



Occupational Therapy's Role in Treating Individuals with Co-Occurring Disorders

Presented by:

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- Education:
 - Bachelor of Art in Psychology from Eastern Washington in 2013
 - Master of Occupational Therapy degree from Eastern Washington University in 2015
 - Doctor of Occupational Therapy from the University of Kansas in 2022
- Work Experience:
 - 20 years of experience working in the medical field including:
 - Long-term
 - Inpatient-hospital
 - Behavioral Health (BH) Care
 - 9 years in clinical practice as an occupational therapist
 - 6 years as a Professor in the Department of Occupational Therapy at Eastern Washington University (EWU)
 - 6 years working as a mental health counselor on the psychiatric stabilization unit at Sacred Heart Medical Center.
 - < 1 year providing consultative services for developing OT service lines in community BH.
- Passions:
 - For the care and wellbeing of those with mental health and substance use disorders
 - For fostering the growth and development of students
 - Community outreach and partnerships
 - Advocacy at both the state and local community level
 - Member on the previous Mayor of Spokane's (Nadine Woodward) Mental Health Task Force
 - Active Member of the Washingtons State Occupational Therapy Associations – Legislative committee.



Danielle DiLuzio, ppOTD, MOT, OTR/L

Assistant Professor & Program Director | Eastern Washington University – Department of Occupational Therapy



- Education:
 - Bachelor's in biology from Penn State University
 - Master's in Occupational Therapy from Gannon University
 - Post Professional Occupational Therapy Doctorate from Gannon University.
- Work Experience:
 - Variety of clinical settings including:
 - Inpatient rehabilitation
 - Outpatient
 - Acute care
 - Skilled nursing
 - Inpatient mental health
 - 10 years in clinical practice as an occupational therapist
 - 5 years as a Professor in the Department of Occupational Therapy at Eastern Washington University (EWU), current Program Director
- Passions:
 - Providing empathetic, client-centered, and evidence-based care
 - Occupational therapy services focused within mental health and community-based settings
 - Increasing services and opportunities for those in underserved populations
 - Increasing diversity within the profession of occupational therapy
 - Fostering student success and professionalism in education

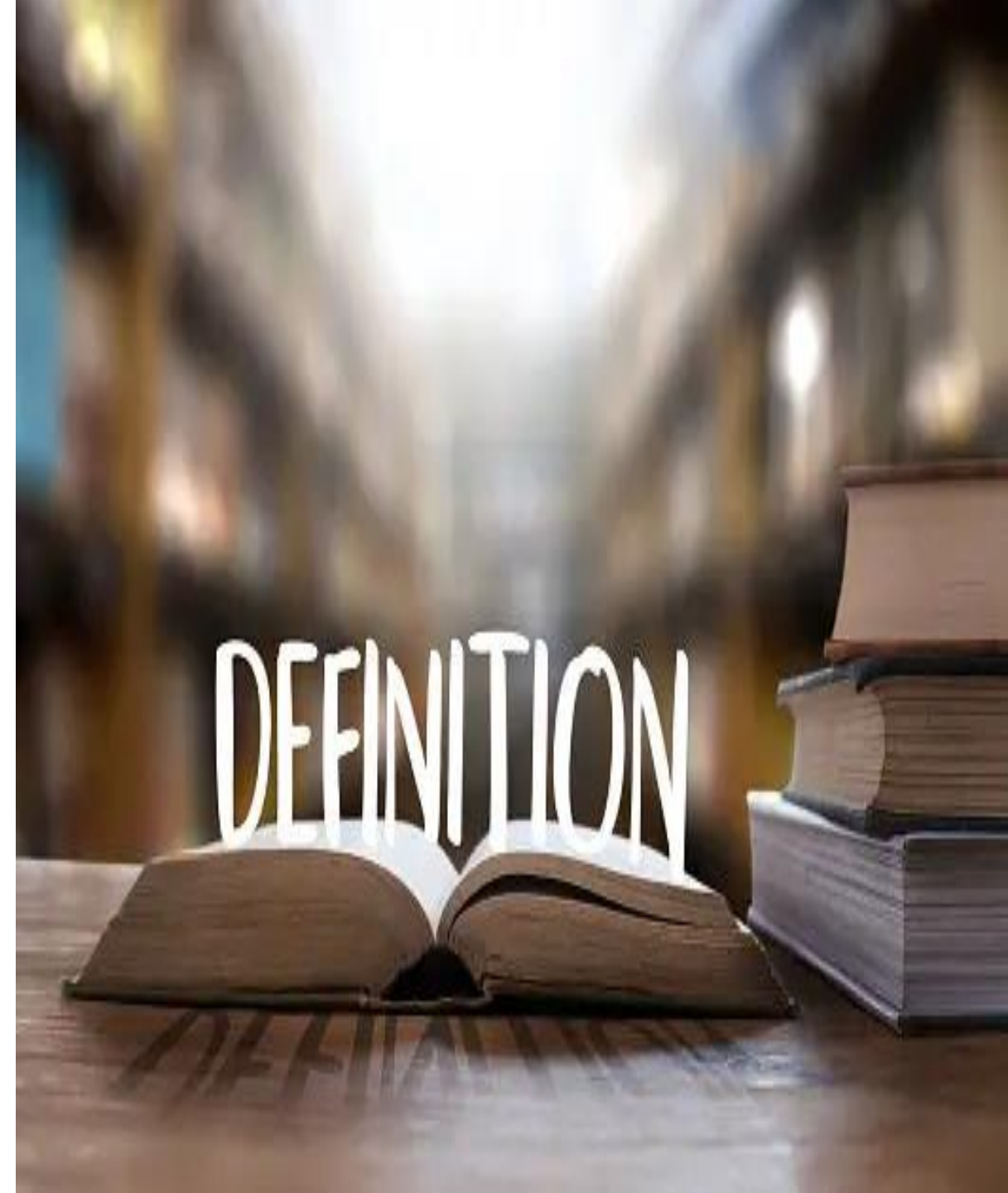


Objectives

- Briefly define Co-Occurring Disorders (CoD)
- Cover the prevalence of CoD
- Discuss the stigma associated with this type of diagnosis
- Highlight some of the barriers to care for individuals with this diagnosis
- Discuss ways to increase access to care by including Occupational Therapy (OT) services
 - Clarify OT's role in treating individuals with CoD
 - Identify possible client Outcomes
 - OT's contribution to an interdisciplinary approach for treating individuals with CoD.

Defining Co-Occurring Disorders (CoD)

- Substance Use Disorder: significant impairment in health and daily functioning due to excessive use of substances (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022)
 - Substance: Legal and illegal drugs that have a physiological effect when introduced into the body (American Psychological Association [APA], 2022)
 - Substance Abuse: Chronic and compulsive use of illegal and/or legal substances (APA, 2008)
- Mental Health: psychological, social, and emotional well-being and can affect the way an individual thinks and reacts to a given situation (Centers for Disease Control and Prevention [CDC], 2021)
- Mental Illness: Medical condition that affects the cognition, behavior, and/or the emotional state of an individual and can lead to a disruption in daily functioning (APA, 2008)
- Co-occurring Disorders: The coexistence of both a mental illness and a substance use disorder (SAMHSA, 2022)



CoD Prevalence

Patients Hospitalized at Eastern State Hospital

- **46% of adults** admitted to ESH met criteria for CoD Diagnosis



Criminal Charges

- **1-9 Adults** with Co-Occurring Disorders are arrested annually.



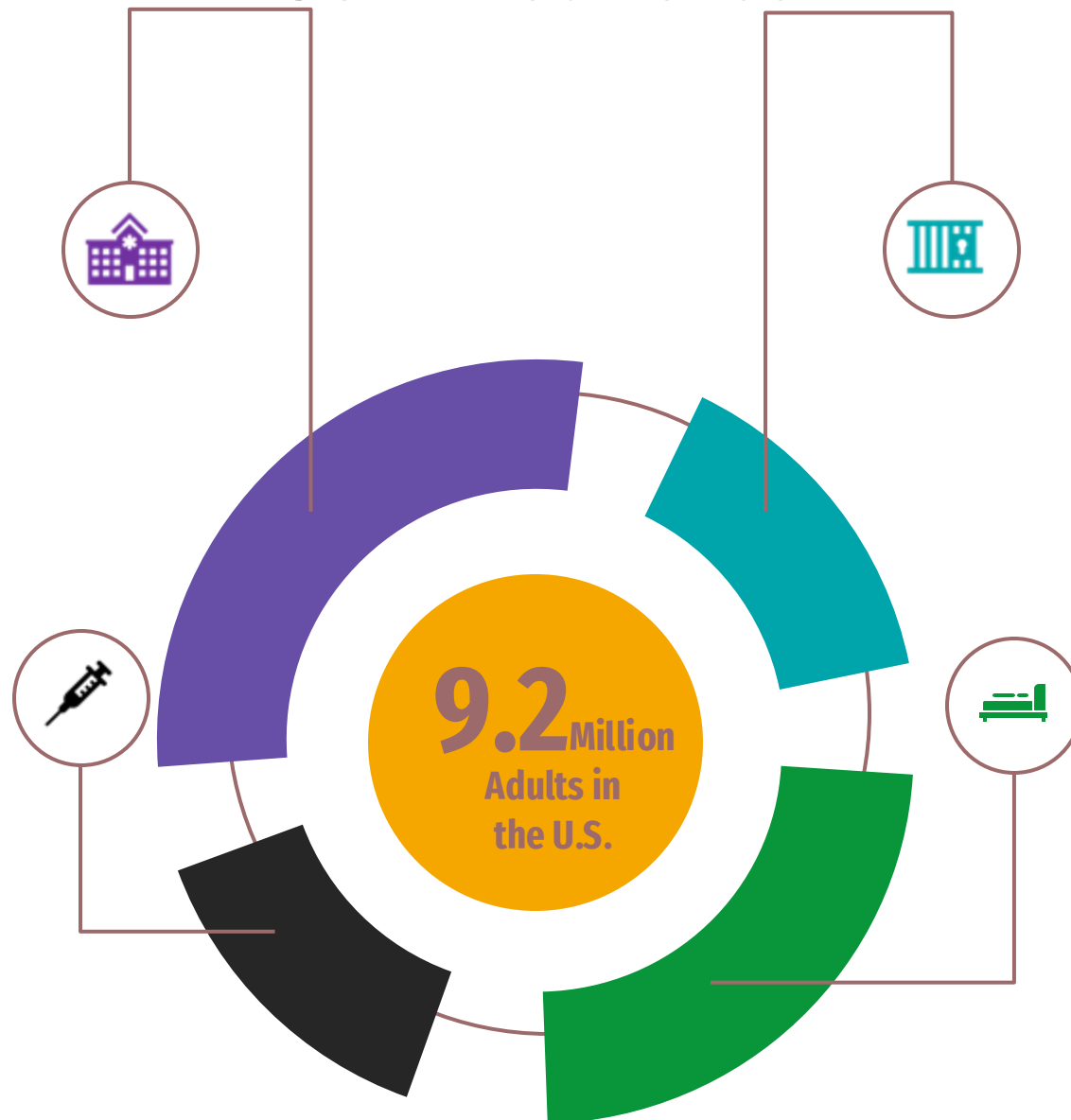
Receiving Services for Substance Use

- **55% of adults** receiving services from Division of Alcohol and Substance Abuse met criteria for CoD Diagnosis



Receiving Services for Mental Illness

- **39% of adults** receiving mental health services met criteria for CoD Diagnosis
 - Of that percent 43% were found to have high severity of symptoms of MHD and SUD



Recovery Model

“Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

-Substance Abuse and Mental Health Service Administration (SAMHSA), 2012

Based on 10 Foundational Principles:

1. Hope
2. Person-driven
3. Many pathways
4. Holistic
5. Peer support
6. Relational
7. Culture
8. Address trauma
9. Strength/responsibility
10. Respect

Acknowledges:

- ☐ The significance of a holistic and person-driven approach

Research Focuses on:

- ☐ The importance of hope
- ☐ The impact of culture and trauma
- ☐ The benefit of positive resources and relationships



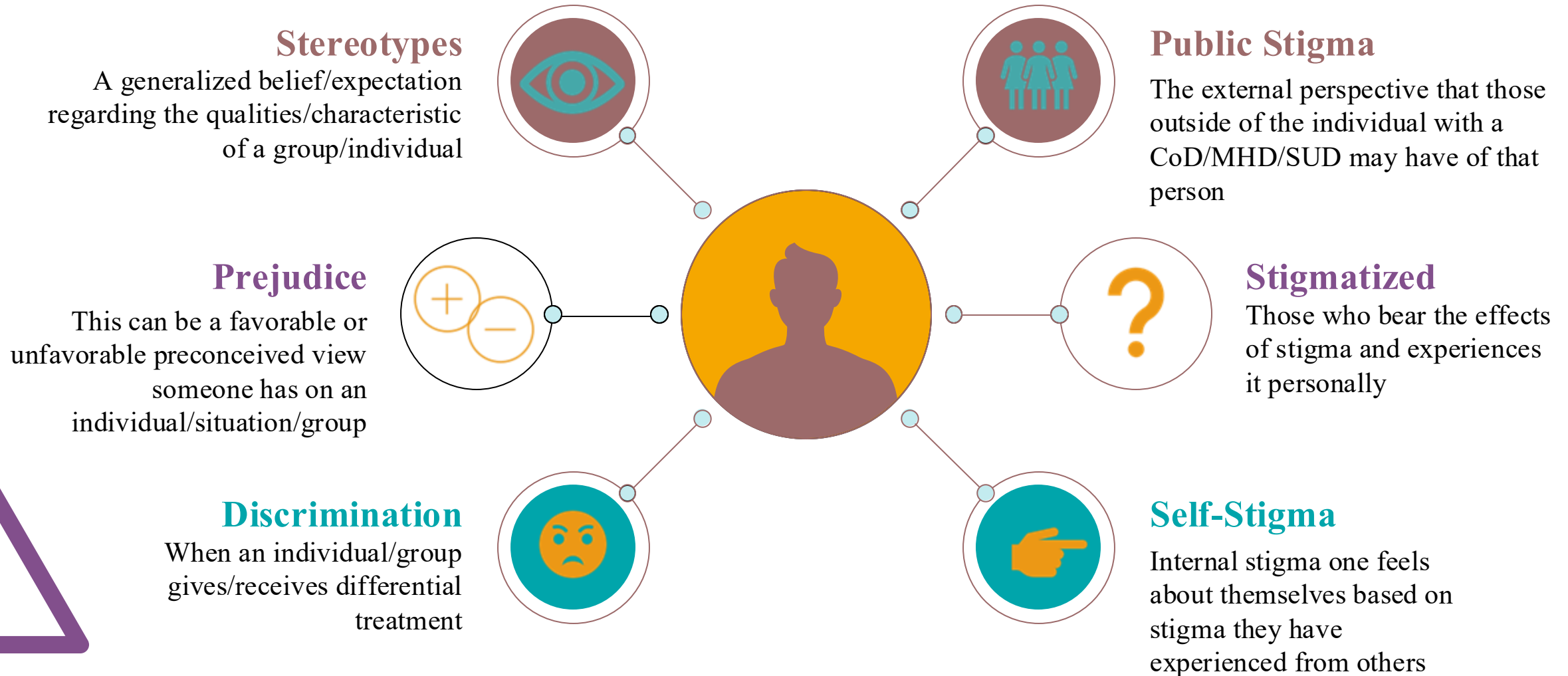
Stigma

“The negative social attitude attached to a characteristic of an individual or group that may be regarded as a mental, physical, or social deficiency”

- American Psychiatric Association, 2023



How Stigma Impacts an Individual



Barriers to Treatment



MHD

- Access to Care
- Financial Barriers
- Limited availability for mental illness education
- Lack of awareness
- Stigma



CoD

- Interrelated Symptoms Exacerbating Challenges
- Access to Care
- Poor Prognosis
- Increased Homelessness



SUD

- Financial Barrier
- Ambivalence of Seeking Treatment
- Lacking Confidence in Ability to be Sober
- Access to Care





Let's Discuss

- What is an occupation?
- What is occupational therapy?
- Who do occupational therapists serve?





Let's Discuss

- Do you see how OT fits as a behavioral health profession?
 - Why or why not?
- What specifically would OT services address in behavioral healthcare?
 - Community vs inpatient?



Occupational Therapy Domain

Occupational Therapy Practice Framework, 4th Ed

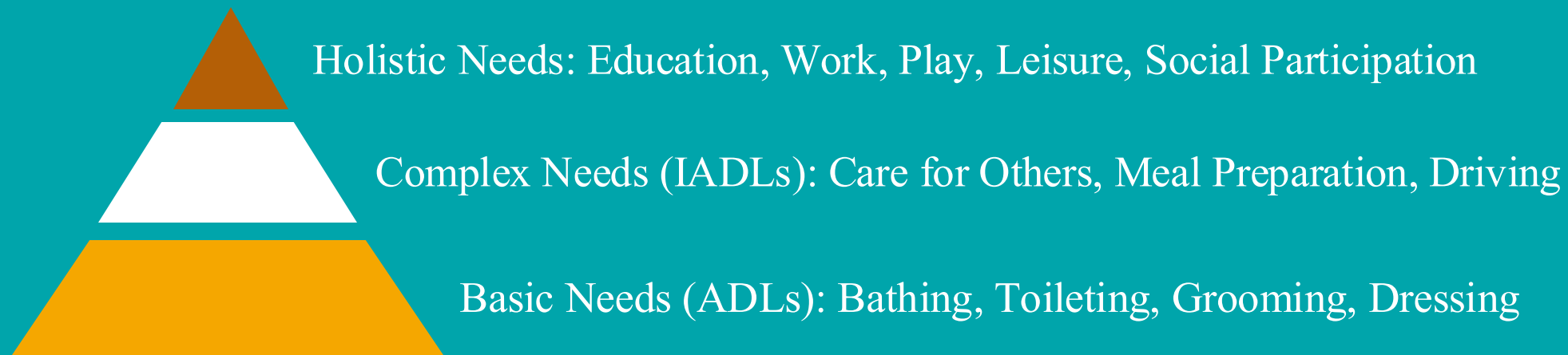
Exhibit 1. Aspects of the Occupational Therapy Domain

All aspects of the occupational therapy domain transact to support engagement, participation, and health. This exhibit does not imply a hierarchy.

Occupations	Contexts	Performance Patterns	Performance Skills	Client Factors
Activities of daily living (ADLs) Instrumental activities of daily living (IADLs) Health management Rest and sleep Education Work Play Leisure Social participation	Environmental factors Personal factors	Habits Routines Roles Rituals	Motor skills Process skills Social interaction skills	Values, beliefs, and spirituality Body functions Body structures

Defining Occupational Therapy

The therapeutic use of everyday life occupations with persons, groups, or populations (i.e., the client) for the purpose of enhancing or enabling participation.



Activity Analysis: Primary evaluation tool used to

1. Deconstruct a task to basic elements
2. Identifying/categorizing enablers/barriers to participation
3. Targeting these factors during intervention and to improve outcomes

OT Role in Treating Individuals with CoD

Support in the Literature - Assessment

Client-Specific / Meaningful Goals

- Identifying personally meaningful goals as a means of motivation and adherence to recovery principles
- Using narrative-based assessments to gain understanding of values & beliefs affecting participation

Narrative-Based Assessment Tools:

- Occupational Circumstances Assessment Interview & Rating Scales (OCAIRS)
- Model of Human Occupation Screening Tool (MOHOST)
- Canadian Occupational Performance Measure (COPM)
- Interview style / Semi-structured
- Heavy emphasis to gauge readiness for change / stage of change
- Assists in building therapeutic relationship
- Allows clients nuanced measures for success

OT Role in Treating Individuals with CoD

Support in the Literature - Interventions

The Effect of Focusing on Occupation:

- Identifying Occupational Role
- IADLs addressed:
 - Finance Management
 - Home Management
 - **Care for Others**
- Increased sense of self-efficacy, sense of purpose
- Primary motivation to adhere to recovery principles

Preparation for Transitional Housing:

- Support Many to Achieve Residential Transition (SMART)
- IADLs addressed:
 - Finance Management
 - Social Interactions with Neighbors
 - Community Navigation
 - Housing Interview Skills
- 57% of SMART participants transitioned to supportive housing
- 25% of those receiving treatment as usual (control) transitioned to supportive housing

OT Role in Treating Individuals with CoD

Support in the Literature - Interventions

Social Participation:

- Family dynamics as an environmental factor
- Identifying constructive and maladaptive interactions
- Training in effective communication
- Educating family on misconceptions that stigmatize individuals with MHD
- Promoting individual role as functional part of family unit
 - Using objective measures of household / community tasks
 - Promoting sense of purpose / self-efficacy

Work Preparation:

- Emphasize the idea of substance use as an ‘occupation’
- Understanding intrinsic factors that lead to habitual behaviors leading to substance use
- Providing functional substitutes of maladaptive habits
 - Addressing boredom!
- Identifying skills / providing work training opportunities
- Promoting sense of purpose / self-efficacy

OT Role in Treating Individuals with CoD: Intervention Planning

- Intervention planning from OT perspective:
 - Focus on ‘how’ an individual performs tasks and function within their daily lives
- Domains that OT can address
 - Finance Management (IADLs)
 - Home Management (IADLs)
 - Community Mobility (IADLs)
 - Health Management
 - Work Participation
 - Social Participation

OT Role in Treating Individuals with CoD:

Case Study: 90-day Civil Commitment to State Psychiatric Hospital

Diagnoses:

- Schizoaffective Disorder, Bipolar Type
- Methamphetamine Abuse Disorder

Discharge Plan:

- To transitional facility
- Wrap around services:
 - Outpatient mental health facility
 - Peer recovery group
- LRA in place
- Limited funding

Deficits:

- Significant Cognitive Impairment
- Limitations with Self-Care
- Limited experience with independent living
- Lack of insight regarding CoD

Strengths:

- Eligible for VA Disability Benefits
- Previous Work Experience
- Motivated to Obtaining Driver's License
- Focused on recovery





OT Role in Treating Individuals with CoD: Finance Management

Short Term

- Budgeting for money remaining in personal account
- Essential first-week purchases
 - Backpack, toiletries, clothes/shoes, bus pass, food, etc

Long Term

- Disability payments
- Education on monthly budget
 - Rent, food, cell phone, transportation
 - *How* to make these payments
- Expanding to include less essential expenses
 - Fees for driver's exam
 - Recreation

OT Role in Treating Individuals with CoD: Home Management

Assessing Transitional Housing Environment

- Shared apartment / Cot in open space
- Number/background of cohabitants
- Amenities available
- Household services provided
- Responsibilities of residents
- Location of housing relative to areas of interest

Providing Intervention

- Purchase / safe-keeping of personal property
- Home management training
 - Cooking, cleaning, laundry, organizing
- Building schedule / routine
 - Meals, cleaning time, curfew

(AOTA, 2020; Gutman & Raphael-Greenfield, 2017; Peloquin & Ciro, 2013)





OT Role in Treating Individuals with CoD: Community Mobility

Assessing Location and Modes of Transportation

- Downtown transitional housing
- Walking distance to central bus hub
- Walking distance to recovery resources
- Interest in obtaining driver's license

Providing Intervention

- Education on *process* of riding the bus
 - How to purchase passes, pay for fare
 - Bus schedules / pickup locations
 - Time management based on schedule
- Education on obtaining driver's license
 - Study material / study habits
 - Provide pre-driving assessment

OT Role in Treating Individuals with CoD: Health Management

Assessing Ability to Care for Self

- Medbox - assessing ability to follow written Rx instructions
- Independent Living Scales - assessing safety implications
- Behavioral assessments - anxiety, depression, mood regulation

Providing Intervention

- Sequencing tasks / Multi-step processing skills
- Education on specific home safety risks
- Calming strategies / Self-awareness / Coping techniques





OT Role in Treating Individuals with CoD: Work Participation

Assessing Work-Readiness

- Obtaining work history
- Identifying areas of interest
- Job requirements match skill set
- Identifying community need for service
- Assessing legal ramifications of personal history

Providing Intervention

- Pre-Vocational training
 - Professionalism, accountability, initiative
 - Job seeking techniques
 - Identifying jobs / resources accommodating gaps in work history, legal barriers
 - Group mock interviews
 - Writing cover letters

OT Role in Treating Individuals with CoD: Social Participation

Appropriate Behaviors for Functional Activities

- Social awareness of context/style of communication
- Effective communication to communicate needs
- Maintaining emotionally regulated conversation
- Personal presentation
 - Grooming, bathing, dressing (ADLs)
- Social expectations, community established norms
 - Waiting in lines
 - Spatial awareness
 - Pedestrian / traffic interactions
- Focus groups / role playing
- Group outings

(AOTA, 2020; Haverfield et al., 2019; Mueser et al., 2009)



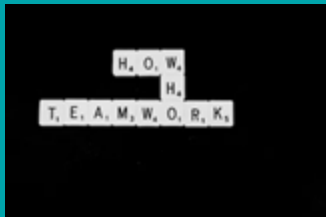


Let's Discuss

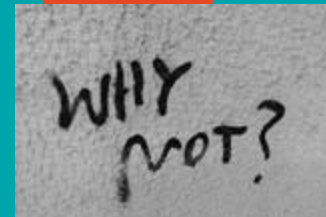
Now, where Occupational Therapy (OT) Fit?

- How do you see OT functioning within the treatment team?
 - Specifically, in the community vs. an inpatient setting
- Do you feel a referral for OT services would be appropriate for a client with a CoD?
 - Why or why not?





It Takes an Interdisciplinary Approach





What does an interdisciplinary team look like?



And when should OT be brought on board?

- Inpatient Settings:
 - Psychiatrist
 - Psychologist
 - Social Worker
 - Nurse
 - **Occupational Therapist**
 - Recreation Therapist
 - Peer Support Specialist
- Community Mental Health Settings:
 - Psychiatrist/Psychiatric Nurse Practitioner
 - Licensed Mental Health Professional
 - Social Worker
 - Nurse
 - Chemical Dependency Counselor
 - Peer Support Specialist
 - **Occupational Therapist**
- Upon admission:
 - Assess functional impairments related to:
 - Neurological Deficits
 - Cognitive deficits
 - Sensory Challenges
 - Physical deficits
- During Treatment:
 - Address functional deficits through a psychiatric rehabilitation lens to improve/enhance:
 - Cognition/Neurological/Physical/Sensory challenges that impact:
 - Financial/Home Management skills
 - Medication/Symptom Management skills
 - Employment skills
- At Discharge:
 - Assist with discharge planning
 - Provide education and training through:
 - Compensatory strategies
 - Environmental Modifications
 - Safety Awareness

SB 5228: Providing Occupational Therapy Services for Persons with Behavioral Health Disorders

- Requiring Medicaid managed care to pay for OT services in certified behavioral health agencies (BHAs)
 - Clients within BHAs experience deficits associated with functional skills:
 - Impacting ability to participate in treatment
 - Maintaining housing
 - and engaging in basic self-care tasks
 - If untreated challenges with functional skills can lead to:
 - Rehospitalization
 - Behavioral health crisis
 - Substance abuse/use
 - Homelessness or rehousing failure
 - Criminal behavior
 - Unemployment
 - OT service can:
 - Assist in improving access to care
 - Assess and address function through a psychiatric rehabilitation perspective:
 - Neurological approaches
 - Cognitive approaches
 - Sensory-based approaches
- 
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THANK YOU

Questions

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