which flows around in your blood system and can disrupts sleeping patterns and increases the level of tension in the muscles/tissues. Bringing it all together, an increased level of stress, responsibility and occupied time, increases the likelihood of you getting a cold/fever or the flu. Adding balancing aspects of Yin will aid you in remaining healthy and happy.

- Adapted from: (http://www.personaltao.com)

Craft Activity:

- Instruct the group to draw a large Yin Yang sign without coloring it in on the piece of paper in front of them. Each person will be responsible for filling in his or her own Yin Yang. Provide the group with various mediums such as stickers, paint, markers, magazines and glue sticks, letters, numbers, and other forms of craft materials.
- Using the picture for reference, instruct the group to write/draw/place pictures of different things that relate to occupations or activities or just general descriptions of each day either within each of the Yin & Yang or to the side of the picture on relative sides.

- Example #1: if driving causes anxiety for you, you would place a car or write 'car' on the yang side of the picture.
- Example #2: if peacefulness for you relates to the color yellow or a dog, write it or place a picture of it on the yin side of the picture.



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- With the Yin Yang collage the group made, ask each person to circle 3 of the most stressful or busy situations that cause the most anxiety or worry or uneasiness (on the yang side). It can be any stressor in life.
- Ask the group to identify at least one of the circled stressors and to pinpoint exactly what causes the most stress and worry for them when they are in that situation and write it on a piece of paper.
- Have group members then write about how they handle that stressful situation.
    - What do they usually do?
    - What do they usually think?
    - What does it feel like for them?
    - Identify this as the group member's current coping style. What would they consider their coping style? Go around the room and share and process if necessary.
- Now, below that, have each group member identify the positive/negative sides to the current coping style. Write them down.
- Thinking about those stressful situations, what can be a new coping style that could be used to overcome the anxiety or worry or stress that is experienced? What did other group members say that could help you?

Discussion Prompts:

- Why is it important to have balance in our lives between the yin and yang?
- What can happen if we have too much “Yin” and “Yang” in our lives?
- What can being mindful in our lives help us to do?
- Looking back at situations in your life, what are some occupations that have impacted your ability to have balance?
- How do you see yourself implementing a new coping strategy when something stressful appears?

Wrap-Up:

- Discuss key points from the session
- Encourage group members to share collages with other members or to the group as a whole.
- Encourage group members to keep collages and hang them where they may be seen as a reminder.

<u>Week: 12</u>: Takin' Care of Business
(Thinking, time management, social participation, productivity & self-care)

Objective: By the end of the session, the group member will:

1. Demonstrate an understanding of successful participation in social participation, productivity, and self-care related to daily habits and routines.

Materials:

- Warm-up worksheet for each individual
- Session 12 Self Care Worksheet for each group member
- Access to Bachman Turner Overdrive Song, *'Takin' Care of Business'*

Bridging:

- Review content of last week's topic of 'Daily Coping Skills for Stress and Recovery'
    - Ask 1-2 group members to identify 2-3 key points of last week's session
- Introduce purpose of today's group
    - Today we will cover the various types of things you need to know and master in order to take care of business. We will start with listening to the song, 'Takin' Care of Business' by Bachman Turner Overdrive (BTO) to get you all thinking about how you take care of business each day.
- Check-In

Warm-Up:

- Play 'Takin' Care of Business' song, and provide a printout of the lyrics.
    - Ask class to discuss the song and meaning behind it.
- Pass out the warm-up worksheet with the following outline. The group leader may read the following examples under each category and as a group discuss an additional 3 ideas the group members may write for themselves within each category.
- Below are some ideas for self-care and nurturing—these are simple ways to focus on ourselves and how important we are each day. There are several suggestions for each self care area, with a partner, fill in three more areas of self-care for each category. *See Session 12 Self Care Worksheet*

1. Social Self-Care
    a. Write a thank you note
    b. Call a loved one
    c. Take a walk with a friend
    d. Play board games with friends
    e. Write a letter

f. _____
g. _____
h. _____

2. Emotional Self-Care
    a. Write how you feel in a journal
    b. Help someone in need
    c. Say ‘I love you’ in the mirror
    d. Ask for positive feedback
    e. Let yourself feel fully for 90 seconds
    f. _____
    g. _____
    h. _____
3. Physical Self-Care
    a. Take a walk around the block
    b. Give yourself a foot massage
    c. Find a reason to laugh
    d. Play your favorite song and dance to it
    e. Take a nap
    f. _____
    g. _____
    h. _____
4. Practical Self-Care
    a. Designate a grocery ‘run-time’ weekly
    b. Set up weekly money ‘check-ins’
    c. Develop a weekly cleaning schedule
    d. Embrace life circumstances
    e. Learn about investing and stocks
    f. _____
    g. _____
    h. _____
5. Spiritual Self-Care
    a. Meditate for 10 minutes
    b. Pray
    c. Volunteer in your community
    d. Mindfully observe an object (food, etc.)
    e. Do a random act of kindness
    f. _____
    g. _____
    h. _____
6. Mental Self-Care

a. Keep a Google doc of all of your ideas
b. Play a quick game online
c. Cross something off of your 'to-do' list
d. Spend time in silence
e. Try eating breakfast mindfully
f. _____
g. _____
h. _____

(*Adapted from: www.soulwarriors.com/self-care-guide)*

Activity: '*Communication and Conflict Management Styles'*

- *This activity is important to know how to deal with conflict as you exit from treatment due to the inability to rely on this group in the community. By understanding communication/conflict styles, one can have a better chance of remaining sober and successful with recovery. In life there are many conflict, especially when reuniting with old friends that still use the substance, this activity can be another "tool in the tool box".*
- What is your communication/ conflict resolution style?
- People have various communication styles and ways to handle conflict. As you venture on the road to recovery there may be several opportunities for conflict to arise with friends who use still or in general life occupations.
- Take the IREM Conflict Management Style Assessment
    - Discussion questions on the handout

Below are listed prompting questions and possible answers for the game, the facilitator can choose what questions to ask the group. The group will hit a balloon back and forth, and the person to drop the balloon must answer one of the following questions.

1. Give an example of things to avoid
    a. Anything associated with drinking and using-fancy wine glasses, straws, over the counter medicines for sleep or energy, people who still use
2. How do drugs affect mental illness?
    a. Worsen mood swings and paranoia
3. Give an example of continued use of a substance despite negative consequences
    a. Loss of a job, getting a DUI, or going to jail, and still continuing to use
4. How are energy and pleasure affected when we first stop using substances?
    a. Normal energy and/or pleasures are not experienced
5. What are some tools to reduce cravings?
    a. Exercise, talking, prayer, hot bathes, meditation, writing, relaxation
6. What are some natural ways to increase our dopamine levels in the brain?
    a. Exercise, safe sex, hobbies, sports

7. What is a compulsion?
    a. Loss of control- you must use/drink
8. Give an example of places to avoid when recovering
    a. Parties, bars, or concerts- where drugs and alcohol are typically consumed
9. What is dopamine?
    a. Chemical in the brain that gives pleasure
10. What is denial?
    a. Temporary blindness to risks
11. What is tolerance?
    a. Need more and more substance to feel “high”
12. What happens to dopamine when we use drugs?
    a. It increases the levels in the brain
13. What are late night craving symptoms?
    a. Urges-uncontrollable
14. What is physical dependence?
    a. Will get sick and/or have withdrawal symptoms without the substance
15. What does HALT mean?
    a. Don’t get too hungry, angry, lonely, or tired
16. What is the problem when drugs cause very high levels of dopamine?
    a. We don't feel natural pleasures any more
17. Stress equals _____?
    a. Craving
18. Why can't we drink/use just a small amount?
    a. Triggers the compulsion to have/take more
19. What is worse- beer, wine, or whiskey?
    a. All equally harmful and addictive
20. How does “Live and let live” help us with staying sober
    a. We do not concern ourselves with what others think, say, and/or do
21. Can someone else “Drive us to drink”?
    a. Only if we let them
22. When you stop drinking and using, what do you need to do?
    a. Get active in Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and/or Dual Diagnosis Anonymous (DDA) and in other areas of life- exercise, hobbies, school, volunteer, work, etc.
23. Give an example of something you cannot change (each team member must answer)
    a. Answers may include the past, other people, the weather, natural disasters
24. What fears are often the causes of anger?
    a. Abandonment, loss of control, depression
25. Name one way you can “be good to yourself”

    a. Answers may differ
26. Name one thing you are grateful for
    a. Answers may differ
27. Explain this: Remember your last time using, not your first time
    a. Remember negatives, not the initial "rosy glow"
28. What is the problem with self-pity?
    a. "Poor me, poor me, pour me a drink"
29. Why is it foolish to tie sobriety to a person? Or to a circumstance?
    a. We cannot control people or circumstances but we can control our attitudes and behaviors regarding them
30. Why is being tired or hungry to be avoided in recovery?
    a. Unmet physical needs trigger cravings to use
31. Why is addiction called "The Lonely Disease?"
    a. We can feel isolated even when around a lot of people and even when we're drinking and/or using together as a group

(*Adapted from 100 Interactive Activities for Mental health and Substance Abuse recovery, Carol A. Butler, MS Ed, RN, C, 2001, pp. 176-181)*

Break *(5 minutes)*

Game: *'Name Three'*

- The group will split into even teams and each group will designate one person to recite the answers
- The group facilitator will ask each group to name **three** items/concepts within a given category. The categories are listed below:
- The purpose of this activity is to have recollection of the concepts covered in the group sessions and insist follow through after discharge
    - Coping skills
    - Self Care Skills
    - Daily occupational impacted by substance abuse
    - Recovery principles
    - People to call when you are faced with relapse
    - Activities to avoid that may trigger relapse
    - Leisure activities
    - Emotional self-care tasks
    - Triggers

Discussion Prompts:

- Why is it important to understand your conflict/ communication style
- Moving forward with your recovery, how will you continue to take care of yourself?

- Did playing “Tic-Tac-Toe to Recovery” develop any further insight into your recovery?
    - If so, how? Explain.
- Taking care of business can occur in many ways, what is the most important/meaningful to you? Are there any roles associated with taking care of these obligations?
    - Some examples may include:
        - Taking care of my aging parents
        - Doing self care before work so I can feel better about my performance
        - Working on schoolwork so I can get a degree and feel more accomplished in life
        - Taking care of my child
        - Ensuring I take time for myself to meditate so I do not relapse

Wrap-Up:

- Discuss main points from the session
- <u>If it the person’s last session:</u> What are the main “take away points” from the past 12 weeks?

Table of Assessments:

Week #:	Assessments:	Purpose of Assessment:	Source and Cost:
2	MOHO: Occupational Questionnaire (OQ)	To document client participation, routines and occupations, further classified into work, play or leisure with individual perceptions of competence, value and enjoyment for each.	*Instrument may be downloaded from:* www.moho.uic.ued/mohorelatedsrcs.html
3	Sensory Profile	Measure of sensory processing abilities and determine functional capacity in relation to sensory tendencies identified.	
4	Occupational Performance History Interview (OPHI)-II	To develop a 'Life Narrative' and a visual representation of the ups/downs of clients' lives.	
7	Modified-Interest Checklist	To indicate current interests, how interests have changed with time and addiction and whether one participates or wishes to participate in an interest in the future.	*Free download available at:* www.moho.uic/mohorelatedsrcs.html#OtherInstrumentsBasedonMOHO
8	Role Checklist	To discover client information in relation to occupational roles and whether or not those roles are deemed valuable.	
10	Irrational Belief Inventory (IBI)	To discover irrational beliefs and thoughts in relation to occupational performance	
12	IREM Conflict Management Style Inventory	A self-assessment that allows participants to identify preferred conflict management styles.	

CHAPTER V

Summary

This product was created to be a 12-week occupational therapy guide for treating individuals aged 18 to 25 who experience substance abuse disorders and are currently receiving treatment within an intensive outpatient program (IOP). This guideline was created with the intention of it being implemented within an existing 12-week IOP for substance use recovery; however, it may be used entirely by itself as it touches upon many occupational areas and concepts. Some of the limitations of the product are that it is tailored for intervention with a limited age group and it has not been formally reviewed for efficiency and accuracy. Another small-scale limitation is that the guideline was created to mirror an existing IOP. Prior to the establishment of the product, the authors of this scholarly project visited the site in which this program was mirrored. The authors only observed one session of the IOP program which could have limited the insight and understanding of the programming at the facility. In order to dictate whether the guideline is effective in substance abuse treatment outcomes, the product could first be reviewed by professionals to address weaker areas. After a thorough review, the product could then be piloted by an occupational therapist within a facility similar to CWCC and a subsequent outcomes measure may also be implemented to track progress and efficiency. Piloting of this product would allow for the enhancement and critiquing of the overall treatment guideline for future professional use if publishing were to occur.

The clinical practice strengths of this product are that it parallels an existing substance abuse IOP in which individuals aged 18 to 25 are treated. Another strength of the product is the layout and organization. The product is easy to follow and read, as each

session is organized in the same manner from week to week and prompts are provided for ease of implementation during treatment sessions. The model used for the creation of the product is another strength as it grounds the concepts in a literature base and contributes toward a level of organization and flow.

Many implications for future development of this product are needed, one including the desire for it to be reviewed by clinical experts in the field for the strengths, limitations, and ease of application. The product could also be used in a variety of populations outside of the illicit drug use and young adult population. Some of these populations may include individuals over the age of 25 and with people who are addicted to alcohol, as many of the same occupational pursuits and limitations occur. During the process of this scholarly project, the literature related to the specific population was limited. In the future, an additional literature review could be conducted and evidence may be added to the support of successful treatments, which may alter the treatment guideline and each session layout.

Further, the product and session guideline could be piloted at CWCC or a similar facility with an IOP to expose and further support additional areas of improvement. The piloting process may also be accompanied by a qualitative or quantitative research study. With this, many tools could be used to measure the efficacy including the development of a pre and post-test to assess the effectiveness of the treatment; subjective experience of the participants; results on the MOHO assessment tools; and a longitudinal study of recidivating rates in drug related arrests and long-term recovery from substances. The final development for this project would include publication of the treatment guideline along with, publications of any research studies built off of this product. If this product

were to be completed again it would have been helpful to observe several IOP settings and sessions to fully understand the various components and considerations of an IOP. Further, it would have been informative to interview IOP participants to assess their needs and interests in a possible OT treatment program. In conclusion, this scholarly product is a 12-week occupational therapy session guideline for individuals aged 18-25 experiencing substance-related recovery within an IOP setting.

APPENDIX

Week 1: Addiction as an Occupation (Reflective Worksheet Questions)

Think to the last time you used a substance . . .

<table>
<tr><td colspan="2">What skills were involved in using?</td><td>How does this impact your routines throughout the day?</td></tr>
<tr><td>How do you feel when you use a substance?</td><td>How do addictions become occupations?</td><td>How can occupations help with addiction?</td></tr>
<tr><td colspan="3">What triggers you to use a substance?</td></tr>
<tr><td colspan="3">What triggers you to do a certain occupation?</td></tr>
<tr><td colspan="3">Why do you do the occupations you do?</td></tr>
</table>

What pattern did you notice about yourself when filling out this worksheet?

Week 3: Coping Skills through Sensory Stimuli (Discussion Questions)

Identify 3 frustrations you have had over the past week.

These may be activities you attempted to complete but weren't successful at.

1.
2.
3.

For each activity you tried today, you will identify the sensory component for each.

Activity	**Sensory Component**	**Did you like it? Yes (+)/No (-)**

If you put "No" or "-" to any of the above sensory activities, identify what sensory component you would add to it to help yourself complete the activity.

(*example: washing dishes may be unbearable due to dirty water but listening to music may help, or, listening to a lecture while using a fidget)*

Activity 1:
_____Sensory:_____

Activity 2:
_____Sensory:_____

Activity 3:

_____Sensory:_____

Activity 4:

_____Sensory:_____

Activity 5:

_____Sensory:_____

By adding the sensory components you are creating your own **“sensory diet”** for your preferences.

What may be your plan for the next time you encounter a “-“ sensory situation?

Week 6: Healthy Habits: ADLs, Sleep/Rest, Nutrition (Activity Page and Discussion Questions pg. 95 & 96)

- List one day where you felt you had a good night of sleep.
  - What time did you go to sleep?
  - What did your before bed routine look like?

- List one meal where you made a healthy substitute
  - What did you change about the meal?
  - Could this be made into a habit?

- List one healthy activity you spent your money on
  - Why do you think this is a health activity?
  - What would you have spent your money on if you didn't choose this activity?

Activity 1: Sleep

My Sleep schedule includes…

- ➔ Going to sleep around _____ and _____
- ➔ I usually get _____ hours of restful sleep
- ➔ I usually wake up around _____
- ➔ My evening routine consists of…
  _____
- ➔ My morning routine consists of…
  _____

Tips for Healthy Sleeping Habits:

1. _____
2. _____
3. _____

Environmental Impacts on Sleep:

1. Light
2. Sound
3. Caffeine
4. _____
5. _____

Take home points to implement into my sleep schedule/routine:

1. _____
2. _____

Activity 2: Healthy Eating

Healthy Snack Ideas:

- Apples or celery with natural peanut butter
- Carrots and cucumber
- Sliced deli meats (low sodium)
- 6-10 almonds
- Avocado and whole wheat toast
- Hard boiled eggs
- Other_____
- Other_____

Activity 3: Healthy Shopping

Tips to get healthy groceries:

1. Buy frozen packaged vegetables
2. Buy frozen protein
3. Price check
4. _____
5. _____

Week 7: Leisure Identification, Practice, & Routine

LEISURE INTEREST QUESTIONAIRE

LEISURE ACTIVITIES	WAS INTERESTED DOING IN THE PAST?	CURRENTLY INTERESTED IN DOING?	COULD BE INTERESTED IN DOING IN THE FUTURE?	NEVER INTERESTED IN
GOLFING				
FISHING				
KNITTING				
PAINTING				
HIKING				
SNOW SHOWING				
WRITING				
HORSEBACK RIDING				
STAMP/CARD MAKING				
CRAFTING				
WATCHING MOVIES				
WALKING THE DOGS				
SOCIALIZING WITH FRIENDS				
DRAWING				
PLAY VIDEO GAMES				
COOKING/BAKING				

BASKETBALL	
VOLLEYBALL	
TENNIS	
SNOWBOARDING	
BICYCLING	
SKIING	
BOWLING	
WATCHING PLAYS	
CARD GAMES	
BOARD GAMES	
DRIVING	
WATCHING THE SUNSET/SUNRISE	
TRAVELING	
EXERCISING	
TINKERING	
HOME IMPROVEMENT	
CAMPING	
BIRD WATCHING	

ORIGOMI/ MONEYGAMI	
LONG BOARDING/ SKATEBOARDING	
PHOTOGRAPHY	
EXPLORING NEW PLACES	
HUNTING	
LISTENING TO MUSIC	
PLAYING AN INSTRUMENT	
GARDENING	
CHURCH ACTIVITIES	
SHOPPING	
YOGA	
DANCING	
BOATING/ WATER SPORTS	
BACKPACKING	
SNOWMOBILING	
SOCCER	
RUNNING	
OTHER:	

Week 8: Productive Roles and Routines (Activity Checklist, Question Worksheet, and Work Skill Inventory pgs. 101-106)

Session 8 Activity Checklist Name: _____

Past Work Experience/Skill: _____

Efficiency: Cards that needed to be sorted and put into a category

Questions	**Yes**	**No**
1. Did you enjoy this task?		
2. Have you completed skills like this in the past?		
3. Would you seek out an activity again?		
4. Would you want to use this skill for work?		

Creative: Design a new logo for company

Questions	**Yes**	**No**
1. Did you enjoy this task?		
2. Have you completed skills like this in the past?		
3. Would you seek out an activity again?		
4. Would you want to use this skill for work?		

Communication: Sit back to back and describe the picture you're holding and the partner must draw the image without looking

Questions	**Yes**	**No**
1. Did you enjoy this task?		
2. Have you completed skills like this in the past?		
3. Would you seek out an activity again?		
4. Would you want to use this skill for work?		

Labor: build a Lego following a pattern

Questions	**Yes**	**No**
1. Did you enjoy this task?		
2. Have you completed skills like this in the past?		
3. Would you seek out an activity again?		
4. Would you want to use this skill for work?		

Problem Solving: A rubix cube or sudoku puzzle

Questions	Yes	No
1. Did you enjoy this task?		
2. Have you completed skills like this in the past?		
3. Would you seek out an activity again?		
4. Would you want to use this skill for work?		

Technology: Fixing a computer or tablet

Questions	Yes	No
1. Did you enjoy this task?		
2. Have you completed skills like this in the past?		
3. Would you seek out an activity again?		
4. Would you want to use this skill for work?		

Overall experience:

1. What station was your favorite?
2. What skills were the most difficult for you?
3. Did this open your eyes to new job/career opportunities?

Other thoughts: _____

Week 8: Question Worksheet Name:

What do you consider when you determine which roles are meaningful for you?

Once you have discovered meaningful activities in your life, how does one meaningful activity build into another activity that is meaningful?

Looking across all your roles, where do you see productivity?

When you fill out the role checklist what are the patterns about yourself, what are the patterns on how you see productive?

How productive have you been in your roles?

How have they changed your roles?

What is valued in those roles?

Work Skill Inventory

Name: Job title:

Take the following assessment on various work skills. Answer as truthfully as you can. Circle the answer that matches your feelings about the statement. If you do not have a job, and only go to school, relate it to those skills.

I feel like I have time to complete all the things I need to do at work.

5 STRONGLY AGREE	4 AGREE	3 NEUTRAL	2 DISAGREE	1 STRONGLY DISAGREE

I feel like I get along with my coworkers/peers.

5 STRONGLY AGREE	4 AGREE	3 NEUTRAL	2 DISAGREE	1 STRONGLY DISAGREE

I feel like I do a great job at work.

5 STRONGLY AGREE	4 AGREE	3 NEUTRAL	2 DISAGREE	1 STRONGLY DISAGREE

I feel like my job is part of my identity.

5 STRONGLY AGREE	4 AGREE	3 NEUTRAL	2 DISAGREE	1 STRONGLY DISAGREE

I would like to find another job but I don’t know how.

5 STRONGLY AGREE	4 AGREE	3 NEUTRAL	2 DISAGREE	1 STRONGLY DISAGREE

I would like to find another job but I feel like I don’t have the right skills.

5 STRONGLY AGREE	4 AGREE	3 NEUTRAL	2 DISAGREE	1 STRONGLY DISAGREE

I would like to improve my work performance.

5 STRONGLY AGREE	4 AGREE	3 NEUTRAL	2 DISAGREE	1 STRONGLY DISAGREE

I am motivated to go to work.

5 STRONGLY AGREE	4 AGREE	3 NEUTRAL	2 DISAGREE	1 STRONGLY DISAGREE

My loved ones are proud of my work.

5 STRONGLY AGREE	4 AGREE	3 NEUTRAL	2 DISAGREE	1 STRONGLY DISAGREE

I would like to get promoted at my job.

5 STRONGLY AGREE	4 AGREE	3 NEUTRAL	2 DISAGREE	1 STRONGLY DISAGREE

Other people tell me I do a “good job” with my work.

5 STRONGLY AGREE	4 AGREE	3 NEUTRAL	2 DISAGREE	1 STRONGLY DISAGREE

To determine your work skills and comfort at work, add up your scores for each question.

Results: _____

45-30: You are very comfortable at work and have minimal need for change. Keep working toward your goals and become even more confident in your abilities. You get along well with others and like to focus improving your performance.

30-15: You are somewhat comfortable in your work environment, but are not completely satisfied with your position at work. You may want to look for ways to change your situation.

Less than 20: You are not satisfied with your position and performance at work. You should look for a new position or career path. Change needs to happen in your life for you to feel comfortable.

Questions:

What do you agree with these results?

What do you want to address?

What change would you like to make in your work life?

Week 9: Intimacy & Social Participation

Session 9: Intimacy & Social Participation

1. What past experiences, both positive and difficult, might you share to deepen a relationship?

2. What about your regrets, fears and dreams? What are they?

3. What makes sharing intimate information with other people so hard to do?

Share these questions/answers above with a close friend, family member, or partner.

Write a short reflection another page about this experience.

How it might this experience of sharing impact how you might choose to share/socialize in the future?

Week 10: Social Participation and Anger

Session 10: Take Home Activity Name:

➔ The purpose of this activity is to identify irrational beliefs that you have over the coming week and how those beliefs impact the way you participate in activities and in social interactions with others.

➔ Use this worksheet with blanks to fill in where you identify the irrational belief, the emotions that are associated with that belief, and the behaviors that resulted; as well as, what alternative belief you could have about the situation in the future and how that would impact your emotions and behaviors.

Day:	Irrational Belief:	Emotion:	Behavior:	Alternative Belief:
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Week 12: Takin' Care of Business: How to get what you want

Session 12: Self-Care Worksheet Name: _____

Below are some ideas for self-care and nurturing, these are simple ways to focus the importance of ourselves each day. There are several suggestions for each self-care area, with a partner, fill in three more areas of self care for each category.

1. Social Self-Care
    a) Write a thank you note
    b) Call a loved one
    c) Take a walk with a friend
    d) Play board games with friends
    e) Write a letter
    f) _____
    g) _____
    h) _____

2. Emotional Self-Care
    a) Write how you feel in a journal
    b) Help someone in need
    c) Say 'I love you' in the mirror
    d) Ask for positive feedback
    e) Let yourself feel fully for 90 seconds
    f) _____
    g) _____
    h) _____

3. Physical Self-Care
    a) Take a walk around the block
    b) Give yourself a foot massage
    c) Find a reason to laugh
    d) Play your favorite song and dance to it
    e) Take a nap
    f) _____
    g) _____
    h) _____

4. Practical Self-Care
    a) Designate a grocery 'run-time' weekly
    b) Set up weekly money 'check-ins'
    c) Develop a weekly cleaning schedule
    d) Embrace life circumstances
    e) Learn about investing and stocks
    f) _____
    g) _____

h) _____

5. Spiritual Self-Care
    a) Meditate for 10 minutes
    b) Pray
    c) Volunteer in your community
    d) Mindfully observe an object (food, etc.)
    e) Do a random act of kindness
    f) _____
    g) _____
    h) _____

6. Mental Self-Care
    a) Keep a Google doc of all of your ideas
    b) Play a quick game online
    c) Cross something off your 'to-do' list
    d) Spend time in silence
    e) Try eating breakfast mindfully
    f) _____
    g) _____
    h) _____

(*adapted from: www.soulwarriors.com/self-care-guide)*

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