

**Implementation of a Wellness Exploration Group for Women with Substance Use
Disorder**

Hannah Mathieu

Department of Occupational Therapy

Indiana University

Author Note

There are no conflicts of interest to disclose.

Correspondence concerning this paper should be addressed to Hannah Mathieu, Indiana University Department of Occupational Therapy, 1050 Wishard Boulevard, Indianapolis, IN 46202, United States, Email: hmathieu@iu.edu

Acknowledgements:

Residents of the site

Nikole Young, Site Director

Staff at the site

Dr. Johnna Belkiewitz, Indiana University Indianapolis, Dept of Occupational Therapy

Dr. Leah Van Antwerp, Indiana University Indianapolis, Dept of Occupational Therapy

Abstract

Individuals with substance use disorders are heavily impacted in participation and performance of their daily activities due to the neurobiology, occupational deprivation, and occupational balance barriers. In the theory of addiction as occupation, individuals with substance use disorder are more likely to relapse if their addiction is not recognized as an occupation (Wasmuth et al., 2014). When addiction is removed from their daily routines an occupational deprivation is created and must be addressed for success in recovery (Wasmuth et al., 2014). The capstone student implemented a wellness exploration group focused on meeting adult female residents at a recovery house where they were at with their recovery process. Wellness exploration groups concentrated on resident-identified leisure, social participation, and self-care activities on a weekly basis. The intent of group meetings was to improve quality of life, well-being, and occupational balance while also addressing occupational deprivation with occupational replacement of healthy lifestyle activities. Outcome data was collected through a survey composed with the PROMIS database. The survey was administered before group implementation and after group implementation in aggregate. The results of this project indicated an improvement in quality of life, well-being, and occupational balance through survey dissemination and verbal comments. This further demonstrated the important role that occupational therapy can play in treatment for substance use disorder.

Keywords: wellness exploration, occupational therapy, substance use disorder, occupational deprivation, occupational replacement

Implementation of a Wellness Exploration Group for Women with Substance Use Disorder

According to Johns Hopkins Medicine, in 2022 approximately 20 million people in the United States experience a substance use disorder (SUD) (Minkove, 2022). SUD has become more common for many Americans and can play a large part in their daily lives. Despite these effect numbers and their impacts, only about 2% of occupational therapists (OTs) work in mental health positions (Phillips, 2021). Although OT developed its roots through mental health treatment, there has become an immense gap between OT involvement in the treatment for individuals with SUD. OT utilizes a specific holistic, client-centered, and evidence-based approach that has been seen to benefit those with SUD. Recently a concerted effort is being made for OT to reestablish its roots in mental health practices; however, due to a diminished understanding and lack of advocacy for OT's role in mental health practices, there is an aspect of treatment for SUD that is not being addressed including routines, roles, participation, and performance in their daily lives. Due to decreased understanding and knowledge of OT's role in SUD treatment, this gap is preventing many clients from receiving beneficial OT services during recovery. OTs have a client-centered lens that can be helpful when reengaging these clients in their daily lives, responsibilities, and roles. The overall purpose of this capstone project was to develop a wellness exploration program at the site for adult women to decrease occupational deprivation and occupational imbalance while enhancing well-being and quality of life.

Needs Assessment

The primary area of focus for the capstone project was program development for the women at the site. The purpose of the capstone experience was to develop a wellness exploration group for the women at the site to improve quality of life and well-being by using wellness activities as an occupational replacement for addiction while in recovery for substance use

disorder (SUD). According to Wasmuth et al. (2014), individuals who have SUD can improve adherence to recovery and decrease relapse through acknowledging the gap left in their daily routine when they enter recovery. Understanding that these individuals are at risk for experiencing occupational deprivation if their addiction is not replaced with a different occupation is imperative for the success of their recovery (Wasmuth et al., 2014). The capstone student intended to decrease occupational deprivation by introducing wellness activities the women could participate in during the recovery process.

Needs Assessment Process

The needs assessment was gathered for the project through a formal interview, gap analysis, and literature review to distinguish relevance of OT services for the site. The formal interview was conducted at the site with staff and site board members. From the initial interview and communication, a need was identified around wellness exploration for the women living at the site. A gap analysis was created to determine how the lack of wellness exploration and opportunities impacts quality of life, occupational balance, and well-being for the residents of the site. Lastly, a literature review was conducted to determine the most relevant and evidence-based methods to enhance wellness for the women who live at the site.

Interview Process

The interview process was completed on site with an OTR, a manager of the site, and CEO/founder of the site. A tour of the facilities was conducted, and interview questions were gathered to gain a better understanding of the site and their role within addiction recovery.

Community Profile and Service Profile Analysis

Following the initial interview with the site, staff members, and board members, a community profile was established describing operations, needs, and programming offered for the women at the site. The site is a recovery house for women with SUD or Opioid Use Disorder (OUD) who are pregnant or already have children. Residents are required to have completed inpatient recovery and detox before being admitted to the site. The population and number of residents was ever-changing, as women graduate and enter the program continually. On average, there was 10 women residing at the site with their children who range in ages of newborn to 4 years old. The number of women and children that the site can house depended on the number of beds they had available at any given time. The women are expected to attend morning meditation each day, four SUD meetings each week (AA, NA, HA, etc.), Mom's Group every Tuesday, and a trauma group every Wednesday. Outside of this programming, the women spend their time at medical appointments for themselves and their children. The women were separated into a phase system where at the beginning of their admission to the site they begin at phase 1 which allowed for less freedom, and as they moved up into the proceeding phases, they are granted more freedom. The women and site staff identified that the women spent a lot of their time outside of scheduled programming sitting on the couch and watching tv.

Gap Analysis

Since many recovery programs rely on getting and keeping the client free of substance use, occupational deprivation often results when addiction is removed from their daily activities (Wasmuth et al., 2014). Replacing the addiction with a healthier occupation, such as leisure activities or social participation, leads to better outcomes and adherence with sobriety (Wasmuth et al., 2014). In accordance with this evidence, the capstone student aimed to demonstrate OT's role in the treatment process for individuals with SUD through recognizing addiction as

occupation. By addressing any occupational deprivation that may have been occurring for these individuals, the capstone student hoped to improve quality of life and well-being through occupational balance, participation, and occupational replacement.

The pre-existing state of the site indicated that they did not have any wellness exploration opportunities offered to their clients with SUD. As indicated previously, OT can play an important role in treatment for clients with substance use disorders through occupational replacement, as well as developing routines, coping skills, and initiating participation in different aspects of their lives. The desired state of this site was to provide individuals with SUD with the resources and services to be successful in recovery outside of the site. The site intended to improve their program to meet the needs of their clients and provide the most pertinent and beneficial services as possible. The site recognized the role that OT can play in achieving these goals and wished to expand upon currently offered programming.

The gap between the current state and the desired state was the implementation of OT services into the recovery house. OT can play a role with this practice population by reducing the rates of relapse through concepts identified in the addiction as occupation model, ensuring that clients do not face occupational deprivation by introducing occupations to replace addiction as well as establishing roles, routines, and rituals that the client values. Treating the client holistically and meeting the client where they are at are the defining pillars of the profession and represents OT's distinct role in the treatment of addictive disorders. While the overall goal of the capstone was to advocate for OT's role within this practice population, the other outcome of this project was to provide the clients with the tools to be successful in recovery.

Literature Review

A literature review was completed to assess current literature, identify gaps, and understand best practice for individuals within this population. Aspects of the literature were collected to provide evidence for occupational therapy's role within substance use disorder treatment as well as the importance of occupational replacement in the form of meaningful, healthy activities on a daily basis for these individuals. The literature review focused on the impact substance use has on motherhood, OT's role within substance use disorder treatment, the neurobiology of substance use disorder, and relevant assessments. Content acquired from the literature review was used to identify the need for OT services within this treatment population and to address the gap at the site. The databases used to complete the literature review included PubMed, Google Scholar, and the American Journal of Occupational Therapy. Keywords included "substance use disorder", "occupational therapy", "motherhood", "leisure exploration", "self-care", and "neurobiology". Search filters for this capstone project required articles to be within the past 5 years. Due to minimal research material regarding substance use and occupational therapy, several articles fall outside of this search parameter. All evidence was screened to provide the most relevant information for the project.

Substance Use and Motherhood

SUD has an immense impact on how mothers with SUD view their roles, routines, and habits as well as participation and performance not only as a mother but in other facets of their lives. A study conducted with 6 women with SUD concluded that the participants' participation and role satisfaction were negatively impacted by substance use (Rawat et al., 2021). Specifically, the study focused on self-care, sleep, and instrumental activities of daily living (IADL) performance and found that self-care tasks, financial management, child rearing, and deficits in their employment were the main areas of difficulty for the women suffering from SUD

(Rawat et al., 2021). Exploring further women with children, To et al. (2021) asked mothers to reflect upon their current roles, routines, and habits as individuals with addiction once becoming a mother. Becoming mothers required the women to discern how behaviors and situations previously deemed acceptable would no longer work. Oftentimes, new problems associated with motherhood became apparent while previous problems associated with addiction became augmented (To et al., 2021). This study demonstrates the complexity of addiction and motherhood and how the identity of an addict can conflict with becoming a mother. Occupational therapy offers methods to address these role disruptions and to increase participation and coping skills for improved relationships between mother and child. Researchers also determined that multiple themes were discovered after women with SUD completed peer support groups (Gruß et al., 2021). The most relevant theme to the capstone project discussed in this study was, “establishing community around motherhood to learn self-acceptance and experience validation” (Gruß et al., 2021). Peer support groups for women with SUD allow the individuals to develop a sense of community as well as work through their experience as addicts (Gruß et al., 2021). Being surrounded by women with similar experiences helped them to acknowledge the role their addiction played in their lives so that they could continue with treatment and be successful (Gruß et al., 2021). While the capstone project is not centered around peer support, by nature it does allow for the women to come together as a group and share similar experiences as well as bind them together as a community with shared familiarities. This connectedness has the potential to be incredibly beneficial to their success in recovery.

Occupational Therapy’s Role in Substance Use Disorder

OT has a specific responsibility in aiding people with participation in areas of their daily lives. Since SUD impacts participation and performance of occupations the profession fits well

within treatment for SUD. Firstly, a study addressed OT's role in SUD by outlining OT's approach to treatment and other relevant intervention strategies that have been proven to decrease relapse (Dogu & Ozkan, 2023). Substance use does impact occupational participation in many ways and items such as brief interventions, motivational approaches, cognitive behavioral therapy, and the 12-step recovery program can aid in decreasing relapse and promoting occupational participation (Dogu & Ozkan, 2023). Furthermore, in Ryan & Boland (2021), the researchers identified that research of occupational therapy's role in the treatment for substance use disorder must be increased. They also found that there is a specific role for occupational therapy practitioners in SUD treatment emerging past teaching skills and focusing more on client-centered practice by helping clients create a new individuality beyond substance use (Ryan & Boland, 2021). A special issue article reinforced that occupational therapists are immensely underutilized in the treatment of substance use disorder and can provide key insight into how substance use can affect participation and performance (Rothman & Jimenez, 2023). Rothman and Jimenez (2023) identified that there is a gap between occupational therapy practitioners and treatment in SUD that must be explored and filled in the years to follow. According to Mattila et al., (2022), 48.3% of OT practitioners understood their responsibilities and how to effectively treat a client with SUD. This article highlighted the fact that OT is not currently involved in the treatment of SUD, and OT practitioners do not feel equipped to treat individuals with SUD.

Neuroscience

To better understand how OT services can impact individuals with SUD, it is important to acknowledge how SUD can impact the brain and hormones throughout the body. Drugs and alcohol can have an influence on how neurotransmitters send signals in the brain (NIDA, 2022). These substances imitate actual neurotransmitters' signals; however, they send irregular

messages throughout the body (NIDA, 2022). The basal ganglia, which is responsible for many aspects of the human condition, specifically is affected by continued drug use as a node referred to as “the reward center” loses its sensitivity from long term substance use (NIDA, 2022; Department of Health and Human Services [HHS], 2018). This phenomenon results in increasing amounts of the substance needing to be consumed to keep up with dampened sensitivity, as well as making it nearly impossible to feel pleasure from anything other than the substance due to its strength and control (NIDA, 2022; HHS, 2018). The extended amygdala, which is responsible for feelings such as anxiety, irritability, and unease, is impacted by continued substance use as it becomes reliant on the substance and causes withdrawal symptoms (NIDA, 2022; HHS, 2018). These increased withdrawal symptoms can play a major role in hindering people from remaining substance free and greatly impact relapse (NIDA, 2022). The prefrontal cortex is also impacted by substance use disorder, as it matures slowest, leading to decreased impulse control and influencing individuals to pursue the substance more frequently (NIDA, 2022; HHS, 2018).

According to the Department of Health and Human Services (2018), specific research indicates that differences in the brain caused by substance use continues after recovery, and researchers are unaware of how long it takes for the brain to revert to its original function. Volkow et al. (2019) found that substance use is associated with a reduced dopamine increase within the brain after successive use, which may impact why individuals who are addicted seek out more of the substance. The response of dopamine in the brain and the expected reward from using that substance creates an imbalance and enhances the need to continue using (Volkow et al., 2019). The impact SUD has on the brain and the nature of SUD as an actual mental illness demonstrates the importance of treating SUD as such. SUD requires a variety of treatment lenses

to address not only time use and habits, occupational balance, and self-efficacy but also to take into consideration the impact continued substance use has on the brain and hormones.

Assessment and Focus Areas

Having an appropriate assessment measure is critical to the occupational therapy process. One study, looking at which occupational assessments and outcome measures were beneficial when treating individuals with SUD, found that the Occupational Circumstances Assessment Interview and Rating Scale (OCAIRS) is a valid and reliable assessment tool that OT clinicians can utilize to assess progress and determine outcomes measures for this population (Sargent & Valdes, 2021). Regarding routines and habits of adults with SUD, a study completed by Kitzinger et al. (2023) concluded that, “The most difficult time of day is often related to patterns of unused time. When there is a lack of structure or unoccupied time, they return to their previously established positive supports. There is a need for consistency and structure for developing anticipated/perceived routines.” This study provided a vital perspective on how individuals with SUD use their time and how structure can be beneficial to these individuals while unused time can be detrimental. This demonstrates the importance of having healthy activities to participate in to compensate for unused time, as well as the need to develop a routine to form healthy habits while recovering from SUD. In an article created for recreational therapy, the authors discussed how leisure exploration can improve coping skills, self-efficacy, and social participation (Page & Townsend, 2017). “For people in recovery from SUD, leisure and recreation activities provide space where new identity images can be tested as individuals are given opportunities for self-expression and social interaction” (Page & Townsend, 2017). While this article refers to recreational therapy, the content described falls within occupational therapy’s scope of practice. Engagement in leisure activities is an occupation, and SUD impacts an

individual's ability to participate in healthy leisure activities. Leisure activities can be used to replace addiction as an occupation, or they can be used to balance out an uneven routine.

Conclusion

Based on the current evidence, it has been identified that there is a gap between OT's potential role and the enacted treatment for those with SUD. In the capstone project, this gap will be addressed by establishing OT's role in SUD through wellness exploration, education about role disruptions from SUD, and routine management to advocate and improve the understanding of how SUD impacts participation, performance, and engagement for women with SUD.

Theory and Frame of Reference

The model that guided this capstone project is the Model of Human Occupation (MOHO). MOHO focuses on different aspects of participation and how areas of differing contexts can impact participation (Cole & Tufano, 2020). Items such as environmental contexts, habituation, and performance capacity impact how people can engage in occupations (Cole & Tufano, 2020). When barriers within an individual's context inhibit participation, motivation can be diminished, and therefore inhibit engagement (Cole & Tufano, 2020). This is relevant to substance use disorder in that participation in addiction inhibits safe and healthy participation in other occupations. Often, individuals with SUD are also impacted by temporal, environmental, and support constraints which impacts their motivation and engagement in their daily tasks and activities. Since addiction can play such a heavy role in occupational choice and performance, the occupational justice frame of reference must be considered. Occupational justice refers to the belief that anyone has the right to engage in meaningful occupations (Cole & Tufano, 2020). People with SUD are at a risk to experience an occupational deprivation when removing the addiction from their daily routines, because addiction has become an occupation to them

(Wasmuth et al., 2014). The occupational deprivation must be addressed, and an occupational replacement must be made to enhance recovery and decrease relapse rates (Wasmuth et al., 2014).

Capstone Plan and Process

Based on initial information gathered from the capstone site mentor and board members multiple initial goals and objectives were generated based on site needs to inform the capstone student about desired programming. The goals and objectives for the capstone project were discussed with site staff and board members to ensure that the sites' needs were being met. The goals and objectives sought out to improve well-being, quality of life, and occupational balance through wellness exploration activities on a weekly basis while also demonstrating OT's unique role in mental health settings including SUD. To guarantee that participants at the site benefitted from the wellness exploration activities and the programming would not cause harm to the participants, the capstone student analyzed the literature and determined that education and participation in these activities would be incredibly valuable to the women at the site. Project goals and objectives are listed below:

- Project Goal 1: The student will develop a wellness exploration program at the site to enhance occupational balance, improve quality of life, and enhance well-being for the women at the site.
- Objective 1: Identify relevant and meaningful wellness activities that the women at the site can participate in during the program.
- Objective 2: Implement at least 10 meaningful and relevant activities over 12 weeks for the women at the site.

- Objective 3: Incorporate the children into at least 4 of the 10 activities to enhance mother-child bonding and attachment.
- Project Goal 2: The student will demonstrate Occupational Therapy's unique role in treatment for SUD through pre/post assessment of satisfaction and improvement with the wellness exploration program.
- Objective 1: Create relevant surveys to determine satisfaction with participation before and after program implementation.
- Objective 2: Create relevant surveys to determine quality of life and occupational balance before and after program implementation.
- Project Goal 3: The student will collaborate with the site and employees to enhance sustainability of the program beyond the capstone project/experience.
- Objective 1: Educate site mentor and board members on the role wellness exploration can play in recovery from SUD.
- Objective 2: Educate site mentor and board members on how wellness activity participation can impact well-being, occupational balance, and quality of life.
- Objective 3: Ensure that the program is organized properly for a member at the site to continue the program after the capstone project/experience ends.

For the capstone student to meet the goals and objectives of the project, a timeline based on identified interests of the participants at the site was generated. Following administration of the survey the capstone student created a schedule to guide the project/experience. Table 1 specifies

how the capstone project guided each week of programming with built in data analysis weeks.

Table 1

Doctoral Capstone Guide

Phase	Tasks
Phase 1, Pre-Program: Week 1	Consent forms, survey assessment, rapport building, and program planning
Phase 2, Program: Weeks 2-13	Educational materials, program presentations, drafting of paper, and coordinating guest speakers
Phase 3, Post-Program: Week 14	Final drafting of paper, post-assessment, analysis of program outcomes

Project Implementation

The overarching goal of this capstone project was to implement a wellness program for the women at the site to improve their quality of life, well-being, and occupational balance while also demonstrating OT's distinct role in the treatment of individuals with SUD. The participants indicated the most relevant activities they were interested in participating in to improve their wellness. The capstone student utilized these concepts to generate group activities each week for the program and to initiate buy-in through client-centered activities.

Participants and Recruitment

All participants were identified as adult (18+) women currently enrolled in the site's recovery program and resided at the facility. The inclusion criteria for participation in the program included:

- Adult women (18+) currently enrolled for recovery treatment at the site.
- Participants must be able to read, write, and speak English.

Exclusion criteria for the program included:

- Participants who are removed from the site due to failure to follow facility guidelines.
- Women under the age of 18.
- Women who cannot read, write, or speak English.

Due to the transient nature of the site and strict facility guidelines, participants were often being admitted and/or removed/graduating from the program. Varying participants identified at the beginning of the project left the facility for diverse reasoning, and new women were admitted to the program throughout the entirety of the program. This caused data to be skewed at the conclusion of the project as some of the participants had not completed the entire program.

Table 2

Implementation Timeline

Week	Group Programming/Data Analysis
1	Pre-Survey Administration and Capstone Student Introduction to Participants
2	Wednesday (W): Resume Building Friday (F): Movie Night
3	W: Mental Health (mindfulness) F: Spa Night

4	W: Parenting Skills F: Game Night
5	W: Mental Health (thought records/journaling) F: Movie Night & Ice Cream Social
6	W: Pilates F: Book Club
7	W: Mental Health (meditation) F: Zumba
8	W: Financial Management F: No Group
9	W: Wellness Recovery Action Plans (WRAP) F: Movie Night
10	W: Team Building F: Baking Class
11	No Groups
12	W: Jewelry Making F: Wiffleball Game

13	W: Crochet Class F: Movie Night
14	Post-Survey Administration and Capstone Student Conclusion to Participants/Staff

Project Components

Week 1 Program

The capstone student utilized the first week of the project to build rapport and create therapeutic trust with the participants at the site. The capstone student created an introductory slide deck detailing the purpose and projected benefits of participating in the project to the participants. The pre-survey was facilitated, including project information and consent to participate. Women voluntarily consented to participate in the project by continuing with survey completion. The capstone student collected the data in aggregate with no personal identifying information and input the information into a Qualtrics survey. Participant interest in varying activities was also identified from the pre-survey, and the capstone student created group plans for each week of the program, based on these interests and with staff guidance. Group programming was set to take place twice a week for 1-hour sessions.

Week 2 Program

On the first week of program implementation the capstone student led a resume building educational session focusing on organization and appropriate verbiage to be used on resumes, as many of the women were in the process of looking for employment. The session also included education on interviewing and practice with common interview questions. The second session focused on social participation and leisure exploration with a house movie night and provided

snacks. To better ensure engagement, the capstone student sent out a form for the women to vote on a preferred movie.

Week 3 Program

The following week the capstone student facilitated educational information regarding mindfulness, as the participants identified interest in mental health coping skills to be used during their recovery. Information about arousal levels taught through the poly vagal chart initiated the session. Box breathing, alternate nostril breathing, and pursed lip breathing were among breathing techniques introduced to the women. Emotional Freedom Technique (tapping) and body scan meditations were also introduced as relevant coping techniques associated with mindfulness during the session. The women participated in a spa night including face masks, nail painting, eye masks, and snacks at the following session. This session focused on self-care practices, social participation, and coping skills for wellness.

Week 4 Program

During week 4 of programming the women received educational material regarding the basics of parenting skills. The capstone student collaborated with a peer at the site who was administering programming for the children. The parenting skills group focused on the concept of positive parenting to foster the parent-child relationships at the site through a nurturing approach. The Friday group was a game night where the women participated in a trivia game and other multiple player card/board games. The game night was intended to enhance social participation and leisure exploration for the women.

Week 5 Program

The first program of week 5 concentrated on two more coping skills for mental health, journaling and thought records. The women each received a journal and were instructed on how to be successful with journaling on a daily or weekly basis. They also received instructions and education about how to work through a thought record, challenging self-esteem and self-efficacy difficulties. On Friday, the women participated in a movie night and ice cream social to improve leisure exploration and social participation.

Week 6 Program

In week 6 of the program, Dr. Pam Hess visited the site to facilitate a Pilates class focusing on pelvic floor strengthening as well as instruct the women on c-section scar management. The women at the site were educated on the impact of posture and breathing techniques to improve their pelvic floor muscles and core muscles, as many of them were post-partum or pregnant. The women requested Dr. Hess to provide education regarding c-section scars as well. During the following session, the women participated in a book club. The capstone student provided the poetry book *Milk and Honey*, which focuses on the experience of womanhood and trauma from unhealthy relationships. The women were asked to skim the book and identify relatable poems for the group to have discourse.

Week 7 Program

Following week 6, the women participated in another mental health group to increase coping skills for their wellness toolkit, including meditation. The capstone student assisted in leading a 10-minute guided meditation focusing on deep breathing and mindfulness tactics to promote calm and focus. On Friday, of the program the women participated in a 15-minute dance

workout Zumba activity. The women took breaks as needed and were instructed to move their bodies in ways that felt safe and good to them.

Week 8 Program

On week 8 of the program, the women received education and discussion regarding financial management skills led by guest speaker Alex Eberhard currently working as a financial data analyst at United Fidelity Bank. The workshop consisted of budget planning, goal setting, and credit score education. The capstone student identified that the women needed a break from programming to participate in a preferred activity led by staff in the recovery community, so the second group for week 8 was postponed. The capstone student encouraged the women to do something enjoyable for their Friday night off, and the group went bowling to facilitate further leisure exploration and social participation.

Week 9 Program

Week 9 of the program continued with exploration and implementation of wellness recovery action plans (WRAP) (Copeland, 1995). The capstone student presented the WRAP and educated the women on the benefits and evidence supporting the use of WRAP in recovery (Copeland, 1995). The women collaborated with their peers to work through the WRAP framework including identifying stressors, establishing their wellness toolkit, and creating crisis plans (Copeland, 1995). The women discussed the relevant sections of their WRAP with the group and were able to help each other complete the WRAP. The subsequent group was another movie night intending to improve leisure participation and social involvement.

Week 10 Program

The women participated in a baking class led by guest speaker and owner of a small baking business in the area Brooke Garland during week 10. The women worked alongside peers to make Oreo balls for the house and staff. The baking class was facilitated in an assembly line fashion where each group member had a job to create the final product. The next group of week 10 centered team building exercises to enhance connectedness and social participation through games and activities. Activities for this group included ice breakers and a game of mafia which involved team work to complete.

Week 12 Program

In week 12 of the program the women participated in a craft day where they were able to make charm bracelets for themselves and with any of their children who were age-appropriate for the activity. The women were able to listen to music while exploring this leisure activity and worked together to make jewelry. During the next group session, the women participated in a game of wiffleball in the backyard with staff. Both of these activities intended to improve leisure activity exploration and social participation for the women at the site.

Week 13 Program

Following week 12 of the program, the women participated in a crochet class led by guest speaker Jodi Barnes. The women each were gifted the necessary supplies to crochet a blanket for their children. Two of the women had previous crochet experience and so they were able to help facilitate the class and provide the women with tips for making the blanket. The last group session of the week was a celebratory movie night to improve connectedness and social participation.

Week 14 Program

The last week of the capstone experience was utilized by the capstone student to collect the post-surveys from the program measuring improvements in occupational balance, well-being, and quality of life. The surveys were taken in aggregate with no personal identifiers and transferred to Qualtrics. The capstone student then was able to discern if the wellness program demonstrated improvement in measured outcomes. A binder was generated and presented including all program materials for sustainability of the program for future residents to be led by a staff member.

Project Evaluation

Participant Characteristics

All participants who participated in the capstone project and completed the pre/post survey were residents of the site. All residents who participated in the project also were white individuals ranging in ages from 23-45. All participants were able to read and write in English. The participants were all residents of Indiana prior to admission to the site.

Pre-Program Implementation Data

The pre-program survey administered to residents of the site who fit the inclusion criterion was used as a baseline to discern the residents' current well-being, quality of life, and occupational balance. This information aided the capstone student in understanding the impacts SUD has on these aspects of life. As well as the importance of implementing a program that could improve well-being, quality of life, and occupational balance through participation in meaningful activities. Figure 1 demonstrates the residents scores based on quality of life and figure 2 represents scores based on well-being. Survey questions were gathered from the PROMIS survey database for quality of life and well-being. Scores for quality of life were

ranked out of 40 possible points, and scores for well-being were ranked out of 55 possible points (PROMIS Database, 2024). The pre-program data was unmatched.

Figure 1

Pre-Program Quality of Life Scores

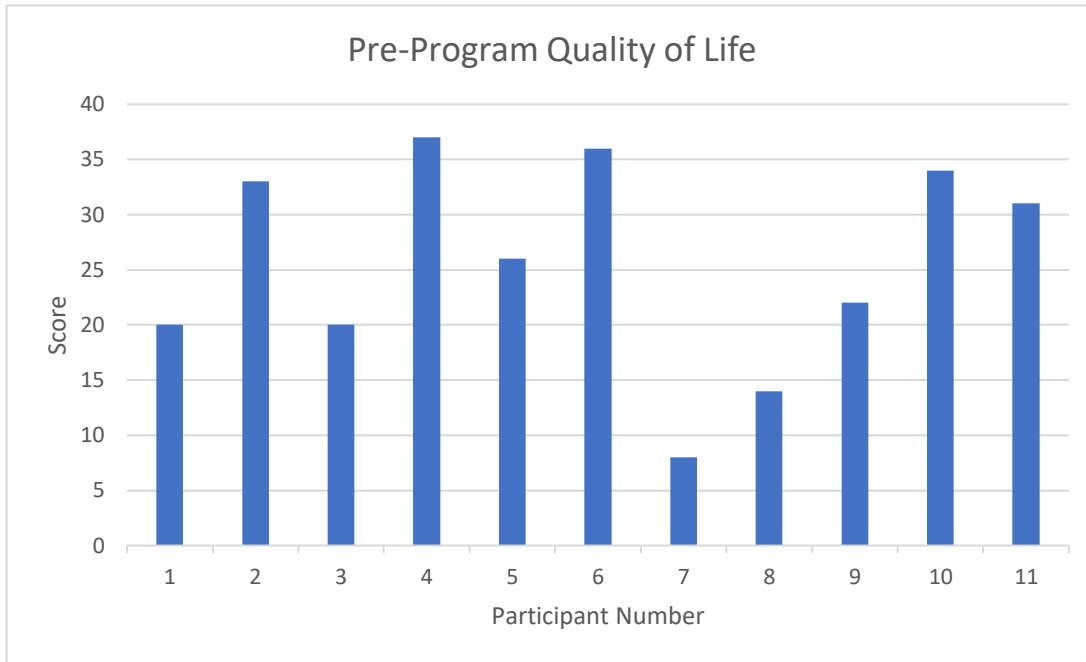
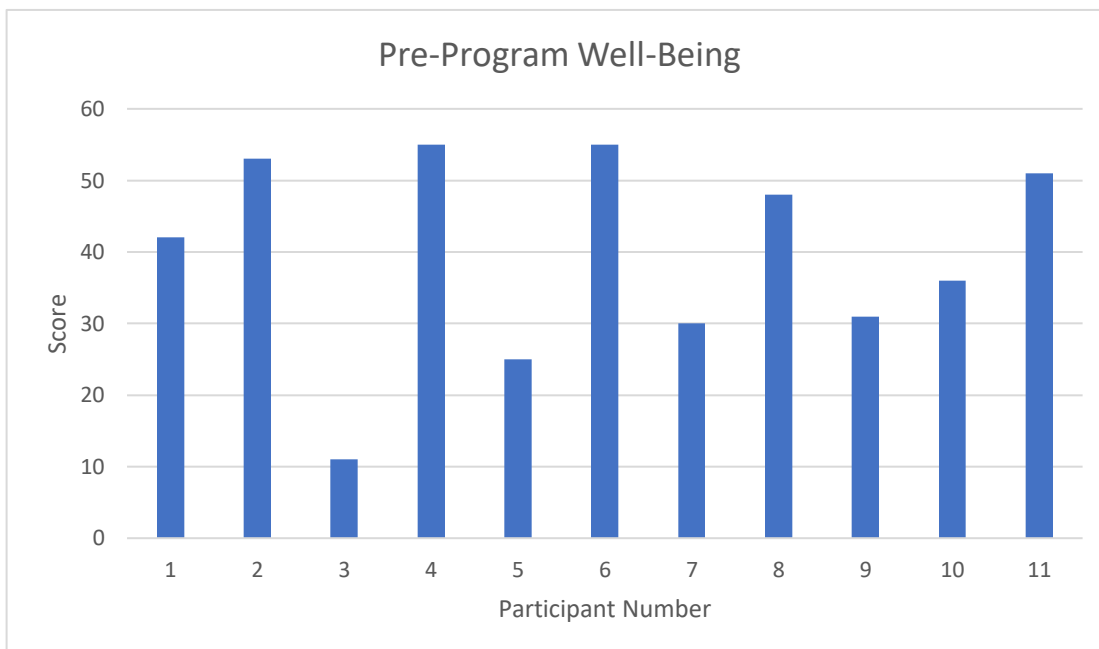


Figure 2

Pre-Program Well-Being Scores



Participant Outcomes

Out of the 11 participants who completed the pre-program survey, only 9 participants completed the post-program survey. Due to the transient nature of the site, some participants did not complete the entirety of the program. Some of the participants only completed the pre-program survey and some only completed the post-program survey. Due to these limitations the data may demonstrate some inconsistencies. Aware of these inconsistencies the capstone student added some short answer questions to the post-survey to reflect the impacts of the program.

Post-Program Implementation Data

Identical assessment measures were used in a pre-post survey format to measure any improvement in the identified outcomes. Figure 3 demonstrates the scores after program implementation for quality of life and figure 4 demonstrates the scores after program implementation for well-being. The capstone student added a short answer question regarding the participants' opinions of how the program may have improved quality of life, well-being, and occupational balance and the results to this question are reflected in Table 3 below. The capstone student also collected data on the participants perceived occupational balance between daily activities that are required of them and meaningful fun activities. The results to this question are indicated in Figure 5 below. The post-survey data was unmatched.

Figure 3

Post-Program Quality of Life Scores

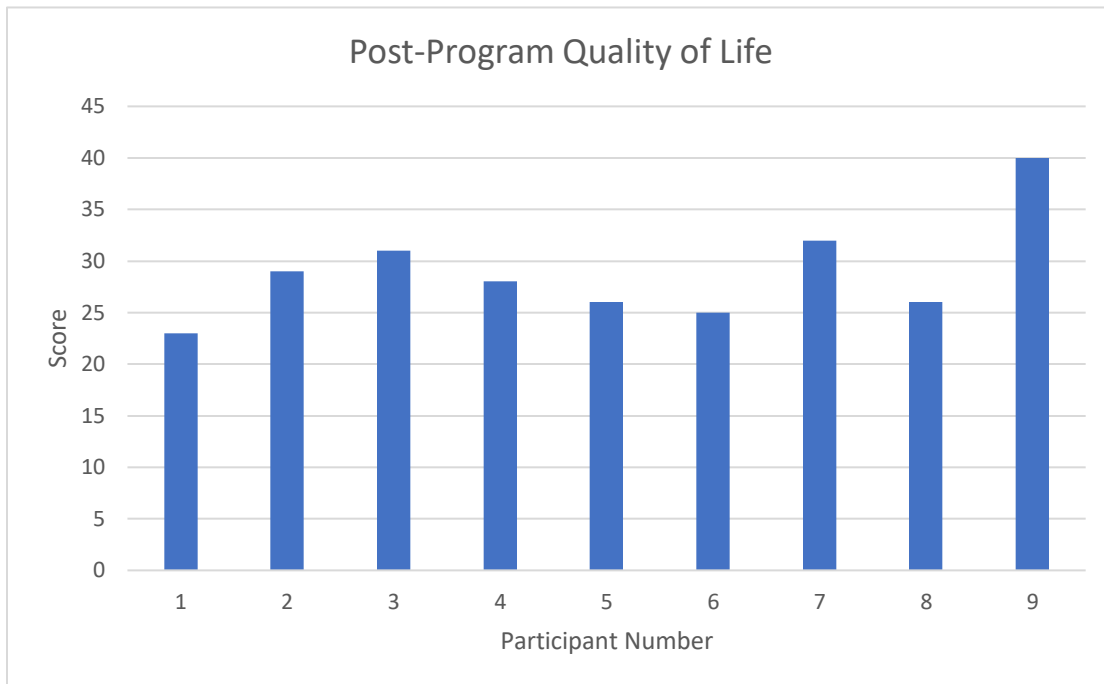


Figure 4

Post-Program Well-Being Scores

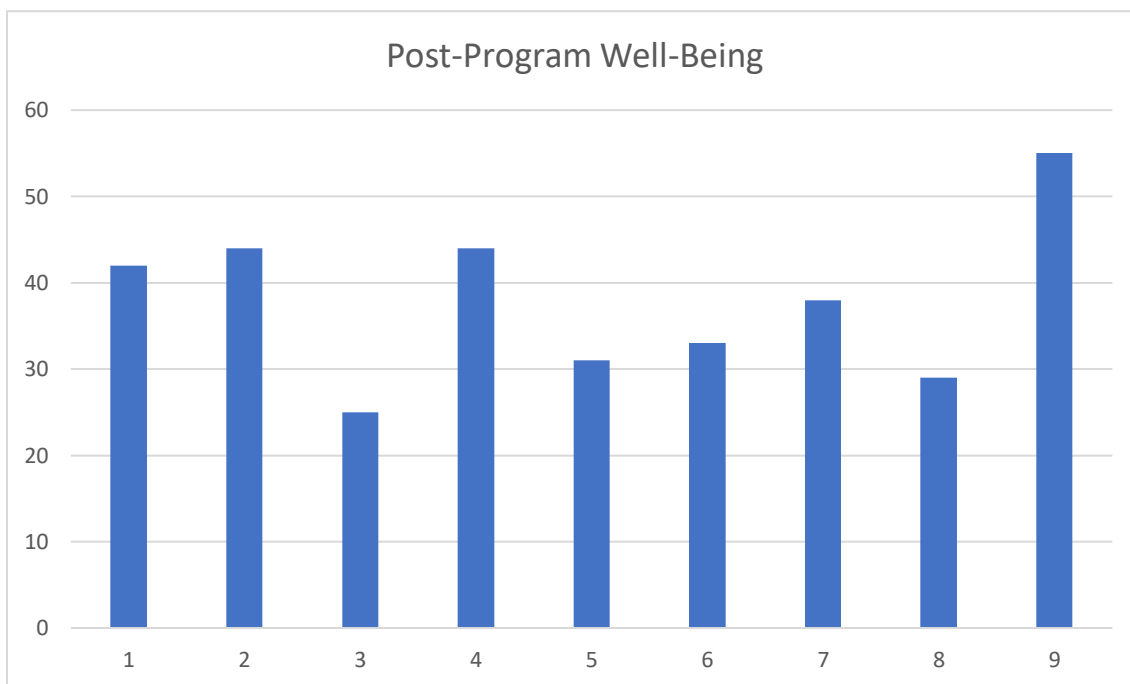


Table 3

Perceived Program Efficacy

Participant Number	Response
1	Yes, it helped me to understand the importance of fun sober activities with people who are good for me to be around.
2	I have learned a lot of tools and coping skills along with life skills.
3	Yes, I have learned a lot about myself, my parenting, and the ladies around me.
4	Yes, I have learned a lot of new things, and it brought the house members together.
5	It helped me with learning to work as a group and bond.
6	Yes, it helped me learn new things.
7	Yes
8	Not answered
9	Yes

Figure 5

Post-Program Occupational Balance Data

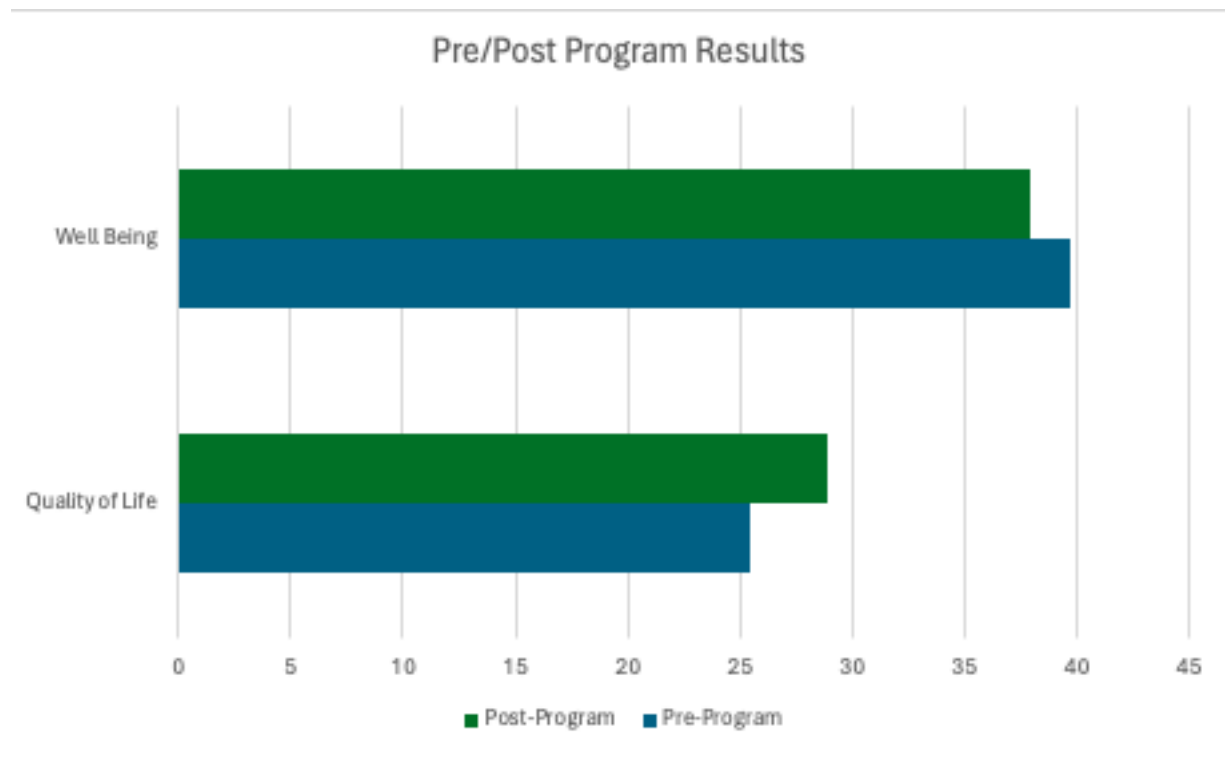


Program Efficacy Results

Based on the results from averaged scores on the well-being and quality of life questions on the pre and post survey, quality of life improved after the program and well-being decreased after the program. Due to the transient nature of the site only 5 participants completed the program in its entirety. 6 were discharged prior to completing the post-program survey, and 4 only completed the post-program survey. Due to these limitations data on the efficacy of the program may be skewed. Figure 6 describes the results of the pre/post survey based on the average scores for quality of life and well-being.

Figure 6

Average Pre/Post Survey Results



Discussion and Impact

The doctoral capstone project was successfully executed, and the results of the project suggested a positive impact on quality of life, well-being, and occupational balance. While it is difficult to compare pre/post averages with low participant retention rates, qualitative data suggests individuals perceived improvements in well-being. The capstone student observed that the participants by the end of the program were initiating involvement in various leisure and self-care activities independently, as well as improved morale, mood, and connectedness with each other which indicated the significance and benefit of participating in the program. Many of the women verbally specified to the capstone student that they thoroughly enjoyed the program and were planning on implementing aspects learned in their daily lives. In conjunction with regular programming implemented at the recovery house, these results confirmed that the role of occupational therapy in the treatment of SUD is profound and greatly needed. The benefits of this project will continue to grow and expand past the 14-week time span and will be used at the site in the future. To improve the impact of this project the capstone student analyzed the limitations and facilitators as well as created a sustainability plan to enhance the project and ensure it was able to move forward.

Throughout the project multiple limitations arose which impacted the project's data outcomes. Due to scheduling conflicts and responsibilities of the participants, participants were sometimes unable to make it to regularly scheduled group programming. Along the same lines, the site has strict rules and regulations for being enrolled as a resident which impacted how long participants were participating in the programming. Some of the participants only were able to complete a few sessions of the programming, while others were able to complete the entire program. Additionally, some programming was cancelled due to the site acquiring bed bugs. To mitigate the risk of the capstone student from infestation the group took a break for a weeklong

period. The capstone student was able to resume programming while following guidelines to diminish any risk the following week.

The facilitators of the project included the staff at the site in expecting and encouraging the participants to partake in group programming. The participants were naturally hesitant based on past trauma and experience within the healthcare community. The staff was able to motivate and help the capstone student in building relationships and rapport to improve involvement and satisfaction of the program. Additionally, the capstone student was awarded \$1,200 to spend on materials needed for specific sessions throughout the program. Having a budget for the capstone project allowed the student to implement more activities for the participants at a low cost.

Sustainability

Multiple measures were implemented prior to the conclusion of the capstone students project to ensure the continuation of the programming. Staff members at the site were educated and participated in many of the weekly group sessions to better understand the importance of participating in meaningful wellness activities for residents during recovery. Also, the capstone student created a resource binder with all program resources and materials so that a relevant staff member would be able to integrate the program for future residents. Educating staff members and leaving residents with the resource binder allowed the capstone student to ensure that the project is sustainable for the site in the future.

Conclusion

Occupational therapy has an important and relevant scope of practice within addiction recovery and should be playing more of a role in the treatment of those with SUD. By

recognizing the impact that SUD has on occupational justice, occupational balance, well-being, quality of life, neurobiology, roles, habits, routines, and participation in occupations, individuals with SUD can receive more holistic treatment. Allowing people with SUD to participate in meaningful wellness activities can improve outcomes such as quality of life, well-being, and occupational balance as well as improve community and connectedness with peers.

Implementing programming for individuals with SUD can play an integral part in the success of their recovery and diminish barriers for future growth and health overall.

References

- Cole, M. & Tufano, R. (2020). *Applied theories in occupational therapy: A practical approach* (2nd Ed.). SLACK Incorporated.
- Copeland, M. E. (1995, January). Wellness Recovery Action Plan.
<https://www.wellnessrecoveryactionplan.com/>
- Department of Health and Human Services (2018). Facing addiction in America: The surgeon general's report on alcohol, drugs, and health. *Drug and Alcohol Review*, 37(2), p.282–283. <https://doi.org/10.1111/dar.12578>
- Doğu SE, Özkan E. The role of occupational therapy in substance use. *Nordic Studies on Alcohol and Drugs*. 2023; <https://journals.sagepub.com/doi/10.1177/14550725221149472>
- Gruß, I., Firemark, A., & Davidson, A. (2021). Motherhood, substance use and peer support: Benefits of an integrated group program for pregnant and postpartum women. *Journal of substance abuse treatment*, p.131. <https://doi.org/10.1016/j.jsat.2021.108450>
- Kitzinger, R. H., Gardner, J. A., Moran, M., Celkos, C., Fasano, N., Linares, E., Muthee, J., & Royzner, G. (2023). Habits and routines of adults in early recovery from substance use disorder: Clinical and research implications from a mixed methodology exploratory study. *Substance Abuse: Research and Treatment*, p.17.
<https://doi.org/10.1177/11782218231153843>
- Mattila, A. M., Santacecilia, G., & LaCroix, R. (2022). Perceptions and knowledge around substance use disorders and the role of occupational therapy: A survey of clinicians. *Substance Abuse: Research and Treatment*, 16, p.1–6.
<https://doi.org/10.1177/11782218221130921>

- Minkove, J. (2022, June 30). *New research and insights into substance use disorder*. New Research and Insights into Substance Use Disorder. Retrieved April 10, 2023, from <https://www.hopkinsmedicine.org/news/articles/new-research-and-insights-into-substance-use-disorder#:~:text=Currently%2C%20substance%20use%20disorder%20affects,substance%20use%20disorders%20can%20recover.%E2%80%9D>
- NIDA. 2022, March 22. *Drugs and the Brain*. Retrieved from <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain> on 2024, January 23
- Northwestern University. (2018). *Health Measures-PROMIS Database*. Health Measures. <https://www.healthmeasures.net/explore-measurement-systems/promis>
- Page, J., & Townsend, J. (2017, December 13). *The Role of Recreation and Recreational Therapists in Developing a Recovery-Oriented Identity for People with Substance Use Disorders*. *Alcoholism Treatment Quarterly*. <https://www.tandfonline.com/doi/full/10.1080/07347324.2017.1407225>
- Phillips, H. (2021, May 3). *Occupational therapists' perspectives on working in Mental Health roles*. Retrieved April 10, 2023, from <https://jayscholar.etown.edu/cgi/viewcontent.cgi?article=1034&context=otstu>
- Rawat, Humayra, Petzer, Stacey Lisa, & Gurayah, Thavanesi. (2021). *Effects of Substance Use Disorder on Women's Roles and Occupational Participation*. *South African Journal of Occupational Therapy*, 51(1), p.54-62. <https://dx.doi.org/10.17159/2310-3833/2021/vol51n1a8>

- Rothman, E. F., & Jimenez, C. (2023). Introduction to the Special Issue on Substance Use and Occupational Therapy. *Substance abuse: research and treatment*, p. 17, 11782218231160016. <https://doi.org/10.1177/11782218231160016>
- Ryan, D. A., & Boland, P. (2021b). A scoping review of occupational therapy interventions in the treatment of people with substance use disorders. *Irish Journal of Occupational Therapy*, 49(2), p.104–114. <https://doi.org/10.1108/ijot-11-2020-0017>
- Sargent & Valdes (2021) Use of Occupation-Based Outcome Measure and Strength-Based Self-Report with Persons with Substance Use Disorders: A Prospective Cohort Study, *Occupational Therapy in Mental Health*, 37:3, p.208-223, <https://www.tandfonline.com/doi/full/10.1080/0164212X.2021.1875956>
- To, S. M., Yan, M. W., & Lau, C. D. (2021). Meaning-Making of Motherhood Among Mothers with Substance Abuse Problems. *Frontiers in psychology*, p.12. <https://doi.org/10.3389/fpsyg.2021.679586>
- Volkow, N. D., Michaelides, M., & Baler, R. (2019). The Neuroscience of Drug Reward and Addiction. *Physiological reviews*, 99(4), p.2115–2140. <https://doi.org/10.1152/physrev.00014.2018>
- Wasmuth, Sally & Crabtree, Jeffrey & Scott, Patricia. (2014). Exploring Addiction-as-Occupation. *The British Journal of Occupational Therapy*. 77. <https://journals.sagepub.com/doi/abs/10.4276/030802214X14176260335264>